



Physical Therapist Assistant Program

Clinical Education Handbook

2025-2026

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

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

- The student
- The Clinical Instructor
- The Center Coordinator of Clinical Education
- The faculty members of the PTA Program at Mendocino College

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

Thank you,

Joseph Munoz, PT, DPT

Director of Clinical Education/Faculty

Email: jmunoz@mendocino.edu Phone: (707) 467-1064

Sara Bogner, PT, DPT

Program Director/Faculty

Email: sbogner@mendocino.edu Phone: (707) 467-1062

Dustin Meier, BS, PTA

Core Faculty

Email: dmeier@mendocino.edu Phone: (707) 468-3168

Table of Contents

	PAGE
I. Program Information	
1.1 Institution History and Accreditation	5
1.2 Program Summary	5
1.3 Unlawful Discrimination Statement	6
1.4 Mission Statement	6
1.5 Program Values	6
1.6 Program Goals	7
1.7 Program Objectives	7
1.8 Program Curriculum	8
1.9 Course Descriptions	10
1.10 Clinical Education Learner Outcomes	15
II. General Policies and Procedures	
2.1 Selection of Clinical Education Sites and Clinical Instructors	17
2.2 Responsibilities of the Director of Clinical Education (DCE)	17
2.3 Responsibilities of the Center Coord. of Clinical Education (CCCE).	18
2.4 Responsibilities of the Clinical Instructor (CI)	19
2.5 Memorandum of Agreement	20
2.6 Arrangement of Clinical Rotations	20
2.7 Placement Policy	20
2.8 Readiness for Clinical Experiences	21
2.9 Determination of Satisfactory Progress in Clinical Education	22
2.10 No-Credit Grade for a Clinical Experience	22
2.11 Clinical Remediation	23
2.12 School Holiday	23
III. Student Policies	
3.1 Student Responsibilities	23
3.2 Attendance and Absenteeism	24
3.3 Professional Behavior	24
3.4 Personal Appearance	25
3.5 Name Tags	26
3.6 Student Preparedness	26
3.7 Confidentiality	26
3.8 CPR/Immunization requirements	26
3.9 Accidents	27
3.10 Accommodations	27
3.11 Student In-Services	27
3.12 Early Termination of Clinical Experience	27
3.13 Due Process/Grievance Procedure	28
3.14 Clinical Reassignment	28
3.15 Background Checks	28
3.16 Drug Screen	29
3.17 Knowledge of Program and College Policies and Procedures	30

3.18 Informed consent	30
3.19 Shared Student Information	30
IV. Responsibilities of Clinical Faculty	
4.1 Memorandum of Agreement	31
4.2 Equipment and Facility safety	31
4.3 Confidentiality	31
4.4 Supervision	31
4.5 Complaints	31
V. Clinical Faculty Rights and Privileges	
5.1 Clinical Faculty Rights and Privileges	32
5.2 Education Tips for the Clinical Instructor	33
Appendix	
APTA PTA Code of Ethics	34
Skills Learned by 1 st Year MC PTA Students	35
Skills Learned by 2 nd Year MC PTA Students	38
Professional Behaviors Assessment Tool	39
Clinical Orientation Checklist	40
DCE Evaluation Survey	48
Weekly Planning Form	49
Confidentiality Agreement	50
Student In-service Feedback Form	51
Skills Checklist	52
Essential Functional for PTA Students	53
Clinical Handbook Agreement	54
	56

I. Program Information

1.1 Institutional History and Accreditation

Mendocino College is a part of the California Community Colleges System. The California Community Colleges are a postsecondary education system consisting of the Board of Governors of the California Community Colleges and 72 community college districts. Mendocino College is a part of the Mendocino-Lake Community College District and is accredited by the Accrediting Commission for Community and Junior Colleges (ACCJC).

The Mendocino-Lake Community College District was formed in September 1972 by vote of the citizens of the Anderson Valley, Laytonville, Potter Valley, Round Valley, Ukiah, and Willits Unified School Districts. Planning for the development of the initial offerings of the College occurred in the spring of 1973, with the first classes offered in July 1973.

Expansion of the District to include the Lake County Districts of Upper Lake, Kelseyville, and Lakeport occurred by vote of the citizens on November 5, 1974. The new District boundaries, established in July 1975, encompass 3,200 square miles of service area. In 1981 the name of the District became Mendocino-Lake Community College District to better reflect the geographical area being served.

Mendocino College's main campus in Ukiah, California is home to the Physical Therapist Assistant Program. Approval was sought and granted for this program through the California Community Colleges Chancellor's Office in December 2017. Approval through the ACCJC was granted October 24, 2018.

The Physical Therapist Assistant Program at Mendocino College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: (703) 706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, email PTA@mendocino.edu or call (707) 467-1057.

1.2 Program Summary

The Physical Therapist Assistant (PTA) Program at Mendocino College is a five-semester program with four semesters of core PTA coursework. An additional one semester of prerequisite courses is required to ensure preparedness of students for the Program. Graduates will receive an Associate of Science degree at the completion of the Program and be prepared to sit for the national licensure exam. The Program curriculum includes courses in general education and basic science as well as technical physical therapy coursework. The program integrates clinical education throughout the curriculum to prepare students for the field of physical therapy. Students will be introduced to direct patient care through full-time clinical education experiences in semesters three and four.

1.3 Unlawful Discrimination

The District is committed to equal opportunity in educational programs, employment, and all access to institutional programs and activities.

The District, and each individual who represents the District, shall provide access to its services, classes, and programs without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, immigration status, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because they are perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

The Superintendent/President shall establish administrative procedures that ensure all members of the college community can present complaints regarding alleged violations of this policy and have their complaints heard in accordance with the Title 5 regulations and those of other agencies that administer state and federal laws regarding nondiscrimination.

No District funds shall ever be used for membership, or for any participation involving financial payment or contribution on behalf of the District or any individual employed by or associated with it, to any private organization whose membership practices are discriminatory on the basis of national origin, immigration status, religion, age, gender, gender identity, gender expression, race, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because they are perceived to have one or more of the foregoing characteristics, or because of their association with a person or group with one or more of these actual or perceived characteristics.

1.4 Mission Statement

The Mendocino College Physical Therapist Assistant Program provides a comprehensive educational experience to prepare a diverse student population for contemporary practice as entry-level physical therapist assistants able to work under the direction and supervision of a physical therapist. High quality and innovative instruction and individual attention in an inclusive and accessible learning environment enables students to achieve their educational goals. Graduates will serve the community by providing competent, ethical and compassionate healthcare in contemporary physical therapy practice while understanding the value of evidence-based practice and lifelong learning.

1.5 Program Values

Student Success: We are committed to helping students achieve their educational goal of becoming a licensed physical therapist assistant.

Collaboration: We participate in our communities and professional organizations to become informed about and engaged in local and global healthcare issues. We work and communicate collegially, both on campus and in our communities.

Respect: We recognize the worth of individuals by encouraging active participation, open exchange of ideas and collaborative decision making.

Integrity: We maintain public trust by being honest, fair and equitable and by honoring our commitments to our students, staff and communities.

Diversity: We respect the dignity of each individual; we value the creativity and insight that emerge from individual differences; and we recognize the importance of diversity in achieving our goals.

Continuous Improvement: We work to integrate the best practices in physical therapist assistant education and to ensure progress toward achieving our goals by operating in a culture of evidence.

Sustainability: We embrace sustainable practices and recognize our responsibility as global citizens.

1.6 Program Goals

Goal 1. Prepares graduates for positions as competent, entry-level physical therapist assistants able to work under the direction and supervision of a physical therapist

Goal 2. Program faculty will provide an inclusive and accessible learning environment and a curriculum consistent with contemporary physical therapy practice, and feedback from program stakeholders.

Goal 3. Promote the importance of continuing personal and professional development through life-long learning opportunities and membership in professional organizations.

Goal 4. PTA Program graduates will appropriately express effective verbal, nonverbal, and written communication skills in a culturally competent manner with patients, family members and other health care providers.

1.7 Program Objectives

Graduates of the Physical Therapist Assistant Program will be able to:

Objective 1. Work under the supervision of a physical therapist in an ethical, legal, and competent manner.

Objective 2. Demonstrate the ability to promote optimal outcomes for patients by competently performing assessment techniques and treatment interventions from within the physical therapist's plan of care.

Objective 3. Recognize the relationship between concepts learned from liberal arts and basic science coursework and physical therapy knowledge and skills.

Objective 4. Demonstrate effective oral, written, and nonverbal communication in a culturally competent manner with patients and their families, colleagues, and other health care providers.

Objective 5. Demonstrate a commitment to professional growth and life-long learning.

1.8 Program Curriculum

The following is an example of the course sequence to complete the requirements for an Associates of Science in Physical Therapist Assisting.

General Education and Institutional requirement courses listed in the example may be completed prior to entering the program, and in different semesters.

NOTE: Mendocino College also has Institutional Requirements in **Studies in Culture** and **Wellness**. Certain classes may be double counted in Area 2 or Area 3 or Area 4 or Area 4A or Area 5. See the Mendocino College Course Catalog for a list of classes that meet these requirements.

(*For the Wellness requirement, students may submit four months active-duty military service verified by submission of form DD-214.)

*All students must meet with a Mendocino College academic counselor in preparation for applying to the PTA Program.

***Prerequisite courses are listed in bold**

Prerequisite Semester 1

Course Title	Semester Units
*BIO 230 – Human Anatomy (GE Area 5)	5
CHM 200 – Introduction to Chemistry	4
*KIN 200 – Introduction to Kinesiology	3
*PTA 100 – Introduction to Physical Therapy	1
Arts and Humanities (GE Area 3)	3
TOTAL	16

Prerequisite Semester 2

Course Title	Semester Units
*BIO 231 – Human Physiology	5
*ENGL C1000 – Academic Reading and Writing (GE Area 1A)	4
Mathematics Concepts and Quantitative Reasoning (GE Area 2)	3

Social and Behavioral Science (GE Area 4)	3
TOTAL	15

PTA Program Semester 1

Course Title	Semester Units
PTA 101 – Physical Therapy Practice for the PTA	2
PTA 102 – Pathology	3
PTA 103 – Patient Care Skills Theory	2
PTA 103L – Patient Care Skills Lab	1.5
PTA 104 – Clinical Kinesiology Theory	2
PTA 104L – Clinical Kinesiology Lab	1.5
Oral Communication and Critical Thinking (GE Area 1B)	3
TOTAL	15

PTA Program Semester 2

Course Title	Semester Units
PTA 105 – Therapeutic Exercise Theory	2
PTA 105L – Therapeutic Exercise Lab	1
PTA 106 – Therapeutic Agents Theory	2
PTA 106L – Therapeutic Agents Lab	1
PTA 118 – Clinical Development	3
American Institutions (GE Area 4A)	3
Studies in Culture – Institutional Requirement	3
TOTAL	15

PTA Program Semester 3

Course Title	Semester Units
PTA 107 – Orthopedic Management Theory	2

PTA 107L – Orthopedic Management Lab	1
PTA 108 – Neurology and Development Theory	2
PTA 108L – Neurology and Development Lab	1
PTA 121 – Clinical Practicum 1	6
Wellness – Institutional Requirement	3
TOTAL	15

PTA Program Semester 4

Course Title	Semester Units
PTA 109 – Neurologic Management Theory	2
PTA 109L – Neurologic Management Lab	1
PTA 110 – Advanced Procedures Theory	2
PTA 110L – Advanced Procedures Lab	1
PTA 111 – Professional Integration	2
PTA 122 – Clinical Practicum 2	6
Ethnic Studies (GE Area 6)	3
TOTAL	17

	Total Units
PTA Core Courses	47
Total for associate's degree in PTA	83

*Degree total does not include units for CHM 200 or the 6 double-counted units for Studies in Culture and Wellness.

1.9 Course Descriptions

****The following does not include GE/Institutional requirements. For more information see Mendocino College course catalog.***

Required Pre-Requisite Courses

BIO 230 – Human Anatomy

This course will cover an introduction to human cytology and cellular organization, fundamental tissues and organ systems, and appropriate laboratory study of basic human anatomy.

BIO 231 – Human Physiology with lab

This course will cover the study of human organ systems and the associated physiological principles with appropriate practical experimentation in the laboratory.

KIN 200 – Introduction to Kinesiology

This course will introduce the historical, philosophical, sociological, psychological, and scientific foundations of the Kinesiology field. The course will also include an overview of careers, fields of study and requirements in Kinesiology and allied health disciplines. Issues, challenges, and current/future trends will also be addressed.

PTA 100 – Introduction to Physical Therapy

This course will introduce students to careers related to the field of physical therapy. It will outline job descriptions, educational background, labor market and practice settings for the different jobs related to physical therapy.

ENGL C1000 – Academic Reading and Writing (GE Area 1A)

This course will fulfill the requirements of the first semester of freshman composition at the university level. All sections are both writing and reading intensive. Topics covered include thesis development and support, writing essays in various rhetorical modes, close reading, and completion of a thorough, properly cited research paper.

Required PTA Program Semester 1 Courses

PTA 101 – Physical Therapy Practice for the PTA

This course will introduce the students to the profession of Physical Therapist Assistant by covering the history, laws and ethics of the profession. Introduction to professional/medical documentation and quality assurance issues will be presented. Students will also study communication techniques, interpersonal relationships and psychosocial considerations in healthcare.

PTA 102 – Pathology

This course will introduce the pathophysiology of all major organ systems of the body. The etiology, signs, symptoms, diagnosis, prognosis and interventions related to common diseases and disorders seen in the physical therapy setting will be covered.

PTA 103 – Patient Care Skills Theory

This course will introduce students to the theory of basic patient care skills performed by the physical therapist assistant including positioning, monitoring vital signs, infection control techniques, transfer training and gait training. Students will also be introduced to the assessment and treatment processes of the physical therapist assistant.

PTA 103L – Patient Care Skills Lab

This course will provide practical training in basic care skills performed by the physical therapist assistant including position, monitoring vital signs, infection control techniques, transfer training and gait training. Students will also begin assessment and intervention techniques for the physical therapist assistant in this laboratory course.

PTA 104 – Clinical Kinesiology Theory

This course will cover kinesiology and anatomy of the musculoskeletal and neuromuscular systems. Emphasis will be on musculoskeletal anatomy and physiology including arthrokinematics, static and dynamic movement systems, and associated clinical applications. Principles of goniometry and manual muscle testing will also be introduced.

PTA 104L – Clinical Kinesiology Lab

This course will consist of the laboratory component of PTA 104 Clinical Kinesiology. Students will apply kinesiology and biomechanics principles of PTA 104 Clinical Kinesiology in a practical setting. Assessment of joint range of motion, muscle strength, posture and gait will be performed. Surface palpation skills will also be developed in this laboratory course.

Required PTA Program Semester 2 Courses

PTA 105 – Therapeutic Exercise Theory

This course will cover the use of exercise as a preventative and rehabilitative modality for the treatment of pathological conditions. Emphasis is placed on the physiologic effects of exercise as well as the design and application of exercise programs to improve strength, flexibility, posture, and balance. This course will also address exercise specific to cardiac rehabilitation, aquatic physical therapy, and work hardening.

PTA 105L – Therapeutic Exercise Lab

This course will provide practical training for the use of exercise as a preventative and rehabilitative modality for the treatment of pathological conditions. It is the laboratory component of PTA 105 Therapeutic Exercise Theory and will allow for application of concepts taught in that course. Therapeutic exercise principles will be illustrated through practice for strength, flexibility, posture, and balance. More specific programs of therapeutic exercise for cardiac rehabilitation, aquatic therapy and work hardening will also be covered.

PTA 106 – Therapeutic Agents Theory

This course will cover the use of physical agents in the treatment of common conditions seen in the physical therapy setting. Various thermal, mechanical, and electromagnetic agents will be presented

with corresponding indications and contraindications. Evidence based rationale for use of physical agents will also be addressed.

PTA 106L – Therapeutic Agents Lab

This course will instruct students in the safe and effective use of physical agents in the treatment of common conditions seen in the physical therapy setting. Students will learn correct set up and application of thermal, mechanical, and electromagnetic agents. This course is the laboratory course that corresponds with PTA 106 Physical Agents Theory.

PTA 118 – Clinical Development

This course will provide students with the opportunity to observe patient treatment on campus performed by faculty. Students will observe treatment during scheduled class time on campus as well as develop professional skills for clinical education experiences during semesters 3 and 4. This course will also familiarize students with the Clinical Performance Instrument to prepare them for future clinical education experiences in the program.

Required PTA Program Semester 3 Courses

PTA 107 – Orthopedic Management Theory

This course will focus on dysfunction, disease and trauma of the musculoskeletal system. Concepts of tissue healing, signs and symptoms of orthopedic dysfunctions, surgical interventions and physical therapy interventions will be addressed. Students will be expected to integrate knowledge and skills from previous PTA coursework to the orthopedic patient.

PTA 107L – Orthopedic Management Lab

This course will provide practical training for assessment and treatment of the orthopedic conditions seen in the physical therapy setting. It is the laboratory component of PTA 107 Orthopedic Management and will focus on application of concepts taught in that course. Treatment strategies for disorders of the spine, upper extremity and lower extremity will be covered. Students will be expected to integrate knowledge and skills from previous PTA coursework and apply it to the orthopedic patient.

PTA 108 - Neurology and Development Theory

This course will cover basic neuroanatomy and neurophysiology with a focus on human growth and development from birth to the aged adult. It will cover the physical, cognitive, social, and emotional changes with aging and their impact on functional movement. The process of motor development through motor control and motor learning will be addressed and applied to treatment of neurologic conditions throughout the lifespan.

PTA 108L – Neurology and Development Lab

This course will provide practical training for the assessment and treatment of normal and abnormal neurodevelopment. It is the laboratory component of PTA 108 Neurology and Development and will focus on neurodevelopmental treatment techniques for pediatric patients. Fundamentals of treatment for neurological conditions in adults and general treatment strategies related to geriatric patients will also be covered.

PTA 121 – Clinical Practicum 1

This course will provide students with the opportunity to observe and participate in patient care as directed by a clinical instructor. Students will be placed in a clinical setting for a full-time (40 hrs/wk), eight-week clinical experience where they will apply knowledge and skills learned in semesters one, two and three of the PTA Program. Students will provide care as directed by a licensed physical therapist or physical therapist assistant for uncomplicated and complicated patients with the degree of supervision and guidance based on the patient and the environment. Students are expected to be operating at an Intermediate level by the end of this clinical experience.

Required PTA Program Semester 4 Courses

PTA 109 – Neurologic Management Theory

This course will cover physical therapy interventions for common neurologic conditions. Additionally, assessment, medical management, environmental barriers, adaptive equipment, psychosocial issues, and effective interdisciplinary management will also be covered as it applies to the patient with a neurologic condition. Students will apply neuroanatomy and developmental concepts learned in PTA 108 Neurology and Development to adult patients with a neurologic condition.

PTA 109L – Neurologic Management Lab

This course will cover the practical training for the assessment and treatment of common neurologic conditions by the physical therapist assistant. It is the laboratory component of PTA 109 Neurologic Management Theory and will apply principles of patient management taught in that course. It will incorporate treatment principles and progression from previous courses through the use of case studies.

PTA 110 – Advanced Procedures Theory

This course will cover physical therapy care for unique patient populations including patients with respiratory dysfunction, women's health patients, oncology patients, amputees, patients with vestibular dysfunction, chronic pain patients and those with complex multi-system pathology. Topics include diagnoses, medical and physical therapy interventions, special considerations, and equipment needs for these patient populations.

PTA 110L – Advanced Procedures Lab

This course will provide the practical training for physical therapy care for unique patient populations including patients with respiratory dysfunction, women's health patients, oncology patients, amputees, patients with vestibular dysfunction, patients with chronic pain and those with complex multi-system pathology. This is the laboratory portion of PTA 110 Advanced Procedures Theory. The focus of this course will be the application of concepts and interventions to patient treatment scenarios.

PTA 111 – Professional Integration

This course will cover issues related to practice management and encourage problem solving skills to integrate all knowledge and skills learned throughout the PTA Program. The course will be discussion-based and focus on learning through case studies. This course will also prepare students

for licensure as a PTA and include a comprehensive exam covering all information taught in the PTA Program.

PTA 122 – Clinical Practicum 2

This course will provide students with the opportunity to observe and participate in patient care as directed by a clinical instructor. Students will be placed in a clinical setting for a full-time (40 hrs/wk), eight-week clinical experience where they will apply knowledge and skills learned in semesters one through four of the PTA Program. Students will provide care as directed by a licensed physical therapist or physical therapist assistant for uncomplicated and complicated patients with the degree of supervision and guidance based on the patient and the environment. Students are expected to provide patient care and fulfill the role of the physical therapist assistant as an Entry Level Graduate by the end of this clinical experience.

Required General Education and Institutional Requirements Courses - See list of possible courses in the Mendocino College Catalog

Institutional requirements may be fulfilled through specific courses that can **double-count** in different areas. See the Mendocino College Course Catalog for a list of classes that meet these requirements.

****All students are required to meet with a Mendocino College academic counselor to create an education plan and review graduation requirements.**

Studies in Culture (Institutional requirement) – Some courses can double count in GE Area 2, or Area 3, or Area 4, or Area 4A.

Wellness (Institutional requirement) – Some courses can double count in GE Area 4, or Area 5. (*Students may submit four months active-duty military service verified by submission of form DD-214.)

English Composition (GE Area 1A) - (*Fulfilled by prerequisite course ENGL C1000*)

Oral Communication and Critical Thinking (GE Area 1B)

Mathematical Competency and Quantitative Reasoning (GE Area 2)

Arts and Humanities (GE Area 3)

Social and Behavioral Sciences (GE Area 4)

American Institutions (GE Area 4A)

Natural Sciences (GE AREA 5) - (*Fulfilled by prerequisite courses BIO 230 and BIO 231*)

Ethnic Studies (GE Area 6)

Chemistry 200 (Prerequisite for BIO 231 – Human Physiology)

1.10 Clinical Education Learner Outcomes

PTA 121

Course Objectives

1. Apply all PTA learned skills and knowledge by consistently providing safe, effective, and competent physical therapy data collection skills and treatment interventions from within the physical therapist's plan of care for routine patients with minimal supervision and guidance by a physical therapist or a physical therapist/physical therapist assistant team
2. Provide timely and relevant documentation and communication to the physical therapist regarding all aspects of the patient treatment and patient's response to the treatment with occasional guidance
3. Participate in the teaching of other health care providers, consumers, patients and families, and physical therapy personnel with occasional guidance
4. Participate in routine administrative procedures of the clinic, including billing and patient scheduling with occasional guidance
5. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences as appropriate
6. Perform PTA skills and behaviors within legal and ethical requirements and guidelines with occasional guidance for new or unusual situations
7. Compose a reflective journal regarding the clinical experience while maintaining appropriate patient confidentiality
8. Design and present an in-service on a topic assigned by the clinical instructor appropriate for the clinical setting and patient population
9. Discuss possible results if there is a breakdown in patient centered interprofessional collaborative care
10. Display professional behaviors in interactions with instructors, peers, patients and family members, physical therapy personnel, and other health care providers by performing all Professional Behaviors at least at the developing level with some Professional Behaviors at entry level
11. Identify policies and procedures regarding environmental emergencies for the clinical facility

PTA 122

Course Objectives

1. Apply all PTA learned skills and knowledge by consistently and safely performing effective and competent physical therapy data collection skills and treatment interventions from the physical therapist's plan of care for routine and complex patients with minimal supervision by a physical therapist or a physical therapist/ physical therapist assistant team with possible guidance for new or unusual situations
2. Display entry level professional behaviors and respect in all interactions with patients, family members/caregivers, physical therapy personnel, and other health care providers by performing all Professional Behaviors at entry level
3. Provide timely and relevant documentation and communication to the physical therapist regarding all aspects of the patient treatment and patient's response to the treatment
4. Provide effective education to other health care providers, consumers, patients and families, and physical therapy personnel

5. Perform administrative procedures of the clinic, including billing, insurance requirements and quality assurance with guidance for new or unusual situations
6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences as appropriate
7. Perform PTA skills and behaviors consistently and independently within legal and ethical requirements and guidelines
8. Compose a reflective journal regarding the clinical experience and compare the journal with the journal written during Clinical Education I
9. Design and present an in-service on a topic assigned by the clinical instructor appropriate for the clinical setting and patient population
10. Discuss and implement strategies for patient centered interprofessional collaborative care
11. Describe policies and procedures regarding environmental emergencies for the clinical facility including the PTA role and responsibilities

II. GENERAL POLICIES AND PROCEDURES

2.1 Selection of Clinical Education Sites and Clinical Instructors

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

Criteria for Selection of Clinical Education Sites

1. The clinical site’s values regarding clinical education are compatible with the Mendocino College PTA Program values.
2. The clinical site’s clinical education program is planned to meet the specific objectives of the academic program, the physical therapy service, and the individual student.
3. The physical therapy staff practices ethically and legally.
4. The clinical site demonstrates administrative support for physical therapy clinical education.
5. The clinical site has a variety of learning experiences, appropriate to the setting, available to students.
6. The clinical site provides an active, stimulating environment appropriate for the learning needs of the student.
7. The physical therapy staff is adequate in number to provide an educational program for students.
8. Clinical sites with more than three physical therapists have a designated Clinical Coordinator of Clinical Education.
9. There is an active staff development program for the clinical site.
10. The clinical education site is committed to the principle of equal opportunity and affirmative action as required by Federal law.

Criteria for Selection of Clinical Instructors (CI):

1. The CI is either a PT or PTA.
2. The CI graduated from an accredited program.
3. The CI is licensed, registered, or certified in those states where applicable.

4. The CI has at least one year of clinical experience.
5. The CI demonstrates clinical competence, professional skills, and ethical behavior.
6. The CI demonstrates effective communication skills.
7. The CI demonstrates effective instructional skills.
8. The CI demonstrates performance evaluation and supervisory skills.

2.2 Responsibilities of the Director of Clinical Education (DCE)

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

1. Development of clinical education sites.
2. Coordinate and provide clinical instructor development activities.
3. Assessment and determination of student readiness for clinical experience in collaboration with program faculty.
4. Meet with students to discuss clinical site selection.
5. Set up and schedule clinical assignments for students.
6. Ensure that students get a variety of clinical experiences.
7. Meet with students to discuss goals related to clinical education.
8. Coordination of all clinical education experiences.
9. Maintain and update clinical site database.
10. Maintain and update Memorandum of Agreement database.
11. Update the Clinical Education Handbook.
12. Provide updated Clinical Education Handbook to all clinical sites and students.
13. Provide all forms and information to clinical site and clinical instructor.
14. Contact clinical site by phone mid-way through clinical experiences.
15. Schedule site visits.
16. Complete and/or coordinate site visits for Clinical Practicum I and II as needed.
17. Serve as a resource to the student and the clinical instructor.
18. Confer with student and clinical instructor regarding student learning needs and progress towards meeting objectives.
19. Keep student and clinical instructor informed on APTA and state specific regulations and rules that guide clinical practice.
20. Facilitate conflict resolution and problem-solving strategies.
21. Assess student overall clinical education performance based on methods of evaluation.
22. Contact and secure new clinical sites and complete all appropriate paperwork.
23. Ensure that Memorandum of Agreement between Mendocino College and clinical site is reviewed and renewed annually by academic and clinical faculty.
24. Ensure that clinical education sites receive a copy of liability insurance on an annual basis.
25. Ensure that clinical instructors meet selection criteria.

2.3 Responsibilities of the Center Coordinator of Clinical Education (CCCE)

Each clinical site with three or more PTs and PTAs should have a designated CCCE who is responsible for coordinating the clinical education assignments and student activities. The CCCE is responsible for the following:

1. Coordinate and schedule potential clinical experiences for affiliating schools.
2. Provide orientation materials on the day of student arrival.
3. Delegate actual clinical supervision of students to a staff PT or to a PT/PTA team.
4. Serve as a resource for the CI for establishing goals and objectives, setting up learning experiences, and evaluating student performance.
5. Inform the CI of all pertinent information from the affiliating schools.
6. Monitor the supervision and learning experiences of students. Provide communication and problem-solving strategies for the student and CI, if needed.
7. Provide necessary documentation to the schools (clinical agreements, completed student CPIs).
8. The CCCE should contact the PTA Program Director with any complaints involving the PTA Program. The CCCE should contact the Dean of Applied Academics with any complaints regarding the DCE, PTA Program Director, or PTA Program.

* Note: If there is no designated CCCE, then the departmental director is responsible for the items listed above.

*The Dean of Applied Academics is Christy Smith and her phone number is (707) 468-3131.

2.4 Responsibilities of Clinical Instructor (CI)

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

1. Demonstrate an interest in teaching and in continuing education.
2. Orient the student to the facility.
3. Facilitate student accomplishment of goals and objectives; assist with planning learning experiences with the student.
4. Supervise the student or arrange supervision by another qualified person.
5. Serve as a resource to the student.
6. Serve as a role model of professional behavior.
7. Encourage the student to take advantage of unique resources and learning experiences of the clinical setting and its staff.
8. Provide an opportunity for regularly scheduled review and discussion of student clinical performance and progress.
9. Confer and consult with the DCE regarding student learning needs and progress toward meeting objectives.
10. Consult with the DCE regarding unsatisfactory progress of the student.

11. Assess and evaluate the student clinical experience. Set clear expectations and provide ongoing verbal and written feedback.
12. Problem-solving needs are to be addressed through open communication between the student and CI. If problems cannot be solved to the satisfaction of the CI and the student, the CCCE and DCE should be contacted.
13. The CI is responsible for being aware of which assessment or intervention techniques the student has demonstrated competence on during the PTA Program prior to the clinical experience (See skill list located in the Appendix). If a CI teaches a student an assessment or treatment technique that has not been presented or practiced in the academic setting, the CI is responsible for determining if the student is safe in applying the procedure to the patient in the clinical setting. The student cannot be evaluated on that skill.
14. The CI is expected to act in an ethical manner and maintain student confidentiality.
15. The CI may contact the Dean of Applied Academics with any complaints regarding the DCE or PTA Program Director. * The CI should contact the PTA Program Director with any complaints involving the Mendocino College PTA Program.
16. When a patient or member of the public has a complaint or concern regarding a PTA student or the Mendocino College PTA Program, the CI is responsible to give the individual the name, title, and phone number of the Dean of Career Education.*

*The Dean of Career Education is Christy Smith and her phone number is (707) 468-3131.

2.5 Memorandum of Agreement

A Memorandum of Agreement must be signed by both the clinical facility and Mendocino College prior to a student being assigned to the facility. This agreement includes a statement regarding general and professional liability and insurance. This agreement automatically rolls over from year to year within the agreement's timeline. Either Mendocino College or clinical sites can terminate this agreement with a written notice stating the reason for termination.

2.6 Arrangement of Clinical Rotations

Requests for clinical education experiences are emailed to the Clinical Coordinators of Clinical Education (CCCE) and clinical instructors prior to May 15 for Fall Practicums and November 15 for Spring Practicums. Facilities are asked to provide a response within one month; however, some flexibility is allowed. The CCCE receives student clinical assignments by October 1 for fall rotations and March 1 for spring rotations. The CCCE is responsible for assigning students to each clinical instructor.

2.7 Placement Policy

The PTA program DCE makes all clinical assignments. Clinical placements are designed to expose the student to different physical therapy settings. It is hoped this exposure will assist the student's attainment of the skills needed for entry level practice as a Physical Therapist Assistant. All students will complete full-time eight-week clinical experiences at the end of semesters three and four.

Each student is required to complete at least one inpatient clinical experience and one outpatient clinical experience. Students are given an opportunity to state their preferences for placement before assignments for clinical experiences are finalized. The students' professional interests, their residence, personal situation, and experience are also given consideration. Because of the limited number of facilities within Mendocino County, there is the likelihood that students will be placed in an area away from their home. The students will have to make their own living and/or travel arrangements.

For the first clinical assignment at the end of semester 3, students will be placed in general inpatient, outpatient, or skilled nursing facility settings where a variety of patient populations are seen but no specialized sites. For the final clinical assignment students may be placed at any site, including sites that specialize in different patient populations.

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

All students can expect to do clinical education courses outside the Ukiah area but within California. Requests for clinical placement outside of the state of California will be considered on a case-by-case basis and will require approval from that state's Department of Education. For clinical education placements, all expenses incurred (transportation, meals, housing, etc.) are the student's responsibility unless they are provided by the clinical facility.

2.8 Readiness for Clinical Experiences

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

1. Passing grades in all coursework prior to the clinical education experience.
2. Skill competency demonstrated on skill checks and practical exams.
3. Professional Behaviors status.
4. Prior or current probationary status.
5. Clinical evaluations and performance from completed affiliations.
6. Ability to perform in a safe manner.

An important aspect of this readiness assessment is determining if the student is safe for clinical practice. Safety in regards to patient care is a priority of this program. In order to ensure that the student will be able to perform in a safe manner that minimizes risk to patient, self, and others, the PTA faculty will consider all of the areas listed above. In addition, all practical exams will be monitored in regards to safety criteria, including retakes. The student will be notified in writing if they are placed on program probation or if they are denied a clinical placement. Students who cannot be

placed in the clinic due to not meeting any of the above criteria will be dismissed from the program. This student will then have to reapply if he/she wishes to re-enter the program at a later date.

2.9 Determination of Satisfactory Progress of Clinical Experience

Clinical Education courses are graded on a Pass-No Pass system. There is a minimum criteria rating on the Clinical Performance Instrument which must be met to consider the clinical experience passed. The minimum acceptable rating for the first clinical education experience is Intermediate for all 14 criteria. For the final clinical education experience the student must be at Entry-level for all 14 criteria. A student must also meet the program's clinical education attendance and absenteeism policy and successfully complete with a passing grade (Pass/Complete) all clinical experience assignments (such as in-service presentation, reflective journal, and discussion posts) to obtain a passing grade for all clinical education coursework.

A No Pass grade for a clinical education experience may still be given even if a student follows the attendance and absenteeism policy and obtains the minimal acceptable score on the Clinical Performance Instrument. This decision is a professional judgment based upon the following:

1. Whether any "Significant Concerns" boxes are checked on the final CPI form. If one or more "Significant Concerns" are checked on the final evaluation, it is unlikely the student's performance would be considered satisfactory for the course.
2. Problems or concerns raised by the student and clinical faculty during the clinical experience and whether these were effectively resolved.
3. How the problems in #2 affected patient care and safety as well as the student's chances of performing at entry-level by graduation.
4. Whether the problems in #2 fit a pattern of problems that were evident during the student's academic coursework.
5. DCE consultation with the student, CI, CCCE, and PTA Program Director.
6. The uniqueness or complexity of the clinical education site.
7. Whether all outcomes on the course syllabus have been met (such as Expected Professional Behaviors levels).

The final decision as to whether the student passes the clinical experience is made by the DCE. If a student is not at the required CPI level at the end of a clinical education experience, the DCE will contact the CI to discuss the student's level of performance and the CPI to determine if an error was made regarding the CPI grading. If the DCE determines that there is a question about whether a student's performance is acceptable, the DCE will bring up the issue to the PTA program faculty for consideration.

2.10 No Credit Grade for the Clinical Experience

1. The DCE meets with the student to discuss the grade and reason for the grade.
2. Recommendations are made for remediation of the problem(s).
3. The student is reminded of Mendocino College's policies regarding the student's right of appeal.
4. A Plan of Action is developed by the DCE and the student. The student is placed on PTA Program Probation.

2.11 Clinical Remediation

In the event that a student does not pass a clinical education experience, remediation of the clinical experience may be done prior to the next semester in order to give the student the opportunity to continue in the program with his/her original cohort. These cases will be considered on an individual basis by program faculty. Faculty will work with the student to develop a Plan of Action that will restore the student to good academic standing.

2.12 School Holiday

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

III. STUDENT POLICIES

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

3.1 Student Responsibilities

Each student will have a variety of clinical experiences throughout the two years of the PTA Program to ensure each student has opportunity to treat a variety of patients throughout the lifespan in different settings. The student will be involved in clinical site selection, placement, and is encouraged to consider the CI's area of expertise, and any special program and learning experiences available at the clinical site. The student's responsibilities are as follows:

1. Contact the clinical site to obtain information related to housing, parking, and departmental policies, and procedures at least one month prior to the start of the clinical experience.
2. Transportation and lodging arrangements and costs.
3. Wear professional attire (refer to section 3.4), including a lab coat if required by that clinical site.
4. Adhere to all policies and procedures of the assigned clinical site.
5. Act in an ethical and legal manner at all times.
6. Identify and actively seek needed learning experiences to meet goals and objectives.
7. Confer and consult with the CI and DCE regarding learning needs, progress, and/or concerns.
8. Display professionalism and responsibility.

3.2 Attendance and Absenteeism

Attendance is required for the entire clinical experience. Each clinical rotation week is defined as 40 hours. Any week in which a minimum of 40 hours is not reported requires CI and DCE approval. There is some flexibility regarding hours completed in a week due to variability in facility census, holidays when facilities are closed, patient caseload, CI illness with no coverage for the student, and clinical instructor workweek hours.

Therefore, the total hours each student completes will differ slightly from student to student during a clinical experience. If a student is at risk of not reaching the required hours, the DCE will notify the student and CI to request an extension of the experience.

All unexcused absences must be made up, with the exception of official closures of the clinical education site's physical therapy department. Every effort should be made to avoid missing clinical time. Students are allowed one sick day and one personal day during each experience. All make-up time must occur during the clinical rotation for time missed and not excused by the CI and DCE. If it is not possible to make up missed time, the student, DCE, and clinical site will attempt to arrange alternatives based on the circumstances and whether the student will reach the required level on the CPI for the specific experience. All make-up time must be documented on the student's time record as time made up for a specific date.

Most clinical facilities do not close for the same holidays as Mendocino College. Students should document any time absent due to facility holiday closure.

Absences and tardiness will be monitored in two ways:

1. Communication between the clinical instructors and the DCE
2. Timecards/sheets

Students will receive timecards prior to entering a new rotation. Each timecard must be labeled with the student's name and the dates for which the card is used. Each student must record the total hours spent at the facility each day. Any time the student leaves the clinic, such as for lunch, cannot count toward clinical experience time on the timecard. These timecards must be signed weekly by the CI and submitted to the DCE with other required clinical paperwork by the end of the week and at the completion of the experience.

The student must report any absences to the CI and the DCE prior to the time the student is due to arrive at the clinical site or by 8:00 AM, whichever is later. The student can contact the DCE by email or phone. If a student fails to notify the CI of an absence or tardiness, the CI should notify the DCE and make note of it on the student's time record. If there are concerns regarding the professional behavior of the student (such as excessive absences or tardiness), please contact the DCE as soon as possible. The PTA faculty will contact the student to discuss the issue and determine how it can be resolved. If needed, independent study assignments or other ways to make up missed time can be arranged.

3.3 Professional Behavior

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

1. Professional Behaviors (Located in Appendix)

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

Expected Professional Behaviors levels are:

- a. End of Semester I: All Professional Behaviors at least beginning level.
- b. End of Semester II: 50% of Professional Behaviors at intermediate level.
- c. End of Semester III: all Professional Behaviors at least intermediate level.
- d. End of Semester IV: all Professional Behaviors at entry level.

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

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

3.4 Personal Appearance

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

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

Students are expected to comply with the dress code for each clinical facility. Unless otherwise noted by the facility's dress code, students should wear professional street clothes and comfortable closed-toe shoes. Professional street clothes typically will include a shirt with sleeves, dress slacks or khaki-type pants (no jeans), sturdy low-heeled shoes with a closed toe, socks, and a watch with a second hand. A white lab coat may be worn in some facilities. Athletic shoes are acceptable if they are neat and professional looking. Given today's fashions and the level of physical activity required in most PT

settings, it is recommended that students check their appearance from all angles and positions to ensure that clothing ensures freedom of movement, remains in position, and does not expose undergarments at any time.

3.5 Name Tags

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

3.6 Student Preparedness

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

3.7 Confidentiality

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

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

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

3.8 CPR/Immunization Requirements

Each student must have a current CPR certification (American Heart Association Health Care Provider or American Red Cross CPR for the Professional Rescuer) upon entering their first clinical experience. Students will be required to show proof of this certification prior to the second semester of the program. In addition, prior to beginning the first semester, students must complete a Mendocino College Health Screening Form showing proof of a negative TB skin test and/or negative

chest x-ray within the previous year, immunization records, and proof of Hepatitis B immunization or a signed declination form.

Although students are not required to have health insurance, it is highly encouraged. Students should be aware that some clinical education sites require students to have health insurance.

3.9 Accidents

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

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

3.10 Accommodation

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

1. Initiate a request for services through the Disability Resource Center
2. Provide documentation verifying the disability
3. Follow plan as determined after consultation with campus Disability Resource Center. The accommodation(s) will be implemented at the earliest possible date. If consultation with the student and the College does not identify an appropriate accommodation, the student shall be notified in writing of the program's inability to reasonably accommodate the student's special needs.

3.11 Student In-services

Students are required to provide in-services on various topics during their clinical experiences. When a student provides an in-service, they should have the clinical site staff evaluate and provide feedback using the Student In-service Feedback Form located in the Appendix.

3.12 Early Termination of Clinical Experience

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

must be removed from the clinical education experience, contact the DCE or PTA Program Director immediately.

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

Even if a student is not removed from a clinical experience, failure to meet the standard clinical objectives by the end of the semester may also result in failure of that clinical education course.

3.13 Due Process/Grievance Procedure

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

If the student and CI are unable to find a solution, the student should then bring up the situation to the CCCE, who may consult with the program's DCE. If the student, CI, and CCCE are unable to find a solution, the student should then bring up the matter to the PTA program DCE. Should the student feel an unsatisfactory solution was achieved after involving the DCE, the student should then bring up the matter to the PTA Program Director. If the student still feels an unsatisfactory solution was achieved, the student should bring up the matter with the Dean of Applied Academics.

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

3.14 Clinical Reassignment

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

A student will be allowed only one opportunity during the PTA Program to be considered for a clinical reassignment. The student will not be allowed a clinical reassignment if they are on PTA program probation, and they must be off PTA program probation prior to clinical reassignment.

3.15 Background Check

Background check is required prior to the first semester of the program. Costs of the background check and drug screens are the student's responsibility. Information on obtaining the background check will be provided to students after acceptance into the program and at Student Orientation. Results of the background check are available to the DCE through the CastleBranch 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 prior to the first day of the first semester of the program. Students who do not comply with this requirement may be administratively dropped from the program.

3.16 Drug Screen

Mendocino College PTA Program has a no tolerance drug policy. Health care facilities, which include hospitals, skilled nursing facilities, outpatient facilities and private practices, do not allow employees or students to be under the influence of alcohol or drugs when providing care. Patient safety is an overriding principle in the delivery of physical therapy. For the healthcare professional to provide safe care, the healthcare professional must be able to make sound judgments. Thought processes and decision making can be adversely affected by the use of any drugs and/or alcohol. Impaired by the aforementioned factors, the healthcare professional can easily make unsafe decisions and, therefore, jeopardize patient safety. The student whose thought processes and decision-making ability is impaired by the use of drugs and/or alcohol will be considered unsafe to provide physical therapy services and will be removed from the clinical setting and the program.

Students accepted into the program must have a 10-panel drug screen prior to the first day of program's first semester. Students who do not complete the required drug screen may be dropped from the program. Based on the policies of clinical sites, students cannot participate in the program with cannabis in their system. This includes the use of medical marijuana **regardless of having a medical marijuana card.**

A second drug screen is required no later than two weeks prior to the first clinical education experience. Students may be required to take another drug screen prior to the final clinical education experience depending on the clinical facility policy where assigned. With the student's permission drug screen results will be distributed to the clinical facility to which the student is assigned. Students will be responsible for the fees associated with these screens.

If a student is suspected to be under the influence of drugs or alcohol during a clinical education experience, the following procedure will be followed:

- a. The Clinical Instructor will remove the student from the area to discuss the issue with the student.
- b. The Clinical Instructor will determine the immediate action to be taken, such as:
 1. The student will be allowed to remain in the clinical setting.
 2. The student will be sent home to remedy the issue and be allowed to return to clinical.
 3. The student will be removed from the clinical setting.

- c. The Clinical Instructor will contact the DCE immediately. The Program Director and Dean will be informed of the incident within one workday.
- d. The DCE will then order a drug test if the student is suspected to be under the influence of drugs or alcohol which must be completed within two hours if they are removed from the clinic.
- d. The student will meet with the core faculty to receive counseling and directed towards resources in the community and on campus to address the issue.
- e. Removal from clinical/class constitutes short term probation and then the core faculty and administration will discuss further actions to follow which ultimately may result in removal from the program.

3.17 Knowledge of Program and College Policies and Procedures

The PTA program abides by Mendocino College policies. The most current college policies can be found at <https://www.mendocino.edu/about/mlccd/leadership/board-trustees/board-policies-and-administrative-procedures>

Students are expected to have a working knowledge of the content of the Mendocino College PTA Program Clinical Education Handbook, which is located on the program webpage. After reviewing the Clinical Education Handbook, students will sign and date the “Student Handbook Agreement”, which is an agreement where the student states they understand the content of the handbook and agree to abide by the policies and procedures set forth during their tenure as a Physical Therapist Assistant student.

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

3.18 Informed Consent

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

3.19 Shared Student Information

Student information such as background check and drug screen results; immunizations; CPR certification; and liability insurance confirmation will be shared with clinical sites when requested by the site. This information will be kept on file with the DCE, and the DCE will ensure that all students pass the background check and drug screen; have the required immunizations; have an active CPR

certification; and have the appropriate amount of liability insurance prior to participating in a clinical education experience. Students will be notified at the beginning of the program that this information will be shared with clinical sites. This information is to be kept confidential by the DCE and any clinical site.

IV. RESPONSIBILITIES OF THE CLINICAL FACILITY

4.1 Memorandum of Agreement

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

4.2 Equipment and Facility Safety

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

4.3 Confidentiality

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

4.4 Supervision

All clinical facilities are expected to provide direct supervision of students to ensure patient safety and to enable the successful completion of the program's educational objectives. All students require on-site supervision by a licensed physical therapist or a physical therapist/physical therapist assistant team. Preferably, this should be the student's assigned clinical instructor. If the clinical instructor is unavailable on-site, another licensed person who is on-site must be assigned to that student for that time period. The clinical instructor should have adequate release time to adequately supervise the student and be available for questions, assistance, and mentoring. All supervisory clinical faculty are expected to demonstrate positive role modeling for the students. If there is no PT in the building for part of a day when the student is on their clinical experience, the student may perform non-patient care clinic duties such as chart reviews, assignments on reference materials, documentation, in-service preparation, and observation of other health care practitioners. Students should contact the DCE immediately if supervision does not follow these guidelines.

4.5 Complaints

Complaints regarding the program or the program graduates should be first addressed to the PTA Program Director, Sara Bogner, DPT, PT. Sara's email address is sbogner@mendocino.edu and her phone number is (707) 467-1062. Unresolved complaints or complaints about the Program Director should be directed to Christy Smith, Dean of Career Education. Christy's email address is csmith@mendocino.edu and her phone number is (707) 468-3131. No retaliation will occur by either the program or the college due to a complaint being filed. All complaints will be documented, including the projected outcome, and kept on file at the program facility. Complaints regarding accreditation of this program should be addressed to the Commission on Accreditation in Physical Therapy Education. This Commission is located at 3030 Potomac Ave., Suite 100, Alexandria, Virginia, 22305-3085.

V. CLINICAL FACULTY RIGHTS AND PRIVILEGES

5.1 Clinical Faculty Rights and Privileges

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

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

The PTA Program will also make an effort to host continuing education workshops on both clinical education and clinical practice topics. The APTA Clinical Instructor Credentialing Course will be offered periodically at Mendocino College. A workshop on a physical therapy practice topic will be scheduled in subsequent years. All area physical therapy clinicians are invited to attend these workshops; however, those clinicians who have served as clinical faculty for the program will be offered either free tuition or a reduced tuition. The Physical Therapy Board of California allows clinical instructors licensed in California and who are Certified Credentialed Clinical Instructors to receive continuing education credit for being a clinical instructor. Clinical instructors will receive 1.0 hours of CEU credit per week for a minimum of 4 weeks. The maximum credit is 12 hours every two-year cycle.

5.2 Education Tips for the Clinical Instructor

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

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

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

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

APPENDIX

American Physical Therapy Association (APTA)

Standards of Ethical Conduct for the

Physical Therapist Assistant

Preamble

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.

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.

Standards

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

- 1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

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

- 2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.
- 2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
- 2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.
- 2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

- 3A. Physical therapist assistants shall make objective decisions in the patient's/client's best interest in all practice settings.
- 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.

- 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.
- 3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
- 3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

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.

- 4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
- 4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.
- 4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
- 4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

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

- 5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.
- 5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Skills and Concepts Learned in Year 1

Physical Therapy Practice for the PTA (Semester 1)	Pathology (semester 1)	Patient Care Skills (semester 1)	Clinical Kinesiology (semester 1)	Therapeutic Exercise (semester 2)	Therapeutic agents (semester 2)
		Bed Mobility Training *	Reflex assessment Dermatomes Myotomes*	Balance, Coordination and progression of activities*	Hot/Cold Packs and proper layers* Contrast HOT/COLD*
		Positioning and draping*	Osteokinematics Arthrokinematics of different joint types		
		Transfers*	Capsular Patterns	Fall prevention, Functional Tests*	Whirlpool
		Body Mechanics			
Supervisory relationship between the PT and PTA	Common pathologies/ diagnoses of each body system seen in the physical therapy settings	Gait Training*	Understanding of motions in planes*	General UE therapeutic exercise*	Ultrasound* Phonophoresis
		Wheelchair Mobility* WC Assessment / Fitting*	Goniometric Upperextremity ROM and MMT measures*	General LE therapeutic exercise*	
		Assistive Devices and proper fitting*	Goniometric Lowerextremity ROM and MMT measures*	Open chained/closedchain exercises	Intermittent Compression
		Surface Palpation*	Goniometric / Inclinometer	Manual resistance, Isotonic, Isometrics, Isokinetic, Plyometrics*	TENS* NMES* Hi-Volt* Interferential Current* Russian *
		Sensation Assessment*	SpineROM and MMT measures*		
		Vital Signs*	Biomechanical Principles	Dynamic Stretching	EMG/Biofeedback*
		Anthropometric measures*		Static Stretching*	
		Asceptic/sterile Techniques*	Assessment of Posture*	PNF Patterns UE/LE*	Iontophoresis
		UE/LE PROM, AAROM, AROM*	Assessment of Gait and normal gait patterns*	Cardiovascular checks and effects of exercise*	Spinal Mechanical Traction: Cervical/Lumbar
			Surface palpation	Ergonomics	

* Skills students have demonstrated competency through lab skills check and/or lab practical examinations.

** Clinical instructors who teach skills not covered in the program are responsible for assessing the student's competence with the skill prior to treatment with a patient.

Skills and Concepts Learned Year 2

Prior to Clinical Practicum 1		Prior to Clinical Practicum 2	
Orthopedic Management (semester 3)	Neurology and Development (semester 3)	Neurologic Management (semester 4)	Advanced Procedures (semester 4)
Therapeutic Massage and soft tissue mobilization*	Pediatric bed mobility and transfers*	Common Neurologic conditions seen in PT settings	Postural drainage: Percussion, Shaking, Vibration
Lower Extremity Grade I/II peripheral joint mobilization*	Pediatric wheelchair assessment and fitting	Treatment theories related to Upper and Lower motor neuron lesions	Breathing strategies*
Upper Extremity Grade I/II peripheral joint mobilization*	Assistive device use and Fitting*	Arousal, Mentation, Attention, Cognition*	Lymphatic drainage and massage
Stages of tissue healing	PNF*	CVA treatment strategies	Pelvic Health
Response of tissue healing on varying structures after injury	Neuro-muscular re-education*	TBI treatment strategies levels of recovery Rancho Los Amigos Cognitive Rating Scale	Limb Loss: UE/LE Prostheses Residual limb wrapping
Commonly seen diagnoses and condition for the UE/LE and spine in the clinical Setting Common protocols and precautions for specific surgical procedures	Reflex- primitive*	SCI treatment strategies	Vestibular dysfunction/ treatment strategies
	Righting and Equilibrium Reactions*		
	Motor control Stages of Motor Control	Parkinson's Disease treatment strategies	Chronic pain
		Multiple Sclerosis treatment strategies	Common cancer types seen in PT settings
	Motor Development Milestones for typical motor development	ALS and Guillain Barre treatment strategies	Wound Care Bandaging
	Motor Learning Stages of motor learning	Signs/symptoms of Autonomic Dysreflexia	
	Gait and balance assessments Fall risk assessment	Gait training/assessment*	

* Skills students have demonstrated competency through lab skills check and/or lab practical examinations.

** Clinical instructors who teach skills not covered in the program are responsible for assessing the student's competence with the skill prior to treatment with a patient.

Professional Behaviors Assessment Tool

Name _____ Date: _____

Directions:

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

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.

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

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

Beginning Level:	Intermediate Level:	Entry Level:
Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting; Recognizes impact of non-verbal	Utilizes and modifies communication (verbal, non-verbal, written, and electronic) to meet the needs of different audiences; Restates, reflects and clarifies message(s); Communicates collaboratively with both	Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups; Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing; Maintains open and constructive communication; Utilizes

<p>communication in self and others.</p> <p>Recognizes the verbal and non-verbal characteristics that portray confidence; Utilizes electronic communication appropriately</p>	<p>individuals and groups; Collects necessary information from all pertinent individuals in the patient/client management process; Provides effective education (verbal, non-verbal, written and electronic)</p>	<p>communication technology effectively and efficiently</p>
<p>Specific Example:</p>	<p>Place an “x” on the visual analog scale</p>	<p>B I E</p>

<p>3. Problem Solving: The ability to recognize and define problems, analyze data, develop, and implement solutions, and evaluate outcomes.</p> <p>Beginning Level:</p> <p>Recognizes problems; States problems clearly; Describes known solutions to problems; Identifies resources needed to develop solutions. Uses technology to search for and locate resources; Identifies possible solutions and probable outcomes</p>	<p>Intermediate Level:</p> <p>Prioritizes problems; Identifies contributors to problems; Consults with others to clarify problems; Appropriately seeks input or guidance. Prioritizes resources (analysis and critique of resources); Considers consequences of possible solutions</p>	<p>Entry Level:</p> <p>Independently locates, prioritizes and uses resources to solve problems; Accepts responsibility for implementing solutions; Implements solutions; Reassesses solutions; Evaluates outcomes; Modifies solutions based on the outcome and current evidence; Evaluates generalizability of current evidence to a particular problem</p>
<p>Specific Example:</p>	<p>Place an “x” on the visual analog scale</p>	<p>B I E</p>

<p>4. <u>Interpersonal Skills:</u> The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.</p>		
<p>Beginning Level: Maintains professional demeanor in all interactions; Demonstrates interest in patients as individuals; Communicates with others in a respectful and confident manner; Respects differences in personality, lifestyle and learning styles during interactions with all persons; Maintains confidentiality in all interactions; Recognizes the emotions and bias that one brings to all professional interactions</p>	<p>Intermediate Level: Recognizes the non-verbal communication and emotions that others bring to professional interactions; Establishes trust; Seeks to gain input from others; Respects role of others; Accommodates differences in learning styles as appropriate</p>	<p>Entry Level: Demonstrates active listening skills and reflects back to original concern to determine course of action; Responds effectively to unexpected situations; Demonstrates ability to build partnerships; Applies conflict management strategies when dealing with challenging interactions; Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <hr/> <p style="text-align: center;">B I E</p>
<p>5. <u>Responsibility:</u> The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.</p>		
<p>Beginning Level: Demonstrates punctuality; Provides a safe and secure environment for patients; Assumes responsibility for actions; Follows through on commitments; Articulates limitations and readiness to learn; Abides by all policies of academic program and clinical facility</p>	<p>Intermediate Level: Displays awareness of and sensitivity to diverse populations; Completes projects without prompting; Delegates tasks as needed; Collaborates with team members, patients and families; Provides evidence-based patient care</p>	<p>Entry Level: Educates patients as consumers of health care services; Encourages patient accountability; Directs patients to other health care professionals as needed; Acts as a patient advocate; Promotes evidence-based practice in health care settings; Accepts responsibility for implementing solutions; Demonstrates accountability for all decisions and behaviors in academic and clinical settings</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <hr/> <p style="text-align: center;">B I E</p>

<p>6. Professionalism: The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.</p>		
<p>Beginning Level:</p> <p>Abides by all aspects of the academic program honor code and the APTA Code of Ethics;</p> <p>Demonstrates awareness of state licensure regulations; Projects professional image; Attends professional meetings; Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</p>	<p>Intermediate Level:</p> <p>Identifies positive professional role models within the academic and clinical settings; Acts on moral commitment during all academic and clinical activities; Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making; Discusses societal expectations of the profession</p>	<p>Entry Level:</p> <p>Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary; Provides patient & family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity; Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development; Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices; Discusses role of physical therapy within the healthcare system and in population health; Demonstrates leadership in collaboration with both individuals and groups</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <hr/> <p style="text-align: center;">B I E</p>

<p>7. Use of Constructive Feedback: The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.</p>		
<p>Beginning Level:</p> <p>Demonstrates active listening skills; Assesses own performance; Actively seeks feedback from appropriate sources; Demonstrates receptive behavior and positive attitude toward feedback; Incorporates specific</p>	<p>Intermediate Level:</p> <p>Critiques own performance accurately; Responds effectively to constructive feedback; Utilizes feedback when establishing professional and patient related goals; Develops and implements</p>	<p>Entry Level:</p> <p>Independently engages in a continual process of self-evaluation of skills, knowledge and abilities; Seeks feedback from patients/clients and peers/mentors; Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities; Uses multiple approaches when responding to</p>

feedback into behaviors; Maintains two-way communication without defensiveness	a plan of action in response to feedback; Provides constructive and timely feedback	feedback; Reconciles differences with sensitivity; Modifies feedback given to patients/clients according to their learning styles
Specific Example:		<p>Place an “x” on the visual analog scale</p> <hr/> <p style="text-align: center;">B I E</p>

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

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

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

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.

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

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

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

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Mendocino College
Physical Therapist Assistant Program
Clinical Orientation Checklist

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

- Ensure that the student has the appropriate ID badge(s) and parking permit for the clinical site
- Review Clinical Schedule (including weekend or evening coverage)
- Review meal schedule
- Review the professional appearance and behavior standards of the facility
- Review any available library or educational resources.
- Review the organizational structure of the facility including the Physical Therapy or Rehabilitation Department.
- Tour of the facility.
- Review available supplies and equipment.
- Review facility Infection Control procedures.
- Review facility emergency procedures (Fire, Medical Emergency, Tornado, etc.).
- Review Clinical Education requirements and expectations.
- Discuss student learning preferences.
- Review facility documentation procedures and process.
- Review facility billing procedures and process.

When completed, please email this form to
Joseph Munoz, PTA Program Director of Clinical Education
jmunoz@mendocino.edu

DCE Evaluation Survey

[Fall 2025 DCE Evaluation Survey](#) - Open link to view survey questions

Mendocino College Clinical Education Weekly Planning Form

Dates: _____

Week Number: _____

Student's Review of the Week

Consider quality of care, supervision/guidance required, consistency of performance, complexity of task/environment, and efficiency of performance.

CI's Review of the Week

Consider quality of care, supervision/guidance required, consistency of performance, complexity of task/environment, and efficiency of performance.

Goals for the Upcoming Week

Student's signature: _____ CI Signature: _____

Mendocino College
Physical Therapist Assistant Program
Confidentiality Agreement

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

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

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

Signature
Print Name:

Date
Date

Mendocino College
Physical Therapist Assistant Program
Student In-service Feedback Form

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

Check the Clinical Education Experience:

PTA Clinical Practicum 1 (8-week experience, spring)
 PTA Clinical Practicum 2 (8-week experience, fall)

Topic of In-service: _____

Date of In-service: _____

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

Strengths of presentation:

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

Other comments:

Skills Checklist

The following is a checklist of skills learned to competency prior to clinical experiences.

Prior to 1st Clinical		
Bed mobility		Ultrasound
Anthropometric measures		TENS/IFC
Positioning/Draping		HVPS
UE/LE ROM		NMES
Transfers		Therapeutic massage/soft tissue mobilization
Aseptic Technique/Wound assessment		UE grade I-II peripheral joint mobilization
Vital Signs		LE grade I-II peripheral joint mobilization
Gait training		Pediatric bed mobility
Assistive Device		Pediatric Transfers
Wheelchair assessment / fitting / mobility		Assessment of tone, sensation, alertness, cognition
Sensation		NDT
Dermatomes		Prior to 2nd Clinical
Myotomes		Breathing strategies
Peripheral Reflexes		Gait Assessment
UE Goniometry		
LE Goniometry		
Spine Goniometry		
UE MMT		
LE MMT		
Spine MMT		
Posture Assessment		
Joint motions/planes		
Static/dynamic stretches		
Manual resistance strengthening		
Isotonic/Isometric/isokinetic strengthening		
Plyometric strengthening		
PNF diagonals UE/LE		
Balance training; Static/Dynamic		
Hot packs		

Mendocino College
Physical Therapist Assistant Program
Essential Functions for Physical Therapist Assistant Students

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

- Attend class approximately 10-25 hours a week or perform 40 hours a week of clinical education, depending on the stage of the program curriculum
- Complete all assignments on time
- Participate in classroom discussions
- Perform or instruct others in the following procedures (learned in class) in a timely manner: transfers, gait training, physical agents, activities of daily living, therapeutic exercises or activities, and data collection procedures
- Use sound judgment and safety precautions (exposure to blood- borne pathogens and/or infectious disease may occur as part of the educational experience). Students are trained in safety/infection control and are expected to follow these guidelines to avoid contracting or transmitting disease
- Meet class standards for successful course completion
- Use critical thinking when making decisions
- Follow standards stated in PTA Program Policy and Procedure Manual and the PTA Program Clinical Education Handbook
- Address problems or questions to the appropriate person at the appropriate time.
- Maintain classroom, work area, equipment, supplies, personal appearance and hygiene conducive to a professional setting as appropriate
- Behave in a competent, professional manner

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

- Sit 2-5 hours per day with lecture blocks up to 3 hours
- Stand 1-6 hours with lab time blocks up to 3 hours
- Lift up to 60 pounds
- Push/pull up to 50 pounds of force exerted at waist level
- Squat or stoop
- Use auditory, tactile, and visual senses to assess physiological status of an individual
- Demonstrate good standing and unsupported sitting balance
- Demonstrate good finger dexterity
- Coordinate verbal and manual instructions

- Communicate effectively with a variety of people through written verbal, and nonverbal methods
- Use hands repetitively
- Shift weight in sitting or standing
- Demonstrate the ability to use a firm grasp while using physical therapy equipment and while performing physical therapy interventions
- Reach above shoulder level
- Kneel, kneel-stand, and half kneel
- Use equipment that emits electrical, ultrasonic, and thermal energy
- Physically move and transfer patients

Students who have concerns about the ability to perform any of these functions should contact the PTA Program Director, Sara Bogner, at (707) 467-1062 or sbogner@mendocino.edu. Individuals with disabilities may request reasonable accommodation or information by calling the Mendocino College Disability Resource Center at (707) 468-3031.

**Mendocino College
Physical Therapist Assistant Program**

CLINICAL EDUCATION HANDBOOK AGREEMENT

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

Student Name (Please Print)

Signature

Date