PTA PROGRAM POLICY ON CLINICAL FACULTY RIGHTS, RESPONSIBILITIES, PRIVILEGES, SELECTION, EVALUATION AND DEVELOPMENT

Rights, responsibilities, and privileges of clinical faculty:

Clinical faculty are considered adjunct faculty and are covered by the Policy on Employment of Adjunct Faculty. Clinical faculty are not paid. Their rights, responsibilities and privileges are non-discriminatory and are commensurate with other similar appointments within the institution. This has been the traditional and assumed model for PTA education in this region. The clinical contract signed by most agencies and prepared by the college states that the clinical site agrees to provide the clinical facilities required for the student’s experience. These issues will be discussed with the agencies during the orientation that will be provided to them annually, or on an as-needed basis.

The privileges and rights available to adjunct faculty include a free adjunct faculty conference at the beginning of each school year which clinical educators are allowed to attend, an orientation to the college and the adjunct faculty status, an orientation to the PTA clinical instructor role, rights and responsibilities, free use of the Physical Education facilities, use of the Library and Individualized Learning Support Center (including Access to the Allied Health Librarian), access to the Center for Teaching Excellence materials, help from the Office of Disability Services, attendance at Division activities and faculty discounts for cultural events. There is an Adjunct Faculty Committee which meets to address the needs and concerns of adjunct faculty. The Division of Allied Health and Nursing has an adjunct faculty member appointed to this committee. Clinical Instructors in the PTA program are eligible to be appointed to this committee.

The responsibilities of the clinical instructors include serving as resource persons for students, helping to instruct and model the role of the PTA to the student, clinical instruction and supervision of the student during the clinical experience (especially as relates to direct patient care), evaluation of the student according to prescribed methods and submitting the evaluation to the PTA program faculty (note: PTA program faculty assign the course grade using input and feedback from the clinical instructor), informing the program faculty as soon as possible of any concerns or problems noted relating to the program or a particular student, and participating wherever possible in development offerings provided to them by the program and/or college. The clinical instructor and agency retain ultimate responsibility for the care of their patients. These responsibilities will be discussed with the clinical instructors during the orientation process or the site visit by the ACCE.

Recognition of clinical faculty, who will designate the clinical instructor, and the approach where an instructor is not acceptable:

In general, the clinical agency assigns the clinical instructor, providing the clinical instructor has been included in their CSIF form, which is reviewed for acceptability by either the program director or the ACCE. If the instructor has not been previously included on the CSIF, a supplemental inclusion is acceptable by having the agency submit the necessary Clinical Instructor Information from page 5 of the CSIF. This is the process by which clinical instructors are to be recognized. The PTA program faculty may request a particular clinical instructor from the site be assigned to a particular student, but recognizes that this is not always possible for the clinical agency. However, according to the standard contract from the college, the college remains responsible for planning student schedules and student assignments, and assumes final responsibility for the educational program. (This includes assigning the final grade, utilizing clinical instructor feedback.) In the situation where a site is acceptable but the clinical instructor
is not, the PTA Program Director and/or ACCE will speak with the Center Coordinator of Clinical Education at the site, explain the reasons for their concerns, and attempt to negotiate a change in clinical instructors. In general, Clinical educators are expected to meet minimum qualifications, to be considered competent clinically in the area in which they serve, and be effective Clinical Instructors. If the agency refuses or is unable to accommodate this request within a reasonable time frame which does not compromise the student’s learning experience, the student will be placed into a different agency.

Clinical faculty development plan and the linkage between evaluation and development:

At the end of each clinical practicum the student’s evaluation of the clinical site/clinical instructor is reviewed by the ACCE. This information has been presented to the CI and/or the CCCE during their final student evaluation and signed by the student and CI. Problems with the clinical site or clinical instructor are handled as they arise during the rotation if they are brought to the attention of the ACCE prior to the formal written evaluation. After reviewing the evaluation forms, the student is verbally contacted by the ACCE and any problems are discussed and addressed if necessary. Actions necessary are addressed by the ACCE with the CCCE and CI at the site. At the end of the final clinical a random sample of all clinical practicum evaluations are taken for an overall evaluation of the clinical experiences for that year for any active sites. This includes the student evaluation of the clinical site and clinical instructor, as well as the clinical instructor evaluation of the student. This information is shared with the Program Director if there are any issues, actions taken or problems are discussed at that time.

The agency providing the clinical site and the clinical instructor are evaluated each semester or each time a student is placed in that site. These semester evaluations are reviewed by the Program Director and/or the ACCE (more often should a problem arise). Discussions are held with each active site CCCE to share and discuss the student perceptions and evaluations of the sites (more often if circumstances should indicate a need).

The clinical faculty members are reviewed by the Program Director and/or ACCE as well as by the students, taking into account various data: the student and facility evaluations and information, clinical site visit forms, clinical education site assessment forms, as well as the expectations of the faculty. Feedback is shared and discussed with the faculty member as part of site visits where possible to facilitate CI development. Should any significant individualized weaknesses be noted, an individualized remediation plan will be developed together with the faculty member to improve clinical faculty effectiveness for the benefit of the clinical faculty member, the student and the program as a whole. For any remediation plan developed, there would be periodic reviews of progress over the term of the plan (frequency of reviews depend on the length of the plan). The individualized plan will have goals, timelines for progress or attainment, and available resources along with follow-up to reassess and determine any future steps.

Based on reviews of all the clinical instructor and site evaluations, the potential also exists for generalized weaknesses, needs or trends to exist over a number of clinical instructors and agencies. In this case, interventions will be devised in cooperation with the program, the Program Advisory Committee, or involved sites as deemed appropriate to attempt to correct these weaknesses to improve the effectiveness of the clinical faculty for the benefit of the clinical faculty member, the student and the program as a whole. Again, goals, a timeline and available resources will be specified along with follow-up to reassess and determine any future steps. Examples of ways to address these types of more widespread or general issues include
inservices, continuing education courses to be offered by the college, individualized consultation and support by the Program Director or ACCE, and referral to other resources.

The clinical faculty development plan is based upon the above listed steps, for individualized needs, and for identified community/general needs. Also as noted above, periodic continuing education courses sponsored by the college and program are planned, with an eye to helping clinical instructors and sites remain current in their practice knowledge or areas deemed necessary for development. Additional courses may also be planned to enhance the educational process, such as the certification course for clinical instructors. Finally, the ACCE during his visits will act as a resource to faculty/facilities regarding the clinical education process, methods, and techniques as needed. The Program Director similarly acts as an instructor and resource to faculty/facilities regarding educational processes, current practice, ethical/legal issues, and treatment methods.

Reviewed 5/15 JM
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