

**Sacramento City College**  
**Physical Therapist Assistant Program**  
**Associate of Science Degree**

**Clinical Education Handbook**  
**2025-2026**

**FULL-TIME FACULTY**

David Doron, PT, DPT, CSCS, CCI  
Physical Therapist Assistant Program - Program Coordinator/ Professor  
PHONE: 916-558-2611  
EMAIL: [dorond@scc.losrios.edu](mailto:dorond@scc.losrios.edu)

Mildred Burns, PTA  
Physical Therapist Assistant Program – Director of Clinical Education / Assistant Professor  
PHONE: 916-558-2298  
EMAIL: [burnsm@scc.losrios.edu](mailto:burnsm@scc.losrios.edu)

*Prior to distribution, the manual was submitted to the following individuals for review and comment:*

PTA Adjunct Faculty members:

Ahmed Altashi, PT, DPT  
Kevin Billups, PTA, MHA  
Elaina Blankenship, PT, DPT  
Ruth LeBlanc, PT, DPT  
Grace McNelis, PT, DPT  
Christina Ridley, PT, DPT  
Kelly Warren, PT, DPT

PTA Program Advisory Committee Members:

Kevin Billups, PTA, MHA – Clinician - Sutter Health and SCC PTA Program Faculty  
Millie Burns, PTA – Director of Clinical Education/Professor  
Beth Chape, PT, PhD – Emeritus Coordinator/Faculty of SCC PTA Program  
David Doron, PT, DPT – PTA Program Coordinator (Director)/Professor  
Lisa Ferrin, PTA – Eméritas Clinician - Dignity  
Paulette Lopez, EdD - Dean of Education and Health Professions  
Doreen Rajabian, PTA – Clinician - Eskaton Greenhaven  
Scott Thompson, PT, EdD, CSUS Physical Therapy Program Director/Professor

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# Clinical Education Policies and Procedures

## Clinical Education Philosophy

Students and clinical instructors often both wonder what to expect during clinical practicums. 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) are critical factors during the practicums. 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 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 practicums. This can be stressful for 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 practicum 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, while 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 practicums.

## Clinical Education Outcomes

*Upon completion of the final clinical practicum, 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 students, Clinical Instructor (CI), Site Coordinator of Clinical Education (SCCE), and Director of Clinical Education (DCE) 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 onsite 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 student's 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

### **Site Coordinator of Clinical Education (SCCE)**

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

#### *The SCCE:*

- 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 the assigned students in advance
- may establish facility-specific objectives for the practicums
- 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 practicums 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, objectives, and evaluation forms for each practicum 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 practicum
- acts as resource for the CI and student for problem solving

## Student

### *The student:*

- fulfills student responsibilities in preparation for the practicum (see 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 practicum and the evaluation tool used to assess their performance
- participates actively in the practicum to meet the objectives
- may be required by the facility to present an in-service
- provides feedback to the CI regarding supervision and learning experiences
- contributes to the evaluation process by completing a self-assessment and clinical assessment

## Curriculum Sequence

### PREREQUISITE COURSES:

	<u>Units</u>
PTA 100 - Introduction to Physical Therapist Assistant	1.5
BIO 430 & 431 - Anatomy/Physiology	10
ENGLC1000 or ENG 300 or ESL 340 - College Composition	3
AH 311 - Medical Language for Health-Care Providers, is advised/recommended	

### REQUIRED GENERAL EDUCATION COURSES: (completed prior to, or during, the program)

PSYCH 370 or FCS 324 - Human Development: A Life Span	3
SOC 300 - Introductory Sociology OR/ ANTH 310 – Cultural Anthropology	3
FCS 340 or NUTR 300 - Nutrition OR/ HEED 300 – Health Science	3

### ALLIED HEALTH COURSES: (may be completed prior to, or during, the program)

AH 100 - Professional Ethics of Health Team Members	1
AH 106 - Communication for Allied Health Careers	2

### PHYSICAL THERAPIST ASSISTANT PROGRAM:

#### FIRST YEAR: FALL SEMESTER

PTA 110 - Kinesiology for PTA Students	3
PTA 111 - Kinesiology Lab for PTA Students	2

#### SPRING SEMESTER

PTA 120 - Beginning Procedures	3.5
PTA 121 - Disorders I	3

#### SUMMER SEMESTER

PTA 122 - Introduction to Clinical Practice	3
PTA 130 - Intermediate Procedures	1

#### SECOND YEAR: FALL SEMESTER

PTA 140 - Therapeutic Exercise	3
PTA 141 - Disorders II	2
PTA 142 - Clinical Practicum I	4.5

#### SPRING SEMESTER

PTA 150 - Functional Activities and Gait	3
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PTA 151 - Advanced Modalities & Treatment Procedures	1
PTA 152 - Clinical Practicum II	6
PTA 153 – Professional Issues in Physical Therapy	1

*Only students who have completed prerequisites and have been accepted for enrollment in the PTA program may begin PTA 110 & 111. Subsequent PTA courses must be taken in the sequence listed above. A grade of C (Pass) or better is required for all courses.*

**NOTE: Additional courses needed to meet graduation requirements for Associate of Science Degree. Students should meet with an academic counselor to establish plan to meet requirements.**

### Scheduling of Clinical Practicums

PTA 122, Introduction to Clinical Practice (3.0 units) is offered in the Summer Semester.

PTA 142, Clinical Practicum I (4.5 units) is offered in the Fall Semester.

PTA 152, Clinical Practicum II (6.0 units) is offered in the Spring Semester.

### Courses

Descriptions of courses in the physical therapist assistant program are included below. A comprehensive course outline is provided at the beginning of each course. The course outline includes contact information for instructors, course objectives, course requirements, methods of evaluation, and a schedule of topics.

- **PTA 100 - Introduction to Physical Therapist Assistant.** This course provides an introduction to the field of physical therapy and the role of the physical therapist assistant within the health care delivery system. Definitions of physical therapy, history and development of the profession, and the diverse types of clinical practice and employment settings are explored. The mission and goals of the professional organization, standards of practice, laws and regulations, and licensure requirements are introduced. Students observe examples of physical therapy practice using on-line media resources and submit a written report.
- **PTA 110 - Kinesiology for PTA Students.** This course involves developing and utilizing knowledge of the skeletal, articular, muscular, and nervous systems to analyze human posture and movement. Components of joint structure and function, muscle action, balance mechanisms, and sensory influence are applied to analysis of spinal and extremity motions, as well as common functional activities. Kinesiological principles are presented as they apply to the practice of physical therapy and the roles and responsibilities of the physical therapist assistant. A paper and project are required.
- **PTA 111 - Kinesiology Lab for PTA Students.** This course utilizes a problem-solving approach to analysis of human movement emphasizing application of kinesiological principles to the field of physical therapy and the role of the physical therapist assistant. Students practice procedures

for performing and recording results of palpation, goniometry, tests for flexibility/muscle length, body dimensions, muscle performance, sensation, coordination, balance, and analysis of posture and gait. Physical therapy procedures such as range of motion, positioning and draping, and body mechanics are introduced. Students practice skills and activities with each other in a laboratory setting under instructor supervision. A project and class presentation are required.

- **PTA 120 - Beginning Procedures: Physical Therapy Modalities and Procedures.** This course introduces the theory and application of physical therapy modalities and procedures to include thermal agents, hydrotherapy, external compression, wound management, transfers and gait training, wheelchair fitting and mobility, and utilization of infection control procedures. Students develop skills in gathering data regarding vital signs, functional ability in gait and transfers, pain status, and integumentary integrity. Documentation procedures, including use of medical abbreviations and terminology, are practiced. Through laboratory activities and problem-solving with case studies, students develop skills in utilizing modalities and procedures in comprehensive implementation of the physical therapy plan of care. Class activities may include a field trip.
- **PTA 121 - Disorders I: Selected Disorders Commonly Seen in Physical Therapy.** This course is designed as an overview of musculoskeletal, cardiovascular, respiratory, renal, endocrine, immune, gastrointestinal, genital, and reproductive, hematologic, hepatic, and biliary, lymphatic, and integumentary disorders relevant to the practice of physical therapy. Additional topics include infectious disease, genetic disorders, neoplasms, peripheral nerve injury, and the effect of developmental, psychosocial, and cultural factors. Etiology, signs and symptoms, prognosis, and medical/surgical interventions for disorders are surveyed. Approaches to data collection and physical therapy interventions are introduced. Emphasis is placed on utilization of knowledge of medical disorders by physical therapist assistants within the context of implementing a comprehensive plan of care.
- **PTA 122 - Introduction to Clinical Practice.** This course provides students with the initial opportunity to observe physical therapy practice and perform selected delegated responsibilities with guidance, direction, and supervision. Students complete 112 hours in an assigned clinical setting (at full time = 40 hours/week). Assignments are determined by the program faculty and may be in acute, sub-acute, outpatient, skilled nursing and rehabilitation, or other type of physical therapy practice. Seminar, individual meeting, and online discussion topics include orientation to the clinical practice setting, discussion of clinical experiences and clinical practice issues, and self-assessment of performance. The course is graded on a Pass/No Pass basis.
- **PTA 130 - Intermediate Procedures: Physical Therapy Modalities and Procedures.** This course introduces theory and application of traction and electrotherapeutic modalities utilized by physical therapist assistants. Topics include the use of traction for pain relief and tissue healing, as well as electrical stimulation for pain management, muscle re-education, and tissue healing. Through case-based learning activities students integrate skills in data collection, traction, electrotherapeutic modalities, and other interventions for implementation of a comprehensive physical therapy plan of care.

- **PTA 140 - Therapeutic Exercise: Exercise Programs, Protocols, and Procedures.** This course presents the basic principles of therapeutic exercise and implementation of therapeutic exercise procedures in physical therapy. Approaches to improve range of motion, strength, muscular endurance, balance, coordination, and functional limitations are included. Theories of motor control and motor learning are introduced. Knowledge of kinesiology, medical disorders, and documentation is integrated as students apply therapeutic exercise principles to case-based learning activities that emphasize the role of the physical therapist assistant in implementing a comprehensive physical therapy plan of care. Class activities may include a field trip.
- **PTA 141 - Disorders II: Nervous System Disorders.** This course is designed as an overview of central and peripheral nervous system disorders relevant to the practice of physical therapy. Etiology, signs and symptoms, prognosis, and medical/surgical interventions are surveyed. Approaches to physical therapy data collection and interventions are introduced. Emphasis is placed on utilization of knowledge of medical disorders by physical therapist assistants within the context of implementing a comprehensive plan of care.
- **PTA 142 - Clinical Practicum I.** This course provides students with the opportunity to perform supervised delegated patient care responsibilities in a physical therapy clinical setting. Students complete a clinical practicum of six weeks (at full time = 40 hours/week) at a facility assigned by the program faculty. The placement may be in an acute, sub-acute, outpatient, skilled nursing and rehabilitation, or other type of physical therapy practice. Additionally, weekly on-line discussion board participation is required. The course is graded on a Pass/No Pass basis.
- **PTA 150 - Functional Activities & Gait.** This course presents the application of functional exercise and gait activities, with emphasis on the physical therapist assistant's role in comprehensive treatment of patients with cardiopulmonary disorders, adult or pediatric neurological disorders, and amputation. Data collection activities related to assessing cardiopulmonary status, functional abilities, gait, equipment and assistive devices, and home and community environment are included. Students practice implementation of interventions to include aerobic exercise principles, endurance training for patients with cardio-pulmonary disorders, pulmonary hygiene techniques, functional activities and gait, activities of daily living, developmental activities, management of prosthetics and orthotics, management of wheelchairs and other equipment, and client/family education.
- **PTA 151 - Advanced Procedures – Advanced Modalities and Treatment Procedures.** This course introduces the theory and application of massage, soft tissue mobilization techniques, and biofeedback by physical therapist assistants. Through laboratory practice and case-based learning activities, students develop skills in utilizing these modalities and procedures in comprehensive implementation of the physical therapy plan of care.
- **PTA 152 - Clinical Practicum II.** This course provides students with the opportunity to perform supervised delegated patient care in a physical therapy clinical setting. This is the final clinical assignment during the program. Students complete a clinical practicum of eight weeks (at full time = 40 hours/week) at a facility assigned by the program faculty. The placement may be in

an acute, sub-acute, outpatient, skilled nursing and rehabilitation, or other type of physical therapy practice. This assignment will be at a facility which differs from previous clinical assignments. Additionally, weekly online discussion board participation is required. The course is graded on a Pass/No Pass basis.

- **PTA 153 – Professional Issues in Physical Therapy.** This course addresses professional practice issues in physical therapy to include organizational structure, budget, time management, and social responsibility. Students review and integrate information on physical therapy practice and laws and regulations in preparation for the national examination and the California jurisprudence examination.

### 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 September 2024, the physical therapist assistant program has 171 clinical sites associated with the program within the typical service area, with some organizations having multiple sites. It should be emphasized that most sites do not offer opportunities for students each year and many sites are located outside of the area, with many located in southern California. The majority of clinical sites that we use regularly are in northern California, in particular the greater Sacramento area. There are very limited opportunities available in the Bay Area, along the I-80 corridor, in the Central Valley, or regions of the state other than the greater Sacramento 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. Note – some sites provide multiple types of rehabilitation and are assigned to multiple categories.

#### **Category of Care at Active clinical sites in service area as of September 2024**

*(Not all sites offer opportunities for students each year)*

Outpatient	64%
Acute inpatient	10%
Skilled Nursing Facility	25%
Home Health	2%
Pediatric	2%

### Assignment of Students to Clinical Education Sites

Clinical assignments are made by the academic faculty member designated to coordinate clinical education (DCE). Across the practicums, 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 practicums. **While attempts are made to assign clinical placements closer to their residence, students should plan ahead as they may have to drive up to 100 miles from their residence to clinical**

**practicum locations.** Students may make suggestions for new clinical sites by providing contact information to the DCE. The student making a suggestion may not be assigned to the location. The DCE (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 volunteer / employment experience. The cost and liability of travel to and from clinical facilities is the responsibility of the student.

Clinical site availability and assignments are 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 of the first year in the program.
- 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. **While attempts are made to assign clinical placements closer to their residence, students should plan ahead as they may have to drive up to 100 miles from their residence to clinical practicum locations.** Students will be placed at more distant facilities only at the request of the student, and mutual agreement between the student and the 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 and/or the Program Coordinator are 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 practicums:**

- The Director of Clinical Education (DCE) notifies the representative of the Los Rios Community College District that a contract agreement is requested with a facility and provides the required contact information for the facility for the legal department representative to forward the appropriate contract agreement to the facility.
- The representative of the district notifies that the contract has been sent. If a facility does not return the contract within three 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 a request for modifications. Requests for modifications are reviewed by the district, and DCE. If the OTA program is also included in the contract the Academic Fieldwork Coordinator also reviews the contract.
- The district forwards an electronic copy of the fully executed contract agreement to the DCE. The DCE or Academic Fieldwork Coordinator forward a copy to the Education and Health Divisions clerk and that electronic copy of the contract is placed on the shared drive in the Allied Health division.
- Contract information is available to the Dean of Education and Allied Health Professions upon request.
- 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 practicums:**

- The Director of Clinical Education (DCE) notifies the Los Rios Community College District of the request of the facility to utilize their own contract and notifies the district to expect a contract agreement from the facility. The DCE provides the facility with the appropriate address to send the contract.
- Once the contract is received, it is reviewed by the district and then forwarded for review by the DCE. If the OTA program is also included in the contract the Academic Fieldwork Coordinator also reviews the contract.
- 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 DCE and Academic Fieldwork Coordinator (if included). A copy is forwarded to the Education and Healthcare Professions clerk are notified and 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.
- Contract information is available to the Dean of Education and Healthcare Professions upon request.
- Originals of fully executed contracts are also maintained on file at the Los Rios Community

**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 district of any contracts that require renewal during that academic year. The DCE coordinates with clinical sites and district personnel to renew the contract.
- Prior to the 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 five 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 needs for modifications are identified, the DCE notifies 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 is shared with students prior to clinical practicums.

**Student Responsibilities in Preparation for Clinical Practicums**

Students are responsible for preparing for clinical practicums 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. Students should keep personal copies of all physical examinations, immunizations, and certifications as they may be required to present them at the clinical facilities.

*The final deadline for submitting these documents is July 15<sup>th</sup> prior to the first semester of the program.* Students who do not comply with this requirement will be administratively dropped from the program. 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 the costs of the medical examination and immunizations.

**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 on July 15<sup>th</sup> prior to the beginning of the first semester of the program. The immunization includes the following:

- Measles, Mumps & Rubella - one of the following is required: 2 vaccinations or a positive antibody titer for all 3 components (lab report required). If any titer is negative or equivocal, new alerts will be created for student to repeat series and provide a 2<sup>nd</sup> titer.
- Varicella (Chicken Pox) - one of the following is required: 2 vaccinations or positive antibody titer (lab report required). If the titer is negative or equivocal, new alerts will be created for student to repeat series and provide a 2<sup>nd</sup> titer.
- Hepatitis B - one of the following is required: 3 vaccinations or a positive antibody titer (lab report required). If the series is in process, submit where the student is in the series and new alerts will be created for student to complete the series and titer. If the titer is negative or equivocal, new alerts will be created for student to repeat series and provide a 2<sup>nd</sup> titer.
- Tetanus, Diphtheria & Pertussis (Tdap) - Documentation of a Tdap booster within the past 10 years. The renewal date will be set for 10 years from the administered date of the booster.
- TB skin test (2-step PPD) - one of the following is required: 2 step TB skin test (1-3 weeks apart OR negative QuantiFERON Gold blood test (lab report or physician verification of results required OR if positive results, provide clear Chest-X-ray results (lab report OR physician verification of results required)). The renewal date will be set for 1 year from the date of administration of the second test and will require 2 step TB skin test (1-3 weeks apart OR negative QuantiFERON Gold blood test (lab report or physician verification of results required OR if positive results, provide clear Chest-X ray results (lab report OR physician verification of results required)). Documentation is submitted to Castlebranch.

### **Vaccinations (Including COVID)**

Clinical sites have varying requirements for vaccinations including COVID-19. Sacramento City College PTA program strongly recommends that students are immunized (vaccinated and boosted) for multiple diseases including COVID-19. Unvaccinated students may not be able to complete the program as, for the required clinical courses, students must adhere to outside agency policies which may not accept exemptions. Additionally, clinical sites may have different requirements for students who are unvaccinated and become symptomatic and/or test positive regarding returning to the clinic which may delay completion of clinical practicums and the program.

Students will need to submit documentation of all vaccinations to Castlebranch. Those seeking either medical or religious exemptions will need to contact the Program Coordinator for proper form, complete form and submit to Castle Branch. The program and/or college may change the policies and requirements depending on public health guidelines and regulations and/or requirements of clinical partners.

### **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. Students are required to submit a HIPAA training course completion certificate to Castlebranch by July 15<sup>th</sup> prior to the first semester of the program. There is an online HIPAA training course through Castlebranch that students can complete to meet the requirement.

## 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 deadline for submitting this documentation is July 15<sup>th</sup> prior to the first semester of the program.* Students who do not comply with this requirement will be administratively dropped from the program. **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 + alcohol screen will be provided to students prior to enrollment in the program. Sacramento City College and the Physical Therapist Assistant Program maintain a no tolerance policy regarding substance use when participating in the physical therapist assistant program. All enrolled physical therapist assistant students are subject to drug screening through a school-designated vendor prior to enrollment and may be randomly selected for drug screening during the program. A student with a positive drug screen will be denied placement and participation at the clinical facilities and will be required to withdraw from the program. Additionally, students must agree at the time of admission to random drug testing while in the program. Any evidence of substance abuse may result in immediate administrative dismissal from the program. Students are responsible for the cost of all screenings. **All students must have clean drug and alcohol screens** (i.e., no evidence of drugs) in order to attend clinical practicums. The drug screen includes testing for the following substances: amobarbital, amphetamines, barbiturates, benzodiazepines, butalbital, cannabinoids (marijuana), cocaine, ethanol (alcohol), methadone, methaqualone, opiates, phenobarbital, phencyclidine, pentobarbital, propoxyphene, secobarbital, and 6-Acetylmorphine.

**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.** Students are required to submit a completion certificate to Castlebranch by July 15<sup>th</sup> prior to the first semester of the program.

## 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. Students are required to submit proof of Health Insurance to Castlebranch by July 15<sup>th</sup> prior to the first semester of the program.

### **Health Professional level CPR**

Current CPR card indicating certification at a level appropriate for the American Heart Association Basic Life Support for Healthcare Provider (Adult, Infant, Child, 2-person, AED) is required. *The deadline for submitting this documentation to Castlebranch is September 1st of the first semester of the program.* Students who do not comply with this requirement will be administratively dropped from the program. 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 practicum.

### **First Aid**

Students must submit documentation indicating the completion of a first aid course. The first aid certificate does not need to be current. Students who do not comply with this requirement will be administratively dropped from the program. Students are required to submit a First Aid certificate to Castlebranch by September 1<sup>st</sup> of the first semester in the program.

### **Liability Insurance**

Students must purchase liability insurance coverage of \$1,000,000/\$3,000,000 through the Education and Health Professions Division of Sacramento City College annually. The student is responsible for the cost of malpractice insurance which costs \$15 per year. Insurance is purchased during the first two weeks of the 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. Students are required to submit proof of payment for liability insurance/receipt to Canvas by the start of the first semester in the program and the start of the fall semester on the second year.

This liability coverage is for physical therapist assistant students while at school performing program specific activities and on regularly scheduled clinical practicums 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.

### **Influenza Vaccine**

Students are required to get influenza vaccine each fall semester, when the shot becomes available, approximately October 15<sup>th</sup> each year (subject to availability of shot) and submit proof of completion to Castlebranch.

## **COVID Policy**

### **Vaccinations**

Clinical sites have varying requirements for COVID vaccinations. Sacramento City College PTA program strongly recommends that students are vaccinated and boosted against COVID-19. Unvaccinated students may not be able to complete the program as, for the required clinical courses, students must adhere to outside agency policies which may not accept exemptions. Clinical sites may also have different requirements for students who are unvaccinated and become symptomatic and/or test positive regarding returning to the clinic which may delay completion of clinical practicums. Keep in

mind, students must complete clinical rotation with a passing grade prior to the start of the next semester to progress in the program.

Please note that the program and/or the college may change the policies and requirements depending on public health guidelines and regulations and/or requirements of clinical partners.

### **Reporting**

Students are required to report to the course instructor, program coordinator, and clinical site (if applicable) when they have a close contact exposure to someone who is COVID positive. Close contact is defined as less than 6 feet distance for more than 15 minutes. Students are also required to report when they test positive for COVID and/or have symptoms consistent with COVID.

Los Rios Community College District requires employees and students who have been exposed to COVID or received a positive test result to complete the online interactive decision chart and follow directions for future actions, which may include testing, isolating, and submit report (<https://losrios.edu/campus-life/covid-19-updates/covid-19-reporting-forms>).

Depending on status and symptoms, the student may have to quarantine at home, not attend class/clinical site for a designated time period and may be required to provide results of a negative COVID PCR test prior to resuming class/clinical activities. If a student is unable to attend class, it is the student's responsibility to make up the necessary work / lab activities. Additionally, the student is responsible for the information covered in class on days they are absent and make arrangements to obtain handouts and/or lecture notes from a classmate. If the student is unable to attend clinical rotation, the student will have to make up the missed time. **All missed clinical hours must be made up at the convenience of the facility.** Student must complete clinical rotation with a passing grade prior to the start of the next semester to progress in the program. The program coordinator/faculty will advise the student on how to proceed after gathering information and discussing with college administration.

Please note that the college may change the policies and requirements depending on public health guidelines and regulations.

### **Masks**

For the Los Rios Community College District, masks are recommended but not required for all students, faculty, and staff in any indoor space in Los Rios Community College District facilities. Many clinical sites are also requiring masks to be worn when in the clinical facilities. Clinical sites have different requirements for the type of mask required, but many are requiring N-95 masks. Students must comply with the outside agencies/hospital/clinical policies.

### **Clinicals**

Students will be required to complete the following items prior to each clinical rotation. Dates will be assigned by the Director of Clinical Education.

**Letter of introduction**

Students are responsible for mailing a letter of introduction to the clinical facility no later than six weeks prior to the start of any scheduled practicum. 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 practicum, 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 practicum 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 practicums.

**Goals in Exxat**

Students are responsible for creating objective goals to meet for each clinical rotation, then assess their own performance on the goals at the end of the clinical practicum.

**Program Entry Requirements**

Students offered a slot in an upcoming cohort must complete several items to start the program in the fall. Students are sent information via email on the requirements and due dates. The student must complete the items and submit them to Castlebranch (a web-based software used to track and monitor student data) and/or Canvas by the due date to retain their slot. The items include:

- Acceptance of Enrollment
- Essential Functions and Technical Standards for SCC Physical Therapist Assistant Student
- Sign up and pay for Castlebranch
- Physical Examination documentation
- Background Check
- Drug & Alcohol Screen
- Proof of Health Insurance
- HIPAA Certification
- TB Test documentation (2-Step TB test or Chest X-Ray or QuantiFERON blood test)
- Tetanus/Diphtheria/Pertussis (Tdap) immunization documentation
- Measles/Mumps/Rubella - MMR (2 Vaccines or 3 titers) immunization documentation
- Varicella (2 vaccines or titer) immunization documentation
- Hepatitis B (series or titer) immunization documentation
- American Heart Association Basic Life Support CPR Certification

- First Aid Certification
- Blood-borne Pathogen Training
- COVID Vaccinations documentation
- Influenza immunization (annual) documentation
- Proof of payment for Malpractice and Nametag
- Admission Process Survey
- Clinical Education Handbook Agreement Form
- Consent to Participate in Lab Activities and Practical Examinations
- Policies and Procedures Agreement Form
- Photo for Name Badge
- Photo/Video/Audio Consent Form
- Agreement to Participate and Waiver/Assumption of Risk
- PTA Clinical Practicum Request Form

Requirements are subject to change based on clinical feedback/requirements, college policies, or public health guidelines and regulations.

### **Continued Program Requirements**

Students must also maintain compliance by submission of proof regarding completion of ongoing items including participation/risk waivers for each semester, and annual items including influenza immunization and malpractice insurance. Failure to comply may result in loss of clinical placement, delay in program, or dismissal from the program. Students must also maintain CPR certification throughout the program.

### **Readiness for Clinical Education**

***It is expected that students will possess requisite didactic knowledge, as well as appropriate psychomotor and affective abilities prior to participating in any clinical education course. The following criteria have been established to ensure students meet these requirements:***

#### **Skills competencies & practical examinations**

Skills competency checkoffs and practical examinations assess the didactic, psychomotor, and affective abilities of students in performing data collection and clinical interventions. Additionally, these assessments are used to determine student safety in carrying out patient-related activities. As such, they represent benchmarks for student learning throughout the program. Moreover, they reveal whether or not a student possesses adequate skills and behaviors consistent with clinical practice. In order for a student to progress through the PTA program, including participation in scheduled clinical education, he/she must pass all skill competency assessments and practical examinations to the

standards outlined in the respective course syllabi. Students are advised to reference course syllabi for clarification on skill competency and practical examination expectations.

### **Completion of prerequisite coursework**

***Clinical education experiences are scheduled throughout the program. Participation in each clinical practicum is dependent upon meeting course prerequisites. The following outlines the prerequisites for each clinical education course:***

- PTA 122: students must pass all first, second, and third semester PTA courses with a grade of 'C' or higher
- PTA 142: students must pass all first, second, third, and fourth semester PTA courses with a grade of 'C' or higher or with a grade of 'Pass' for those courses graded Pass/Fail.
- PTA 152: students must pass all PTA courses with a grade of 'C' or higher or with a grade of 'Pass' for those courses graded Pass/Fail.

### **Attendance Policy**

It is expected that students will attend all days and hours of scheduled clinical practicums. While attending the clinical practicum 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 practicum. Personal responsibilities such as childcare or medical appointments should be arranged in advance of the practicum. 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 practicum 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 or email the Director of Clinical Education** to report the absence. **The clinical facility and the school must be notified immediately when any absence occurs.** Any changes in the schedule for the student needs to be reported to the DCE, and prior approval must be approved by the DCE and the CI for any planned absences. Students may work alternative hours with prior approval from your clinical instructor and the Director of Clinical Education (DCE). A request must be made in writing to the DCE during the first week of your clinical for approval of alternative hours. 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. Students are also required to inform the DCE of any changes in schedule affecting students ability to complete rotation on time. **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 practicum will equal one absence. Students should plan to arrive at least 10 minutes early at their clinical practicums, to allow time to get organized and be ready to begin work at the scheduled time.

Clinical practicum assignments must be completed in full. If a student does not fully complete each clinical practicum, no credit will be given. Another assignment for a clinical practicum will be made, subject to the availability of a site. The re-assignment will typically occur during the next regular clinical practicum cycle. Extended or repeated absence due to illness or other causes during a clinical practicum will usually result in the student needing to withdraw from the assignment and not earn credit for the course.

### Dress Code

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

- 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 clinician/student. If a ring is worn, it should be plain and stone less.
- Fingernails will be clean and cut short (not extending beyond the end of the fingertip) 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.
- Clothes should be chosen for appropriateness and ease of moving and working with patients in the clinical setting. In most facilities pants are preferred.
- 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.
- Hair should be neatly groomed
- Beards must be trimmed short and appropriate for the clinical setting. If a student is in doubt regarding appropriateness, please check with the Director of clinical education.

### **Safety / PPE / Hand Washing**

The following are policies applied to on campus and clinical activities related to the program.

- Students are to avoid touching eyes, nose, and mouth.
- Students should frequently wash their hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are unavailable.
- All students will wipe down any item that they touch during lab activities.
- Students will not come to the clinical facility or campus with a fever, cough, or if they feel ill.
- Students will abide by all hospital/facility policies while caring for patients, which may include temperature screening and questionnaires.
- PPE will be worn according to hospital/facility policy.

### **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 the 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 and the Director of Clinical Education 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 of Education and Health Professions, the student will file a workers' compensation form with the business office.

### **Student Code of Conduct**

Students are expected to behave with respect toward self and others in written communication, in the classroom, and clinical environments. All students and staff have the right to create a productive learning environment without disruption. In the clinical setting, patients and staff have the right to expect professional behavior from students. A student who enrolls at Sacramento City College may rightfully expect that students, faculty, and administrators will maintain an environment in which there is freedom to learn. College students have the same rights and responsibilities as other members of the community and are accountable to the same federal and state laws and statutes. In addition, SCC students are accountable to Los Rios Community College District Board policies and procedures and Sacramento City College rules and regulations. Student conduct must comply with federal and state

laws, college rules and regulations and Administrative Regulation R-2441; Standards of Conduct (<https://scc.losrios.edu/shared/doc/board/regulations/R-2441.pdf>). Students who violate such rules and regulations are subject to disciplinary action.

Review Professional Behaviors for additional expectations for students in the PTA program.

**Professional Behaviors\***

Professional Behaviors 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. Ten Professional Behaviors were identified through a study conducted at the Physical Therapy Program at UW-Madison. The ten abilities and definitions developed are:

<b>Generic Ability</b>	<b>Definition</b>
1. Critical Thinking	The ability to question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.
2. Communication	The ability to communicate effectively (i.e., verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. Problem Solving	The ability to recognize and define problems, analyze data, develop, and implement solutions, and evaluate outcomes.
4. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5. Responsibility	The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.
6. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. Use of Constructive Feedback	The ability to seek out and identify quality sources of feedback, reflects on and integrates the feedback, and provides meaningful feedback to others.
8. Effective Use of Time and Resources	The ability to manage time and resources effectively to obtain the maximum possible benefit.

9.Stress Management	The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. Commitment to Learning	The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

*\*Originally developed by the Physical Therapy Program, University of Wisconsin-Madison*

May WW, Morgan, BJ, Lemke, JC, Karst, GM, & Stone, HL. Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education*; 9(1): 3-6. Updated 2010.  
[https://journals.lww.com/jopte/Abstract/1995/01000/Model\\_for\\_Ability\\_Based\\_Assessment\\_in\\_Physical.2.aspx](https://journals.lww.com/jopte/Abstract/1995/01000/Model_for_Ability_Based_Assessment_in_Physical.2.aspx)

**Professional Conduct**

Health care personnel are held to high standards, which include both self-initiated and self-directed learning, as well as teamwork. The instructor is a resource and facilitator of learning. Professional behavior of the adult learner includes:

- Punctual attendance, respectful listening, and active participation
- Preparation for class, readiness to be an interactive part of the learning process
- Self-assessment of strengths and areas needing improvement in learning skills
- Development of action plan for skills improvement in collaboration with instructor, as needed
- Demonstration of self-responsibility

PTA Applicants / Students are expected to maintain professional behavior/actions in all aspects of the program, including verbal and written communication, classroom activities (lectures, labs), open lab, community activities, and clinical practicums. The professional conduct includes all interactions with program faculty, staff, administration, college personnel, clinical partners, and the community. PTA Applicants/students demonstrating unprofessional behavior will have violated program policy for misconduct and are subject to disciplinary action, up to and including denial of application or expulsion from the program.

**Disciplinary Offenses**

Any student found to have committed, or to have attempted to commit, the following misconduct is subject to appropriate disciplinary action:

- Disruptive behavior, willful disobedience, habitual profanity or vulgarity, or the open and persistent defiance to authority of, or persistent abuse of, members of the college community or clinical partners during clinical practicum
- Assault, battery, or any threat of force or violence upon members of the college community or clinical partners or patients

- Willful misconduct which results in injury or death to members of the college community or clinical partner, or which results in cutting, defacing, or other injury to any real or personal property owned by the district or clinical partner
- The use, sale, or possession on campus or during clinical practicum of, or presence on campus under the influence of, any controlled substance
- Willful or persistent smoking in any area where smoking has been prohibited by law or district policy
- Persistent, serious misconduct where other means of correction have failed to bring about proper conduct
- Obstruction or disruption of teaching, research, administrative disciplinary procedures or other college activities, including its community service activity, or of other authorized activities on college-controlled premises.
- Theft of or non-accident damage of property of the college or a member of the college community while on campus or at college-sponsored events
- Theft of or non-accident damage of property of clinical partner, staff or patients during clinical practicum
- Unauthorized entry to or use of college facilities or clinical partners facilities
- Dishonesty, such as cheating, plagiarism, or furnishing false information to the college: forgery, alteration, or misuse of college documents, records or identifications
- Knowing possession or use of explosive, dangerous chemicals or deadly weapons on college property or at a college function including clinical practicum without prior authorization of the college president or designated representative
- Use, possession, distribution or being under the influence of alcoholic beverage, narcotics or dangerous drugs on college property or at college-sponsored events including clinical practicums
- Soliciting or assisting another to do any act which would subject a student to expulsion, suspension, probation or other discipline pursuant to Regulation R-2441: Standards of Conduct
- Violation of any order of a college president, notice of which has been given prior to such violation, and which order is not inconsistent with any of the other provisions of this policy. This notice may be given by publication in the college newspaper, by posting on an official bulletin board designated for this purpose or by any other means reasonably calculated to inform students of its provisions
- Attempting to commit an act that would be cause for disciplinary action
- Violation of college policies, campus regulations, and/or clinical site policies and procedures.
- Disorderly, lewd, obscene, or indecent conduct or expression on college-owned or controlled property or at college-sponsored or supervised activities, or during any clinical practicum.
- Willful disturbance at any college or clinical site meeting.
- Unprofessional behavior on campus and/or clinical site including items listed above, willful disregard for patient / student safety, and/or clinical site/patient abandonment.

Depending on the seriousness of the infraction, several consequences may occur as a result of disciplinary offenses. Students may receive a failing grade in the course, be placed on disciplinary probation or suspension, or be expelled from the program and unable to reapply.

### **Disruptive or Dangerous Behavior**

If a student is disruptive to the class, the student will be asked to leave that class. Examples of disruptive behaviors may include, but are not limited to: physical impairment, impaired judgment, mental or emotional impairment, disruptive actions including actions listed in disciplinary offense, alcohol/substance use, and unprofessional behavior patterns. Sacramento City College and the Physical Therapist Assistant Program maintain a no tolerance policy regarding substance use when participating in the physical therapist assistant program. All enrolled physical therapist assistant students are subject to drug screening through a school-designated vendor prior to enrollment and may be randomly selected for drug screening during the program. A student with a positive drug screen will be denied placement and participation at the clinical facilities and will be required to withdraw from the program. Additionally, students must agree at the time of admission to random drug testing while in the program. Any evidence of substance abuse may result in immediate administrative dismissal from the program. Students are responsible for the cost of all screenings. Students who exhibit symptoms of alcoholism, drug abuse or emotional illness cannot effectively participate in class and behaviors may pose a disruption or danger to others in the classroom or clinical setting.

*When a student exhibits any disruptive behaviors, the following actions will take place:*

- The student will be removed from the classroom or clinical area immediately.
- The student will be responsible for finding safe transportation from the school / clinical site.
- The student may be required to perform a drug screening through a school-designated vendor at the students' expense.
- Instructor will immediately report the incident to the Program Coordinator (Director) and the Dean of Education and Health Professions.
- Within 24 hours, the student will make an appointment to see the Dean of Education and Health Professions. At this time, the student may be referred for further professional assessment. The student will be given a referral form indicating those behaviors that led to the classroom/clinical exclusion. In order to return, the student must have this form signed by a licensed mental health professional indicating that the student is safe to return to the program.
- When an instructor identifies a student as being disruptive or a danger to self or others and the student refuses to submit to the required assessment, the student may be withdrawn from the program.

### **Academic Honesty and Dishonesty**

To provide quality education for all students, the integrity of the learning process must be maintained. It is important that all students understand exactly what is expected and what is considered inappropriate during the teaching/learning process. Cheating and plagiarism are two types of academic dishonesty that cannot be tolerated. Cheating is the act of obtaining or attempting to obtain credit for

academic work using dishonest, deceptive, or fraudulent means. Plagiarism is representing the work of someone else as your own and submitting it for any purpose.

*Examples of cheating include:*

- Copying from someone else's test
- Submitting work that is not your own
- Submitting work presented previously in another course, if contrary to the rules of either course
- Altering or interfering with grading
- Using material during an exam that is not allowed
- Consulting with someone, other than the instructor, during an exam
- Purposely allowing another student to copy from you during a test
- Giving your homework, term paper, or other academic work to another person to plagiarize
- Having another student submit work in your name
- Lying to an instructor to improve your grade
- Stealing tests
- Forging signatures

*Examples of plagiarism include:*

- Incorporating ideas, works, sentences, paragraphs, or parts of another person's writings, without giving appropriate credit, and representing the product as your own work
- Representing another's academic work as your own
- Submitting a paper purchased from a research or term paper service
- Submitting an assignment complete by student and/or others from a previous course unless having received prior approval from instructor.

Depending on the seriousness of the infraction, several consequences may occur as a result of academic dishonesty. Students may receive a failing grade on the test or paper, have a course grade lowered, receive an "F" in the course, be placed on disciplinary probation or suspension, or be expelled from the program.

### **Determination of Satisfactory Progress for a Clinical Experience**

Evaluation of the student's performance during the clinical practicums is based on completion of specific objectives outlined for each practicum. Criteria for evaluation of student performance during the clinical practicums (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 practicums 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 practicum, and at other times as deemed necessary by the clinical instructor and/or the Director of Clinical Education. A written evaluation of the student's performance is submitted by the clinical instructor at the end of the practicum 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 also submit time sheets signed by the clinical instructor, confirming attendance for all scheduled clinical hours and make-up of any absences.

Introduction to Clinical Practice (PTA 122): Students are required to successfully complete a three-week, full-time clinical assignment (112 hours) and attend the mandatory orientation as a part of the requirements for PTA 122 and meet requirements listed in the course syllabus.

Clinical Practicum I and II (PTA 142 and 152): Students are required to successfully complete two full-time clinical assignments (240 hours for PTA 142 and 320 hours for PTA 152). Under extenuating and extraordinary circumstances, and at the discretion of the Director of Clinical Education and the clinical facility, full-time clinical practicums may be extended in length to offer a student additional time to meet the objectives of a practicum, including make up for missed clinical time. The extension for a full-time practicum is typically no greater than two weeks. The student will earn an 'Incomplete' grade during the period of the extension of the practicum. If the student remains unable to meet objectives the incomplete grade will be changed to "no credit".

Students who are unable to successfully complete any of the clinical courses (PTA 122, PTA 142, or PTA 152) will earn a "no credit/not pass" grade for the course. Students who do not complete and earn a passing grade in a clinical course cannot proceed in the program until the course is completed and passed. If a delay results in a student being unable to complete prior to the start of the next semester coursework, the student will not be able to progress and will have to wait until the next time the course is offered, after the student has completed and passed the clinical course.

Per the program policy listed in the Policies and Procedures manual:

Should a student achieve a grade lower than a 'C'/pass in any PTA course, the student will not progress to the next semester/course. Should a student have excessive absences (see attendance policy above), the student may be withdrawn from the course by the instructor or the clinical instructor, and the student may receive a failing/not passing grade. PTA students in a cohort can repeat one "PTA" designated course one time. **ONLY ONE** course with 'PTA' designators can be repeated one time. Once that limit has been met, the student is dismissed from the program if they receive a grade lower than a 'C' in another PTA course. If a student chooses to repeat a 'PTA" designated course and are eligible, they will be required to take the course the next time the course is offered. Prior to retaking the course, the student must pass a written and practical examination/skills check with the faculty to demonstrate continued competency in skills and content learned from prior passed courses. The student will get two attempts to show competency. If the student is unable to demonstrate continued competency in content from previously passed courses after two attempts, the student will not be allowed to repeat the course and will be dismissed from the program. **A student who fails a PTA course in the first semester may not continue with the program.** If such student wishes to re-apply to the program in the future, the student will progress as a new applicant, however an approved petition to repeat courses must be obtained from the Dean of Admissions and Records PRIOR to applying and must be submitted with the program application.

Students are scheduled at another clinical site for a practicum the next time the course is offered. Students will be required to re-register for the appropriate course.

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

### **Policy for Withdrawal of a Student from Clinical Practicum**

Students must successfully complete clinical practicums in accordance with established criteria. Additionally, in the clinic setting any unsafe practice, gross negligence, or unprofessional behavior 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 and 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 patients' he/she cares for, the clinical instructor has the legal responsibility to remove the student from the clinical setting. A student may also be removed from the clinical setting for unsafe practice at the discretion of the Director of Clinical Education and/or the Program Coordinator (Director).

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 gross negligence will result in the removal of the student from the clinical practicum. The ability of a student to demonstrate skills commensurate with their educational level, demonstrate appropriate professional behavior consistent with the standards of the program, the college, and the profession and 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 practicum.

Behavior is considered unprofessional when it violates the SCC Student Standards of Conduct, the professional guidelines established by the participating clinical facility, the Standards of Ethical Conduct for the PTA, and/or the provisions laid forth in this handbook; including attendance, dress code, and conduct commensurate with the generic abilities found in this document. A student who does not exhibit professional behavior may be removed from the clinical setting at the discretion of the center coordinator of clinical education, the clinical instructor, the Director of Clinical Education and/or the PTA Program Coordinator (Director).

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

Students who are removed from the clinical setting because of safety issues, negligence that could jeopardize the health, welfare, or safety of patients, violations of ethical or legal practice, or unprofessional behavior are subject to withdrawal from the PTA program.

### **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 SCCE 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 practicum.
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 practicum, and the grading criteria. Students will also be provided with copies of evaluation instruments.
2. Prior to clinical practicums, students will be instructed as to the roles and responsibilities of all involved parties in the clinical education process such as students, clinical instructors, SCCE, 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 practicums.
4. Prior to clinical practicums, 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 practicums.

#### **Procedures to monitor student progress during clinical practicums:**

1. The DCE will contact each student and clinical instructor (by visit, phone, or email) during the practicum 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 SCCE's.
3. If early warning signs or significant concerns are identified the DCE will follow up to assist the CI, SCCE, 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 SCCE.
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 practicums:**

1. The DCE is responsible for grading the practicum as 'Credit' or 'No Credit' based on established criteria for the level of practicum, 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 student evaluation and comments. Clarifying information obtained from clinical instructors will be recorded, dated, and initialed.

## **Resources for Clinical Instructors and Students**

Clinical instructors and students have access to multiple resources for assistance with student assessment and performance. On the Sacramento City College Physical Therapist Assistant program website, there is a page of resources (<https://scc.losrios.edu/academics/physical-therapist-assistant-program-details/clinical-education>). Here is a list of items available:

1. Description of clinical education course sequencing
2. Information on the online student evaluation tool CPI-Web including links to CPI-Web website, required CI and student training, general information, and reference guide for evaluating students
3. Information on student placements
4. Links to Policies and Procedures Manual and Clinical Education Handbook
5. Information on supervision requirements
6. Evaluation of Learning Experience Form
7. DCE to Clinical Instructor Introductory Letter

8. Sample syllabi for clinical practicums
9. Clinical Practicum time sheets

Clinical Instructors and students can also reach out directly to the Director of Clinical Education for additional assistance.

Millie Burns, PTA

Physical Therapist Assistant Program – Director of Clinical Education, Assistant Professor  
Education and Health Professions Division

PHONE: 916-558-2298

EMAIL: [burnsm@scc.losrios.edu](mailto:burnsm@scc.losrios.edu)

# 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 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.

<b>Must Maintain Safety Precautions</b> <ul style="list-style-type: none"><li>• lock the wheelchair or other device</li><li>• secure the patient in a transfer device (ex. Hoyer Lift)</li><li>• safely set up equipment and procedure for transfer of patients between surfaces</li><li>• lower the treatment table if leaving area</li><li>• guard adequately for safety</li><li>• use appropriate body mechanics</li><li>• maintain weight bearing status</li><li>• have patient don shoes or non-skid slippers for transfers and gait</li><li>• maintain precautions for the diagnosis (ex. total hip precautions)</li><li>• care for equipment and check for broken parts/wires</li></ul>	<b>Must Provide the Treatment Prescribed by the Physical Therapist*</b> <ul style="list-style-type: none"><li>• treat the involved body part (example: right vs. left, thoracic vs. cervical, place electrodes on correct muscle group, etc.)</li><li>• ensure that the patient performs the correct gait pattern</li><li>• apply the indicated amount of resistance or level of exercise</li><li>• plug in and turn on the machinery before treating the patient</li><li>• administer treatment as instructed by the physical therapist in the clinical setting</li><li>• progress interventions within the plan of care in response to the patient's age, discomfort, diagnosis, comprehension, and cooperativeness in the clinical setting</li></ul>
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<ul style="list-style-type: none"> <li>• use standard and transmission-based precautions for infection control</li> <li>• apply the proper dosage of a modality</li> <li>• maintain the prescribed ROM (example: e.g., student must not move the patient beyond the prescribed limit of ROM)</li> <li>• provide clear instructions to patients</li> <li>• communicate with other disciplines as required in the clinical setting</li> <li>• provide patient with necessary set-up and equipment post treatment (example: restraints, call bell) in the clinical setting</li> </ul>	<p><b>*Note:</b> Adding anything <u>beyond</u> the scope of the prescribed treatment is considered failure to provide the treatment prescribed by the PT!!</p>
	<p><b>Must Use Critical Thinking Skills</b></p> <ul style="list-style-type: none"> <li>• individualize treatment for patient needs</li> <li>• report back to the supervising therapist when changes in the patient’s condition or response to treatment occur in the clinical setting</li> <li>• request that the PT re-evaluate the patient when appropriate in the clinical setting</li> </ul>
<p><b>Must Collect Essential Data</b></p> <ul style="list-style-type: none"> <li>• read the patient’s chart and collect data that may influence the PT treatment</li> <li>• demonstrate understanding of the PT evaluation and plan of care</li> <li>• accurately measure vital signs</li> <li>• consistently measure joint ROM within 5° of accuracy</li> <li>• recognize indications, contraindications and precautions to physical therapy treatment and report any contraindications to the PT</li> </ul>	
<p><b>Must Maintain Professionalism</b></p> <ul style="list-style-type: none"> <li>• obtain informed consent</li> <li>• communicate effectively with patients and staff</li> <li>• treat the patient with dignity and respect</li> <li>• recognize a patient’s demonstration of emotional distress and interact effectively</li> <li>• maintain confidentiality of information</li> <li>• seek assistance with patient care when unsure of the procedure in the clinical setting</li> <li>• initiate and complete assigned tasks without prompting in the clinical setting</li> <li>• comply with departmental policies and procedures in the clinical setting</li> <li>• adhere to ethical and legal standards of practice in the clinical setting</li> </ul>	

## Excerpts of Laws & Regulations Governing Physical Therapist Assistant Students and Interns (California)

Students are encouraged to download full text of laws and regulations from the Physical Therapy Board of California website: [www.ptbc.ca.gov/](http://www.ptbc.ca.gov/). Selected sections are included below.

### LAWS

#### **Business and Professions Code; Division 2. Healing Arts; Chapter 5.7 Physical Therapy; Article 2. Scope of Regulation and Exemptions**

##### **§2622. Management of Patient Care; Physical Therapist Assistants Services of Aide**

(a) A physical therapist shall be responsible for managing all aspects of the care of each patient as set forth in regulations promulgated by the board.

(b) A physical therapist shall not supervise more than two physical therapist assistants at one time to assist the physical therapist in his or her practice of physical therapy.

(c) A physical therapist may utilize the services of one aide engaged in patient-related tasks to aid the physical therapist in his or her practice of physical therapy.

(Repealed and added by Stats. 2013, Ch. 389, Sec. 23. Effective January 1, 2014.)

#### **Business and Professions Code; Division 2. Healing Arts; Chapter 5.7. Physical Therapy; Article 2. Scope of Regulation and Exemptions**

##### **§2630.3. Physical Therapist Assistants; Requirements**

(a) A licensed physical therapist assistant holding a valid, unexpired, and unrevoked physical therapist assistant license may assist in the provision of physical therapy services only under the supervision of a physical therapist licensed by the board. A licensed physical therapist shall at all times be responsible for the extent, kind, quality, and documentation of all physical therapy services provided by the physical therapist assistant.

(b) It is unlawful for any person or persons to hold himself or herself out as a physical therapist assistant, unless at the time of so doing the person holds a valid, unexpired, and unrevoked physical therapist assistant license issued under this chapter, except as authorized in subdivisions (f) and (g) of Section 2630.5.

(c) Physical therapist assistants shall not be independently supervised by a physical therapist license applicant, as defined in Section 2639, or a physical therapist student, as defined in Section 2633.7.

(d) A physical therapist assistant shall not perform any evaluation of a patient or prepare a discharge summary. The supervising physical therapist shall determine which elements of the Business and Professions Code Page 32 treatment plan, if any, shall be assigned to the physical therapist assistant. Assignment of patient care shall be commensurate with the competence of the physical therapist assistant. (Added by Stats. 2013, Ch. 389, Sec. 27. Effective January 1, 2014.)

#### **Business and Professions Codes; Article 5: Educational Standards**

### **§2650. Physical Therapist and Physical Therapist Assistant Educational Requirements**

(a) The physical therapist education requirements are as follows:

(1) Except as otherwise provided in this chapter, each applicant for a license as a physical therapist shall be a graduate of a professional degree program of an accredited postsecondary institution or institutions approved by the board and shall have completed a professional education program including academic course work and clinical internship in physical therapy.

(2) Unless otherwise specified by the board by regulation, the educational requirements shall include instruction in the subjects prescribed by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association or Physiotherapy Education Accreditation Canada and shall include a combination of didactic and clinical experiences. The clinical experience shall include at least 18 weeks of full-time experience with a variety of patients.

(b) The physical therapist assistant educational requirements are as follows:

(1) Except as otherwise provided in this chapter, each applicant for a license as a physical therapist assistant shall be a graduate of a physical therapist assistant program of an accredited postsecondary institution or institutions approved by the board and shall have completed both the academic and clinical experience required by the physical therapist assistant program and have been awarded an associate degree.

(2) Unless otherwise specified by the board by regulation, the educational requirements shall include instruction in the subjects prescribed by the CAPTE of the American Physical Therapy Association or Physiotherapy Education Accreditation Canada or another body as may be approved by the board by regulation and shall include a combination of didactic and clinical experiences. (Amended by Stats. 2015, Ch. 426, Sec. 20. Effective January 1, 2016.)

### **§2651. Board Approval of Educational Programs**

The board shall approve only those physical therapist and physical therapist assistant education programs that prove to the satisfaction of the board that they comply with the minimum physical therapist or physical therapist assistant educational requirements set forth in this chapter and adopted by the board pursuant to this chapter. Physical therapist and physical therapist assistant education programs that are accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association, Physiotherapy Education Accreditation Canada, or such other body as may be approved by the board by regulation shall be deemed approved by the board unless the board determines otherwise. This chapter shall not prohibit the board from disapproving any foreign physical therapist or physical therapist assistant educational program or from denying an applicant if, in the opinion of the board, the instruction received by the applicant or the courses offered by the program were not equivalent to that which is required by this chapter. (Amended by Stats. 2013, Ch. 389, Sec. 47. (SB 198) Effective January 1, 2014.)

## **REGULATIONS**

**California Code of Regulations; Title 16, Professional and Vocational Regulations; Division 13.2, Physical Therapy Board of California; Article 4, Physical Therapist Assistant**

#### **§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 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: Section 2615, Business and Professions Code. Reference: Sections 2622 and 2630.3, Business and Professions Code.

HISTORY

1. Repealer of subsection (f) filed 6-29-83; effective thirtieth day thereafter (Register 83, No. 27).
  2. Amendment of section and Note filed 9-18-96; operative 9-18-96 pursuant to Government Code section 11343.4(d) (Register 96, No. 38).
  3. Repealer and new section filed 6-14-2011; operative 7-14-2011 (Register 2011, No. 24).
  4. Change without regulatory effect amending subsection (e) and repealing subsection (e)(1) filed 9-21-2015 pursuant to section 100, title 1, California Code of Regulations (Register 2015, No. 39).
  5. Change without regulatory effect amending Note filed 7-6-2017 pursuant to section 100, title 1, California Code of Regulations (Register 2017, No. 27).
- This database is current through 02/21/25 Register 2025, No. 8

**California Code of Regulations; Title 16, Professional and Vocational Regulations; Division 13.2, Physical Therapy Board of California; Article 5, Physical Therapist Assistant Schools**

**§1398.52. Identification and Supervision of Physical Therapist Assistant Students Defined**

(a) A physical therapist assistant student is an unlicensed person rendering physical therapy services as part of academic training pursuant to section 2650.1 of the Code and shall only be identified as a “physical therapist assistant student.” 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 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 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.

(d) The physical therapist assistant student 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. The supervising physical therapist shall conduct a weekly case conference and document it in the patient record.

Note: Authority cited: Section 2615, Business and Professions Code. Reference: Section 2633.7, Business and Professions Code.

**HISTORY**

1. New section filed 12-23-2002; operative 1-22-2003 (Register 2002, No. 52).
2. Change without regulatory effect amending section heading, section and Note filed 9-21-2015 pursuant to section 100, title 1, California Code of Regulations (Register 2015, No. 39).
3. Change without regulatory effect amending Note filed 7-6-2017 pursuant to section 100, title 1, California Code of Regulations (Register 2017, No. 27).

This database is current through 02/21/25 Register 2025, No. 8

**California Code of Regulations; Title 16, Professional and Vocational Regulations; Division 13.2, Physical Therapy Board of California; Article 7, Practice by Applicants**

### **§1399.12. Supervision of Physical Therapist Assistant License Applicant**

Pursuant to Section 2655.91 of the code, a physical therapist assistant license applicant whose application for license has been filed and reviewed by the board may assist in the provision of physical therapy services if he or she is under the direct and immediate supervision of a physical therapist licensed by the board. "Direct and immediate" means a supervisor shall at all times be responsible for and provide adequate supervision of the work performed by the applicant and shall be in close proximity to the location where the applicant is assisting in the provision of physical therapy treatment. The physical therapist assistant license applicant shall document each treatment in the patient record, along with his or her signature. A supervising physical therapist 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 license applicant. A supervising physical therapist will conduct a weekly case conference and document it in the patient record.

A supervising physical therapist shall document receipt of the letter authorizing physical therapist assistant license applicant status and record the expiration date of such status in the employee record. A supervising physical therapist shall require the applicant to provide documentation of the license issued at the conclusion of the physical therapist assistant license applicant status. If the applicant fails to pass the licensing examination all privileges to work as a physical therapist assistant license applicant shall terminate.

Authorizing the physical therapist assistant license applicant to work after the conclusion of physical therapist assistant license applicant status constitutes unprofessional conduct.

Note: Authority cited: Section 2615, Business and Professions Code. Reference: Section 2622, Business and Professions Code.

#### **HISTORY**

1. New section filed 3-20-78; effective thirtieth day thereafter (Register 78, No. 12).
2. Amendment filed 10-19-83; effective thirtieth day thereafter (Register 83, No. 43).
3. Change without regulatory effect amending section filed 9-11-97 pursuant to section 100, title 1, California Code of Regulations (Register 97, No. 37).
4. Amendment of section heading and Note filed 3-8-2000; operative 4-7-2000 (Register 2000, No. 10).
5. Amendment of section and Note filed 12-19-2002; operative 1-18-2003 (Register 2002, No. 51).
6. Amendment of section heading, section and Note filed 12-23-2002; operative 1-22-2003 (Register 2002, No. 52).
7. Change without regulatory effect amending Note filed 9-21-2015 pursuant to section 100, title 1, California Code of Regulations (Register 2015, No. 39).
8. Change without regulatory effect amending first paragraph filed 4-13-2022 pursuant to section 100, title 1, California Code of Regulations (register 2022, No. 15).

This database is current through 02/21/25 Register 2025, No. 8.

# Excerpts of California Regulations Governing Patient Records

## REGULATIONS

California Code of Regulations; Title 16, Professional and Vocational Regulations; Division 13.2, Physical Therapy Board of California; Article 1, General Provisions

### §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],
- (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]. California Code of Regulations Page 78

(f) Electronic signatures are sufficient for purposes of this section.

Note: Authority cited: Section 2615, Business and Professions Code. Reference: Section 2620.7, Business and Professions Code.

#### HISTORY

1. Renumbering and amendment of former section 1399.85 to new section 1398.13 filed 6-14- 2011; operative 7-14-2011 (Register 2011, No. 24).

2. Change without regulatory effect amending subsection (e)(1) filed 9-21-2015 pursuant to section 100, title 1, California Code of Regulations (Register 2015, No. 39).

This database is current through 02/21/25 Register 2025, No. 8.

# Excerpt of Laws & Regulations Governing Physical Therapy Aides

## LAWS

### **Business and Professions Code; Division 2. Healing Arts; Chapter 5.7. Physical Therapy; Article 2. Scope of Regulation and Exemption**

#### **§2630. Necessity of Physical Therapist License**

It is unlawful for any person or persons to practice, or offer to practice, physical therapy in this state for compensation received or expected, or to hold himself or herself out as a physical therapist, unless at the time of so doing the person holds a valid, unexpired, and unrevoked physical therapist license issued under this chapter, except as authorized by subdivisions (c), (d), (e), and (g) of Section 2630.5. (Amended by Stats. 2013, Ch. 389, Sec. 26. Effective January 1, 2014.)

#### **§2630.4. Physical Therapy Aides; Requirements**

(a) A “physical therapy aide” is an unlicensed person, at least 18 years of age, who aids a licensed physical therapist consistent with subdivision (b).

(b) The aide shall at all times be under the supervision of the physical therapist. An aide shall not independently perform physical therapy or any physical therapy procedure. The board shall adopt regulations that set forth the standards and requirements for the supervision of an aide by a physical therapist.

(c) Physical therapy aides shall not be independently supervised by a physical therapist license applicant, as defined in Section 2639, or a physical therapist student, as defined in Section 2633.7.

(d) This section does not prohibit the administration by a physical therapy aide of massage, external baths, or normal exercise not a part of a physical therapy treatment.

(Added by Stats. 2013, Ch. 389, Sec. 28. Effective January 1, 2014.)

## REGULATIONS

### **California Code of Regulations; Title 16, Professional and Vocational Regulations; Division 13.2, Physical Therapy Board of California; Article 6, Physical Therapy Aides**

#### **§1399. Requirements for Use of Aides**

(a) A physical therapy aide is an unlicensed person who may be utilized by a physical therapist in his or her practice by performing non-patient related tasks, or by performing patient related tasks.

(b) Prior to the aide providing patient related care, a physical therapist shall evaluate and document the aide's competency level for performing the patient related task that the aide will provide in that setting. The record of competencies shall be made available to the board or any physical therapist utilizing that aide upon request.

(c) As used in these regulations:

(1) A “patient related task” means a physical therapy service rendered directly to the patient by an aide, excluding non-patient related tasks as defined below.

(2) A “non-patient related task” means a task related to observation of the patient, transport of patients, physical support only during gait or transfer, housekeeping duties, clerical duties and similar functions.

(3) “Under the orders, direction and immediate supervision” means:

(A) Prior to the initiation of care, the physical therapist shall evaluate every patient prior to the performance of any patient related tasks by the aide.

(B) The physical therapist shall formulate and record in the patient's record a treatment program based upon the evaluation and any other information available to the physical therapist and shall determine those patient related tasks which may be assigned to an aide.

(C) The physical therapist shall assign only those patient related tasks that can be safely and effectively performed by the aide. The physical therapist shall be responsible at all times for the conduct of the aide while the aide is performing "patient related tasks" and "non-patient related tasks" as defined in this section.

(D) The physical therapist shall provide continuous and immediate supervision of the aide. The physical therapist shall be in the same facility as the aide and in immediate proximity to the location where the aide is performing patient-related tasks. The physical therapist shall be readily available at all times to provide immediate advice, instruction or intervention in the care of the patient. When patient-related tasks are provided to a patient by an aide the physical therapist shall at some point during the treatment day provide direct service to the patient as treatment for the patient's condition or to further evaluate and monitor the patient's progress.

(E) The physical therapist shall perform periodic re-evaluation of the patient as necessary and make adjustments in the patient's treatment program. The re-evaluation shall be documented in the patient's record.

Note: Authority cited: Section 2615, Business and Professions Code. Reference: Section 2630.4, Business and Professions Code.

#### HISTORY

1. Amendment of subsection (b) filed 3-20-78; effective thirtieth day thereafter (Register 78, No. 12).
2. Amendment filed 8-13-81; effective thirtieth day thereafter (Register 81, No. 33).
3. Amendment of subsections (b)(1), (b)(2), (b)(4) and (b)(5) and new subsection (b)(6) filed 10- 21-94; operative 11-21-94 (Register 94, No. 42).
4. Amendment filed 6-14-2011; operative 7-14-2011 (Register 2011, No. 24).
5. Change without regulatory effect amending Note filed 9-21-2015 pursuant to section 100, title 1, California Code of Regulations (Register 2015, No. 39).
6. Change without regulatory effect amending Note filed 7-6-2017 pursuant to section 100, title 1, California Code of Regulations (Register 2017, No. 27).

This database is current through 02/21/25 Register 202, No. 8.

## Standards of Ethical Conduct for the Physical Therapist Assistant

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

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

**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.

(See the [full text](https://www.apta.org/apta-and-you/leadership-and-governance/policies/standards-of-ethical-conduct-for-the-physical-therapist-assistant) on the American Physical Therapy Association website: <https://www.apta.org/apta-and-you/leadership-and-governance/policies/standards-of-ethical-conduct-for-the-physical-therapist-assistant>)

## Core Values for the Physical Therapist and Physical Therapist Assistant

The core values guide the behaviors of PTs and PTAs to provide the highest quality of physical therapy services. These values imbue the scope of PT and PTA activities. The core values retain the PT as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the PTA as the only individual who assists the PT in practice, working under the direction and supervision of the PT. Core values are defined as follows:

- **Accountability** is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
- **Altruism** is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.
- **Collaboration** is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.
- **Compassion and Caring** Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.
- **Duty** is the commitment to meet one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.
- **Excellence** in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.
- **Inclusion** occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.
- **Integrity** is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.
- **Social Responsibility** is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

(See full text on APTA website: <https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant> )

## **Sacramento City College Physical Therapist Assistant Program Midpoint Conference with Student and Clinical Instructor**

Student name: \_\_\_\_\_ Dates of Affiliation: \_\_\_\_\_  
Clinical instructor(s): \_\_\_\_\_ Type of Case load: \_\_\_\_\_  
CI Credentialed: \_\_\_\_\_  
Board Certification - \_\_\_\_\_  
Facility: \_\_\_\_\_

### **Documentation of conference with student:**

Date: \_\_\_\_\_  
Name and title of person completing this form: \_\_\_\_\_  
Visit, phone call, or email? (If email, attach record.) \_\_\_\_\_

#### **1. General comments**

*(Tell me about your clinical experience, such as the type and amount of caseload, documentation, interactions with staff, or other activities.)*

Entry level caseload: \_\_\_\_\_ Percentage of caseload: \_\_\_\_\_  
Number of days absent: \_\_\_\_\_

#### **2. Communication and feedback**

*(How would you describe your communication with your clinical instructor? Tell me about the frequency, quality, and amount of feedback your clinical instructor provides. Are changes needed?)*

#### **3. Supervision and guidance**

*(Describe the level of supervision your clinical instructor provides. Is the level of supervision appropriate for your needs? Is the level of guidance and assistance provided appropriate?)*

#### **4. Formative evaluation**

Date of written midpoint student evaluation review?

Did both parties sign and date?

Was written feedback provided to the CI at midpoint?

Does the feedback from your clinical instructor indicate that you are making appropriate progress toward meeting the goals of the affiliation?

Does your self-assessment of progress agree with the CI's?

Were any significant concerns regarding your progress noted?

Do you understand the criteria used to determine a passing grade for the affiliation?

#### **5. Goals**

*(What are the major goals for the remaining weeks of the affiliation?)*

#### **6. Preparation**

*(How well has the curriculum prepared you for this affiliation? Any suggestions for changes in the curriculum?)*

#### **7. Other**

*(Is there anything else you would like to discuss regarding your progress during this affiliation?)*

**Documentation of conference with clinical instructor:**

Date:

Name and title of person completing this form:

Visit, phone call, or email? (If email, attach record.)

CI:

**1. General comments**

*(Describe student performance in areas such as professional behavior, safety, data collection, interventions...)*

*Caseload/day*

*Entry level caseload/day*

*# Absences*

**2. Communication**

*(How would you describe your communication with the student? How often do you provide feedback? How does the student respond to constructive feedback?)*

**3. Supervision and guidance**

*(Describe the level of supervision you are providing for the student. Is the amount of supervision, guidance, and assistance the student requires appropriate for this level of affiliation?)*

**4. Formative evaluation**

Date of written midpoint student evaluation review?

Did both parties sign and date?

Were any significant concerns regarding the student's progress noted?

Does the student have any difficulties learning in the clinical setting?

Are you familiar with the criteria utilized by the academic program to determine a passing grade for the affiliation?

In your judgment, is the student making appropriate progress toward meeting the goals of the affiliation?

#### **5. Goals**

*(What are the major goals for the remaining weeks of the affiliation?)*

#### **6. CI**

*(Do you require any assistance from the academic program in planning or implementing clinical learning activities with this student?)*

#### **7. Preparation**

*(How well has the curriculum prepared the student for this affiliation? Any suggestions for changes in the curriculum?)*

#### **8. Other**

*(Is there anything else you would like to discuss regarding the student's progress during this affiliation? Please contact us if changes occur)*

## Weekly Summary – Planning Form

Dates: \_\_\_\_\_

Experience Week Number: \_\_\_\_\_

### STUDENTS REVIEW OF THE WEEK

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

### CI'S REVIEW OF THE WEEK

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

GOALS FOR THE UPCOMING WEEK OF:

Student's Signature \_\_\_\_\_ CI's 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 practicums 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 practicums 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 practicum, 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 Practicums and Practical Exams

- 1) Polo shirt: in SCC burgundy.
- 2) Picture nametag from SCC indicating name and designation as PTA student, to be purchased during first semester. (*Temporary nametags will be given to students for first-semester practical examinations.*)
- 3) Slacks: Khaki or black recommended. No jeans.



### Option to purchase:

- **D3 Athletics** offers polo shirts with embroidered SCC PTA logo for the SCC PTA program. A group order will be made for those students who wish to purchase a polo shirt. **The cost is \$25.**
- Many clothing stores may carry polos in this color
- Amazon

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

**\*NOTE: Clinical facilities may have different dress codes requirements. Students are required to follow the guidelines from the clinical facility.**

**Clinical Education Handbook Agreement (2025-2026)**  
**Sacramento City College Physical Therapist Assistant Program**

I, \_\_\_\_\_, have read,  
understand, and agree to abide by the provisions set forth in this Clinical Education Handbook.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date