Preface

The purpose of this Clinical Education Handbook is to provide Center Coordinators of Clinical Education (CCCEs), Clinical Instructors (CIs) and students a guide to the Physical Therapist Assistant (PTA) Clinical Education Program at Illinois Central College. Included in this handbook are the College and PTA Program mission and philosophy, general program information, and policies and procedures specific to clinical education.

A Note of Appreciation to All CCCEs and CIs

Thank you for your commitment to the process of clinical education and for providing quality experiences for ICC PTA students. As a member of the program’s clinical faculty, I value your expertise and interest in the instruction of our students. I encourage you to provide program feedback as well as attend PTA program workshops and faculty development offerings.

The rights accorded to our clinical faculty are described in the Clinical Education Policies and Procedures section of this handbook. If there is anything I can do to assist you, please do not hesitate to contact me.

Alice Gold-Pearce, PT, ACCE
Professor
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College Information

Accreditation
Illinois Central College is accredited by the Higher Learning Commission. www.hlcommission.org

Equal Opportunity/Affirmative Action
It is the policy of this College that no person, on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, or veteran’s status, shall be discriminated against in employment, in educational programs and activities, or in admission. Inquiries and complaints may be addressed to the Title IX/Civil Rights Equity Coordinator, Illinois Central College, 1 College Drive, East Peoria, Illinois 61635-0001, (309) 694-8460 or email Title9@icc.edu.

Source: 2020-2021 College Catalog

Health Careers Department Information

Mission Statement
The mission of the Health Careers Department is to:
1. Enable students to attain knowledge, professional skills, and general education for successful entry-level employment in a health career;
2. Serve as a resource for the educational and employment needs of the health care community.

To fulfill its mission, the Department:
1. Promotes student access through equal opportunity admission policies;
2. Offers educational opportunities for students of diverse backgrounds by providing both certificate and associate degree programs;
3. Provides career advisement and supports career recruitment in the community;
4. Assures quality instruction by meeting professional accreditation standards, promoting faculty continuing education, and providing access to current technologies;
5. Provides general education and career education courses in preparation for successful employment and life-long learning;
6. Cooperates with community agencies to offer appropriate clinical and field experiences, and to promote safe practices;
7. Offers continuing education opportunities to meet personal and professional goals of updating employment skills and additional specialization.

Program Information

Accreditation
The program has been accredited since its initial accreditation in 1971 with its most recent accreditation in 2016. The PTA program at Illinois Central College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association, 1111 N. Fairfax Street, Alexandria, VA 22314; telephone: (800) 999-2782; email: accreditation@apta.org; website: www.capteonline.org. CAPTE is responsible for establishing criteria for physical therapy educational programs and conducts accrediting activities designed to ensure that educational programs meet minimum entry-level criteria. CAPTE may be contacted to file any concerns about the program.

This program prepares students to be entry-level PTAs who function effectively in an ever-changing healthcare environment. The program consists of five sequential semesters of classroom and clinical education courses. Upon successful completion of the program, graduates are eligible to take the national licensing examination.

Degree Awarded
Upon completion of program requirements, the student is awarded an Associate in Applied Science (AAS) degree in Physical Therapy. This degree typically is not designed for transfer to the doctoral physical therapy degree.

Mission
The mission of the PTA Program is to provide knowledge and skills and to develop attitudes which prepare graduates to function as entry-level PTAs who will work under the direction and supervision of the physical therapist to meet the needs of the community in a variety of clinical settings.

Philosophy
Faculty members believe that educational opportunities should be provided to prepare students for entry-level positions as a PTA. The curriculum for the Associate in Applied Science degree in Physical Therapy is designed to meet accreditation standards and to provide a foundation in technical PTA courses and general education courses for both personal and professional growth. Additionally, the curriculum is designed to support and integrate the College’s core values and achievement of general education goals.

Educational objectives are developed to align knowledge, skills, and affective behaviors with appropriate classroom, lab, and clinical education opportunities. As the student progresses through the program, opportunities are provided to allow for increased responsibility for patient care under the direction and supervision of a physical therapist. Achievement of program goals and learning objectives are assessed using a variety of methods to enhance student success with the licensure exam and a career as a PTA.

Program Student Learning Outcomes
Upon completion of the program:
1. Students will be clinically competent.
   1.1 Students will perform in a safe manner that minimizes the risk to patient, self, and others.
   1.2 Students will apply knowledge of contraindications and precautions for selected therapy interventions.
   1.3 Students will collect relevant data accurately to measure and report patient response to selected therapy interventions.
2. Students will demonstrate communication skills.
   2.1 Students will demonstrate effective written communication skills.
   2.2 Students will demonstrate effective verbal communication skills.
3. Students will demonstrate professional behaviors.
   3.1 Students will understand the Code of Ethics and Conduct for the PTA.
3.2 Students will demonstrate professional behaviors.
3.3 Students will understand legal issues in physical therapy practice.

4. Students will demonstrate critical thinking skills.
4.1 Students will select appropriate therapy interventions based on the therapy plan of care.
4.2 Students will understand situations in which the physical therapist should be consulted.
4.3 Students will provide rationale when a therapy intervention should be withheld or modified based on patient response.

Program Outcomes (Effectiveness)
1. Students will graduate from the program with entry-level skills as a PTA.
2. Graduates will pass the licensure examination to allow eligibility for licensure/certification.
3. Graduates will obtain employment as a PTA.
4. Graduates will be satisfied with the program’s curriculum to prepare them for the role as an entry-level PTA.
5. Employers will be satisfied with graduates’ knowledge and skills as an entry-level PTA.
6. Educators of the program will utilize effective instructional methods and remain current with contemporary physical therapy practices.

Current Outcomes
For the class of 2019, 83% of admitted students graduated from the program; 100% of graduates who were seeking employment and responded to surveys were employed as PTAs; 94% passed the licensure exam.

Program Length Layout
The program starts in the fall semester and continues for three additional semesters with a summer session prior to the fall semester of the sophomore year. The layout is shown in Appendix B.

Curriculum Framework
The curriculum guidelines set forth by CAPTE integrate all aspects of PTA education including; didactic/theory, technical skills (lab and clinical education), and professional behavior expected of the PTA. The PTA program places emphasis on all three areas throughout the entire program in order to develop competent entry-level PTAs:

1. Theory: The classroom portion of the curriculum is taught in traditional face-to-face and/or online/hybrid format. This requires students to have access to the internet. Computers with internet access are available throughout the ICC campus.

2. Technical Skills/Lab: The lab portion of the program is designed for students to learn the technical skills of a PTA. Once concepts and interventions are learned in the classroom, they are to be practiced in the lab setting as appropriate under supervision of faculty. Students are required to demonstrate proficiency in many data collection skills and interventions prior to entering the clinical setting.

3. Clinical Education: The purpose of clinical education is to give students exposure and “real world” experience in physical therapy with a clinical instructor (CI) who is a PT or PTA. Students learn about the PT/PTA relationship, apply classroom knowledge and interventions, and develop professional behaviors in the clinical environment under the direction and supervision of a PT. Clinical education experiences occur in a variety of physical therapy settings to meet the needs of each student and overall learning objectives.

Suggested Course Sequence
Please see Appendix A
Clinical Education

Clinical Education Definitions

1. *Illinois Central College (ICC)*
   The academic institution that provides the program to educate students as entry-level PTAs.

2. *Academic Program*
   The accredited educational program that provides the curriculum to prepare students as entry-level PTAs.

3. *Clinical Site*
   The health care facility that provides the PTA student with learning opportunities and patient contact for the development of physical therapy skills.

4. *Clinical Faculty (CF)*
   The health professional (PT or PTA) who has agreed to provide instruction for ICC PTA students by serving as a Center Coordinator of Clinical Education (CCCE) or Clinical Instructor (CI). Clinical faculty are not employed by ICC.

5. *Academic Coordinator of Clinical Education (ACCE)*
   The person employed by the academic institution who develops, organizes, supervises, and coordinates the clinical education component of the physical therapy curriculum.

6. *Center Coordinator of Clinical Education (CCCE)*
   The person employed and designated by the clinical facility to organize, direct, supervise, coordinate, and evaluate the clinical education program in that facility.

7. *Clinical Instructor (CI)*
   The licensed physical therapist (PT) or physical therapist assistant (PTA) employed by the clinical site who is designated by the CCCE to supervise and evaluate the activities of the PTA student.

8. *Clinical Site Information Form (CSIF)*
   The document which is completed by the CCCE at the CF and provides information about the clinical site for the program ACCE and students.

9. *Physical Therapist Assistant Clinical Performance Instrument (PTA CPI)*
   The web-based clinical assessment tool.

10. *Physical Therapist Assistant (PTA)*
    An individual who has graduated from an accredited PTA program who provides physical therapy services under the direction and supervision of the physical therapist.

**Student Status**

Students participating in clinical experiences are not considered employees of the clinical site and will not receive compensation for services provided under the direction and supervision of the CI. Students are not allowed in the clinical site in a student capacity except during clinical hours.

**Clinical Placement and Schedules**

Clinical placements are determined by the program Academic Coordinator of Clinical Education (ACCE) and may change at any time. In the event a clinical experience is cancelled, the ACCE will work to reassign the student to another facility.

Every effort is made to honor student preferences for the type of practice setting for the final clinical course but is not guaranteed. By the completion of the program, students will have a variety of experiences and complete one inpatient experience (such as hospital or long-term care facility) and one outpatient experience. Occasional exceptions to this may exist and are guided by program goals and the academic needs of the student.

Clinical placements are based on several criteria including but not limited to: placement in the program (freshman or sophomore level), type of experience needed, clinical instructor experience, and facility availability. While driving distance is considered, it is not a primary criterion for placement. The clinical schedule (hours worked) is determined by the clinical facility and confirmed by the ACCE. Students are expected to follow the clinical instructor’s schedule and may include but are not limited to: early or late hours, weekends, and/or holidays. Students are not permitted to alter the clinical schedule without ACCE involvement. If such an activity occurs without the ACCE knowledge, the student may be suspended from the experience and/or dismissed from the program.

**Employment and the Clinical Facility**

In order to provide students with unique and fair learning experiences, students will not be allowed to participate in clinical experiences at a clinical site in which they have previously been employed within the department of physical therapy, are currently employed, or have already committed to employment as a PTA upon graduation. The student should meet with the ACCE if there are any concerns regarding conflicts of interest.

**Travel Expectations**

While current clinical facility locations are located in Illinois, students should expect to travel up to 90 minutes, one way, to the assigned clinical site. This time will vary based on other circumstances such as inclement weather or traffic conditions.

**Affiliation Request**

If a student has a request for a clinical experience at a facility not already established with the program, the student should discuss this option with the ACCE first. Students are not to contact agencies/facilities to arrange clinical experiences.

**Clinical Costs**

The student is responsible for all costs related to clinical education and may have additional costs specific to a clinical facility. These costs include but are not limited to: travel and housing expenses, uniforms, medical/health including access to and accepting emergency or other medical care, and any additional requirements of the facility.
Clinical Course Layout

There are three clinical courses for 640 hours.

**PHTA 130**: This course includes an introduction to the clinical setting under direct personal supervision by qualified CIs. Students will participate in and observe a variety of patient care interventions used in a physical therapy practice setting.

Placement in curriculum: end of freshman year, spring semester
Schedule: one clinical rotation for 3 weeks, full time
Hours/week: 40 hours/week; 120 hours

**PHTA 230**: This course is a progression of PHTA 130 in which the student develops the ability to initiate treatment interventions and increase clinical problem solving and the understanding of rationale and outcomes. The student will treat more complex patients with continued direct personal supervision by qualified CIs.

Placement in curriculum: sophomore year, end of fall semester
Schedule: one clinical rotation for 6 weeks, full time
Hours/week: 40 hours/week, 240 hours

**PHTA 232**: This course is a progression of PHTA 230 in which the student develops consistent proficiency with all aspects of a full-time PTA’s patient care workload, under general supervision of qualified CIs. This course is the terminal clinical education experience as it occurs after all program coursework is completed.

Placement in curriculum: sophomore year, end of spring semester
Schedule: one clinical rotation, 7 weeks
Hours/week: 40 hours/week (full-time) 280 hours

**Liability Insurance**

The College provides liability insurance coverage for students enrolled in clinical education courses. The cost is covered under Health Careers fees.

**Transportation and Parking**

Transportation to the clinical facility and related parking fees, as appropriate, are the responsibility of the student. The student should have a contingency plan for transportation in case of car problems or inclement weather. Appropriate parking areas at each facility will be identified, and students are expected to follow parking rules and procedures for the assigned clinical facility.

**Clinical Attendance Policy**

Students are expected to report to the clinical facility on time, properly dressed, and prepared to carry out clinical assignments. The academic calendar is published well in advance to allow planning for personal events. The student must contact both the program ACCE and CI by a telephone call of any absence. The student is required to make up any missed clinical hours at a mutually agreed upon time which must occur during the experience time frames. The program ACCE must also be notified and agree to established make-up plan for final approval.

For students completing a school-based experience, missed clinical days such as during school holidays (but when the College is open) are known in advance. The ACCE will develop a plan to schedule these missed days. More than one missed clinical day will result in an incomplete (I) grade; however, extenuating circumstances will be evaluated by program ACCE.
Inclement Weather
Under normal circumstances, College closure is announced through the ICC’s MyAlert system and other media such as the College website, Facebook pages, and local news outlets. If the College is closed prior to start of the clinical day, the student should not attend clinic. However, the student needs to notify the clinical instructor of their absence. The student will not be required to make up these missed clinical hours.

If the student is already at the clinical site and the College closes, the student is to use their judgment whether to remain at the clinical site or leave. Student safety is a priority and it may be safer to remain in the clinic until the weather situation passes, or it may be safer to leave the clinical site. The student will not be required to make up these missed clinical hours, but the student must notify the ACCE as soon as possible.

In the event that the College is not closed and the student chooses to not attend clinic due to adverse conditions in their geographical area, the student needs to contact the ACCE and their clinical instructor about their absence. The student will be required to make up these missed clinical hours.

Clinical Dress
Dress, grooming and personal cleanliness standards contribute to the professional image of the individual, program, and healthcare discipline. Without exception, students are expected to adhere to the dress policy during assigned clinical activities. Students may be permitted to wear otherwise specified attire as required by agency or department policy.

1. Clinical uniform must be clean, neat, wrinkle-free, and of proper fit and length.
2. Undergarments must be of a color and design that will not show through the uniform.
3. Photo ID must be worn with the uniform (arrangements for securing photo ID will be announced).
4. Shoes must be low-topped white or black leather walking shoes, tennis shoes, or uniform shoes (closed toe and heel; no colored stripes or insignias).
5. Neutral nylons or white/black above-the-ankle socks are permitted.
6. Cell phone or pager use is not permitted during clinical experience; it is recommended that devices be left in secure place and not be carried on person.
7. Jewelry is limited to a wedding band, watch, and no more than two small post earrings per ear. Visible body piercing jewelry (rings or studs in nose, tongue, lips, eyebrows, etc.) is not allowed.
8. Tattoos, if visible, must be covered.
9. Hair must be clean, neat, and worn away from the face to maintain asepsis. Long hair must be tied back at all times for the safety of the student and patient. Male students must keep beards and mustaches trimmed, neat, and clean.
10. Makeup should be used in moderation. Perfume, cologne, and aftershave should be used sparingly or not at all. Deodorant is recommended to control body odor.
11. Artificial nails (including gel and shellac) are not allowed; long nails must be trimmed.
12. Mouthwash, and breath freshener/mints are recommended to control body odor, cigarette breath, or halitosis. Gum chewing is not permitted.
13. Smoking/use of tobacco products is prohibited and students must ensure that clothing and hair do not smell of tobacco.
14. Gloves should be worn when working with blood and body fluids; standard precautions should be adhered to at all times.
Accident Reports
If there is an accident or injury to a student during a clinical session, the student must immediately notify the CI and ACCE, who will discuss the issue further and complete the required documentation. College-related documentation will be maintained in the student’s program file. Any further actions will depend on the nature of the incident. Please see the Health Careers Policies and Protocols for specific procedure and forms for exposure to blood or body fluids.

Student Supervision
PTA students may be supervised by a licensed PTA or PT. When a licensed PTA is the clinical instructor, a PT must be onsite for the duration of the clinical education experience. Students are not allowed to provide patient interventions when a PT is not onsite. If the assigned CI is absent, the facility must provide an alternative person to supervise the student. If the student arrives at the clinical facility and there is not a PT onsite, the program ACCE is to be notified immediately to discuss the situation.

Skills Competency
Throughout the program, students are tested on many interventions and data collection skills, which are demonstrated either through a skills checklist or practical examination (Appendix C). Students practice each skill with simulated patient scenarios under supervision in the classroom laboratory. Each skill is then verified as competent by program faculty prior to student participation in clinical education.

Clinical Grading
1. The ACCE makes the final grade determination for all clinical education experiences.
2. Program faculty will have communication with the student and CI during each rotation through an onsite clinical visit, email correspondence, or phone or other electronic communication.
3. The PTA Clinical Performance Instrument (PTA CPI) is the evaluation tool used for all clinical courses.
4. Clinical performance is formally discussed at certain points during each experience using the PTA CPI.
   4a. For PHTA 130, there is no formal midterm evaluation with the PTA CPI (due to short duration). However, the PTA CPI is used for the final evaluation. Please see the PHTA 130 syllabus for more details on clinical grading.
   4b. For PHTA 230 and 232, the PTA CPI is used at the midterm and final evaluation points.
5. Both the CI and the student will complete the PTA CPI at the midterm and final points of the experience. The student should notify the ACCE if the student is in disagreement with or there are significant discrepancies with the scoring.
6. Each course needs to be passed for the student to progress in the program. See each course syllabus for the criteria to pass that specific course (Appendix G).

Performance Expectations for Clinical Courses
(CPI) Performance Dimensions and Rating Scale Anchors*
Advanced Beginner Performance Level
The student requires:
   a: 75-90% direct supervision from CI for simple/ non-complex conditions
   b: 100% direct supervision from CI for new/complex conditions
Intermediate Performance Level
The student requires:
   a: <50% direct supervision from CI for simple/non-complex conditions
   b: 50-75% direct supervision from CI for new or complex conditions
Advanced Intermediate Performance Level
   a: The student is independent with simple/non-complex conditions with supervision of the clinical instructor.
b: The student requires <25% supervision from CI for new/complex conditions

**Entry Level Performance Level**

The student is independent with simple or complex conditions with general supervision of the clinical instructor.

*Please refer to CPI for full definitions of Performance Dimensions and Rating Scale Anchors.

**Definitions for Degree of Supervision from the Clinical Instructor**

**Direct supervision:** The clinical instructor (CI) is physically present and immediately available for direction and supervision of tasks related to patient/client management. The direction and supervision is continuous throughout the time the tasks are performed.

**General Supervision:** The CI is physically present and immediately available for direction and supervision of tasks related to patient/client management. The direction and supervision is less than continuous and determined by the level of patient/client complexity.

(Source: Supervision definitions modified from APTA, Levels of Supervision HOD P06-00-15-26)

In order to receive a **passing grade** for the course, the student must meet the following criteria:

1. On the PTA CPI, the following minimum thresholds must be met by the end of each course:

<table>
<thead>
<tr>
<th>Course</th>
<th>CPI Criteria #1-6</th>
<th>CPI Criteria #7-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHTA 130</td>
<td>Near or at Intermediate</td>
<td>Near or at Advanced Beginner Performance Level</td>
</tr>
<tr>
<td></td>
<td>Performance Level</td>
<td></td>
</tr>
<tr>
<td>PHTA 230</td>
<td>Near or at Advanced Intermediate</td>
<td>Near or at Intermediate Performance Level</td>
</tr>
<tr>
<td></td>
<td>Level</td>
<td></td>
</tr>
<tr>
<td>PHTA 232</td>
<td>Near or at Entry Level Performance</td>
<td>Midterm: Near or at Advanced Intermediate Performance Level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final: Near or at Entry Level Performance</td>
</tr>
</tbody>
</table>

2. Turn in clinical assignments by established dates. Failure to submit all required materials by the due date will result in a zero (0) score and may result in an incomplete (I) or failing (D or F) grade, unless extenuating circumstances prevail.

3. Complete the required number of clinical education hours for each experience.

When a student has repeated incidents of unsatisfactory, unacceptable, or unsafe practice, or unprofessional or unacceptable conduct in the clinical setting, the following procedure will be used:

1. The incidents will be documented by the CI and/or ACCE.

2. The student will meet with the ACCE to discuss the issue; a counseling form (Appendix G) will be completed and placed in student’s file. A copy of the form will be provided to the student.

3. If the student does not meet the criteria in accordance with the established plan of action, the problem will be reviewed again with the student and involved faculty with the Program Director also present. As needed, the Dean of Health Careers may also be involved.

Continued failure to comply with the conditions set forth in these discussions and documentation may result in a failing grade and dismissal from the program.

**Repeat Option**

If a student does not meet the criteria to receive a passing grade (at least 75%) for the initial experience, the student will receive an **incomplete (I) grade** with one repeat option offered to the student. This clinical experience must be repeated at a different clinical site and may occur after the semester ends and/or when the ACCE has established a repeat experience. The student must meet all of the established criteria to receive a passing grade of the repeat experience to remain in and progress in the program. If the student receives a non-passing grade for the repeat clinical experience, an additional repeat is not permitted, and the student will not progress in the program and will be dismissed.
Patient Rights
Patients have the right to know that they are being treated by a student and may refuse treatment by the student. The clinical instructor has the responsibility to obtain patient consent for treatment provided by the student and to introduce the student as such. Additionally, students are required to introduce themselves to patients, staff, and others as a “Student Physical Therapist Assistant” at all times and receive informed consent from the patient prior to treatment. Should a patient pursue their risk-free right to refuse treatment from a PTA student, this should be graciously acknowledged. It is the student’s responsibility to coordinate with the CI an alternative plan for the patient’s care.

Clinical Facility Rights
Any clinical facility has the right to refuse or terminate a current clinical schedule to students and faculty. Any issues or concerns should be directed to the ACCE.

Termination of a Clinical Experience
A clinical experience may be terminated for any of the following reasons, but not limited to:
1. Unsatisfactory performance; including unsafe behaviors, attendance issues, or behavioral concerns.
2. Health or medical status that is detrimental to the successful completion of the clinical experience.
3. Determination that continuance in the experience is not in the best interest of the site, ICC, or the student.

When the CI and/or ACCE recommend a student be withdrawn from a clinical experience as a result of one of the situations listed above, the following procedure should be followed:
1. The CI will document the incident(s) and notify the ACCE immediately.
2. The student will meet with the CI and/or CCCE and ACCE. A written document will be drawn up by the ACCE or program faculty defining the problem(s) with an action plan and given time frames. This document will be reviewed with the student and he/she must sign the document to acknowledge it has been reviewed with him/her. Failure to comply with the conditions set forth in the action plan may result in additional clinical requirements or a clinical failure with dismissal from the clinical experience.

If a student is removed from the clinical setting, the ACCE, in consultation with the Program Director, reserves the right to determine whether the student will be counseled/coached, tutored in problem areas, rescheduled in another site, or recommended to be dismissed from the program. Students have the right to appeal this decision following the appropriate appeals processes for the College. Clinical agencies and/or faculty have the right to remove a student from the clinical site but not from the program.

Additional Clinical Education Information
Students are expected to carry out treatment interventions which they have learned and practiced and/or demonstrated with competency in the classroom. The CI has a list of covered topics and/or skills the students has learned to date (Appendix C). For treatment interventions not yet covered or demonstrated in the classroom, students may participate with these activities under the direct supervision of their assigned CI or other appropriate personnel (e.g., another PTA or PT).

It is the student's responsibility to provide clinical contact information to family or spouse/significant other so they can be reached in case of emergency. Personal calls are not allowed except for emergency situations. Smoking, use of cell phones, eating, or drinking in the patient treatment areas are not permitted during clinical sessions.

Students are expected to act professionally and ethically in the clinical setting. If questions about ethics occur while in the clinical facility, the student should contact the ACCE.

Per College policy, students must meet required physical, immunization, and other requirements to participate in clinical experiences. The student is responsible to follow all other facility policies and meet any additional requirements as specified by the facility.
Health and Medical

Basic Life Support (BLS)
Students are required to submit proof of current BLS certification, which must be maintained until graduation from the program. This certification may come from formal classes offered by hospitals, community health agencies, the American Red Cross, the American Heart Association, Illinois Central College (HLTH 041), and other sources. Certifications through online sources are not accepted.

Medical Insurance
Students are not required to have medical insurance while in the program. However, it is strongly recommended as students are financially responsible for any medical care, treatment, or examination needed for any issues that arise while on campus or during clinical education experiences.

Medical Conditions
Program faculty do not review physical examination records, and it is the student’s responsibility to notify program faculty of any medical conditions and/or medications which may affect performance in the classroom, laboratory, or clinical settings. While not mandated, the student is strongly encouraged to notify program faculty prior to each semester and, as appropriate, inform clinical faculty of any pertinent medical conditions which may affect performance. If the student develops a health or medical condition during the program, or is taking prescription/nonprescription medication which may affect academic or clinical performance, they may continue in the program provided that the student:
1. Submits a signed, written statement from their health care provider verifying the nature of the medical condition, any limitations and duration of restrictions, and confirmation of the student’s ability to return to and continue in the program to the faculty member and/or Program Director.
2. Notifies program faculty and, as appropriate, clinical faculty.
3. Meets all didactic and clinical objectives and requirements.
4. If absent for two or more consecutive clinical days, provides a release from the health care provider before returning to clinical education experiences.

Any condition that restricts the student’s ability to perform or meet program objectives or necessitates alternate assignments may result in an alteration of the student’s graduation date until such time all assignments are completed. Students’ options include: 1) program withdrawal with request for readmission, or 2) continuation in the program sequence with possible extension of the education period, or 3) return to class or clinical with documentation from the student’s health care provider.

Clinical agencies reserve the right to determine if a student may practice in their facility while under a physician’s care.

Accommodation for Lactation or Breastfeeding
Illinois Central College will provide a readily available, private space suitable for the lactating or breastfeeding student use. It is the student’s responsibility to discuss this need with the Program Director, so that such space may be provided.

Physical Examination
A physical examination by a physician, or other health care professional as allowed by law, is required upon admission to the program. The following documents need to be submitted to Illinois Work Injury Resource Center (IWIRC) by the designated date:
1. Signed physical examination form and
2. Complete immunization record. Up to date immunizations or records need to include:
   - MMR (measles mumps, rubella)
   - Tetanus
   - Current 2-step TB test
   - Hepatitis B. (3-injection series)
   - Varicella immunity
Flu (seasonal)
The student will NOT be allowed to participate in clinical education until this requirement is met, unless a waiver for specific conditions is signed.

Readmitted students must have a completed physical examination form within the past two years including verification of immunization on file before attending clinical courses. It is the student's responsibility to review the immunization record to confirm immunization requirements are met.

Clinical Faculty Appointment

A. Clinical Instructor Selection Criteria
   • licensed as a PT or PTA.
   • have at least one year experience in clinical practice.
   • demonstrate an interest in providing clinical education to PTA students.
   • comply with the appropriate responsibilities as outlined in the “Clinical Instructor Roles and Responsibilities” section of this handbook.
   • complete a self-assessment using APTA document, Guidelines and Self-Assessment for Clinical Education on the program website:
     http://icc.edu/academics/catalog/health-careers/physical-therapist-assistant

B. Clinical Faculty Rights and Privileges
   The clinical faculty appointee shall:
   • have access to Illinois Central College Library with checkout privileges.
   • be invited to attend program and department multidisciplinary clinical education (CE) workshops.
   • For Illinois, be awarded continuing education units for supervising clinical education experiences per the State of Illinois Physical Therapy Practice Act: Up to 5 hours of CE credit may be obtained by being a clinical instructor for either PT or PTA students. Credit will be earned based on hours of cumulative student clinical instruction, with 1 hour of CE credit per 120 student hours. CE credit hours for clinical instruction will be awarded by the student’s academic institution.

An ICC CE certificate will be issued by the ACCE at the end of each academic year. It is the responsibility of the clinical instructor to maintain a record of CE hours awarded.
Roles and Responsibilities

Student

1. Prior to each clinical experience, the student must:
   a) Fill out a Health Careers Program Student Confidential Clinical Information sheet, which will be included with the clinical mailing packet. (Appendix D)
   b) Approximately one week prior to the start of the experience, contact the CI at the assigned clinical site via telephone to verify placement and to obtain information related to parking, transportation, and specific department policies and procedures.
   c) Complete online training for use of PTA CPI.
   d) Log on to CPI web (https://cpi2.amsapps.com) to verify personal information and access.
   e) Have reliable transportation to and from the clinical facility.
   f) Submit to Illinois Work Injury Resource Center (IWIRC) the following current information:
      1) Signed physical examination form
      2) Complete immunization records including:
         - MMR (measles mumps, rubella)
         - Tdap
         - Current TB test
         - Hepatitis B (3-injection series)
         - Varicella immunity
         - Flu (seasonal)

2. While at the clinic, the student will:
   a) Conduct self in a professional manner.
   b) Carry out assigned patient care interventions under the supervision of the CI.
   c) Be responsible for reviewing techniques and procedures of assigned interventions.
   d) Understand how the diagnosis, impairments, and treatment interventions relate to the treatment goals for the patient.
   e) Seek input from the CI as needed when difficulties arise during patient care interventions.
   f) Report unusual patient reactions to the CI immediately.
   g) Complete treatment documentation on each patient as directed.
   h) Complete assignments as listed in the clinical syllabus and/or as assigned by the ACCE and/or CI.
   i) Obtain informed consent from patient to allow student involvement in treatment.
   j) Notify CI of skills not yet covered or demonstrated in the classroom requiring direct supervision with the CI physically present and providing feedback.
   k) Contact CI and ACCE in the event of illness or if unable to attend the clinical experience for any reason.
   l) Contact the CI and ACCE in the event of any injury during the clinical experience.
Clinical Instructor

1. Prior to the clinical experience, the CI will:
   a) Complete online training for use of the PTA CPI.
   b) Log on to CPI web (https://cpi2.amsapps.com) to verify personal information and access.
   c) Review student information (Appendix D) and clinical course syllabi (Appendix G).
   d) Plan for student orientation to the clinical facility and staff, including departmental policies and procedures, and complete the orientation checklist. (Appendix E). If there is a facility-specific form, this may be used instead.
   e) Review and be familiar with the list of skills covered prior to the experience (Appendix C)

2. During the first week, the CI will:
   a) Provide student orientation to the facility and staff including departmental policies and procedures and emergency and safety protocols.
   b) Establish and discuss goals for the clinical experience based upon the course syllabus and the PTA CPI.
   c) Facilitate participation with patient care interventions as appropriate.
   d) Highlight specific precautions and safety measures utilized.

3. During the second and subsequent weeks, the CI will:
   a) Provide planned learning experiences for student participation in patient care.
   b) Demonstrate clinical competence and a willingness to share insights and rationale related to patient care.
   c) Serve as a role model for professional behaviors.
   d) Provide instruction and supervision to the student.
   e) Provide the student with honest constructive criticism of their performance.
   f) Give suggestions to the student for improving performance and monitor student response.
   g) Provide periodic assessment of the student’s progress toward established goals.
   h) Assign treatment tasks within the confines of the student’s academic knowledge and ability. For treatment interventions not yet covered or demonstrated in the classroom, students may participate with these activities under the direct supervision of their assigned CI or other appropriate personnel.
   i) Facilitate and supervise student performance of patient care treatment interventions.
   j) Obtain informed consent from patient to allow student involvement in treatment.
   k) Complete the Clinical Performance Instrument (CPI) at the midterm and final points of the experience and formally review with the student and sign.
   l) Contact the ACCE immediately if there are any questions or concerns regarding the student’s behavior, safety, or skills.
   m) Contact the ACCE with any questions or concerns with completing the CPI or assessing student performance.
Center Coordinator of Clinical Education
1. The clinical site will have a designated CCCE who is responsible for coordinating the assignments and activities of students at the clinical site. The CCCE identifies and selects PTs and PTAs who meet the criteria to serve as a CI for students.

2. The CCCE will:
   a) Provide ACCE with current Clinical Site Information Form (CSIF).
   b) Maintain communication with the ACCE, CI, and the assigned student during the clinical experience.
   c) Delegate the clinical supervision of students to qualified therapists.
   d) Serve as a resource for the CI for providing orientation, establishing goals, setting up learning experiences, and evaluating student performance.
   e) Provide direct feedback to CIs on their performance as clinical instructors.
   f) Participate with the ACCE in developing, implementing, and evaluating clinical faculty development.

Academic Coordinator of Clinical Education
1. The ACCE is responsible for developing and coordinating the clinical education component of the program. In conjunction with the CCCE, the ACCE ensures that CIs are prepared and qualified to supervise students. The ACCE is responsible for communication and scheduling and works directly with program faculty, the Program Director, clinical instructors, and students to arrange for learning experiences that will help the student to develop clinical skills.

2. The ACCE maintains a current signed Clinical Agency Agreement on file for each clinical facility prior to student assignment to that facility.

3. The ACCE ensures that required Medical, CPR, Criminal Background Investigation/ Fingerprint Background Check, 11-panel drug screen, and education on HIPAA and Infectious Diseases/Blood Borne Pathogens are completed prior to clinical experiences.

4. Other specific responsibilities include:
   a) Maintain clinical education files including CSIF.
   b) Provide updated clinical handbook to CCCE/CI annually.
   c) Schedule individual clinical assignments.
   d) Mail clinical materials to the clinical site for each specific student.
   e) Facilitate training for use of PTA Clinical Performance Instrument (PTA CPI).
   f) Perform or delegate to program faculty regular site visits or telephone interviews with each clinical site that has a student.
   g) Assist with problem-solving strategies while students are participating in clinical experiences.
   h) Monitor performance level of students throughout and at the conclusion of all clinical experiences.
   i) Assign final clinical grade based upon CPI, completion of clinical assignments, and completion of required clinical hours.
   j) Provide direct feedback to the CIs and indirect feedback through communication with the CCCE on their performance as clinical instructors. This feedback is based on communication between the ACCE and the CCCE, as well as discussion with the student and the content of the student course evaluation.
   k) Develop, implement, and evaluate clinical faculty development activities.
Clinical Faculty Evaluation and Development

One goal of ICC's PTA Program is to develop and/or enhance the teaching skills of clinical faculty to facilitate achievement of clinical education objectives and improve effectiveness of clinical faculty. Activities are based on the needs of the program and or clinical faculty.

Guidelines:

1. The CCCE of the clinical facility is responsible for providing ongoing direct feedback to CIs on their performance as clinical instructors. This feedback is to be based on direct observation of the CI and student interaction, as well as discussions between the CCCE and the student.

2. The ACCE is responsible for providing direct feedback to the CIs and indirect feedback through communication with the CCCE on their performance as clinical instructors. This feedback is based on communication between the ACCE and the CCCE, as well as discussion with the student and the content of the student evaluations.

3. The CCCE is responsible for identifying needs for continuing education of the clinical faculty and communication of such needs to the ACCE.

4. The ACCE and program faculty identify clinical faculty development needs through a variety of sources including direct student feedback, course evaluations, during clinical visits or telephone contact, and through clinical surveys and in-service feedback.

   A. Education of clinical faculty is an ongoing process with needs determined by various means:

      1. The Clinical Faculty Development Survey is completed annually by clinical faculty. Results are compiled and evaluated by the ACCE and Program Director for possible topics for future clinical faculty development activities.

      2. Evaluation of Clinical Education Experience

         a. After each clinical education experience, students provide feedback on the experience with the Evaluation of Clinical Education Experience (Appendix F). The ACCE will share information with the CCCE or CI, as appropriate.

         b. Results are tallied and evaluated for common themes which are further discussed for possible topics for future clinical faculty development activities.

      3. Clinical Visits

         During clinical visits, which typically occur around the midterm of the experience, faculty inquire:

         a. From the student, includes but not limited to: how the clinical teaching by the CI is going, any areas of concerns, level and quality of clinical supervision.

         b. From the CI, includes but not limited to: how they are planning student learning experiences, questions related to student supervision, how and when to reach the ACCE, and evaluating student performance.

         c. Communication is documented on the Clinical Visit Record form and maintained in the student's program file.

         d. Upon discussion of midterm clinical visits, the ACCE and Program Director discuss issues or concerns, common themes, and possible topics for future clinical faculty development activities. As appropriate, the ACCE may also provide individualized teaching activities with the CI.

      4. Program surveys also provide information about clinical teaching and clinical faculty development needs. These surveys include but are not limited to: graduate surveys, program resource surveys, and the evaluation of clinical experience forms completed after each rotation.
5. As program faculty interact with students and clinical faculty, informal comments from students, CCCEs, and CIs are also a source of information for potential clinical faculty development needs. These comments are shared with the ACCE and program faculty for further discussion.

B. Clinical faculty development occurs throughout the year:

1. Informally, activities are scheduled as a need arises. For example, if a CI is having difficulty with the clinical evaluation tool, the ACCE will schedule time to work with the CI on their specific issue. Any training is documented and maintained by the ACCE.

2. Formally, clinical faculty development is offered through various workshops and/or continuing education. The program hosts an annual Clinical Instructor Workshop for program clinical faculty, which typically occurs during the fall semester.

3. Feedback is obtained following any workshop with comments and trends evaluated, along with any pre- and post-workshop assessment (i.e. pre-test and post-test).

Program Complaint Procedure

The PTA Program welcomes comments, suggestions, ideas, and constructive criticism as part of continuous and systematic program evaluation and improvement. Any complaint or concern about the PTA Program or one of its policies, faculty, staff, or students is requested to be in writing. Student complaints outside the scope of the PTA program must be addressed through the grievance procedure as outlined in the ICC Student Rights and Responsibilities Handbook. As appropriate, the complaint/concern will be delivered to the Program Director or the Dean of Health Careers for timely follow-up.

If the nature of the concern falls into the possibility of a formal complaint to the program's accrediting body, contact the Commission for Accreditation in Physical Therapy Education (CAPTE) to discuss the nature of the complaint and to determine what procedures should be taken. CAPTE can be reached by phone at (703) 684-2782, email at accreditation@apta.org, or by fax (703) 684-7343.

Complaints/concerns about a particular individual (faculty, staff, or student) should be addressed with that individual first. If the person with the complaint feels the situation remains unresolved, that person should meet with their advisor or Program Director and submit a written statement of their concern. If further action is necessary, the complaint/concern will be taken to the Dean of Health Careers for further review and follow-up.

A. Students

The PTA program will follow the Formal Student Grievance Policy outlined in the ICC Student Rights and Responsibilities Handbook and in the ICC College Catalog. Students who feel they have a legitimate complaint concerning an issue not covered by the College Grievance Policy may appeal to the Program Director, or the ACCE if the issue is related to clinical education. If a satisfactory solution to the problem cannot be reached, the following procedure will be used:

Procedure:
1. The student should take their complaint to the Program Director, Dean of Health Careers, Vice President of Student Success, and finally Vice President for Academic Affairs, in that order.

2. The Program Director will request written documentation of each concern before further action is taken. It is the student's responsibility to provide the requesting party with written verification of their concern.

3. Records of complaints and any action taken will be retained in electronic and/or hard copy by the PTA Program Director and maintained in the PTA Program Director’s office for one year after resolution.
B. Clinical Site

Clinical Faculty:
Individuals (such as clinical instructors and center coordinator) who feel they have a grievance concerning a student should first attempt to address the concern with the student. If the situation remains unresolved, the following procedure will be followed:

Procedure:
1. The clinical instructor (CI) should consult with the facility’s Center Coordinator of Clinical Education (CCCE) to discuss the nature of the issue and action taken to resolve the issue. If the CCCE is not available, the CI should contact the program ACCE.
2. If a satisfactory solution cannot be reached, the complaint should be taken to the Program Director, Dean of Health Careers, Vice President of Student Success, and finally Vice President for Academic Affairs, in that order.
3. If the clinical faculty has a grievance specific to the PTA Program, they should first address the concern with the ACCE and then with the Program Director. If further discussion is needed, the Dean of Health Careers will be contacted.
4. Records of complaints and any action taken will be retained in electronic and/or hard copy by the PTA Program Director and maintained in the PTA Program Director’s office for one year after resolution.

Other Persons:
Individuals (such as patients, staff, or other facility personnel) who feel they have a grievance concerning a student should first attempt to address the concern with the student. If the situation remains unresolved, the following procedure will be followed:
1. The student’s CI or CCCE should be contacted to discuss the nature of the issue and action taken to resolve the issue.
2. If a satisfactory solution cannot be reached, the complaint should be taken to the ACCE and/or Program Director to discuss the complaint and determine an action plan.
3. As indicated, the complaint will be taken to the Dean of Health Careers, Vice President of Student Success, and finally Vice President for Academic Affairs, in that order, for a resolution.

C. Community

Individuals (such as employers of graduates and the general public) in the community who do not have a formal affiliation with ICC or the PTA program are welcome to provide comments. Feedback can be provided directly to the College with the link available on bottom of the College website: Info@ICC.edu. The following procedures will be used for investigation and resolution:

Procedure:
1. The complaint will be forwarded to the PTA Program Director, who will assess the complaint and attempt to resolve the issue to the satisfaction of the person/organization. The Dean of Health Careers will also be notified of the complaint.
2. In the event of unsatisfactory resolution, the complaint will be taken to the following individuals in this sequence:
   a. Dean of Health Careers
   b. Vice President of Student Success and/or Vice President of Academic Affairs
3. Any and all outside complaints will be reported to the Dean of Health Careers by the PTA Program Director and documented.
4. Records of complaints and any action taken will be retained in electronic and/or hard copy by the PTA Program Director and maintained in the PTA Program Director’s office for one year after resolution.
APPENDICES
# Recommended Course Sequence

## Year 1

### Summer 1

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<tr>
<th>Course</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>BIOL 140</td>
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</tr>
<tr>
<td>(or BIOL 205 and 206)</td>
<td></td>
</tr>
<tr>
<td>HLTH 121</td>
<td>2</td>
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<tr>
<td><strong>Total</strong></td>
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### Fall 1

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<th>Course</th>
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<tbody>
<tr>
<td>ENGL 110</td>
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<tr>
<td>PHTA 111</td>
<td>5.5</td>
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<td>PHTA 116</td>
<td>5</td>
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<tr>
<td>HEOCC 200</td>
<td>3</td>
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### Spring 1

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<tr>
<td>COMM 110 or 113</td>
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</tr>
<tr>
<td>PHTA 112</td>
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<tr>
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Total first year: **37.5**
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### Summer 2

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<td>PHTA 218</td>
<td>6</td>
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<tr>
<td>PHTA 230</td>
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### Spring 2

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<td>Humanities</td>
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Total second year: 32.5-33.5

Program Total: 70-71
General Education CH: 27-28
Technical Courses CH: 43-44
## PTA Program Curriculum Layout

### Fall 1

- **PHTA 111**: Lecture M/Th 8:00-9:15, Lab M/Th: 9:30-1:20
- **PHTA 116**: Lecture TW 8-8:50, Lab TW: 9:00-11:50

### Schedule

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<td>8:00-8:50</td>
<td>8:00-9:15</td>
<td>8:00-9:15</td>
</tr>
<tr>
<td>Lecture</td>
<td>PHTA 111</td>
<td>PHTA 116</td>
<td>PHTA 116</td>
<td>PHTA 111</td>
<td>PHTA 116</td>
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<tr>
<td>Lab</td>
<td>PHTA 111</td>
<td>PHTA 116</td>
<td>PHTA 116</td>
<td>PHTA 111</td>
<td>PHTA 116</td>
</tr>
</tbody>
</table>

Lab access in practice room, B118
### Spring 1

**15-week semester; clinical: extended semester**

<table>
<thead>
<tr>
<th>Course</th>
<th>Lecture</th>
<th>Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHTA 112</td>
<td>Lecture: TThF; Lab: ThTh</td>
<td>In-person meeting sessions to be announced at the start of the course.</td>
</tr>
<tr>
<td>PHTA 118</td>
<td>Lecture 9:00-9:15</td>
<td>Lab 9:30-1:20</td>
</tr>
<tr>
<td>PHTA 130</td>
<td>Lecture 8:00-9:15</td>
<td>Lab 9:30-1:20</td>
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**8:00** | **8:50** | **9:00** | **9:50** | **10:00** | **10:50** | **11:00** | **11:50** | **12:00** | **12:50** | **1:00** | **1:50** | **2:00** | **2:50** | **3:00** | **3:50** | **4:00** | **4:15** | **5:00** | **6:45** |
|----------|---------------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|

**MONDAY**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**

**FRIDAY**

**Appendix B**
<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tbody>
<tr>
<td>8:00</td>
<td><strong>PHTA 216</strong> Lecture 8:00-8:50</td>
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<td><strong>PHTA 216</strong> Lecture 8:00-8:50</td>
<td><strong>PHTA 216</strong> Lecture 8:00-8:50</td>
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<td><strong>PHTA 216</strong> Lab 9:00-12:50</td>
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</table>
### Fall 2

10 week didactic 6 week clinical, full-time
PHTA 218 MTTh lecture: 12:00-1:50 Lab: 2:00-4:50
PHTA 230: last 6 weeks and includes week of Thanksgiving

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<th>9:00</th>
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<th>11:00</th>
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<td>Lab access in practice room, B118</td>
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<td>Lecture 12:00-1:50</td>
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<td><strong>THURSDAY</strong></td>
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### Spring 2

- **Didactic**
  - **PHTA 220** MTTh
  - **PHTA 222** TTh
  - **PHTA 232**

- **Clinical**
  - 6 week full-time clinical

**Courses**

- **PHTA 220**
  - Lecture: 12:00-1:50
  - Lab: 2:00-4:50; finals the week following break

- **PHTA 222**
  - Lecture: 9:30-11:15 (hybrid)
  - Hybrid course: days/dates to be announced at the start of the course.

**Schedule**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Lab access in practice room, B118</td>
<td>PHTA 222 Lecture 9:30-11:15</td>
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<td>PHTA 222 Lecture 9:30-11:15</td>
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</table>

**Notes**

- Appendix B

Prior to Clinical 1 (PHTA 130), the following didactic topics have been covered and students have been tested to competency (either through skills checklist or practical exam) on the following:

<table>
<thead>
<tr>
<th>Year 1, Fall Semester</th>
<th>Topics</th>
<th>Skills Tested to Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PHTA 111</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Principles and techniques of:</td>
<td></td>
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<tr>
<td></td>
<td>asepsis, sterile technique, infectious diseases, and blood borne pathogens</td>
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<td></td>
<td>Vital signs:</td>
<td></td>
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<tr>
<td></td>
<td>BP, Pulse, respiration</td>
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<td></td>
<td>Anthropometric system:</td>
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<tr>
<td></td>
<td>height, weight, BMI, etc.</td>
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<tr>
<td></td>
<td>Pain rating and scales</td>
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<td></td>
<td>Body mechanics</td>
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<tr>
<td></td>
<td>Positioning and draping techniques</td>
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<td></td>
<td>Wheelchairs Management:</td>
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<td></td>
<td>Operating, seating (basic), etc.</td>
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<td></td>
<td>Transfer techniques</td>
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<tr>
<td></td>
<td>Gait and Assistive Devices</td>
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<tr>
<td></td>
<td>Therapeutic heat and cold</td>
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<tr>
<td></td>
<td>Theory and application of physical agents</td>
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<td></td>
<td>Principles and application of massage and manual techniques</td>
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<td></td>
<td>Hydrotherapy</td>
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<td>Bariatric Rehabilitation</td>
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<td>Communication Skills</td>
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Appendix C

29
### Year 1, Fall Semester

<table>
<thead>
<tr>
<th><strong>PHTA 116</strong></th>
<th><strong>Topics</strong></th>
<th><strong>Skills Tested to Competency</strong></th>
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</thead>
<tbody>
<tr>
<td><em>Structural characteristics, functions, and components of the following:</em></td>
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<tr>
<td>a. Skeletal system</td>
<td>UE Bony Prominence</td>
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<tr>
<td>b. Articular system</td>
<td>and Muscle Palpation</td>
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<tr>
<td>c. Muscular system</td>
<td>LE Bony Prominence</td>
<td></td>
</tr>
<tr>
<td>d. Nervous system</td>
<td>and Muscle Palpation</td>
<td></td>
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<tr>
<td>e. Integumentary system</td>
<td>Spine Bony Prominence</td>
<td></td>
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<tr>
<td>Laboratory application of:</td>
<td>and Muscle Palpation</td>
<td></td>
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<tr>
<td>locations, actions, palpations, and functions of the elements of the musculoskeletal system.</td>
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<tr>
<td>Structures, components, and functions of the central and peripheral nervous system:</td>
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<tr>
<td>a. Principles of voluntary and reflex movement</td>
<td>Passive ROM:</td>
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<tr>
<td>b. Concepts of central nervous system control of muscle action</td>
<td>Extremity and Cervical Spine</td>
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### Year 1, Spring Semester

<table>
<thead>
<tr>
<th><strong>PHTA 112</strong></th>
<th><strong>Topics</strong></th>
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<tbody>
<tr>
<td>Introduction to patient education and learning styles</td>
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<tr>
<td>History of the physical therapy profession</td>
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<td>The role of the American Physical Therapy Association</td>
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<td>Types of physical therapy personnel</td>
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<td>Legal and ethical issues in physical therapy</td>
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<tr>
<td>Patient-centered interprofessional collaboration</td>
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<td>Patient-focused communication</td>
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<td>Culture diversity and related issues</td>
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<tr>
<td>Consumer and professional literature and introduction to evidence-based practice</td>
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<tr>
<td>Introduction to health care reimbursement</td>
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<tr>
<td>Patient advocacy and community service</td>
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<tr>
<td>Patient-care documentation</td>
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<tr>
<td>Topics</td>
<td>Skills Tested to Competency</td>
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<tr>
<td>PHTA 118 Orthopedic and arthritic conditions</td>
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<tr>
<td>a. Pathologies</td>
<td>LE/UE Special Tests</td>
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<td>b. Physical therapy interventions</td>
<td>Flexibility Assessment</td>
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<tr>
<td>c. Common surgeries</td>
<td>Isotonic/Isometric Exercises</td>
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<tr>
<td>Therapeutic activities</td>
<td>Concentric/Eccentric Exercises</td>
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<tr>
<td>a. Range of motion exercises</td>
<td>Open/Closed Chain Exercises</td>
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<tr>
<td>b. Principles of osteokinematics and</td>
<td>Resistive Exercises and techniques</td>
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<tr>
<td>arthrokinematics</td>
<td>Posture Analysis and Common Interventions</td>
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<tr>
<td>Therapeutic exercise</td>
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<tr>
<td>a. Active exercises</td>
<td>LE/UE Goniometry</td>
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<tr>
<td>b. Strengthening exercises</td>
<td>Neck and Trunk Goniometry</td>
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<tr>
<td>c. Stretching exercises</td>
<td>LE/UE MMT</td>
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<tr>
<td>d. Concepts of eccentric and concentric</td>
<td>Neck and Trunk MMT</td>
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<tr>
<td>exercises</td>
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<tr>
<td>Postural: analysis and interventions</td>
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<tr>
<td>Goniometry Measurements</td>
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<tr>
<td>a. extremity</td>
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<tr>
<td>b. spine/trunk</td>
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<tr>
<td>Manual muscle testing</td>
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<tr>
<td>a. extremity</td>
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<tr>
<td>b. spine/trunk</td>
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<tr>
<td>Peripheral Joint Mobilizations</td>
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<tr>
<td>(didactic: all; Lab: focus on Grade 1 and 2</td>
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<tr>
<td>Mechanical traction: cervical and lumbar</td>
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<td>Sacroiliac dysfunction and introduction to</td>
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<td>muscle energy techniques</td>
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<td>Patient-care documentation related to</td>
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<tr>
<td>orthopedic conditions</td>
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<td></td>
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<tr>
<td>Other topics:</td>
<td></td>
<td></td>
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<tr>
<td>a. Hand conditions</td>
<td></td>
<td></td>
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<tr>
<td>b. Sport-medicine (introduction)</td>
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<tr>
<td>interventions for orthopedic conditions</td>
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<td>c. Taping</td>
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<tr>
<td>d. Common orthopedic tests completed by</td>
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<tr>
<td>the physical therapist</td>
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<tr>
<td>e. Fractures</td>
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<td>f. Soft tissue injuries</td>
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<td>g. Temporomandibular Joint Dysfunction</td>
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<tr>
<td>h. Complex Regional Pain Syndrome</td>
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<td>i. Thoracic Outlet Syndrome</td>
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<tr>
<td>Other</td>
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<tr>
<td>Communication skills</td>
<td></td>
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<tr>
<td>Patient education</td>
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</tbody>
</table>
Clinical 2  
Didactic Topics and Skills Covered

Prior to Clinical 2 (PHTA 230), the following didactic topics have been covered and students have been tested to competency (either through skills checklist or practical exam) on the following:

### Year 2, Summer Semester

<table>
<thead>
<tr>
<th>Topics</th>
<th>Skills Tested to Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHTA 216</td>
<td></td>
</tr>
<tr>
<td>Thermal Ultrasound</td>
<td>Ultrasound</td>
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<tr>
<td>Athermal: Pulsed Ultrasound</td>
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<tr>
<td>Short-wave Diathermy</td>
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<tr>
<td>Basics of electricity and electrical safety</td>
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<tr>
<td>Transcutaneous Electrical Nerve Stimulation</td>
<td>Transcutaneous electrical nerve stimulation</td>
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<tr>
<td>High voltage galvanic stimulation</td>
<td>High voltage galvanic stimulation</td>
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<tr>
<td>E-stim for muscle reeducation: innervated and denervated (NMES, Russian Stimulation)</td>
<td>E-stim for muscle reeducation</td>
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<tr>
<td>Interferential current</td>
<td>Interferential Current</td>
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<tr>
<td>Micorcurrent</td>
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<td>Biofeedback</td>
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<tr>
<td>Pain theories</td>
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<tr>
<td>Peripheral nerve injuries and pathologies</td>
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<tr>
<td>Iontophoresis/Hybresis</td>
<td>Iontophoresis</td>
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<tr>
<td>Laser therapy</td>
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### Year 2, Fall Semester

<table>
<thead>
<tr>
<th>Topics</th>
<th>Skills Tested to Competency</th>
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<tbody>
<tr>
<td>PHTA 218</td>
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<tr>
<td>Normal Motor Development</td>
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<tr>
<td>Motor Control and Learning (Introduction)</td>
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<tr>
<td>Developmental Reflexes</td>
<td>Developmental Reflexes</td>
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<tr>
<td>Dermatomes</td>
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<td>Myotomes</td>
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<tr>
<td>Neurological Testing</td>
<td>Sense assessment</td>
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<tr>
<td>Superficial and deep sensation</td>
<td>Common DTR</td>
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<tr>
<td>Deep Tendon Reflexes Testing (DTR)</td>
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<tr>
<td>Neuro muscular tone</td>
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<tr>
<td>Assessment related to integumentary integrity</td>
<td>Skin integrity and skin checks</td>
</tr>
<tr>
<td>PNF</td>
<td>Proprioceptive Neuromuscular Facilitation [PNF] (Diagonals and Techniques)</td>
</tr>
</tbody>
</table>
Topics
Facilitatory and Inhibitory Techniques
Neurological conditions including:
1. spinal cord injury
2. stroke
3. Traumatic brain injury
4. Multiple Sclerosis
5. Parkinson’s disease
6. Transverse myelitis
7. Emergency action: such as autonomic dysreflexia

Pediatric conditions:
1. Cerebral Palsy
2. Spina Bifida
3. Duchenne’s Muscular Dystrophy
4. Juvenile RA
5. Developmental delay and toe walkers
6. Fetal Alcohol Syndrome

Lower extremity and spine orthotics
Balance and common balance tests
Fall Risk and Prevention
Vestibular Rehabilitation
Coordination Assessment and Interventions
Normal and Pathological Gait

Skills Tested to Competency
Facilitatory and Inhibitory Techniques
Therapy interventions as related to neurological conditions (gait, transfers, etc.)

Interventions for common pediatric diagnoses (exercises, education, etc.)

Don/Doff of AFO and TLSO
Common balance tests: Berg, Tinetti, etc.
Fall risk assessment and related therapy interventions

Coordination issues: interventions
Principles of normal gait, abnormal gait and related therapy interventions

Other:
Vital Signs
Patient Education
Communication
Prior to Clinical 3 (PHTA 232), the following didactic topics have been covered and students have been tested to competency (either through skills checklist or practical exam) on the following:

### Year 2, Spring Semester

<table>
<thead>
<tr>
<th>Topics</th>
<th>Skills Tested to Competency</th>
</tr>
</thead>
</table>
| **PHTA 222** | Reimbursement for PT services  
Administrative responsibilities of the physical therapist assistant  
Continuous quality improvement in physical therapy  
Employment preparation  
Ethical and legal issues related to physical therapy  
Patient advocacy and Community Service  
Interaction with other health care disciplines  
Preparation for licensure examination  
Laws related to the provision of physical therapy services  
a. Physical Therapy Practice Act  
b. American Disability Act  
Evidence-based practice and research  
Homan’s sign, blanching (nail bed test) |
| **PHTA 220** | Peripheral vascular diseases  
a. thrombophlebitis  
b. varicose veins  
c. arteriosclerotic disease  
d. thromboangiitis obliterans  
e. Raynaud's disease  
f. Homan’s sign  
g. intermittent claudication and rest pain  
h. related conditions  
i. emergency responses  
Endocrine system conditions  
Diabetes  
Hypo vs. hyperglycemia  
Safety measures related to diabetes  
Lymphedema  
Lower Extremity  
Amputation and prosthetics  
Cardiac conditions  
LE: Prosthetic Education  
LE: Below knee amputee limb wrapping  
Cardiopulmonary assessment with calculation of: maximum and target heart rate (and percentage) respiration rate |
Topics
Pulmonary conditions

Skills Tested to Competency
Breathing exercises
Rate of Perceived Exertion (Borg and Modified Borg Scales
Airway clearance: postural drainage (intro), cough techniques

Cognition, arousal, & mentation assessment
Changes on each system as related to normal aging

Review of infection control, removal, disposal and application of a new sterile dressing

Other:
Vital Signs
Communication
Documentation

Secretion Removal:
a. Postural Drainage
b. Cough

Normal aging process
Changes – normal aging and older adults

Urinary system
Aquatic therapy
Wound care

Integumentary system
Oncology
Burns
Pregnancy
Common (simple) conditions related to men and women’s health
ILLINOIS CENTRAL COLLEGE
HEALTH CAREER PROGRAM STUDENT
CONFIDENTIAL CLINICAL INFORMATION

Illinois Central College, Freshman / Sophomore, Physical Therapist Assistant Program student,
(Circle one) ______________________________________ has successfully completed the following:

- Infection Control and Blood Borne Pathogens orientation
- Basic Life Support for Health Care Providers (CPR) certification.

In adherence to CDC/OSHA recognized guidelines, it is the policy of Illinois Central College that all enrolled Health Career students will comply with physical, immunization, and tuberculosis requirements as listed:

- Physical examination & health history
- Drug screen: 11 channel
- Uniform Conviction Information Act (UCIA) criminal background check
- Latex allergy/sensitivity screen
- Vaccines or proof of immunity, including: Hepatitis B, MMR, Tdap, Varicella
- 2-step Tuberculosis (TB) test
- Seasonal flu vaccine when applicable, or waiver

The College provides professional liability insurance coverage for students, during clinical hours. Students verify, by signed waiver, possession of major medical insurance or acceptance of responsibility for incurred medical care and/or treatment costs.

Illinois Central College Health Career student health information is maintained at IWIRC:
Illinois Work Injury Resource Center
736 SW Washington St. (Wash. & State) Peoria, Illinois
Phone: (309) 497-0300 Fax: (309) 497-0922

Upon facility request, information will be sent to facility.

Contact information, should student need to be reached prior to, or during, clinical experience:

Dates of clinical experience: ____________________________________________

Printed Name: ___________________________________ Signature: ______________________________

Address: __________________________________________________________ City: ___________________ ZIP: ________

Phone: __________________________ Email: ____________________________

For further information, please contact Illinois Central College, Health Careers, at (309) 690-7530, or:

Academic Coordinator of Clinical Education: Alice Gold-Pearce
Phone: (309) 690-7552 Email: agoldpearce@icc.edu
Please use the following checklist when providing the ICC PTA student with an orientation to your facility. **The student is to return this list by midterm when faxing midterm comments.**

**Introduction to Personnel**
- Clinical Instructor (CI)
- Center Coordinator of Clinical Education (CCCE)
- Physical Therapy or Rehab Department Manager
- Physical Therapy Department staff/support personnel
- Other members of the rehab team

**Orientation of Policies and Procedures**
- Safety and emergency procedures
- Infection control procedures
- Procedures for billing and documentation
- Procedures for patient discharge
- Procedures for ordering of equipment
- Policy related to Patient Privacy and Confidentiality

**Orientation for Delivery of Care**
- Patient services provided
- Treatment areas
- Equipment /supplies
- Cleaning procedures

**Establish CI/student PTA Relationship**
- Review written student expectation/goals
- Review student’s previous clinical and life experience
- Review student’s preferred learning style(s)
- CI expectations for clinical made clear
- Establish mechanism for communication
- Establish frequency of communication

**Other Topics Discussed**

---

Signature of CI/Date

Signature of Student/Date
ILLINOIS CENTRAL COLLEGE  
PTA PROGRAM  
STUDENT EVALUATION OF CLINICAL EDUCATION EXPERIENCE

Student Name: ____________________________________________________________

Facility Name: __________________________________________________________

Clinical Instructor Name: ________________________________  Check if:  PT ______  PTA ______

Date Completed: ________________________________

For these three sections, use the following scale and circle the appropriate number:

4 = Strongly Agree;  3 = Agree;  2 = Disagree;  1 = Strongly Disagree

<table>
<thead>
<tr>
<th>About your clinical instructor (CI):</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>4 3 2 1</td>
<td>1. Knew what was expected of me for this experience (e.g., student education level, objectives of experience, appropriate patient interventions, etc.).</td>
<td></td>
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<tr>
<td>4 3 2 1</td>
<td>2. Provided timely and constructive feedback regarding my clinical performance.</td>
<td></td>
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<tr>
<td>4 3 2 1</td>
<td>3. Was effective with clinical teaching skills.</td>
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<tr>
<td>4 3 2 1</td>
<td>4. Explained new or unfamiliar procedures not yet covered in class.</td>
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<tr>
<td>4 3 2 1</td>
<td>5. Modeled appropriate professional behaviors.</td>
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<tr>
<td>4 3 2 1</td>
<td>6. Was open to communication and receptive to my ideas.</td>
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<tr>
<td>4 3 2 1</td>
<td>7. Encouraged problem solving to challenge and motivated me to learn.</td>
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<tr>
<td>4 3 2 1</td>
<td>8. I recommend this clinical instructor continue in the clinical teaching role.</td>
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<tr>
<td>4 3 2 1</td>
<td>9. Level of supervision provided by CI was appropriate and allowed for effective learning.</td>
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<table>
<thead>
<tr>
<th>About Program Faculty/ACCE:</th>
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<tbody>
<tr>
<td>4 3 2 1</td>
<td>10. Communicates clearly and in a timely manner to address student and CI needs.</td>
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<tr>
<td>4 3 2 1</td>
<td>11. Responds to matters associated with clinical education in a timely manner.</td>
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<tr>
<td>4 3 2 1</td>
<td>12. Uses site visits or phone calls to obtain feedback about student performance during the experience, CI needs, or other issues.</td>
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</table>

<table>
<thead>
<tr>
<th>About your clinical experience:</th>
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</thead>
<tbody>
<tr>
<td>4 3 2 1</td>
<td>13. I had opportunity(ies) to speak with the physical therapist for patient-care activities.</td>
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<tr>
<td>4 3 2 1</td>
<td>14. I had a variety of patient diagnoses and learning opportunities (appropriate for my educational level) for effective learning.</td>
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<tr>
<td>4 3 2 1</td>
<td>15. Staff was supportive and helpful.</td>
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<tr>
<td>4 3 2 1</td>
<td>16. Orientation to facility covered the facility policies and procedures.</td>
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<tr>
<td>4 3 2 1</td>
<td>17. I would recommend this facility to other students.</td>
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<tr>
<td>4 3 2 1</td>
<td>18. This clinical was sequenced appropriately in the curriculum for effective learning.</td>
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<tr>
<td>4 3 2 1</td>
<td>19. This clinical was of appropriate length and duration for effective learning.</td>
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</table>

CONTINUE NEXT PAGE
Answer the following questions about your CE and experience:

20. List 2-3 ways in which your clinical instructor was MOST effective.

21. List 2-3 ways in which your clinical instructor could improve clinical teaching (i.e., needs more information about blank, etc.). If no areas, you can indicate “none.”

22. List other learning experiences you participated in during this experience (i.e., observed surgery).
INSTRUCTOR INFORMATION

Instructor: Alice Gold-Pearce  
Telephone: (309) 690-7552  
Email: agoldpearce@icc.edu

Office Hours: Posted on course blackboard site; others by appointment

CLASS INFORMATION

Course Description:
This course includes an introduction to the clinical setting under direct personal supervision by qualified clinical instructors. Students will participate in and observe a variety of patient care interventions used in a physical therapy practice setting.

Credits: 1.5 semester hour

Course Format: 8 clinical hours/week and .5 lecture hours per week equivalent

Contact Hours: 120 clinical hours 8 lecture hours

Teaching Methods:
Supervised physical therapy interventions in a clinical setting

Course Prerequisites:
PHTA 118 with “C” grade or better

Textbook:
None

Additional Materials of Instruction:
1. Course management system

Student Assessment:

Methods of Assessment of Student Learning:
1. Online journal participation
2. Patient treatment plans
3. Patient care documentation
4. Self-assessment of clinical skills

Evaluation of Student Achievement:
1. The program Academic Coordinator of Clinical Education (ACCE) makes the final grade determination for all clinical education experiences.
2. Program faculty will have communication with the student and clinical instructor (CI) through email correspondence, telephone contact or

4. Both the CI and the student will complete the PTA CPI final at the end of the clinical rotation. The student should notify the ACCE at time of evaluation if the student is in disagreement with or there are significant discrepancies with the final CPI ratings.

5. For the student to progress in the program, a satisfactory or passing grade of a "C" (75% of total points) or better must be earned in this course. In order to receive a passing grade, the student must complete the following:
   a. PTA Clinical Performance Instrument
   b. Submit all clinical assignments by established dates
   c. Required number of clinical education hours (120 hours)
   d. Meet all course-learning outcomes

The course grade will be based upon the following percentages of points:
1. Submission of required assignments and forms (30% course grade)
2. Clinical Performance Instruments ratings (70% course grade.)

Grading Scale:
A = 93-100%
B = 84-92%
C = 75-83%
D = 66-74%
F = 0-65%

1. Clinical Performance Instrument Performance Criteria Information:
   a. The 14 performance criteria on the CPI describe the essential aspects of clinical work of an entry-level PTA.
   b. Performance criteria items #1-6 are related to behavioral expectations; items #7-13 address patient interventions; item #14 addresses resource management.
   c. Red-flag items have a flag symbol to the left of the performance criterion. The five “red-flag” items (numbered 1, 2, 3, 5, and 7) are considered foundational elements in clinical work. Students may progress more rapidly in the “red-flag” areas than in other performance criteria.
   d. A significant concern related to a “red-flag” performance criterion item warrants immediate attention, more expansive documentation, and a telephone call to the program ACCE. Actions taken to address these concerns may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical education experience.

2. On the PTA CPI, the following minimum thresholds must be met by the end of the course to pass the course and progress in the program:
   a. Each CPI Performance Criteria (14) will be worth 1 point. In order to pass the course, the student must meet the threshold for Performance Criteria #1,2,3 and 5 and receive no less than 11/14 on the Final CPI.
   b. Performance Criteria #1 (safety), #2 (clinical behavior), #3 (accountability) and #5 (communication) MUST achieve a rating at or near the Intermediate Performance anchor by final evaluation to pass the course and progress in the program. Students who do not meet these criteria will receive 9/14 on the CPI component of the course grade.
c. Satisfactory performance for Performance Criteria #4 and #6-14 is a rating at or near the Advanced Beginner anchor by final evaluation. Students who fall below satisfactory performance on more than three of these performance criteria will receive a 9/14 on the CPI and not pass the course and will not progress in the program.

d. All Performance Criteria will be assessed via the CPI rating scale, narrative and summative comments on both Clinical Performance Instruments (instructor and student self-assessment). A grade will be determined by the ACCE based upon predetermined satisfactory expectations of all required assignments and clinical objectives.

Failure to submit to the ACCE or program faculty all required materials by the due date will result in 0 grade for the assignment or form, unless extenuating circumstances prevail.

If the student fails the clinical experience, the student may be given an option to repeat the experience. However, it must be repeated at a new clinical site and may occur after the semester ends. The student must have a grade of “C” or better in order to pass the repeat experience, pass the course, and to progress in the program. If the student fails the second clinical experience, an additional repeat option is not permitted and the student will be dismissed from the program.

Institutional Learning Outcomes (referenced with each course learning outcome)

Communication
have the ability to transfer information, concepts, emotions to an audience through written, oral, symbolic, aesthetic, and/or nonverbal communication methods that successfully align with their purpose.

Reasoning
identify and solve problems, analyze new information, synthesize and evaluate ideas, and transform ideas into a course of action by using critical, creative, and/or analytical skills.

Responsibility
understand the implications of choices and actions, demonstrate appropriate behaviors in academic/professional contexts, and contribute constructively within the context of community.

Course Learning Outcomes:

By the end of the course, the student will be able to:

1. develop proficiency in the safe application of simple physical therapy interventions with 75-100% supervision from clinical instructor. (Performance Criteria (PC) # 8-12 from Clinical Performance Instrument (CPI)) (Reasoning)

2. demonstrate expected clinical behaviors in a professional manner with 50-75% input from clinical instructor: (PC #2 from CPI) (Responsibility)
   a. display respect for patient, family, therapy staff, and other personnel without bias of sex, race, or other affiliation.
   b. maintains patient confidentiality and privacy.
   c. demonstrate skills and attitudes necessary for lifelong learning.
   d. is punctual and dressed appropriately for clinic.
e. demonstrate flexibility with time and schedule.

f. accept feedback without defensiveness.

3. practice the development of verbal and non-verbal communication skills in ways that are appropriate to the situation with 50-75% input from clinical instructor: (PC #5 from CPI) (Communication)
   a. begin to ask appropriate questions to gain knowledge and understand the patient’s diagnosis.
   b. communicate with the supervising physical therapist regarding the patient’s progress.
   c. communicate with the supervising physical therapist when the patient has a change in status or when as treatment is withheld.
   d. communicate with the clinical instructor, patient, family/caregiver, and other healthcare professionals effectively.

4. strive to perform in a manner consistent with ethical guidelines, legal standards and standards of the profession with 50-75% input from clinical instructor: (PC #3 from CPI) (Responsibility)
   a. maintain all aspects of HIPAA.
   b. apply the APTA Ethical Code of Conduct as the standard for behavior.
   c. recognize situations which pose ethical issues.

5. develop clinical problem solving with 75-100% supervision from clinical instructor: (PC #7 from CPI) (Reasoning)
   a. actively discussing treatment rationale and expected outcomes.
   b. seeking clarification of the therapy plan of care from the supervising physical therapist.
   c. understand situations when the supervising physical therapist needs to be consulted.
   d. recognize when the patient has a change in status.
   e. recognize when a treatment intervention should not be provided.
   f. recognize when a treatment intervention can be modified or progressed within the plan of care.
   g. determine patient readiness for discharge.
   h. identify emergency situations and action to take.

6. develop skills to perform in a safe manner that minimizes the risk to patient, self, and others with 75-100% supervision from clinical instructor. (PC #1 from CPI) (Reasoning)

7. accurately and timely document all aspects of patient care to support skilled PT with 75-100% supervision input from clinical instructor. (PC # 13 from CPI) (Communication)

8. begin to identify activities for professional growth with 50-75% input from clinical instructor: (PC # 6 from CPI) (Reasoning)
   a. identify professional strengths and limitations.
   b. establish short and long term goals and plan for success.
   c. accurately assessment clinical performance for self-improvement.
   d. seek out relevant resources and learning opportunities to improve skills.

9. adapt delivery of physical therapy services based on patient differences with 50-75% input from clinical instructor: (PC #4 from CPI) (Reasoning)
   a. begin to understand individual and cultural differences in patients.
   b. develop an awareness of own social and cultural biases in the provision of physical therapy services.
   c. develop skills to be nonjudgmental when patients’ beliefs and values conflict with their own.
   d. communicate in a manner which is respectful and sensitive to cultural differences.

10. practice the development of data collection skills consistent with the plan of care with 75-100% supervision from clinical instructor. (PC#8, #12 from CPI) (Reasoning)
11. demonstrate correct body and lifting mechanics for self and patient safety with 50-75% verbal cues from clinical instructor. (PC#1 from CPI) (Reasoning)

12. begin to function as a team member by with 75-100% supervision from clinical instructor: (PC #14 from CPI) (Communication)
   a. practice effective time management.
   b. begin to interact with other members of the healthcare team.
   c. develop a basic understanding of department operations.

13. participate in education activities with 50-75% input from clinical instructor: (PC #2 from CPI) (Reasoning)
   a. educate patient and family/caregivers.
   b. provide patient education materials based on the plan of care.
   c. educate others in the role of the physical therapist assistant.

14. begin to develop an awareness of social responsibility with 50-75% input from clinical instructor: (PC#2, #3 from CPI) (Responsibility)
   a. places the patient's needs above self-interest.
   b. recognize the importance of promoting the physical therapy profession to the public.

15. develop skills to promote productive working relationships with interprofessional team members.
   (PC #2 from CPI) (Communication)

16. Orientation to Clinical Education
   a. complete the PTA CPI training module.
   b. demonstrate an understanding of the progressive expectations of the clinical courses.
   c. demonstrate an understanding of all policies and procedures regarding clinical courses.
   d. utilize the ICC PTA Student Handbook and the course blackboard site to reference important clinical information.
   e. appreciate the value of becoming a clinical instructor for professional growth.
   f. provide feedback on the clinical experience and clinical instructor.

**Course Schedule:**
Monday-Friday, 8:00 a.m.-4:30 p.m. (times may vary based on facility and CI schedule)
INSTRUCTOR INFORMATION

Instructor: Alice Gold-Pearce  
Telephone: (309) 690-7552  
Email: agoldpearce@icc.edu  
Office Hours: Posted on course blackboard site; others by appointment

CLASS INFORMATION

Course Description:
This course is a progression of PHTA 130 in which the student develops the ability to initiate treatment interventions and increase clinical problem solving and the understanding of rationale and outcomes. The student will treat more complex patients with continued direct personal supervision by qualified clinical instructors.

Credits: 2.5 semester hours  
Course Format: Sixteen hours clinical hours per week equivalent  
Contact Hours: 240 Contact Hours  
Teaching Methods:  
Supervised physical therapy interventions in a clinical setting  
Course Prerequisites:  
PHTA 130 with a grade “C” or better  
Textbook: None  
Additional Materials of Instruction:  
1. Course management system  
2. Discussion board  
Student Assessment:  
Methods of Assessment of Student Learning:  
1. Participation with discussion board  
2. Patient treatment plans  
3. Patient care documentation  
4. Self-assessment of clinical skills
Evaluation of Student Achievement:

1. The program Academic Coordinator of Clinical Education (ACCE) makes the final grade determination for all clinical education experiences.
2. Program faculty will have communication with the student and clinical instructor (CI) through an email correspondence, telephone contact or online tool.
4. Both the CI and the student will complete the PTA CPI final at the end of the clinical rotation. The student should notify the ACCE at time of evaluation if the student is in disagreement with or there are significant discrepancies with the final CPI ratings.
5. For the student to progress in the program, a satisfactory or passing grade of a "C" (75% of total points) or better must be earned in this course. In order to receive a passing grade, the student must complete the following:
   a. PTA Clinical Performance Instrument
   b. Submit all clinical assignments by established dates
   c. Required number of clinical education hours (240 hours)
   d. Meet all course-learning outcomes

The course grade will be based upon the following percentages of points:

1. Submission of required assignments and forms (30% course grade)
2. Clinical Performance Instruments ratings (70% course grade.)

Grading Scale:
- A = 93-100%
- B = 84-92%
- C = 75-83%
- D = 66-74%
- F = 0-65%

1. Clinical Performance Instrument Performance Criteria Information:
   a. The 14 performance criteria on the CPI describe the essential aspects of clinical work of an entry-level PTA.
   b. Performance criteria items #1-6 are related to behavioral expectations; items #7-13 address patient interventions; item #14 addresses resource management.
   c. Red-flag items have a flag symbol to the left of the performance criterion. The five “red-flag” items (numbered 1, 2, 3, 5, and 7) are considered foundational elements in clinical work. Students may progress more rapidly in the “red-flag” areas than in other performance criteria.
   d. A significant concern related to a “red-flag” performance criterion item warrants immediate attention, more expansive documentation, and a telephone call to the program ACCE. Actions taken to address these concerns may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical education experience.

2. On the PTA CPI, the following minimum thresholds must be met by the end of the course to pass the course and progress in the program:
   a. Each CPI Performance Criteria (14) will be worth 1 point. In order to pass the course, the
student must meet the threshold for Performance Criteria #1, #2, #3 and #5 and receive no less than 11/14 on the Final CPI.

b. Performance Criteria #1 (safety), #2 (clinical behavior), #3 (accountability) and #5 (communication) MUST achieve a rating at the Advanced Intermediate performance anchor by final evaluation to pass the course and progress in the program. Students who do not meet these criteria will receive 9/14 on the CPI component of the course grade.

c. Satisfactory performance for Performance Criteria #4 and #6-14 is a rating at the Intermediate performance anchor by final evaluation. Students who fall below satisfactory performance on more than three of these performance criteria will receive a 9/14 on the CPI and not pass the course and will not progress in the program.

d. All Performance Criteria will be assessed via the CPI rating scale, narrative and summative comments on both Clinical Performance Instruments (instructor and student self-assessment). A grade will be determined by the ACCE based upon predetermined satisfactory expectations of all required assignments and clinical objectives.

Failure to submit to the ACCE or program faculty all required materials by the due date will result in 0 grade for the assignment or form, unless extenuating circumstances prevail.

If a student does not meet the criteria to receive a passing grade (at least 75%) for the initial experience, the student will receive an incomplete (I) grade with one repeat option offered to the student. The maximum repeat options for a failed clinical course is one for the entire program. If the student receives a non-passing grade for the repeat clinical experience, an additional repeat is not permitted, and the student will not progress in the program and will be dismissed from the program.

Institutional Learning Outcomes (referenced with each course-learning outcome)

Communication
have the ability to transfer information, concepts, emotions to an audience through written, oral, symbolic, aesthetic, and/or nonverbal communication methods that successfully align with their purpose.

Reasoning
identify and solve problems, analyze new information, synthesize and evaluate ideas, and transform ideas into a course of action by using critical, creative, and/or analytical skills.

Responsibility
understand the implications of choices and actions, demonstrate appropriate behaviors in academic/professional contexts, and contribute constructively within the context of community.

Course Level Outcomes
By the end of this course, the student will:

1. demonstrate proficiency in the safe application of simple physical therapy procedures and consistency in developing the ability to perform more complex tasks under the direct supervision of qualified instructors. (Performance Criteria [PC] # 8-12 from Clinical Performance Instrument ([CPI]) (Reasoning)
2. demonstrate expected clinical behaviors in a professional manner in all situations. (PC #2 from CPI) (Responsibility)
3. demonstrate successful verbal, non-verbal, teaching and writing communication skills appropriate to the situational needs of patients, other health care professionals and the clinical instructor. (PC #5 from CPI) (Communication)
4. perform in a manner consistent with the established ethical guidelines, legal standards, standard of the profession with minimum clarification from clinical instructor. (PC #3 from CPI) (Responsibility)
5. demonstrate clinical problem solving by initiating treatment rationale and expect outcomes for simple patients and seeking clarification of plan of care for more complex patients, including patient progression and intervention modification. (PC #7 from CPI) (Reasoning)
6. notify the supervising therapist of changes in patient status, readiness for discharge and emergent situations. (PC #7 from CPI) (Communication)
7. consistently perform in a safe manner that minimizes the risk to patient, self, and others under direct supervision. (PC #7 from CPI) (Reasoning)
8. produce quality documentation in a timely manner to support skilled physical therapy services provided with minimum feedback from qualified clinical instructors. (PC #13 from CPI) (Communication)
9. demonstrate the ability to identify professional strengths and limitations, establish short and long-term goals and plan for professional success, and actively seek relevant resources and learning opportunities to improve knowledge skills, and behaviors. (PC #6 from CPI) (Responsibility)
10. adapt communication and behavior in the context of patient individual and cultural differences in patient care. (PC #4 from CPI) (Communication)
11. demonstrate proficiency in data collection skills including, but not limited to: vital signs, goniometric measurements, strength grades, and anthropometric characteristics. (PC #9 from CPI) (Reasoning)
12. effectively organize a patient schedule and treatment session to provide physical therapy services in a time-efficient manner. (PC #14 from CPI) (Reasoning)
13. demonstrate the ability to promote productive working relationships with interprofessional team members with minimal cues from clinical instructor. (PC #2 from CPI) (Communication)

Class Schedule:
40 hours per week; generally, Monday-Friday, 8:00 a.m.-4:30 p.m. but days/times may vary based on facility and CI schedule.
INSTRUCTOR INFORMATION

Instructor: Alice Gold-Pearce
Telephone: (309) 690-7552
Email: agoldpearce@icc.edu
Office Hours: Posted on course blackboard site; others by appointment

CLASS INFORMATION

Course Description:
This course is a progression of PHTA 230 in which the student develops consistent proficiency with all aspects of a full time physical therapist assistant’s patient care workload, under general supervision of qualified clinical instructors.

Credits: Three semester hours

Course Format: 18 clinical hours per week equivalent

Contact Hours: 280 contact hours

Teaching Methods:
Supervised physical therapy interventions in a clinical setting

Course Prerequisites:
PHTA 230 with grade “C” or better

Textbook:
None

Additional Materials of Instruction:
1. Computer-assisted instruction
2. Discussion board

Student Assessment:

Methods of Assessment of Student Learning:
1. Participation with discussion board
2. Patient treatment plans
3. Patient care documentation
4. Self-assessment of clinical skills

Evaluation of Student Achievement:
1. The program Academic Coordinator of Clinical Education (ACCE) makes the final grade determination for all clinical education experiences.
2. Program faculty will have communication with the student and clinical instructor (CI) through an onsite clinical visit, email correspondence, or telephone contact.
3. Clinical performance is formally assessed at the midterm and final points of the clinical experience using the Physical Therapist Assistant Clinical Performance Instrument (PTA CPI).
4. Both the CI and the student will complete the PTA CPI at the midterm and final points of the clinical rotation. The student should notify the ACCE at time of evaluation if the student is in disagreement with or there are significant discrepancies with the midterm and/or final CPI ratings.
5. For the student to progress in the program, a satisfactory or passing grade of a “C” (75% of total points) or better must be earned in this course. In order to receive a passing grade, the student must complete the following:
   a. PTA CPI
   b. Submit clinical assignments by established dates
   c. Required number of clinical education hours

Grading Scale:
A = 93-100%
B = 84-92%
C = 75-83%
D = 66-74%
F = 0-65%

1. Performance Criteria Information
   a. The 14 performance criteria on the CPI describe the essential aspects of clinical work of an entry-level PTA.
   b. Performance criteria items #1-6 are related to behavioral expectations; items #7-13 address patient interventions; item #14 addresses resource management.
   c. Red-flag items have a flag symbol to the left of the performance criterion. The five “red-flag” items (numbered 1, 2, 3, 5, and 7) are considered foundational elements in clinical work. Students may progress more rapidly in the “red-flag” areas than in other performance criteria.
   d. A significant concern related to a “red-flag” performance criterion item warrants immediate attention, more expansive documentation, and a telephone call to the program ACCE. Actions taken to address these concerns may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical education experience.

2. On the PTA CPI, the following minimum thresholds must be met by the end of the course to pass the course and progress in the program:
   a. Each CPI Performance Criteria (14) will be worth 1 point. In order to pass the course, the student must meet the threshold for Performance Criteria #1,2,3 and 5 and receive no less than 11/14 on the Final CPI.
   b. Performance Criteria #1 (safety), #2 (clinical behavior), #3 (accountability) and #5 (communication) MUST achieve a rating near or at the Entry Level Performance performance anchor by final evaluation to pass the course and progress in the program. Students who do not meet these criteria will receive 9/14 on the CPI component of the course grade.
   c. Satisfactory performance for Performance Criteria #4 and #6-14 is a rating near or at the Entry Level performance anchor by final evaluation. Students who fall below satisfactory performance on more than three of these performance criteria will receive a 9/14 on the CPI and not pass the course and will not progress in the program.
   d. All Performance Criteria will be assessed via the CPI rating scale, narrative and summative comments on both Clinical Performance Instruments (instructor and student
self-assessment). A grade will be determined by the ACCE based upon predetermined satisfactory expectations of all required assignments and clinical objectives.

Failure to submit to the ACCE or program faculty all required materials by the due date will result in 0 grade for the assignment or form, unless extenuating circumstances prevail.

If a student does not meet the criteria to receive a passing grade (at least 75%) for the initial experience, the student will receive an incomplete (I) grade with one repeat option offered to the student. The maximum repeat options for a failed clinical course is one for the entire program. If the student receives a non-passing grade for the repeat clinical experience, an additional repeat is not permitted, and the student will not progress in the program and will be dismissed from the program.

**Institutional Learning Outcomes** (referenced with each course-learning outcome)

**Communication**

have the ability to transfer information, concepts, emotions to an audience through written, oral, symbolic, aesthetic, and/or nonverbal communication methods that successfully align with their purpose.

**Reasoning**

identify and solve problems, analyze new information, synthesize and evaluate ideas, and transform ideas into a course of action by using critical, creative, and/or analytical skills.

**Responsibility**

understand the implications of choices and actions, demonstrate appropriate behaviors in academic/professional contexts, and contribute constructively within the context of community.

**Course Level Outcomes:**

By the end of this course, the student will:

1. demonstrate consistent proficiency and skill in the safe application of simple or complex procedures under the general supervision of qualified instructors. (Performance Criteria [PC] # 8-12 from Clinical Performance Instrument ([CPI]) (Reasoning)
2. demonstrate expected clinical behaviors in a professional manner in all situations. (PC #2 from CPI) (Responsibility)
3. communicate effectively and consistently in ways that are congruent with the situational needs of all patients, other health care professionals and the clinical instructor. (PC #5 from CPI) (Communication)
4. perform in a manner consistent with the established ethical guidelines, legal standards, standards of the profession at all times. (PC #3 from CPI) (Responsibility)
5. demonstrate consistent clinical problem solving by determining treatment rationale and expected outcomes for simple and more complex patients, including patient progression and intervention modification. (PC # 7 from CPI) (Reasoning)
6. notify the supervising physical therapist of changes in patient status, readiness for discharge and performs appropriately during emergent situations. (PC # 7 from CPI) (Communication)
7. consistently perform in a safe manner that minimizes the risk to patient self, and others under general supervision of qualified instructors. (PC #1 from CPI) (Reasoning)
8. consistently produce quality documentation in a timely manner to support the delivery of skilled physical therapy services. (PC #13 from CPI) (Communication)
9. effectively and consistently identify professional strengths and limitations, establish short and long-term goals and plan for success; actively seek relevant resources and learning opportunities to improve knowledge skills, and behaviors. (PC #6 from CPI) (Responsibility)
10. adapt communication and behavior in the context of the patient’s individual and cultural differences in patient care. (PC #4 from CPI) (Communication)
11. demonstrate consistent proficiency in data collection skills including but not limited to: vital signs, goniometric measurements, strength grades, and anthropometric characteristics. (PC #9 from CPI) (Reasoning)
12. consistently organize and schedule a full caseload of patients to provide physical therapy services in an effective and time-efficient manner. (PC#14 from CPI) (Reasoning)
13. understand Continuous Quality Improvement (CQI) measures and how CQI relates to the provision of physical therapy services. (PC #14 from CPI) (Reasoning)
14. effectively promote productive working relationships with interprofessional team members under the general supervision of clinical instructor. (PC #2 from CPI) (Communication)

Class Schedule:
While generally Monday-Friday, 8:00 a.m.-4:30 p.m. days/times may vary based on facility and CI schedule.
Students are required to carry personal health care insurance at all times while enrolled in a Health Careers Department program at Illinois Central College (ICC). In addition to carrying personal health care insurance, ICC requires all students enrolled in a health career program to complete drug screening, background check/fingerprinting, physical examination and immunizations as explained herein.

Drug screening and background check/fingerprinting, submission of physical examination, and up-to-date immunizations MUST be successfully completed prior to student start of academic health career program. No student will be permitted on clinical without being 100% compliant. Compliance is monitored. Any student not in compliance will not be allowed to enter or continue in the health career program. These records must remain or be maintained current for the duration of the student’s enrollment in any health career program at Illinois Central College.

Students’ medical records (drug screening, background check/fingerprinting, physical examination, and immunization records) are maintained on file at Illinois Work Injury Resource Center (IWIRC). Required drug screening and background check/fingerprinting must be performed at IWIRC. It is recommended that required physical examination and required immunizations be completed at IWIRC; however, the student may choose his or her own healthcare provider and submit the documents to IWIRC.

Illinois Work Injury Resource Center (IWIRC)
736 SW Washington Street, Suite 2A
(Washington and State Street)
Peoria, Illinois 61602

Phone: (309) 497-0300
Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.

The student is responsible for all fees incurred. ICC will bill the student for the cost of drug screening ($44) and fingerprint/background check ($36), both performed at IWIRC. Payment for physical examination and immunizations conducted at IWIRC must be paid at time of service. Payment to IWIRC may be by debit card, credit card, or money order (no cash accepted). Please note – prices are subject to change at any time.

Maintain copies of your records. It is recommended you keep a copy of all information submitted.

Questions? Contact ICC Health Careers Department: phone (309)690-7532 or email stephanie.becker@icc.edu
DRUG SCREENING

As per the Federal Drug Free Workplace Act of 1988 and the Drug Free Schools and Campuses Act Amendments of 1989, Illinois Central College (ICC) is committed to maintain a safe and healthy academic environment. In compliance with existing state and federal law, ICC prohibits the use, sale, distribution, manufacture and/or possession of drugs including controlled substances. Even though the Illinois Cannabis Regulation and Tax Act (effective January 1, 2020) allows for persons over the age of 21 to use cannabis, no person shall use or possess any cannabis product, marijuana, or any substances containing THC (tetrahydrocannabinol), recreational or medicinal, while on any college property or while participating in an ICC Health Careers Department program and its associated clinical experience.

ICC adheres to all policies of clinical facilities with which the College affiliates for student clinical education. Students admitted to a health career program must have a current negative drug screen prior to beginning program. It is recommended the drug screen be completed within 10 days of receiving this information.

At time of service, the student will sign consent for drug screen provided by Illinois Work Injury Resource Center (IWIRC).

1. The student will provide a urine specimen for the drug screen. The specimen itself will be collected at IWIRC, under that facility’s procedures and control.

2. If the initial drug test indicates a positive result, the student will be given an opportunity to refute the results. The student may also have the same specimen retested, at the student’s expense. A second test must be done within 48 hours of receiving the results, at the student’s expense.

3. If the positive test is not due to justifiable prescription drug use, the student must withdraw from the health career program for a minimum of one semester. The student must be retested (expense paid by student) proving drug free before he/she will be admitted into a health career program.

   NOTE: A student will not be able to complete the health career program if he/she cannot be placed in a clinical site due to a failed drug screen.

4. If the testing facility determines that a student has tampered with a sample during the testing, the student will be immediately dismissed from the program and will not be considered for readmission to an ICC Health Careers Department program.

5. Students shall be subject to the drug testing policy and rules of the facility providing the clinical education experience, which may require additional drug testing, in compliance with that facility’s policies and requirements.

6. Students shall also be subject to additional testing as required by ICC, on a for cause basis or as deemed necessary for the administration of student clinical education experiences.

7. A student in the program who has tested positive may be dismissed from the program. Whether any student may remain in the program will be determined at the sole discretion of ICC.

8. Student health information will be maintained at IWIRC. All reasonable efforts will be made to maintain confidentiality of results. Results will be shared with the ICC Health Careers Department assistant, who monitors student health compliance. Students will forfeit course/program admission if this requirement is not met or if drug screen result is positive.

9. A student not in compliance will not be allowed to enter or continue in the program. While enrolled in an ICC Health Careers Department program, ICC will continuously monitor individual student compliance.

The student is responsible for all costs incurred, and the amount will be billed to the student’s ICC account. It is recommended that students keep a copy of all information submitted. Program director/faculty are not allowed to accept student health records or information.
DRUG SCREENING FAQs

Why do I need a drug screen?
As part of the clinical affiliation agreements, healthcare facilities require drug screenings for students who utilize their sites for learning opportunities.

When do I have to complete the drug screen?
Students who do not have results that have cleared before the first day of clinical will not be permitted to begin their clinical rotation.

Will I have to repeat the drug screen?
You may have to repeat the drug screen depending on the facility you are assigned for clinical rotations. Timeframes and expiration may vary from site to site.

Where do I go to get the drug screen?
IWIRC. Drug screens completed by any other vendor will not be accepted. If the clinical site provides the drug screen as part of the onboarding process, you should not obtain your own drug screen and you should follow the protocol as directed by the clinical site.

Who views my drug screen results?
Drug screen results are maintained confidentially between IWIRC and the ICC Health Careers Department assistant who manages clinical compliance. Drug screen results may be shared with the Dean of Health Careers, Program Director, or external clinical facilities for placement purposes only.

What if I fail the drug screen?
Any student who tests positive for a prohibited drug will be given the opportunity to contest the results. If the failure is due to justifiable prescription drug use, specific prescription documentation must be provided. If the positive test is not due to justifiable prescription drug use, the student:

1. Must withdraw from the health career program for a minimum of one semester.
2. Must be retested (expense paid by student) proving drug free before he/she will be admitted into a health career program.

NOTE: A student will not be able to complete the health career program if he/she cannot be placed in a clinical site due to a failed drug screen.

What is a negative dilute?
Dilution is the process of reducing the concentration of drug or drug metabolites in the urine sample. This is accomplished by adding fluid to the sample or by drinking large amounts of fluid to dilute the specimen, called “internal dilution.” Drug testing laboratories routinely test samples to detect dilution.

A dilute specimen can be caused by two circumstances. The first circumstance is caused by an individual diluting the urine with water, or other liquid, by actually pouring it into the specimen at the time of collection. The second method of obtaining a dilute specimen is by consuming too much fluid, especially liquids that contain diuretics, prior to collection (e.g., coffee, soda pop, medications, etc.). This may be inadvertent or may be on purpose on the part of the donor.

A student whose drug screen result is dilute negative will be required to complete another drug screen at their own expense.
BACKGROUND CHECK/FINGERPRINTING

At the request of clinical agencies who accept students from the College, students enrolled in an ICC Health Careers Department program will be required to submit to a criminal background check and fingerprinting. Students may not use similar reports on file at other agencies to satisfy this requirement. Failure to consent to release information or to cooperate appropriately with regard to the process shall result in the student not being able to enter or progress in the health career program. Criminal history background information is defined as information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, or other formal charges, and any dispositions; including sentencing, correctional supervision, and releases.

Policy
Illinois Central College (ICC) is committed to providing a safe environment for students, patients cared for by students, and employees. Therefore, ICC will conduct a criminal background check and fingerprinting of all students who will be enrolled in an ICC Health Careers Department program. The fingerprinting will be conducted at Illinois Work Injury Resource Center (IWIRC), Peoria, Illinois. The student is responsible for costs incurred and will be billed by ICC.

Students may be withdrawn from course and program if this requirement is not completed or results are disqualifying. Students who have disqualifying convictions may have the option to obtain a Health Care Worker Waiver.

Procedure
1. Student will be provided the authorization form for the fingerprint/background check from the Health Careers Department assistant. The student must complete the authorization, providing all necessary biographical information.

2. Consent will be provided at time of service, at IWIRC, to complete background check/fingerprinting. Results will be made available to select ICC Health Careers Department employees.

3. Omission of required information, or false or misleading information provided by the student, on the criminal background check or in any communication with the College may result in disciplinary action or dismissal from the health career program at ICC.

Dealing with Disqualifying Convictions
1. Fingerprint/background check results will be kept confidential and will be maintained separate from the student’s admission/academic file.

2. The Health Careers Department assistant will access the electronic report.

3. A student who has a disqualifying conviction will be notified. No messages regarding the results will be left on answering machines or with other individuals.

4. If the student has a disqualifying conviction but wishes to remain enrolled in the health career program, the student must submit an application for a Health Care Worker Waiver. A waiver is not guaranteed. A waiver does not guarantee certification or licensure. An application for the waiver is available online at: http://www.idph.state.il.us/nar/WAIVER_APPLICATION.pdf

5. If a student with a disqualifying conviction is unable to obtain a Health Care Worker Waiver, the student will be dismissed from the health career program. Academic advisers at ICC will offer assistance to redirect the student to another career path.

For more information regarding Health Care Worker Background Check, go to: http://dph.illinois.gov/topics-services/health-care-regulation/health-care-worker-registry
Illinois Central College (ICC) recognizes the following regarding students enrolled in Health Careers Department programs. These facts are taken directly from the recommendations of the Advisory Committee on Immunization Practices (ACIP) for Health Care Workers and the Hospital Infection Control Practices Advisory Committee (HICPAC). These facts led to the guidelines currently in place under the CDC and recognized by OSHA. These facts also provide the basis for ICC’s policy regarding Health Careers student immunizations.

Enforcement of this policy allows ICC to fulfill contractual obligations required by health care facilities that provide clinical learning experiences for Health Careers students.

- Because of their direct contact with medical patients or infective material from medical patients during clinical experiences, Health Careers students are at risk for exposure to and possible transmission of vaccine-preventable diseases during clinical experiences.

- The risks for percutaneous and permucosal exposure to blood and blood products are often highest during the professional training period: therefore, vaccination should be completed during training and prior to students having any contact with blood.

- Optimal use of immunizing agents safeguards the health of both health care workers and those in training and protects patients from becoming infected through exposure to infected care providers.

- Any health care worker who is susceptible can, if exposed, contract and transmit certain vaccine-preventable diseases. Therefore, all medical institutions should ensure that those who work within their facilities are immune to those diseases for which immunization is strongly recommended in ACIP/HICPAC guidelines.

**POLICY STATEMENT**

In order to adhere to CDC/OSHA recognized guidelines, it is the policy of Illinois Central College that all enrolled Health Careers students will comply with physical, immunization, and tuberculosis requirements as detailed in the attached document. No exceptions will be made to this policy and no waivers given except in the event of pregnancy and breastfeeding. In those instances, a temporary reprieve will be granted for immunizations during the duration of the pregnancy and or breastfeeding if and only if a student is able to provide medical documentation of such condition. In addition, a student requesting a temporary reprieve of immunization requirements due to pregnancy or breastfeeding must prove that their immunizations are up to date through the onset of the condition.

**Physical Examination:**
Physical examination performed by a healthcare provider expires after 24 months. The examination must remain current for the duration of the student’s enrollment within the health career program.

See attached form to have health care provider complete and sign - submit completed physical examination form to IWIRC.

**Immunizations:**
Immunizations are required for students enrolled in Health Careers Department programs, and must be maintained current for duration of the student’s enrollment within a health career program. Documentation of immunizations must be submitted to IWIRC. Additional immunizations/titers may be contractually required by specific agencies for student clinical experiences. Additional immunization costs are the student's responsibility.
REQUIRED IMMUNIZATIONS

Student must complete immunizations at IWIRC, or provide documentation of the following completed immunizations to IWIRC, to participate in assigned clinical experiences.

**Seasonal Flu Vaccine (Influenza)**
Flu vaccine is a seasonal vaccine. Students must submit documentation of evidence of receiving a flu vaccine. *Likely to be administered after October 1st of each academic year.*

**Tuberculosis Testing**
(2-step TB Skin Test: 2 separate TB skin tests/read 1-2 weeks apart)
Students must show proof of a 2-step tuberculin skin test in the past along with an annual 1-step test thereafter following the 2-step. If students have NOT had a 2-step tuberculin skin test, one must be completed prior to the start of the health career program. Once the 2-step test is completed, a 1-step tuberculin skin test is required every year thereafter while the student is enrolled in a health career program.

**Tdap**
Students are required to submit proof of a current Tdap vaccination within 10 years of the start of their respective health career program.

**MMR**
Students must submit proof of 2 MMR vaccine injections in the past or show immunity to Measles, Mumps, and Rubella in the form of a laboratory titer.
(If born before Jan. 1, 1957: Exempt from the MMR requirement at this time)

**Varicella (Chickenpox)**
All students must show evidence of immunity to the varicella (chickenpox) virus. Evidence of immunity may include documentation of two doses of varicella vaccine or blood tests that show you are immune to varicella (immunity to varicella test).

**Hepatitis B**
The 3-injection Hepatitis B vaccine series is **REQUIRED**. Students must show proof of at least the first injection in the series prior to the start of the health career program. Students must then follow through with the remaining injections in the series and provide proof of the injections.
(1st vaccination  ■  4 weeks, 2nd vaccination  ■  5 months, 3rd vaccination)
**PHYSICAL EXAMINATION FORM**

**RETURN THIS FORM TO:**

IWIRC Illinois Work Injury Resource Center  
736 SW Washington Street, Suite 2A  
Peoria, Illinois 61602  
Phone: (309) 497-0300  
Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

**PHYSICAL EXAMINATION**

*Allergies (drug, latex, environmental, food):* ____________________________________________________________


*Eye Exam (Snellen Chart) Rt. ______  Lt. ______  [ ] Glasses  [ ] Contacts (please check one if exam with corrected vision)*

*Are there abnormalities of any of the following (please check Yes or No):*

  - Head, ears, nose, throat [ ] Yes  [ ] No  Hearing/use of device?  [ ] Yes  [ ] No
  - Eyes, visual acuity [ ] Yes  [ ] No  Respiratory/lungs  [ ] Yes  [ ] No
  - Integumentary/skin [ ] Yes  [ ] No  Cardiovascular  [ ] Yes  [ ] No
  - Gastrointestinal/rectal [ ] Yes  [ ] No  Neurological  [ ] Yes  [ ] No
  - Genitourinary/Pelvic [ ] Yes  [ ] No  Musculoskeletal  [ ] Yes  [ ] No
  - Metabolic/endocrine [ ] Yes  [ ] No  

*Current medical condition or history of the following illnesses (please check and comment if applicable):*

  - Rheumatic Fever ____________________________________________________
  - Hepatitis _____________________________________________________________
  - Diabetes _____________________________________________________________
  - Kidney/Urinary condition ______________________________________________
  - Epilepsy/Seizures _______________________________________________________
  - Seizure-free for 6 months?  [ ] Yes  [ ] No  Date of Last Seizure ________________
  - Heart Disorder/Attack/Disease ___________________________________________
  - Tuberculosis/Asthma/Other respiratory disorder or disease _________________
  - Varicosities __________________________________________________________
  - Mental Illness/Condition (diagnosed) _____________________________________
  - Abnormal Menstrual History/Pap/Pelvic _________________________________
  - Skeletal or muscular injury/condition ___________________________________
  - Abdominal or Inguinal Hernia ___________________________________________
  - Other current medical condition: ________________________________________

*Please list current prescription and frequent-use OTC medications:*

*Please list surgical procedures/dates: ________________________________________

*Do you have any recommendations, precautions, or limitations for this student in their role in patient contact?  [ ] Yes  [ ] No  *

*If Yes, please comment: ____________________________________________________

*Based on your findings, should this student be restricted from patient contact?  [ ] Yes  [ ] No  *

**VERIFICATION: Your signature below indicates that you have completed the Physical Examination Form and that this student is able to participate in the Health Careers Department program at Illinois Central College.**

Healthcare Practitioner’s Signature ___________________________________________  Print Last Name: ____________________________

Clinic/Office Name and Location ________________________________________________

Date: ________________________  Telephone Number (_____) _________________________
HEALTH INSURANCE/FINANCIAL RESPONSIBILITY WAIVER

Students are required to carry personal health care insurance at all times while enrolled in a Health Careers program. Students are financially responsible for any and all expenses resulting from injury, illness, and positive drug screenings occurring during classroom, clinical, and/or laboratory courses.

I understand that I am responsible for maintaining my own major medical health insurance throughout the course of being enrolled in an Illinois Central College Health Careers Program. I further understand that I will be financially responsible for any medical care, treatment, or examinations that a clinical affiliate provides to me while in a student capacity at that facility.

By signing below, I am verifying that I either 1) carry major medical insurance or 2) will accept responsibility for the cost of any and all medical care, treatment, or examinations provided to me while in a student capacity at the program clinical affiliates.

PRINT Full Name: _____________________________________________________________

Student ID Number: ____________________________________________________________

Health Careers Program: ________________________________________________________

Signature: X_____________________________________________ Date: ________________
STUDENT CHEMICAL IMPAIRMENT POLICY AND PROCEDURES

Illinois Central College policy prohibits the illegal possession, use, or distribution of drugs and/or alcohol by students on College property or as a part of any College activity. Violators will be prosecuted in accordance with applicable laws and will be subject to disciplinary action by the College in conformance with College policy. (See the College Catalog and Student Rights and Responsibilities Handbook). In accordance with this policy, the following procedure has been developed to address issues unique to students enrolled in the College’s Health Career Programs.

Procedure
All Health Careers students will be required to sign and adhere to the Illinois Central College Student Chemical Compliance Contract.

When a faculty member or a clinical agency representative observes a student engaging in behaviors or presents with signs that are often associated with drug or alcohol misuse or abuse the following procedure, based on the belief that measures to be taken should be assistive rather than punitive, will be implemented:

1. Seek corroboration regarding the observed student behavior, if possible.
   a. Should the impaired behavior occur at a clinical site, the faculty or agency representative will relieve the student from the clinical assignment.
   b. Should the observed behavior occur on campus, the faculty member should use their discretion in allowing continued participation in the learning activity.
   c. Immediately notify program director/Coordinator and provide written documentation of observed behavior or physiologic characteristics of suspected chemical impairment as soon as possible.
   d. Upon request, the student will undergo a drug screen and breath alcohol test. The drug screens and breath alcohol tests will be completed at the student’s expense. A student who refuses to be tested or who otherwise fails to cooperate in required tests shall be dismissed from the Health Careers program.
      i. If the student is at a hospital clinical site the student will be taken to the emergency department/occupational or employee health as designated by agency. An instructor, fieldwork educator, Program Director/Coordinator, or designee must remain with the student while the student is at the testing facility and complete and sign an authorization form. The student must present a photo ID.
      ii. If the student is at a non-hospital clinical site out of the Peoria area the student will need to go to the emergency department of a local hospital by calling a cab, friend, or family member to transport the student to the facility.
      iii. If the student is at a non-hospital clinical site in the Peoria area the student will need to call a cab, friend, or family member to transport to:
          Illinois Work Injury Resource Center (IWIRC)
          736 SW Washington Street Suite 2A
          Peoria IL  61602
          (309) 497-0300
          Should IWIRC be closed, the student may go to the UnityPoint Emergency Department.

2. Upon receipt of written documentation, a conference consisting of, but not limited to, the involved student, faculty member and/or agency representative, Program Director/Coordinator, Dean of Health Careers and Dean of Student Services or their designee will be held. The purpose of the conference is to present and discuss documented observations of behavior(s) and test results.
3. If results are negative, Illinois Central College will be responsible for costs incurred by the student. If results are positive, the student will be responsible for costs incurred.

4. A student who tests positive for illegal drugs and/or alcohol will be administratively withdrawn from the Health Careers program.

Eligibility for Professional Licensure/Certification
Students should understand that the use/abuse of drugs and alcohol is prohibited by laws and standards in the health professions, and that a person with a history of such use/abuse may be denied certification or licensure, or placed on a probationary status. Faculty will assist students with providing required documentation for professional licensure application process.

Students and faculty are reminded of the professional ethical responsibility of reporting knowledge of substance use/abuse by healthcare personnel.
I, ___________________________, agree to undergo a drug screen and breath alcohol test upon request and, if needed, a comprehensive substance use/abuse evaluation by a mental health professional selected from the approved list of accredited agencies provided by the Program Director/Coordinator.

I understand that the payment for the drug screening and breath alcohol test, evaluation, treatment and follow up care will be my responsibility. If treatment is recommended, I must complete the individualized plan determined by the evaluator and follow all procedural steps of the Illinois Central College Chemical Impairment Policy. Written evidence of my treatment program, ability to return to the health program (evidence of exhibiting positive student behaviors), and my follow up care plan will be submitted to the Program Director/Coordinator.

I further understand that random drug screens and breath alcohol testing may be a part of my treatment and follow up program.

Date: __________________________________________

Student Signature:

Agree __________________________________________

or

Disagree _______________________________________

Program Director/Coordinator/ Faculty Signature: _______________________________________

Witness Signature: __________________________________________
AUTHORIZATION FORM FOR STUDENT CHEMICAL IMPAIRMENT TESTING

Student’s Name: ____________________________________________

Student ID#: _____________________________________________

Date: _____________________________________________________

Requested Service: (circle all that apply)

☐ Alcohol and Drug Testing: Non – DOT
☐ Urine Drug Screen: Collection with results
☐ Breath Alcohol Test

Purpose: (circle one)

☐ Reasonable Suspicion  ☐ Random

Billing Information:

If Positive for chemical impairment, please bill:

Student or submit to student’s personal health care insurance company

If Negative for chemical impairment, please bill:

Illinois Central College
Attn. Risk Management Room 236A
1 College Dr.
East Peoria, IL 61635
(309) 694-5398

Printed name of ICC Authorized Employee: ______________________________

Signature of ICC Authorized Employee: ______________________________

HC-12
ILLINOIS CENTRAL COLLEGE

COMMUNICABLE DISEASE PROCEDURE

Illinois Central College places a high priority on safety and the need to prevent the spread of dangerous chronic communicable diseases on its campus. This procedure is designed to promote the health and regular attendance of students. The College is committed to protecting the civil rights of individuals while preserving the health and safety of all students, therefore, strict confidentiality must be maintained.

Communicable diseases may be referred to as “contagious, infectious or transmissible to others.” Students are reminded not to come to campus or participate in class, labs, or clinical/internships if feeling ill or experiencing any symptoms of illness. Students identified with an acute communicable disease or exposed to a communicable disease that places others at risk may need to quarantine for a recommended period of time until symptoms subside and temperature is normal without fever-reducing medication.

Students with identified chronic communicable diseases may not be excluded from the College as long as, through reasonable accommodation, the risk of transmission of the disease and/or the risk of further injury to the student is sufficiently remote in such setting so as to be outweighed by the detrimental effects resulting from the student's exclusion from the College. Whenever possible, the College will attempt to assist students in continuing their pursuit of educational goals. Placement decisions will be made by using these objectives in conjunction with current, available public health guidelines concerning the particular disease in question. Individual cases will not be prejudged; rather, decisions will be based upon the facts of the particular case. The determination of whether a student with a chronic communicable disease may attend college shall be made in accordance with procedures implemented by the College.

Procedure in the event of potential risk to others:

1. The College shall respect the right to privacy of any student who has a chronic communicable disease. The student's medical condition shall be disclosed only to the extent necessary to minimize the health risks to the student and to others. The number of personnel aware of the student's condition will be kept at the minimum needed to assure proper care of the student and to detect situations in which the potential for transmission of the disease may increase. Persons deemed to have "a direct need to know" would be provided with appropriate information; however, these persons shall not further disclose such information.

2. The program director/coordinator shall investigate, as the situation warrants, the health status of any student known to have a communicable disease. In addition, the health status of any student in a Health Careers program identified to the program director/coordinator by public health officials as being strongly suspected of having a communicable disease will be investigated under proper guidelines identified by the public health officials. The program director/coordinator shall investigate and then refer the case to the Dean of Health Careers. As the situation warrants, a task force shall be formed and may include the following individuals: the Dean of Health Careers, Vice President of Human Resources, Program Director/Coordinator, Manager - Risk, Safety & Benefits, Vice President of Student Success, and the Coordinator of Public Relations and Public Information officer.

3. After reviewing the case and guidelines set forth by public health officials, the task force shall determine the appropriate action to be taken for the particular case based upon the following criteria:
   a. The nature of risk  
   b. The duration of the risk  
   c. The potential harm to other parties  
   d. Possibility of transmission of the disease

4. The recommendation will include a summary of the findings relative to each of the above criteria, a description of the recommended attendance accommodations and specific description of the notifications suggested.

5. After a recommendation is made by the task force and an action set forth, the Vice President of Student Success will inform appropriate College officials of that recommendation and action.
   a. During the notification procedure, all efforts shall be made to keep confidential the name of the person/persons involved.
   b. Whenever a decision is made that might have an adverse effect on the educational placement of a student and the student disagrees with the decision, an appeal may be made to the President of the College for a review of that decision. The decision of the President shall be final.
CLINICAL TUBERCULOSIS (TB) EXPOSURE PROCEDURE

Due to the fact it can take several weeks to confirm TB, the clinical site will collect the names of those potentially exposed. The bacteria that cause TB are very slow growing and can take weeks to identify in the laboratory. The sputum smear is a fast laboratory result, but it is not specific for tuberculosis; other closely related bacteria can be smear positive also. Not all smear positive patients are diagnosed with tuberculosis. There are many more instances of ruled out TB that are not confirmed than there are actual instances of culture positive TB; people that are exposed are not necessarily infected.

Procedure in the event of exposure:

1. Report TB exposure at clinical site/fieldwork to Program Director/Coordinator. The Program Director/Coordinator will then notify the student(s) and ICC Risk Management (309-694-8911 or 309-694-5398).

2. Complete ICC Health Careers Student TB Exposure Report Form (see attached).

3. Obtain TB skin test at ICC IWIRC as soon as possible after the exposure is reported. Each exposed student (except those with documented positive reactors) will receive a baseline TB skin test. A baseline test is not required for anyone with a documented negative TB skin test within the preceding 3 months prior to the exposure.
   a. If the TB skin test is negative, the test will be repeated 12 weeks after the exposure.
   b. If the TB skin test is positive, reactions of 10 mm or greater or students who are experiencing symptoms suggestive of TB will be referred for a chest X-ray.

NOTE: THOSE WITH POSITIVE TEST RESULTS PRIOR TO EXPOSURE DO NOT REQUIRE SKIN TESTING OR X-RAYS UNLESS EXPERIENCING SYMPTOMS SUGGESTIVE OF TB.

These students do need to complete the ICC Health Careers TB Exposure Assessment Questionnaire.

Return forms to:
Program Director/Coordinator
and
Illinois Central College
Risk Management, Room 236A
1 College Drive
East Peoria, IL 61635
Phone: (309) 694-5398
Fax: (309) 694-8563
STUDENT TB EXPOSURE FORM

Student Name ___________________________ Student ID ________________
Student Phone # _________________________ Program ________________
Date of Exposure _________________________ Time ________________

Describe the circumstances surrounding the exposure:

Is this a confirmed case of TB? _______ YES, per the following:

☐ Health Department    ☐ Hospital    ☐ MD

Date of the last TB Montoux Test ________________

Results of last TB Mantoux Test: ☐ Negative ☐ Positive

If positive, date and results of most recent chest x-ray: ________________

If the student has had a negative TB test within past three months, no immediate TB testing is needed. Follow-up TB test is required in 12 weeks.

Date TB Test Due ________________ (Continue to Section B)

Section A

If over 3 months since last TB test, TB test should be done ASAP

Date Administered __________________________
Date Read __________________________ By: _______________________
Results: ☐ Negative ☐ Positive

If positive, refer to health department or personal physician for chest x-ray.

Section B

Follow-up 12 week testing

Date Administered __________________________
Date Read __________________________ By: _______________________
Results: ☐ Negative ☐ Positive

If positive, refer to health department or personal physician for chest x-ray.
TB EXPOSURE ASSESSMENT STUDENT QUESTIONNAIRE

Name: ___________________________ Student ID#: ___________________________
Program: ___________________________ Birthdate: ___________________________

I. Have you recently experienced any of the following symptoms?

  Yes ☐ No ☐
  ☐ ☐ Anorexia – loss of appetite?
  ☐ ☐ Weight loss – other than dieting?
  ☐ ☐ Night Sweats?
  ☐ ☐ Low Grade Fever?
  ☐ ☐ Cough – productive?
  ☐ ☐ Spitting blood or bloody sputum?

If “yes” to any of the above, please explain.

II. For any of the symptoms above, have you consulted a physician? Yes ☐ No ☐

III. Are you currently taking any TB medications? Yes ☐ No ☐

Have you taken any TB medications in the past? Yes ☐ No ☐

If yes, when? ___________________________

For how long? ___________________________

IV. When did you have your last TB Skin Test (PPD)?

Where? ___________________________

Was the test: Negative ☐ Positive ☐

V. When did you have your last chest x-ray? ___________________________ (Date)
The following procedure must be followed after an accidental exposure to blood or body fluids in a clinical setting. This procedure is to be followed by all Illinois Central College Health Careers students in any clinical location. NOTE: Dental Hygiene students are to follow Dental Clinic procedure as noted in Dental Hygiene student handbook.

1. In the event of a needle stick, force the wound to bleed if possible by squeezing. Then wash the exposed area thoroughly with soap and water. In the event of mucous membrane exposure (eye, nose, mouth, etc.), flush mucous membranes with water as soon as possible.

2. IMMEDIATELY notify ICC clinical supervisor. Notify ICC Risk Management, (309) 694 5475 and Program Director/Coordinator. If the exposure occurs at a facility where no ICC clinical supervisor is present, notify the facility personnel and follow their instruction. It is the student’s responsibility to adhere to the ICC procedure.

3. Complete the facility’s incident report and the ICC Student Exposure Report Form provided. The ICC clinical supervisor should complete the applicable portion of the form and send the completed form to ICC Risk Management at the address/fax listed on the back of the form. If no clinical supervisor is present, it is the student’s responsibility to obtain a copy of the facility’s incident report that was completed and send a copy of it to ICC Risk Management at the address/fax listed in item 10.

4. A blood sample is typically drawn from the student and the patient who is the source of the exposure. The blood from the student and the source is tested for HIV, Hepatitis B, and Hepatitis C.

5. If off-campus and blood can be drawn at the clinical facility request blood draws there. In this instance, a copy of all the results should be sent to the student’s personal physician AND an additional copy of all the results need to be sent to ICC Risk Management at the address/fax listed in item 10.

6. If on-campus or at a facility where a blood sample cannot be drawn, YOU MUST NOTIFY THE PROGRAM DIRECTOR/COORDINATOR IMMEDIATELY to arrange for the student and the source to have blood drawn.

   During morning or afternoon clinical students may go to any of the Peoria or East Peoria Unity Point/Proctor First Cares, or call Risk Management at (309) 694-5398 for assistance.

   During evening hours please send student and source to:
   - Unity Point/Proctor First Care
   - 3915 W. Barring Trace
   - Peoria, IL 61615
   - (Across Route 150 from Sam’s Club)
   - Hours: 8am-10pm
   - Phone: 309-689-3030

   The facility should forward ALL lab results to the student’s personal physician and to ICC Risk Management at the address/fax listed in item 10.

7. Payment:
   a) ICC will cover the entire cost of the source’s blood work.
   b) The student is financially responsible for any medical care, treatment or examination that was provided to the student at that facility. (Signature of an Acknowledgement of Health Insurance / Financial Responsibility form is required.)

8. The program director/coordinator will contact the student approximately a week after exposure to make sure the student has received blood work and the sources blood work and also to give post-exposure counseling from the facility in which the exposure occurred. The student should then follow-up with their personal physician for the appropriate follow-up treatment. Follow-up treatment and laboratory testing with the student's personal physician is HIGHLY recommended in all occurrences.

9. The student is ENTIRELY responsible for obtaining all follow-up treatment and for all medical bills associated with the follow-up treatment.

10. Mailing Address/Fax Information:
    Illinois Central College
    Risk Management 236A
    1 College Drive
    East Peoria, IL  61635
    Phone: (309) 694-5398
    Fax: (309) 694-8563
## STUDENT EXPOSURE REPORT FORM

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>ICC Student ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>DOB:</td>
<td>Gender:</td>
</tr>
<tr>
<td>Date/Location of Exposure</td>
<td>Time:</td>
</tr>
<tr>
<td>Date Exposure Reported:</td>
<td>Time:</td>
</tr>
<tr>
<td>Student’s Personal Physician:</td>
<td></td>
</tr>
</tbody>
</table>

### Description of exposure incident, including details of where, when, how, as well as the route of entry and areas of body affected:

What type of personal protection was being used?

Name the person to whom you were exposed (if known):

List names of witnesses to the incident (and contact information):

Describe factors contributing to the incident:

<table>
<thead>
<tr>
<th>Dates of Hepatitis B Vaccinations:</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locations of Hepatitis B Vaccinations:</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
</tr>
<tr>
<td>Student Signature:</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
### Supervisor's Section:

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor's description of the exposure:</td>
<td></td>
</tr>
<tr>
<td>What action was taken?</td>
<td></td>
</tr>
<tr>
<td>Did unsafe conditions or actions contribute to the incident? If yes, please explain in detail.</td>
<td></td>
</tr>
<tr>
<td>What follow up or specific corrective action has or will be taken to prevent a recurrence?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICC Supervisor’s Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**PLEASE SEND THIS COMPLETED REPORT TO:**

Illinois Central College  
Risk Management Room 236A  
1 College Drive  
East Peoria, IL 61635  
Phone: (309) 694-5398  
Fax: (309) 694-8563
A student who is injured during a clinical/fieldwork experience should:

1. Notify clinical/fieldwork instructor and program director/coordinator.

2. The instructor/supervisor completes the clinical facility incident report.

3. The instructor/supervisor completes the ICC Health Careers Student Accident/Injury Report.

4. The instructor notifies ICC Risk Management (309) 694-5398.

5. If medical attention is needed the student may choose to receive care at the clinical facility or from the student’s personal physician, with the student responsible for any and all medical expenses resulting from the injury.

6. If the student is injured while in on-campus laboratory activity, the student is to notify the instructor immediately. The instructor will complete the ICC Health Careers Student Accident/Injury Report. The student is responsible for any and all medical expenses resulting from the injury.
# ACCIDENT/INCIDENT/INJURY REPORT

**PRINT LEGIBLY & COMPLETE ALL SECTIONS OF THE FORM**

<table>
<thead>
<tr>
<th>Person's Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual Involved:</td>
<td>DOB:</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ID #:</td>
<td>Classification:</td>
</tr>
<tr>
<td></td>
<td>□ Student □ Employee □ Visitor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accident/Incident/Injury Information</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Date of Occurrence:</td>
<td>Time of Occurrence:</td>
</tr>
<tr>
<td></td>
<td>□ a.m. □ p.m.</td>
</tr>
<tr>
<td>Facility Location:</td>
<td>(Building and Room #):</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Body Part Injured:</th>
<th>(Be specific Left or Right/Upper or Lower)</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Description of Accident, Incident, or Injury in Detail:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Witness Name:</th>
<th>Witness Phone:</th>
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<tbody>
<tr>
<td>(Additional space is provided on back of the form.)</td>
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<table>
<thead>
<tr>
<th>Treatment:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Other Action Taken (person transported to hospital, Sent to IWIRC etc.):</th>
<th>Transported by:</th>
<th>Signature</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Campus Police called:</th>
<th>□ Yes □ No</th>
</tr>
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<table>
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<tr>
<th>Officer’s Name:</th>
<th></th>
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<table>
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<tr>
<th>Injured Person Refused Attention:</th>
<th>□ Yes □ No</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Injured Person’s Signature:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Staff Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Completing this Report:</td>
<td>Phone #:</td>
</tr>
<tr>
<td></td>
<td>Date Report Completed:</td>
</tr>
</tbody>
</table>

-over-
**** RETURN ALL COMPLETED REPORTS TO BOTH:

RISK MANAGEMENT & BENEFITS
East Peoria Campus, Room 236A
Fax# (309) 694-8563

and

CAMPUSS POLICE
East Peoria Campus, Room 105A
Fax # (309) 694-5242
PROFESSIONAL CONDUCT POLICY
IN CLASSROOMS/LABORATORY/CLINICAL/FIELDWORK SITES

This policy for professional conduct is to assure a standardized professional image of all Health Careers Program students and to promote a recognizable image across all Program settings. Any violation will be handled immediately so as to not affect ICC's use of the clinical site for future students.

In accordance with these expectations, when participating in classroom experiences, laboratory exercises, and/or assigned to clinical sites, students enrolled in Programs must adhere to the following Professional Conduct Policy. This policy is in addition to the Student Code of Conduct outlined in the College catalog. Program-specific attendance policies and program-specific clinical/fieldwork expectations/attire/conduct will take precedence over the general Health Careers conduct guidelines presented here.

Appropriate professional conduct is a significant component of the Health Careers Programs (the “Program”) of Illinois Central College. Students of the Programs are expected and required to be reliable and competent, exercise sound judgment, act with a high degree of personal integrity, represent themselves and Illinois Central College (the “College”) in a respectful manner, and observe all rules and regulations of the clinical sites to which they are assigned. Students also have a responsibility to protect the welfare and safety of the patients/clients for whom services are being provided. Students placed at clinical sites and in clinical must realize the privilege of this experience, its responsibilities, and the reflection on Illinois Central College and its numerous health career programs.

The Professional Conduct Policy includes, but is not limited to:

1. Being prepared for the learning environment and actively participating in appropriate ways that will ensure learning of key components.
   a. Be on time.
   b. Refrain from excessive absenteeism.
   c. Remain in assigned area of clinical experience, leaving only with permission.
2. Providing competent and reliable services to patients/clients using sound judgment and discretion. Students are expected not leave patients unattended and/or release patients without prior approval from a qualified staff member (if applicable).
3. Demonstrating respect and courtesy to patients/clients and their families
4. Demonstrating respect and courtesy to peers/classmates, instructors, college staff, supervisors, and all other members of the health care provider team in classroom, labs, and clinical sites.
5. Cooperating with all faculty, staff and peers without insubordination.
6. Providing safe care and/or services on a non-discriminatory basis.
7. Wearing uniform, name badge, student ICC patch at all times at clinical/fieldwork sites for student to be identified as an ICC Health Careers student. The student is allowed to identify himself or herself as a student ONLY during assigned clinical hours.
8. Wearing of uniform, student ID name badge and student patch is prohibited on non-assigned, nonclinical days, during outside employment, or in other facets of personal life. The ICC student ID should only be worn during ICC academic related activities.
9. Demonstrating and maintaining professional behavior by not exchanging personal contact information with patients/clients, not communicating with patients/clients outside of the clinical experience, and/or not accepting gifts from clients/patients.
10. Performing procedures and/or services only authorized by ICC faculty and/or ICC delegated supervisor in accordance with accepted professional standards.

11. Observing the rules of classroom/laboratory and clinical facility regulations including but not limited to:
   a. Proper use of equipment and other property.
   b. Not removing equipment or other property from facilities.
   c. Not distributing, possessing and/or being under the influence of illegal drugs or controlled substances.
   d. Not distributing, possessing and/or being under the influence of alcohol.
   e. Complying with all current health requirements, drug testing, and criminal background check requirements.
   f. Not possessing or using any type of weapon.
   g. Complying with cell phone or other electronic device (iPod, iPad, etc.) usage consistent with the policies of classroom syllabi, laboratory rules, and clinical site regulations.
   h. Refraining from smoking and the use of tobacco products, including e-cigarettes, at all clinical/fieldwork sites. Student will adhere to the College smoking policy on College premises.

12. Maintaining the confidentiality of patient/client information in accordance with recognized professional and institutional rules; without unauthorized release and/or misuse of patient/client information or institutional data.

13. Maintaining proper dress, appearance, hygiene, and decorum in accordance with the standards set by the clinical site, Program and professional standards including but not limited to:
   a. Hair clean. In direct patient care, hair shoulder length or longer must be pulled back for safety and to prevent the spread of infection.
   b. Mustaches and beards must be clean, well-trimmed, and neat.
   c. Fingernails trimmed and clean. No polish, artificial nails including wraps, decorative printing, shellac, extensions, decals, or jewels. Nail length is limited to ¼ inch above the fingertip.
   d. Makeup that is conservative and appropriately complements professional appearance.
   e. Offensive body odor and poor personal hygiene are not acceptable. Smoke odors are not allowed.
   f. Perfume, cologne, aftershave colognes, scented lotions, and smoking by-products should be avoided altogether as some individuals may be sensitive.
   g. Jewelry that undermines the professional image or creates a safety hazard is prohibited. Wearing an excessive amount of jewelry is prohibited. Jewelry must be removed from facial and tongue piercing or replaced with a very small clear stud. Earrings should be small studs, with no more than two piercings per ear worn.
   h. Wristwatches with a second hand are appropriate.
   i. Clothing will be clean, neatly pressed, properly fitted, and in good repair. Extreme styles and appearance, including low cut tops, tops that expose the abdomen, and short skirts/shorts that when seated expose the upper thigh are not acceptable for classroom, laboratory, or clinical settings. Clothing which is too tight or too loose fitting negatively impacts the professionalism of the students and should be avoided. Undergarments will be worn at all times but will not be exposed during normal movement. Pant hem lines must not touch the ground.
   j. Student uniforms will consist of the Program’s designated scrub color when scrubs are required as Program uniforms.
   k. Stockings or socks will be worn with Program uniforms.
I. Leather or impervious shoes that are white will be permitted. Open-toe shoes are not permitted. Casual sandals (flip flops, sport sandals, etc.) and slippers are not permitted.

m. Tattoos will be concealed and covered to maintain a professional appearance. If a tattoo is unable to be covered by clothing, it is covered by a bandage.

Disciplinary action for a violation of proper dress will include an initial verbal warning. On second offense, the student will be sent home and may return only when appropriately attired. That day will count as an absence.

The penalty for violating the Professional Conduct Policy will be discipline up to and including suspension or dismissal from the Program. Due to the sequential design of the curriculum in most Health Careers Programs, any period of suspension or dismissal may result in a delay in program completion.

If the disciplinary action is suspension or dismissal from the Program, documentation will be completed by the Program Director/Coordinator and submitted to the Dean/Associate Dean of Health Careers and Dean of Student Services. The student may provide a written appeal of the disciplinary action to the Health Careers Dean/Associate Dean within 10 business days of the discipline imposed. The student will not be permitted to participate in the Program during the appeal process.

All Health Careers Programs require completion of current health requirements, drug testing, and fingerprint background check, as a condition of program participation. Drug testing will precede clinical experience in all cases and will be required prior to admission to some Programs. Positive results on a drug screen or misrepresentation regarding drug use will lead to immediate dismissal from, or non-admittance to the Program.

Positive fingerprint background checks revealing non-waiverable offense will lead to immediate dismissal or non-admittance to the Program. Offenses requiring a waiver may be permitted if waiver is issued prior to admission to the Program.

ACKNOWLEDGEMENT

I acknowledge receipt of the Health Careers Professional Conduct Policy. I have read and understand the statement and agree to abide by the standards and rules set forth therein. I understand that failure to abide by the Professional Conduct Policy may result in my suspension or dismissal from the Program. I understand that I will not receive a refund of tuition or fees or book, supplies, instruments, or equipment purchased should I be dismissed from the Program due to violating this policy.

Student Signature: __________________________

Printed Student Name: __________________________

        First  Last

ICC Student ID #: __________________________

Date: __________________________
SOCIAL NETWORKING POLICY

Professional behavior is expected as outlined in the standards of each healthcare profession. Students should avoid all discussion of personalities, etc. involving college faculty, clinical instructors, other students, doctors, hospital personnel, and patients. Students must refrain from discussion of problems, issues, or negative experiences encountered either on campus, in the clinical facility, or in hospital departments on any social network.

The following are guidelines that should be followed when creating blogs, commenting on a blog, creating a LinkedIn profile, using Facebook, Twitter or other social sites, and/or engaging in any other social networking, including contributing to or through any of the other online media.

PERSONAL EXPRESSION
Personal blogs and social networking contain the views of a particular student, not the views of the college and/or clinical education setting (hospital). However, readers may not immediately appreciate this concept and a student may be held liable as representing the views of the college (program) and/or clinical education setting. Therefore, students must refrain from discussing and sharing photos related to their clinical experiences while using social networking sites.

PROTECT CONFIDENTIAL/TRADE SECRET INFORMATION
When posting blogs and/or contributing to, or through, any social networking site, students must refrain from disclosing confidential, proprietary, sensitive and/or trade secret information of the clinical educational setting and third parties.

BE RESPECTFUL AND EXERCISE COMMON SENSE
All blogs and social networking contributions must comply with this Health Careers policy. When posting a blog and/or contributing to, or through, any social networking site, be respectful of others. Assume faculty, other students, co-workers, hospital personnel, patients, and potential future employers are reading your blogs and contributions.

The Health Careers Program will determine, in its sole discretion, whether a particular blog or social networking use violates the policy. As with all other policies, violation of this policy may result in discipline, including dismissal from the Program.

ACKNOWLEDGEMENT
I have read and agree to comply with the terms of this policy which outlines my responsibility to Illinois Central College Health Careers and respectful social networking. I understand that violation of this policy may result in disciplinary action, including dismissal from the Program.

Student Signature: 

Printed Student Name: ____________________________
  First Name: ____________________________
  Last Name: ____________________________

ICC Student ID #: ____________________________

Date: ____________________________
UNDERSTANDING OF PROGRAM POLICIES

I, undersigned, have read and understand the policies as stated in the Health Careers Handbook. As a Health Careers student, I accept the responsibility to abide by all policies as outlined in this handbook.

I understand that if I have not complied with health requirements, I will not be allowed to attend clinicals until the requirements are met.

STATEMENT OF CONFIDENTIALITY

I, undersigned, have read and understand Confidentiality and accept my responsibility to maintain confidentiality, including avoiding any disclosure within social media, as a Health Careers student in the health care setting.

CORE PERFORMANCE STANDARDS & CRITERIA OF ADMISSION AND PROGRESS

I, undersigned, have read the Core Performance Standards & Criteria of Admission and Progression and hereby represent that I can effectively and safely perform the competencies listed.

ACADEMIC WORK

I, undersigned, understand during my enrollment as a Health Careers student, give my permission to the program faculty and coordinator/director to use my academic work from courses within the program for education purposes, curriculum design and improvement, and program accreditation. I understand that my name will be removed from the academic work prior to its use.

Student Signature

Printed Student Name:

First

Last

ICC Student ID #

Date: