

Genesee Community College
Physical Therapist Assistant Program
Batavia, NY

Clinical Education Manual

2026



Genesee Community College
Physical Therapist Assistant Program

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Clinical Education Manual

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PREAMBLE

This manual was developed to inform Physical Therapist Assistant students, clinical instructors, and center coordinators of clinical education of the policies, procedures, and administrative details of the clinical education program at Genesee Community College (GCC). It also is intended to offer resources that are crucial to implementing and offering a strong clinical experience. This clinical education manual is available on-line and for download at www.genesee.edu/academics/programs/Health/PTA/

The clinical education manual will be reviewed annually by the PTA program faculty and updated as needed to reflect any changes. Clinical partners will be alerted to such updates electronically and links to the manual will be provided each time they are hosting a GCC student for internship. Additional information about the PTA program and policies can be found on the [Program Webpage](#), including the Student Academic Handbook. Please refer to the GCC catalog and the Student Rights and Responsibilities Handbook for college-wide information at www.genesee.edu

The Physical Therapist Assistant Program at Genesee Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave. Suite 100 Alexandria, VA 22305-3085. E-mail: accreditation@apta.org, Telephone: 800-999-2782 Website: www.capteonline.org.

FACULTY TEACHING PTA COURSES



Christopher Caputi PT, DPT, Cert. MDT

Professor / Director of PTA Program

Dr. Caputi received a Master's degree in physical therapy from D'Youville University in Buffalo, NY and earned a Doctorate of Physical Therapy from Upstate Medical University in Syracuse. Dr. Caputi currently serves as PTA Program Director and teaches a variety of classes in physical therapy techniques and Applied Kinesiology. He also serves as the Director of the Go Baby Go Program at GCC, leading a team of therapists and students in the modification of motorized cars for children with disabilities. In 2015, he received the SUNY Chancellor's Award for Excellence in Teaching. Since joining GCC in 2007, Chris has served as the advisor to the PT Assistant Club. He remains active in the American Physical Therapy Association and its special interest groups. He has been an invited guest lecturer at DPT and PTA programs in the region, addressing orthopedic topics as well as best practices for collaboration between PTs and Physical Therapist Assistants.

Dr. Caputi holds certification in the McKenzie approach to mechanical treatment of the spine and also is a certified Spider Tech Taping therapist. In 2015, he gained certification from the Titleist Performance Institute in Golf swing analysis and physical assessment of the golfer. He continues his clinical practice primarily through Pro Bono work and private consultation.

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Academic Coordinator of Clinical Education for PTA Program/Instructor

John graduated from the State University of New York @ Cortland with a BA in Biology. He then graduated with his MS PT from Drexel University College of Nursing and Health Professions where he was awarded the William McBeth Research Award. His clinical experience in developmental centers; preschools; Early Intervention; outpatient, inpatient, and rehabilitation practice at the University of Rochester's Strong Memorial Hospital have provided him with a background to develop teaching expertise in the areas of pediatric, inpatient, outpatient, and neurological rehabilitation. John was awarded Board Certified Specialist in Neurologic physical therapy by the American Physical Therapy Association. His teaching background includes six years of development and teaching for the Nazareth University Physical Therapy program and additional instruction for the Ithaca University Physical Therapy program. John has been a presenter for national and statewide educational conferences including rehabilitation interventions and Safe Patient Handling techniques. He remains clinically active as a consultant for people with developmental challenges at Ontario ARC and also at EquuStrong, Inc. for staff instruction of postural control as it relates to horse-based therapies.

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SECTION I: COLLEGE & PTA PROGRAM MISSION, COURSE LEARNING OUTCOMES & OBJECTIVES

GENESEE COMMUNITY COLLEGE

PHYSICAL THERAPIST ASSISTANT PROGRAM

MISSION STATEMENT: The Physical Therapist Assistant (PTA) program at Genesee Community College is an integral part of the State University of New York (SUNY) system, which is committed to the motto “To learn – to search – to serve.” The PTA program at GCC, in synergy with SUNY and the GCC Strategic Plan, provides its students with a high quality, supportive learning environment which connects and empowers students to grow personally and professionally. Students are recognized as being unique individuals and are encouraged to explore and evolve their aptitudes.

The PTA program strives to immerse its students in a variety of learning experiences that help develop flexibility, creativity, confidence, knowledge, and skills towards self-actualization. The program will endeavor to produce highly competent professional Physical Therapist Assistants capable of excelling in all aspects of a diverse and changing world.

PROGRAM INCLUSION STATEMENT:

The PTA program is committed to creating a safe and welcoming environment for all students. We embrace the principles of Justice, Equity, Diversity, and Inclusion (JEDI) and expect student conduct to reflect respect for every student and employee at GCC. This commitment extends to the clinical environment where students employ the same commitment to providing quality care for all.

PTA PROGRAM GOALS & OBJECTIVES:

- 1) Admit, Retain, Develop and Graduate entry-level Physical Therapist Assistants in alliance with the American Physical Therapy Association’s Standards of Ethical Conduct for the Physical Therapist Assistant.
- 2) Admit, Retain, Develop and Graduate entry-level Physical Therapist Assistants that demonstrate entry-level clinical knowledge, skills, and behaviors in accordance with contemporary physical therapy practice.
- 3) Support and develop PTA program faculty and instructors who demonstrate a variety of inclusive and learning-centered student educational experiences of excellence.
- 4) Maintain efficient and effective operations to supply and resource the requisite staffing, learning modalities, and educational experiences commensurate with clinical health academia.

- 5) Foster opportunities for student, faculty, and community engagement as it relates to the enrichment of creative, innovative and diverse learning.

Genesee Community College - Strategic Plan and Mission

As an inclusive, learner-centered community college, we foster exceptional teaching and educational opportunities that support equitable intellectual and social growth, a commitment to diversity, economic advancement, and engaged citizenship, while focusing on individualized service.

Vision

GCC will be the college of choice, known for its highly innovative, flexible, and individualized educational experiences, life-long learning opportunities, and ability to empower those in our community to thrive in a changing world.

Strategic Priorities

- 1) Student Support & Success
- 2) Commit to the success of every student; provide programs and services designed to assist our diverse student body in achieving individual educational goals.
- 3) Teaching & Learning
- 4) Provide dynamic educational experiences that afford all members of the college community flexible opportunities to meet their career, educational, and personal enrichment goals.
- 5) Diversity & Inclusive Excellences
- 6) Cultivate a community that fosters respect and appreciation for individual and group differences. Demonstrate our commitment to the values of equity, diversity, and inclusion throughout all endeavors.
- 7) Fiscal, Operational & Infrastructure Sustainability
- 8) Maintain efficient, effective operations; identify and pursue new or additional sources of revenue and financial support; monitor and improve campus infrastructure; foster a safe environment.
- 9) Campus & Community Engagement
- 10) Create an open and transparent, trust-based environment that inspires creativity and innovation. Cultivate and foster meaningful relationships with community partners.

SECTION II: CLINICAL EDUCATION SEQUENCE & CURRICULUM

Introduction to Clinical Education

Clinical education is an integral part of Genesee's PTA education. The many clinical partners, who generously affiliate with GCC's PTA program, provide a critically important supplement to the academic component. Through three sequenced clinical experiences, students have opportunities to integrate academic material, apply their newly acquired clinical skills, practice problem solving, and perform documentation.

Coordination of the academic and clinical components requires careful communication between the ACCE, CCCE / SCCE, CI and PTA students. Attention to detail is imperative for clinical internships to run smoothly and to provide a supportive learning environment for the students. It is hoped that these materials will help facilitate the communication, administration, and planning involved in the clinical internship process. The materials are organized and presented in a manner intended to allow easy access and implementation by the clinical faculty.

The long-term relationships that exist between our PTA program and the WNY clinical community are cherished. Our students benefit greatly from your generosity, patience, and encouragement. The professional example you provide is priceless and simply put, we could not succeed without your assistance.

Types of Affiliations:

Three separate, full-time clinical experiences are required to complete the PTA Program at GCC. These affiliations must be completed in three different types of physical therapy practice. The types of affiliations are as follows:

Out-patient / orthopedic - out-patient physical therapy department of a hospital or private out-patient setting.

Hospital /In-patient – hospital in-patient setting, sub-acute rehab, or nursing rehabilitation setting.

Neurological-related/Specialty – While the setting may overlap with hospital or other in-patient settings, the emphasis is on gaining exposure to neurological related care and conditions. Clients or patients may include geriatrics, pediatrics, development disabilities, pre-school, school based, group home or day treatment, vestibular conditions, spinal cord, brain injury, or stroke rehabilitation. Specialty interests may also be considered during final internship but must have neurological-related components.

Course Sequence for Internships

Clinic 1: PTA 121 (3 credit hour)

Length: 4 weeks

Time: Summer following 2nd semester

(4-week session required – select section 1A or 1B)

Clinic 1A: Mid-May through mid-June

Clinic 1B: Late July through mid-August

Prerequisites: PTA 102, HED 205, & BIO153 with a grade of “C” or better

Clinic 2: PTA 222 (4 credit hours)

Length: 5 weeks

Time: Spring Course – Startin after 3rd semester (Late Dec or early Jan)

Prerequisites: PTA 208 and PTA 222 with a grade of “C” or better

Clinic 3: PTA 223 (5 credit hours)

Length: 6 weeks

Time: Following the compressed 4th semester

(Early May to mid -June)

Prerequisites: PTA 208 & PTA 222 with a grade of “C” or better

Affiliation Type Sequence:

Clinical affiliation 1 & 2 are typically completed in an outpatient or an inpatient setting, in no specific order. The neurological-related/specialty setting is reserved for Clinic 3, as the relevant neurological coursework is not provided until the 4th semester.

PLEASE NOTE:

- 1) All clinics are full-time, which is 37.5 hours/week minimum
- 2) No payment is to be received by the student from the facility for the clinical work. Some facilities may offer meals or housing stipends.
- 3) To participate in clinical education as a Student Physical Therapist Assistant, students are required to register and pay all applicable course fees for PTA clinical courses

Catalog Descriptions of Technical Education PTA Course

PTA 121 – Clinical Experience 1

3 credits

The student will apply physical therapy procedures to patients, under the supervision of a licensed physical therapist or physical therapist assistant, at a physical therapy clinical affiliation site. Emphasis is placed on safe, professional, ethical, and competent treatment implementation and patient interactions. Students will develop personal communication skills and take an active role and responsibility for their professional development. Prerequisites: PTA 102, PTALB2, PTA 110, PTA LB3 and BIO 153 each with a grade of "C" or better. Students must have current certification in Adult & Pediatric 1st Aid/CPR/AED or equivalent.

PTA 222 – Clinical Experience 2

4 credits

The student will apply physical therapy procedures to patients under the supervision of a licensed physical therapist or physical therapist assistant at a physical therapy clinical affiliation site. The student will be expected to expand on the skills developed during their first clinical experience. Emphasis is placed on safe, professional, and competent treatment implementation and patient interactions. Students will continue to develop personal communication skills and are responsible for continued professional development. Prerequisite: PTA 121, PTA 202, PTA 203, and PTALB4 each with a grade of 'C' or higher. Students must have current certification in Adult & Pediatric 1st Aid/CPR/AED or equivalent.

PTA 223 – Clinical Experience 3

5 credits

The student will apply physical therapy assessments and interventions to patients / clients under the supervision of a licensed physical therapist or physical therapist assistant at a physical therapy clinical affiliation site. The student will be expected to expand on the skills developed during their first two clinical experiences and didactic instruction. Emphasis is placed on reaching entry-level performance in preparation for entrance into the workforce. The student will educate clinic staff through a professional in-service on a topic appropriate for the clinical setting. Students must have current certification in Adult & Pediatric 1st Aid/CPR/AED or equivalent.

Course Planning Worksheet-Physical Therapist Assistant Program

PREREQUISITES: College Level Math, BIO 104, and Chem or Physics

SUGGESTED FIRST SEMESTER CREDITS

_____ PTA 101* - Physical Therapy Interventions + Lab (PTALB1) = 5 credits

_____ BIO 152 - Anatomy & Physiology = 4

_____ SPE 108 – Public Speaking =3

_____ MAT 121 - Technical Math =3

_____ PTA 106* - Introduction to Physical Therapy =2

SUGGESTED SECOND SEMESTER CREDITS

_____ PTA 102* - Physical Therapy Interventions + (PTALB2) = 5 credits

_____ PTA 110* - Kinesiology + Lab (PTALB3) = 3

_____ BIO 153 - Anatomy & Physiology 2 = 4

_____ ENG 101 - College Composition = 3

SUMMER SESSION

_____ PTA 121* - CLINIC 1 (4 weeks - June OR August) = 3 credits

SUGGESTED THIRD SEMESTER CREDITS

_____ PTA 203* - Physical Therapy Interventions + Lab (PTALB4) = 5 credits

_____ HUS 124 – Gerontology = 3

_____ HUS 250 - Intro to Special Education =3

_____ PSY 104 - General Psychology =3

_____ PTA 202* - Applied Neurology = 3

SUGGESTED FOURTH SEMESTER CREDITS

_____ PTA 222* - CLINIC 2 (5 weeks) = 4 credits

_____ PTA 208* - Physical Therapy Interventions + Lab (PTALB5) = 5

_____ PTA 223* - CLINIC 3 (6 weeks) = 5 credits

TOTAL = 66 CREDITS

PTA Revised June 2025

Semester Course Planning Worksheet

Genesee Community College

623–Physical Therapist Assistant– A.A.S.

Suggested First Semester	Credits
PTA101	5
BIO152	4
SPE 108	3
MAT121	3
PTA106	2
Total	17

Suggested Second Semester	Credits
PTA102	5
PTA110	3
BIO153	4
ENG 101	3
Total	15

Suggested Summer Session	Credits
PTA121	3
Total	3

Suggested Third Semester	Credits
PTA203	5
HUS124	3
HUS 250	3
PSY104	3
PTA 202	3

Suggested Fourth Semester	Credits
PTA222	4
PTA208	5
PTA223	5
Total	14

Genesee Community College
623: Physical Therapy Assistant AAS Degree Requirements Table

FALL 2024 to CURRENT

ITEM	REQUIREMENT	CREDITS	SEMESTER
1 – KNOWLEDGE & SKILL AREA	MET BY	16	As Listed
1.01 - COMMUNICATION W1	ENG 101 College Composition	3	2
1.02 - COMMUNICATION ORAL	SPE 108 Public Speaking	3	3
1.03 - MATHEMATICS	MAT 121 Technical Math 1	3	1
1.04 - NATURAL SCIENCE	BIO 152 Anatomy & Physiology 1	4	1
1.05 - SOCIAL SCIENCE	PSY 104 Introduction to Psychology	3	3
1.06 - HISTORY, ENGAGEMENT, AWARENESS	General Education Waiver Approved	0	N/A
1.07 - HUMANITIES, ARTS, LANG	General Education Waiver Approved	0	N/A
1.08 – DIVERSITY (DEISJ)	Met by Social Science requirement	0	N/A
1.09 - HEALTH/PE/ATH	General Education Waiver Approved	0	N/A
2 - PROGRAM REQUIREMENT	MET BY	50	As Listed
2.01 - Program Requirement	HUS 250 Introduction to Special Education	3	1
2.02 - Program Requirement	PTA 101 Physical Therapist Interventions 1	3	1
2.03 - Program Requirement	PTA LB1 Lab for PTA 1	2	1
2.04 - Program Requirement	PTA 106 Introduction to Physical Therapy	2	1
2.05 - Program Requirement	BIO 153 Anatomy & Physiology 2	4	2
2.06 - Program Requirement	PTA 102 Physical Therapist Interventions 2	3	2
2.07 - Program Requirement	PTA LB2 Lab for PTA 102	2	2

ITEM	REQUIREMENT	CREDITS	SEMESTER
2.08 - Program Requirement	PTA 110 Kinesiology	2	2
2.09 - Program Requirement	PTA LB3 Kinesiology Lab	1	2
2.10 - Program Requirement	PTA 121 Clinical Experience 1	3	2.5
2.11 - Program Requirement	HUS 124 Gerontology	3	3
2.12 - Program Requirement	PTA 202 Applied Neurology	3	3
2.13 - Program Requirement	PTA 203 Physical Therapist Interventions 3	3	3
2.14 - Program Requirement	PTA LB4 Lab for PTA 203	2	3
2.15 - Program Requirement	PTA 222 Clinical Experience 2	4	4
2.16 - Program Requirement	PTA 208 Physical Therapy Interventions 4	3	4
2.17 - Program Requirement	PTA LB5 Lab for PTA208	2	4
2.18 - Program Requirement	PTA 223 Clinical Experience 3	5	4
3 - SEMESTER	TOTAL CREDITS REQUIRED FOR DEGREE	66	Upon Completion
3.01 - Semester 1	Semester 1 Total Credits	17	1
3.02 - Semester 2	Semester 2 Total Credits	15	2
3.03 - Summer Semester	Summer Total Credits	3	2.5
3.04 - Semester 3	Semester 3 Total Credits	17	3
3.05 - Semester 4	Semester 4 Total Credits	14	4
4 - INFORMATIONAL NOTES	GENERAL CURRICULUM INFORMATION	0	As Appropriate
4.01 - Infused Competencies	Information Literacy: ENG 101 Critical Thinking: PSY 104, PTA 102 Technological Competency: SPE 108 Values & Ethics: PSY 104	0	Upon Completion

ITEM	REQUIREMENT	CREDITS	SEMESTER
4.02 - Proficiency Requirements	<i>As outlined in Procedure 321- Placement and Proficiency Requirements (click to see GCC Placement and Proficiency Guide for details), all students are required to demonstrate proficiency in reading, math, and writing skills prior to earning a college degree or certificate from Genesee Community College.</i>	0	Prior to Completion
4.03 - Note 1	All math, science, and PTA courses must be completed with a grade of "C" or better (C minus is not acceptable), CR, TR in order to satisfy the requirements for this program. A grade of CP is required for clinical.	0	As Applicable
4.04 - GPA Requirement	GPA of 2.0 Required for graduation	0	Upon Completion

Academic Curriculum & Course Descriptions

The full program academic curriculum can be found using the following link to the program webpage. A pdf document titled “*Download the 2024-2025 Curriculum Worksheet for AAS*” can be found near the bottom of the page. <https://www.genesee.edu/academics/programs/physical-therapist-assistant/>

All PTA coursework is listed below with a corresponding catalog description. Full descriptions, including student learning outcomes (SLOs) can be found at https://www.genesee.edu/academics/course-finder/?_sft_course_subject=pta

PTA 101 - Physical Therapy Interventions 1

3 credits

Introduces medical terminology, common pathologies, abbreviations, and documentation pertinent to the role of the physical therapist assistant. Develops skills for fundamental physical therapy treatments. Includes draping and positioning of patients, transferring and lifting of patients, palpation of anatomical landmarks, goniometry, massage, gait training with assistive devices, and utilization of selected thermal agents. Prerequisite: Acceptance into the PTA program. Corequisites: PTA 106 and PTA LB1.

PTALB1 – Lab for PTA101

2 credits

PTA LB1 is the application of didactic instruction for PTA101 and a required co-requisite. Skills and performance in PTA LB1 are assessed as a component of PTA 101 and therefore, must be successfully completed in addition to all the requirements for PTA 101. Co-requisites: PTA101 and PTA106

PTA 102 - Physical Therapy Interventions 2

3 credits

Acquires cognitive and psychomotor skills in orthopedics, therapeutic exercises, vital signs, infection control practices, traction, intermittent compression, ultrasound and hydrotherapy. Integrates knowledge of clinically relevant pathological conditions into treatment of orthopedic patients with co-morbidities. Prerequisites: BIO 152, PTA101, PTALB1 and PTA 106 each with a grade of 'C' or higher. Corequisite: PTA LB2.

PTALB2 – Lab for PTA102

2 credits

PTA LB2 is the application of didactic instruction for PTA102 and a required co-requisite. Skills and performance in PTA LB2 are assessed as a component of PTA 102 and therefore, must be successfully completed in addition to all the requirements for PTA 102. Co-requisite: PTA 102

PTA 106 – Introduction to Physical Therapy

2 credits

Introduces students to the field of physical therapy and the role of the Physical Therapist Assistant (PTA). Explores interpersonal skills and professionalism relevant to the health care environment. Addresses interactions between PTA and patients, therapists, and other health care team members. Advances concepts of social and cultural competency, confidentiality, HIPAA, and professional responsibilities. Addresses state laws and professional therapy association positions and their integration into clinical policies and procedures. Covers computer literacy, on-line medical research, effective study skills, and continuing professional development. Prerequisite: Acceptance into the PTA program. Co-requisites: PTA 101 and PTALB1.

PTA110: Kinesiology

2 Credits

Introduces mechanical concepts (e.g., force and torque) integral to the understanding of resisted exercise systems. Explores selected biomechanical principles, especially those related to musculoskeletal performance during exercise and gait. Includes regional functional anatomy, with emphasis on normal joint and muscle function, clinical pathologies, and acquisition of skill in palpating superficial anatomic structures. Prerequisite: BIO 152 with a grade of 'C' or higher. Corequisite: PTALB3.

PTALB3 – Lab for Kinesiology

1 credit

PTA LB2 is the application of didactic instruction for PTA102 and a required co-requisite. Skills and performance in PTA LB2 are assessed as a component of PTA 102 and therefore, must be successfully completed in addition to all the requirements for PTA 102. Co-requisite: PTA 102

PTA121: Clinical Experience 1

3 Credits

The student will apply physical therapy procedures to patients, under the supervision of a licensed physical therapist or physical therapist assistant, at a physical therapy clinical affiliation site. Emphasis is placed on safe, professional, ethical, and competent treatment implementation and patient interactions. Students will develop personal communication skills and take an active

role and responsibility for their professional development. Prerequisites: PTA 102, PTALB2, PTA 110, PTA LB3 and BIO 153 each with a grade of "C" or better. Students must have current certification in Adult & Pediatric 1st Aid/CPR/AED or equivalent.

PTA 202 - Applied Neurology

3 credits

Provides a basic understanding of how the human nervous system works and explores common neuropathies that impair health and functioning. Presents clinically relevant aspects of normal neuroanatomy and basic neurophysiology as a background for understanding disorders of the human nervous system. Assists in comprehending important clinical concepts related to abnormal neurological conditions in order to substantiate therapeutic rationale for physical therapy treatment techniques taught in the PTA curriculum. One lecture and two seminar hours a week. Prerequisite: BIO152. Corequisite: PTA203 and PTALB4.

PTA 203 – Physical Therapy Interventions 3

3 credits

Explores the principles in the selection of procedural interventions, associated data collection, and communication, including written documentation associated with safe, effective, and efficient practice. Identifies common 'Red Flags' and their implications for the safe delivery of interventions, will be highlighted. Explores the clinical presentation of pain, integumentary pathologies (including burn trauma) and common pathologies/conditions of the pulmonary and cardiac systems. Application and clinical decision making of procedural interventions using electrotherapy, electromagnetic and light therapies, wound/burn care, and cardiopulmonary rehabilitation are explored. Reviews the biopsychosocial model to health and wellness and reviews the foundations of clinical decision making and the impact of related comorbidities within other body systems including the endocrine, metabolic, gastrointestinal, and lymphatic systems. Prerequisites: PTA102, PTALB2 and BIO 153 with a grade of "C" or higher. Corequisites: PTA 202 and PTA LB4.

PTALB4 – Lab for PTA203

2 credits

PTALB4 is the application of didactic instruction for PTA203 and a required co-requisite. Skills and performance in PTALB4 are assessed as a component of PTA203 and therefore, must be successfully completed in addition to all the requirements for PTA203. Co-requisite: PTA203

PTA 208 - Physical Therapy Interventions 4

3 credits

Explores principles of motor behavior in neurological rehabilitation throughout the lifespan. Emphasizes motor control, motor learning, locomotor training and neurological therapeutic

exercises. Addresses architectural barriers, training in daily living activities, orthotics, and prosthetics. Integrates the biopsychosocial model and knowledge of clinically relevant pathological conditions into clinical decision making for the performance of data collection, selection of interventions, and related communications in treatment of neurological patients with co-morbidities. Highlights safe, effective, and efficient practice through delineation of common 'Red Flags' to terminate unsafe interventions or practice conditions. Prerequisite: PTA203 and PTALB4 with a grade of "C" or better. Corequisite: PTA LB5

PTA222: Clinical Experience 2

4 Credits

The student will apply physical therapy procedures to patients under the supervision of a licensed physical therapist or physical therapist assistant at a physical therapy clinical affiliation site. The student will be expected to expand on the skills developed during their first clinical experience. Emphasis is placed on safe, professional, and competent treatment implementation and patient interactions. Students will continue to develop personal communication skills and are responsible for continued professional development. Prerequisite: PTA 121, PTA 202, PTA 203, and PTALB4 each with a grade of 'C' or higher. Students must have current certification in Adult & Pediatric 1st Aid/CPR/AED or equivalent.

PTA223: Clinical Experience 3

5 Credits

The student will apply physical therapy assessments and interventions to patients / clients under the supervision of a licensed physical therapist or physical therapist assistant at a physical therapy clinical affiliation site. The student will be expected to expand on the skills developed during their first two clinical experiences and didactic instruction. Emphasis is placed on reaching entry-level performance in preparation for entrance into the workforce. The student will educate clinic staff through a professional in-service on a topic appropriate for the clinical setting. Students must have current certification in Adult & Pediatric 1st Aid/CPR/AED or equivalent.

PTALB5 – Lab for PTA208

2 credits

PTALB5 is the application of didactic instruction for PTA208 and a required co-requisite. Skills and performance in PTALB5 are assessed as a component of PTA208 and therefore, must be successfully completed in addition to all the requirements for PTA208. Co-requisite: PTA208.

Required Lab Competencies

PTA 101:

Body Mechanics, Posture, and Safe Patient Handling Techniques

 Patient Mobility

 Bed Mobility

 Transfer Training

 Stand pivot sit transfers

 Sliding Board Transfer

Wheelchair Mobility and management

Ambulation with device

 Stair training

 Gait patterns

Goniometry

 AROM

 A/AROM

 PROM

Thermal Agents

 Moist Heat

 Cryotherapy

 Paraffin

Massage

PTA 102:

Ultrasound

Manual Muscle Testing

Mechanical Traction

 Cervical

 Lumbar

Home Units

 Self-traction

Intermittent Compression

Therapeutic Exercise

- ROM
- Stretch
- Strengthening
- Assisted ROM techniques
- Stabilization exercises
- Exercise Progression
- Exercise Equipment Use
- Aquatics
- Balance Activities

PTA 203:

Transcutaneous electrical nerve stimulation

- Neuromuscular stimulation
- High Volt pulsed stimulation
- Interferential current
- Iontophoresis

Electromyographic biofeedback

Patient Monitoring

- Scales for pain
- Check for absent or altered skin sensation positioning and postures that aggravate or relieve pain
- Skin trauma
- Patient education for skin care

Cardiac rehab exercise and safety monitoring

- Cardiopulmonary data collection
- Vitals
- Sputum analysis
- Chest wall excursion measurement
- Instruct coughing and breathing techniques
- Postural drainage / percussion
- Fitness assessment
- Aerobic conditioning, muscle tightness and weakness

PTA 208: PTA 4

Development of Movement

Developmental Reflexes and Reactions

Effective handling

Facilitation of movement

Balance/Coordination

Neuromotor Retraining

Mat activity progression

Therapeutic exercise

Motor learning

Augmented movement

Functional movement progression

Functional training

Gait and locomotion training

Communication

 Patient / Caregiver education

Compensative Strategies

 Safe Patient Handling

 Advanced Wheelchair Management Skills

 Assistive/adaptive devices

 Prosthetics and orthotics

 Protective and supportive positioning devices

SECTION III: CLINICAL EDUCATION POLICIES AND PROCEDURES

Clinical Education Definitions and Abbreviations

To ensure proper communication, select definitions concerning clinical education are provided below.

Academic Coordinator of Clinical Education (ACCE): The licensed physical therapist employed by the academic institution who plans, develops, supervises, organizes, facilitates, monitors, assesses, coordinates, and administers the clinical education component of the physical therapy curriculum. The ACCE serves as the liaison between the didactic and clinical components of the curriculum.

Center Coordinator of Clinical Education (CCCE)/ Site Coordinator of Clinical Education (SCCE): The licensed physical therapist or PTA employed and designated by the clinical facility to direct, organize, coordinate, supervise, and evaluate the clinical education program in that facility. The CCCE's primary role is to serve as a liaison between the academic institutions and the clinical facility.

Clinical Instructor (CI): The licensed physical therapist or physical therapist assistant employed by the clinical facility who is designated by the Center Coordinator of Clinical Education to instruct, mentor, supervise, and evaluate the physical therapy assistant students in the clinical education setting. The CI is involved with the daily responsibility and direct supervision of student clinical learning experiences.

Clinical Education Faculty: The individuals engaged in providing the clinical education components of the curriculum, referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs).

Clinical Education Site/Facility: The setting in which learning opportunities in clinical education are provided for physical therapy students. The clinical education site may be a clinic, hospital, home, school, or other setting and is affiliated with the academic institution through a contractual agreement.

Affiliation Agreement: The written document which defines the agreement made between the academic facility and the clinical education facility. This document outlines the rights and responsibilities of all parties. This document is often referred to as the "contract".

Clinical Site Information Form (CSIF): The document which is completed by the CCCE at the clinical education facility and provides information about the facility for the ACCE and students.

Physical Therapist Assistant Clinical Performance Instrument (CPI): Web-based document that is completed by the student and the CI to evaluate the student's performance during the clinical experience.

Clinical Sites

A Master List of clinical sites is maintained which contains all facilities that have current affiliation agreements with GCC. This list is utilized to generate and facilitate communications with the CCCEs. The information is updated whenever a student, CI, or CCCE provides information of change to the ACCE. Additionally, GCC encourages use of the CSIF Web and instructs students to assist the CCCE in updating or initiating the CSIF on-line. Student evaluations of clinical sites and instructors are maintained in the clinic site files.

Potential new sites are contacted by the ACCE, and affiliation agreements are executed. New sites are provided with PTA program information, and clinical education expectations are discussed with CCCEs and CIs. On-site visits, discussions with clinical faculty, and reviews by students are used in determining the appropriateness of a site. A site will be removed from the list if, in the opinion of the ACCE, the site does not meet the needs of the PTA program or students. In particular, the environment must provide appropriate variety of patients, ample learning opportunities, qualified clinical instruction, timely communications with the ACCE, and provide timely, thorough, and appropriate feedback to students regarding clinical performance. For further clarification, please refer to the APTA's *Guidelines: Clinical Education Sites HOD G06-93-27-52* in Appendix D.

All affiliation contracts are viewed by the VP of Finance & Operations and executed via signature of Provost/VP for Academic Affairs. Affiliation agreements are confirmed by the ACCE or assigned staff prior to any student being placed at a facility. This review is completed along with confirmation of other contractual components of the affiliation agreement, such as issuance of the liability insurance certificate, and student requirements for medical clearance, health insurance, HIPAA training, and CPR certification. Agreements are always reviewed prior to any student placement and prompted for renewal with sites at least every 5 years.

Roles and Responsibilities in Clinical Education

Academic Coordinator of Clinical Education (ACCE)

The ACCE is a licensed physical therapist and college faculty member that administers all components of the clinical education program. The ACCE collaborates with students, faculty members, and clinical partners to provide quality clinical education experiences. Responsibilities include:

- 1) Communication of program policies and procedures with Affiliated Clinical Sites
- 2) Instruction and communication with Clinical Faculty (CCCEs & CIs) regarding student clinical experience

- 3) Maintenance of affiliation agreements and implementation all contractual components
- 4) Scheduling and assignment of students at clinical sites
- 5) Course grading (Instructor of record)
- 6) Program development, monitoring, and revisions
- 7) Support of Clinical faculty development and continuing education
- 8) Maintenance of an adequate number of quality clinical sites and recruit new sites
- 9) Confirmation that all student requirements are met related to medical clearance, liability, and health insurance.
- 10) Administration of student evaluation tool (CPI)

Center Coordinator of Clinical Education (CCCE)/Site Coordinator of Clinical Education (SCCE):

The CCCE/SCCE is the facility employee appointed to direct, organize, coordinate, supervise, and evaluate the clinical education program in that facility. The CCCE/SCCE's primary role is to coordinate with the ACCE and CI, serving as a liaison between the academic institution and the clinical facility. The CCCE/SCCE is encouraged to refer to APTA guidelines in Appendix C: Guidelines: Center Coordinators of Clinical Education HodG06-93-29-52. Responsibilities include:

- 1) Assigning a qualified clinical instructor to supervise the student and evaluate their performance
- 2) Communication with ACCE regarding availability of clinical education experiences, scheduling of students, and site-specific requirements.
- 3) Communication directly with the student about site expectations and requirements.
- 4) Review of GCC Clinical Education Policies and Procedures and assist CI in implementation of these.
- 5) Informing ACCE of any incidents or situation that warrant involvement of the ACCE or any facility changes.
- 6) Providing or scheduling of a thorough orientation of the facility and student expectations.
- 7) Supervising the activities of the clinical instructors and students assigned to the clinical site.
- 8) Implementing activities that support clinical instructor skills as clinical educators.
- 9) Updating Clinical Site Information Form (CSIF).
- 10) Providing feedback to the ACCE about strengths and weaknesses of the academic program.

Clinical Instructor (CI)

The clinical instructor (CI) is a licensed physical therapist or physical therapist assistant, employed by the clinical facility, appointed by the CCCE to provide direct supervision of the PTA student while engaged in the clinical internship. The CI must have at least one year of clinical experience and a valid professional license as a PT or PT Assistant. Also, if the CI is a PTA, a physical therapist must be on site and available to assist when the student is engaged in patient care. The CI is encouraged to refer to the APTA guidelines in Appendix E: *Guidelines to Promote Excellence in Clinical Education Partners (Clinical Instructors) HOD G06-19-52-69*. The primary responsibilities of the CI include the following:

- 1) Review of GCC Clinical Education Policies and Procedures and the clinical instructor packet, including expectations for the internship (See Forms Section) and directions provided by the school.
- 2) Communication with the student regarding work schedule and hours.
- 3) Reinforce the clinic policies and procedures as outlined by the CCCE/SCCE and the facility's clinical education plan.
- 4) Orient the student to the facility, equipment, staff, patients, and daily operations of the department.
- 5) Develop, with the student, a plan, strategies, and goals spanning the clinical internship.
- 6) Communicate expectations and objectives clearly to the student regarding patient care, documentation, billing, and more.
- 7) Communicate, to the ACCE and CCCE/SCCE, any concerns, red flags, problems, incidents, or questions pertaining to the administration of the clinical education program.
- 8) Complete the student evaluation at mid-term and final in a timely manner, along with other documentation as appropriate, including comments to assist in student development.
- 9) Offer regular, constructive, and timely feedback to students regarding clinical performance and assist in development of student goals and strategies for improvement.
- 10) Maintain a safe work environment and adequate supervision of the student during patient care.
- 11) Plan learning experiences and hands-on opportunities to practice and utilize clinical skills appropriate to their level of training and experience.
- 12) Demonstrate professionalism, conduct, and clinical competence that models professional behavior for the student.
- 13) Arrange learning opportunities related to physical therapy that enhance the students understanding of the healthcare environment such as observation of surgery, diagnostic procedures, OT, Speech Therapy, discharge planning meetings, and more.

- 14) Complete and return the required documentation at the completion of the student clinical internship, including completion and sign-off on CPI Web, Clinical Instructor Questionnaire, and evaluation of student in-service forms, and patient surveys.

Student Physical Therapist Assistant (SPTA)

The Student Physical Therapist Assistant has many responsibilities prior to, during, and following the clinical education internship. Failure to complete all required steps may be grounds for cancellation of the internship, removal from clinic, failure of the course, or other academic discipline as warranted.

Pre-Clinic Requirements

- 1) Submit completed Health Report and Immunization Form to the ACCE with medical clearance by physician and current PPD.
- 2) Provide copy of current health insurance card or proof of insurance
- 3) Register for clinical course and pay all associated fees
- 4) Attend Clinic Send-Off session and sign Student Acknowledgment Form (See Forms Section)
- 5) Review Clinical Education Manual and all policies and procedures
- 6) Consult with ACCE 4-6 weeks prior to start of Clinic to attain any further instructions about facility-specific onboarding requirements
- 7) Complete facility forms, training, fingerprinting, drug screen, or other requirements as directed by the CCCE/SCCE.
- 8) Maintain current CPR / First Aid certification
- 9) Inform ACCE of any issues, concerns, or difficulties completing the pre-clinic responsibilities.

During Clinic Requirements

- 1) Participate in all training required by the facility and follow all policies and regulations.
- 2) Adhere to GCC student code of conduct, APTA Standards of Ethical Conduct, and all clinical education policies and procedures.
- 3) Report any absences to the ACCE and CI in a timely manner and arrange for plan to make up days if necessary.
- 4) Perform professionally, respectfully, and safely.
- 5) Collaborate, advocate, and communicate in goal setting and feedback review.
- 6) Submit all work according to the syllabus and student clinical instructions.
- 7) Monitor e-mail daily and respond to ACCE within 24 hours.
- 8) Complete mid-term documentation and final CPI including comments, signoffs, and summary sections.

- 9) Compete the *PTA Student Evaluation of Clinical Experience and Clinical Instruction*
<https://www.apta.org/for-educators/assessments>
- 10) Adhere to HIPAA and confidentiality rules in all communications.
- 11) Contact the ACCE for assistance or guidance in a proactive manner whenever appropriate.
- 12) Assist CCCE/SCCE in updating the CSIF Web
- 13) Assist CI with CPI set-up and navigation as able.

Post Clinic Requirements

- 1) Assist CI in completing the final clinic information and return materials to the ACCE.
- 2) Submit all materials requested by ACCE in final hard copy format.
- 3) Meet with ACCE for debriefing after final grades are completed.

Clinical Site Selection and Assignment Procedure

Students submit preferences for each clinical affiliation period. The Clinical Preference Form is completed by students indicating their preferred care setting, geographic region, and comments regarding their preferences (See Appendix- Forms). They may also indicate a specific site based on the list of available sites posted. Students may also request the ACCE contact a site not listed among the list of available sites. Students may review previous APTA site evaluations in the office of the ACCE if available. The CSIF may be reviewed on-line and reports from prior students may be accessed so that students can make informed decisions. They are also encouraged to use internet resources to further investigate facilities, staff profiles, and therapy offerings.

Once the preference forms are received, the ACCE will match each student with an appropriate clinical site. The ACCE considers each student's preferences, student needs, the program policy of a 60-minute maximum commute, and program requirements for internships in various settings. The faculty of GCC reserves the right to make final decisions regarding clinical placements.

In situations where an assigned site becomes unavailable, students will be assigned to an alternate clinical site by the ACCE based on availability, clinical education expectations, academic requirements, student needs identified by faculty, and student preferences.

Individuals with documented disabilities will be offered reasonable accommodation in consultation with the Office of Access and Accommodation to assure participation in the clinical education process.

Should the ACCE determine that the clinic site is in a location geographically where student safety may be compromised, that site will be withdrawn from the GCC Clinic Site Master List.

Clinical Education Eligibility Requirements

Student eligibility for the program's clinical education portion is determined by successful completion of all pre-requisite coursework. Included in these courses are requirements to demonstrate competency in patient care skills through lab examinations at a 90% competency level, as outlined in the course syllabi. A final comprehensive final lab examination to assess clinic readiness must also be completed satisfactorily at an 80% level. Other requirements include completion of CPR/First Aid certification, evidence of health insurance, and a completed health report including immunization and medical clearance by a physician.

Clinical Orientation Process

Orientation to the internship process starts with an introduction during the program orientation sessions. Specific concepts are discussed including the three full-time internships, anticipated clinic related expenses, and the other clinic requirements. Once enrolled, the PTA 106 course provides students with clinical preparation including professional behaviors, APTA standard of ethics for PTAs, HIPAA requirements, insurance issues, billing considerations, scope of practice, clinical roles in physical therapy, job demands of the PTA, the NYS practice act, and in-service training.

The PTA Club annually provides sessions which allow for mentoring between 2nd year and 1st year students, where clinical experiences, tips, and recommendations are shared. Furthermore, each clinical internship is preceded by a Clinic Send-Off session in which the ACCE covers all requirements, policies, procedures, paperwork, use of the CPI, and professional expectations. Review of clinical skills is often integrated into these sessions.

Clinical Expenses

Students should be aware of additional expenses associated with the clinical education experience. Please review the following list of required (R) and potential (P) clinical expenses and plan your budgets accordingly. Additionally, the required minimum attendance of 37.5 hours/week in clinic may preclude many students from working or sharply reduce your income during clinical periods. **Full-time employment during the clinical internship is highly discouraged, as this may pose a safety risk for both student and clients.**

- (R) \$300.00 for a health physical exam(s), lab work, immunizations (Your insurance policy may pay for all or part of the cost.)

Due to the timing of the clinical internship courses, you may need either one or two health physical exams.

- (R) \$0-1,200 Health Insurance is required for any student participating in the clinical education component of the curriculum. This coverage may represent a considerable expense for students. Students are advised to consult with their employer for options or state government sponsored programs for eligibility and costs. Due to recent changes in health care, the school no longer offers a health insurance program for students. Proof of medical insurance including hospitalization is required prior to each clinical affiliation.
- (R) \$36 For Malpractice Insurance
- (R) \$15.00 Student name tag required by state law
- (P) \$50.00-\$200.00 for tolls and/or parking fees
- (P) \$50.00 for special footwear, depending on the dress code at the facility
- (P) \$7-10/day for lunch, if purchased at the facility
- (P) \$50.00-200.00 for appropriate professional attire such as dress clothes, scrubs, or other uniform.
- (P) \$0-150 Criminal Background Check, fingerprinting and drug testing
- (P) \$5-50 Electronic Medical Record user fee
- (P) Extra childcare expenses to accommodate additional time away from the house

Professional Liability Insurance Coverage

During internship, GCC students are covered for medical / professional liability by a policy secured by the college. A certificate of coverage is sent directly to each clinical site prior to the start of the clinical session, outlining coverage amounts as agreed upon in the affiliation agreement. The cost of coverage is billed to the student as a fee associated with the clinical internship in which they are registered.

Medical Requirements & Potential Health Risks

Health Insurance Coverage

Each student is required to provide proof of health insurance including hospitalization coverage. This policy must extend through the full period of each clinical internship. Proof of coverage must be provided to the ACCE before each clinical internship starts.

GCC has historically offered low-cost health insurance coverage to students. However, there have been many changes associated with the implementation of the Affordable Care Act. Students may be eligible for reduced rate coverage through New York State programs or health exchanges and should inquire at least six months prior to the anticipated start of coverage.

Health Report / Physical

PTA students are provided with a health report to be completed by their healthcare provider which must be valid through the last day of the internship. The report includes a physical exam, medical clearance to participate in clinical education, and immunization reporting. This report must be completed within one year of the last day of the scheduled affiliation. As the curriculum is currently structured, students should expect to have two physicals completed over the course of the three internships.

Students will submit a copy of the Health Report and are advised to keep a copy to provide to the clinical site upon request. It is the student's responsibility to submit all necessary health information to clinical sites. The school will not provide this medical information to a clinical site without written permission from the student.

Immunizations

PTA students are required to provide proof of the following:

- 1) Tetanus immunization with booster within the last 10 years.
- 2) Tuberculin Testing within the last twelve (12) months.
- 3) Measles, Mumps, and Rubella immunization or Titer demonstrating immunity, or documented evidence of having had the disease.

The Center for Disease Control offers additional recommendations for vaccination of healthcare workers. For more information, students are advised to visit [What Vaccines are Recommended for You | Adult Vaccines | CDC](#) and further discuss options with their physicians especially under unique environmental emergencies/changes.

The student should contact the CCCE/SCCE regarding any additional health or immunization requirements. Many facilities require the influenza vaccination or will otherwise require the use of a mask during all patient care. Some facilities also require a 2-step ppd test for tuberculosis. The student is responsible for attaining this information and completing all requirements on the clinical site's timeline. While the ACCE will make every effort to assist, it is impossible to keep track of the ever-changing requirements of facilities.

If a student has a change in health prior to or during the internship period, a letter of medical clearance must be received from a healthcare provider. An absence from clinic beyond three days would require such clearance. Individual clinical sites may have additional requirements.

Hepatitis B

The Hepatitis B series of immunizations is highly recommended for all healthcare workers but is not mandatory. Students must sign a declination statement should they choose not to receive the series. They are advised to discuss this issue with their physicians.

Meningococcal Disease

Meningococcal vaccine is available and is recommended for healthcare workers. Students should visit the CDC website and discuss options with their physician.

Universal Precautions

Students are instructed in universal precautions in PTA 102 and complete lab training including the use of personal protective equipment, transmission-based precautions, and sterile fields. Students are expected to always use universal precautions when the potential exists for contact with any blood or body fluids. Students are made aware of potential health risks which they may face while on affiliation through PTA 101 and 102 pathology components. Each facility is responsible for providing personal protective equipment, such as masks, gowns, and gloves, necessary for safe patient care.

Physical Demands and Essential Functions for PTA

The field of physical therapy is physically demanding, therefore the educational preparation for students to successfully meet the high standards of the field is highly structured and carefully regulated. All program students receive thorough instructions in infection control, pathogen exposure, proper body mechanics for lifting, HIPAA, and other pertinent topics prior to attending clinical education courses in the curriculum.

Bending, lifting, twisting, balancing, demonstrating exercise, and operating equipment are common. Visual demands and ability to observe elements of patient safety, monitoring of patients, and reacting within safe timelines are critical elements of safe patient care. For a fuller list of job demands, and functions, students are referred to a Department of Labor resource at <https://www.onetonline.org/link/summary/31-2021.00> Support for those with limitations is covered in the section on GCC Non-discrimination policy below. The GCC Office of Access and Accommodations can assist in determining possible accommodations for education and clinical education participation.

Student Disability or Limitation

If a student has a physical condition which would impact his or her ability to provide patient care during a clinical affiliation, the student must inform the clinical coordinator at the clinical site of the condition at least one month prior to the affiliation. The affiliation site will try to make reasonable accommodations in order that the student may practice the role of the PTA to the best of his/her ability. The ACCE will work with the facility to ensure that the student has a successful clinical learning experience. If the clinical site cannot reasonably accommodate the student with his/her disability, the ACCE will try to arrange a reassignment, if appropriate, in consultation with the Office of Access and Accommodations.

Temporary Limitations

Occasionally a student may have a temporary medical limitation such as a recent fracture, pregnancy, or back lifting limitations which would hinder the student's ability to provide quality patient care. It is the student's responsibility to inform the ACCE and the clinical facility of the limitation. If in the eyes of the ACCE and CCCE/SCCE, the student would not be able to safely practice the role of the PTA given reasonable accommodation, the ACCE may decide to postpone the clinical affiliation until a later date when the student can resume the full student PTA responsibilities.

Student Absence from Clinical Affiliations

Occasionally illness, unsafe driving conditions, or a family emergency may necessitate an absence during a clinical affiliation. In the event of an absence, the student should contact both the facility and the ACCE as early as possible on the day of their absence. When possible, the student should make a good faith effort to make up any missed time. The CI may use their discretion in handling any missed time totaling two days or less. In consultation with the CI, the ACCE will determine a plan of action for absences beyond two days; to be sure all clinical goals and requirements have been satisfied.

Supervision of Students (Safe work environment)

Students always work under the supervision of a licensed PT and/or PTA/PT team during clinical rotations. At no time will a student work in a situation where assistance would not be immediately available.

Instructor Absence

In the event of an absence of the assigned clinical instructor, the CCCE/SCCE is responsible for assigning another CI who meets the minimum criteria for the supervision of students. Additionally, the CCCE/SCCE may arrange other experiences that do not involve the student in direct patient care, such as observations of surgery, observation of related disciplines, or other educational experiences.

Access to and Responsibility for Emergency Services During Clinical

Each student must carry their own accident/medical health care insurance. Should a student require emergency medical care during an internship, the clinical facility will provide that care and/or will see that the student receives the care needed. The student is responsible for covering all out-of-pocket costs for any medical treatment he or she receives. This policy is written in a formal affiliation agreement between GCC and the clinical facility.

Effective Mechanism for Preventing Mistreatment of Students, Faculty and Patients While on Clinical Experiences

Safe, supportive clinical experiences are of utmost importance in the PTA program. Students are always supervised by a PT or by a PT /PTA team who is in the same building. Should a student be working alone with a patient in a hospital or treatment room, help is always within close calling distance. The ACCE and CCCE/SCCE are in close contact with each student and are easily available should any problems arise. If the

ACCE believes a situation is not safe for a student, the student will be immediately reassigned to another clinical facility. The Clinical Affiliation Agreement specifies that clinic facilities, students and faculty may not discriminate against patients, fellow students, faculty or clinical personnel with regard to age, gender, race, religion, color, national origin, or person with a disability. The ACCE will reassign a student should such discrimination occur towards the student. The ACCE will discuss the situation with the CCCE/SCCE and CI, and if the problem is not corrected, the site will be withdrawn from GCC's Clinical Facility master list.

Mistreatment of patients is prevented by students being proficient in all academic and laboratory coursework prior to the beginning of each clinical affiliation, and by careful supervision by the Clinical Instructor and CCCE/SCCE. If a CI or CCCE/SCCE reports mistreatment of a patient by a student, the student will be removed from direct patient care. The ACCE, CI, CCCE/SCCE, and student will meet to clarify the issues involved. The ACCE, CI and CCCE/SCCE will agree on the future course of action. Possible actions include dismissal of student from the clinic site with a failing grade, dismissal of student with an IP grade, and expulsion from the PTA program. The GCC Student Code of Conduct extends to student behaviors in the clinical setting and as such, referral of violations may be made to the Dean of Students.

GCC Non-discrimination Policy

GCC does not discriminate on the basis of age, race, color, religion, creed, national origin, sex, marital status, sexual preference, veteran status, domestic violence status or disability in its educational programs, activities, admissions, and employment.

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination on the basis of a disability and mandates that equal access and reasonable accommodations be provided to qualified individuals with disabilities.

Under the ADA any person with a physical or mental impairment that substantially limits one or more of his/her major life functions is defined as disabled. Students with disabilities may not be segregated and are fully included in the institution's existing programs and activities.

GCC provides assistance to students with disabilities, assists faculty and staff members who interact with the students and work closely with community agencies. It is the student's responsibility to identify his/her need for services and provide the appropriate documents.

The information the student provides will be confidential. With the student's permission, only specific recommendations will be released to faculty. Please note that the college does not provide personal aids or attendants.

Individuals with disabilities who provide appropriate documentation will be provided reasonable accommodations to assure access, independence, and full participation in the

clinical education process. For more information students should contact the office of Access & Accommodation Services, Room D208, Phone: 585-343-0055 x6045 Fax: 585-345-6895 or access@genesee.edu.

The PTA program is committed to creating a safe and welcoming environment for all students. We embrace the principles of Justice, Equity, Diversity, and Inclusion (JEDI) and expect student conduct to reflect respect for every student and employee at GCC. This commitment extends to the clinical environment where students employ the same commitment to providing quality care for all.

Personal Appearance & Dress Code

- 1) GCC students are expected to present themselves in a professional manner, consistent with the policy of the clinical site in which they are affiliating. The school outlines the following general policy for all clinic related activities and professional events:
- 2) Students must dress in a neat, professional, and appropriate manner when participating in clinical education courses, clinical observations, or professional events.
- 3) Students are expected to always practice good personal hygiene habits, maintaining cleanliness of the body and absence of body odor. Deodorant should be worn at all times. Perfume or cologne should not be worn, as they may irritate those with allergies.
- 4) All clothing should be clean and neat in appearance without wrinkles, stains, or flaws. The fit of clothes should be loose enough to allow freedom of movement and maintain coverage of midriff, not exposing undergarments.
- 5) GCC Student Physical Therapist Assistant identification badge must be worn and visible at all times, unless replaced by an official facility ID that clearly indicates your name and student status.
- 6) Jewelry must be modest in appearance; a maximum of two earrings on each earlobe is acceptable. Bracelets, rings and necklaces must be simple and not interfere with treatment or professional appearance. Exceptions are made only for cultural or religious mandates. Any other body piercing (ear cartilage, tongue, umbilicus, etc.) must be removed while in clinic.
- 7) Tattoos, if visible, should be managed based upon the clinic facility recommendations and covered if necessary.
- 8) Shoes must be clean, neat, low in heel height, and safe for physical demands of the job. Sneakers are allowed only with permission from the clinical site, in which case, they should be clean, low top, and in good condition.
- 9) Jeans, shorts, sweat suits, spandex, tight fitting clothes, or tops which expose the shoulders or stomachs, are not allowed.
- 10) All hair must be neat in appearance. Long hair must be worn up or tied back off the face. Facial hair must meet facility requirements.

11) Excessive make-up and bright colored nail polish are prohibited. Nails must be short to safely perform techniques such as massage. False nails must be removed.

Please remember that you are representing the medical profession and Genesee Community College when you are in clinic. Failure to adhere to the clinic dress code will result in one written warning from the ACCE and the Clinical Instructor. If this warning is not heeded, removal from clinic will result and a grade of "F" will be assigned.

Professional Behavior

Students must exhibit professional behavior at all times. Each student should approach the clinical experience as if it were a job. Promptness, politeness, and respect for patients and all members of the health care team are necessary ingredients for success. Proper handling of all protected health information is a mandatory part of respecting your patient's rights. Professional behavior is an important component of the grading for each clinical course as outlined in the course syllabi.

Students must wear an identification tag and inform patients of their status as a Student Physical Therapist Assistant. Furthermore, patients have the right to refuse treatment or care by a student or for any reason at any time. The Clinical Instructor must be informed by the student of any refusal of treatment in order that appropriate care can be provided.

The CCCE may dismiss a student for a violation of a facility or department policy or conduct that is unsafe, unprofessional, or disruptive. No warning or documentation of a previous incident is necessary before this dismissal. For problems or incidents of a serious nature, the ACCE should be contacted immediately at (585) 343-0055 x6402. The ACCE will intervene according to the program policies and college code of conduct and may refer the incident to the Dean of Students for further review.

Cell Phones and Electronics

Cell phones and other electronics are prohibited in patient care areas and should be utilized only in approved areas of the facility during designated break time. Personal photography, videotaping, or recording of any sort is prohibited in patient care areas. Students should receive orientation to each facility's policies and must adhere to all rules of employee conduct.

HIPAA - Privacy & Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law enacted by Congress in 1996. This was strengthened and clarified by the 2000 HHS privacy rule, 2003 security rule, the HITECH Act, and 2013 Omnibus HIPAA Final rule. Students complete training through an on-line format and quiz to earn certification. Following all components of HIPAA to maintain patient confidentiality is required throughout the curriculum. Any mishandling of protected health information will be addressed by the ACCE and may result in grade reduction and/or failure of a clinical internship course. Additional information can be found at <https://www.hhs.gov/hipaa/for-professionals/index.html>

Clinical Failure

All clinical internships are graded according to the course syllabus and require a minimum grade of “C”. Failure of a clinical internship is very rare. However, should a student fail to achieve a grade of “C” or better, the cause will determine the subsequent course of action. Non-academic issues occur far more often than academic or clinical performance issues.

Failures that are determined to be *non-academic* may be related to professional behavior, poor attendance or tardiness, or failure to follow department procedures or regulations. If the student completes the full clinical internship and failed to achieve adequate resolution of problems, despite interventions, then a grade of “F” will be applied. After consultation with the CCCE/SCCE and CI, the Academic Coordinator will meet with the student and program director to determine an appropriate course of action. Alternative courses of action may include, but are not limited to, remedial work related to the area(s) of deficit, repeat of the entire clinical experience, and submission of a detailed plan of action for resolution of any problems identified. A repeat clinical will only be allowed if significant progress has been made by the student in the problem area/s. A repeat assignment is not guaranteed.

If the CCCE/SCCE or CI request that the student be removed from clinic prior to completion of the clinical period, *related to non-academic issues*, a grade of “F” or “IP” will be assigned based on the circumstances. For egregious conduct, a grade of “F” will be assigned, and the matter will be referred to the Dean of Students and dismissal from the PTA Program or college is possible. Otherwise, the same protocol will be used as noted above. The ACCE reserves the right to determine the amount of additional clinic time required to meet all learning objectives of the course.

If the failure is the result of *unsatisfactory academic or clinical performance* as outlined on the CPI, the ACCE will consult with the CI and CCCE/SCCE. The ACCE will then

meet with the student and program director to determine an appropriate course of action. This may include remedial work, skill competency re-checks, and a learning contract. A repeat of the clinical education experience may be offered after having met all agreed upon requirements.

Students should note that any of the situations related to clinic failure or necessitating the repeat of any portion of the clinical internship may result in additional expense, delayed graduation, and delayed eligibility for employment. Any additional failures of any PTA course will result in termination of student status in the PTA program as per program policy.

Student Academic Appeals

Students having a complaint concerning an academic matter (for example, a course grade, graduation requirements, transfer credit) may grieve the complaint as follows. (Academic probation status appeals use a separate appeals process.)

Before the appeal process begins the student must discuss the complaint with the faculty or staff member whose action prompted the complaint. If the complaint is not resolved, the student must discuss it with the appropriate academic director or supervising dean. When a complaint is not resolved to the student's satisfaction, (s)he may appeal to the Academic Standards Committee of the Academic Senate for a decision on the complaint (The appeals chair will verify that these discussions have taken place or facilitate them.)

- 1) The student must initiate contact with the Academic Standards Committee by submitting a Request to Appeal form either electronically via the Genesee Community College website or by U.S. mail addressed to the Office of the Associate Vice President for Student Success, ATTN: Academic Standards Committee. The form can be found at, faculty.genesee.edu/senate/appeal.htm or a copy may be obtained from the Office of the Associate Vice President for Student Success. A copy of the appeal form will be forwarded to the Academic Standards Committee Appeals Chair, the Executive Vice President for Academic Affairs, and the course instructor. There is a fifteen-day statute of limitations to initiate contact with the Academic Standards Committee on all student academic appeal issues. This statute of limitations period begins on the first day of the next full semester (Fall or Spring) following the post date of the disputed grade. Exceptions to this statute of limitations may be made on a case-by-case basis. This decision will be made by the appeals chair.
- 2) The student will be contacted by the Academic Standards Appeals Chair and the appeal process will begin. Copies of the appeal procedure details are available in the Office of the Vice President of Student and Enrollment Services.
- 3) Decisions of the Academic Standards Committee may be appealed by the student to the Executive Vice President for Academic Affairs. The decision by the Executive Vice President for Academic Affairs will be final.

CPR/First Aid

A valid CPR certification, including adult, child, infant, and AED training, must be maintained throughout the internship periods. The PTA Club arranges annual opportunities for renewal of CPR/First Aid certification on campus.

Criminal Background Check

Criminal background checks are required by many clinical facilities and often must be completed at the student's expense. There is no consensus or standard level of background check necessary for any particular setting. As such, the criminal background check is completed on a case-by-case basis at the direction and discretion of the host facility. If a student is declined a placement based on the results of a criminal background check, the ACCE and program director will meet with the student to determine if re-assignment is possible or appropriate. Students should note that "passing" a criminal background check for the purpose of clinical internships does not predict or guarantee that they will be eligible for professional licensure by state licensing authorities. [GCC PROCEDURE Number 405.1: COLLEGE SUPERVISION OF PERSONS WITH PRIOR FELONY CONVICTIONS OR DISCIPLINARY DISMISSALS](#)

In compliance with New York's Clean Slate Act, the memo below revises and updates the guidance issued by the Office of General Counsel on April 26, 2018 with respect to SUNY [Policy #3200 – Admission of Persons with Prior Felony Convictions](#). This new guidance is effective immediately and any previous versions of this guidance are revoked.

The following key updates have been made to this guidance:

1. In compliance with the Clean Slate Act, which takes effect November 16, 2024, campuses are **not permitted** to require students to provide a copy of their un-suppressed criminal history records. This means that campuses **may not request, require submission of, or review, a student's sealed conviction records**. Any permissible request or review for records must be of a student's unsealed records. Please note that any offenses that require sex offender registration are not eligible for sealing and will still be disclosed.
2. Where a student is applying to participate in a clinical or field experience, or internship placement, that requires a criminal history check as a condition to participation, campuses **may only inquire if the student has a prior felony conviction at the point in time permitted by law**, typically after an initial placement interview or after a conditional offer of placement.
3. Campuses must **place students on notice** that clinical, field experience or internship placements may require a criminal background history check. While campuses may not

request, require submission of, or review, a student's sealed conviction records, campuses have an affirmative obligation to advise students that a prior felony conviction (including sealed conviction records) may hinder their ability to meet the criteria for licensure required by certain professions.

4. When evaluating the relevance of a previous felony conviction to the activity the student wishes to participate in, campuses must continue to conduct a review of such information consistent with the standards articulated in the NYS Corrections Law, Section 753 of Article 23-A.

Drug Screen

The college does not perform drug screening; however, clinical facilities may request that students complete a drug screen before the start of an internship. This may be completed at the student's expense. If a student is declined a placement based on the results of a drug screen, the ACCE and program director will meet with the student to determine if re-assignment is possible or appropriate.

Expectations for Students during Clinical Affiliation

Expectations are described for each clinical affiliation setting and level. These are provided to students and clinical instructors to supplement the learning objectives in each course syllabus. – See 'Expectation for PTA Student Performance' in the Forms section of this manual.

Clinical Hours

All three clinical internships are full-time experiences. Full-time is at least 37.5 hours per week. Students are expected to follow the work schedule of their clinical instructor as arranged by the CCCE/SCCE. The internship schedule does not follow the college schedule of holidays or breaks. If a student wishes to request any day off or a change in hours, this **MUST** be brought to the ACCE first and approved before discussing this with the CCCE/SCCE or CI.

Attendance

Occasionally illness, unsafe driving conditions, or a family emergency may necessitate an absence during a clinical affiliation. In the event of an absence, the student should contact both the facility and the ACCE as early as possible on the day of their absence. When possible, the student should make a good faith effort to make up for any missed time. The CI may use their discretion in handling any missed time totaling two days or less. In consultation with the CI, the ACCE will determine a plan of action for absences beyond two days; to be sure all clinical goals and requirements have been satisfied.

Punctuality is a vital component of professionalism and tardiness will not be tolerated. Repeated tardiness or failure to complete agreed upon hours will negatively impact the

student's grade and dismissal from the clinical experience may follow at the ACCE or CCCE/SCCE's discretion.

Patient Care is the Main Focus

During each clinical affiliation, students are expected to practice the role of the PTA while treating patients at the clinical site. While observation of patient evaluations, surgeries, and other facets of health care provision are important, they are secondary to participating in direct patient care.

Supervision

The student PTA always practices under the supervision of their CI who is a licensed PT or PTA. A **licensed PT must be on site at all times** in which the student PTA is engaged in clinical care. The CI reports to his or her immediate supervisor and to the CCCE/SCCE. Students must understand their role and function within this chain of command. After an initial period of orientation to facility equipment and protocols, students will demonstrate their competence to their CI's and then will treat patients using these techniques under the CI's supervision. If a student does not feel he/she can safely perform a specific treatment, he/she should inform the CI and practice diligently until they have mastered the treatment and can then work with patients. See **Student Physical Therapist and Physical Therapist Assistant Provision of Services HOD P06-19-06** for the APTA's position on supervision of the student PTA.

Practicing the Role of a PTA

The student is responsible for practicing the role of the PTA as detailed by the New York State Practice Act and the APTA. The SPTA must remain within appropriate treatment boundaries and follow the treatment plan as detailed by the PT. The SPTA should practice delegation of appropriate duties to PT Aides, performance of certain administrative duties as required, and should assist in the clinic wherever needed.

Evaluation of Student Clinical Performance

Assessment of Clinical Performance

GCC has implemented the Clinical Performance Instrument (CPI) for the evaluation of student clinical performance during all three internships. Clinical instructors are expected to provide routine and on-going feedback to students. At mid-term (mid-term form used in Clinic 1) and final, they input their formal evaluation findings for the 11 criteria outlined on the PTA CPI Web. Comments are required for each section, including a summary section of strengths and weaknesses. The student will complete a self-assessment using the CPI as well. The mid-term results should be reviewed and used to develop a plan for any remaining time in clinic. The CI and student must electronically sign-off on each other's evaluations. The ACCE will review these evaluations and offer feedback and guidance where appropriate. At the conclusion of the clinical period, the process is repeated. The final scores on the CPI are used to determine if the student has met the course's clinical requirements.

Grading Clinical Education Courses

The CPI is the primary tool contributing to the grading of the clinical education course, however; additional items are factored into the final course grade. As outlined on each course syllabus, these items may include student communications with the ACCE, weekly question responses, patient surveys, in-service ratings, and various documentation submitted.

Contacting the ACCE

Students, CCCE/SCCEs, and CIs are invited to contact the ACCE proactively with any questions or concerns. The ACCE is available by e-mail at jalove@genesee.edu. Work phone (585) 343-0055 X6366, through CPI alerts, and cell phone. CIs and students must formally notify the ACCE when a major deficiency in performance or other serious concern becomes apparent during a clinical education experience.

Clinical Site Visits and Phone Conferences

The ACCE will arrange a mid-term visit/call with the CI whenever possible. If an on-site visit cannot be arranged, a phone visit will be completed with the CI and student. Typically, students will receive on-site visits during at least one out of the three internships. Students are responsible for coordinating these visits by helping schedule time, date, and location. These visits typically last approximately 30 minutes, but do not necessarily require the CI to be available during the entire time. Students are asked to help coordinate the visit to have the least impact on the CIs schedule. It is unrealistic for all visits to occur at the lunch hour and students should work to identify times that are mutually agreed upon. Additional on-site visits or phone follow-up may be scheduled if deemed necessary due to unusual circumstances or student difficulties.

In-service Presentation

Students are required to provide a 15-30-minute in-service (Clinic 2 & 3) to the rehabilitation staff and other interested parties at the internship site. The student should select a pertinent topic, with their clinical instructor and CCCE/SCCE. The presentation should utilize current literature and emphasize evidenced-based practice. Handouts, demonstrations, participant activities, and dynamic audiovisuals are strongly encouraged. A reference list should be readily available to any in-service attendees. The student must provide the 'Evaluation of Student In-Service' (see forms section) form to all attendees. These should be collected by the student and CI. The student should write a written summary of the input received from the feedback and reflect on ways to improve their formative instruction to others. Results from the presentation are factored into the student's final grade and will be shared with the student at the post-clinical debriefing meeting.

SECTION IV: APPENDICES

Appendix A: Ethical Standards for PTA Students

Students of the PTA program at GCC will follow NYS law, professional standards, and standards of ethical conduct for the PTA. The following APTA standards constitute a code of conduct that extends to our students during internship.

Standards of Ethical Conduct for the Physical Therapist Assistant

HOD S06-20-31-26 [Amended HOD S06-19-47-68; HOD S06-09-20-18; HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

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. Physical therapist assistants are guided by a set of core values (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients and clients to achieve greater independence, health and wellness, and enhanced quality of life. No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive. The APTA Guide for Conduct of the Physical Therapist Assistant and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals. (Core Values: Compassion and Caring, Integrity) 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 therapist services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients. (Core Values: Altruism, Collaboration, Compassion and Caring, Duty) 2A. Physical therapist assistants shall act in the best interests of patients and clients over the interests of the physical therapist assistant. 2B. Physical therapist assistants shall provide physical therapist interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients. 2C. Physical therapist assistants shall provide patients and clients with information regarding the interventions they provide. 2D. Physical therapist assistants shall protect confidential patient and 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. (Core Values: Collaboration, Duty, Excellence, Integrity) 3A. Physical therapist assistants shall make objective decisions in the patient's or client's best interest in all practice settings. 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapist interventions. Standards of Ethical Conduct for the Physical Therapist Assistant HOD S06-20-31-26 [Amended HOD S06-19-47-68; HOD S06-09-20-18; HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard] American Physical Therapy Association / 2 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and 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 therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient or client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants other health care providers, employers, payers, and the public. (Core Value: Integrity) 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 (eg, patients and clients, students, supervisees, research participants, or employees). 4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervises, or students. 4D. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually. 4E. Physical therapist assistants shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct. 4F. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Standard #5: Physical therapist assistants shall fulfill their legal and ethical obligations. (Core Values: Accountability, Duty, Social Responsibility) 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 and 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. (Core Value: Excellence) 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 and clients and society. (Core Values: Integrity, Accountability) 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 and 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 and clients

Standard #8: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally. (Core Value: Social Responsibility) 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 therapist services. 8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

Explanation of Reference Numbers: HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4. P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Standards of Ethical Conduct for the Physical Therapist Assistant. Retrieved April 24, 2025 from <https://www.apta.org/apta-and-you/leadership-and-governance/policies/standards-of-ethical-conduct-for-the-physical-therapist-assistant>

Appendix B: NYS Education Law

Article 136, Physical Therapy and Physical Therapist Assistants

Use the following link to access current NYS physical

<https://www.op.nysed.gov/title8/education-law/article-136>

Below is a sample of the sections of article 136 with full text of physical therapist assistant definition:

§ 6730. Introduction.

§ 6731. Definition of physical therapy.

§ 6732. Practice of physical therapy and the use of title "physical therapist".

§ 6733. State board for physical therapy.

§ 6734. Requirements for a professional license.

§ 6735. Limited permits.

§ 6736. Exempt persons.

§ 6737. Non-liability of licensed physical therapists for first aid or emergency treatment.

§ 6738. Definition of physical therapist assistant.

A "physical therapist assistant" means a person licensed in accordance with this article who works under the supervision of a licensed physical therapist performing such patient related activities as are assigned by the supervising physical therapist. Duties of physical therapist assistants shall not include evaluation, testing, interpretation, planning or modification of patient programs. Supervision of a physical therapist assistant by a licensed physical therapist shall be on-site supervision, but not necessarily direct personal supervision. The number of licensed physical therapist assistants supervised by one licensed physical therapist shall not exceed the ratio of four licensed physical therapist assistants to one licensed physical therapist as shall be determined by the commissioner's regulations insuring that there be adequate supervision in the best interest of public health and safety. Nothing in this section shall prohibit a hospital from employing physical therapist assistants, provided they work under the supervision of physical therapists designated by the hospital and not beyond the scope of practice of a physical therapist assistant. The numerical limitation of this section shall not apply to work performed in a hospital, provided that there be adequate supervision in the best interest of public health and safety.

Notwithstanding the provisions of subdivision a of this section, supervision of a licensed physical therapist assistant by a licensed physical therapist, (i) in a residential health care facility, as defined in article twenty-eight of the public health law, (ii) in a diagnostic and

treatment center licensed under article twenty-eight of the public health law that provides, as its principal mission, services to individuals with developmental disabilities, (iii) in a facility, as defined in section 1.03 of the mental hygiene law, or (iv) under a monitored program of the office for people with developmental disabilities as defined in subdivision (a) of section 13.15 of the mental hygiene law, shall be continuous but not necessarily on site when the supervising physical therapist has determined, through evaluation, the setting of goals and the establishment of a treatment plan, that the program is one of maintenance as defined pursuant to title XVIII of the federal social security act. The provisions of this subdivision shall not apply to the provision of physical therapy services when the condition requires multiple adjustments of sequences and procedures due to rapidly changing physiological status and/or response to treatment, or to children under five years of age.

*For the purposes of the provision of physical therapist assistant services in a home care services setting, as such services are defined in article thirty-six of the public health law, except that the home care services setting shall not include early intervention services as defined in title two-A of article twenty-five of the public health law, whether such services are provided by a home care services agency or under the supervision of a physical therapist licensed pursuant to this article, continuous supervision of a licensed physical therapist assistant, who has had direct clinical experience for a period of not less than two years, by a licensed physical therapist shall not be construed as requiring the physical presence of such licensed physical therapist at the time and place where such services are performed. For purposes of this subdivision "continuous supervision" shall be deemed to include: (i) the licensed physical therapist's setting of goals, establishing a plan of care and determining whether the patient is appropriate to receive the services of a licensed physical therapist assistant subject to the licensed physical therapist's evaluation; (ii) an initial joint visit with the patient by the supervising licensed physical therapist and the licensed physical therapist assistant; (iii) periodic treatment and evaluation of the patient by the supervising licensed physical therapist, as indicated in the plan of care and as determined in accordance with patient need, but in no instance shall the interval between such treatment exceed every six patient visits or thirty days, whichever occurs first; and (iv) a final evaluation by the supervising licensed physical therapist to determine if the plan of care shall be terminated. For purposes of this subdivision, the number of licensed physical therapist assistant's supervised in the home care services setting by a licensed physical therapist shall not exceed the ratio of two physical therapist assistants to one licensed physical therapist.

* NB Repealed June 30, 2026

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For purposes of the provision of licensed physical therapist assistant services in public primary or private primary or secondary schools and for preschool children, as that term is defined in paragraph i of subdivision one of section forty-four hundred ten of this chapter, and receiving services thereunder, continuous supervision of a licensed physical therapist assistant, who has direct clinical experience providing age appropriate physical therapy services for a period of not less than two years, by a licensed physical therapist shall not be construed as requiring the physical presence of such licensed physical

therapist at the time and place where such services are performed. For purposes of this subdivision "continuous supervision" shall be deemed to include:

the licensed physical therapist's setting of the goals, establishing a plan of care, determining on an initial and ongoing basis whether the patient is appropriate to receive the services of a licensed physical therapist assistant, determining the frequency of joint visits with the patient by both the supervising licensed physical therapist and the licensed physical therapist assistant, except that in no instance shall the interval, between joint visits, be more than every ninety calendar days, subject to the licensed physical therapist's evaluation;

an initial joint visit with the patient by the supervising licensed physical therapist and licensed physical therapist assistant;

periodic treatment and evaluation of the patient by the supervising licensed physical therapist as indicated in the plan of care and as determined in accordance with patient need, except that in no instance shall the interval between such treatment exceed every twelfth visit or thirty days which ever occurs first; and

notification of the supervising licensed physical therapist by the licensed physical therapist assistant whenever there is a change in status, condition or performance of the patient.

This subdivision shall not apply to the provision of physical therapy services when a child's condition requires multiple adjustments of sequences and procedures due to rapidly changing physiologic status and/or response to treatment.

* NB Repealed June 30, 2025

§ 6739. Duties of licensed physical therapist assistants and the use of title "physical therapist assistant".

§ 6740. Requirements for license as a physical therapist assistant.

§ 6741-a. Limited permits.

§ 6741. Exemption.

§ 6742-a. Mandatory continuing education.

§ 6742. Special provision.

§ 6743. Validity of existing licenses.



Appendix C: Guidelines – Center Coordinators of Clinical Education

HODG06-93-29-52

- 1.0 The center coordinator of clinical education (CCCE) has specific qualifications and is responsible for coordinating the assignments and activities of students at the clinical education site.
- 2.0 The center coordinator of clinical education demonstrates effective communication and interpersonal skills.
- 3.0 The center coordinator of clinical education demonstrates effective instruction skills.
- 4.0 The center coordinator of clinical education demonstrates effective supervisory skills.
- 5.0 The center coordinator of clinical education demonstrates effective performance evaluation skills.
- 6.0 The center coordinator of clinical education demonstrates effective administrative and managerial skills.

(See also Board of Directors Guidelines: Center Coordinators of Clinical Education)
Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical

Education Affairs Department, x3203) [Document updated: 12/14/2009]

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Appendix C: Guidelines- Center or Site Coordinator of Clinical Education:

<https://www.apta.org/siteassets/pdfs/policies/clinical-continuing-education-other-than-pt-pta.pdf>.



Appendix D: Guidelines - Clinical Education Sites

HOD G06-93-27-52

- 1.0 The philosophy of the clinical education site and provider of physical therapy for patient/client care and clinical education is compatible with that of the academic program.
- 2.0 Clinical education experiences for students are planned to meet specific objectives of the academic program, the provider of physical therapy, and the individual student.
- 3.0 Physical therapy personnel provide services in an ethical and legal manner.
- 4.0 The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.
- 5.0 The clinical education site demonstrates administrative support of physical therapy clinical education.
- 6.0 The clinical education site has a variety of learning experiences available to students.
- 7.0 The clinical education site provides an active, stimulating environment appropriate to the learning needs of students.
- 8.0 Selected support services are available to students.
- 9.0 Roles and responsibilities of physical therapy personnel are clearly defined.
- 10.0 The physical therapy personnel are adequate in number to provide an educational program for students.
- 11.0 A center coordinator of clinical education is selected based on specific criteria.
- 12.0 Physical therapy clinical instructors are selected based on specific criteria.
- 13.0 Special expertise of the clinical education site personnel is available to students.
- 14.0 The clinical education site encourages clinical educator (CI and CCCE) training and development.
- 15.0 The clinical education site supports active career development for personnel.
- 16.0 Physical therapy personnel are active in professional activities.

- 17.0 The provider of physical therapy has an active and viable process of internal evaluation of its affairs and is receptive to procedures of review and audit approved by appropriate external agencies and consumers.

(See also Board of Directors Guidelines: Clinical Education Sites)

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, x3203)

[Document updated: 12/14/2009]

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18. P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Appendix D: Guidelines- Clinical Education Sites:

<https://www.apta.org/siteassets/pdfs/policies/clinical-continuing-education-other-than-pt-pta.pdf>.



Appendix E: Guidelines -- Clinical Instructors

HOD G06-93-28-52

- 1.0 The clinical instructor (CI) demonstrates clinical competence, and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy.
- 2.0 The clinical instructor demonstrates effective communication skills.
- 3.0 The clinical instructor demonstrates effective behavior, conduct, and skill in interpersonal relationships.
- 4.0 The clinical instructor demonstrates effective instructional skills.
- 5.0 The clinical instructor demonstrates effective supervisory skills.
- 6.0 The clinical instructor demonstrates performance evaluation skills.

(See also Board of Directors Guidelines: Clinical Instructors)

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, x 3203) [Document updated: 12/14/2009]

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes;

the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Appendix E. Guidelines- Clinical Instructors:

<https://www.apta.org/siteassets/pdfs/policies/clinical-continuing-education-other-than-pt-pta.pdf>.

Appendix F: Affiliation Agreement

AFFILIATION AGREEMENT

Between Genesee Community College Physical Therapist Assistant Program and Host Institution
Revised for Alignment with CAPTE Standard 2D9, APTA, and FSBPT.

This Affiliation Agreement (“Agreement”) is entered into this ____ day of _____, 2026, by and between Genesee Community College, an institution of higher education located at One College Road, Batavia, New York 14020 (“College”), and _____ located at _____ (“Host Institution”).

The parties agree as follows:

1. Purpose of Agreement

The purpose of this Agreement is to establish a collaborative relationship that provides supervised clinical education experiences for students enrolled in the College’s Physical Therapist Assistant (PTA) Program. These experiences support student competency development, ensure patient safety, and comply with CAPTE Standard 2D9, APTA guidelines, and FSBPT expectations for PTA student supervision.

2. Student Placement and Scheduling

The College may assign students to the Host Institution in mutually agreed-upon numbers and timeframes. The duration of each clinical experience will align with curriculum requirements. The College will notify the Host Institution of planned student assignments in advance.

3. Responsibilities of the College

3.1 Student Preparation and Selection

- Select and assign students who have completed required academic preparation.
- Provide the Host Institution with student names and required documentation prior to each clinical experience.
- Permit the Host Institution to request pre-placement interviews if desired.

3.2 Communication and Support

- Designate an Academic Coordinator/Director of Clinical Education (ACCE/DCE) as the primary contact.
- Maintain ongoing communication with the Host Institution regarding student performance, safety concerns, and scheduling.
- Conduct on-site or virtual visits as needed to support student learning.

3.3 Evaluation and Oversight

- Provide learning objectives, syllabi, and evaluation tools (e.g., CPI or equivalent).
- Review evaluations and intervene as needed to support student success and patient safety.
- Remove a student from the site if safety, conduct, or performance concerns warrant it.

3.4 Compliance Requirements

- Provide evidence of required health screenings, including TB testing.
- Verify that students maintain health insurance.
- Ensure students receive training in HIPAA, confidentiality, infection control, and safety procedures.

4. Responsibilities of the Host Institution

4.1 Learning Environment

- Provide a safe, ethical, and inclusive environment that supports student learning.
- Ensure compliance with federal, state, and professional regulations.

4.2 Clinical Instruction and Supervision

- Assign qualified Clinical Instructors (CIs) who meet APTA recommendations and state practice act requirements.
- Provide supervision consistent with state law and FSBPT expectations for PTA student supervision.
- Provide orientation to policies, documentation systems, and safety procedures.
- Ensure students have access to appropriate patient care experiences aligned with program objectives.

4.3 Student Evaluation

- Complete midterm and final evaluations using College-provided tools.
- Provide timely feedback to students throughout the experience.
- Notify the College promptly of concerns regarding student performance or conduct.

4.4 Facilities and Resources

- Provide access to clinical areas, conference space, documentation systems, and other resources necessary for student learning.
- Permit students and faculty to attend appropriate staff meetings, in-services, or educational activities.

5. Responsibilities of Students

Students are expected to:

- Follow APTA's Code of Ethics, state practice acts, and Host Institution policies.
- Maintain confidentiality of patient information in accordance with HIPAA.
- Demonstrate professionalism, safety awareness, and accountability.
- Complete all required documentation and evaluations.
- Adhere to all safety, infection control, and emergency procedures.

6. Confidentiality and HIPAA Compliance

Students and faculty may access protected health information (PHI) for educational purposes. All PHI must be handled in compliance with HIPAA and Host Institution policies. De-identified information will be used whenever possible.

The College will provide HIPAA training to students and faculty.

The Host Institution will provide training on its site-specific HIPAA policies and procedures.

7. Emergency Care

The Host Institution will provide emergency care to students or faculty in the event of illness or injury. Costs associated with such care are the responsibility of the individual receiving treatment.

8. Employment Status and Compensation

Students are not employees of the Host Institution and are not entitled to compensation, benefits, or coverage under the Host Institution's workers' compensation policy.

The Host Institution will not provide monetary compensation to students or faculty without prior written agreement from the College.

9. Conduct and Dismissal

The College will advise students of their responsibility to comply with Host Institution policies.

The Host Institution may dismiss a student whose conduct or condition jeopardizes patient or staff safety. Except in urgent circumstances, the Host Institution will consult with the College prior to dismissal.

10. Faculty Responsibilities

College faculty participating at the Host Institution will comply with Host Institution policies.

At the Host Institution's request, the College will remove any faculty member who fails to comply.

11. Term, Review, and Termination

This Agreement will remain in effect for one year and automatically renew unless either party provides written notice of modification or termination at least 90 days prior to renewal.

If either party elects to terminate the Agreement, one year's written notice is required. Students currently assigned will be permitted to complete their clinical experience unless safety concerns require removal.

12. Non-Discrimination

Both parties agree not to discriminate based on age, gender, race, religion, color, national origin, disability, or other protected characteristics.

13. Liability and Insurance

- Each party is responsible for its own acts and omissions.
- The College will maintain liability insurance, including professional liability coverage of at least \$1,000,000 per occurrence and \$3,000,000 aggregate, with umbrella coverage of \$15,000,000.

- The Host Institution will be named as an additional insured.
- The College will provide written notice of any cancellation or modification of coverage at least 10 days in advance.

14. Notices

All notices must be in writing and delivered personally or by certified mail to the addresses designated by each party.

15. Signatures

For Genesee Community College:

Dr. Kathleen Landy _____

Provost, Vice President for Academic Affairs

Date: _____

For Host Institution:

Signature _____

Printed Name _____

Title _____

Date: _____

Appendix G: Rights and Privileges of Clinical Faculty

As clinical faculty, you play a vital role in the successful professional development of our future physical therapist assistants. You are thereby entitled to the following:

- Borrowing privileges through the GCC library
- NYS Continuing Education Credits are awarded 0.50 hour of continuing education for each two-week period of supervision per student, capped at 10 hours per three-year registration period per New York State Education Office of Professions.
- Web-guides to assist in library research for particular areas of interest
- Invitation to workshops and CEU bearing courses sponsored through the PTA program at GCC
- Use of professional videotaping services at GCC, as available
- Faculty rates to all GCC Theater and Musical events

Appendix H: PT or PTA CPI 3.0 Access and Training

Visit <https://learningcenter.apta.org> to take the CPI 3.0 training course prior to student affiliation.

Appendix I: SUPERVISION OF PTA STUDENTS

MEDICARE GUIDELINES FOR SUPERVISING PHYSICAL THERAPY STUDENTS

The APTA has resources available to provide clarification on the circumstances under which physical therapy students may participate in the provision of therapy services to Medicare patients, and whether such services are billable under Medicare Part B. Please refer to:

[Supervision Under Medicare | APTA](#)

In general,

A qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making skilled judgment, and is responsible for the assessment and treatment.

If you have questions regarding this provision or other provisions within MDS 3.0, please contact the APTA at advocacy@apta.org or 800.999.2782 x8533.

Appendix J: Supervision of Student Physical Therapist Assistants

[Supervision Requirements for PTAs and Physical Therapy Students | APTA](#)

SUPERVISION OF STUDENT PHYSICAL THERAPIST ASSISTANTS HOD P06-11-09-17 [Amended HOD P06-00-1931; HOD 06-96-20-35; HOD 06-95-20-11] [Position]

Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, and when acting in accordance with American Physical Therapy Association policy and applicable state laws and regulations, are qualified to perform selected physical therapy interventions under the direction and supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. When the student physical therapist assistant is participating in the delivery of physical therapy services while being supervised by the physical therapist alone or the physical therapist and physical therapist assistant working as a team, the physical therapist or the physical therapist assistant is physically present and immediately available at all times. The physical therapist or the physical therapist assistant will have direct contact with the patient/client during each visit as the visit is defined in the Guide to Physical Therapist Practice. The physical therapist maintains responsibility for patient/client management at all times, including appropriate utilization of the physical therapist assistant as described in Direction and Supervision of the Physical Therapist Assistant, and for interventions performed by the student physical therapist assistant.

Relationship to Vision 2020: Autonomous Practice; Professionalism; (Practice Department, x3176)

Explanation of Reference Numbers: BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Direction And Supervision of The Physical Therapist Assistant

HOD P08-22-09-11 [Amended HOD P06-18-28-35; HOD P06-05-18-26; HOD 06-00-16-27; HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11-06; HOD 06-93-08-09; HOD 06-8520-41; Initial HOD 06-84-16-72/HOD 06-78-22-61/HOD 06-77-19-37] [Position]

Physical therapist services are always provided directly by the physical therapist and with responsible utilization, direction, and supervision of the physical therapist assistant when appropriate. The physical therapist assistant is the only individual who assists a physical therapist in the provision of physical therapist services and is licensed or certified in the jurisdiction in which they work. The use of other support personnel, whether in the performance of tasks or clerical activities, relates to the efficient operation of the physical therapy service.

Physical therapists shall provide safe, accessible, cost-effective, and evidence-based services. The physical therapist is responsible for patient and client management including examination, evaluation, diagnosis, prognosis, intervention, and outcomes. When the physical therapist utilizes a physical therapist assistant to perform components of intervention and collect selected examination and outcomes data, collaboration, as defined in the Core Values for the Physical Therapist and Physical Therapist Assistant, between the physical therapist and physical therapist assistant is essential.

Regardless of the setting in which the physical therapist service is provided, the following actions must be conducted, and responsibilities must be borne solely by the physical therapist:

1. Interpretation of referrals when available.
2. Initial examination and reexamination.
3. Evaluation, diagnosis, and prognosis.
4. Development or modification of a management plan and plan of care, which is based on the initial examination or reexamination and includes the physical therapy goals and outcomes.
5. Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render services and when it may be appropriate to utilize the physical therapist assistant.
6. Revision of the management plan and plan of care when indicated.
7. Conclusion of an episode of care.
8. Responsibility for any “hand off” communication.
9. Oversight of all documentation for services rendered to each patient or client.

10. Consultation.

The physical therapist remains responsible for physical therapist services provided when the physical therapist's management plan and plan of care involves a physical therapist assistant. Regardless of the setting in which the service is provided, the determination to utilize a physical therapist assistant as part of the patient's or client's interprofessional services team requires the education, expertise, and professional judgment of a physical therapist as described by the Standards of Practice for Physical Therapy, the Code of Ethics for the Physical Therapist, and the APTA Guide for Professional Conduct.

In determining the appropriate extent of assistance from and collaboration with the physical therapist assistant, the physical therapist considers:

- The physical therapist assistant's education, training, experience, and skill level.
- Patient or client criticality, acuity, stability, and complexity.
- The predictability of the consequences.
- The setting in which the care is being delivered.
- Federal and state statutes, and rules or regulations.
- Liability and risk management concerns. ©2022 American Physical Therapy Association. All rights reserved.
- The mission of physical therapist services for the setting.
- The needed frequency of reexamination.

Services provided by the physical therapist assistant must be consistent with safe and legal physical therapist practice and shall be predicated on the following factors: complexity and acuity of the patient's or client's needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided. The physical therapist assistant makes modifications to elements of the intervention either to progress the patient or client as directed by the physical therapist or to ensure patient or client safety and comfort.

The physical therapist is directly responsible for the actions of the physical therapist assistant in all practice settings. The physical therapist assistant shall provide services under the direction and at least general supervision of the physical therapist. In general supervision, the physical therapist is not required to be on site for direction and supervision but must be available at least by telecommunication. The ability of the physical therapist assistant to provide services shall be assessed on an ongoing basis by the supervising physical therapist.

When supervising the physical therapist assistant in any offsite setting, the following requirements must be observed:

1. A physical therapist must be accessible by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is providing services to patients and clients.
2. There must be regularly scheduled and documented collaboration with the physical therapist assistant regarding patients and clients, the frequency of which is determined by the needs of the patient or client and the needs of the physical therapist assistant.
3. In situations in which a physical therapist assistant is involved in the care of a patient or client, a supervisory visit by the physical therapist:
 - a. Shall be made upon the physical therapist assistant's request for a reexamination, when a change in the management plan or plan of care is needed, prior to any planned conclusion of the episode of care, and in response to a change in the patient's or client's medical status.
 - b. Shall be made at least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient or client.
 - c. Shall include:
 - i. An onsite reexamination of the patient or client.
 - ii. Onsite review of the plan of care with appropriate revision or termination.
 - iii Evaluation of need and recommendation for utilization of outside resources.

Explanation of Reference Numbers: HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4. E: Binding Ethical Document | P: Position | Y: Policy Last Updated: 10/26/2022 Contact: governancehouse@apta.org American Physical Therapy Association / 2

SECTION V: CLINICAL FORMS

The following pages show clinical forms.

STUDENT INSTRUCTIONS FOR CLINIC

1. Send an e-mail during week One titled (Contact Info) to ACCE including the following information: **(This is NOT the same as the Week #1 Question)**
 - CI full name and initials (PTA, PT, DPT, etc....)
 - CCCE (Center Coordinator for Clinical Education) Name and initials
 - E-mail addresses for both
2. Complete weekly e-mail submission, responding to question sheet provided by ACCE
 - Due by the Sunday following each week at 10pm
 - Send to jalove@genesee.edu
 - Communicate any needs, concerns, etc... to ACCE at any time in a separate note titled "please read"
3. Assist your CI with onboarding to the CPI platform and provide Brightspace access to clinical instructor resource materials.
4. Assist in scheduling the mid-term visit or phone visit by the ACCE
5. Self-Evaluation: Mid-term (Form Clinic 1) and Final **CPI *before*** meeting with your CI Including thorough comments under each section
6. Evaluation of the Clinical Experience
 - APTA form to be completed at mid-term and final
 - Must be signed by CI and Student
 - Submit with all other paperwork
7. Patient Surveys
 - Provide to 3 patients with envelopes
 - CI collects and submits the 3 sealed envelopes with evaluation
 - If unable to elicit 3 responses, have CI make note of the situation
8. Clinic Grading – Refer to syllabus and clinic grading sheet for details
9. In-service
 - Select a topic with input from CI
 - Presentation should be completed during week #4
 - 15-30 minutes
 - Provide in-service evaluation forms to all in attendance
 - Use handouts and use of media is appropriate
10. Professionalism
 - Absences or tardiness should be communicated to ACCE
 - CI should always be informed of illness, weather, or other situation as early as possible. Discuss with ACCE and CI to determine remedy.
 - Take an active role in learning and seeking opportunities
(updated Spring 2025)

Clinic Visit Form

Facility _____ Clinical Instructor _____

Student _____

Visit Type: On-site or Phone Date: _____ Clinic 1 2 3

Student Questions:

Clinical Ed. Program requirements, goals, and expectations reviewed for specific level of clinic:

1=very poor , 2=poor, 3=fair, 4=good, 5 =excellent

Clinical Instructor Effectiveness		1	2	3	4	5
CPI training is complete						
CPI comments are constructive and thorough						
Areas for student improvement are identified						
Communication process with CI is clear and effective						
CI is receptive to student needs or learning style						
Implements program according to school and facility policies						

AVG: _____

Clinical Instructor Questions:

	Y	N	Student Progress
Red Flags / Incidents			
Professionalism			
Communication			
Safety			
Strengths			
Areas for Development			
Goals /Plan			

Support or resources offered to CI by ACCE:

Academic Coordinator _____

Clinical Instructor _____

(JAL 2025)

Patient Survey

Genesee Community College PTA Program

Patient Directions: Please place an X in the appropriate box for each item. Thank you for your part in this student's education!

PTA Student's Name: _____ Date: _____

Questions About the Physical Therapist Assistant	Excellent (4)	Good (3)	Average (2)	Below Average (1)	Don't Know (N/A)
My Physical Therapist Assistant (PTA) student seems interested in me as a person.					
My PTA student is a good listener and works hard to understand the issues I'm facing.					
My PTA student clearly explains the treatments given.					
I feel safe and comfortable during my treatment sessions.					
My PTA student is able to teach me and my family about my condition.					
I would recommend this student to the supervising therapist.					

If I could give my PTA student one piece of advice, it would be:

Thank you!

Evaluation of Student In-Service

Presenter's Name _____ Date _____

Title of Presentation _____

Please circle your ratings of this presentation for each item presented below. Be as specific as possible in making your comments. Your evaluation and suggestions will be of great help in designing future presentations.

Item	Rating					Comments - Suggestions
	Excellent	Very Good	Good	Fair	Poor	
My overall rating of this presentation is:	5	4	3	2	1	
The organization and clarity of this presentation was:	5	4	3	2	1	
The content of this presentation was:	5	4	3	2	1	
The practice activities provided in this presentation were:	5	4	3	2	1	
The audio-visual materials used in this presentation were:	5	4	3	2	1	
The extent to which the speaker stimulated my interest in the subject was:	5	4	3	2	1	
The speaker's ability to facilitate group discussion in this presentation was:	5	4	3	2	1	
The handout used in this presentation was:	5	4	3	2	1	
I will be able to apply this content in my work setting:	5	4	3	2	1	

(updated Spring 2025)

Please list the strengths and weaknesses of this presentation:

Post-Clinic Debriefing Form

Name: _____ Class of _____

Clinic # _____ and Year _____

Location: _____

Clinical Instructor: _____

1. Rating of Clinical Experience 0-10, 0= Worst possible , 10=Outstanding _____

Comments:

2. How can ACCE or Clinical process improve to assist your learning?

3. How did you communicate the course requirements/materials to your CI and self-advocate for your needs?

4. Goals for next internship:

6. Student recommendations for ACCE, future students, or Feedback for CCCE or CI:

Student Signature: _____ Date: _____

ACCE Signature: _____ Date: _____

(JAL 2022)

Weekly Planning Form

Student: _____ Date: _____

Clinical Instructor (CI): _____

Experience and Week Number: _____

Summary of Previous Week (Goals Achieved?):

Student Comments:

CI Comments:

Supervision and Feedback:

Student

The amount of supervision I received from my CI in the past week was:

1	2	3	4	5
Too Little		Just Right		Too Much

The type and frequency of feedback I received from my CI in the past week was:

1	2	3	4	5
Too Little		Just Right		Too Much

The type and frequency of teaching/learning opportunities in the past week has been

1	2	3	4	5
Too Little		Just Right		Too Much

CI

The type and frequency of self-directedness that my student is demonstrating is:

1	2	3	4	5
None	Insufficient	Adequate	Good	Exceptional

The type and frequency of preparation that my student is demonstrating is:

1	2	3	4	5
None	Insufficient	Adequate	Good	Exceptional

The type and frequency of preparation that my student is demonstrating is:

1	2	3	4	5
None	Insufficient	Adequate	Good	Exceptional

STUDENT’S REVIEW OF THE WEEK

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

CI’S REVIEW OF THE WEEK

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

GOALS FOR THE UPCOMING WEEK OF _____

Student’s Signature: _____

CI Signature _____

Adapted from: APTA Clinical Instructor Education and Credentialing Program, American Physical Therapy Association, Alexandria, VA, September 2005: Section IV-7.

(JAL Summer 2025)

Physical Therapist Assistant Program Health Report

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

NOTE: In order for this student to participate in the clinical education component of the PT Assistant program at GCC, the following health report and immunization form must be completed annually. After completion, the student will need to submit a copy of this report to the Physical Therapist Assistant Office at GCC. Students that fail to submit this form, in advance of the scheduled affiliation dates, will **NOT** be allowed to proceed to clinic.

Student's Name _____

MEDICAL HISTORY: _____

1. Immunes/Allergies and Communicable Diseases _____
2. Neurological Impairment _____
3. Mental Illness / Psychological issues _____
4. Cardiopulmonary Deficiencies or Limitations _____
5. Musculoskeletal Injury / impairment _____
6. Endocrine Dysfunction _____
7. Hearing or Vision Impairment _____

Other conditions that may impact the ability of the student to work with assigned patients:

This student is free of physical or mental impairments that would interfere with the safe administration of physical therapy care in a hospital, outpatient, or other rehabilitation setting: **Yes No**

If no, please indicate the limitation or necessary restrictions and timeframe: _____

Physician's signature _____ **Date** _____

Additional documentation may be required should a health problem arise while the student is enrolled in the PT Assistant Program.

IMMUNIZATION FORM – TO BE COMPLETED BY PHYSICIAN

Student's Name: _____

REQUIRED IMMUNIZATIONS

Measles, Mumps, Rubella (MMR): (2 doses) Dates _____

--OR--

Titers Demonstrating Immunity to: Measles -Date _____ Result _____

Mumps - Date _____ Result _____

Rubella - Date _____ Result _____

Varicella (Chickenpox) History of Disease _____ Date _____

If **no history**, a titer must be done to demonstrate immunity

Titer Date _____ Result _____

If titer is negative, two vaccinations must be administered, 4–8 weeks apart. #1 Date _____ #2 Date _____

Td (Tetanus–diphtheria) Booster within 10 years Date _____

REQUIRED TUBERCULIN TESTING

ONLY MANTOUX/PPD ARE ACCEPTABLE FOR TESTING – NOT TINE

DATE _____ TEST: Mantoux or PPD Result _____ Read by: _____

If there is no evidence of a previous PPD test within the past 12 months, a repeat PPD test should be completed 2–to–3 weeks later. Date _____ Result _____ Read by: _____

Chest X–ray only if Tuberculin Test is positive Date _____ Result _____

Currently asymptomatic? _____

RECOMMENDED HEPATITIS B VACCINATION

Declination Statement: I have been advised of the recommendation that all health care workers receive the Hepatitis B Vaccine series, and I decline this immunization. **Student Signature:** _____

-OR-Hepatitis B Vaccination has been administered prior to the start of the first clinical period.

Date #1 _____ Date #2 _____ Date #3 _____

Physician's signature _____ Date _____

(updated Spring 2025)

APTA STUDENT EVALUATION

<https://www.apta.org/for-educators/assessments>



[Assessments in Physical Therapy Education | APTA](#)

APTA is dedicated to supporting the education of physical therapy students and the effectiveness of education programs through data collection, reporting, and standardization.

www.apta.org

Stratagem Form

Name: _____

Clinical Instructor: _____

1. Describe what you consider to be your strengths.
2. Describe what you consider to be your challenges.
3. My learning style preferences are: (Rank in order #1 most preferred #4 least)

Reading/Writing
Hearing/auditory
Seeing/visual
Hands-on/kinesthetic

4. When being supervised performing a **new** activity/task I prefer
_____ Close supervision during activity/task with discussion following
Line of sight supervision with discussion following

5. What are your goals for this affiliation?

6. When learning something new, I prefer:
Looking at the whole process first then working on the specifics (Global)
Get to the details first and look at the whole process later (Sequential)

7. Do you have any special areas of interest in Physical Therapy?

(JAL 05/2025)

Clinical Experience Mid-Term Evaluation Form

Student Name _____ Date _____

Clinical Experience _____ Clinical Instructor _____

Criterion	Significant Concerns		Never	Rarely	Sometimes	Very Often	Always	Unable to Assess
Safety: Practices in a safe manner that minimized the risk to patient, self and others.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Behavior: Demonstrates professional behavior in all situations.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication: Communicates in ways that are congruent with situational needs including cultural competency.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Reasoning: Applies current knowledge and theory, clinical judgment, and the patient's values and perspective in patient management.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Collection: Performs competent data collection and assessments related to goals and progress.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedural Interventions: Performs physical therapy interventions in a competent manner following PT Plan of Care.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of Strength:

Areas for Development:

(Student Only) Plan for Development:

CI Signature _____ Date _____

Student Signature _____ Date _____

Areas of Strength:

Areas for Development:

(Student Only) Plan for Development:

(JAL 12/2024)

Expectation for PTA Student Performance in Outpatient Facilities

For students in Clinic 1, 2 and 3

A. Students should be able to demonstrate competence in the following areas by the end of the affiliation:

1. Goniometry
2. MMT
3. Universal precautions/Sterile Techniques
4. Locomotor/Gait Training – Select, fit and demo of appropriate device and gait pattern.
5. Monitoring vital signs

B. In addition to performing the following interventions, students should be able to provide appropriate treatment rationale, indications and contraindications:

1. Hot and cold packs
2. Ultrasound
3. Whirlpool
4. Traction- cervical and lumbar
5. Stretching
6. Massage
7. Joint mobilizations- Grades 1 and 2 only, no spinal mobilization
8. Therapeutic exercise using weights, pulleys, TheraBand, BAPS board, exercise bike, treadmill, etc.
9. AROM, PROM, A/AROM
10. Intermittent Compression

C. Students should be competent in documentation of patient's treatments according to a format used by the particular facility

D. Student's should be able to safely follow THR, TKR, Rotator Cuff, and ACL rehabilitation protocols.

E. Students should be able to demonstrate spinal mobility and stabilization exercises.

F. Students should prepare, maintain and clean up treatment area

G. Additional exposure to any of the following would be beneficial:

1. Electrical Stimulation
2. Soft tissue mobilization therapy
3. Kinesio Taping / McConnell taping
4. Therapy Ball Activities
5. Observe / Assist in components of PT Evaluations
6. Other exercise equipment
7. Vestibular rehab

II. Clinic 2 and 3

I. In addition to the expectations mentioned for all students, clinic 2 and 3 students should demonstrate competence by the end of the affiliation in the following areas:

A. Interventions

1. Electrical Stimulation
2. Posture assessments

B. Students should be working on:

1. Organizing treatment sessions
2. Understanding exercise progressions
3. Treating two or more patients at a time
4. Delegating appropriate duties to a PT aide
5. Performing administrative duties such as patient scheduling, billing and answering phones
6. Communication skills with patients and therapists

C. All clinic 2 and 3 students must provide a 15 to 30-minutes in-service

III. Clinic 3

By the end of clinic 3, students should be carrying their own caseload (uncomplicated patients) and be functioning at entry-level as a PTA.

(updated Spring 2025)

Expectations for PTA Student Performance In-Patient Affiliations

All Students (Clinic 1, Clinic 2, and Clinic 3) should:

1. Treat patients safely at all times.
2. Adhere to universal precautions, using sterile techniques where appropriate.
3. Be able to fit, instruct, demonstrate, and train patients with a variety of assistive devices, teaching appropriate gait patterns and appreciating patients weight bearing status levels of assistance needed.
4. Recognize situations where assistance is necessary and request assistance whenever appropriate.
5. Gain an appreciation and working knowledge of physiological tolerance levels to exercise and ambulation following surgery, or while dealing with acute illness, trauma or multiple diagnoses.
6. Be able to locate appropriate patient information from patient chart.
7. Be comfortable working at bedside around a variety of medical equipment, such as respiratory equipment, IV tubes, etc.
8. Understand THR and TKR Protocols and implement safe and appropriate treatments accordingly.
9. Be able to demonstrate and/or teach PROM, AROM, A/AROM, bed mobility and orthopedic exercise programs and perform appropriate progressions.
10. Develop communication skills with patients, families, PT personnel, and other medical staff.
11. Appreciate the role of the PTA as a member of the multi-disciplinary team and practice within the PTA scope of practice.
12. Document patient treatments in a format appropriate to each facility.
13. Demonstrate competency in MMT and goniometry.
14. Attend to and consider the emotional needs of patients and family.

During Clinic 2 and Clinic 3 students should:

1. Be able to organize patient treatment safely and appropriately.
2. Delegate to aides when appropriate.
3. Work on improving on time management skills.
4. Participate in pre - and post- operative education including demonstrating proper breathing and coughing patterns following surgery.
5. Appreciate exercise tolerance levels for all patient types, including cardiac patients and implement PT treatments accordingly.
6. Provide a 15 to 30 minutes in-service to PT Personnel.
7. Facilitate locomotor training and safe patient handling practices.
8. Recognize atypical movement patterns and suggest interventions for improvement towards more effective and efficient movement.
9. Recognize gait deviations and understand proper treatment.

10. Appreciate functional goals progressing to optimal level of independence as well as appreciate improved quality of life issues with patients.

Recommended Experiences:

1. View surgery, preferably orthopedic
2. Participate in care plan or multi-discipline meeting
3. Observe and assist in components of the PT evaluations
4. Treat patients using Postural Drainage or respiratory interventions.
5. Participate in wound care including physical agents as appropriate.
6. Set up /utilize post-operative devices (compression, braces, positioners, etc.)
7. Participate in pertinent In-services within the facility
8. Seek exposure to a wide a variety of patient diagnoses and patient age groups (Ex: burns, COPD, CVA, THR, TKR, fx's, SCI, Brain injury, pediatrics, etc.)

(updated Spring 2025)

Expectations for PTA Student Performance in Neurological-related/ Specialty Affiliations

The following list of expectations for PTA students during Clinic #3 may not be appropriate for all facilities, as the nature of care may vary widely.

General Expectations for all Neurological-related/Specialty Affiliations:

1. Treat patients safely at all times.
2. Adhere to universal precautions, using sterile techniques where appropriate.
3. Be able to fit, instruct, demonstrate, and train patients with a variety of assistive devices, teaching appropriate gait patterns and appreciating patients weight bearing status levels of assistance needed
4. Recognize situations where assistance is necessary and request assistance whenever appropriate.
5. Gain an appreciation and working knowledge of physiological tolerance levels to exercise and ambulation following surgery, or while dealing with acute illness, trauma or multiple diagnoses.
6. Be able to locate appropriate patient information from patient charts.
7. Be comfortable working at bedside around a variety of medical equipment.
8. Be able to organize patient treatment safely and appropriately.
9. Be able to demonstrate and/or teach PROM, AROM, AAROM, bed mobility and various exercise programs and perform appropriate progressions.
10. Develop communication skills with patients, families, PT personnel, and other medical staff.
11. Appreciate the role of the PTA as a member of the multi-disciplinary team and practice within the PTA scope of practice.
12. Document patient treatments in a format appropriate to each facility.
13. Demonstrate competency in MMT and goniometry.
14. Attend to and consider the emotional needs of patients and family.

Students in Clinic 3 should also:

1. Delegate to P.T. aides when appropriate.
2. Develop time management skills that assist in expanding their caseload.
3. Provide a 15 to 30 minutes in-service to PT Dept.
4. Recognize gait deviations and implement proper interventions.
5. Appreciate functional goals, progressing to greatest level of independence as well as appreciate improved quality of life issues with patients.
6. Demonstrate and teach appropriate breathing and coughing patterns for patients with respiratory complications and perform postural drainage or respiratory interventions when appropriate.
7. Appreciate the importance of positioning in bed.
8. Address a variety of wheelchair modifications including seating cushions and positioning aids, types, and participate in wheelchair fitting when available.

Additional Neurological Rehab Expectations for Students in Clinic 3:

1. Understand principles and fundamental concepts of neurology, rehabilitation, orthopedic rehabilitation, pediatrics, and geriatrics.
2. Demonstrate the safe and effective application of advanced therapeutic exercises as applied for persons with central nervous system (CNS) dysfunction, including selected aspects of:
 - a. Manual therapy (Neurodevelopmental and Proprioceptive Techniques)
 - b. Functional training
 - c. Motor Learning Principles & Techniques
3. Instruct patients with CNS dysfunction lead-up activities, bracing, transfers, wheelchair skills, and other activities of daily living.
4. Identify and describe architectural barriers.
5. Demonstrate skills associated with in-patient and out-patient amputee programs:
 - a. instruct patients in designated therapeutic exercises to promote healing and discourage secondary contractures
 - b. demonstrate appropriate wrapping skills for residual limb
 - c. recognize indications for use of various prosthesis including AK, knee disarticulation, BK, SYME, UE, and BE
 - d. demonstrate skill in assisted ambulation with prosthesis including lead-up training
6. Interact with patients and their families in a supportive manner by recognizing student, patient and family reactions to illness and disability.

Recommended Experiences: (when available and appropriate)

1. View surgery
2. Participate in care plan or multi-discipline meeting.
3. Participate and / assist in components of PT evaluations
4. Treat patients using Postural Drainage or respiratory interventions
5. Participate in wound care, including physical agents.
6. Participate in pertinent in-services within the facility.
7. Seek exposure to a wide a variety of patient diagnoses and patient age groups (Ex: burns, COPD, CVA, THR, TKR, fx's, SCI, Brain injury, pediatrics, etc.)
8. Participate in Aquatic Therapy
9. Spend 1/2 day with OT, Speech, or another neurological wing within the facility.
10. Participate in orthotic / prosthetic clinic

Student Acknowledgement Form

Clinic _____

Directions: Please *initial* following each indicating that you have completed the following requirements:

I have reviewed the Clinic Manual and agree to the terms and policies stated. _____

I have had a physical within the last 11 months and have the required immunizations and TB testing. _____

I understand that, although not required by GCC PTA program, many sites have further vaccination requirements (Eg. influenza, COVID) that will need to be completed in order for placement at these sites.

I have received the Hepatitis B vaccine recommended for all healthcare students: _____

- OR -

I have been advised of the recommendation for all students in the healthcare field to receive the Hepatitis B vaccination and decline this vaccine. I understand that I remain at risk for Hepatitis B viral infection, which can cause serious disease. _____

I understand that some clinical sites may require drug testing or criminal background testing ____

I have a current BLS CPR certification for the healthcare worker. I have current accident/medical insurance and the PTA program has a copy of the card.

I have been instructed in and have recently reviewed Universal Precautions/Procedures. _____

I have been instructed in and have recently reviewed Health Insurance Portability and Accountability Act (HIPAA) _____

Student Signature _____ Date _____

Printed Name _____

(updated 2025)

Clinical Site Questionnaire

CI Name: _____ **Date:** _____

CCCE Name: _____ **Facility Name:** _____

CI Instructions: Please complete this questionnaire, sign below, and return it with the student's evaluation packet. Please have CCCE complete their portions or simply indicate "same" if you serve as both the CCCE and CI. You may also mail it to the GCC PTA Program (Attention: ACCE). Your feedback is very important to us.

QUESTIONS	INDICATE ANSWERS
1. Are you a certified Clinical Instructor?	Please circle one: Yes: No:
2. Do you have any clinical/specialty certifications?	Please indicate your Specialty:
3. How would you rate your ability to serve as a CI? On a 1 to 5 scale: 1=Unacceptable, 2=Poor, 3=Fair, 4=Good, 5=Excellent	Please rate on 1 to 5 Scale: _____
4. Rate your support/communication from your CCCE On a 1 to 5 scale: 1=Unacceptable, 2=Poor, 3=Fair, 4=Good, 5=Excellent	Please rate on 1 to 5 Scale: _____

I. Overall Evaluation Ratings

Rating on a **1 to 5 scale:** 1=Unacceptable, 2=Poor, 3=Fair, 4=Good, 5=Excellent

Please **circle** the correct number. (If the CCCE and CI are both rating, please distinguish by colored ink)

QUESTIONS	Rating by CI / CCCE	CI Suggestions for improvement	Comments CCCE
5. Rate this student's overall preparation from GCC for this specific level of clinic	1 2 3 4 5		
6. Is utilization of the electronic course format acceptable for clinical information/resources?	1 2 3 4 5		

QUESTIONS	Rating by CI / CCCE	CI Suggestions for improvement	Comments CCCE
7. Rate the level of communication you received from the ACCE at GCC	1 2 3 4 5		
8. Rate the level of support you received from the ACCE	1 2 3 4 5		

II. Specific Student Skills:

Please rate the student ability in each of the areas listed below. This mini-evaluation of your student's skills should be completed at the end of this clinical internship.

Rate on a 1 to 4 scale: (1 = needs constant supervision, 2 = needs supervision, 3 = needs guidance but not immediate supervision, 4 = consistent entry level performance)

Skill	Rate on a 1 to 4 scale	Comments
9. Goniometry	1 2 3 4	
10. Functional Anatomy	1 2 3 4	
11. Adjusting treatment based on the existing co-morbidities	1 2 3 4	
12. Orthopedic Therapeutic Exercise Progression	1 2 3 4	
13. Neurological Therapeutic Exercise Progression (<i>Clinic #3 only</i>)	1 2 3 4	
14. Documentation	1 2 3 4	
15. Rate student's professionalism & communication skills	1 2 3 4	

(JAL 05/2025)

Clinic Preference Form for Clinic 1a & 1b 2025

Student Name and Address (include middle initial):

School Email: _____

Phone Number: _____ **Texting OK?** _____

Please utilize the clinic folders (in the office) and online clinic websites to review information about currently available clinic sites. You may also secure a new site, but please check with the ACCE to know if this is an actual new site for GCC PTA. If so, an initial contact can be made, and a contract secured by the ACCE. It takes advanced notice to secure contracts with any new sites.

Please provide the following information:

1. Preference for **geographic location** in Buffalo, Rochester, Southern Tier, etc....
2. **Type** of affiliation: **ortho** (out-patient orthopedic) **OR acute care** (in-patient acute care)
3. Any **special needs/concerns** you need me to know which will be important in determining placements for you.

CLINIC 1a June 16-July 11, 2025 OR **CLINIC 1b July 21 – Aug 15, 2025 (circle one)**

Geographic Preference: _____

Type of Clinic (**outpatient / inpatient**): _____

Please list any special needs of considerations: _____

(updated 2025)

Clinic Preference Form for Clinic 2 & 3 2025-2026

Student Name and Address:

School Email: _____

Phone Number: _____ Texting OK? _____

I will be making tentative Clinic 1 assignments for 2024. Please utilize the clinic folders (my office) and online clinic websites to review information about currently available clinic sites. You may also secure a new site (check with ACCE to know if this is a new site) by making an initial contact and then advising the ACCE of your clinic preference. We need advanced notice to secure contracts with any new sites.

Please provide the following information for each clinical:

1. Preference for **geographic location** in Buffalo, Rochester, Southern Tier, etc....
2. **Type** of affiliation: **ortho** (out-patient orthopedic) **OR** **acute care** (in-patient acute care) **OR** Clinical 3 **Neuro type**
3. Any **special needs/concerns** you need me to know which will be important in determining placements for you.

CLINIC 2: Dec 30, 2024-Jan 31, 2025

Geographic Preference: _____

Type of Clinic (**outpatient / inpatient**): _____

Please list any special needs of considerations: _____

CLINIC 3: May 5 – June 13, 2025

Geographic Preference: _____

Type of Clinic (**Peds/ DevDis/Rehab/Long-term Rehab/Specialty** (specify): _____

Please list any special needs of considerations: _____

(updated 2025)

Check Off for Clinical Experiences

Before Clinical

Clinical Preference Form/ Confirm Site	Health Form; CPR; Student Acknowledgement Form	Contact CI	Onboarding for Site	Navigate Brightspace Clinical Course Site	Review Course Syllabus	Secure CPI Status	Set Goals; Use Stratagem Form
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During Clinical

Orient CI to electronic course and resources	Communicate with CI and ask for feedback	Weekly Planning Form?	Complete Weekly Questions and Communicate with ACCE	Complete Mid-term form (1) or CPI (2,3) and be ready for review	Complete APTA Evaluation Form Mid-term
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End of Clinical

Review goals and complete CPI (Sign Off)	Facilitate Patient Surveys	Inservice Materials; Evaluation Forms; Write summary	SOAP Note (Clin 1 & 2); Progress Note (Clinic 3)	Remind CI to Complete Site Questionnaire	Complete APTA Evaluation Form; Clinical Education Assessment Survey (Clinic 3 only)	Assist CI with sending final documents, hand in hard copies
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(updated 2025)

Clinical Education Assessment Survey

Directions: This is an assessment of GCC’s overall clinical education program. It is to be completed by PTA students at the end of Clinic #3 and returned to the ACCE in the completed clinical packet. Your ratings and comments are very important, as we continue to monitor the effectiveness of the PTA clinical education program at GCC.

Please complete this survey by circling your choice of rating.

1=Very Poor 2=Poor 3=Fair 4=Good 5=Excellent

Survey Question	Rating	Comments
1. Overall quality of your combined clinical learning experiences (Clinics 1, 2, & 3).	1 2 3 4 5	
2. The variety of your combined clinical experiences. Experience in each of the following: ortho, acute or sub-acute care and neuro/peds	1 2 3 4 5	
3. The depth and breadth of your combined clinical learning experiences in providing you with sufficient practice opportunities needed to be an entry level PTA?	1 2 3 4 5	
4. The quality of support from GCC that you received during the combined clinicals (email, mid-term visit or phone call, responsiveness to questions).	1 2 3 4 5	
5. The overall quality of supervision you received from the Clinical Instructors (CI’s and CCCE’s) during the clinical experiences.	1 2 3 4 5	

Survey Question	Rating	Comments
6. Process by which students are assigned to clinical sites by GCC staff. Was it fair and reasonable?	1 2 3 4 5	
7. Academic preparation for your clinical internships.	1 2 3 4 5	
8. The manner in which performance expectations were progressively increased from Clinic 1 to Clinic 2, and then to Clinic 3.	1 2 3 4 5	

Any other comments??

(updated 2025)

Information Gathering Form

Attention Clinic 2 students!

Now that your confirmation letter was emailed to your clinic 2 site coordinator, CCCE/SCCE, please verify your clinic 2 site information below.

Fill out this form and return to the Secretary's office as soon possible.

Thank you!

Student Name: _____

Site Name and Location: _____

Clinical Instructor name: _____

Clinical Instructor Credentials: _____

Clinical Instructor Email Address: _____

Clinic Site Phone Number: _____

CI Prior PTA-CPI Training: YES -or- NO

Final Grade Form: Clinic #1

Student: _____

	Details	Raw Score
CPI Final (70%)		
Additional Communications (10%)		
SOAP / Progress Note (5%)		
Weekly Questions & Communication with ACCE (10%)		
Patient Surveys (5%)		
Final Average		
Letter Grade		

Student Performance Rating Scale

This scale is intended to provide quick assessment and communication about a defined learning experience as interpreted globally (Cognitive, Psychomotor, Affective) by both the student and instructor. It also is a practice method for the student on self-reflection and accountable reporting. Example learning periods could be termed over a laboratory module or competency, a day at a clinical affiliation, or any other clinical or classroom experience that could best be accommodated by informal assessment.

Method:

- The student and Instructor report (Best if completed blinded prior to discussion) their assessment of the most immediately completed module:

“How well do you believe you/the student performed today on the _____?”

Use a numeric rating scale where Anchors include:

- 0: I was NOT able to effectively perform ANY of the expected tasks or skills
- 5: I was able to effectively complete HALF of the expected tasks or skills
- 10: I was able to effectively complete ALL of the expected tasks or skills

- Post-rating Assessment/Discussion:

Instructor asks student to explain, with imbedded examples, their rating.

Instructor provides their rating with insights, examples and explanations of their assessment of the student performance. Additionally, the instructor and student should identify areas where the student or instructor may have NOT equally considered the elements or weighting in comparison to ideal performance.

(JAL 05/2025)

Genesee Community College Clinical Instruction Feedback

Dear Valued Clinical Partner:

Thank you for providing clinical instruction for PTA students from Genesee Community College (GCC). As part of a program of continuous improvement, we are offering feedback to our clinical partners following this clinical experience. Information gathered from student assessment of the clinical instruction on the American Physical Therapy Association's Physical Therapist Assistant Student Evaluation form is highlighted below along with any additional student "exit" interview comments. Additionally, feedback from the ACCE is provided. Our goal is to improve experiences for our students and provide support to our clinical partners. Additional on-line resources from the American Physical Therapy Association about clinical education is delineated at the bottom of the form.

We greatly appreciate the efforts that each clinician provides and trust that this feedback will be taken in the spirit of collegiality. Please feel free to contact me should you wish for any additional correspondence about this feedback or the GCC PTA clinical education coursework.

Respectfully,

John A. Love, PT MS ACCE

APTA Form Question 22

<p>AVERAGE ASSESSMENT OF CLINICAL INSTRUCTION: _____</p> <p>AVERAGE FOR ALL CLINICAL INSTRUCTORS THIS CLINICAL: _____</p> <p>RATING SCALE (1-5): 1=STRONGLY DISAGREE – 5=STRONGLY AGREE; FOR POSITIVE PERFORMANCE ON 21 INDICATORS</p> <p>STUDENT COMMENTS: _____</p> <p>_____</p> <p>_____</p>

FEEDBACK FROM ACCE

CLINICAL INSTRUCTOR: _____

CENTER COORDINATOR (CCCE): _____

CLINICAL INSTRUCTOR EFFECTIVELY FULFILLED THEIR ROLE IN THE STUDENT'S LEARNING EXPERIENCE:
RATING SCALE (1-5): 1=STRONGLY DISAGREE – 5=STRONGLY AGREE _____

CLINICAL FACULTY FROM THIS FACILITY EFFECTIVELY COMMUNICATED WITH THE ACCE:
RATING SCALE (1-5): 1=STRONGLY DISAGREE – 5=STRONGLY AGREE _____

STUDENT COMMENTS: _____

Additional APTA resources on Clinical Education

<https://www.aptaeducation.org/clinical-educator-resources>

(JAL 06/2025)