

SPOKANE FALLS | COMMUNITY COLLEGE



PHYSICAL THERAPIST ASSISTANT PROGRAM

Clinical Instructor Handbook

**2917 W. Fort George Wright Drive
Spokane, WA 99224**



Community Colleges of Spokane
Spokane Falls Community College

Physical Therapist Assistant Program

CLINICAL INSTRUCTOR HANDBOOK

Clinical education experiences are a major component of physical therapy education. It is through this educational mechanism that students are given the *opportunity* to develop and refine the skills learned in the academic setting by giving actual patient care in the clinic under structured supervision. Clinical experiences are crucial to gain all the competencies necessary to provide safe and effective patient care as an entry-level physical therapist assistant. Clinical experiences are the *best* part of an educational program and we appreciate your willingness to support this program by becoming a part of its clinical education faculty.

**Spokane Falls Community College
Physical Therapist Assistant Program**

Clinical Education Handbook
for Clinical Instructors

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Community Colleges of Spokane
Spokane Falls Community College

Physical Therapist Assistant Program

PROGRAM INFORMATION

GENERAL INFORMATION

The goal of the Physical Therapist Assistant Program at SFCC is to provide the community with graduates who are educationally and clinically prepared to accept an entry-level position as a PT assistant, and who are capable of providing quality physical therapy services under the supervision of a licensed physical therapist. Upon successful completion of this program, students are awarded an Associate in Applied Science Degree (AAS).

ACCREDITATION

This educational program is planned in accordance with the standards, guidelines, regulations, and evaluative criteria set forth by:

- Community Colleges of Spokane and the Washington Community College System
- Spokane Falls Community College
- American Physical Therapy Association (APTA)
- Commission on Accreditation in Physical Therapy Education (CAPTE)
- Washington State Law, Chapter 18.74 RCW, Physical Therapy
- Washington State Board of Physical Therapy

Spokane Falls Community College is accredited by the Commission on Colleges of the Northwest Association of Schools and Colleges. Both the college and the PTA program are approved for veterans training by the Veterans Administration.

This program is currently accredited by the Commission on Accreditation in Physical Therapy Education for the American Physical Therapy Association. Accreditation of a physical therapy education program is an ongoing process. Please be reminded that your participation in all accreditation activities is vitally important to the ongoing success and high standards of the program.

FACULTY AND STAFF

Marie Cole, PT, MED	Core Faculty/ Program Director	279-6224; Bldg. 27, Rm. 349
Donelle Odren, PT, DPT	Core Faculty/ Clinical Education Coordinator	279 6249; Bldg. 27, Rm. 347
Renée Compton, PTA, ATC	Core Faculty	279-6245; Bldg. 27, Rm. 353
Gary Blevins	Instructor	533-3661; Bldg. 28, Rm. 209
Dana McPhee, PT	Adjunct Instructor	279-6242; Bldg. 27, Rm. 151D
Thea Maristuen-Borg, PT	Adjunct Instructor	279-6242; Bldg. 27, Rm. 151D
Leann Anzalone, PTA	Adjunct Instructor	279-6242; Bldg. 27, Rm. 151D
Lynn Aley, PT	Adjunct Instructor	279-6242; Bldg. 27, Rm. 151D
Julie Bibo, PT	Adjunct Instructor	279-6242; Bldg. 27, Rm. 151D
Karen Wilson, PTA	Lab Coordinator/Adjunct Instr.	279-6242; Bldg. 27, Rm. 151D
Danni Russell, PTA	Lab Coordinator	279-6242; Bldg. 27, Rm. 151D
Carolyn Wright	Program Coordinator	279-6225; Bldg. 27, Rm. 355
Loren Pemberton	Counselor	533-3503; Bldg. 30, Rm. 227
Pam Long	Office Asst. Dean's office	533-4149; Bldg. 19, Rm. 103
Cynthia Cobbs	Secretary	279-6073; Bldg. 27, Rm. 356

CLINICAL EDUCATION FACULTY

Many individuals are involved in providing each clinical experience for a student. The following is a description of the primary roles to help you understand the relationships and responsibilities of each.

- CEC (Clinical Education Coordinator)

The CEC coordinates the clinical education portion of the program. The CEC represents the college in the contractual agreement, coordinates scheduling with the CCCE, manages conflict resolution, and provides indirect supervision of students in the clinic in collaboration with the clinical instructor. The CEC will visit each student at least once during each spring clinical affiliation.

- CCCE (Center Coordinator of Clinical Education)

The CCCE is usually a physical therapist employed by the clinical facility, with 2 or more years of experience, who has the responsibility of arranging for clinical education experiences of students in that facility. The CCCE represents the facility in the contractual agreement, coordinates scheduling of students with the CEC, assigns students to clinical instructors, and usually provides the student with the “first day” orientation. The CCCE may also be involved with conflict resolution.

- CI (Clinical Instructor)

Clinical instructors are physical therapists or physical therapist assistants with a minimum of one year of experience who provide the direct supervision of students in the clinic. The clinical instructor is responsible for arranging and scheduling student-learning experiences, providing appropriate supervision during patient treatment, providing a mid-term and final evaluation and conferences, giving frequent feedback on student performance, and communicating with the CEC and CCCE regarding student issues.

- Other team and staff members

Generally clinic sites are very accustomed to the presence of students from a variety of medical professions. You will have the opportunity to interact with other rehab team members such as the physicians, occupational therapists, nurses, orthotists/prosthetists, recreation therapists, speech therapists, educators, psychologists, social workers, equipment vendors, and etc. Take advantage of the unique opportunity this presents and learn all you can from these professionals. They will be appreciative of your interest and are usually happy to answer all of your questions!

PROGRAM MISSION

The Spokane Falls Community College Physical Therapist Assistant Program and faculty are committed to developing lifelong learning through excellence in educational and clinical experiences to enable the student to possess skills necessary for successful employment within varied scope of physical therapy practice. The program will strive to admit and graduate students who demonstrate professional behaviors which includes effective communication, commitment to learning, critical thinking, responsibility and therapeutic presence and who will provide physical therapy services ethically within the standards of practice under the guidance and supervision of physical therapists.



Community Colleges of Spokane
Spokane Falls Community College

Physical Therapist Assistant Program

PROGRAM POLICIES

CONFIDENTIALITY OF STUDENT RECORDS

In addition to the college policies regarding confidentiality of student records as described in the *Student Code of Conduct (WAC, 132Q-02)*.

<http://catalog.spokane.edu/StudentRights.aspx?page=PV2>

it is important for you to know about the records kept within the program. All program faculty shall respect confidential information about students which they necessarily acquire in the course of their work as school officials. Further, faculty advisors may obtain copies of student transcripts. Each student has the right to inspect and review PTA program records which pertain to the student. All student files and records are maintained and kept in the program director's office or the program coordinator's office, and are accessed through the program director or program coordinator only. In order to be able to share information to students and between students, the program will use CANVAS to communicate amongst all students.

STUDENT RIGHT TO KNOW

Community Colleges of Spokane complies with a variety of state and federal requirements concerning providing information to students and prospective students regarding campus crime statistics and security, undergraduate completion and graduation rates, athletic information including expenditures and revenue, and participation by team and gender.

View detailed information on the CCS website:

<http://www.ccs.spokane.edu/Future-Students/righttoknow.aspx>

DIGNITY STATEMENT

"Community Colleges of Spokane is committed to providing all our students with an education of the highest quality and in a manner which exhibits concern and sensitivity to our students, faculty and others who utilize our services and facilities. It is therefore essential that every person who is connected with the district exhibit appropriate and conscientious behavior in dealing with others."

DISABILITY AND SUPPORT SERVICES

In accordance with the Americans with Disabilities Act, the Rehabilitation Act of 1973, the Washington State RCW Chapter 49.60 and the Washington State Law Against Discrimination, SFCC will consider accommodations for students with disabilities at the student's request. It is the student's responsibility to make known any disability for which accommodation is requested and to register with the Disability Support Services (DSS) office providing documentation of the disability. Once the student is qualified by the DSS Manager as having a disability, requested accommodations will be considered. Accommodations that compromise patient care or that fundamentally alter the nature of the program or activity are not considered reasonable.

All students, with or without a disability, are required to perform the essential job functions in order to successfully complete their clinical experience. The essential functions for the PTA Program will depend on the setting. The essential functions which students are required to perform in a classroom setting will differ from the essential functions students are required to perform in a lab setting. The essential functions which students perform in a clinical setting will differ from both the classroom and lab. As a result, accommodations which are reasonable in a clinical setting or a lab setting may be very different from accommodations which are reasonable in an academic setting. All students are required to meet the essential functions of the classroom, lab and clinical settings. For example, a student may have an accommodation in the classroom which permits them to have an

expanded timeframe to complete testing. Since the clinical settings involve treatment of patients and other demands that are different from the classroom, the tasks required in a clinical setting may not permit the same amount of flexibility for extended timeframes to complete tasks. As a result, it is necessary to evaluate the essential functions of the different settings to determine what accommodations are appropriate for the different environments. Extended or additional time to read patient charts or to document patient care may be considered reasonable in a clinical setting depending upon the time requested and the essential functions required for the work being performed. As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance. This performance dimension applies to all of the CPI performance criteria.

The clinical experiences and internship courses are conducted at third party facilities that are not owned or operated by SFCC. If a student also wants accommodation(s) during a Clinical placement, the student must meet with Disability Support Services and discuss his/her needs for accommodation at least three months prior to the clinical experience. The student and the Disability Support Services staff will review the Clinical Performance Instrument and other relevant information to identify potential accommodations. The Disability Support Services Staff and student will coordinate with SFCC Clinical Education Coordinator to initiate discussion with the clinical facility's CCCE to evaluate and coordinate reasonable accommodations in that clinic.

The ADA has legal requirements regarding performance standards:

- Q. May an employer apply the same quantitative and qualitative requirements for performance of essential functions to an employee with a disability that it applies to employees without disabilities?
- A. Yes. An employee with a disability must meet the same production standards, whether quantitative or qualitative, as a non-disabled employee in the same job. Lowering or changing a production standard because an employee cannot meet it due to a disability is not considered a reasonable accommodation. However, a reasonable accommodation may be required to assist an employee in meeting a specific production standard.¹

If placement is not successful at a specific clinic, staff will engage in an interactive process with the students and DSS in an effort to provide equal access to an appropriate clinical experience.

It is important to note that the curriculum design of this program (based upon accreditation standards) prepares all students to be generalists as practicing therapists. All students are required to meet the essential skills of a PTA, with or without reasonable accommodation. All PTA students must successfully complete all lab skill check-offs, and successfully pass both academic and lab courses to progress in the program.

Procedures for student grievances as related to Disability Services are included in the CCS Administrative Procedure 3.20.01B- Grievance Procedure for Students with Concerns with Disability Support Services.

Any student with a health condition or disability which may require accommodations in order to effectively participate in any PTA class or clinical, should contact Disability Support Services (DSS). [Building 17, Room 201, 533-4166]

¹ U.S. Equal Employment Opportunity Commission. The Americans with disabilities act: applying performance and conduct standards to employees with disabilities. <https://www.eeoc.gov/facts/performance-conduct.html>. Modified January 20, 2011. Accessed January 18, 2017.

Community Colleges of Spokane provides equal opportunity in education and employment.

VETERAN SUPPORT SERVICES

SFCC appreciates students who have served our country and understands that students with military experience may face unique challenges in completing their educational goals. The Veterans Resource Center (VRC) can be found in the Library (Building 2, Room 001), or can be contacted at (509) 533- 3900. Additionally, lists of faculty who are registered as “Veteran Friendly Contacts” are posted in all buildings on campus. Sunny Anderson, COTA, Adjunct Faculty, is one of the Veteran Friendly Contacts on the SFCC campus. If you have military experience, you are encouraged to speak to Sunny if you need assistance or support to complete your educational goals at SFCC.

Additional information can be found at:

<http://spokanefalls.edu/Home-Military.aspx?page=PV3>

A NOTE ON RESPECT WITHIN THE ACADEMIC COMMUNITY

In order for learning to take place, students and other participants must be valued in the classroom setting. Value and mutual respect is due all students, not just those that share your values, beliefs and life experiences. Acceptance should not be confused with agreement; one need not agree with a person to listen, and one must listen well in order to disagree either cogently or respectfully. Every student in this course has a voice and so deserves the courtesy of attentive listening and the freedom to express diverse ideas.

STUDENT HEALTH CENTER

The *Student Health Center* is located at Spokane Community College, and is in Building 7 (Jenkins Wellness Center), Room 118. The Clinic is walk-in only*; Mental Health Counseling is by appointment.

SCC address:

1810 N Greene St

Spokane, WA 99217

For more information, please go to

<http://www.scc.spokane.edu/Resources/HealthClinic.aspx>

Clinic hours are different every quarter, and costs are also subject to change. Please call the clinic ahead of time prior to when you go in and always confirm the cost of service and the available clinic hours at (509) 533-8611. **It is the responsibility of the student to contact the SCC Health Center for information. Always call ahead.*

The Student Health Center is open to all currently enrolled SCC and SFCC students. It is a walk-in clinic that provides limited health care services by Washington State licensed nurse practitioners (ARNPs). Services include diagnosis and management of minor illness and injury, interval management of stable chronic illness, simple diagnostic testing including urinalysis and pregnancy testing, clearance for return to school or work, TB testing, health promotion services and referrals (e.g., smoking cessation, stress management, and weight and nutrition management), and required Health Science Program and Department of Transportation physical exams. Competitive sports physicals are not included. Most services will be provided at no cost to SCC and SFCC students.

Depending on vaccine availability, some immunizations will be available for students at a reduced cost. The Student Health Center is sponsored by student government at SCC and SFCC.

STUDENT HEALTH AND INSURANCE

As a student in the PTA program, you will be conducting therapy treatments on yourselves, your classmates in the laboratory classes, and on patients during the clinical education portions of your training. Participation in these activities necessarily involves some degree of risk, either to you or others. Additionally, because you are considered to be a health care provider, you are subject to all policies and regulations governing health care workers including all policies and procedures of your affiliation sites. Therefore, your participation in this program necessitates some special requirements.

Health

Students who are accepted into an allied health program must be able to perform all course-related physical activities and meet the “Essential Student Functions for Success in the PTA program”. In addition, immunizations including rubella titer, tuberculin test, tetanus vaccination, and hepatitis B vaccine (or waiver) is highly recommended before entrance into this program*. Documentation verifying these will need to be submitted to Verified Credentials by their respective due dates. The Verified Credentials procedure is reviewed during new student orientation.

It is the student’s responsibility to consult your medical provider if you become pregnant. We recommend the pregnant student review the “*Essential Student Functions for Success in the PTA program*” with your health care provider.

In the event of an extended illness, injury or surgery, a physician’s written statement is required stating the student’s ability to return to normal course-related activities. This must be received by the program director prior to returning to the program. In these types of extenuating circumstances, the faculty will make every attempt to accommodate your needs. However, you *must* keep us informed on a regular basis in order for us to make appropriate decisions.

Insurance

Liability: All students are covered by liability insurance through the college when they are out on clinicals. A fee to cover the cost of liability insurance is included in course fees.

Accident/Medical: The PTA program strongly recommends students be protected by an accident insurance policy. If you are covered by private medical insurance, accident insurance will be included in your policy. If you do *not* have private medical insurance, accident insurance may be purchased through the college. The current cost of accident insurance is \$39.00/quarter.* Please bring copies/re-confirm your insurance coverage with the PTA program assistant. If you purchase it through SFCC or change policy holders, notify the Program Assistant immediately.

* Entrance to the PTA Program may not be denied due to lack of immunizations or health insurance. This may be required for clinical education; therefore, without access to the clinical facilities, a student may not be able to satisfactorily complete the PTA program and will be so advised.

ESSENTIAL STUDENT FUNCTIONS FOR SUCCESS IN THE PTA PROGRAM

The following information is provided to assist you in achieving a better understanding of the sensory, physical, communication, cognitive, behavioral, social and professional skills necessary to successfully work as a PTA. These criteria are identified as being **essential job functions** for

physical therapist assistants and as such, closely match the abilities needed to successfully complete the clinical and laboratory components of the PTA program at SFCC. Students must be able to meet these minimum standards throughout the program, with or without reasonable accommodation, for successful completion of the program requirements. The *Occupational Information Network* which is part of the *US Dept of Labor* provides a more detailed report regarding this occupation: <http://www.onetonline.org/link/details/31-2021.00>

It is the policy of Spokane Falls Community College to provide reasonable accommodation to qualified students with disability so they can meet these required standards. If you are disabled and need special accommodations, please contact the program supervisor of disability support services program at 533-4166. Please refer to the **DISABILITY AND SUPPORT SERVICES** section earlier in this handbook.

Sensory/Physical Skills

The student must be able to:

1. Provide general and emergency treatment to patients, including CPR.
2. Execute actions which require strength and coordination of both gross and fine motor movements, balance and functional use of the senses of touch and vision.
3. Observe and interpret patient movement, non-verbal communication, skin conditions including changes in appearance or color, anatomical structure, etc.
4. Read and interpret equipment dials, graphs, patient charts, professional literature, and notes from physicians and other professionals.
5. Lift, carry, and push adult and pediatric patients safely. Lift, carry and push heavy equipment and wheelchairs utilizing proper body mechanics, avoiding injury to self or patient/classmate.
6. Lift and carry up to 30 pounds frequently, lift up to 50 pounds occasionally and greater than 50 pounds seldom.
7. Manipulate equipment including bolsters, pillows, plinths, mats, and assistive devices, to aid in positioning, moving or treating a patient effectively.
8. Respond to a patient calling from behind a curtain, warning calls from anyone (patient, staff, etc.), bells, alarms/signals.

Communication

The student must be able to:

1. Provide patients with clear instructions that are adapted to their cognitive levels and communication needs.
2. Communicate effectively, compassionately and respectfully with patients and their families, including perception of non-verbal communication.
3. Document clearly and legibly progress notes in patient charts, written home programs and instruction to patients and family members.
4. Interact respectfully and effectively with many professionals including members of a multidisciplinary team and convey essential information for safe and effective care.
5. Deliver clear oral presentations to classmates and health care professionals.

Cognitive

The student must be able to:

1. Concentrate and attend to detail amidst a variety of environmental distractions.
2. Prioritize multiple tasks and carry out complex sequences of instructions.
3. Read, measure, calculate, reason, and analyze information from a variety of sources accurately, thoroughly and quickly.

4. Use problem-solving skills to promote safety and to transfer learning from one situation to another and make appropriate decisions in a timely manner.
5. Interact effectively and appropriately with patients of various ages, behavior, cognitive abilities, cultures and ethnic backgrounds.

Behavioral, Social and Professional Skills

The student must be able to:

1. Effectively adapt to frequent changes in work environment and patient/client population.
2. Tolerate emotionally stressful workloads effectively.
3. Comply with legal and ethical standards set forth by the APTA Standards of Ethical Conduct for the PTA, The Guide to Physical Therapist Practice, and the laws of Washington State regarding physical therapy.
4. Adapt treatment styles to effectively work with a variety of different supervisors.
5. Possess emotional stability in order to provide safe and effective care.
6. Acknowledge and respect individual values, beliefs and opinions to successfully foster harmonious working relationships with fellow students, patients and other professionals.
7. Self-evaluate capabilities, needs and performance.
8. Maintain personal appearance and hygiene appropriate to classroom and clinical settings.

It is important to note that the curriculum design of this program (based upon accreditation standards) prepares all students to be generalists as practicing therapists. All students are required to meet the essential job functions of a PTA, with or without reasonable accommodation. All PTA students must successfully complete all lab skill check-offs, and successfully pass all academic, clinical and lab courses to progress in the program.

HEALTH REGULATIONS

CPR and First Aid: Students must have current certification in First Aid and in *American Heart Association Basic Life Support for Health Care Providers*, *American Red Cross CPR/AED for Professional Rescuers and Health Care Providers* or *American Safety & Health Institute BLS for Healthcare Providers*.

Background Checks: Clinical sites comply with the “Child/Adult Abuse Information Act”, RCW 43.43.830 through 43.43.840. This law requires that organizations which care for children, vulnerable adults or developmentally disabled persons must have prospective caregivers disclose to the organization whether the applicant has been convicted of certain crimes against persons, certain crimes related to financial exploitation, and certain crimes relating to drugs. The disclosure must be made in writing and signed by the applicant.

“Crimes against persons” means a conviction for offenses such as murder, kidnapping, assault, rape, robbery, arson, burglary, manslaughter, extortion, incest, indecent liberties, vehicular homicide, prostitution, or criminal mistreatment. For your information, the Washington State List of Negative Crimes and Actions is posted at <http://app.leg.wa.gov/rcw/default.aspx?cite=43.43.830>

Each successful PTA applicant may be required to complete a background check, drug testing and submit proof of immunization and insurance. If a clinical facility requests your information, it will be your responsibility to provide that information to them. Clinical facilities may deny access to a student for any of the following:

- A “discrepancy” on the criminal background check
- A positive drug test
- Lack of current immunizations required by the site

- Lack of accident/medical insurance

ATTENDANCE

Student Holidays for Reasons of Faith or Conscience (SSB 5173)

SCC/SFCC students are entitled to two days of excused absences per academic year for reasons of faith or conscience or for organized activities conducted under the auspices of a religious organization. Students' grades will not be adversely impacted by authorized absences under this policy, although students in courses with required community clinical and /or practicum experiences must fulfill these requirements to meet the licensure requirements of the program.

All absences under this policy must be submitted to the Chief Academic Officer in writing at least two weeks prior to the desired absence, containing a precise explanation of how the requested holiday is related to a reason of faith, conscience or an organized activity conducted by a religious organization. If deemed in alignment with the policy, the student will receive a document with date(s) of the approved absences (must be full days). The student is solely responsible for ensuring the documentation authorizing the absence is provided to each of the instructors whose classes or assignments are affected by the absence. The instructor(s) will determine, within two days after receiving the notification, what adjustments, if any, will need to be made for the student to make up assignments or tests missed during the absence(s), and the instructor may require that the student submit the assignment or take the test before or after the regularly scheduled date. If the student fails to notify the instructor of an authorized absence under this policy, the instructor is not obligated to make accommodations.

While absences or tardiness may be unavoidable for acceptable reasons, please be reminded that your **attendance is considered a critical factor in judging your values to your profession.**

Attendance as it Pertains to Grading:

Please refer to the section under "PTA Program Grading Policy."

Communication via Email: Communication via email is an integral part of the program. Students are expected to check their school email account daily, Monday through Friday. This is a requirement of the program and may be factored into your grade as a component of your professional expectation.

Procedures:

1. Email or Call in: Any absence or tardiness from lecture classes, laboratory sections or clinics must be accompanied by a notification to the instructor prior to the start time (consult the class syllabi for contact information. This is a professional courtesy that will always be required of you. If you are missing a class on campus, please notify the course instructor at the PTA program office (messages may be left on voice-mail). If you are missing a clinical experience, you must notify the clinical instructor, the program coordinator and the CEC donelle.odren@sfcc.spokane.edu .
2. If absent from a lecture class: The student is entirely responsible for obtaining the material covered in class and for assignments given. It is the student's responsibility to contact the instructor for make-up assignments or exams given at the instructor's discretion.
3. If absent from a lab section: Any absence from lab must be made up by arrangement with the instructor and a lab partner (as needed) to the instructor's satisfaction.
4. If absent from a clinic: Any absence from clinical experiences must be made up by arrangement with the clinical instructor and at their convenience. While it is important to attend at the correct time, please also consider that we do not want you to be in the clinic if you truly

are ill because that puts everyone at risk. Please exercise good judgment. The CEC must be notified immediately by e-mailing or calling her office.

5. Tardiness: Don't be late - it is very discourteous. Without notification, tardiness by more than 15 minutes from a lecture, from a lab or from a clinic will be considered an absence.
6. Leaving class or lab early: Leaving lab or class 15 or more minutes early is considered an absence.
7. Extended absences: For any extended absences due to personal illness or death/illness of an immediate family member, you must contact the Program Director and the instructors of your courses via the contact provided in the syllabus and provide appropriate documentation for readiness to return to the program. For extended absence during clinical rotations, in addition to the clinical instructor, the CEC at SFCC needs to be notified.

Program faculty will strive to assist students as best they can for legitimate absences. If absence procedures are not followed, your grade and participation in the program will be affected.

Program Policy for PTA program student scheduled days off during clinical:

The PTA program expects the student to follow the clinical instructor's professional schedule. This may require weekend, holiday and greater than the hours assigned to that rotation. According to the Dean over the PTA program, students are expected to follow the clinic schedule. If a clinical day falls on a college holiday, the student is expected to still attend the clinical as scheduled. Per our Dean, Lora Senf:

"I think clinicals are a special case, and no, I do not think we are required to give them the day off from those. As a pre-professional arrangement, the students need to get used to being on the schedule they will be working in."

If the student does miss a day for any other reason such as for *Reasons of Faith or Conscience*, the student will need to "make up" the hours missed in order to meet the required hours assigned to that rotation prior to going onto their next clinical experience.

GUIDE OF CONDUCT FOR CLINICAL EXPERIENCES

It is essential to bear in mind that when you are in clinic you are representing your profession. When clinics have good experiences with student PT assistants, they are more likely to hire them. In order to represent yourself and your profession well, the following guidelines must be adhered to:

1. Maintain a professional attitude at all times and conduct yourself as a mature adult. Note that you must follow the APTA Standards of Ethical Conduct for the PTA. (The Standards are found in the Professional Documents section of this handbook.)
2. Follow all policies and procedures of the facility including but not limited to dress, hours, safety, conduct, etc. Be respectful of clinical personnel and the environment, remembering you are there by invitation.
3. Patients must be informed when students are involved in patient care. In addition, the patients need to know that they have the risk-free right to refuse to participate in clinical education. It is the student's responsibility to make sure the patient has this information. The student should share this information immediately upon greeting the patient.
4. Perform all tasks within the boundaries and scope of practice as stated in Washington Law and Regulations as well as the APTA Standards of Ethical Conduct for the PTA. Recognize and be able to tactfully explain any limitations on your part because of your student status.

5. Maintain confidentiality; follow HIPAA guidelines. Health care providers are privileged to a great deal of confidential information regarding patient histories and conditions. Safeguarding the privacy of the patient is the responsibility of all. A patient's condition or personal problems must never be discussed with anyone except as it relates to the care of the patient. Discussion of your clinical assignment and information gathered is not a topic for social conversation, telephone discussion, social media, or other personal communication whether written or verbal. Your signature is required on the Acknowledgement of Health Care Confidentiality statement found in the section of the handbook titled Forms to be Completed.
6. Student conduct in the clinical facilities follow the *Student Code of Conduct* and CCS Policies as described earlier in this handbook under Student Conduct. In all circumstances, this program adheres to all regulations, policies and procedures established by the Community Colleges of Spokane. Students violating the *Student Code of Conduct* and *Policies of the Community Colleges of Spokane* will be subject to disciplinary action and may constitute cause for dismissal from the program (WAC132Q-10). Dismissal from the program may also occur with any violation of the *Standards of Ethical Conduct for the Physical Therapist Assistant*. In addition, violations of the policies or procedures of the clinical facility are also considered as just cause for dismissal from the program.
7. Dress Code: You must comply with the facility dress code. If the facility does not have a stated dress code, the following must be adhered to:
 - a. You must wear your name badge while in clinic unless specifically requested not to.
 - b. Personal hygiene is very important. Long hair pulled back, fingernails short with no polish, no perfume/cologne, avoid chewing gum. Be considerate of your patients.
 - c. Personal appearance must be professional. Clothes must be clean and well maintained. Remember that you must be able to work in your clothes and shoes so they should be appropriate, comfortable, and functional. Usually therapists wear slacks and a top. Jeans and sweats are not acceptable. Sandals without socks, boots or high heels are not acceptable. Check with your clinical instructor about wearing running shoes or tennis shoes. Be careful with jewelry.
 - d. Comply with any clothing requests your clinical instructor may make.
8. Attendance: Refer to program attendance policy. Remember that you must call in to the clinical instructor, the CEC and the program assistant if you are going to be absent for any reason please leave an email or phone message if unable to make immediate contact. You must make up any missed clinical education time at the convenience of the clinical instructor. If you are ill, exercise good judgment about exposure to others. You are expected to report to the clinic assignment at the designated time and be ready to work. Don't be late. Do not take or make personal phone calls/texts while on assignment or allow unauthorized visits.

If a clinical experience must be rescheduled for a medical reason, the student will be asked to provide to the program a written release from a physician prior to consideration for rescheduling of the clinical. Time of any re-scheduled clinical experience due to medical or personal reasons that falls outside the scheduled quarter will be scheduled at the discretion of the CEC and Dean and availability of clinical sites.

Program Policy for PTA program student scheduled days off during clinical:

The PTA program expects the student to follow the clinical instructor's professional schedule. This may require weekend, holiday and greater than the hours assigned to that rotation.

According to the Dean over the PTA program, students are expected to follow the clinic schedule. If a clinical day falls on a college holiday, the student is expected to still attend the clinical as scheduled. Per our Dean, Lora Senf:

"I think clinicals are a special case, and no, I do not think we are required to give them the day off from those. As a pre-professional arrangement, the students need to get used to being on the schedule they will be working in."

If the student does miss a day for any other reason such as for *Reasons of Faith or Conscience*, the student will need to "make up" the hours missed in order to meet the required hours assigned to that rotation prior to going onto their next clinical experience.

9. Email: Please check your email daily. The CEC will not contact you while you are at clinical, but will email you important dates, schedules and information you are required to be aware of. Failure to respond to your email can result in unprofessional conduct on your evaluation.
10. CPI electronic: All students will be required to utilize the electronic version of the PTA Clinical Performance Instrument (CPI). You may access the training online at the SFCC PTA Website. You may access the CPI online at PTA CPI Web.



Community Colleges of Spokane
Spokane Falls Community College

Physical Therapist Assistant Program

PROGRAM ACADEMIC REGULATIONS

PROGRESSION IN THE PROGRAM

PTA program courses are designed to occur in a specific sequence within the curriculum. Skills are taught once in the curriculum and become the building blocks for the acquisition of other skills until all entry-level competencies of a physical therapist assistant are successfully achieved.

Philosophical, theoretical, and didactic information are similarly presented in a fashion that provides a knowledge framework to support the building blocks of skills.

Students must achieve competency in each PTA course before progressing to the next courses in the sequence. Additionally, all treatment skills must be successfully performed in the laboratory setting before a student can receive a grade for that procedures laboratory course. This ensures that all students who are placed in the clinical education courses have demonstrated successful performance of treatment skills prior to providing care to patients. In order to successfully complete this program, students must **earn a grade of 2.0 or higher in any PTA lecture course/ 2.5 in a PTA Lab course or a “satisfactory” grade in any clinical course to continue in the program.**

YOU ARE REQUIRED TO SEEK ASSISTANCE FROM THE INSTRUCTOR OR PROGRAM DIRECTOR AS SOON AS YOU BECOME AWARE THAT YOU ARE EXPERIENCING SIGNIFICANT DIFFICULTY IN A CLASS OR RECEIVE A GRADE OF 70% IN A LECTURE OR 73% IN A LAB OR LESS ON ANY TEST OR ASSIGNMENT.

A withdrawal from any PTA course will result in dismissal from the program. It is the student's responsibility to be sure that all withdrawal forms are completed to avoid receiving a “0.0” grade on your transcript.

ROLE OF THE STUDENT

The success of your clinical experiences is largely dependent on you. Your experience will be what you make of it, therefore you should take an active role in planning your learning experiences with your clinical instructors.

1. It is important to work with your clinical instructor to make a plan that will help you to achieve as many of the clinical experience objectives as possible to be evaluated and checked off in your Clinical Performance Instrument (CPI).
2. Ask about other opportunities for learning that may be available in that setting and make a plan to schedule them in to your days. For example: physician rounds, lectures, observation of medical procedures, visit other hospital floors/units, team meetings, family conferences, recreation events, observing other therapists doing specific treatments and evaluations, etc.
3. Tell your clinical instructor about specific areas of interest that you have and find out how to accomplish your own objectives.
4. Inquire about learning facilities such as the professional library so that you can make good use of any “down” time. Read articles, view videos, review exercise protocols, etc.
5. Seek out frequent communication with your clinical instructor. Get issues resolved immediately. Don't assume that your needs are known; find out how you are doing. Don't wait for the mid-quarter evaluation!
6. Take evaluative comments and criticism well, professionally, and to heart. Your primary objective is to learn and grow both professionally and personally. Maturity in this area is essential.
7. You are not alone. If you need assistance from the college CEC, do not hesitate to call.

ROLE OF THE CLINICAL INSTRUCTOR and/or CCCE

1. The CI/CCCE should provide the student with an adequate orientation to the facility (parking, hours, dress code, eating facilities, staff introductions, physical plant, location of equipment, etc.).
2. Instruction should be provided regarding facility policies and expectations (emergency procedures, scheduling, documentation, billing, communication with other departments, patient records, etc.).
3. The CI should establish goals with the student for their clinical experience and develop a plan/schedule to meet the goals.
4. The CI/CCCE should assist the student to access additional learning experiences.
5. CIs should be available to the student and give frequent, sufficient, and honest feedback. Please do not wait for the midquarter evaluation to give feedback or express concerns!
6. The CI should provide appropriate levels of supervision and make sure the student is aware of expectations.
7. The CI/CCCE should IMMEDIATELY notify the CEC of any perceived problems relating to the student so that problem resolution can be initiated promptly.
8. The Family Educational Rights and Privacy Act of 1974 (FERPA) requires that the college adopt institutional procedures and guidelines in compliance with Public Law 93-380. Student rights to privacy are protected with certain restrictions on the disclosure of student educational records and information. The CI/CCCE must follow FERPA guidelines when sharing information about the student. Further information is available in the college catalog at: <http://catalog.spokane.edu/StudentRights.aspx?page=PV2>

ASSESSMENT OF CLINICAL CENTER

NAME OF FACILITY _____

DATE OF REVIEW _____

1.0	The clinical center's philosophy for patient care and clinical education are compatible with those of the academic program.	Lo	Hi
		1 2 3 4 5	
2.0	Clinical education programs for students are planned to meet specific objectives of the academic program, the physical therapy service and the individual student.	Lo	Hi
		1 2 3 4 5	
3.0	The physical therapy staff practices ethically and legally.	Lo	Hi
		1 2 3 4 5	
4.0	The clinical center is committed to the principle of equal opportunity and affirmative action as required by federal legislation.	Lo	Hi
		1 2 3 4 5	
5.0	The clinical center demonstrates administrative support of physical therapy clinical education.	Lo	Hi
		1 2 3 4 5	
6.0	The clinical center has a variety of learning experiences, appropriate to the setting, available to students.	Lo	Hi
		1 2 3 4 5	
7.0	The clinical center provides an active stimulating environment appropriate for the learning needs of students.	Lo	Hi
		1 2 3 4 5	
8.0	Selected support services are available to students.	Lo	Hi
		1 2 3 4 5	
9.0	Roles of physical therapy personnel are clearly defined and distinguished from one another.	Lo	Hi
		1 2 3 4 5	
10.0	The physical therapy staff is adequate in number to provide an educational program for students.	Lo	Hi
		1 2 3 4 5	
11.0	A center coordinator of clinical education (CCCE), with specific qualifications, is responsible for coordinating the assignments and activities of students at the clinical center.	Lo	Hi
		1 2 3 4 5	
12.0	Physical therapy clinical instructors (CIs) are selected based on specific criteria.	Lo	Hi
		1 2 3 4 5	
13.0	Special expertise of the clinical center staff is available to students.	Lo	Hi
		1 2 3 4 5	
14.0	The clinical center encourages clinical educator (CI and CCCE) training and development.	Lo	Hi
		1 2 3 4 5	
15.0	There is an active support staff development program for the clinical center.	Lo	Hi
		1 2 3 4 5	
16.0	The physical therapy staff is active in professional activities.	Lo	Hi
		1 2 3 4 5	
17.0	The physical therapy service has an active and viable process of internal evaluation of its own affairs and is receptive to procedures of review and audit approved by appropriate external agencies and consumers.	Lo	Hi
		1 2 3 4 5	

1.0	The clinical center's philosophy for patient care and clinical education are compatible with those of the academic program.	yes	no
1.1	Does the physical therapy service policy and procedure manual contain a clinical education statement of philosophy?		
1.2	Does the clinical center have a written statement of philosophy regarding clinical education?		
1.3	Does the clinical center have written procedures for patient care plans when appropriate?		
1.4	After reviewing the academic program's philosophy, do you believe the physical therapy service philosophy is compatible with that of the academic program?		
2.0	Clinical education programs for students are planned to meet specific objectives of the academic program, the physical therapy service and the individual student.	yes	no
2.1	Does your physical therapy service have a manual specifically designed for the student program?		
2.2	Does your physical therapy service have:		
	a. written objectives for clinical education?		
	b. objectives that were developed with the input of physical therapy staff?		
	c. ongoing communication with the academic program(s) about clinical education objectives?		
2.3	Are the clinical education objectives sufficiently flexible to accommodate:		
	a. the student's objectives?		
	b. the clinical instructor's objectives?		
	c. students at different levels?		
	d. the academic program's objectives for specific experiences?		
2.4	Are all members of the physical therapy staff, who will be involved with clinical education, familiar with the academic program and physical therapy service objectives for clinical education?		
	a. Is there a mechanism for staff to regularly review the academic program's curriculum and objectives?		
2.5	Does the Center Coordinator of Clinical Education (CCCE) or the Clinical Instructor (CI) discuss with the student objectives for this experience prior to establishing the individual student's clinical learning experience?		
2.6	Are there organized procedures for the orientation of students?		
	a. Does a student orientation manual exist?		
	b. Does student orientation include information related to housing, transportation, parking, facility tour, dress code, documentation and scheduling procedures, and other important information related to the clinical center's policies and procedures?		
2.7	Do your clinical instructors participate in providing student feedback?		
	a. How do you or your CIs provide feedback to students? (check all applicable) _____ daily _____ weekly _____ periodically _____ orally _____ written		

2.0	Clinical education programs for students are planned to meet specific objectives of the academic program, the physical therapy service and the individual student. (continued)	yes	no
2.8	Do your clinical instructors participate in both formative (interim) and summative (final) evaluations?		
	a. How do you or your CIs provide evaluations to the students? (Check all applicable) _____ orally _____ written _____ predetermined schedule		
3.0	The physical therapy staff practices ethically and legally.	yes	no
3.1	Does your clinical center have a written policy for ethical standards of practice?		
3.2	Does your physical therapy service policy and procedure manual contain:		
	a. a current copy of the APTA Code of Ethics and Standard for Ethical Conduct of the Physical Therapist Assistant, and Guide for Professional Conduct and Guide for Conduct of the Affiliated Member, and a clinical center code of ethics?		
	b. a current copy of the State Practice Act and interpretive rules and regulations?		
3.3	Does your clinical center have written policies which include statements on patients' rights, release of confidential information, photographic permission, clinical research, etc.?		
3.4	Does your clinical center have a mechanism, formal or informal, for reporting:		
	a. unethical practice?		
	b. illegal practice?		
	c. unprofessional practice?		
	d. incompetent practice?		
3.5	Does your clinical center have evidence of current licensure or registration for all physical therapists and physical therapist assistants, where appropriate?		
3.6	Is your physical therapy service consistent with policies and positions of the APTA?		
4.0	The clinical center is committed to the principle of equal opportunity and affirmative action as required by federal legislation.	yes	no
4.1	Does your clinical center have written policies prohibiting discrimination on the basis of sex, race, creed, color, age, religion, sexual orientation, national or ethnic origin, disability, or health status? These policies apply to: (check all applicable) _____ recruiting _____ hiring _____ promoting _____ retaining _____ training _____ retirement benefits		

4.0	The clinical center is committed to the principle of equal opportunity and affirmative action as required by federal legislation. (continued)	yes	no
4.2	Does your clinical center ensure each student is provided equal opportunities by:		
	a. accepting students regardless of sex, race, creed, color, age, religion, sexual orientation, national or ethnic origin, disability or health status?		
	b. providing equal opportunities, learning experiences, and benefits?		
	c. evaluating student's performance without regard to sex, race, creed, color, age, religion, sexual orientation, national or ethnic origin, disability or health status?		
	d. demonstrating sensitivity to issues of cultural diversity in clinical education?		
4.3	Does your clinical center demonstrate evidence of the above through an affiliation agreement, policies and procedures, or organized activities addressing issues of cultural diversity? (e.g. sharing different foods, discussing cultural values)		
5.0	The clinical center demonstrates administrative support of physical therapy clinical education.	yes	no
5.1	Does your clinical center have a mechanism for facilitating completion of affiliation agreements with academic programs?		
5.2	Does your administration demonstrate support for clinical education by:		
	a. including a statement of educational commitment within the clinical center's philosophical mission statement?		
	b. showing a willingness to enter into a written agreement with an academic program?		
5.3	Does your clinical center demonstrate continued support for clinical education by:		
	a. maintaining current affiliation agreements?		
	b. presenting inservice education pertinent to clinical education for the physical therapy staff?		
	c. providing support for physical therapy staff to attend continuing education programs pertinent to clinical education?		
	d. providing job flexibility to accommodate additional responsibilities in clinical education?		
	e. supporting clinical education in other professional disciplines?		
6.0	The clinical center has a variety of learning experiences, appropriate to the setting, available to students.	yes	no
6.1	Do you believe you can provide quality learning experiences for:		
	a. observational experiences?		
	b. part-time experiences (less than 30 hours/week)?		
	c. full-time experiences (greater than 30 hours/week)?		

6.0	The clinical center has a variety of learning experiences, appropriate to the setting, available to students. (continued)	yes	no
6.2	Do you provide primary patient care learning experiences for students:		
	a. observations?		
	b. screening?		
	c. evaluating?		
	d. planning?		
	e. treating?		
	f. educating?		
	g. follow-up?		
	h. documentation?		
6.3	Do you provide supplemental learning experiences, such as:		
	a. patient care rounds?		
	b. student-student and/or student-staff patient case conferences?		
	c. planning conferences?		
	d. observation of other health professionals and/or medical procedures?		
	e. surgery?		
	f. use of library and/or audiovisual resources?		
	g. other (please specify _____)?		
6.4	Does your physical therapy service have equipment that is:		
	a. appropriate to the types of patients treated?		
	b. appropriate to the physical therapy procedures provided?		
	c. contemporary, up-to-date?		
6.5	Does your clinical center have opportunities for students to participate in management, such as:		
	a. quality improvement?		
	b. utilization of available resources?		
	c. reimbursement?		
	d. cost containment?		
	e. fiscal management?		
	f. scheduling?		
	g. productivity analysis?		
6.6	Does your clinical center have opportunities for students to participate in supervision, such as:		
	a. direction and appropriate utilization of supportive personnel?		
	b. ability to supervise other students?		
6.7	Does your clinical center have opportunities for students to participate in teaching experiences, such as:		
	a. inservices?		
	b. patient/caregiver education?		
	c. consumer education?		
6.8	Does your clinical center have opportunities for students to participate in scholarly activities, such as:		
	a. journal club?		
	b. continuing education?		
	c. literature review?		
	d. case studies?		
	e. clinical research?		

7.0	The clinical center provides an active stimulating environment appropriate for the learning needs of students.	yes	no
7.1	Does your physical therapy staff demonstrate characteristics, such as:		
	a. a variety of expertise?		
	b. flexibility?		
	c. interest in contemporary theory and application?		
	d. receptiveness to diversity?		
	e. positive working relationships with other professions?		
7.2	Does your physical therapy service demonstrate:		
	a. positive collegial relationships?		
	b. effective management?		
	c. high staff morale?		
7.3	Are there regular formal mechanisms for communication within the clinical center, such as:		
	a. staff meetings?		
	b. advisory committee meetings?		
	c. interdisciplinary conferences and meetings?		
	d. interaction with referral agencies?		
	e. interaction with consumers?		
	f. written communications, which may include periodic reports, memorandums or evaluations?		
7.4	Does the physical environment include appropriate space for:		
	a. patient care services?		
	b. administrative activities?		
	c. educational activities?		
	d. consultative functions?		
	e. documentation services?		
	f. personal belongings?		
8.0	Selected support services are available to students.	yes	no
8.1	Is the student given advance written information as to the availability, limitations and cost of support services, such as:		
	a. health care?		
	b. emergency medical care and pharmaceutical supplies?		
	c. library facilities?		
	d. educational media and equipment?		
	e. duplicating services?		
	f. computer services?		
	g. counseling services?		
	h. research and independent study support?		
	i. room and board?		
	j. laundry?		
	k. parking?		
	l. public or special transportation?		
	m. recreational facilities?		
8.2	Does your clinical center provide for special learning needs of students, within reasonable accommodations?		

9.0	Roles of physical therapy personnel are clearly defined and distinguished from one another.	yes	no
9.1	Do you have a job description for each type of personnel in the physical therapy service?		
9.2	Do the job descriptions include the clinical education responsibilities of the:		
	a. CCCE?		
	b. CI?		
9.3	Are the roles of the various physical therapy personnel explained to the students?		
9.4	Does your policy/procedure manual include a written organizational chart for the physical therapy service in relation to the other components of the clinical center?		
9.5	Does the organizational chart for the physical therapy service clearly show:		
	a. the relationship of staff members?		
	b. to whom students are responsible while at the clinical center?		
10.0	The physical therapy staff is adequate in number to provide an educational program for students.	yes	no
10.1	Have you referred to your State Practice Act as a guideline in developing your clinical education design?		
10.2	Does your staff have adequate time, in addition to service responsibilities, to assume responsibility for the education of students?		
10.3	Have accommodations been made to provide student supervision in the absence of the clinical instructor?		
10.4	Are you currently using or willing to consider alternative student : staff ratios for clinical education? Examples of such ratios are: (check those used) _____ 1 CI : 1 student _____ 1 CI : 2 students _____ 1 CI : > 2 students _____ 2 CIs : 2 students _____ 2 CIs (split rotations) : 1 student _____ 1 PT/PTA (CI team) : 1 PT/PTA (student team) _____ other		
11.0	A center coordinator of clinical education, with specific qualifications, is responsible for coordinating the assignments and activities of students at the clinical center.	yes	no
11.1	Does your clinical center have written criteria for the position of CCCE?		
11.2	Are the criteria based on the APTA Guidelines for Center Coordinator of Clinical Education?		
11.3	Is the responsibility for coordination of clinical education assigned to one or more individuals?		
	a. Is/are the designated person(s) physical therapist(s)?		
	b. Is/are the designated person(s) physical therapist assistant(s)?		
	c. Is/are the designated person(s) non-physical therapy professional(s) who possess the skills to organize and maintain an appropriate clinical education program?		

11.0	A center coordinator of clinical education, with specific qualifications, is responsible for coordinating the assignments and activities of students at the clinical center. (continued)	yes	no
11.4	If the CCCE is a non-physical therapy professional, is the direct supervision of students delegated to a physical therapist and/or a physical therapist assistant?		
11.5	Is the clinical center's CCCE the key contact person with academic programs?		
12.0	Physical therapy clinical instructors are selected based on specific criteria.	yes	no
12.1	Does your clinical center have written criteria for the position of clinical instructor?		
12.2	Are the criteria based on the APTA Guidelines for Clinical Instructors?		
12.3	Do your clinical instructors have at least one year of clinical experience or meet the recommended criteria as outlined by the APTA Guidelines for Clinical Instructors?		
12.4	Do your clinical instructors demonstrate:		
	a. a willingness to participate in the clinical education program?		
	b. the ability to plan, conduct and evaluate a clinical education experience based on sound educational principles?		
	c. PT/PTA team role-modeling?		
12.5	Have your clinical instructors attended any formal clinical instructor training?		
12.6	Does the clinical center have a mechanism to determine clinical instructor competence in providing quality clinical education experiences?		
12.7	Is the direct supervision of a physical therapist student provided by a physical therapist?		
12.8	Is the direct supervision of a physical therapist assistant student provided by a physical therapist or a physical therapist assistant?		
13.0	Special expertise of the clinical center staff is available to students.	yes	no
13.1	Are there any areas of special expertise within your clinical center?		
	a. Are these experiences available to students?		
13.2	Does the clinical instructor's responsibility include determining individual student readiness for these experiences?		
13.3	If your clinical center is multidisciplinary, are learning experiences for students available from other disciplines?		
14.0	The clinical center encourages clinical educator (CI and CCCE) training and development.	yes	no
14.1	Does the clinical center foster formal and informal clinical educator training by:		
	a. providing support for attendance at clinical education training seminars?		
	b. encouraging attendance at regional/chapter/national clinical education conferences?		
	c. supporting collaborative efforts of the CCCE and ACCE for clinical instructor training?		
	d. providing instructor training materials such as manuals and videotapes?		

15.0	There is an active support staff development program for the clinical center.	yes	no
15.1	Does the clinical center's policy and procedure manual outline policies concerning:		
	a. on-the-job training?		
	b. inservice education?		
	c. continuing education?		
	d. post-professional study?		
15.2	Does the clinical center support staff participation in various development programs through mechanisms, such as:		
	a. release time for inservices?		
	b. on-site continuing education programming?		
	c. financial support and/or education release time for external seminars and workshops?		
15.3	Are staff inservice programs scheduled on a regular basis?		
15.4	Are staff inservice programs planned by members of the clinical center staff?		
15.5	Is student participation in staff development activities expected and encouraged?		
16.0	The physical therapy staff is active in professional activities.	yes	no
16.1	Do physical therapy staff participate in:		
	a. self-improvement activities?		
	b. professional enhancement activities?		
	c. membership in professional associations?		
	d. professional activities relating to offices or committees?		
	e. presentations?		
	f. other special activities?		
16.2	Are the physical therapy staff encouraged to be professionally active?		
16.3	While students are affiliating with you, are they aware of your staff's involvement in professional activities?		
16.4	Does your physical therapy staff provide students with information about professional activities and encourage them to participate?		
16.5	Is your physical therapy staff knowledgeable about professional issues?		
17.0	The physical therapy service has an active and viable process of internal evaluation of its own affairs and is receptive to procedures of review and audit approved by appropriate external agencies and consumers.	yes	no
17.1	Are the physical therapy staff performance evaluations:		
	a. completed at regularly scheduled intervals?		
	b. inclusive of appropriate feedback to the individual being evaluated?		
	c. inclusive of all aspects of the job, including teaching and scholarly activities?		
17.2	Is the physical therapy service, including patient care, teaching and scholarly activities, evaluated at regularly scheduled intervals?		
	Is the physical therapy service evaluated by:		
	a. continuous quality improvement?		
	b. peer review?		
	c. utilization review?		

17.2	Is the physical therapy service, including patient care, teaching and scholarly activities, evaluated at regularly scheduled intervals? Is the physical therapy service evaluated by: (continued)		
	d. medical audit?		
	e. consumer satisfaction monitors?		
	f. program evaluation?		
	g. other?		
17.3	Is the physical therapy staff actively involved in these monitoring activities?		
17.4	Does the physical therapy service involve students in the review processes, to the extent possible?		
17.5	Has the clinical center successfully met the requirements of external agencies, if appropriate? (i.e. JCAHO, CARF, OSHA, etc.)		
17.6	Is the physical therapy clinical education program reviewed and revised on a regular basis, or as changes in objectives, programs and staff occur?		

GUIDELINES FOR THE CLINICAL INSTRUCTOR

IDENTIFY specific areas of concern regarding student performance as soon as possible.

NOTIFY the CEC and CCCE immediately to establish a resolution plan.

DISCUSS concerns with the student immediately and counsel the student with suggestions of ways to rectify the problem(s).

DOCUMENT these steps and attain CI, CCCE, and student signatures.

MIDTERM EVALUATION (5-week full-time affiliations only). If the student has not made an adequate attempt to rectify the problem, discuss the possibility of failing the clinical course with the student, the CEC and CCCE. Assist the CEC to develop the Clinical Education Probation Contract and obtain student, CI, and CEC signatures.

SUPERVISE the student closely and advise the student as necessary.

STOP the student immediately if their performance is in any way dangerous or unsafe. Contact the CCCE and CEC to discuss the possibility of terminating the clinical affiliation.

- If the student's performance improves and the student remains in the clinic setting, supervise the student closely and encourage the student to progress. Document attainment of clinical probation remediation plans.
- If the student's performance does not improve and the student must be removed from the clinical setting, inform the CEC, CCCE, and the student of the decision for student failure.

COMPLETE the final evaluation with the pass or fail grade.

ROLE OF THE CEC

1. Provide clinical education faculty with adequate advanced notification of student placements with a placement confirmation letter and student biographical information with the assistance of the Program Assistant.
2. Provide clinical instructors with all necessary student evaluation materials and clinical experience goals/objectives with the assistance of the Program Assistant.
3. CEC directs each clinical instructor to the online version of the Clinical Instructor Handbook. Handbook is posted to the PTA website.
4. Manage contractual agreements and all health/insurance requirements with the assistance of the Program Assistant.
5. Prepare the students for successful clinical education experiences (readiness for placement, understanding expectations, setting goals, etc.).
6. Visit clinic sites prior to student placements to assure compliance with selection criteria.
7. Visit each clinic placement site during full-time affiliations. Exceptions to this may include distant clinic sites where all contact may necessarily be made by phone.
8. Attend student evaluation conferences upon request of the clinical instructor.
9. Provide assistance with clinical education probation contracts.
10. Make final decisions regarding student suspension or expulsion from the program based upon performance in clinical education.

CLINICAL EDUCATION GRADING POLICY

The final grades for the clinical experience courses and the clinical affiliation will be determined by the CEC based on the clinical instructor's evaluations (clinical objectives and competencies, mid-quarter and final check off, final clinical evaluation), student and CI conferences, and any additional academic assignments.

Grade/Evaluation Criteria:

Clinical courses will be graded on a pass, incomplete, or fail basis.

The criteria for a pass grade:

1. Attendance at all scheduled clinical visits on time. If the student is absent due to illness or an emergency, it is the student's responsibility to notify the clinical instructor, the program director, and the program assistant as soon as possible. It will then be the student's responsibility to arrange a make-up time for any clinical sessions that are missed.
2. Student shall receive no "unacceptable" reports from the clinical instructors, based on performance, attendance, appearance, and conduct.
3. Student will return all student evaluation and clinical feedback forms on time to the program assistant.
4. Student must immediately report any accidents or incidents to the clinical instructor, the CEC and the program assistant
5. Student will attend all campus lecture/discussion sessions.
6. Student will actively participate in the campus lecture/discussion sessions.
7. Student must complete all assignments in the clinic and in the campus lecture/discussion class satisfactorily and on time.
8. Student must observe strict levels of confidentiality at all times. They must refrain from referring to patients by name during any clinic discussion class or in any casual conversations outside of class.
9. Communication via email is an integral part of the program. Students are expected to check their school email account (Bigfoot account) daily, Monday through Friday.

CLINICAL EDUCATION COMMUNICATION PROCESS

1. CEC and Program Assistant conduct site visits, site selection, develop contracts, and obtain Clinical Site Information Forms.
2. Students meet with the CEC and Program Assistant at the end of their first year in the program. Student interests and preferences for their 2nd-year clinicals are discussed at that time.
3. Program Assistant sends out memos to sites with the following academic year clinic schedules and a request for available student slots. The request is sent out March 1st in accordance with APTA guidelines. Responses are requested by the end of April.
4. CCCE's return the form indicating available student slots for following year.
5. CEC and Program Assistant assign students to specific clinics and rotations.
6. Program Assistant mails confirmations to clinic sites.
7. Students are notified of their clinic sites in Fall quarter of their 2nd year.

8. Three to four weeks prior to the start of each clinical, the Program Assistant mails to each CCCE:
 - Placement Confirmation Letter
 - Course Syllabus
9. Two weeks prior to the start of each clinical the Program Assistant mails to each Clinical Instructor:
 - Student Biographical Data Sheet
 - Student Goal Letter
 - Course Syllabus
10. Students bring all evaluation forms to each clinical.
11. CEC contact procedure by clinic course:
 - PTA 151: CEC makes phone contact with clinical instructor as needed.
 - PTA 251: CEC makes phone contact with clinical instructors as needed.
 - PTA 252: CEC makes phone contact with clinical instructors as needed.
 - PTA 253: CEC visits the clinic site to observe and conference with each student and CI.
12. Program Assistant mails surveys to each Clinical Instructor following clinical (Feedback from Clinical Instructors on PTA Program).
13. Program Assistant mails Certificate of Completion to each Clinical Instructor following clinical.
14. CEC and Program Assistant conduct Clinical Instructor Workshops at institution or at the clinic sites as needed.
15. CEC or Program Assistant will provide additional inservices at the clinic site as requested.
16. CEC directs each clinical instructor to the online version of the Clinical Instructor Handbook. Handbook is posted to the PTA website.

RIGHTS AND PRIVILEGES OF CLINICAL EDUCATION FACULTY

Spokane Falls Community College PTA program recognizes the sacrifices that the clinical faculty make to enable the students in the program to achieve their goals. Because of this, the program has developed a list of rights and privileges provided to the clinical instructors.

1. All clinical instructors who oversee SFCC PTA students are eligible to receive one on one professional development opportunities regarding student assessment, expectations, new innovations such as the web-based CPI, and teaching strategies in order to help improve the effectiveness of the clinical experience for both the instructor and the student. Contact the CEC at 279-6249 for more information.
2. Any clinical instructor who instructs an SFCC PTA student is eligible for a scholarship to an APTA CI Credentialing Course. Contact the Program Assistant at (509) 279-6225 for more information.
3. All clinical education faculty are eligible to have a Spokane Falls Community College e-mail account. Please contact the program secretary at (509) 279-6073 in order to set up this account.
4. A clinical office is available in the PTA program department during working hours for clinical education faculty to use. This office has access to a computer and online resources such as

our library and research tools. Please contact the program secretary to schedule the office at (509) 279-6073.



Community Colleges of Spokane
Spokane Falls Community College

Physical Therapist Assistant Program

CURRICULUM

PROGRAM STUDENT LEARNING OUTCOMES

1. Performs in a safe manner that minimizes the risk to patient, self, and others.
2. Demonstrates expected clinical behaviors in a professional manner in all situations.
3. Performs in a manner consistent with established legal standards, standards of the profession, and ethical guidelines.
4. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
5. Communicates in ways that are congruent with situational needs.
6. Participates in self-assessment and develops plans to improve knowledge, skills, and behaviors.
7. Demonstrates clinical problem solving.
8. Performs selected therapeutic exercises and associated data collection in a competent manner.
9. Applies selected manual therapy, airway clearance, and integumentary repair and protection techniques, and performs associated data collection in a competent manner.
10. Applies selected physical agents and mechanical modalities and performs associated data collection in a competent manner.
11. Applies selected electrotherapeutic modalities, and performs associated data collection in a competent manner.
12. Performs functional training in self-care and home management, applies and adjust devices and equipment, and performs associated data collection in a competent manner.
13. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
14. Participates in the efficient delivery of physical therapy services.

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COURSE REQUIREMENTS

First Year:

PTA 101	Introduction to Physical Therapy
PTA 102	Physical Therapy Terminology
PTA 103	Applied Anatomy
PTA 104	Survey of Pathophysiology
PTA 105	Introduction to Neuroscience
PTA 107	Physical Therapy Documentation
PTA 106	Regional Human Anatomy
PTA 110	PTA Procedures I: Basic PT Procedures
PTA 111	PTA Procedures II: PT Modalities
PTA 112	PTA Procedures III: Functional Restoration
PTA 151	Clinical Experience I
PTA 170	PTA Procedures I Lab
PTA 171	PTA Procedures II Lab
PTA 172	PTA Procedures III Lab
PTA 173	Applied Anatomy Lab

Second Year:

PTA 201	Issues in Physical Therapy and Health Care
PTA 202	Introduction to Orthopedics
PTA 210	PTA Procedures IV: Therapeutic Exercise
PTA 211	PTA Procedures V: Rehabilitation Applications
PTA 212	PTA Procedures VI: Pediatric Rehabilitation
PTA 251	Clinical Experience II
PTA 252	Clinical Experience III
PTA 253	Clinical Affiliation
PTA 254	Clinical Seminar II
PTA 255	Clinical Seminar III
PTA 270	PTA Procedures IV Lab
PTA 271	PTA Procedures V Lab
PTA 272	PTA Procedures VI Lab

COURSE SEQUENCE First Year

Prerequisite:	BIOL&241	Human Anatomy and Physiology	5	
Fall	PTA 101	Introduction to PT	3	
	PTA 102	PT Terminology	1	
	PTA 106	Regional Anatomy and Physiology	5	
	PTA 110	Procedures I: Basic PT Procedures Seminar	3	
	PTA 170	Procedures I: Basic PT Procedures Lab	4	16
Winter	PTA 103	Applied Anatomy Seminar	3	
	PTA 173	Applied Anatomy Lab	3	
	PTA 104	Survey of Pathophysiology	5	
	PTA 105	Introduction to Neuroscience	4	
	PTA 107	Physical Therapy Documentation	1	16
Spring	PTA 111	Procedures II: Therapeutic Modalities Seminar	3	
	PTA 171	Procedures II: Therapeutic Modalities Lab	4	
	PTA 112	Procedures III: Functional Restoration Seminar	3	
	PTA 172	Procedures III: Functional Restoration Lab	4	
	PTA 151	Clinical Experience I	1	15
Summer	<i>(It is possible to do this the summer between the 1st and 2nd year, however preference is given to students who complete this before entry.)</i>			
	ENGL& 101	English Composition I	5	
	PSYC& 100	General Psychology	5	
	MATH 92/94/96/107	Elementary Algebra II	5	15

COURSE SEQUENCE - Second Year

Fall	PTA 202	Introduction to Orthopedics	3	
	PTA 210	Procedures IV: Therapeutic Exercise Seminar	3	
	PTA 270	Procedures IV: Therapeutic Exercise Lab	4	
	PTA 212	Procedures VI: Pediatric Rehab Seminar	2	
	PTA 272	Procedures VI: Pediatric Rehab Lab	2	
	PTA 251	Clinical Experience II	1	
	PTA 254	Clinical Seminar II	1	16
Winter	PTA 201	Issues in Physical Therapy	2	
	PTA 211	Procedures V: Rehab Applications Seminar	3	
	PTA 271	Procedures V: Rehab Applications Lab	4	
	PTA 252	Clinical Experience III	3	
	PTA 255	Clinical Seminar III	1	13
Spring	PTA 253	Clinical Affiliation	12	12
TOTAL CREDITS			103	

COURSE DESCRIPTIONS

PTA 101: Introduction to Physical Therapy (3 credits)

This course is an introduction to the practice of physical therapy emphasizing the role of the physical therapist assistant as a member of the health care team. Investigation of the law pertaining to the practice of physical therapy and ethical conduct. Issues of teamwork, interpersonal communication skills, and patient motivation will be explored.

PREREQUISITE: Acceptance into the PTA program

PTA 102: Physical Therapy Terminology (1 credit)

This course is a supervised self-study of terminology and abbreviations used to describe the anatomy, physiology, and pathology of the body systems used in relationship to the practice of physical therapy. Terms associated with diagnostics, surgery, laboratory tests, pharmacology, and patient care are included.

PREREQUISITE: Acceptance into the PTA program

PTA 103: Applied Anatomy (3 credits)

Instruction in human anatomy with an emphasis on the musculoskeletal system. Musculoskeletal structures are explained in their relationship to function. Basic principles of kinesiology (the study of the body in motion) will be presented. The principles of joint range of motion and manual muscle testing will be taught. Respiration and its neuromuscular process will be provided.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 104: Survey of Pathophysiology (5 credits)

This course includes a basic overview of disease processes including general pathological responses and the physiology of healing and repair. A description of specific diseases and conditions, and the medical and surgical forms of treatment as they relate to rehabilitation is covered and there is discussion of systemic origins of musculoskeletal pain.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 105: Introduction to Neuroscience (4 credits)

An introduction to the structures and basic functions of the nervous systems in relationship to physical therapy treatment of patients with neurological diagnoses is offered in this course.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 106: Regional Human Anatomy and Physiology (5 credits)

Human body structure and function with emphasis on the skeletal, muscular and nervous systems, the respiratory and cardiovascular systems and introduction of digestive and endocrine system.

PREREQUISITE: BIOL& 241

PTA 107: Physical Therapy Documentation (1 credit)

Instructional focus on physical therapy documentation that follows guidelines and specific documentation format required by state practice acts, practice setting and other regulatory agencies. Billing and payment information will also be discussed.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 110: PTA Procedures I (Basic PT Procedures Seminar) (3 credits)

Basic introduction to patient care skills including body mechanics, preparation for different patient diagnoses and treatment environments. Basic concepts and components of aseptic and infection control techniques, wound care, edema management, compression bandaging and taping will be explored. Methodology of data collection including vital signs and anthropometric measurements is

presented. An introduction to modalities including superficial heat, cold, light therapy, diathermy and hydrotherapy as it pertains to patient care will be taught.

PREREQUISITE: Acceptance into the PTA program

PTA 111: PTA Procedures II (PT Modalities Seminar) (3 credits)

Theory and principles of deep heat modalities, electrotherapy, postural drainage, basic massage, and introduction to fundamentals of traction and other physical agents used in physical therapy.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 112: PTA Procedures III (Functional Restoration Seminar) (3 credits)

Instructional focus on functional restoration techniques for neurologic, orthopedic and other patients requiring physical therapy; including bed mobility, patient transfers, use of assistive devices, orthotics, prosthetics, wheelchair positioning, and postural analysis. Issues pertaining to the principles of normal and abnormal gait, Americans with Disability Act pertaining to environmental accessibility and community service opportunities will be explored.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 151: Clinical Experience I (1 credit)

Supervised clinical observation and experience in a variety of physical therapy clinic settings affiliated with the college. Clinical discussion group will focus on interpersonal communication and patient interaction, oral and written patient progress reports, and effective problem solving skills.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 170: PTA Procedures I (Basic PT Procedures Lab) (4 credits)

Experiential learning of basic patient care skills including vital signs, bandaging, aseptic techniques, wound care and edema management, and athletic taping. Preparation of patient and treatment environment in a laboratory setting. Application of superficial heat, cold, light therapy, diathermy and hydrotherapy.

PREREQUISITE: Acceptance into the PTA Program

PTA 171: PTA Procedures II (PT Modalities Lab) (4 credits)

Laboratory course focusing on the application of deep heat modalities, electrotherapy and basic massage techniques. Laboratory sessions include the fundamentals of traction and other physical agents used in physical therapy with an emphasis on communication, utilization and safety in all applications.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 172: PTA Procedures III (Functional Restoration Lab) (4 credits)

Instruction in physical restoration techniques including bed mobility, patient transfers, postural analysis, principles of normal and abnormal ambulation, balance, use of assistive devices, and selected functional rehabilitation activities.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 173: Applied Anatomy Lab (3 credits)

Laboratory course focusing on human anatomy with an emphasis on the musculoskeletal system and functional movement. External palpation and identification of structures is explained and their relationship to function. Application of basic principles of kinesiology (the study of the body in motion) will be presented. Data collection and assessment pertaining to joint range of motion, manual muscle testing, and respiration will be taught.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 201: Issues in Physical Therapy and Health Care (2 credits)

This course is a survey of medical, legal, and psychosocial issues relating to the role of the physical therapist assistant in various physical therapy facilities and in the delivery of health care. Emphasis on the goals of physical therapy and how the PTA can influence the achievement of those goals.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 202: Introduction to Orthopedics (3 credits)

This course is the basic introduction to biomechanics and mechanisms of orthopedic injuries and diseases. Fundamentals of orthopedic terminology are addressed and a survey of surgical repair with emphasis on rehabilitation is included.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 210: PTA Procedures IV (Therapeutic Exercise Seminar) (3 credits)

Instructional focus on physical therapy concepts for therapeutic exercise techniques as they relate to treatment of the spine, extremities, cardiovascular, pulmonary, and vestibular systems. Discussion of stages of healing, post-operative indications and contraindications will be explored. Common exercise programs, protocols, equipment and exercise strategies will also be examined. Patient motivational issues and the PTA role as a member of the healthcare team will also be incorporated.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 211: PTA Procedures V (Rehabilitation Applications Seminar) (3 credits)

Instructional focus on physical therapy concepts for specific neurologic disabilities including spinal cord injuries, stroke, head injuries, MS and other neurologic diseases. Normal and abnormal aging processes including Parkinson's, Alzheimer's, pulmonary and balance related disorders will be explored. Investigation of appropriate data collection methods and treatments for orthopedic patients including: upper and lower extremity dysfunctions; injuries to the spine; and lower extremity amputations according to the Guide to Physical Therapist Practice. Issues pertaining to physical therapy management of the burn patient, functional assessments and testing for sensory-related deficits is discussed.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 212: PTA Procedures VI (Pediatric Rehabilitation Seminar) (2 credits)

Instructional focus on pediatric physical therapy pertaining to normal and abnormal development, pediatric treatment philosophies and principles, pediatric assessment tools, gross motor skill development, behavior management and communication skills, and common pediatric disorders.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 251: Clinical Experience II (1 credit)

Supervised clinical experience in varied physical therapy sites affiliated with the college. Students are expected to continue to develop skills in basic patient care, documentation, modalities and functional activities which have been previously evaluated in the laboratory setting.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 252: Clinical Experience III (3 credits)

Supervised clinical experience in physical therapy sites affiliated with the college. Students are expected to continue to develop skills in basic patient care, documentation, modalities and functional activities which have been previously evaluated in the laboratory setting.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 253: Clinical Affiliation (12 credits)

This is a full-time internship of practical performance and appropriate application of physical therapy procedures and techniques under supervision in two selected clinical settings associated with the college. This affiliation is sufficient to insure that the student has reached the minimum level of competency required for an entry-level physical therapist assistant in the application of physical therapy procedures and the understanding of clinical responsibilities and supervisory relationships prior to graduation. Grading option: Pass/fail

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 254: Clinical Seminar II (1 credit)

Clinical lecture and discussion seminar will focus on cultural competence, and verbal and written communication with clients and the health care team.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 255: Clinical Seminar II (1 credit)

Survey of issues surrounding patient care and teamwork. Topics will focus on patient interaction, adjustment to disability and grief, ethics, and physical therapist and physical therapist assistant roles and responsibilities.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 270: PTA Procedures IV (Therapeutic Exercise Lab) (4 credits)

Laboratory course focusing on development of therapeutic exercise programs for prevention and treatment of dysfunction of the spine, extremities, cardiovascular system, vestibular system, and somatosensory system. Implementation of treatment protocols and exercise techniques for specific diagnoses and conditions including orthopedic and neurological. Assessment techniques for posture, strength, flexibility, and cardiovascular fitness will be employed. Documentation of treatment, response to treatment, assessment and planning.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 271: PTA Procedures V (Rehabilitation Applications Lab) (4 credits)

Laboratory course focusing on the application of physical therapy skills for the treatment of specific neurologic disabilities including spinal cord injuries, stroke, head injuries, MS and other neurologic diseases. Emphasizing the development of treatment programs for orthopedic patients including upper and lower extremity dysfunctions, injuries to the spine and lower extremity amputations. Develop specific home programs, instruct in family training and select appropriate assistive devices and equipment for neurologic, geriatric and orthopedic patients. Apply physical therapy skills for the comprehensive treatment of the geriatric patient.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses

PTA 272: PTA Procedures VI (Pediatric Rehabilitation Lab) (2 credits)

Laboratory sessions focus on pediatric physical therapy with an emphasis on facilitation of the developmental sequence, common treatment approaches including handling, positioning, range of motion, strength and mobility.

PREREQUISITE: Grade of 2.0 or better in previous PTA courses



Community Colleges of Spokane
Spokane Falls Community College

Physical Therapist Assistant Program

CLINICAL EDUCATION

APTA STANDARDS OF ETHICAL CONDUCT FOR THE PTA

Standards of Ethical Conduct for the Physical Therapist Assistant

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



Preamble

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

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

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

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

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

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

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

- 3A. Physical therapist assistants shall make objective decisions in the patient's/client's best interest in all practice settings.
- 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.
- 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.
- 3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
- 3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.

- 4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

- 4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.
- 4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
- 4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

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

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

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

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

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

- 7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
- 7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.
- 7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
- 7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
- 7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients.

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

- 8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
- 8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.
- 8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.



APTA GUIDE FOR CONDUCT OF THE PHYSICAL THERAPIST ASSISTANT

Purpose

This Guide for Conduct of the Physical Therapist Assistant (Guide) is intended to serve physical therapist assistants in interpreting the Standards of Ethical Conduct for the Physical Therapist Assistant (Standards) of the American Physical Therapy Association (APTA). The APTA House of Delegates in June of 2009 adopted the revised Standards, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapist assistants may determine the propriety of their conduct. It is also intended to guide the development of physical therapist assistant students. The Standards and the Guide apply to all physical therapist assistants. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Standards

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist assistant in applying general ethical standards to specific situations. They address some but not all topics addressed in the Standards and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Standards when necessary and as needed.

Preamble to the Standards

The Preamble states as follows:

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life. No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Interpretation: Upon the Standards of Ethical Conduct for the Physical Therapist Assistant being amended effective July 1, 2010, all the lettered standards contain the word “shall” and are mandatory ethical obligations. The language contained in the Standards is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Standards. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the Standards were revised was to provide physical therapist assistants with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.

The Preamble states that “[n]o document that delineates ethical standards can address every situation.” The Preamble also states that physical therapist assistants “are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.” Potential sources for advice or counsel include third

parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist assistant's ethical decision-making process is the examination of his or her unique set of facts relative to the Standards.

Standards

Respect

Standard 1A states as follows:

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

Interpretation: Standard 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

Standard 2A states as follows:

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

Interpretation: Standard 2A addresses acting in the best interest of patients/clients over the interests of the physical therapist assistant. Often this is done without thought, but sometimes, especially at the end of the day when the clinician is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist assistant may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Sound Decisions

Standard 3C states as follows:

3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

Interpretation: To fulfill 3C, the physical therapist assistant must be knowledgeable about his or her legal scope of work as well as level of competence. As a physical therapist assistant gains experience and additional knowledge, there may be areas of physical therapy interventions in which he or she displays advanced skills. At the same time, other previously gained knowledge and skill may be lost due to lack of use. To make sound decisions, the physical therapist assistant must be able to self-reflect on his or her current level of competence.

Supervision

Standard 3E states as follows:

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Interpretation: Standard 3E goes beyond simply stating that the physical therapist assistant operates under the supervision of the physical therapist. Although a physical therapist retains responsibility for the patient/client throughout the episode of care, this standard requires the physical therapist assistant to take action by communicating with the supervising physical therapist when changes in the patient/client status indicate that modifications to the plan of care may be needed. Further information on supervision via APTA policies and resources is available on the [APTA Web site](#).

Integrity in Relationships

Standard 4 states as follows:

4: Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.

Interpretation: Standard 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapist assistants come into contact with in the normal provision of physical therapy services. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

Reporting

Standard 4C states as follows:

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

Interpretation: When considering the application of “when appropriate” under Standard 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation's unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: [Topic: Preserving Confidences: Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts](#) provides further information on the complexities of reporting.

Exploitation

Standard 4E states as follows:

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

Interpretation: The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Standard 4 is consistent with Standard 4B, which states:

4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

Next, consider this excerpt from the EJC Opinion titled [Topic: Sexual Relationships With Patients/Former Patients](#) (modified for physical therapist assistants):

A physical therapist [assistant] stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist [assistant] has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.

One's ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

.....

The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

Standard 5D and 5E state as follows:

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

Interpretation: The central tenet of Standard 5D and 5E is that inaction is not an option for a physical therapist assistant when faced with the circumstances described. Standard 5D states that a physical therapist assistant shall encourage colleagues to seek assistance or counsel while Standard 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on the physical therapist assistant's part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting someone's work responsibilities.

Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled [Topic: Preserving Confidences: Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts](#) provides further information on the complexities of reporting.

Clinical Competence

Standard 6A states as follows:

6A. Physical therapist assistants shall achieve and maintain clinical competence.

Interpretation: 6A should cause physical therapist assistants to reflect on their current level of clinical competence, to identify and address gaps in clinical competence, and to commit to the maintenance of clinical competence throughout their career. The supervising physical therapist can be a valuable partner in identifying areas of knowledge and skill that the physical therapist assistant needs for clinical competence and to meet the needs of the individual physical therapist, which may vary according to areas of interest and expertise. Further, the physical therapist assistant may request that the physical therapist serve as a mentor to assist him or her in acquiring the needed knowledge and skills. Additional resources on Continuing Competence are available on the [APTA Web site](#).

Lifelong Learning

Standard 6C states as follows:

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

Interpretation: 6C points out the physical therapist assistant's obligation to support an environment conducive to career development and learning. The essential idea here is that the physical therapist assistant encourage and contribute to the career development and lifelong learning of himself or herself and others, whether or not the employer provides support.

Organizational and Business Practices

Standard 7 states as follows:

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

Interpretation: Standard 7 reflects a shift in the Standards. One criticism of the former version was that it addressed primarily face-to-face clinical practice settings. Accordingly, Standard 7 addresses ethical obligations in organizational and business practices on a patient/client and societal level.

Documenting Interventions

Standard 7D states as follows:

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

Interpretation: 7D addresses the need for physical therapist assistants to make sure that they thoroughly and accurately document the interventions they provide to patients/clients and document related data collected from the patient/client. The focus of this Standard is on ensuring documentation of the services rendered, including the nature and extent of such services.

Support - Health Needs

Standard 8A states as follows:

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

Interpretation: 8A addresses the issue of support for those least likely to be able to afford physical therapy services. The Standard does not specify the type of support that is required. Physical therapist assistants may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues. When providing such services, including pro bono services, physical therapist assistants must comply with applicable laws, and as such work under the direction and supervision of a physical therapist. Additional resources on pro bono physical therapy services are available on the [APTA Web site](#).

Issued by the Ethics and Judicial Committee
American Physical Therapy Association
October 1981
Last Amended November 2010

Last Updated: 9/4/13
Contact: ejc@apta.org

CLINICAL EDUCATION COURSES

PTA 151: Clinical Experience I (1 credit)

Spring Quarter, 1st year

Clock Hours/Instructional Delivery: 4 hours/week at assigned clinic sites; Wednesday mornings for a total of 36 hours. 1 hour/week lecture/discussion

Each student will have an opportunity to observe/experience three different clinical settings. The lecture hours will provide an opportunity to discuss what the student has learned in the clinical and to address any problems encountered. In addition, formal lectures and assignments will focus on oral and written patient progress reports, communication skills, and effective problem solving strategies. Specific reading assignments will be required.

PTA 251: Clinical Experience II (1 credit)

Fall Quarter, 2nd year

Clock Hours/Instructional Delivery: 8 hours/week at assigned clinic site. Wednesdays, full-time for a total of 40 hours

Each student will spend one day per week for five weeks at one clinical site. An effort will be made to accommodate student choice of sites while meeting experience requirements. The lecture hours will provide an opportunity to discuss what the student has learned in the clinical and to address any problems encountered. In addition, formal lectures and assignments will focus on oral and written patient progress reports, communication skills. Specific reading assignments will be required.

PTA 252: Clinical Experience III (3 credits)

Winter Quarter, 2nd year

Clock Hours/Instructional Delivery: 12 consecutive full days at one assigned clinical site for a total of 96 hours

Students will spend twelve full days at one assigned clinical site. An effort will be made to accommodate student choice of sites while meeting experience requirements. The lecture hours will provide an opportunity to discuss what the student has learned in the clinical and to address any problems encountered. In addition, formal lectures and assignments will focus on patient interaction, interpersonal communication, and ethical issues related to patient care. Specific reading assignments will be required.

PTA 253: Clinical Affiliation (12 credits)

Spring Quarter, 2nd year

Clock Hours/Instructional Delivery: 40 hours/week for five weeks at two different assigned clinic sites for a total of 400 hours

Full time internship of practical performance and appropriate application of physical therapy procedures and techniques under supervision in two selected physical therapy clinics associated with the college. This affiliation will be sufficient to insure that the student has reached the minimum level of competency required for an entry-level physical therapist assistant in the application of physical therapy procedures and the understanding of clinic responsibilities and supervisory relationships prior to graduation.

Each student will spend 40 hours per week for five weeks each in two different clinic sites. An effort will be made to accommodate student choice of sites while meeting experience requirements. On-site visits by the CEC will provide an opportunity to discuss the student's experiences in the clinic

and to address any problems encountered. CEC will attend final clinical evaluations as appropriate and conduct student exit interviews prior to graduation. Letters of recommendation will be written and assistance provided in job placement as appropriate.

PTA 254: Clinical Seminar II (1 credit)

Fall Quarter, 2nd year

Clock Hours/Instructional Delivery: 2 hours/week lecture for the first five weeks of the quarter

Clinical lecture and discussion seminar will focus on cultural competence and verbal and written communication with clients and the health care team.

PTA 255: Clinical Seminar III (1 credit)

Winter Quarter, 2nd year

Clock Hours/Instructional Delivery: 1 hour/week of lecture/discussion

Survey of issues surrounding patient care and teamwork. Topics will focus on patient interaction, adjustment to disability and grief, ethics, and physical therapist and physical therapist assistant roles and responsibilities.

PTA 151 - 1 CREDIT
Clinical Experience I
FIRST YEAR, SPRING QUARTER

Students will rotate through three different clinics, spending a half day per week in each clinic for three weeks, through the 10-week quarter.

PRIOR COURSEWORK:

BIO& 241	Human Anatomy and Physiology
PTA 106	Regional Anatomy and Physiology
PTA 101	Introduction to Physical Therapy
PTA 102	Physical Therapy Terminology
PTA 104	Survey of Pathophysiology
PTA 110	Procedures I: Basic Physical Therapy Procedures Seminar
PTA 170	Procedures I: Basic Physical Therapy Procedures Lab
PTA 103	Applied Anatomy Seminar
PTA 173	Applied Anatomy Lab
PTA 105	Introduction to Neuroscience
PTA 107	Physical Therapy Documentation

CONCURRENT COURSEWORK:

PTA 111	Procedures II: Therapeutic Modalities Seminar
PTA 171	Procedures II: Therapeutic Modalities Lab
PTA 112	Procedures III: Functional Restoration Seminar
PTA 172	Procedures III: Functional Restoration lab

COURSE GOALS:

- To provide the PTA student with an extended experience of physical therapy services provided in three different types of clinic settings.
- Supervision should be “immediate” (within the same room).
- Based upon the judgment of the CI, the student is able to assist the CI in patient and treatment preparation, and may assist with the implementation of the indicated therapy modalities and procedures.

STUDENT EVALUATION:

- Student evaluation will consist of a two-page rating scale of CI's perceptions of the student's performance related to professional behaviors, interpersonal skills, and general understanding of the rationale and effectiveness of the treatments observed.

CLINICAL INSTRUCTOR EVALUATION:

- Clinical Instructor evaluation will consist of a one-page rating scale of student's perceptions of the strengths and weaknesses of the CI.

PTA 151: Clinical Experience I
SFCC COURSE ABILITIES AND LEARNING OUTCOMES

Course Title: Clinical Experience I

Course Number: PTA 151

Course Description: Supervised clinical observation and experience in a variety of physical therapy clinic settings affiliated with the college are provided. This course will be followed by PTA 251 Clinical Experience II, PTA 252 Clinical Experience III and will culminate with full-time clinical the student's last quarter, PTA 253, Clinical Affiliation. The Clinical Instructor is informed of the current skill level of the student. All standards for safety, behaviors, accountability, cultural competence and communication will be performed satisfactory in the clinic. Demonstrate knowledge of rationale for interventions and data collection methods identified in the plan of care from previous coursework through discussions with CI. Prerequisite: Grade of 2.0 or better in all PTA courses.

Department: Allied Health Science

Course Credits: 1 credit

Instructor: Donelle Odren PT, DPT

E-mail: Donelle.Odren@sfcc.spokane.edu

Phone: 509-279-6249

Program Coordinator: Carolyn Wright

Phone: 509-279-6225

Communication via Email: Communication via email is an integral part of the program. Students are expected to check their school/home email account (Bigfoot account) daily, Monday through Friday. This is a requirement of the program and will be factored into your grade as a component of your professional expectation.

Clock Hours/Instructional Delivery: 4 hours/week at assigned clinic sites

Wed. 8:00am – noon

Prerequisites: Grade of 2.0 or better in all PTA courses or instructors permission

Course Learning Outcomes:

All of the following standards for safety, behaviors, accountability, cultural competence and communication will be performed satisfactory in the clinic.

1. Safety: Performs in a safe manner that minimizes the risk to patient, self, and others.(7D24 a,c,d,e,m) (7D27) (7D26)
2. Clinical behaviors: Demonstrates expected clinical behaviors in a professional manner in all situations.(7D1)(7D2) (7D3) (7D4) (7D6)
3. Accountability: Performs in a manner consistent with established legal standards, standards of the profession, and ethical guidelines.(7D5)(7D13) (7D20)
4. Cultural competence: Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. (7D8)(7D9)
5. Communication: Communicates in ways that are congruent with situational needs. (7D7) (7D12) (7D28)
6. Interventions and Data Collection: Demonstrates rationale for interventions and data collection methods identified in the plan of care appropriate for current level of coursework completed in program. (7D23) (7D24)

7. Demonstrate understanding of the PT/PTA relationship and the PTA relationship to other healthcare professionals (7D28)
8. Document relevant aspects of a patient's treatment as appropriate. (7D25)
9. Participate in the clinical performance evaluation process with the supervising clinical instructor.
10. Identify and discuss behaviors observed in the clinical setting that promote or detract from healing.
11. Participate in a clinical environment as a student PTA under the direction and supervision of the physical therapist to prepare the student to perform as an entry-level physical therapist assistant. (7C)

Course Outline:

- I. Safety
- II. Clinical Behaviors
- III. Accountability
 - A. Legal Standards
 - B. Professional Standards
- IV. Ethical Standards
- V. Cultural Competence
 - A. Patients' Differences
- VI. Patients' Values
- VII. Communication
- VIII. Interventions and Data Collection
 - A. Rationale for Interventions
- IX. Rationale for Data Collection
- X. PTA Relationship Within Healthcare
- XI. Document
- XII. Clinical Performance Evaluation
- XIII. Behaviors Observed During Patient Care

Teaching Methods and Learning Experiences: Clinical Experiences, Review of the literature, Use evaluation tools, Communication via Canvas and e-mails.

Grade/Evaluation Criteria: Pass/Fail

The grade for this course is given by the CEC and is determined by the following:

Three areas must be addressed for a **Pass** (Please refer to **Clinical Course Criteria***)

1. Evaluation by Clinical Instructor

Pass: All positive comments

Pass: One negative comment (other than Safety or Professionalism)

Fail: Two negative comments (Or one comment about professionalism or safety)

2. Evaluation of Clinical Instructor (Completeness: Must have examples)

3. Clinic Forms – all forms must be completed in full (including signatures) and returned by the due date specified in the Form Preparation Guidelines.

Clinical Course Criteria

1. Adhere to the *Guide for Conduct of the Physical Therapist Assistant* (in manual)
 2. Attendance at all scheduled clinic sessions on time. If the student is absent due to illness or an emergency, it is the student's responsibility to notify both the clinical instructor/facility and the college clinical coordinator as soon as possible. It will then be the student's responsibility to arrange with the clinical instructor a make-up time for any clinic sessions that are missed.
 3. Receive no unacceptable reports from the clinical instructors, based on performance, attendance, appearance, and conduct.
 4. Return all student evaluation and clinic feedback forms on time to the ACCE.
 5. Immediately report any accidents or incidents to the facility clinical instructor and to the college clinical coordinator.
 6. Attend all campus lecture sessions.
 7. Actively participate in the lecture sessions.
 8. Complete all assignments in the clinic and in the lecture/discussion class satisfactorily and on time.
 9. Observe strict levels of confidentiality at all times. Refrain from referring to patients by name during any clinic discussion class or in any casual conversations outside of class.
- If a student fails a clinical education course, it will result in dismissal from the program. It is the ACCE's responsibility to determine the passing or failure of the clinical education course.
 - Students will be allowed to extend one of their clinical education rotations by one week if the Clinical Education Coordinator (CEC) and the Clinical Instructor (CI) believe the additional time will allow the student to successfully acquire the skills necessary to "pass" the rotation. This extension will constitute a "Remediation Plan."

Course Schedule:

On campus meet 1st and last Wednesday of quarter.

Each student has an opportunity to observe/experience at three different clinical settings for nine weeks.

- If a student fails a lecture course it will result in dismissal from the program.
- If a student fails a lecture exam, they are required to meet with the instructor and do satisfactory remedial work.
- An overall grade of 70% (2.0) for this course is required to progress in the program.

Texts/Learning resources/References:

Required Texts:

- Clinical Experience I Manual; SFCC staff

Reference Texts:

- All PTA textbooks will be useful and necessary for clinical reference

Course Schedule:

Week 1	Wed April 5 Lecture 1	10:00 – noon	Intro to Clinical Education Course Requirements, Expectations, Attendance, Assignments BRING STUDENT Manual! Comparing Academic vs. Clinical Education Fears and Expectations
Week 2	Wed April 12	8:00 – noon	1 st Clinical
Week 3	Wed April 19	8:00 – noon	1 st Clinical
Week 4	Wed April 26	8:00 – noon	1 st Clinical
	Forms due		CI Evaluation; Student Evaluation; Observation Log
Week 5	Wed May 3	8:00 – noon	2 nd Clinical
Week 6	Wed May 10	8:00 – noon	2 nd Clinical
Week 7	Wed May 17	8:00 – noon	2 nd Clinical
	Forms due		CI Evaluation; Student Evaluation; Observation Log
Week 8	Wed May 24	8:00 – noon	3 rd Clinical
Week 9	Wed May 31	8:00 – noon	3 rd Clinical
Week 10	Wed June 7	8:00 – noon	3 rd Clinical
	Forms due		CI Evaluation; Student Evaluation; Observation Log

PTA Program Grading Policy:

Grades are reported to your permanent transcript as a numerical grade to the nearest tenth according to the following table. A numerical grade of less than 2.0 is a failure:

Letter Grade	Percent	Numerical Grade
A	96-100	4.0
	95	3.9
	94	3.8
A-	93	3.7
	92	3.6
	90-91	3.5
B+	89	3.4
	88	3.3
	87	3.2
B	86	3.1
	85	3.0
	84	2.9
B-	83	2.8
	82	2.7
	80-81	2.6
C+	79	2.5
	77-78	2.4
	75-76	2.3
C	74	2.2
	72-73	2.1
	70-71	2.0

Z Grade:

The 'Z' grade is "an instructor initiated option to withdraw a student from a class after the official withdraw date has passed". A 'Z' grade is not given for non-attendance or to anyone who has not completed all of the course work to date.

Incomplete Grade:

If your performance in a course has been generally satisfactory with the exception of 1 or 2 assignments or skill checks, you may be able to arrange for an Incomplete Grade Student Contract with the instructor. The student or instructor may initiate the request for an incomplete grade. Incomplete grades are given solely at the instructor's discretion and under specific conditions that must be met to change an incomplete to a permanent grade. An incomplete grade in any course of the program is equivalent to being placed on probation. If the Student Contract is not completed as agreed, the student may be dismissed from the program. A copy of an Incomplete Grade Student Contract can be found in the PTA handbook Appendix.

Attendance As It Pertains To Grading:

While absences or tardiness may be unavoidable for acceptable reasons, please be reminded that your **attendance is considered a critical factor in judging your values to your profession.**

Program Policy for CCS student scheduled days off during clinical: A student who chooses to exercise a college scheduled day off per the academic calendar and is scheduled for a clinical rotation must notify the clinical instructor and ACCE at the beginning of the quarter and a reminder before the scheduled rotation. The PTA program expects the student to follow the clinical instructor's professional schedule. This may require weekend, holiday and greater than the hours assigned to that rotation. If the student does miss a day, whether due to a college scheduled day off or any other reason, the student will need to "make up" the hours missed in order to meet the required hours assigned to that rotation prior to going onto their next clinical experience.

The administration that oversees the SFCC PTA program believes that Clinical experiences are a special case, and that students are required to work the therapist schedule even if the College has a "day off". "...As a pre-professional arrangement, the students need to get used to being on the schedule they will be working in."

The following is the attendance grading policy: (unless excused by physician, related to a death in family, or at program director's discretion)

1 or 2 absences = will not affect grade.

3 or more absences = .2 points **subtracted** from final GPA for the course.

Clinical Courses: All absences must be made up during clinical rotations.

•• The maximum total absence from a lecture/lab course will be 6 lectures and 6 labs or any combination thereof. Exceeding this **will result in failure of the course.**

Student Holidays for Reasons of Faith or Conscience (SSB 5173):

SCC/SFCC students are entitled to two days of excused absences per academic year for reasons of faith or conscience or for organized activities conducted under the auspices of a religious organization. Students' grades will not be adversely impacted by authorized absences under this policy, although students in courses with required community clinical and /or practicum experiences must fulfill these requirements to meet the licensure requirements of the program.

All absences under this policy must be submitted to the Chief Academic Officer in writing at least two weeks prior to the desired absence, containing a precise explanation of how the requested holiday is related to a reason of faith, conscience or an organized activity conducted by a religious organization. If deemed in alignment with the policy, the student will receive a document with date(s) of the approved absences (must be full days). The student is solely responsible for ensuring the documentation authorizing the absence is provided to each of the instructors whose classes or assignments are affected by the absence. The instructor(s) will determine, within two days after receiving the notification, what adjustments, if any, will need to be made for the student to make up assignments or tests missed during the absence(s), and the instructor may require that the student submit the assignment or take the test before or after the regularly scheduled date. If the student fails to notify the instructor of an authorized absence under this policy, the instructor is not obligated to make accommodations.

Probationary Policies: Please refer to the PTA Student Handbook regarding the Remediation Process.

Disability And Support Services:

SFCC complies with the mandates of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). It is the student's responsibility to make known any disability for which accommodation is requested. A student requesting accommodations must work through Disability Support Services to verify their disability and to determine what accommodations are appropriate. A request for reasonable accommodation by a qualified student with a documented disability will be considered on a case-by-case basis. All inquiries are considered confidential.

Reasonable accommodations appropriate for a specific course, a specific classroom, a laboratory or a clinical setting will be considered. Accommodations that would compromise patient care or that would fundamentally alter the essential nature of the program or activity are not considered to be reasonable.

In the event of a denial of an accommodation, a student has the option to appeal the denial by following the process for complaint resolution listed in the SFCC Policies and Procedures for Reasonable Accommodations for Students with Disabilities. A copy of the procedure is available in the Disability Support Services Office.

Any student with a health condition or disability which may require accommodations in order to effectively participate in any PTA class or clinical, should contact Disability Support Services (DSS). [Building 17, Room 201, 533-4166]

Respect Within The Academic Community:

In order for learning to take place, students must feel safe; this safety is due all students, not only those who share your values, beliefs, and life experiences. For this reason, courtesy, thoughtfulness, and acceptance are essential in our discussions in and out of the classroom. Acceptance should not be confused with agreement; one need not agree with a person to listen, and one must listen well in order to disagree either cogently or respectfully. Every student in this course has a voice and so deserves the courtesy of attentive listening and the freedom to express diverse ideas.

Children In The Workplace:

No employee or visitor to CCS shall leave a child unattended nor shall a child be left with a CCS employee/student unless the child is enrolled in an authorized program of CCS. CCS does not supervise children outside of such officially sanctioned programs, and neither CCS nor its employees, agents, nor students may accept responsibility to do so on behalf of CCS.

Student Code Of Conduct:

<http://spokanefalls.edu/Resources/StudentLife/StudentConcerns.aspx?page=PV4>

UNIT OBJECTIVES

1. Adhere to the *Guide for Conduct of the Physical Therapist Assistant*
2. Demonstrate understanding of the relationship of the PTA to the PT and to other clinic personnel.
3. Differentiate PT and PTA documentation responsibilities.
4. Establish satisfactory working relationships with the PT and other clinic personnel.

5. Write documentation for each patient seen in clinic using the SOAP format. Delineate each element sequentially with patients as it is reviewed in class.
6. Demonstrate understanding of the competencies and limitations of the PTA by performing assigned physical therapy procedures only under the direction and supervision of the PT.
7. Demonstrate an understanding of the role of a student in the delivery of care.
8. Appropriately discuss patient conditions and issues with the clinical instructor.
9. Follow the policies and procedures of an assigned facility (i.e., working hours, uniforms, housekeeping duties, administrative and clerical duties).
10. Interact with patients and families in a manner which provides the desired psychological support including recognition of cultural and socioeconomic differences.
11. Participate in the clinical performance evaluation process with the supervising clinical instructor.
12. Demonstrate knowledge of the rationale and effectiveness of the physical therapy treatments and procedures observed and practiced.
13. Document relevant aspects of a patient's treatment as appropriate. Student will demonstrate competency in documentation at this time.
14. Participate in the clinical discussion lectures.
 - a) Observe and report on a variety of different types of physical therapy.
 - b) Verbally report on a patient's physical therapy treatment.
 - c) Objectively describe observations and results of treatment.
 - d) Write progress notes.
15. Identify positive and negative aspects of using forms and templates for documentation.
16. Discuss the importance of accurate documentation to facilitate reimbursement.
17. Document pertinent subjective and objective information. Document assessment, plan and short term goals, discharge summary introduction.
18. Comply with the documentation requirements of the clinical environment.
19. Observe and participate as appropriate in patient and treatment preparation and implementation of the following therapy procedures and modalities as available in the clinic:

LABORATORY COMPETENCY LEVEL: Student has practiced and been tested on this skill in the lab to assure competency. Please note that this is a lab competency and not a clinic competency as will be addressed in the PTA CPI.

- | | |
|--|---|
| <ul style="list-style-type: none">• body mechanics• positioning and draping• superficial heat modalities (hot packs, paraffin)• superficial cold modalities (cold packs, ice massage, ice baths, vapocoolant)• hydrotherapy, contrast baths, whirlpools• vital signs• Infection control principles• CPR and basic first aid• aseptic techniques and wound dressing• Diathermy | <ul style="list-style-type: none">• Anthropometric measurements• compression pumps• cold compression devices• compression bandaging for edema• residual limb wrapping• passive range of motion• measure functional range and Goniometry - all joints• Manual Muscle Testing• segmental length (leg length)• dynamometer, pinchmeter• inspirometer, chest expansion measurements |
|--|---|

LABORATORY DEMONSTRATION LEVEL: Student has observed demonstration of this skill and performed it and has answered written test questions about the skill but has not been lab tested for competency.

- wound debridement and water pik
- compression bandaging for lymphedema
- pain assessments
- UV light, UV test dose (MED)
- pool therapy and aquatic programs
- athletic and therapeutic taping
- Infrared light

EXPOSURE LEVEL: Student has received instruction about the skill but has not actually performed it, however, they have answered written test questions about the skill.

- Basic First Aid, MSDS
- life support and special equipment (monitoring devices, ventilators, lines, catheters, ostomies, etc.)
- fluidotherapy
- laser
- General components of a PT evaluation

CURRENT LABORATORY SKILLS: Student is currently enrolled in:

- PTA 112 - Functional Restoration
- PTA 111 - Therapeutic Modalities

Student will benefit from observation of these skills in the clinic setting:

- therapeutic massage
- ultrasound
- HVPGS
- TENS
- FES/NMES
- biofeedback
- iontophoresis
- phonophoresis
- Microamperage Electrical Nerve Stimulation
- Electrical muscle stimulation for denervated tissue
- Interferential current
- Manual traction
- UV light, UV test dose (MED)
- Pulmonary care - postural drainage
- lumbar traction
- cervical traction
- home traction units
- manual lymphatic drainage
- myofascial release techniques
- strength-duration curve test
- nerve conduction velocity test
- reaction of degeneration
- patient transfers
- bed mobility/mat routines
- Balance activities
- tilt table
- posture evaluation
- gait aid device adjustment
- Gait training

PTA 251 - 1 CREDIT
Clinical Experience II
SECOND YEAR, FALL QUARTER

Students will spend a full day in clinic each Wednesday for the last five weeks of the quarter.

PRIOR COURSEWORK:

BIO& 241	Human Anatomy and Physiology
PTA 106	Regional Anatomy and Physiology
PTA 101	Introduction to Physical Therapy
PTA 102	Physical Therapy Terminology
PTA 104	Survey of Pathophysiology
PTA 110	Procedures I: Basic Physical Therapy Procedures Seminar
PTA 170	Procedures I: Basic Physical Therapy Procedures Lab
PTA 103	Applied Anatomy Seminar
PTA 173	Applied Anatomy Lab
PTA 105	Introduction to Neuroscience
PTA 107	Physical Therapy Documentation
PTA 111	Procedures II: Therapeutic Modalities Seminar
PTA 171	Procedures II: Therapeutic Modalities Lab
PTA 112	Procedures III: Functional Restoration Seminar
PTA 172	Procedures III: Functional Restoration lab
PTA 151	Clinical Experience I

CONCURRENT COURSEWORK:

PTA 210	Procedures IV: Therapeutic Exercise Seminar
PTA 270	Procedures IV: Therapeutic Exercise Lab
PTA 202	Introduction to Orthopedics
PTA 272	Procedures VI: Pediatric Rehab Lab
PTA 212	Procedures VI: Pediatric Rehab Seminar
PTA 254	Clinical Seminar II

COURSE GOALS:

- To provide the PTA student with an extended experience in one facility to begin providing direct patient care under immediate supervision of the CI.
- Supervision should be “immediate” (within the same room) and may be “direct” (CI on premises) at the CI’s discretion
- Based upon the judgment of the CI, the student is able to assist the CI in patient and treatment preparation, and assist with the implementation of the indicated therapy modalities and procedures.

STUDENT EVALUATION:

- The Clinical Instructor must complete this form and be prepared to share it with the student at the time set aside for evaluation at the end of the rotation.

CLINICAL INSTRUCTOR EVALUATION

- The student must complete this form and be prepared to share it with the CI at the time set aside for evaluation at the end of the rotation.

PTA 251: Clinical Experience II
SFCC COURSE ABILITIES AND LEARNING OUTCOMES

Course Title: Clinical Experience II

Course Number: PTA 251

Course Description: This course is a continuation of PTA 151: Clinical Experience I, and is designed to continue clinical experiences in the clinics. This course will be followed by PTA 252: Clinical Experience III, and will culminate with full-time affiliations during the student's last quarter, PTA 253: Clinical Affiliation. The Clinical Instructor is informed of the current skill level of the student. All Clinical Performance Instrument criteria will be performed at a "beginner to intermediate" performance or higher depending on the level of the student's didactic and laboratory competencies.

Department: Allied Health Science

Course Credits: 1 credit

Instructor: Donelle Odren PT, DPT

Phone: Donelle.Odren@sfcc.spokane.edu

E-mail: 509-279-6249

Communication via Email: Communication via email is an integral part of the program. Students are expected to check their school/home email account (Bigfoot account) daily, Monday through Friday. This is a **requirement** of the program and will be factored into your grade as a component of your professional expectation.

Clock Hours/Instructional Delivery: Second 5 weeks: 8 hours/week at assigned clinic site, minimum. Wednesdays, full-time for a total of 40 hours

Prerequisites: Grade of 2.0 or better in previous PTA courses

Course Learning Outcomes:

Perform all the following Clinical Performance Instrument criteria to at least **Beginner to Intermediate performance**:

1. Safety: Performs in a safe manner that minimizes the risk to patient, self, and others.(7D24 a,c,d,e,m) (7D27) (7D26)
2. Clinical behaviors: Demonstrates expected clinical behaviors in a professional manner in all situations.(7D1)(7D2) (7D3) (7D4) (7D6)
3. Accountability: Performs in a manner consistent with established legal standards, standards of the profession, and ethical guidelines.(7D5)(7D13) (7D20)
4. Cultural competence: Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. (7D8)(7D9)
5. Communication: Communicates in ways that are congruent with situational needs. (7D7) (7D12) (7D28)
6. Self-Assessment and lifelong learning: Participates in self-assessment and develops plans to improve knowledge, skills, and behaviors. (7D10)(7D11)(7D14)

7. Clinical problem solving: Demonstrates clinical problem solving. (7D15)(7D17)(7D18)(7D19)(7D21)
8. Interventions: Therapeutic exercise: Performs selected therapeutic exercises in a competent manner.
 - a. Interventions (7D23h)
 - b. Associated data collection (7D24h,k,l)
9. Interventions: Therapeutic techniques: Applies selected manual therapy, airway clearance, and integumentary repair and protection techniques in a competent manner.
 - a. Interventions: Manual therapy techniques (7D23e)
 - b. Interventions: Integumentary repair/protection (7D23i)
 - c. Associated data collection (7D24f,g,h)
10. Interventions: Physical agents and mechanical modalities: Applies selected physical agents and mechanical modalities in a competent manner
 - a. Interventions (7D23c)
 - b. Associated data collection(7D24b,i)
11. Interventions: Electrotherapeutic modalities: Applies selected electrotherapeutic modalities in a competent manner. (7D23c)
12. Interventions: Functional training and application of devices and equipment: Performs functional training in self-care and home management and application and adjustment of devices and equipment in a competent manner.
 - a. Interventions: Breathing strategies/oxygenation (7D23a)
 - b. Interventions: (7D23b,d,f,g)
13. Documentation: Produces quality documentation in a timely manner to support the delivery of physical therapy services. (7D16)(7D25)
14. Resource Management: Participates in the efficient delivery of physical therapy services.(7D22)(7D29) (7D30) (7D31)
15. Utilizing evidence based resources, incorporate concepts from professional literature into practice.(7D10)
16. Participate in the clinical performance evaluation process with the supervising clinical instructor and academic clinical coordinator.
17. Participate in a clinical environment as a student PTA under the direction and supervision of the physical therapist to prepare the student to perform as an entry-level physical therapist assistant. (7C)

Course Outline:

- I. Safety
 - A. Patient
 - B. Self
 - C. Others
- II. Clinical Behavior
 - A. Professional
 - B. Punctual and dependable
 - C. Attire
 - D. Integrity
 - E. Caring and positive
- III. Accountability
 - A. Legal standards
 - B. Professional standards
 - C. Ethical standards
- IV. Cultural Competence
 - A. Patient differences

- B. Patient values
- V. Communication
 - A. Patient and/or caregiver
 - B. Clinical instructor and supervising physical therapist
 - C. Healthcare Team
- VI. Self-assessment and lifelong learning
 - A. Identifies strengths and limitations
 - B. Seeks current knowledge
- VII. Clinical problem solving
 - A. Rational of decisions
 - B. Seeks clarification
 - C. Compares data
- VIII. Therapeutic Exercise
 - A. Interventions
 - B. Data collection
- IX. Therapeutic Techniques
 - A. Intervention: Manual, breathing, integumentary
 - B. Data collection
- X. Physical agents and mechanical modalities
 - A. Interventions
 - B. Data collection
- XI. Electrotherapeutic modalities
 - A. Interventions
 - B. Data collection
- XII. Functional training and application of devices and equipment
 - A. Interventions
 - B. Data collection
- XIII. Documentation
 - A. Quality
 - B. Relevant to patient care
 - C. Timely
 - D. Supports services
- XIV. Resource management
 - A. Time efficiency
 - B. Setting priorities
 - C. Supportive personal use
- XV. Evidence based link to patient care
- XVI. Clinical Performance Instrument
 - A. Self
 - B. Clinical Instructor
 - C. Facility

Teaching Methods and Learning Experiences: Clinical Experiences, Review of the literature, Use of the CPI and tools, Communication via Canvas and e-mails.

Grade/Evaluation Criteria: Pass/Fail

The grade for this course is given by the CEC and is determined by the following:

Three areas must be addressed for a **Pass** (Please refer to ***Clinical Course Criteria****)

1. Evaluation by Clinical Instructor

Pass: All positive comments

Pass: One negative comment (other than Safety or Professionalism)

Fail: Two negative comments (Or one comment about professionalism or safety)

2. Evaluation of Clinical Instructor (Completeness: Must have examples)

3. Clinic Forms – all forms must be completed in full (including signatures) and returned by the due date specified in the Form Preparation Guidelines.

Clinical Course Criteria

1. Adhere to the *Guide for Conduct of the Physical Therapist Assistant* (in manual)
 2. Attendance at all scheduled clinic sessions on time. If the student is absent due to illness or an emergency, it is the student's responsibility to notify both the clinical instructor/facility and the college clinical coordinator as soon as possible. It will then be the student's responsibility to arrange with the clinical instructor a make-up time for any clinic sessions that are missed.
 3. Receive no unacceptable reports from the clinical instructors, based on performance, attendance, appearance, and conduct.
 4. Return all student evaluation and clinic feedback forms on time to the ACCE.
 5. Immediately report any accidents or incidents to the facility clinical instructor and to the college clinical coordinator.
 6. Attend all campus lecture sessions.
 7. Actively participate in the lecture sessions.
 8. Complete all assignments in the clinic and in the lecture/discussion class satisfactorily and on time.
 9. Observe strict levels of confidentiality at all times. Refrain from referring to patients by name during any clinic discussion class or in any casual conversations outside of class.
- If a student fails a clinical education course, it will result in dismissal from the program. It is the ACCE's responsibility to determine the passing or failure of the clinical education course.
 - Students will be allowed to extend one of their clinical education rotations by one week if the Clinical Education Coordinator (CEC) and the Clinical Instructor (CI) believe the additional time will allow the student to successfully acquire the skills necessary to "pass" the rotation. This extension will constitute a "Remediation Plan."

Course Schedule:

Second 5 weeks: 6-8 hours/week at assigned clinic site, minimum
Wednesdays, full-time

Each student to spend one full day per week for five weeks in one clinical site. An effort is made to accommodate student choice of sites while meeting experience requirements. Weekly emails will be sent to students and a response to each weekly email is required. See 254 schedule for dates.

Clinical Forms due by Friday, December 8: ***Be sure to get ALL necessary signatures***

- 1) Clinical Instructor Data Sheet (white)
- 2) Student Evaluation, PTA 251 (blue)
- 3) Student Assessment of the Clinical Instructor (yellow)
- 4) Absences from Clinic (if necessary) (golden)
- 5) *Thank You* Card for Clinical Instructor (cream)

Texts/Learning Resources/References:

Required Texts:

- Clinical Experience 2 Manual; SFCC staff

Reference Texts:

- All PTA textbooks will be useful and necessary for clinical reference.

PTA Program Grading Policy:

Grades are reported to your permanent transcript as a numerical grade to the nearest tenth according to the following table. A numerical grade of less than 2.0 is a failure:

Letter Grade	Percent	Numerical Grade
A	96-100	4.0
	95	3.9
	94	3.8
A-	93	3.7
	92	3.6
	90-91	3.5
B+	89	3.4
	88	3.3
	87	3.2
B	86	3.1
	85	3.0
	84	2.9
B-	83	2.8
	82	2.7
	80-81	2.6
C+	79	2.5
	77-78	2.4
	75-76	2.3
C	74	2.2
	72-73	2.1
	70-71	2.0

Z Grade:

The 'Z' grade is "an instructor initiated option to withdraw a student from a class after the official withdraw date has passed". A 'Z' grade is not given for non-attendance or to anyone who has not completed all of the course work to date.

Incomplete Grade:

If your performance in a course has been generally satisfactory with the exception of 1 or 2 assignments or skill checks, you may be able to arrange for an Incomplete Grade Student Contract with the instructor. The student or instructor may initiate the request for an incomplete grade. Incomplete grades are given solely at the instructor's discretion and under specific conditions that must be met to change an incomplete to a permanent grade. An incomplete grade in any course of the program is equivalent to being placed on probation. If the Student Contract is not completed as agreed, the student may be dismissed from the program. A copy of an Incomplete Grade Student Contract can be found in the PTA handbook Appendix.

Attendance As It Pertains To Grading:

While absences or tardiness may be unavoidable for acceptable reasons, please be reminded that your **attendance is considered a critical factor in judging your values to your profession.**

Program Policy for CCS student scheduled days off during clinical: A student who chooses to exercise a college scheduled day off per the academic calendar and is scheduled for a clinical rotation must notify the clinical instructor and ACCE at the beginning of the quarter and a reminder before the scheduled rotation. The PTA program expects the student to follow the clinical instructor's professional schedule. This may require weekend, holiday and greater than the hours assigned to that rotation. If the student does miss a day, whether due to a college scheduled day off or any other reason, the student will need to "make up" the hours missed in order to meet the required hours assigned to that rotation prior to going onto their next clinical experience.

The administration that oversees the SFCC PTA program believes that Clinical experiences are a special case, and that students are required to work the therapist schedule even if the College has a "day off". "...As a pre-professional arrangement, the students need to get used to being on the schedule they will be working in."

The following is the attendance grading policy: (unless excused by physician, related to a death in family, or at the CEC or program director's discretion)

1 or 2 absences = will not affect grade.

3 or more absences = .2 points **subtracted** from final GPA for the course.

Clinical Courses: All absences must be made up during clinical rotations.

•• The maximum total absence from a lecture/lab course will be 6 lectures and 6 labs or any combination thereof. Exceeding this **will result in failure of the course.**

Student Holidays for Reasons of Faith or Conscience (SSB 5173):

SCC/SFCC students are entitled to two days of excused absences per academic year for reasons of faith or conscience or for organized activities conducted under the auspices of a religious organization. Students' grades will not be adversely impacted by authorized absences under this policy, although students in courses with required community clinical and /or practicum experiences must fulfill these requirements to meet the licensure requirements of the program.

All absences under this policy must be submitted to the Chief Academic Officer in writing at least two weeks prior to the desired absence, containing a precise explanation of how the requested holiday is related to a reason of faith, conscience or an organized activity conducted by a religious organization. If deemed in alignment with the policy, the student will receive a document with date(s) of the approved absences (must be full days). The student is solely responsible for ensuring the documentation authorizing the absence is provided to each of the instructors whose classes or assignments are affected by the absence. The instructor(s) will determine, within two days after receiving the notification, what adjustments, if any, will need to be made for the student to make up assignments or tests missed during the absence(s), and the instructor may require that the student submit the assignment or take the test before or after the regularly scheduled date. If the student fails to notify the instructor of an authorized absence under this policy, the instructor is not obligated to make accommodations.

Probationary Policies: Please refer to the PTA Student Handbook regarding the Remediation Process.

Disability and Support Services:

SFCC complies with the mandates of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). It is the student's responsibility to make known any disability for which accommodation is requested. A student requesting accommodations must work through Disability Support Services to verify their disability and to determine what accommodations are appropriate. A request for reasonable accommodation by a qualified student with a documented disability will be considered on a case-by-case basis. All inquiries are considered confidential.

Reasonable accommodations appropriate for a specific course, a specific classroom, a laboratory or a clinical setting will be considered. Accommodations that would compromise patient care or that would fundamentally alter the essential nature of the program or activity, are not considered to be reasonable.

In the event of a denial of an accommodation, a student has the option to appeal the denial by following the process for complaint resolution listed in the SFCC Policies and Procedures for Reasonable Accommodations for Students with Disabilities. A copy of the procedure is available in the Disability Support Services Office.

Any student with a health condition or disability which may require accommodations in order to effectively participate in any PTA class or clinical, should contact Disability Support Services (DSS). [Building 17, Room 201, 533-4166]

Respect Within the Academic Community:

In order for learning to take place, students must feel safe; this safety is due all students, not only those who share your values, beliefs, and life experiences. For this reason, courtesy, thoughtfulness, and acceptance are essential in our discussions in and out of the classroom. Acceptance should not be confused with agreement; one need not agree with a person to listen, and one must listen well in order to disagree either cogently or respectfully. Every student in this course has a voice and so deserves the courtesy of attentive listening and the freedom to express diverse ideas.

Children In the Workplace:

No employee or visitor to CCS shall leave a child unattended nor shall a child be left with a CCS employee/student unless the child is enrolled in an authorized program of CCS. CCS does not supervise children outside of such officially sanctioned programs, and neither CCS nor its employees, agents nor students may accept responsibility to do so on behalf of CCS.

Student Code of Conduct:

<http://spokanefalls.edu/Resources/StudentLife/StudentConcerns.aspx?page=PV4>

UNIT OBJECTIVES

1. Adhere to the *Guide for Conduct of the Physical Therapist Assistant* (Attached)
2. Establish satisfactory working relationships with the PT and other clinic personnel.
3. Demonstrate understanding of the competencies and limitations of the PTA by performing assigned physical therapy procedures only under the direction and supervision of the PT and appropriate delegation of tasks to support personnel.
4. Demonstrate understanding of the role of the PTA student in the delivery of care and appropriately communicate this to the patient.
5. Communicate on a timely basis with the clinical instructor about patient status.
6. Follow the policies and procedures of an assigned facility (i.e., working hours, uniforms, housekeeping duties, administrative and clerical duties)
7. Interact with patients and families in a manner which provides the desired psychological support including recognition of cultural and socioeconomic differences.
8. Participate in the clinical performance evaluation process with the supervising clinical instructor.
9. Develop skills in patient and treatment preparation:
 - a) obtain necessary preliminary information
 - b) prepare area and equipment prior to patients arrival
 - c) prepare the patient comfortably for treatment (positioning, draping, explanation)
 - d) execute correct treatment techniques
 - e) set up and operate equipment effectively and safely
 - f) monitor and adjust treatment as indicated
 - g) budget time to complete treatment and appropriate documentation as scheduled
 - h) assume responsibility for the patients safety during treatment
 - i) clean area and equipment at the completion of treatment
10. Demonstrate knowledge of the rationale and effectiveness of the physical therapy treatments and procedures observed and practiced.
11. Document relevant aspects of a patient's treatment.
12. Adjust treatments as appropriate under guidance of PT.
13. Read and discuss patient evaluations with supervising PT.
14. Educates others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods.
15. Develop professional characteristics:
 - a) demonstrate appropriate grooming and dress
 - b) effective communication with patients, families, peers, and supervisors
 - c) effective teaching skills with patients and families
 - d) convey appropriate self-confidence
 - e) accept responsibility
 - f) initiate tasks appropriately
 - g) demonstrate flexibility and adaptability within clinic environment
 - h) accept constructive feedback from clinical instructors to improve knowledge and skills
 - i) utilize good body mechanics in performance of tasks
 - j) use spare clinic time to enhance learning
 - k) demonstrate good planning and time management skills
 - l) respect confidential information
 - m) be aware of fiscal considerations in the clinic setting
16. Demonstrate the ability to use technology for communication
17. Participate in direct patient care and develop skills in treatment preparation and implementation of the following therapy procedures and modalities as available in the clinic:

LABORATORY COMPETENCY LEVEL: Student has practiced and been tested on this skill in the lab to assure competency. Please note that this is a lab competency and not a clinic competency but should be prepared to perform these in the clinical setting.

- body mechanics
- positioning and draping
- superficial heat modalities (hot packs, paraffin)
- superficial cold modalities (cold packs, ice massage, ice baths, vapocoolant)
- hydrotherapy, contrast baths, whirlpools
- vital signs
- Infection control techniques
- CPR/Basic First Aid
- aseptic techniques and wound dressing
- Anthropometric/girth and volumetric measurements
- compression pumps
- cold compression devices
- compression bandaging for edema
- residual limb wrapping
- Diathermy
- therapeutic massage
- ultrasound
- HVPGS
- TENS
- FES/NMES
- Electromyography/Biofeedback
- iontophoresis
- phonophoresis
- Microamperage (MENS)
- Electrical muscle stimulation for denervated tissue
- Interferential current
- manual traction
- mechanical cervical traction
- mechanical lumbar traction
- home traction units
- passive range of motion
- measure functional range and Goniometry - all joints
- Manual Muscle Testing
- segmental length (leg length)
- dynamometer, pinchmeter
- spirometer, chest expansion measurement
- postural assessment
- bed/mat mobility/training
- transfers/transfer training
- wheelchair mobility/training
- advanced wheelchair skills
- ambulation with assistive devices
- tilt table activities and progression
- gait analysis of normal and abnormal gait
- handling wheelchair parts
- measuring for wheelchair

LABORATORY DEMONSTRATION LEVEL: Student has observed demonstration of this skill and performed it and has answered written test questions about the skill but has not been lab tested for competency

- wound debridement and water pick
- compression bandaging for lymphedema
- pain assessments
- UV light, UV test dose (MED)
- pool therapy and aquatic programs
- athletic and therapeutic taping
- pulmonary care - postural drainage
- manual lymphatic drainage
- wheelchair positioning
- ascend/descend stairs with stairclimber walker
- American Disabilities Act
- 3 person carry
- Hoyer lift

EXPOSURE LEVEL: Student has received instruction about the skill but has not actually performed it, however, they have answered written test questions about the skill.

- MSDS
- life support and special equipment (monitoring devices, ventilators, lines, catheters, ostomies, etc.)
- infrared light
- fluidotherapy
- laser
- myofascial release techniques
- strength-duration curve test
- nerve conduction velocity test
- reaction of degeneration
- orthotics
- prosthetics
- wheelchair cushions
- use and care of adaptive equipment
- gait analysis of amputee

CURRENT LABORATORY SKILLS: Student is currently in *PTA 210 - Therapeutic Exercise* and *PTA 212 - Pediatric Rehab*. Student will benefit from observation and participation as appropriate of these skills in the clinic setting.

- Normal/abnormal motor development
- Facilitation of developmental sequence
- Balance and coordination exercises
- positioning and handling of neurologically impaired patients
- pediatric strengthening, ROM, development of gross motor skills
- Peabody Developmental Scales - gross motor section
- Denver II
- AROM, AAROM, Self ROM techniques
- PRE programs
- Aerobic exercise programs
- Manual resistive techniques
- Isometric/Isotonic/Isokinetic techniques
- Stretching techniques
- D1/D2 UE & LE PNF diagonals
- Contract/relax PNF techniques
- Rhythmic stabilization PNF techniques
- Total joint arthroplasty protocols/progression
- Closed chain activities and therapeutic ball and foam roll techniques
- Exercise programs for postural dysfunction
- Exercise programs for low back dysfunction
- Exercise programs for TMJ
- Exercise programs for TOS
- Critical analysis of common exercise programs
- Exercise programs for the shoulder, hip, knee, elbow, wrist and ankle
- Balance/Coordination
- Respiratory – facilitation of breathing and cough

PTA 252 - 3 CREDITS
Clinical Experience III
SECOND YEAR, WINTER QUARTER

Students will spend 12 full days at one clinical site.

PRIOR COURSEWORK:

BIO& 241	Human Anatomy and Physiology
PTA 106	Regional Anatomy and Physiology
PTA 101	Introduction to Physical Therapy
PTA 102	Physical Therapy Terminology
PTA 104	Survey of Pathophysiology
PTA 110	Procedures I: Basic Physical Therapy Procedures Seminar
PTA 170	Procedures I: Basic Physical Therapy Procedures Lab
PTA 103	Applied Anatomy Seminar
PTA 173	Applied Anatomy Lab
PTA 105	Introduction to Neuroscience
PTA 107	Physical Therapy Documentation
PTA 111	Procedures II: Therapeutic Modalities Seminar
PTA 171	Procedures II: Therapeutic Modalities Lab
PTA 112	Procedures III: Functional Restoration Seminar
PTA 172	Procedures III: Functional Restoration lab
PTA 151	Clinical Experience I
PTA 210	Procedures IV: Therapeutic Exercise Seminar
PTA 270	Procedures IV: Therapeutic Exercise Lab
PTA 202	Introduction to Orthopedics
PTA 272	Procedures VI: Pediatric Rehab Lab
PTA 212	Procedures VI: Pediatric Rehab Seminar
PTA 251	Clinical Experience II
PTA 254	Clinical Seminar II

CONCURRENT COURSEWORK:

PTA 201	Issues in PT
PTA 211	Procedures V: Rehab Applications Seminar
PTA 271	Procedures V: Rehab Applications Lab
PTA 255	Clinical Seminar III

COURSE GOALS:

- To provide the PTA student with extended experiences in two different facilities to begin to refine skills in providing direct patient care under immediate supervision of the CI.
- Supervision should be “immediate” (within the same room) and may be “direct” (CI on premises) at the CI’s discretion.
- Based upon the judgment of the CI, the student is able to provide direct patient treatment of the indicated therapy modalities and procedures.

STUDENT EVALUATION:

- Student evaluation will consist of the paper version of the Clinical Performance Instrument (final evaluation only). The evaluation is to be completed by both the student and the CI.

CLINICAL INSTRUCTOR EVALUATION

- Student will complete the APTA Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction. This form must be finished and ready to share with CI at the time set aside for evaluation at the end of the rotation.

Course Title: Clinical Experience 3

Course Number: PTA 252

Course Description: This is the third clinical experience course based in a variety of physical therapy clinic settings affiliated with the college. All Clinical Performance Instrument criteria will be performed at “Advanced beginner to Advanced Intermediate” performance or higher depending on the level of the student’s didactic and laboratory competencies. Application of interventions and data collection methods identified in the plan of care from previous coursework will be achieved through facilitation by the clinical instructor.

Department: Allied Health Science

Course Credits: 3 credits

Instructor: Donelle Odren PT,DPT

Phone: 509 279-6249

E-mail: Donelle.Odren@sfcc.spokane.edu

Clock Hours/Instructional Delivery: 96 hours

- 8 hours/day at assigned clinic site for 12 days (96 hours)

Students will spend 12 full days in one clinical site. An effort will be made to accommodate student choice of site while meeting experience requirements.

Prerequisites: Grade of 2.0 or better in all PTA courses.

Course Learning Outcomes:

Perform all the following Clinical Performance Instrument criteria to at least an **Advanced Beginner to Advanced Intermediate performance:**

1. Safety: Performs in a safe manner that minimizes the risk to patient, self, and others.(7D24 a,c,d,e,m) (7D27) (7D26)
2. Clinical behaviors: Demonstrates expected clinical behaviors in a professional manner in all situations.(7D1)(7D2) (7D3) (7D4) (7D6)
3. Accountability: Performs in a manner consistent with established legal standards, standards of the profession, and ethical guidelines.(7D5)(7D13) (7D20)
4. Cultural competence: Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs. (7D8)(7D9)
5. Communication: Communicates in ways that are congruent with situational needs. (7D7) (7D12) (7D28)
6. Self-Assessment and lifelong learning: Participates in self-assessment and develops plans to improve knowledge, skills, and behaviors. (7D10)(7D11)(7D14)

7. Clinical problem solving: Demonstrates clinical problem solving. (7D15)(7D17)(7D18)(7D19)(7D21)
8. Interventions: Therapeutic exercise: Performs selected therapeutic exercises in a competent manner.
 - a. Interventions (7D23h)
9. Associated data collection (7D24h,k,l)Interventions: Therapeutic techniques: Applies selected manual therapy, airway clearance, and integumentary repair and protection techniques in a competent manner.
 - a. Interventions: Manual therapy techniques (7D23e)
 - b. Interventions: Integumentary repair/protection (7D23i)
 - c. Associated data collection (7D24f,g,h)
10. Interventions: Physical agents and mechanical modalities: Applies selected physical agents and mechanical modalities in a competent manner
 - a. Interventions (7D23c)
 - b. Associated data collection(7D24b,i)
11. Interventions: Electrotherapeutic modalities: Applies selected electrotherapeutic modalities in a competent manner. (7D23c)
12. Interventions: Functional training and application of devices and equipment: Performs functional training in self-care and home management and application and adjustment of devices and equipment in a competent manner.
 - a. Interventions: Breathing strategies/oxygenation (7D23a)
 - b. Interventions: (7D23b,d,f,g)
13. Documentation: Produces quality documentation in a timely manner to support the delivery of physical therapy services. (7D16)(7D25)
14. Resource Management: Participates in the efficient delivery of physical therapy services.(7D22)(7D29) (7D30) (7D31)
15. Utilizing evidence based resources, incorporate concepts from professional literature into practice.(7D10)
16. Participate in the clinical performance evaluation process with the supervising clinical instructor and academic clinical coordinator.
17. Participate in a clinical environment as a student PTA under the direction and supervision of the physical therapist to prepare the student to perform as an entry-level physical therapist assistant. (7C)

Course Outline:

- I. Safety
 - A. Patient
 - B. Self
 - C. Others
- II. Clinical Behavior
 - A. Professional
 - B. Punctual and dependable
 - C. Attire
 - D. Integrity
 - E. Caring and positive
- III. Accountability
 - A. Legal standards
 - B. Professional standards
 - C. Ethical standards

- IV. Cultural Competence
 - A. Patient differences
 - B. Patient values
- V. Communication
 - A. Patient and/or caregiver
 - B. Clinical instructor and supervising physical therapist
 - C. Healthcare Team
- VI. Self-assessment and lifelong learning
 - A. Identifies strengths and limitations
 - B. Seeks current knowledge
 - C. Clinical problem solving
 - D. Rational of decisions
 - E. Seeks clarification
 - F. Compares data
- VII. Therapeutic Exercise
 - A. Interventions
 - B. Data collection
- VIII. Therapeutic Techniques
 - A. Intervention: Manual, breathing, integumentary
 - B. Data collection
- IX. Physical agents and mechanical modalities
 - A. Interventions
 - B. Data collection
- X. Electrotherapeutic modalities
 - A. Interventions
 - B. Data collection
- XI. Functional training and application of devices and equipment
 - A. Interventions
 - B. Data collection
- XII. Documentation
 - A. Quality
 - B. Relevant to patient care
 - C. Timely
 - D. Supports services
- XIII. Resource management
 - A. Time efficiency
 - B. Setting priorities
 - C. Supportive personal use
- XIV. Evidence based link to patient care
- XV. Clinical Performance Instrument
 - A. Self
 - B. Clinical Instructor
 - C. Facility

Teaching Methods and Learning Experiences: Clinical Experiences, Review of the literature, Use of the CPI, Communication via Canvas and e-mails.

Grade/Evaluation Criteria: Pass/Fail

Clinical Experience 3 will be graded on a Pass/Fail basis.

- Failure to pass any of the red flag items is an automatic failure
- In excess of 4 negative comments from the clinical instructor will be a failure.
- Failure to comply with a probationary contract will result in failure.
- Failure to turn in completed paperwork, including Clinical Performance Instrument (14 criteria, Summative Comments, and Signature page), and Self Assessments.

If a student fails a clinical education course, it will result in dismissal from the program. It is the CEC's responsibility to determine the passing or failure of the clinical education course.

Students will be allowed to extend one of their clinical education rotations by one week if the Academic Coordinator of Clinical Education (CEC) and the Clinical Instructor (CI) believe the additional time will allow the student to successfully acquire the skills necessary to "pass" the rotation. This extension will constitute a "probationary contract."

- If a student fails a lecture course it will result in dismissal from the program.
- If a student fails a lecture exam, they are required to meet with the instructor and do satisfactory remedial work.
- An overall grade of 70% (2.0) for this course is required to progress in the program.

Texts/Learning resources/References:

Required Texts:

- Clinical Experience 3 Manual; SFCC staff

Reference Texts:

- All PTA textbooks will be useful and necessary for clinical reference

Course Schedule:

12 days in clinic Feb 5 - 20

PTA Program Grading Policy:

Grades are reported to your permanent transcript as a numerical grade to the nearest tenth according to the following table. A numerical grade of less than 2.0 is a failure:

Letter Grade	Percent	Numerical Grade
A	96-100	4.0
	95	3.9
	94	3.8
A-	93	3.7
	92	3.6
	90-91	3.5
B+	89	3.4
	88	3.3
	87	3.2
B	86	3.1
	85	3.0
	84	2.9
B-	83	2.8
	82	2.7
	80-81	2.6
C+	79	2.5
	77-78	2.4
	75-76	2.3
C	74	2.2
	72-73	2.1
	70-71	2.0

Z Grade:

The 'Z' grade is "an instructor initiated option to withdraw a student from a class after the official withdraw date has passed". A 'Z' grade is not given for non-attendance or to anyone who has not completed all of the course work to date.

Incomplete Grade:

If your performance in a course has been generally satisfactory with the exception of 1 or 2 assignments or skill checks, you may be able to arrange for an Incomplete Grade Student Contract with the instructor. The student or instructor may initiate the request for an incomplete grade. Incomplete grades are given solely at the instructor's discretion and under specific conditions that must be met to change an incomplete to a permanent grade. An incomplete grade in any course of the program is equivalent to being placed on probation. If the Student Contract is not completed as

agreed, the student may be dismissed from the program. A copy of an Incomplete Grade Student Contract can be found in the PTA handbook Appendix.

Attendance As It Pertains To Grading:

While absences or tardiness may be unavoidable for acceptable reasons, please be reminded that your **attendance is considered a critical factor in judging your values to your profession.**

The following is the attendance grading policy: (unless excused by physician, related to a death in family, or at program director's discretion)

1 or 2 absences = will not affect grade.

3 or more absences = .2 points **subtracted** from final GPA for the course.

Clinical Courses: All absences must be made up during clinical rotations.

•• The maximum total absence from a lecture/lab course will be 6 lectures and 6 labs or any combination thereof. Exceeding this **will result in failure of the course.**

Student Holidays for Reasons of Faith or Conscience (SSB 5173):

SCC/SFCC students are entitled to two days of excused absences per academic year for reasons of faith or conscience or for organized activities conducted under the auspices of a religious organization. Students' grades will not be adversely impacted by authorized absences under this policy, although students in courses with required community clinical and /or practicum experiences must fulfill these requirements to meet the licensure requirements of the program.

All absences under this policy must be submitted to the Chief Academic Officer in writing at least two weeks prior to the desired absence, containing a precise explanation of how the requested holiday is related to a reason of faith, conscience or an organized activity conducted by a religious organization. If deemed in alignment with the policy, the student will receive a document with date(s) of the approved absences (must be full days). The student is solely responsible for ensuring the documentation authorizing the absence is provided to each of the instructors whose classes or assignments are affected by the absence. The instructor(s) will determine, within two days after receiving the notification, what adjustments, if any, will need to be made for the student to make up assignments or tests missed during the absence(s), and the instructor may require that the student submit the assignment or take the test before or after the regularly scheduled date. If the student fails to notify the instructor of an authorized absence under this policy, the instructor is not obligated to make accommodations.

Probationary Policies: Please refer to the PTA Student Handbook regarding the Remediation Process.

Disability And Support Services:

SFCC complies with the mandates of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). It is the student's responsibility to make known any disability for which accommodation is requested. A student requesting accommodations must work through Disability Support Services to verify their disability and to determine what accommodations are appropriate. A request for reasonable accommodation by a qualified student with a documented disability will be considered on a case-by-case basis. All inquiries are considered confidential.

Reasonable accommodations appropriate for a specific course, a specific classroom, a laboratory or a clinical setting will be considered. Accommodations that would compromise patient care or that

would fundamentally alter the essential nature of the program or activity, are not considered to be reasonable.

In the event of a denial of an accommodation, a student has the option to appeal the denial by following the process for complaint resolution listed in the SFCC Policies and Procedures for Reasonable Accommodations for Students with Disabilities. A copy of the procedure is available in the Disability Support Services Office.

Any student with a health condition or disability which may require accommodations in order to effectively participate in any PTA class or clinical, should contact Disability Support Services (DSS). [Building 17, Room 201, 533-4166]

Respect Within The Academic Community:

In order for learning to take place, students must feel safe; this safety is due all students, not only those who share your values, beliefs, and life experiences. For this reason, courtesy, thoughtfulness, and acceptance are essential in our discussions in and out of the classroom. Acceptance should not be confused with agreement; one need not agree with a person to listen, and one must listen well in order to disagree either cogently or respectfully. Every student in this course has a voice and so deserves the courtesy of attentive listening and the freedom to express diverse ideas.

Children In The Workplace:

No employee or visitor to CCS shall leave a child unattended nor shall a child be left with a CCS employee/student unless the child is enrolled in an authorized program of CCS. CCS does not supervise children outside of such officially sanctioned programs, and neither CCS nor its employees, agents, nor students may accept responsibility to do so on behalf of CCS.

Student Code Of Conduct:

<http://spokanefalls.edu/Resources/StudentLife/StudentConcerns.aspx?page=PV4>

UNIT OBJECTIVES

1. Adhere to the *Guide for Conduct of the Physical Therapist Assistant* (attached)
2. Establish satisfactory working relationships with the PT and other clinic personnel.
3. Demonstrate understanding of the competencies and limitations of the PTA by performing assigned physical therapy procedures only under the direction and supervision of the PT and appropriate delegation of tasks to support personnel.
4. Demonstrate understanding of the role of the PTA student in the delivery of care and appropriately communicate this to the patient.
5. Communicate on a timely basis with the clinical instructor about patient status.
6. Follow the policies and procedures of an assigned facility (i.e., working hours, uniforms, housekeeping duties, administrative and clerical duties)
7. Interact with patients and families in a manner that provides the desired psychological support including recognition of cultural and socioeconomic differences.
8. Participate in the clinical performance evaluation process with the supervising clinical instructor.
9. Demonstrate skill in patient and treatment preparation:
 - a. obtain necessary preliminary information
 - b. prepare area and equipment prior to patient's arrival
 - c. prepare the patient comfortably for treatment (positioning, draping, explanation)
 - d. execute correct treatment techniques
 - e. set up and operate equipment effectively and safely
 - f. monitor and adjust treatment as indicated
 - g. budget time to complete treatment and appropriate documentation as scheduled
 - h. assume responsibility for the patient's safety during treatment
 - i. clean area and equipment at the completion of treatment
10. Demonstrate knowledge of the rationale for and effectiveness of the physical therapy treatments and procedures carried out.
11. Document relevant aspects of a patient's treatment and write progress notes.
12. Adjust treatments as appropriate under guidance of PT.
13. Read and discuss patient evaluations with supervising PT.
14. Discuss progression of patient's exercise program as appropriate with PT.
15. Instruct patient and family members in exercise programs as appropriate.
16. Demonstrate professional characteristics:
 - a. appropriate grooming and dress
 - b. effective communication with patients, families, peers, and supervisors
 - c. effective teaching skills with patients and families
 - d. convey appropriate self-confidence
 - e. accept responsibility
 - f. initiate tasks appropriately
 - g. demonstrate flexibility and adaptability within clinic environment
 - h. accept and utilize constructive feedback from clinical instructors to improve knowledge and skills
 - i. utilize good body mechanics in performance of tasks
 - j. use spare clinic time to enhance learning
 - k. demonstrate good planning and time management skills
 - l. respect confidential information
 - m. be aware of fiscal considerations in the clinic setting
17. Demonstrate the ability to use technology for communication

18. Participate in direct patient care and develop skills in treatment preparation and implementation of the following therapy procedures and modalities as available in the clinic AND as appropriate to the student's level of proficiency:

LABORATORY COMPETENCY LEVEL: Student has practiced and been tested on these skills in the lab to assure competency. Please note that these are lab competencies and not clinic competencies as will be addressed in the Clinical Performance Instrument.

- | | |
|---|---|
| <ul style="list-style-type: none"> • body mechanics • positioning and draping • superficial heat modalities (hot packs, paraffin) • superficial cold modalities (cold packs, ice massage, ice baths, vapocoolant) • hydrotherapy, contrast baths, whirlpools • vital signs • Infection control techniques • CPR/Basic First Aid • aseptic techniques and wound dressing • Anthropometric/girth and volumetric measurements • compression pumps • cold compression devices • compression bandaging for edema • residual limb wrapping • Diathermy • therapeutic massage • ultrasound • HVPGS • TENS • FES/NMES • Electromyography/Biofeedback • iontophoresis • phonophoresis • microamperage (MENS) • Electrical muscle stimulation for denervated tissue • interferential current • manual traction • mechanical cervical traction • mechanical lumbar traction • home traction units • passive range of motion • pediatric strengthening, ROM, development of gross motor skills • manual muscle testing • segmental length (leg length) • dynamometer, pinchmeter | <ul style="list-style-type: none"> • postural assessment • bed/mat mobility/training • transfers/transfer training • measure functional range and goniometry - all joints • wheelchair mobility/training • handling wheelchair parts • measuring for wheelchair • advanced wheelchair skills • ambulation with assistive devices • tilt table activities and progression • gait analysis of normal and abnormal gait • AROM, AAROM, Self ROM techniques • PRE programs • Aerobic exercise programs • Manual resistive techniques • Isometric/Isotonic/Isokinetic techniques • Stretching techniques • D1/D2 UE PNF diagonals • D1/D2 LE PNF diagonals • Contract/relax PNF techniques • Rhythmic stabilization PNF techniques • Total joint arthroplasty protocols/progression • Closed chain activities and therapeutic ball and foam roll techniques • Exercise programs for postural dysfunction • Exercise programs for low back dysfunction • Exercise programs for TMJ • Exercise programs for TOS • Critical analysis of common exercise programs • Exercise programs for the shoulder, hip, knee, elbow, wrist and ankle • Balance/Coordination • Respiratory – facilitation of breathing and cough • normal/abnormal motor development • facilitation of developmental sequence • positioning and handling of neurologically impaired patients |
|---|---|

- inspirometer, measure chest expansion

LABORATORY DEMONSTRATION LEVEL: Student has observed demonstration of this skill and performed it and has answered written test questions about the skill but has not been lab tested for competency

- | | |
|---|--|
| <ul style="list-style-type: none"> • wound debridement and water pik • compression bandaging for lymphedema • pain assessments • UV light, UV test dose (MED) • diathermy • pool therapy and aquatic programs • athletic and therapeutic taping • pulmonary care - postural drainage • manual lymphatic drainage • wheelchair positioning • 3 person carry • ascend/descend stairs with stairclimber walker | <ul style="list-style-type: none"> • American Disabilities Act • Jacobson's relaxation • CPM machines • Dynamic Splinting • TMJ management • Exercise for incontinence • Selected joint mobilization techniques • pediatric strengthening, ROM, development of gross motor skills • Peabody Developmental Scales - gross motor section • Bruinincks-Oseretsky Test of Motor Proficiency - sections 1-7 • Hoyer lift |
|---|--|

LABORATORY EXPOSURE LEVEL: Student has received instruction about the skill but has not actually performed it, however, they have answered written test questions about the skill.

- | | |
|--|--|
| <ul style="list-style-type: none"> • MSDS • life support and special equipment (monitoring devices, ventilators, lines, catheters, ostomies, etc.) • fluidotherapy • laser • strength-duration curve test • nerve conduction velocity test • myofacial release techniques | <ul style="list-style-type: none"> • reaction of degeneration • orthotics • prosthetics • wheelchair cushions • infrared light • use and care of adaptive equipment • gait analysis of amputee • Pelvic floor biofeedback techniques • Isokinetic exercise machines |
|--|--|

CURRENT LABORATORY SKILLS: Student is currently in *PTA 211 – Rehab Applications*. Student will benefit from observation and participation as appropriate of these skills in the clinic setting.

- | | |
|--|--|
| <ul style="list-style-type: none"> • geriatric programs for arthritis, balance training, functional skills • pulmonary rehab techniques • administration of functional measurement tools • balance assessments/activities • Data collection for sensory deficits • Burn therapy • Rehabilitation techniques for: <ul style="list-style-type: none"> ○ Parkinsons/Alzheimers ○ Arthritis/Osteoporosis ○ Pulmonary dysfunction ○ Cerebral Vascular Accidents | <ul style="list-style-type: none"> • Spinal Cord Injuries • Multiple Sclerosis, Polio/Post-polio and other selected neuromuscular conditions • Lower extremity amputees • Chronic Pain • Hip • Knee • Ankle/foot • Shoulder/Thoracic spine • Elbow/Wrist • Lumbar spine and related areas • Cervical spine and related areas • |
|--|--|

- Traumatic Brain injuries

PTA 253 - 12 CREDITS
Clinical Affiliations
SECOND YEAR, SPRING QUARTER

Students will attend clinic 40 hours each week during a 5-week rotation. Students will have two 5-week rotations during spring quarter.

BIO& 241	Human Anatomy and Physiology
PTA 106	Regional Anatomy and Physiology
PTA 101	Introduction to Physical Therapy
PTA 102	Physical Therapy Terminology
PTA 104	Survey of Pathophysiology
PTA 110	Procedures I: Basic Physical Therapy Procedures Seminar
PTA 170	Procedures I: Basic Physical Therapy Procedures Lab
PTA 103	Applied Anatomy Seminar
PTA 173	Applied Anatomy Lab
PTA 105	Introduction to Neuroscience
PTA 107	Physical Therapy Documentation
PTA 111	Procedures II: Therapeutic Modalities Seminar
PTA 171	Procedures II: Therapeutic Modalities Lab
PTA 112	Procedures III: Functional Restoration Seminar
PTA 172	Procedures III: Functional Restoration lab
PTA 151	Clinical Experience 1
PTA 210	Procedures IV: Therapeutic Exercise Seminar
PTA 270	Procedures IV: Therapeutic Exercise Lab
PTA 202	Introduction to Orthopedics
PTA 272	Procedures VI: Pediatric Rehab Lab
PTA 212	Procedures VI: Pediatric Rehab Seminar
PTA 251	Clinical Experience II
PTA 254	Clinical Seminar II
PTA 201	Issues in PT
PTA 211	Procedures V: Rehab Applications Seminar
PTA 271	Procedures V: Rehab Applications Lab
PTA 252	Clinical Experience III
PTA 255	Clinical Seminar III

COURSE GOALS:

- To provide the PTA student with extended experiences in two different facilities to refine skills in providing direct patient care under immediate or direct supervision of the CI.
- This affiliation should be sufficient to insure that the student has reached the minimum level of competency required for an entry-level PTA in the application of PT procedures and the understanding of clinic responsibilities and supervisory relationships prior to graduation.
- Based upon the judgment of the CI, the student is able to provide direct patient treatment of the indicated therapy modalities and procedures.

STUDENT EVALUATION:

- Student evaluation will consist of:
Mid-clinical evaluation using the electronic version of the Clinical Performance Instrument (CPI). Mid-clinical evaluation to be completed by both student and CI.
Mid-clinical conference with the student, CI and CEC
Final evaluation using the electronic version of the CPI. Final evaluation to be completed by both student and CI.

CLINICAL INSTRUCTOR EVALUATION

- Student will complete the APTA Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction. This form must be finished and ready to share with CI at the time set aside for evaluation at the end of the rotation.

Course Title: Clinical Affiliation

Course Number: PTA 253

Course Description: This is a full-time internship of practical performance and appropriate application of physical therapy procedures and techniques under supervision in two selected clinic settings or a physical therapy department associated with the college. This affiliation is sufficient to insure the student has reached the minimum level of competency required for an entry-level physical therapist assistant in the application of physical therapy procedures and the understanding of clinic responsibilities and supervisory relationships prior to graduation. The Clinical Instructor is informed of the current skill level of the student. All Clinical Performance Instrument criteria will be performed at "Entry level" performance. Prerequisite: Grade of 2.0 or better in all PTA courses.

Department: Allied Health Science

Course Credits: 12 credits

Instructor: Donelle Odren, PT, DPT

Phone: (509) 279-6249

E-mail: Donelle.Odren@sfcc.spokane.edu

Instructor: Renée Compton, PTA, ATC, AT/L

Phone: (509) 279-6245

E-mail: Renée.Compton@sfcc.spokane.edu

Program Coordinator: Carolyn Wright

Phone: (509) 279-6225

E-mail: Carolyn.Wright@sfcc.spokane.edu

Instructional Delivery: 40 hours/week at assigned clinic sites

Each student will spend 40 hours per week for 5 weeks each in two different clinic sites. An effort is made to accommodate student choice of sites while meeting experience requirements. On-site visits by the academic clinical coordinator provide an opportunity to discuss the student's experiences in the clinic and to address any problems encountered. Weekly emails will be sent to students and a response to each weekly email is required. Academic clinical coordinator will attend final clinical evaluations as appropriate and conduct student exit interviews prior to graduation. Letters of recommendation will be written on request and assistance provided in job placement as appropriate.

Prerequisites: Grade of 2.0 or better in all PTA courses or instructor's permission

Course Learning Outcomes:

Perform all the following Clinical Performance Instrument criteria to **entry-level performance**:

1. Safety: Performs in a safe manner that minimizes the risk to patient, self, and others.(7D24 a,c,d,e,m) (7D27) (7D26)
2. Clinical behaviors: Demonstrates expected clinical behaviors in a professional manner in all situations.(7D1)(7D2) (7D3) (7D4) (7D6)
3. Accountability: Performs in a manner consistent with established legal standards, standards of the profession, and ethical guidelines.(7D5)(7D13) (7D20)
4. Cultural competence: Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. (7D8)(7D9)
5. Communication: Communicates in ways that are congruent with situational needs. (7D7) (7D12) (7D28)
6. Self-Assessment and lifelong learning: Participates in self-assessment and develops plans to improve knowledge, skills, and behaviors. (7D10)(7D11)(7D14)
7. Clinical problem solving: Demonstrates clinical problem solving. (7D15)(7D17)(7D18) (7D19)(7D21)
8. Interventions: Therapeutic exercise: Performs selected therapeutic exercises in a competent manner.
 - a. Interventions (7D23h)
 - b. Associated data collection (7D24h,k,l)
9. Interventions: Therapeutic techniques: Applies selected manual therapy, airway clearance, and integumentary repair and protection techniques in a competent manner.
 - a. Interventions: Manual therapy techniques (7D23e)
 - b. Interventions: Integumentary repair/protection (7D23i)
 - c. Associated data collection (7D24f,g,h)
10. Interventions: Physical agents and mechanical modalities: Applies selected physical agents and mechanical modalities in a competent manner
 - a. Interventions (7D23c)
 - b. Associated data collection(7D24b,i)
11. Interventions: Electrotherapeutic modalities: Applies selected electrotherapeutic modalities in a competent manner. (7D23c)
12. Interventions: Functional training and application of devices and equipment: Performs functional training in self-care and home management and application and adjustment of devices and equipment in a competent manner.
 - a. Interventions: Breathing strategies/oxygenation (7D23a)
 - b. Interventions: (7D23b,d,f,g)
13. Documentation: Produces quality documentation in a timely manner to support the delivery of physical therapy services. (7D16)(7D25)
14. Resource Management: Participates in the efficient delivery of physical therapy services.(7D22)(7D29) (7D30) (7D31)
15. Utilizing evidence based resources, present a topic related to physical therapy incorporating concepts from professional literature including, but not limited to, validity, reliability and level of statistical significance.
16. Participate in the clinical performance evaluation process with the supervising clinical instructor and academic clinical coordinator.
17. Participate in a clinical environment as a student PTA under the direction and supervision of the physical therapist to prepare the student to perform as an entry-level physical therapist assistant. (7C)

Course Outline:

- I. Safety
 - A. Patient
 - B. Self
 - C. Others
- II. Clinical Behavior
 - A. Professional
 - B. Punctual and dependable
 - C. Attire
 - D. Integrity
 - E. Caring and positive
- III. Accountability
 - A. Legal standards
 - B. Professional standards
 - C. Ethical standards
- IV. Cultural Competence
 - A. Patient differences
 - B. Patient values
- V. Communication
 - A. Patient and/or caregiver
 - B. Clinical instructor and supervising physical therapist
 - C. Healthcare Team
- VI. Self-assessment and lifelong learning
 - A. Identifies strengths and limitations
 - B. Seeks current knowledge
- VII. Clinical problem solving
 - A. Rational of decisions
 - B. Seeks clarification
 - C. Compares data
- VIII. Therapeutic Exercise
 - A. Interventions
 - B. Data collection
- IX. Therapeutic Techniques
 - A. Intervention: Manual, breathing, integumentary
 - B. Data collection
- X. Physical agents and mechanical modalities
 - A. Interventions
 - B. Data collection
- XI. Electrotherapeutic modalities
 - A. Interventions
 - B. Data collection
- XII. Functional training and application of devices and equipment
 - A. Interventions
 - B. Data collection

- XIII. Documentation
 - A. Quality
 - B. Relevant to patient care
 - C. Timely
 - D. Supports services
- XIV. Resource management
 - A. Time efficiency
 - B. Setting priorities
 - C. Supportive personal use
- XV. Evidence based presentation
- XVI. Clinical Performance Instrument
 - A. Self
 - B. Clinical Instructor
 - C. Facility

Holiday: Memorial Day, Monday, May 29th, is a school holiday. Please tell your clinical instructor at the *beginning* of the clinical if you choose to respect this holiday.

Program Policy for CCS student scheduled days off during clinical: A student who chooses to exercise a college scheduled day off per the academic calendar and is scheduled for a clinical rotation must notify the clinical instructor and ACCE at the beginning of the quarter and a reminder before the scheduled rotation. The PTA program expects the student to follow the clinical instructor's professional schedule. This may require weekend, holiday and greater than the hours assigned to that rotation. If the student does miss a day, whether due to a college scheduled day off or any other reason, the student will need to "make up" the hours missed in order to meet the required hours assigned to that rotation prior to going onto their next clinical experience.

Per our Dean, Lora Senf "I think clinicals are a special case, and no, I do not think we are required to give them the day off from those. As a pre-professional arrangement, the students need to get used to being on the schedule they will be working in."

Communication via Email: Communication via email is an integral part of the program. Students are expected to check their school email account (Bigfoot account) daily, Monday through Friday. This is a requirement of the program and will be factored into your grade as a component of your professional expectation.

Exit Interview:

There will be an exit interview for the entire class on **Tuesday, June 13th, 9:00am - noon**. This will be the time to discuss strengths and weaknesses of the program.

Graduation:

Graduation ceremonies will be held at 3:00pm on **Friday, June 16th** at Veterans' Memorial Arena. The PTA program will be hosting a party from 11:30am to 2:00pm in the main lab prior to graduation; family and friends are welcome. Information will be sent out from Student Services in mid-May with details regarding graduation.

Grade/Evaluation Criteria:

Clinical courses will be graded on a pass, incomplete or non-credit basis.

The criteria for a pass grade:

1. Attendance at all scheduled clinical visits on time. If the student is absent due to illness or an emergency, it is the student's responsibility to notify the clinical instructor/facility, the ACCE and the program coordinator as soon as possible. It will then be the student's responsibility to arrange a make-up time for any clinical sessions that are missed.
2. Receive no "unacceptable" reports from the clinical instructors, based on performance, attendance, appearance, and conduct.
3. Return all student evaluation and clinical feedback forms on time to the college program coordinator. Refer to the Form Preparations Guidelines for submission deadlines.
4. Immediately report any accidents or incidents to the clinical instructor/facility, the ACCE and the program clinical coordinator as soon as possible.
5. Complete all assignments (e.g. inservice) in the clinic satisfactorily and on time.
6. Observe strict levels of confidentiality at all times. Refrain from referring to patients by name in any casual conversations outside of the clinic.
7. All applicable skills in the Clinical Performance Instrument must be checked off as a competency met. Special exceptions may be given by the academic coordinator of clinical education in situations where certain experiences were not available to the student.

If a student fails a clinical education course, it will result in dismissal from the program. It is the ACCE's responsibility to determine the passing or failure of the clinical education course.

Students will be allowed to extend one of their clinical education rotations by one week if the Academic Coordinator of Clinical Education (ACCE) and the Clinical Instructor (CI) believe the additional time will allow the student to successfully acquire the skills necessary to "pass" the rotation. This extension will constitute a "probationary form."

Texts/References:

Online: [APTA Clinical Performance Instrument](#)

Ref: All PTA textbooks will be useful and necessary for clinical reference.

SPRING 2017 – Form Preparation Guidelines

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week -3	Mar 13				
	<i>Due to Carolyn for PTA 253:1, PTA 253:2</i> 1. CI names for <i>both</i> spring clinicals 2. CI emails for <i>both</i> spring clinicals 3. Student Biographical Data Sheets for <i>both</i> spring clinicals 4. Goal letters for both spring clinicals				
Week -2	Mar 20	Mar 21	Mar 22		
	FINALS – review PTA 253 manual; date/time TBA				
Week -1	Mar 27	Mar 28	Mar 29	Mar 30	Mar 31
	SPRING BREAK				
Week 1	April 3				
	<i>FIRST DAY of 1ST CLINICAL</i> Email your work schedule to Donelle and Carolyn				
Week 2	April 10	April 11	April 12	April 13	April 14
		<i>"M" evaluations must be completed prior to your clinic visit</i>			CLINIC VISITS
Week 3	April 17	April 18	April 19	April 20	April 21
	CLINIC VISITS	CLINIC VISITS	CLINIC VISITS	CLINIC VISITS	CLINIC VISITS
Week 4	April 24	April 25	April 26	April 27	April 28
	CLINIC VISITS				
Week 5	May 1				May 5
	Clinical Site Information Form (CSIF) is due			<i>LAST DAY of 1ST CLINICAL</i>	

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 6	May 8				May 12
	FIRST DAY of 2ND CLINICAL <ul style="list-style-type: none"> Email your work schedule to Donelle and Carolyn Mail or submit your thank-you note to your CI for your <i>first</i> clinical Submit completed clinic forms for your <i>first</i> clinical to Carolyn* 			If you have not yet heard from Student Services about graduation please contact Tamara Wittstruck immediately (533-3506)	
Week 7	May 15	May 16	May 17	May 18	May 19
		<i>"M" evaluations must be completed prior to your clinic visit</i>			CLINIC VISITS
Week 8	May 22	May 23	May 24	May 25	May 26
	CLINIC VISITS	CLINIC VISITS	CLINIC VISITS	CLINIC VISITS	CLINIC VISITS
Week 9		May 30			
		CLINIC VISITS			
Week 10	June 5				June 9
	Clinical Site Information Form (CSIF) is due			LAST DAY of 2ND CLINICAL	
Week 11	June 12	June 13			June 16
	<ul style="list-style-type: none"> Mail or submit your thank-you note to your CI Submit completed clinic forms to Carolyn* 	EXIT INTERVIEW 9:00am - noon <ul style="list-style-type: none"> Bring completed <i>Program Outcome Objectives</i> form Bring completed <i>Program Curricular Objectives Survey</i> Bring completed <i>Clinical Education Survey</i> Bring completed Address Update/Job Survey form 			GRADUATION 11:30-2:00pm PTA Party 3:00pm Commencement

Graduation ceremonies will be held on the afternoon of June 16th at the Veterans' Memorial Arena. The PTA program will be hosting a party from 11:30am to 2:00pm in the lab prior to graduation.

*Clinic Forms

APTA form (8 pages; salmon color). Be sure to sign and get signature from CI
 Presentation Sign-In Sheet.

PTA Program Presentation Criteria Checklist. Have one completed by each person attending your presentation.

Student Holidays for Reasons of Faith or Conscience (SSB 5173)

SCC/SFCC students are entitled to two days of excused absences per academic year for reasons of faith or conscience or for organized activities conducted under the auspices of a religious organization. Students' grades will not be adversely impacted by authorized absences under this policy, although students in courses with required community clinical and /or practicum experiences must fulfill these requirements to meet the licensure requirements of the program.

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Please refer to the PTA Student Handbook regarding the Remediation Process.

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SFCC complies with the mandates of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). It is the student's responsibility to make known any disability for which accommodation is requested. A student requesting accommodations must work through Disability Support Services to verify their disability and to determine what accommodations are appropriate. A request for reasonable accommodation by a qualified student with a documented disability will be considered on a case-by-case basis. All inquiries are considered confidential.

Reasonable accommodations appropriate for a specific course, a specific classroom, a laboratory or a clinical setting will be considered. Accommodations that would compromise patient care or that would fundamentally alter the essential nature of the program or activity are not considered to be reasonable.

In the event of a denial of an accommodation, a student has the option to appeal the denial by following the process for complaint resolution listed in the SFCC Policies and Procedures for Reasonable Accommodations for Students with Disabilities. A copy of the procedure is available in the Disability Support Services Office.

Any student with a health condition or disability which may require accommodations in order to effectively participate in any PTA class or clinical, should contact Disability Support Services (DSS). [Building 17, Room 201, 533-4166]

A NOTE ON RESPECT WITHIN THE ACADEMIC COMMUNITY

In order for learning to take place, students must feel safe; this safety is due all students, not only those who share your values, beliefs, and life experiences. For this reason, courtesy, thoughtfulness, and acceptance are essential in our discussions in and out of the classroom. Acceptance should not be confused with agreement; one need not agree with a person to listen,

and one must listen well in order to disagree either cogently or respectfully. Every student in this course has a voice and so deserves the courtesy of attentive listening and the freedom to express diverse ideas.

CHILDREN IN THE WORKPLACE

No employee or visitor to CCS shall leave a child unattended nor shall a child be left with a CCS employee/student unless the child is enrolled in an authorized program of CCS. CCS does not supervise children outside of such officially sanctioned programs, and neither CCS nor its employees, agents, nor students may accept responsibility to do so on behalf of CCS.

STUDENT CODE OF CONDUCT

<http://spokanefalls.edu/Resources/StudentLife/StudentConcerns.aspx?page=PV4>

Unit Objectives:

1. Adhere to the *Guide for Conduct of the Physical Therapist Assistant* (Attached)
2. Perform all key indicator criteria in each skill area of the Clinical Performance Instrument (CPI) appropriate to the facility to the satisfaction of the clinical instructor as indicated by the CPI.
3. Participate in the clinical performance evaluation process with the supervising clinical instructor and academic clinical coordinator.
4. Prepare a self-assessment to share with the academic clinical coordinator at the student conference or exit interview.
5. Conduct an in-service training session for the facility staff on a topic agreed upon by the student and the clinical instructor.
6. Read and discuss patient evaluations with supervising PT/PTA.
7. Demonstrate knowledge of the rationale for and effectiveness of the physical therapy treatments and procedures carried out.
8. Adjust treatments and progress patients as appropriate under guidance of PT/PTA.
9. Document relevant aspects of a patient's treatment and write progress notes.
10. Provide patient and family education as appropriate.
11. Assist the PT/PTA in assessment and measurement procedures as assigned.
12. Demonstrate understanding of the physical therapy treatment of specific disabling conditions and be able to respond to the patient in a global nature.
13. Initiate treatment ideas in relationship to patient response within the scope of PTA practice.
14. Assist the PT/PTA and patient to access necessary equipment, follow-up care, and other related services as determined by the plan of care.
15. Demonstrate the ability to obtain weekly email updates from the academic clinical coordinator, assistant academic clinical coordinator and program coordinator, and respond.
16. Participates in activities related to performance improvement
17. Deliver direct patient care and demonstrate entry level clinical competency in the treatment preparation and implementation of the following therapy procedures and modalities as available in the clinic:

LABORATORY COMPETENCY LEVEL: Student has practiced and been tested on this skill in the lab to assure competency. Student may have achieved clinic competency (on a patient) as addressed in the CPI.

- body mechanics
- positioning and draping
- superficial heat modalities (hot packs, paraffin)
- ambulation with assistive devices
- tilt table activities and progression
- Hoyer lift
- analysis of normal and abnormal gait

- superficial cold modalities (cold packs, ice massage, ice baths, vapocoolant)
- hydrotherapy, contrast baths, whirlpools
- vital signs
- Infection control techniques
- CPR/Basic First Aid
- aseptic techniques and wound dressing
- Anthropometric/girth and volumetric measurements
- compression pumps
- cold compression devices
- compression bandaging for edema
- residual limb wrapping
- Diathermy
- therapeutic massage
- ultrasound
- HVPGS
- TENS
- FES/NMES
- Electromyography/Biofeedback
- iontophoresis
- phonophoresis
- microamperage (MENS)
- Electrical muscle stimulation for denervated tissue
- interferential current
- manual traction
- mechanical cervical traction
- mechanical lumbar traction
- home traction units
- passive range of motion
- pediatric strengthening, ROM, development of gross motor skills
- manual muscle testing
- segmental length (leg length)
- dynamometer, pinchmeter
- spirometer, measure chest expansion
- postural assessment
- bed/mat mobility/training
- transfers/transfer training
- measure functional range and goniometry - all joints
- wheelchair mobility/training
- handling wheelchair parts
- measuring for wheelchair
- advanced wheelchair skills
- Closed chain activities and therapeutic ball and foam roll techniques
- pulmonary rehab techniques
- Balance assessments/activities
- AROM, AAROM, Self ROM techniques
- PRE programs
- Aerobic exercise programs
- Manual resistive techniques
- Isometric/Isotonic/Isokinetic techniques
- Stretching techniques
- D1/D2 UE PNF diagonals
- D1/D2 LE PNF diagonals
- Contract/relax PNF techniques
- Rhythmic stabilization PNF techniques
- Total joint arthroplasty protocols/progression
- Exercise programs for postural
- Exercise programs for TMJ
- Exercise programs for TOS
- Critical analysis of common exercise programs
- Exercise programs for the shoulder, hip, knee, elbow, wrist and ankle
- Balance/Coordination
- Respiratory – facilitation of breathing and cough
- normal/abnormal motor development
- facilitation of developmental sequence
- positioning and handling of neurologically impaired patients
- documentation
- balance assessment - Tinetti
- positioning and handling of neurologically impaired patients
- Geriatric programs for arthritis, balance training, functional skills
- Rehabilitation techniques for:
 - Parkinsons/Alzheimers
 - Arthritis/Osteoporosis
 - Pulmonary dysfunction
 - Cerebral Vascular Accidents
 - Traumatic Brain injuries
 - Spinal Cord Injuries
 - Multiple Sclerosis, Polio/Post polio and other selected neuromuscular conditions
 - Lower extremity amputees
 - Chronic Pain
 - Hip
 - Knee
 - Ankle/foot
 - Shoulder/Thoracic spine
 - Elbow/wrist
 - Lumbar spine and related areas
 - Cervical spine and related areas

- Data collection for sensory deficits dysfunction
- Exercise programs for low back dysfunction

LABORATORY DEMONSTRATION LEVEL: Student has observed demonstration of this skill and performed it and has answered written test questions about the skill but has not been lab tested for competency. The student may have practiced it in previous clinical experiences as indicated in the CPI.

- | | |
|--|---|
| • wound debridement and water pik | • Dynamic Splinting |
| • compression bandaging for lymphedema | • TMJ management |
| • pain assessments | • Exercise for incontinence |
| • UV light, UV test dose (MED) | • Selected joint mobilization techniques |
| • diathermy | • pediatric strengthening, ROM, development of gross motor skills |
| • pool therapy and aquatic programs | • Peabody Developmental Scales - gross motor section |
| • athletic and therapeutic taping | • Bruinincks-Oseretsky Test of Motor Proficiency - sections 1-7 |
| • pulmonary care - postural drainage | • Administer of functional assessment tools |
| • manual lymphatic drainage | • Discharge summaries |
| • wheelchair positioning | • Aquatics |
| • 3 person carry | • Hand therapy |
| • ascend/descend stairs with stairclimber walker | • Quality Assurance/performance improvement |
| • American Disabilities Act | • Hoyer lift |
| • Jacobson's relaxation | |
| • CPM machines | |

EXPOSURE LEVEL: Student has received instruction about the skill but has not actually performed it, however, they have answered written test questions about the skill. Student may have received additional practice in previous clinical experiences as indicated in the CPI.

- | | |
|--|---------------------------------------|
| • MSDS | • reaction of degeneration |
| • life support and special equipment (monitoring devices, ventilators, lines, catheters, ostomies, etc.) | • orthotics |
| • fluidotherapy | • prosthetics |
| • laser | • wheelchair cushions |
| • strength-duration curve test | • infrared light |
| • nerve conduction velocity test | • use and care of adaptive equipment |
| • Burn Therapy | • gait analysis of amputee |
| • Myofacial release techniques | • Pelvic floor biofeedback techniques |
| | • Isokinetic exercise machines |



Community Colleges of Spokane
Spokane Falls Community College

Physical Therapist Assistant Program

CLINICAL EDUCATION FORMS

**COMMUNITY COLLEGES OF SPOKANE
SPOKANE FALLS COMMUNITY COLLEGE
PROFESSIONAL/TECHNICAL DIVISION**

AFFILIATION/FIELDWORK AGREEMENT

Physical Therapist Assistant ☐
Occupational Therapy Assistant ☐

This Agreement is made and entered into between Community Colleges of Spokane, **Spokane Falls Community College**, ("School"), located at Spokane, Washington, and _____ ("Training Site"), located at _____. The purpose of this Agreement is for Training Site, which is committed to training health care professionals, to provide desirable clinical learning experiences and facilities for School's students who are enrolled in its Physical Therapist Assistant Program and/or Occupational Therapy Assistant Program (the "education program"). In consideration of the mutual covenants and agreements contained herein, School and Training Site agree as follows:

I. GENERAL PROVISIONS

A. School and Training Site agree that contemporaneous with or following execution of this Agreement and within the scope of its provisions, School may develop letter agreements with Training Site to formalize operational details of the clinical education program. These details include, but are not limited to, the following:

- Beginning dates and length of experience (to be mutually agreed upon at least one month before the beginning of the clinical education program);
- Number of students eligible to participate in the clinical education program;
- Specific days, hours and locations for the clinical education program;
- Specific learning objectives and performance expectations for students;
- Specific allocation of responsibilities for the faculty Liaison, clinical education Supervisor, and Preceptors, if any, referenced elsewhere in this Agreement;
- Deadlines and format for student progress reports and evaluation forms.

Any such letter agreements will be considered to be attachments to this Agreement will be binding when signed by authorized representatives of each party, and may be modified by subsequent letter agreements signed by authorized representatives of each party.

B. School and Training Site will jointly plan the clinical education program and jointly evaluate students. Exchange of information will be maintained by on-site visits when practical and by letter or telephone in other instances.

C. School and Training Site will instruct their respective faculty, staff, and students participating in the clinical education program, to maintain confidentiality of student and patient information as required by law and by the policies and procedures of School and Training Site.

D. There will be no payment of charges or fees between School and Training Site.

E. There will be no discrimination against any program participant or applicant covered under this Agreement because of race, color, religion, national origin, age, handicap, status as a Vietnam era or disabled veteran, sex, or sexual orientation, nor will School or Training Site engage in such discrimination in their employment or personnel policies.

1. The School adheres to and complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990;

2. The School supports the right of students to be free from discrimination based on disability and to reasonable accommodation during clinical rotation;

3. The School will participate in an interactive process with any Training Site and students with disabilities to reach an individualized determination regarding reasonable accommodations that may be appropriate and necessary and the provision of such accommodations; and

4. The School does not approve or support clinical participation by its students at Training Sites that have a policy or practice of discriminating based on disability against clinical students who are otherwise qualified for the college program in which they are enrolled.

II. SCHOOL'S RESPONSIBILITIES

A. School will provide information to Training Site concerning its curriculum and the professional and academic credentials of its faculty for the students at Training Site. School will designate an appropriately qualified and credentialed faculty member to coordinate and act as the Liaison with Training Site. School will be responsible for instruction and administration of the students' academic education program. School will notify Training Site in writing of any change or proposed change of its Liaison. School will have the final responsibility for grading students.

B. School's faculty will meet with the Training Site clinical education Supervisor Preceptors, if any, at the beginning and end of the clinical education program to discuss and evaluate the clinical education program. These meetings will take place in person if practicable, otherwise by telephone conference. School is responsible for arranging and planning the meetings.

C. School will provide the names and information pertaining to relevant education and training for all students enrolled in the clinical education program at least two weeks before the beginning date of the clinical education program. School is responsible for supplying any additional information required by Training Site as set forth in this Agreement, prior to the arrival of students. School will notify Training Site in writing of any change or proposed change in a student's status.

D. School will obtain evidence of current immunizations against diphtheria, tetanus, measles (rubeola), mumps, rubella (or a positive rubella titer), and of hepatitis B immunization status for those students who will be in contact with patients/clients. For each student born after 1956, School will maintain on file records of positive titer or of post-1967 immunization for rubella and rubeola. At the time of immunization, students with no history of exposure to chicken pox will be advised to get an immune titer. School will require yearly PPD testing or follow-up as recommended if the students are PPD-positive or have had BCG. School will

provide information to Training Site regarding student status concerning the above requirements.

E. School will assign to Training Site only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum and who have current CPR certification.

F. School shall obtain the written authorization of each student who may be placed in Training Site to obtain his/her criminal history background record from the Washington State Patrol, pursuant to RCW 43.43.834 and RCW 43.43.838 and determine, in consultation with the training site if needed, whether the student is eligible to participate in the clinical learning experience at the training site. Training Site may conduct the background inquiry directly and the Training Site may refuse placement of a student who has a record of prior criminal conduct.

Training Site understands and agrees that the School shall not allow any student to attend clinical that has not met this requirement. School does not certify the veracity of the records provided and, furthermore, the obligation to conduct appropriate background checks and the liability for non-compliance therewith remains the responsibility of Training Site.

G. School will comply with and ensure to the extent possible that students comply with the policies and procedures established by Training Site. School will notify each student of his/her status and responsibilities pursuant to this Agreement.

H. School will encourage each student participating in the clinical education program to acquire comprehensive health and accident insurance that will provide continuous coverage of such student during his or her participation in the education program. School will inform students that they are responsible for their own health needs, health care costs, and health insurance coverage.

III. TRAINING SITE'S RESPONSIBILITIES

A. Training Site will provide students with a desirable clinical education experience within the scope of health care services provided by Training Site. Training Site will designate in writing Preceptors, if any, to be responsible for the clinical education program, and will designate in writing one person as the clinical education Supervisor, who will maintain contact with the School-designated Liaison to assure mutual participation in and review of the clinical education program and student progress. Training Site will submit in writing to School the professional and academic credentials for the Preceptors and clinical education Supervisor. Training Site will notify School in writing of any change or proposed change of the Preceptors or clinical education Supervisor.

B. Training Site will provide students with access to sources of information necessary for the education program, within Training Site's policies and procedures and commensurate with patients' rights, including library resources and reference materials.

C. Training Site will make available to students basic supplies and equipment necessary for care of patients/clients and the clinical education program. Within the limitation of facilities, Training Site will make available office and conference space for students and, if applicable, School faculty.

D. Training Site will submit required reports on each student's performance and will provide an evaluation to School on forms provided by School.

E. Training Site retains full responsibility for the care of patients/clients, and will maintain the quality of patient care without relying on the students' clinical training activities for staffing purposes.

F. Training Site will have the right to take immediate temporary action to correct a situation where a student's actions endanger patient care. As soon as possible thereafter, Training Site's clinical education Supervisor will notify School of the action taken. All final resolutions of the student's academic status in such situations will be made solely by School after reviewing the matter and considering whatever written factual information Training Site provides for School; however, Training Site reserves the right to terminate the use of its facilities by a particular student where necessary to maintain its operation free of disruption and to ensure quality of patient care.

G. On any day when a student is participating in the clinical education program at its facilities, Training Site will provide to such student necessary emergency health care or first aid for accidents occurring in its facilities. Financial responsibility for such emergency care, including care described elsewhere in this Agreement, will be as follows:

- Training Site will not bill students for the cost of initial emergency care;
- At the student's expense, Training Site will provide follow-up care, testing and counseling, including HIV testing, and counseling associated with that testing, in the absence of any similar service being immediately available from School's health services;
- The student will be responsible for the costs of any and all such follow-up care, testing and counseling.

H. Except as provided in this Agreement, Training Site will have no obligation to furnish medical or surgical care to any student.

IV. STUDENTS' STATUS AND RESPONSIBILITIES

A. Students will have the status of learners and will not replace Training Site personnel. Any service rendered by students is incidental to the educational purpose of the clinical education program.

B. Students are required to adhere to the standards, policies, and regulations of Training Site during their clinical education program.

C. Students will wear appropriate attire and name tags, and will conform to the standards and practices established by School during their clinical education program at Training Site.

D. Students assigned to Training Site will be and will remain students of School, and will in no sense be considered employees of Training Site. Training Site does not and will not assume any liability under any law relating to Worker's Compensation on account of any School student's performing, receiving training, or traveling pursuant to this Agreement. Students will not be entitled to any monetary or other remuneration for services performed by them at Training Site, nor will Training Site otherwise have any monetary obligation to School or its students by virtue of this Agreement.

V. LIABILITY COVERAGE PROVISIONS

A. Each party to this agreement will be responsible for the negligent acts or omissions of its own employees, officers, or agents in the performance of this Agreement. Neither party will be considered the agent of the other and neither party assumes any responsibility to the other party for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement

B. School is covered by the State of Washington Self-Insurance Program and the Tort Claims Act (Chapter 4.92 RCW). Claims against School and its employees and officers in the performance of their duties under this Agreement will be paid from the tort claims liability account as provided in Chapter 4.92 RCW. In order to be accepted at the Training Site, students will be required to have medical malpractice and general liability coverage, whether through the student medical malpractice and general liability policies offered by the State of Washington, Office of Financial Management, Risk Management division, or otherwise, while working in the Training Site.

C. Training Site maintains professional liability insurance coverage with _____ [insurance company]. Through that coverage, Training Site provides liability coverage for its employees, officers, and agents in the performance of this Agreement, and further provides the means for defense and payment of claims that may arise against such individuals.

VI. TERM

A. This Agreement is effective beginning the date of signature, and will continue thereafter from year to year. This agreement will be reviewed no later than three years from its effective date, or earlier at the request of either party. School and Training Site will jointly plan student placement in advance of each year's beginning taking into account the needs of the school for clinical placement, maximum number of students for whom Training Site can provide a desirable clinical education experience, and the needs of other disciplines or schools requesting clinical placements.

B. This agreement may be canceled by written notice one year prior to termination; however, such termination shall not become effective for the students then enrolled in the clinical education program if such termination prevents completion of their requirements for completion of the clinical education program.

VII. PROVISIONS REGARDING BLOOD-BORNE PATHOGENS

A. School certifies that it has trained each student it sends to Training Site in universal precautions and transmission of blood-borne pathogens, and that it will send to Training Site only students who have been trained in and have practiced using universal precautions. School has provided the opportunity to receive Hepatitis B (HBV) vaccine to all clinical education program students before assignment to Training Site. Training Site will provide personal protection equipment that is appropriate for the tasks assigned to School's students.

B. In the event a student sustains a needle-stick injury or other substantial exposure to bodily fluids of another or other potentially infectious material while participating in the clinical education program at Training Site, Training Site agrees to provide the following services:

- Being seen by Training Site's employee health service and/or emergency department as soon as possible after the injury;
- Emergency medical care following the injury;
- Initiation of HBV, Hepatitis C (HCV) and HIV protocol;
- HIV counseling and appropriate testing.

C. The source patient's HBV, HCV and HIV status will be determined by Training Site in the usual manner to the extent possible. Training Site does not accept liability for any illness or injury subsequent to such accidental exposure, except as otherwise provided in this Agreement.

VIII. MISCELLANEOUS PROVISIONS

A. Entire Agreement. This Agreement constitutes the entire agreement between the parties, and supersedes all prior oral or written agreements, commitments, or understandings concerning the matters provided for herein.

B. Amendment. This Agreement may be modified only by a subsequent written Agreement executed by the parties. The provisions in this Agreement may not be modified by any attachment or letter agreement as described elsewhere in this Agreement.

C. Order of Precedence. Any conflict or inconsistency in this Agreement and its attachments will be resolved by giving the documents precedence in the following order:

1. This Agreement;
2. Attachments to this Agreement in reverse chronological order.

D. Governing Law. The parties' rights or obligations under this Agreement will be construed in accordance with, and any claim or dispute relating thereto will be governed by, the laws of the State of Washington.

E. Notices. All notices, demands, requests, or other communications required to be given or sent by School or Training Site, will be in writing and will be mailed by first-class mail, postage prepaid, or transmitted by hand delivery or facsimile, addressed as follows:

- (a) To School:
Lora Senf
Dean of Instruction for
Business, Professional Studies and Workforce Education
Spokane Falls Community College
3410 W Fort George Wright Drive MS 3190
Spokane WA 99224-5288

(b) To Training Site:

Each party may designate a change of address by notice in writing. All notices, demands, requests, or communications that are not hand-delivered will be deemed received three (3) days after deposit in the U.S. mail, postage prepaid; or upon confirmation of successful facsimile transmission.

F. Survival. School and Training Site expressly intend and agree that the liability coverage provisions of this Agreement will survive the termination of this Agreement for any reason.

G. Severability. If any provision of this Agreement, or of any other agreement, document or writing pursuant to or in connection with this Agreement, shall be held to be wholly or partially invalid or unenforceable under applicable law, said provision will be ineffective to that extent only, without in any way affecting the remaining parts or provisions of said agreement.

H. Waiver. Neither the waiver by any of the parties hereto of a breach of or a default under any of the provisions of this Agreement, nor the failure of either of the parties, on one or more occasions, to enforce any of the provisions of this Agreement or to exercise any right or privilege hereunder, will thereafter be construed as a waiver of any subsequent breach or default of a similar nature, or as a waiver of any of such provisions, rights or privileges hereunder.

I. Inspection. Training Site will permit, on reasonable notice and request, the inspection of clinical and related facilities by agencies charged with responsibility for accreditation of School.

J. HIPAA. School shall direct its trainees to comply with the policies and procedures of Training Site, including those governing the use and disclosure of individually identifiable health information under federal law, specifically 45 CFR parts 160 and 164. Solely for the purpose of defining the trainees' role in relation to the use and disclosure of Training Site's protected health information, the trainees are defined as members of the Training Site's workforce, as that term is defined by 45 CFR 160.103, when engaged in activities pursuant to this Agreement. However, the trainees are not and shall not be considered to be employees of the Training Site.

(Signatures on following page)

SPOKANE FALLS COMMUNITY COLLEGE

NAME OF TRAINING SITE

Lora Senf, Dean
Business, Professional Studies and Workforce
Education

SIGNATURE

TRAINING SITE CONTACT

DATE

CONTACT TITLE

DATE

Approved as to form by the:
Assistant Attorney General
Attorney for College
Revised 01-22-2010

ABSENCES FROM CLINIC

If you are ill and unable to attend your clinical rotation it is imperative that you contact your Clinical Instructor *before* your clinic begins, as well as notifying Donelle Odren (279-6249) and Carolyn Wright (279-6225).

After you return to clinic it is *your* responsibility to discuss with your CI when you will be able to make up the lost time. Missed clinics must be made up *before* the end of your current rotation. After you have finished your make-up clinic, complete this form, get your CI's signature, and turn it in to Carolyn Wright.

I missed clinic(s) on the following date(s):
(include information on any day that you had to leave early or show up late)

_____	_____
_____	_____

I made up the clinic(s) that I missed on the following date(s):

_____	_____
_____	_____

Name: _____ Name of CI: _____

Signature: _____ CI Signature: _____

Date: _____ Date: _____

Be sure to turn this form in as soon as you have made up the clinic time and *before* the end of your current rotation. Any questions? Call Carolyn (279-6225).

SPOKANE FALLS COMMUNITY COLLEGE
Physical Therapist Assistant Program
REMEDICATION PLAN

Causes leading to a “*Remediation Plan*” include the following:

- Three lab or lecture exams failures or any combination thereof during their two years in the program.
(A lab exam which requires a retake is considered a failed exam.)
- An extension of a clinical due to unsatisfactory performance.
- A pattern of unprofessional conduct

STUDENT NAME:
Reason for Conference:
Discussion Items:
Remedial Plan:
Student Comments:

I, _____, acknowledge that I am responsible for completing the remedial plan, that this contract is designed to raise my performance to an acceptable standard for the profession, and that this document will be a permanent part of my confidential student record in the PTA program, that the consequences of unsatisfactory completion of the remedial plan will result in a *Notice of Probation* which is a response to the following:

- Combination of the three test failures & a clinical extensions and/or a pattern of unprofessional conduct
- Four test failures while in the program
- An extension of a two clinicals due to unsatisfactory performance
- Continued documented unprofessional conduct after the remediation plan has been set in place.

Student Signature: _____

Date: _____

Program Director Signature: _____

Date: _____

Faculty Signature: _____

Date: _____

Witness (if indicated): _____

Date: _____

SPOKANE FALLS COMMUNITY COLLEGE
Physical Therapist Assistant Program

NOTICE OF PROBATION

Causes leading to a "Notice of Probation" include the following:

- Combination of the three test failures & a clinical extensions and/or a pattern of unprofessional conduct
- Four test failures while in the program
- An extension of a two clinicals due to unsatisfactory performance
- Continued documented unprofessional conduct after the remediation plan has been set in place.

STUDENT NAME:
Reason for Conference:
Discussion Items:
Student Comments:

I, _____, acknowledge and understand I am responsible for satisfactory completion as assessed by the instructor and program director, that **the consequences of unsatisfactory completion of the notice of probation will result in dismissal from the program**, that this contract is designed to raise my performance to an acceptable standard for the profession, and that this document will be a permanent part of my confidential student record in the PTA program. Dismissal* from the PTA Program will occur for the following reasons:

- Combination of the four test failures & a clinical extension &/or a pattern of unprofessional conduct
- A need for two clinical extensions
- Failure of a PTA course
- Failure of a clinical rotation
- Five test failures while in the program
- Continued documented unprofessional conduct after the student is placed on Probationary Status

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Witness (if indicated): _____ Date: _____

***Please note that dismissal from the program does not constitute dismissal from the institution.**

Students who are dismissed from the program may appeal the decision by utilizing the Student Concerns Process.

SPOKANE FALLS COMMUNITY COLLEGE
Physical Therapist Assistant Program, PTA 151
CLINICAL INSTRUCTOR EVALUATION

Instructor _____ Facility _____

Student _____ Academic Year _____

Use the following to indicate how your clinical instructor demonstrated the behaviors listed below. Please comment on any "No" responses.

Complete the form prior to your evaluation at the end of the rotation. This form must be signed by your clinical instructor at that time. *It is your responsibility to return the form to the PTA Program Assistant.*

Rating	Items	Examples and/or Comments
N Y	1. Maintains a comfortable atmosphere for learning.	
N Y	2. Is appropriately accessible to student.	
N Y	3. Acknowledges student's comments and concerns.	
N Y	4. Provides encouragement to the student.	
N Y	5. Explains treatments and procedures in an organized, understandable manner.	
N Y	6. Communicates expectations and instructions for student participation in treatment.	
N Y	7. Stimulates discussion and further study.	
N Y	8. Demonstrates a positive attitude toward clinical instruction	

General Comments:

Please comment on your perceptions regarding this clinical rotation including patient exposure, facility, and strengths and weaknesses of the clinical instruction:

Student's Signature

Date

Clinical Instructor's Signature

Date

SPOKANE FALLS COMMUNITY COLLEGE
Physical Therapist Assistant Program
STUDENT EVALUATION, PTA 151

Student _____ Facility _____

Clinical Instructor _____ Clinical Dates _____

Students should have the laboratory skills check-off lists from PTA 170, PTA 171, PTA 172, and PTA 173 in their clinical education notebook. **Students may be allowed to assist the clinical instructor in patient preparation and treatment application by mutual agreement and at the CI's discretion.** The following assessment is based on the *Clinical Performance Instrument*.

KEY: NA = Not Applicable NI = Needs Improvement S = Satisfactory				
Rating			Items	
NA	NI	S	<i>Safety:</i> Ensures the safety of patient, self, and others throughout the clinical interaction. Uses acceptable techniques for safe handling of patients. Establishes and maintains safe working environment. Requests assistance when necessary.	
NA	NI	S	<i>Clinical Behaviors:</i> Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities). Is punctual and dependable. Wears attire consistent with expectations of the work setting and PTA Program. Responds to unexpected changes in the patient's schedule and facility's requirements.	
NA	NI	S	<i>Clinical Behaviors:</i> Demonstrates integrity in all interactions. Exhibits caring, compassion, and empathy in providing services to patients. Maintains patient privacy and modesty. Values the dignity of patients as individuals.	
NA	NI	S	<i>Clinical Behaviors:</i> Maintains productive working relationships with clinical instructor. Accepts feedback without defensiveness. Manages conflict in constructive ways. Seeks feedback from clinical instructor related to clinical performance. Demonstrates behaviors that contribute to a positive work environment.	
NA	NI	S	<i>Accountability:</i> Places patient's needs above self-interests. Maintains patient confidentiality. Strives to exceed the minimum performance and behavioral requirements.	
NA	NI	S	<i>Accountability:</i> Identifies, acknowledges, and accepts responsibility for actions and reports errors. Identifies ethical or legal concerns. Adheres to ethical standards.	
NA	NI	S	<i>Accountability:</i> Abides by policies and procedures of the facility (eg, OSHA, HIPAA). Adheres to legal standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.	
NA	NI	S	<i>Cultural Competence:</i> Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services. Communicates effectively and with sensitivity with diverse patient populations.	
NA	NI	S	<i>Cultural Competence:</i> Is aware of own social and cultural biases and does not allow biases to negatively impact patient care. Demonstrates an understanding of the socio-cultural, psychological, and economic influences on patients and responds accordingly.	

KEY: NA = Not Applicable NI = Needs Improvement S = Satisfactory			
Rating			Items
NA	NI	S	<i>Communication:</i> Communicates with clinical instructor and supervising physical therapist. Communicates verbally, nonverbally, and in writing in an effective, respectful, and timely manner. Selects the most appropriate person(s) with whom to communicate (eg, clinical instructor, physical therapist).
NA	NI	S	<i>Communication:</i> Listens actively and attentively to understand what is being communicated by others. Interprets and responds appropriately to the nonverbal communication of others.
NA	NI	S	<i>Communication:</i> Adjusts style of communication based on target audience. Communicates with the patient using language the patient can understand.
NA	NI	S	<i>Interventions and Data Collection:</i> Demonstrates knowledge of rationale for interventions and data collection methods identified in the plan of care from previous coursework through discussions with CI.

Briefly comment on your perception of the student: _____

In summary, highlight the student's experiences and strengths:

What recommendations would you make to this student to address in the next clinical experiences:

Student's Signature

Date

Clinical Instructor's Signature

Date

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SPOKANE FALLS COMMUNITY COLLEGE
Physical Therapist Assistant Program, PTA 251
STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR

Instructor _____ **Facility/Dept:** _____

Student _____ **Quarter: FALL** **Year** _____

Information on this evaluation is to be shared between the student and the clinical instructor(s) at final evaluation. Additional copies should be made when there are multiple CIs supervising the student. Information contained in this section is confidential and will not be shared by the academic program with other students.

Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at final evaluations (shaded column).

1 = *Strongly Disagree* 2 = *Disagree* 3 = *Neutral* 4 = *Agree* 5 = *Strongly Agree*

Provision of Clinical Instruction	Rating
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.	
There was an opportunity for student input into the goals for this learning experience.	
Opportunities were provided by the CI for the student to address their goals.	
The CI provided constructive feedback on student performance.	
The CI provided timely feedback on student performance.	
The CI demonstrated skill in active listening.	
The CI provided clear and concise communication.	
The CI communicated in an open and non-threatening manner.	
The CI taught in an interactive manner that encouraged problem solving.	
There was a clear understanding to whom you were directly responsible and accountable.	
The supervising CI was accessible when needed.	
The CI clearly explained your student responsibilities.	
The CI provided responsibilities that were within your scope of knowledge and skills.	
The CI facilitated patient-therapist and therapist-student relationships.	
Time was available with the CI to discuss patient/client interventions.	
The CI served as a positive role model in physical therapy practice.	
The CI skillfully used the clinical environment for planned and unplanned learning experiences.	
The CI integrated knowledge of various learning styles into student clinical teaching.	
The CI made the formal evaluation process constructive.	
The CI encouraged the student to self-assess.	

What did your CI(s) do well to contribute to your learning?

What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary corrections can be made to modify and further enhance your learning experience.

Student's Signature

Date

Clinical Instructor's Signature

Date

Email Address

Phone Number

SPOKANE FALLS COMMUNITY COLLEGE
Physical Therapist Assistant Program
STUDENT EVALUATION, PTA 251

Student _____ Facility _____

Instructor _____ Academic Year _____

Students should have the laboratory skills check-off lists from PTA 170, PTA 171, PTA 172, PTA 173, PTA 270 and PTA 272, in their clinical education manual. **Students should be involved with patient interventions and data collection during this clinical experience.** The following assessment is based on the *Clinical Performance Instrument*.

NA = Not Applicable NI = Needs Improvement S = Satisfactory			
NA	NI	S	<i>Safety:</i> Ensures the safety of patient, self, and others throughout the clinical interaction. Uses acceptable techniques for safe handling of patients. Establishes and maintains safe working environment. Requests assistance when necessary.
NA	NI	S	<i>Clinical Behaviors:</i> Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities). Is punctual and dependable. Wears attire consistent with expectations of the work setting and PTA Program. Responds to unexpected changes in the patient's schedule and facility's requirements.
NA	NI	S	<i>Clinical Behaviors:</i> Demonstrates integrity in all interactions. Exhibits caring, compassion, and empathy in providing services to patients. Maintains patient privacy and modesty. Values the dignity of patients as individuals.
NA	NI	S	<i>Clinical Behaviors:</i> Maintains productive working relationships with clinical instructor. Accepts feedback without defensiveness. Manages conflict in constructive ways. Seeks feedback from clinical instructor related to clinical performance. Demonstrates behaviors that contribute to a positive work environment.
NA	NI	S	<i>Accountability:</i> Places patient's needs above self-interests. Maintains patient confidentiality. Strives to exceed the minimum performance and behavioral requirements.
NA	NI	S	<i>Accountability:</i> Identifies, acknowledges, and accepts responsibility for actions and reports errors. Identifies ethical or legal concerns. Adheres to ethical standards.
NA	NI	S	<i>Accountability:</i> Abides by policies and procedures of the facility (eg, OSHA, HIPAA). Adheres to legal standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.
NA	NI	S	<i>Cultural Competence:</i> Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services. Communicates effectively and with sensitivity with diverse patient populations.
NA	NI	S	<i>Cultural Competence:</i> Is aware of own social and cultural biases and does not allow biases to negatively impact patient care. Demonstrates an understanding of the socio-cultural, psychological, and economic influences on patients and responds accordingly.

NA = Not Applicable NI = Needs Improvement S = Satisfactory			
NA	NI	S	<i>Communication:</i> Communicates with clinical instructor and supervising physical therapist. Communicates verbally, nonverbally, and in writing in an effective, respectful, and timely manner. Selects the most appropriate person(s) with whom to communicate (eg, clinical instructor, physical therapist).
NA	NI	S	<i>Communication:</i> Listens actively and attentively to understand what is being communicated by others. Interprets and responds appropriately to the nonverbal communication of others.
NA	NI	S	<i>Communication:</i> Adjusts style of communication based on target audience. Communicates with the patient using language the patient can understand.
NA	NI	S	<i>Clinical Problem Solving:</i> Presents sound rationale for clinical problem solving. Seeks clarification of plan of care and selected interventions. Collects and compares data from multiple sources (chart review, patient).
NA	NI	S	<i>Clinical Problem Solving:</i> Demonstrates sound clinical decisions within the plan of care to assess and maximize patient safety, comfort, and patient progression while performing selected interventions.

INTERVENTIONS			
P = Student performed skill O = Student observed skill N/A = Skill not available at this setting			
THERAPEUTIC EXERCISE			
P	O	N/A	Aerobic capacity/endurance conditioning/reconditioning
P	O	N/A	Balance, coordination, and agility training
P	O	N/A	Body mechanics and postural stabilization
P	O	N/A	Flexibility exercises
P	O	N/A	Gait and locomotion training
P	O	N/A	Neuromotor development training
P	O	N/A	Relaxation
P	O	N/A	Strength, power, and endurance training
THERAPEUTIC TECHNIQUES			
Manual Therapy Techniques Including:			
P	O	N/A	Massage – connective tissue and therapeutic
P	O	N/A	Passive range of motion
Breathing Strategies/Oxygenation Including:			
P	O	N/A	Breathing techniques (eg, pursed lip breathing, paced breathing)
P	O	N/A	Re-positioning to alter work of breathing and maximize ventilation and perfusion
P	O	N/A	Administration of prescribed oxygen
Integumentary Repair/Protection Including:			
P	O	N/A	Wound cleansing and dressing
P	O	N/A	Repositioning
P	O	N/A	Patient education
P	O	N/A	Edema management

INTERVENTIONS		
P = Student performed skill O = Student observed skill N/A = Skill not available at this setting		
PHYSICAL AGENTS AND MECHANICAL MODALITIES		
Physical Agents Including:		
P O N/A	Cryotherapy (eg, cold pack, ice massage, vapocoolant spray)	
P O N/A	Thermotherapy (eg, dry heat, hot packs, paraffin baths, hydrotherapy)	
P O N/A	Ultrasound	
Mechanical Modalities Including:		
P O N/A	Mechanical compression, compression bandaging and garments	
P O N/A	Mechanical motion devices (eg, CPM)	
P O N/A	Intermittent, positional, and sustained traction devices	
ELECTROTHERAPEUTIC MODALITIES		
Electrotherapeutic Modalities Including:		
P O N/A	Biofeedback	
P O N/A	Iontophoresis	
P O N/A	Electrical stimulation for muscle strengthening	
P O N/A	Electrical stimulation for tissue repair	
P O N/A	Electrical stimulation for pain management	
FUNCTIONAL TRAINING AND APPLICATION OF DEVICES AND EQUIPMENT		
Functional Training Including:		
	ADL training – specifically:	
P O N/A	Transfers	
P O N/A	Bed mobility	
P O N/A	Device and equipment use and training	
P O N/A	Injury prevention or reduction	
Application/Adjustment of Devices/Equipment Including:		
P O N/A	Adaptive devices	
	Assistive devices including:	
P O N/A	Cane	
P O N/A	Crutches	
P O N/A	Walkers	
P O N/A	Wheelchairs	
P O N/A	Long handled reachers	
P O N/A	Orthotic devices (eg, braces, splints)	
P O N/A	Prosthetic devices – upper and lower extremity	
P O N/A	Protective devices (eg, braces)	
P O N/A	Supportive devices (eg, compression garments, wraps, neck collars, slings, O ² equip)	

DATA COLLECTION		
P = Student performed skill O = Student observed skill N/A = Skill not available at this setting		
P O N/A	Anthropometric characteristics	
P O N/A	Arousal, attention, and cognition	
P O N/A	Assistive and adaptive devices	
P O N/A	Body mechanics	
P O N/A	Environmental, self-care, and home issues	

DATA COLLECTION			
P = Student performed skill O = Student observed skill N/A = Skill not available at this setting			
P	O	N/A	Gait, locomotion, and balance
P	O	N/A	Muscle function
P	O	N/A	Neuromotor function
P	O	N/A	Pain
P	O	N/A	Posture
P	O	N/A	Range of motion
P	O	N/A	Vital signs
P	O	N/A	Integumentary integrity

NA = Not Applicable NI = Needs Improvement S = Satisfactory			
NA	NI	S	<i>Documentation:</i> Selects relevant information to document the delivery of physical therapy care. Documents all aspects of physical therapy care provided, including interventions, patient response to interventions. Produces documentation that is accurate, concise, timely, legible, grammatically and technically correct.
NA	NI	S	<i>Resource Management:</i> Uses time effectively. Uses equipment in an efficient and effective manner assuring that the equipment is safe prior to use.

Highlight the student's experiences and strengths: _____

What recommendations would you make for this student to address in their next clinical experience: _____

Student's Signature

Date

Clinical Instructor's Signature

Date



Last Updated: 09/14/2011
Contact: pta@apta.org

**PHYSICAL THERAPIST ASSISTANT STUDENT EVALUATION:
CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION**

**June 10, 2003
(updated 9/14/11)**

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist assistant student assessment of the clinical experience and Section 2-Physical therapist assistant student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude is extended to all individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution **Spokane Falls Community College**

Name of Clinical Education Site _____

Address _____

City _____ State _____ Zip _____

Clinical Experience Number: 252 253-1 253-2

Clinical Experience Dates _____

Signatures

I have reviewed information contained in this physical therapist assistant student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Email Address _____ Phone Number _____

Years' experience as a CI _____

Are you an APTA Credentialed CI? ☐ Yes ☐ No

Are you an APTA Member? ☐ Yes ☐ No

Do you have an advanced clinical skill? ☐ Yes ☐ No

(e.g. ABPTA, FAAOMPT) What is it? _____

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Email Address _____ Phone Number _____

Years' experience as a CI _____

Are you an APTA Credentialed CI? ☐ Yes ☐ No

Are you an APTA Member? ☐ Yes ☐ No

Do you have an advanced clinical skill? ☐ Yes ☐ No

(e.g. ABPTA, FAAOMPT) What is it? _____

SECTION 1: PTA STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences provided at this clinical facility.

0. Dates of Clinical Experience _____
1. Name of Clinical Education Site _____
 Address _____ City _____ State _____
2. Clinical Experience Number 252 253-1 253-2
3. Specify the number of weeks for each applicable clinical experience/rotation.
 _____ Acute Care/Inpatient Hospital Facility _____ Private Practice
 _____ Ambulatory Care/Outpatient _____ Rehabilitation/Sub-acute Rehabilitation
 _____ ECF/Nursing Home/SNF _____ School/Preschool Program
 _____ Federal/State/County Health _____ Wellness/Prevention/Fitness Program
 _____ Industrial/Occupational Health Facility _____ Other _____

Orientation

4. Did you receive information from the clinical facility prior to your arrival? ☐ Yes ☐ No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? ☐ Yes ☐ No
6. What else could have been provided during the orientation? _____

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale. List the five (5) most common interventions that you provided to patients/clients during this clinical experience.

Components Of Care	Rating	Five Most Common Interventions
Data Collection		1. _____
Implementation of Established Plan of Care		2. _____
Selected Interventions		3. _____
• Coordination, communication, documentation		4. _____
• Patient/client related instruction		5. _____
• Direct Interventions		

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to your work and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PTA student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for your work and growth? _____

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- ☐ Physical therapist students
☐ Physical therapist assistant students
☐ Students from other disciplines or service departments (Please specify _____)

12. Identify the ratio of students to CIs for your clinical experience:

- ☐ 1 student to 1 CI
☐ 1 student to greater than 1 CI
☐ 1 CI to greater than 1 student; Describe _____

13. How did the clinical supervision ratio in Question #12 influence your learning experience? _____

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- ☐ Attended in-services/educational programs
☐ Presented an in-service
☐ Attended special clinics
☐ Attended team meetings/conferences/grand rounds
☐ Observed surgery
☐ Participated in administrative and business management
☐ Participated in providing patient/client interventions collaboratively with other disciplines (please specify disciplines) _____
☐ Participated in service learning
☐ Performed systematic data collection as part of an investigative study
☐ Used physical therapy aides and other support personnel
☐ Other; Please specify _____

15. Please provide any logistical suggestions for this location that may be helpful to students in the future; include costs, names of resources, housing, food, parking, etc. _____

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- ☐ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
 - ☐ Time well spent; would recommend this clinical education site to another student.
 - ☐ Some good learning experiences; student program needs further development.
 - ☐ Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist assistant student should have to function successfully at this clinical education site? _____
- _____
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist assistant academic preparation, describe those subject areas not addressed.
- _____
- _____
19. What suggestions would you offer to future physical therapist assistant students to improve this clinical education experience? _____
- _____
20. What do you believe were the strengths of your physical therapist assistant academic preparation and/or coursework for *this clinical experience*? _____
- _____
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? _____
- _____

SECTION 2: PTA STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR

Dates of Clinical Experience _____

Name of Clinical Education Site _____

Name of Clinical Instructor _____

Information found in Section 2 is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in this section is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1 = *Strongly Disagree* 2 = *Disagree* 3 = *Neutral* 4 = *Agree* 5 = *Strongly Agree*

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client interventions.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation ☐ Yes ☐ No Final Evaluation ☐ Yes ☐ No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation _____

Final Evaluation _____

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments _____

Final Comments _____

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments _____

Final Comments _____

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

SPOKANE FALLS COMMUNITY COLLEGE
Physical Therapist Assistant Program
FACULTY – CI – STUDENT CONFERENCE

Student Name: _____

Rotation: _____

Date: _____

Facility: _____

Course: _____

CI: _____

Mid-evaluation: (Completed): _____

1. Communication:

How would you characterize your communication? With the CI, with the patient, with the patient's family, with other staff:

2. Documentation:

Are you documenting? Practice or directly in chart? Mechanics are they accurate? Can you write an assessment and plan?

3. Patient/Client Variety:

Can student articulate diagnosis, etc?

4. Overall Clinical Progress (independence):

Are you able to get pertinent information from the chart? Can you read the evaluation and know and verbalize where headed? Can you articulate to CI what you are going to do for treatment before they go in? Treatment: Safety Issues? Applying treatment correctly? Adjusting according to patient response? Can you articulate to CI what the response is to treatment? Can you articulate the next step for next treatment? (progression)

5. Time Management:

Do you arrive on time? Do you keep track of patient schedule? During treatment do you pace procedures? (i.e. take whole time doing bed transfer when gait is also ordered).

6. Skills Addressed (Clinical Performance Instrument and Clinical Skills List):

Reviewed? ☐ Yes ☐ No

Student concerns/comments:

CI concerns/comments:

Goals:

Comments regarding program/development suggestions:

Student Signature: _____

Date: _____

CI Signature: _____

Date: _____

CEC Signature: _____

Date: _____

ACCE/DCE PERFORMANCE ASSESSMENT CLINICAL INSTRUCTOR and CENTER COORDINATOR OF CLINICAL EDUCATION SURVEYS

May 2010

ACCE PERFORMANCE ASSESSMENT

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**



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CI/CCCE ASSESSMENT OF ACCE/DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)
4. For what time period are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)
5. Evaluator Role PT CI (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

*For all of the Likert Scale items provided, please "click" on only **ONE** response (use the mouse).*

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. promoting students' self-assessment of their clinical performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. reinforcing expectations for demonstrating professionalism. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. conferring with students to maximize learning during a clinical experience. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. facilitating the development of individualized action plans to advance student performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. monitoring the progression of individualized action plans. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. using a variety of feedback methods to assess clinical educators. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. providing feedback to clinical educators to improve clinical teaching. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. promoting development of clinical teaching and mentoring skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. providing professional development opportunities to promote best practice in physical therapy. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. facilitating development of CCCEs as managers of their clinical education programs. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (eg, clinical education sites, policies, procedures, learning experiences, and curriculum) by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. implementing a plan to respond to the needs of clinical education sites based on feedback. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. sharing changes about the clinical education program with feedback sources. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

SECTION D. MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. promoting adherence to current policies and procedures of the clinical education program. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. informing students and clinical sites about legal and liability requirements prior to clinical placements. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

SECTION E. LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. facilitating reflective dialogue about advancements in the profession of physical therapy. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. networking with individuals and groups at local, regional, and/or national levels to further clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. building partnership(s) to strengthen the relationship between academic programs and clinical sites. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. using technology to enhance clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F. COMMUNICATION

The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...

The ACCE/DCE...

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. providing timely communication. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. soliciting comments, feedback, and concerns. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. highlighting key academic program policy and procedures for clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. clarifies federal and state regulations and professional positions, policies, and guidelines related to clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. conducting clinical site visits/contacts. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

SECTION G. PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. fostering an atmosphere of mutual respect in clinical education.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
2. displaying a positive attitude.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
3. being approachable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
4. being accessible.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
5. listening actively.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
6. demonstrating effective time management.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
7. demonstrating effective organizational skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
8. demonstrating interpersonal skills that foster quality relationships.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
9. demonstrating effective conflict resolution skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
10. responding to unexpected situations using productive problem-solving skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
11. displaying expertise in clinical education.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Name of Clinical Site (Optional)

Would you like a follow up contact to discuss this assessment? ☐ Yes ☐ No

Contact Information: e-mail:

Phone:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

Last Updated: 05/07/10
Contact: education@apta.org

**SPOKANE FALLS COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM**

**RELEASE OF STUDENT ACADEMIC INFORMATION
TO CLINICAL EDUCATION FACILITIES**

The Community Colleges of Spokane and, Spokane Falls Community College (SFCC)complies with the Family Educational Rights and Privacy Act (FERPA). 20 U.S.C. 1232g; 34 CFR Part 99. This is a Federal law that protects the privacy of student education records. FERPA generally provides: “The College shall not permit access to or the release of educational records, or personally identifiable information contained therein, other than “directory information” without the written consent of the student, to any party.” WAC 132Q-30-380. There are some limited exceptions, for example student education records may be released to “school officials who have a legitimate educational interest in the records.” WAC 132Q-30-380(3). School officials include administrative, supervisory, academic, research, support staff, law enforcement and health care professionals.

In regards to clinical education, Clinical Instructors are primarily responsible for the student’s clinical education in any particular medical facility. It is important for Center Coordinators and Clinical Instructors to share information about the students, their educational experience and their progress with clinical staff members to ensure patient/client health and safety, to make the clinical internship meaningful and to facilitate a positive learning experience for the students. For this reason, the following signed consent is required of each student in the Physical Therapist Assistant Program.

I, _____ give my consent to allow the SFCC Physical Therapist Assistant Program to release, either in writing or verbally, any educational records or information regarding my performance as a student at SFCC to clinical staff who I will collaborate with as part of my clinical internship. I understand that no information may be released without my signed consent. This consent form is valid from the date below until graduation from the PTA Program or until withdrawal of this consent is received by the SFCC Physical Therapy Assistant Program Director in writing from the person whose signature is entered below.

Signature

Date

**SPOKANE FALLS COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM**

ACKNOWLEDGEMENT OF HEALTH CARE CONFIDENTIALITY

Laws and Regulations /Obligation to Comply

I understand that, as a physical therapist assistant student, I am required to protect information revealed by patients or discovered by physicians during the course of medical treatment. This is an ethical, professional, and legal obligation. Health care information is considered confidential under Washington Uniform Health Care Information Act, chapter 70.02 RCW which defines health information as: "Any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care, including a patient's DNA.

The information is also protected by federal law, under the federal Health Insurance Portability and Accountability Act, HIPAA. HIPAA governs the confidentiality of individually identifiable health information which is defined as follows:

Individually Identifiable Health Information is information that is a subset of health information, including demographic information collected from an individual, and:

1. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
 - i. That identifies the individual; or
 - ii. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

I understand that any unauthorized disclosure of health care information in violation of any law, ethical requirement, or professional requirement including health provider policy/procedure will constitute grounds for immediate disciplinary action which may include failure of the clinical experience/affiliation and dismissal from the Physical Therapist Assistant Program.

When I do go to a clinical facility, I understand that I am obligated to follow applicable rules and regulations, and college and facility policies procedures this includes, but is not limited to and wearing appropriate uniform/clothing and a name badge. I understand that I will introduce myself as a student and that the patient has a right to refuse treatment.

I understand that if I am injured or have an incident involving contamination, I am responsible for the cost of any health care services, and I agree to participate in the appropriate follow-up and testing which may be needed.

I have read, understand, and will abide with the provisions of this Acknowledgement of Health Care Confidentiality Laws and Regulations /Obligation to Comply.

Signature

Date

Printed Name

Physical Therapist Assistant Program
STUDENT BIOGRAPHICAL DATA SHEET

Clinic Course:	Quarter:	Year:
Facility/Dept.:		
Student Name:		
Address:		
Phone:		
Email:		
Year in Program: Second	Expected Date of Graduation:	
Personal Information:		
Previous Work Experiences (include volunteer experience):		
Previous Clinical Education Experiences:		
Growth Area:		
Specific Goals for this Clinical Experience:		
Long Term Professional Goals:		



Community Colleges of Spokane
Spokane Falls Community College

Physical Therapist Assistant Program

APPENDIX

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT

Last Updated: 08/07/12

Contact: nationalgovernance@apta.org

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT HOD P06-05-18-26 [Amended HOD 06-00-16-27; HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11-06; HOD 06-93-08-09; HOD 06-85-20-41; Initial HOD 06-84-16-72/HOD 06-78-22-61/HOD 06-77-19-37] [Position]

Physical therapists have a responsibility to deliver services in ways that protect the public safety and maximize the availability of their services. They do this through direct delivery of services in conjunction with responsible utilization of physical therapist assistants who assist with selected components of intervention. The physical therapist assistant is the only individual permitted to assist a physical therapist in selected interventions under the direction and supervision of a physical therapist.

Direction and supervision are essential in the provision of quality physical therapy services. The degree of direction and supervision necessary for assuring quality physical therapy services is dependent upon many factors, including the education, experiences, and responsibilities of the parties involved, as well as the organizational structure in which the physical therapy services are provided.

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

1. Interpretation of referrals when available.
2. Initial examination, evaluation, diagnosis, and prognosis.
3. Development or modification of a plan of care which is based on the initial examination or reexamination and which includes the physical therapy goals and outcomes.
4. Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render physical therapy interventions and when it may be appropriate to utilize the physical therapist assistant. A physical therapist shall determine the most appropriate utilization of the physical therapist assistant that provides for the delivery of service that is safe, effective, and efficient.
5. Reexamination of the patient/client in light of their goals, and revision of the plan of care when indicated.
6. Establishment of the discharge plan and documentation of discharge summary/status.
7. Oversight of all documentation for services rendered to each patient/client.

The physical therapist remains responsible for the physical therapy services provided when the physical therapist's plan of care involves the physical therapist assistant to assist with selected interventions. Regardless of the setting in which the service is provided, the determination to utilize physical therapist assistants for selected interventions requires the education, expertise, and professional judgment of a physical therapist as described by the *Standards of Practice*, *Guide to Professional Conduct*, and *Code of Ethics*.

In determining the appropriate extent of assistance from the physical therapist assistant (PTA), the physical therapist considers:

- The PTA's education, training, experience, and skill level.
- Patient/client criticality, acuity, stability, and complexity.
- The predictability of the consequences.
- The setting in which the care is being delivered.
- Federal and state statutes.
- Liability and risk management concerns.
- The mission of physical therapy services for the setting.
- The needed frequency of reexamination.

Physical Therapist Assistant

Definition

The physical therapist assistant is a technically educated health care provider who assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant associate degree program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Utilization

The physical therapist is directly responsible for the actions of the physical therapist assistant related to patient/client management. The physical therapist assistant may perform selected physical therapy interventions under the direction and at least general supervision of the physical therapist. In general supervision, the physical therapist is not required to be on-site for direction and supervision, but must be available at least by telecommunications. The ability of the physical therapist assistant to perform the selected interventions as directed shall be assessed on an ongoing basis by the supervising physical therapist. The physical therapist assistant makes modifications to selected interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort.

The physical therapist assistant must work under the direction and at least general supervision of the physical therapist. In all practice settings, the performance of selected interventions by the physical therapist assistant must be consistent with safe and legal physical therapist practice, and shall be predicated on the following factors: complexity and acuity of the patient's/client's needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided.

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

1. A physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients/clients.
2. There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients/clients, the frequency of which is determined by the needs of the patient/client and the needs of the physical therapist assistant.
3. In those situations in which a physical therapist assistant is involved in the care of a patient/client, a supervisory visit by the physical therapist will be made:
 - a. Upon the physical therapist assistant's request for a reexamination, when a change in the plan of care is needed, prior to any planned discharge, and in response to a change in the patient's/client's medical status.
 - b. At least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient/client.
 - c. A supervisory visit should include:
 - i. An on-site reexamination of the patient/client.
 - ii. On-site review of the plan of care with appropriate revision or termination.
 - iii. Evaluation of need and recommendation for utilization of outside resources.

Relationship to Vision 2020: Professionalism (Practice Department, ext 3176)

PROVISION OF PT INTERVENTIONS AND RELATED TASKS

Last Updated: 08/07/12
Contact: nationalgovernance@apta.org

PROVISION OF PHYSICAL THERAPY INTERVENTIONS AND RELATED TASKS HOD P06-00-17-28

[Amended 06-99-10-12] [Previously titled: Position on Physical Therapy Intervention] [Position]

Physical therapists are the only professionals who provide physical therapy interventions. Physical therapist assistants are the only individuals who provide selected physical therapy interventions under the direction and at least general supervision of the physical therapist.

Physical therapy aides are any support personnel who perform designated tasks related to the operation of the physical therapy service. Tasks are those activities that do not require the clinical decision making of the physical therapist or the clinical problem solving of the physical therapist assistant. Tasks related to patient/client management must be assigned to the physical therapy aide by the physical therapist, or where allowable by law, the physical therapist assistant, and may only be performed by the aide under direct personal supervision of the physical therapist, or where allowable by law, the physical therapist assistant. Direct personal supervision requires that the physical therapist, or where allowable by law, the physical therapist assistant, be physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. The physical therapist or physical therapist assistant must have direct contact with the patient/client during each session. Telecommunications does not meet the requirement of direct personal supervision.

Relationship to Vision 2020: Professionalism (Practice Department, ext 3176)

WAC 246-915-010

Definitions.

For the purposes of this chapter and administering chapter [18.74](#) RCW, the following words and phrases have the following meanings:

(1) The "performance of tests of neuromuscular function" includes the performance of electroneuromyographic examinations.

(2) "Consultation" means a communication regarding a patient's evaluation and proposed treatment plan with an authorized health care practitioner.

(3) "Supervisor" means the licensed physical therapist.

(4) "Trained supportive personnel" means:

(a) "Physical therapist assistant." An individual who meets all the requirements of this chapter and is licensed as a physical therapist assistant and who performs physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist. However, a physical therapist may not delegate sharp debridement to a physical therapist assistant; or

(b) "Physical therapy aide." An individual who is involved in direct physical therapy patient care who does not meet the definition of a physical therapist or physical therapist assistant and receives ongoing on-the-job training.

(5) "Direct supervision" means the supervisor is on the premises, is quickly and easily available and the patient has been examined by the physical therapist at such time as acceptable physical therapy practice requires, consistent with the delegated health care task.

(6) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires, and consistent with the particular delegated health care task.

(7) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(8) "Office on AIDS" means the section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter [70.24](#) RCW.

(9) "Spinal manipulation" or "manipulative mobilization" means movement beyond the normal physiological range of motion.

(10) "Patient reevaluation" means the licensed physical therapist must physically observe and interview the patient.

[Statutory Authority: RCW [18.74.023](#). 08-17-026, § 246-915-010, filed 8/13/08, effective 8/13/08. Statutory Authority: RCW [18.74.023](#) (3), (6) and (7). 04-13-052, § 246-915-010, filed 6/11/04, effective 7/12/04. Statutory Authority: RCW [43.70.280](#). 98-05-060, § 246-915-010, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW [18.74.023](#). 92-08-039 (Order 259B), § 246-915-010, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-010, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-010, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW [18.74.023](#)(3). 89-21-007, § 308-42-010, filed 10/6/89, effective 11/6/89; 88-23-014 (Order PM 789), § 308-42-010, filed 11/7/88. Statutory Authority: RCW [18.74.023](#). 84-13-057 (Order PL 471), § 308-42-010, filed 6/19/84; Order PL 191, § 308-42-010, filed 5/29/75; Order 704207, § 308-42-010, filed 8/7/70, effective 9/15/70.]

WAC 246-915-140

Personnel identification.

(1) Each person shall wear identification showing his or her clinical title, and/or role in the facility as a physical therapist, a physical therapist assistant, a physical therapy aide, or a graduate physical therapist as appropriate. Supportive personnel may not use any term or designation which indicates or implies that he or she is licensed as a physical therapist in the state of Washington.

(2) The licensee must post the license or interim permit, or a certified copy of the license or interim permit, in a safe, conspicuous location at the licensee's work site. The licensee may block out his or her address before posting the license or interim permit.

[Statutory Authority: RCW [18.74.023](#) (3), (6) and (7). 04-13-052, § 246-915-140, filed 6/11/04, effective 7/12/04. Statutory Authority: RCW [18.74.023](#). 94-05-014 (Order 403B), § 246-915-140, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-140, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-140, filed 12/21/90, effective 1/31/91; 84-17-032 (Order PL 477), § 308-42-135, filed 8/8/84.]

WAC 246-915-180

Professional conduct principles.

(1) The patient's lawful consent is to be obtained before any information related to the patient is released, except to the consulting or referring authorized health care practitioner and/or authorized governmental agency(s).

(a) Physical therapists are responsible for answering legitimate inquiries regarding a patient's physical dysfunction and treatment progress, and

(b) Information is to be provided by physical therapists and physical therapist assistants to insurance companies for billing purposes only.

(2) Physical therapists and physical therapist assistants are not to compensate or to give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of, or in return for, professional publicity in a news item. A paid advertisement is to be identified as such unless it is apparent from the context it is a paid advertisement.

(3) It is the physical therapist's and physical therapist assistant's responsibility to report any unprofessional, incompetent or illegal acts that are in violation of chapter [18.74](#) RCW or any rules established by the board.

(4) It is the physical therapist's and physical therapist assistant's responsibility to recognize the boundaries of his or her own professional competencies and that he or she uses only those in which he or she can prove training and experience.

(5) Physical therapists and physical therapist assistants shall recognize the need for continuing education and shall be open to new procedures and changes.

(6) It is the physical therapist's and physical therapist assistant's responsibility to represent his or her academic credentials in a way that is not misleading to the public.

(7) It is the responsibility of the physical therapist and physical therapist assistant to refrain from undertaking any activity in which his or her personal problems are likely to lead to inadequate performance or harm to a client and/or colleague.

(8) A physical therapist and physical therapist assistant shall not use or allow to be used any form of public communication or advertising connected with his or her profession or in his or her professional capacity as a physical therapist which:

- (a) Is false, fraudulent, deceptive, or misleading;
- (b) Guarantees any treatment or result;
- (c) Makes claims of professional superiority.

(9) Physical therapists and physical therapist assistants are to recognize that each individual is different from all other individuals and to be tolerant of and responsive to those differences.

(10) Physical therapists shall not receive reimbursement for evaluating or treating him or herself.

(11) Physical therapists shall only delegate physical therapy tasks to trained supportive personnel as defined in WAC [246-915-010](#) (4)(a) and (b).

[Statutory Authority: RCW [18.74.023](#). 08-17-026, § 246-915-180, filed 8/13/08, effective 8/13/08; 05-06-023, § 246-915-180, filed 2/22/05, effective 3/25/05; 92-08-039 (Order 259B), § 246-915-180, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-180, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-180, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-150, filed 6/19/84.]

RCW 18.74.010 Definitions

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Authorized health care practitioner" means and includes licensed physicians, osteopathic physicians, chiropractors, naturopaths, podiatric physicians and surgeons, dentists, and advanced registered nurse practitioners: PROVIDED, HOWEVER, That nothing herein shall be construed as altering the scope of practice of such practitioners as defined in their respective licensure laws.

(2) "Board" means the board of physical therapy created by RCW [18.74.020](#).

(3) "Close supervision" means that the supervisor has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervisor is continuously on-site and physically present in the operatory while the procedures are performed and capable of responding immediately in the event of an emergency.

(4) "Department" means the department of health.

(5) "Direct supervision" means the supervisor must (a) be continuously on-site and present in the department or facility where the person being supervised is performing services; (b) be immediately available to assist the person being supervised in the services being performed; and (c) maintain continued involvement in appropriate aspects of each treatment session in which a component of treatment is delegated to assistive personnel or is required to be directly supervised under RCW [18.74.190](#).

(6) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires and consistent with the particular delegated health care task.

(7) "Physical therapist" means a person who meets all the requirements of this chapter and is licensed in this state to practice physical therapy.

(8)(a) "Physical therapist assistant" means a person who meets all the requirements of this chapter and is licensed as a physical therapist assistant and who performs physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist. However, a physical therapist may not delegate sharp debridement to a physical therapist assistant.

(b) "Physical therapy aide" means a person who is involved in direct physical therapy patient care who does not meet the definition of a physical therapist or physical therapist assistant and receives ongoing on-the-job training.

(c) "Other assistive personnel" means other trained or educated health care personnel, not defined in (a) or (b) of this subsection, who perform specific designated tasks related to physical therapy under the supervision of a physical therapist, including but not limited to licensed massage therapists, athletic trainers, and exercise physiologists. At the direction of the supervising physical therapist, and if properly credentialed and not prohibited by any other law, other assistive personnel may be identified by the title specific to their training or education.

(9) "Physical therapy" means the care and services provided by or under the direction and supervision of a physical therapist licensed by the state. Except as provided in RCW [18.74.190](#), the use of Roentgen rays and radium for diagnostic and therapeutic purposes, the use of electricity for surgical purposes, including cauterization, and the use of spinal manipulation, or manipulative mobilization of the spine and its immediate articulations, are not included under the term "physical therapy" as used in this chapter.

(10) "Practice of physical therapy" is based on movement science and means:

(a) Examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments, functional limitations in movement, and disability or other health and movement-related conditions in order to determine a diagnosis, prognosis, plan of therapeutic intervention, and to assess and document the ongoing effects of intervention;

(b) Alleviating impairments and functional limitations in movement by designing, implementing, and modifying therapeutic interventions that include therapeutic exercise; functional training related to balance, posture, and movement to facilitate self-care and reintegration into home, community, or work; manual therapy including soft tissue and joint mobilization and manipulation; therapeutic massage; assistive, adaptive, protective, and devices related to postural control and mobility except as restricted by (c) of this subsection; airway clearance techniques; physical agents or modalities; mechanical and electrotherapeutic modalities; and patient-related instruction;

(c) Training for, and the evaluation of, the function of a patient wearing an orthosis or prosthesis as defined in RCW [18.200.010](#). Physical therapists may provide those direct-formed and prefabricated upper limb, knee, and ankle-foot orthoses, but not fracture orthoses except those for hand, wrist, ankle, and foot fractures, and assistive technology devices specified in RCW [18.200.010](#) as exemptions from the defined scope of licensed orthotic and prosthetic services. It is the intent of the legislature that the unregulated devices specified in RCW [18.200.010](#) are in the public domain to the extent that they may be provided in common with individuals or other health providers, whether unregulated or regulated under this title, without regard to any scope of practice;

(d) Performing wound care services that are limited to sharp debridement, debridement with other agents, dry dressings, wet dressings, topical agents including enzymes, hydrotherapy, electrical stimulation, ultrasound, and other similar treatments. Physical therapists may not delegate sharp debridement. A physical therapist may perform wound care services only by referral from or after consultation with an authorized health care practitioner;

(e) Reducing the risk of injury, impairment, functional limitation, and disability related to movement, including the promotion and maintenance of fitness, health, and quality of life in all age populations; and

(f) Engaging in administration, consultation, education, and research.

(11) "Secretary" means the secretary of health.

(12) "Sharp debridement" means the removal of devitalized tissue from a wound with scissors, scalpel, and tweezers without anesthesia. "Sharp debridement" does not mean surgical debridement. A physical therapist may perform sharp debridement, to include the use of a scalpel, only upon showing evidence of adequate education and training as established by rule. Until the rules are established, but no later than July 1, 2006, physical therapists licensed under this chapter who perform sharp debridement as of July 24, 2005, shall submit to the secretary an affidavit that includes evidence of adequate education and training in sharp debridement, including the use of a scalpel.

(13) "Spinal manipulation" includes spinal manipulation, spinal manipulative therapy, high velocity thrust maneuvers, and grade five mobilization of the spine and its immediate articulations.

(14) Words importing the masculine gender may be applied to females.

[[2016 c 41 § 16](#). Prior: [2014 c 116 § 3](#); [2007 c 98 § 1](#); [2005 c 501 § 2](#); [1997 c 275 § 8](#); [1991 c 12 § 1](#); (1991 c 3 §§ 172, 173 repealed by 1991 sp.s. c 11 § 2); (1990 c 297 § 17 repealed by 1991 c 12 § 6); [1988 c 185 § 1](#); [1983 c 116 § 2](#); [1961 c 64 § 1](#); [1949 c 239 § 1](#); Rem. Supp. 1949 § 10163-1.]

NOTES:

Effective date—2016 c 41: See note following RCW [18.108.010](#).

Effective date—2014 c 116: See note following RCW [18.74.190](#).

Effective dates—1991 c 12 §§ 1, 2, 3, 6: "(1) Sections 1, 2, and 6 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and shall take effect June 30, 1991. (2) Section 3 of this act shall take effect January 1, 1992." [[1991 c 12 § 7](#).] *Number and gender:* RCW [1.12.050](#).



Community Colleges of Spokane
Spokane Falls Community College

Physical Therapist Assistant Program

**CLINICAL PERFORMANCE INSTRUMENT
(CPI)**

CLINICAL PERFORMANCE INSTRUMENT (CPI)

FACULTY AND STAFF

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GENERAL INFORMATION

The goal of the Physical Therapist Assistant Program at SFCC is to provide the community with graduates who are educationally and clinically prepared to accept an entry-level position as a PT assistant, and who are capable of providing quality physical therapy services under the supervision of a licensed physical therapist. Upon successful completion of this program, students are awarded an Associate in Applied Science Degree (AAS). Licensure for physical therapist assistants is required in the state of Washington. A graduate of an APTA accredited program is allowed to practice in Washington by the State Board of Physical Therapy within established regulations of the RCW 18.74 Washington Administrative Code. Further, graduates are eligible to sit for the National Examination for the Physical Therapist Assistant. It is recommended that graduates of PTA programs in Washington become licensed in a state of their choice.

ACCREDITATION

This educational program is planned in accordance with the standards, guidelines, regulations, and evaluative criteria set forth by:

- Community Colleges of Spokane and the Washington Community College System
- Spokane Falls Community College
- American Physical Therapy Association (APTA)
- Commission on Accreditation in Physical Therapy Education (CAPTE)
- Washington State Law, Chapter 18.74 RCW, Physical Therapy
- Washington State Board of Physical Therapy

Spokane Falls Community College is accredited by the Commission on Colleges of the Northwest Association of Schools and Colleges. Both the college and the PTA program are approved for veterans training by the Veterans Administration.

This program is currently accredited by the Commission on Accreditation in Physical Therapy Education for the American Physical Therapy Association. Accreditation of a physical therapy education program is an ongoing process. Please be reminded that your participation in all accreditation activities is vitally important to the ongoing success and high standards of the program.

PHYSICAL THERAPIST ASSISTANT CLINICAL PERFORMANCE INSTRUMENT

August 2009

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**



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VALIDITY AND RELIABILITY

The psychometric properties of the Instrument (ie, validity and reliability) are preserved only when it is used in accordance with the instructions that accompany it and only if the Instrument is not altered (by addition, deletion, revision, or otherwise) in any way.

INSTRUCTIONS FOR THE USE OF THE PTA CLINICAL PERFORMANCE INSTRUMENT

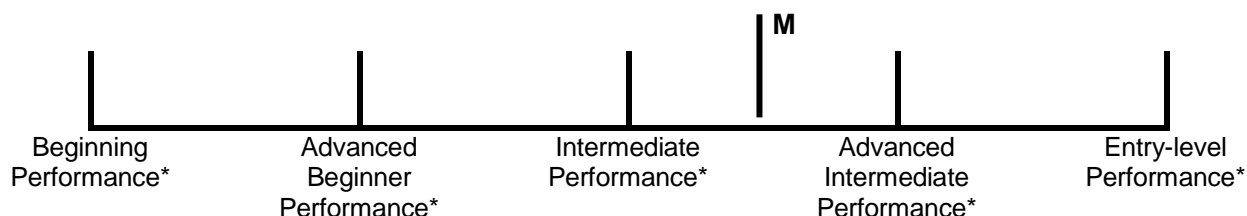
- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Assistant Clinical Performance Instrument (PTA CPI) at www.apta.org/education (TBD).
- Terms used in this instrument that can be found in the Glossary are denoted by an asterisk (*) when they first appear in the document.
- The PTA CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical education experiences*.
- Every performance criterion* in this instrument is important to the overall assessment of clinical competence*, and the criteria are observable in every clinical education experience.
- All performance criteria should be rated based on observation of student performance relative to entry-level.*
- To avoid rater bias, the PTA CPI from any previous student clinical education experience should not be shared with any subsequent clinical education experiences.
- The PTA CPI consists of fourteen (14) performance criteria.
- Each performance criterion includes a list of essential skills*, a section for mid- experience and final comments for each performance dimension*, a rating scale consisting of a line with five (5) defined anchors, and a significant concerns box for mid- experience and final evaluations.
- Summative mid-experience and final comments and recommendations are provided at the end of the PTA CPI.
- **Altering this instrument is a violation of copyright law.**

Instructions for the Clinical Instructor

- Sources of information to complete the PTA CPI may include, but are not limited to, clinical instructors (CIs)*, other physical therapist assistants*, physical therapists*, other healthcare providers*, patients*, and students. Methods of data collection may include direct observation, videotapes, documentation review, role playing, interviews, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome surveys.
- Prior to beginning to use the instrument in your clinical setting, it would be helpful to discuss and reach agreement on how the performance criteria will be specifically demonstrated at entry-level by PTA students in your clinical setting.
- The CI(s) will assess a student's performance and complete the instrument, including the rating scale and comments, at mid-experience and final evaluation periods. Additionally, the instrument may be used on a daily basis to document observations.
- The CI(s) will document the procedural interventions* and related data collection skills* performed by, observed by, or not available to the student using the drop down boxes in the left column of the procedural interventions and data collection skills tables.
- The CI(s) reviews the completed instrument formally with the PTA student at a minimum at the mid-experience evaluation and at the end of the clinical experience and signs the signature pages following each evaluation. The summative page should be completed as part of the final evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades, it is essential for them to rate student performance based only on their direct observations.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from "Beginning Performance"* to "Entry-Level Performance"*. (See Appendix B.) Student performance should be described in relation to one or more of the five (5) anchors. For example, consider the following rating on a selected performance criterion.



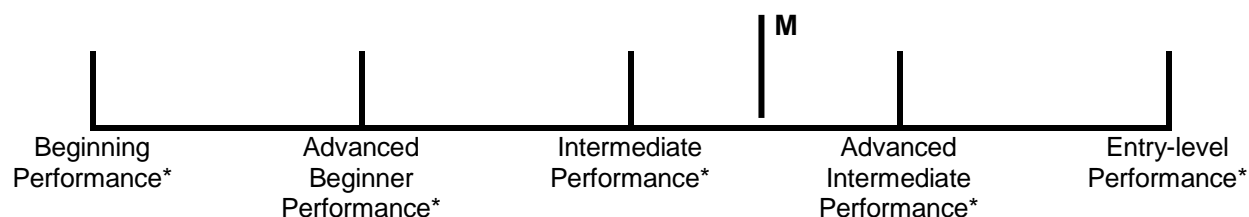
- The rating scale is NOT a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of "intermediate performance," however the student has yet to satisfy the definition associated with "advanced intermediate performance." In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the definition for each of the 5 anchors.

Instructions for the Student

- The student is expected to perform self-assessment at mid-experience and final evaluation based on formal and informal feedback from others, including CI*, other healthcare providers, student peer assessments, and patient* assessments.
- The student self-assesses his/her performance on a separate copy of the instrument. The student documents the procedural interventions* and related data collection skills* that have been performed, observed, or are not available at the clinical site using the provided drop down boxes.
- The student reviews the completed instrument with the CI at the mid-experience evaluation and at the end of the clinical experience and signs the signature page following each evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance”* to “Entry-Level Performance”*. (See Appendix B.) Student performance should be described in relation to one or more of the five anchors. For example, consider the following rating on a selected performance criterion.



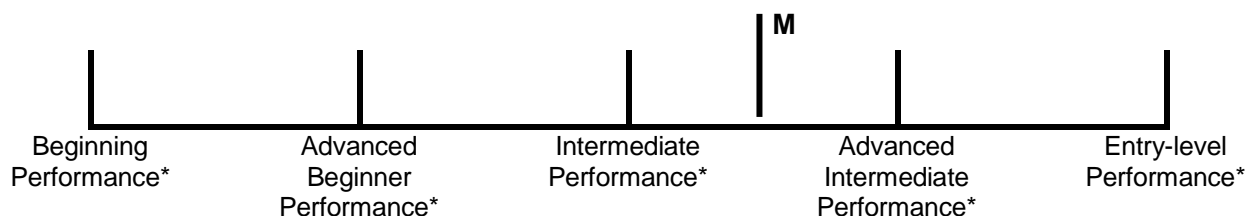
- The rating scale is NOT a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 5 anchors.

Instructions for the Academic Coordinator/Director of Clinical Education (ACCE/DCE*)

- An effective system for evaluating the knowledge, skills, and behaviors of the physical therapist assistant (PTA) student incorporates multiple sources of information to make decisions about readiness for entry-level work*.
- Sources of information may include clinical performance evaluations of students, classroom performance evaluations, students' self-assessments, peer assessments, and patient assessments. The system is intended to enable clinical educators and academic faculty to obtain a comprehensive perspective of students' progress through the curriculum and competence to work at entry-level. The uniform adoption and consistent use of this instrument will ensure that all physical therapist assistants entering the clinical environment have demonstrated competence in the requisite knowledge, skills, and behaviors.
- The ACCE/DCE* reviews the completed form at the end of the clinical education experience* and assigns a grade or pass/fail according to institution policy.
- Additionally, the ACCE/DCE reviews the procedural interventions* and related data collection skills* performed by the student to identify areas that have not yet been addressed in the clinical education* component of the curriculum.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from "Beginning Performance"* to "Entry-Level Performance"*. (See Appendix B.) Student performance should be described in relation to one or more of the five anchors. For example, consider the following rating on a selected performance criterion.



- The rating scale is NOT a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of "intermediate performance," however the student has yet to satisfy the definition associated with "advanced intermediate performance." In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the definition for each of the five anchors.
- Attempts to quantify a rating on the scale in millimeters or as a percentage would be considered an invalid use of the instrument. For example, a given academic institution may require their students to achieve a minimum student rating of "intermediate performance" by the conclusion of an initial clinical experience. It was not the intention of the developers to establish uniform grading criteria given the unique curricular design of each academic institution.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since clinical instructors* (CIs) are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations. It would be inappropriate for the ACCE/DCE to provide a pre-marked PTA CPI with minimum performance expectations, send an additional page of information that identify specific marked expectations, or add/delete items from the PTA CPI.

Determining a Grade


- Each academic institution determines what constitutes satisfactory performance. The guide below is provided to assist the program in identifying what is expected for the student's performance depending upon their level of education* and clinical education experience within the program.
- First clinical experience: Depending upon the academic curriculum, ratings of student performance may be expected in the first two intervals between beginning performance, advanced beginner performance, and intermediate clinical performance.
- Intermediate clinical experiences: Depending upon the academic curriculum, student performance ratings are expected to progress along the continuum ranging from a minimum of advanced beginner clinical performance (interval 2) to advanced intermediate clinical performance (interval 4). The ratings on the performance criteria will be dependent upon the clinical setting, level of didactic and clinical education experience within the curriculum, and expectations of the clinical site and the academic program.
- Final clinical experience: Students should achieve ratings of entry-level for all 14 performance criteria.
- At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:
 - clinical setting
 - experience with patients in that setting
 - relative weighting or importance of each performance criterion
 - expectations for the clinical experience
 - expectations of the clinical site
 - progression of performance from mid-experience to final evaluations
 - level of experience within the didactic and clinical components
 - whether or not "significant concerns" box or "with distinction" box were checked
 - congruence between the CI's narrative mid-experience and final
 - comments related to the five performance dimensions and the ratings provided
 - additional assignments (eg, journal, in-service education provided)
 - site visit information

COMPONENTS OF THE FORM

Performance Criteria

- The 14 performance criteria describe the essential aspects of the clinical work of a physical therapist assistant performing at entry-level.
- The performance criteria are grouped by the aspects of clinical work that they represent.
- Items 1-6 are related to behavioral expectations, items 7-13 address patient interventions*, and item 14 addresses resource management*.

Red Flag Item

- A flag to the left of a performance criterion indicates a “red-flag” item. 
- 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 other performance criteria.
- A significant concern related to a “red-flag” performance criterion item warrants immediate attention, more expansive documentation*, and a telephone call to the ACCE/DCE*. 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.

Procedural Interventions and Related Data Collection Techniques

- Performance criteria 8 – 12 address categories of procedural interventions commonly performed by the entry-level PTA.
- Common procedural interventions associated with each category are provided. Given the diversity and complexity of the clinical environment, it must be emphasized that ***the procedural intervention skills provided are not meant to be an exhaustive list.***
- Those data collection skills most commonly utilized to measure patient progress relative to the performance of the procedural interventions are provided. Given the diversity and complexity of the clinical environment, it must be emphasized that ***the associated data collection skills provided are not meant to be an exhaustive list.***
- Drop down boxes provide the following options for documenting the student’s exposure to the listed skills:
 - Student performed skill
 - Student observed skill
 - Skill not available at this setting
- Documentation of skill competence should be summarized using the rating scale and in the mid-experience and final comment sections.

Essential Skills

- The essential skills (denoted with bullets in shaded boxes) for each criterion are used to guide the evaluation of students’ competence relative to the performance criteria.
- Given the diversity and complexity of the clinical environment, it must be emphasized that ***the essential skills provided are not meant to be an exhaustive list.***
- There may be additional or alternative skills relevant and critical to a given clinical setting and all listed essential skills need not be present to rate student performance at the various levels.
- Essential skills are not listed in order of priority, but most are presented in logical order.

Mid-experience and Final Comments

- The clinical instructor* must provide descriptive comments for all performance criteria. For each performance criterion, space is provided for written comments for mid-experience and final ratings.

- Each of the five performance dimensions (supervision/guidance*, quality*, complexity*, consistency*, and efficiency*) are common to all types and levels of performance and should be addressed in providing written comments. The performance dimensions appear above the comment boxes on each page for quick reference.

Performance Dimensions

Supervision/guidance* refers to the level and extent of assistance required by the student to achieve entry-level performance. As a student progresses through clinical education experiences*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with customary direction and supervision by the physical therapist and may vary with the complexity of the patient or environment.

Quality* refers to the degree of knowledge and skill proficiency demonstrated. As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance of an intervention.

Complexity* refers to the number of elements that must be considered relative to the patient*, task, and/or environment. As a student progresses through clinical education experiences, the level of complexity of tasks, patient care, and the environment should increase, with fewer elements being controlled by the CI.

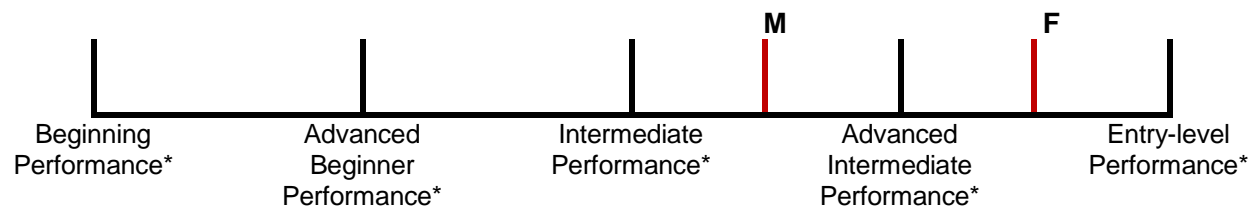
Consistency* refers to the frequency of occurrences of desired behaviors related to the performance criterion. As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

Efficiency* refers to the ability to perform in a cost-effective and timely manner. As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

Rating Student Performance

- Each performance criterion is rated relative to entry-level work as a physical therapist assistant.
- The rating scale consists of a horizontal line with 5 vertical lines that serve as defined anchors and identify the borders of four intervals.
- Rating marks may be placed on the horizontal line, including on the 5 anchor lines or anywhere within the four intervals.
- The same rating scale is used for mid-experience evaluations and final evaluations.
- Place one vertical line on the rating scale at the appropriate point indicating the mid-experience evaluation rating and label it with an "M".
- Place one vertical line on the rating scale at the appropriate point indicating the final evaluation rating and label it with an "F".
- Placing a rating mark on an anchor line indicates the student's performance matches the corresponding definition.
- Placing a rating mark in an interval indicates that the student's performance is somewhere between the anchor definitions for that interval.

- For completed examples of how to mark the rating scale, refer to Appendix C: Examples.



Anchor Definitions

Beginning performance*:

- A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions.
- At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner.
- Performance reflects little or no experience in application of essential skills with patients.
- The student does not carry a patient care workload with the clinical instructor (a PTA directed and supervised by a physical therapist or a physical therapist).

Advanced beginner performance*:

- A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance.
- The student may begin to share the patient care workload with the clinical instructor.

Intermediate performance*:

- A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions.
- At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection.
- The student is **capable of** maintaining 50% of a full-time physical therapist assistant's patient care workload.

Advanced intermediate performance*:

- A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions.
- At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection.
- The student is **capable of** maintaining 75% of a full-time physical therapist assistant's patient care workload with direction and supervision from the physical therapist.

Entry-level performance*:

- A student who is **capable of** completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist.
- At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection.
- The student consults with others to resolve unfamiliar or ambiguous situations.
- The student is **capable of** maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective* manner with direction and supervision from the physical therapist.

Significant Concerns Box

- Checking this box (☐) indicates that the student's performance on this criterion is unacceptable for this clinical experience.
- When the Significant Concerns Box is checked, written comments to substantiate the concern, additional documentation such as a critical incident form and learning contract are required with a phone call (☎) placed to the ACCE/DCE.
- The significant concerns box provides an early warning system to identify student performance problems thereby enabling the CI, student, and ACCE/DCE to determine a mechanism for remediation, if appropriate.
- The CI should not wait until the mid-experience or final evaluation* to contact the ACCE/DCE regarding student performance.

With Distinction Box

- Checking this box (☐) indicates that the student's performance on this criterion is **beyond that expected of entry-level performance**. The marking on the rating scale must indicate entry-level performance.
- The student may have additional degrees or experiences that contribute to the advanced performance of the specific criterion.
- The rationale for checking this box **must** be provided in the mid-experience or final comment section.

Summative Comments

- Summative comments should be used to provide a global perspective of the student's performance across all 14 criteria at mid-experience and final evaluations.
- The summative comments, located after the last performance criterion, provide a section for the rater to comment on the overall strengths, areas requiring further development, other general comments, and any specific recommendations with respect to the learner's needs, interests, planning, or performance.
- Comments should be based on the student's performance relative to stated objectives* for the clinical experience.

STUDENT INFORMATION (Student to Complete)

Student's Name: _____

Date of Clinical Experience: _____ Total Number of Days Absent _____

Student's E-mail: _____ Number ____ of ____ full-time clinical experiences

Check Off Setting Type(s) for Clinical Experience(s)/Rotation(s) Completed:

☐ Acute Care/Inpatient☐ Private Practice☐ Ambulatory Care/Outpatient☐ Rehab/Sub-Acute Rehab☐ ECF/Nursing Home/SNF☐ School/Pre-school☐ Federal/State/County Health☐ Wellness/Prevention/Fitness☐ Industrial/Occupational Health☐ Other; specify _____

ACADEMIC PROGRAM INFORMATION (Program to Complete)Name of Academic Institution: Spokane Falls Community CollegeACCE/DCE's Name: Donelle Odren, PT, DPTAddress: 2917 W Fort George Wright Drive, MS 3029SpokaneWA99224

(City)

(State/Province)

(Zip)

Phone: (509) 279-6249Fax: (509) 279-6095ACCE/DCE's E-mail: Donelle.Odren@SFCC.Spokane.eduWebsite: www.SpokaneFalls.edu/PTA

CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

Name of Clinical Site: _____

Address: _____

(City)(State/Province)(Zip)

Phone: _____ ext. _____ Fax: _____

Email: _____ Website: _____

Clinical Instructor's* Name: _____ Credentialed CI? Y N

Clinical Instructor's Name: _____ Credentialed CI? Y N

Center Coordinator of Clinical Education's Name: _____

Check Off Setting Type(s) for Clinical Experience(s)/Rotation(s) Completed:

☐ Acute Care/Inpatient☐ Private Practice☐ Ambulatory Care/Outpatient☐ Rehab/Sub-Acute Rehab☐ ECF/Nursing Home/SNF☐ School/Pre-school☐ Federal/State/County Health☐ Wellness/Prevention/Fitness☐ Industrial/Occupational Health☐ Other; specify _____



SAFETY

1. Performs in a safe manner that minimizes the risk to patient, self, and others.

ESSENTIAL SKILLS

- Ensures the safety of patient, self, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations).
- Uses acceptable techniques for safe handling of patients (eg, body mechanics*, guarding, level of assistance).
- Establishes and maintains safe working environment (eg, awareness of all indwelling lines and catheters, other medical equipment, physical therapy equipment and assistive devices*; maintaining hazard free work space).
- Requests assistance when necessary (eg, requests assistance from clinical instructor, utilizes and monitors support personnel).
- Demonstrates knowledge of facility safety policies and procedures.
- Recognizes physiological and psychological changes in patients and
 - a. adjusts interventions accordingly within the plan of care or
 - b. withholds interventions and consults the clinical instructor and/or supervising physical therapist.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:

Beginning Performance*	Advanced Beginner Performance*	Intermediate Performance*	Advanced Intermediate Performance*	Entry-level Performance*

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐ Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐



CLINICAL BEHAVIORS

2. Demonstrates expected clinical behaviors in a professional manner in all situations.

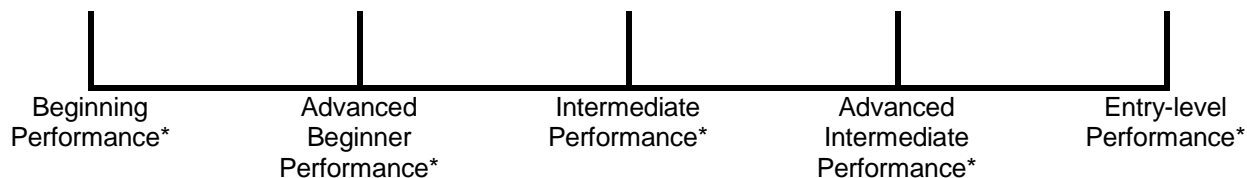
ESSENTIAL SKILLS

- Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities).
- Is punctual and dependable.
- Wears attire consistent with expectations of the work setting and PTA Program.
- Demonstrates integrity* in all interactions.
- Exhibits caring*, compassion*, and empathy* in providing services to patients.
- Maintains productive working relationships with clinical instructor, supervising physical therapist, patients, families, team members, and others.
- Demonstrates behaviors that contribute to a positive work environment.
- Accepts feedback without defensiveness.
- Manages conflict in constructive ways. Maintains patient privacy and modesty. Values the dignity of patients as individuals.
- Seeks feedback from clinical instructor related to clinical performance. Provides effective feedback to CI related to clinical/teaching mentoring.
- Responds to unexpected changes in the patient's schedule and facility's requirements. Promotes the profession of physical therapy.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐



ACCOUNTABILITY*

3. Performs in a manner consistent with established legal standards, standards of the profession, and ethical guidelines.

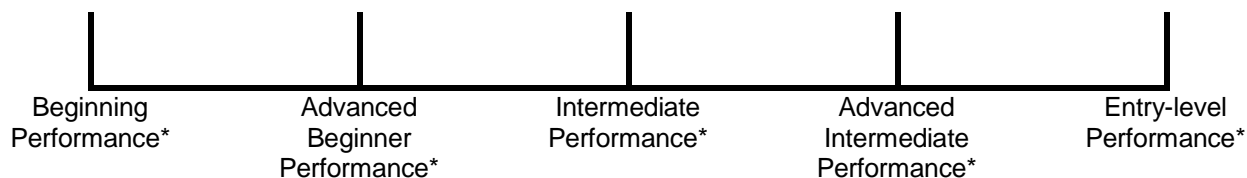
ESSENTIAL SKILLS

- Places patient's needs above self-interests.
- Identifies, acknowledges, and accepts responsibility for actions and reports errors. Takes steps to remedy errors in a timely manner.
- Abides by policies and procedures of the facility (eg, OSHA, HIPAA). Maintains patient confidentiality.
- Adheres to legal standards including all federal, state/province, and institutional regulations related to patient care and fiscal management*.
- Identifies ethical or legal concerns and initiates action to address the concerns.
- Adheres to ethical standards (eg, Guide for Conduct of the Physical Therapist Assistant, Standards of Ethical Conduct for the Physical Therapist Assistant).
- Strives to exceed the minimum performance and behavioral requirements. Submits accurate billing charges on time.
- Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

CULTURAL COMPETENCE*

4. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.

ESSENTIAL SKILLS

- Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
- Communicates effectively and with sensitivity, especially when there are language barriers, by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
- Provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system.
- Demonstrates an understanding of the socio-cultural, psychological, and economic influences on patients and responds accordingly.
- Is aware of own social and cultural biases and does not allow biases to negatively impact patient care.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:

Beginning Performance*	Advanced Beginner Performance*	Intermediate Performance*	Advanced Intermediate Performance*	Entry-level Performance*

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐ Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐



COMMUNICATION*

5. Communicates in ways that are congruent with situational needs.

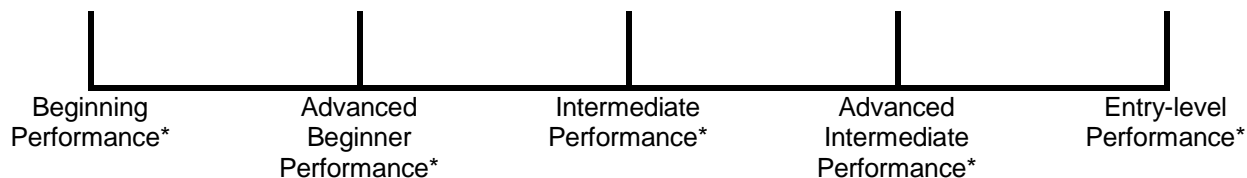
ESSENTIAL SKILLS

- Communicates with clinical instructor and supervising physical therapist to:
 - review physical therapist examination/evaluation and plan of care.
 - ask questions to clarify selected interventions.
 - report instances when patient's current condition does not meet the safety parameters established by the physical therapist (eg, vital signs, level of awareness, red flags).
 - report instances during interventions when patient safety/comfort cannot be assured.
 - report instances when comparison of data indicates that the patient is not demonstrating progress toward expected goals established by the physical therapist in response to selected interventions.
 - report when data comparison indicates that the patient response to interventions have met the expectations established by the physical therapist.
 - report results of patient intervention and associated data collection.
- Communicates verbally, nonverbally, and in writing in an effective, respectful, and timely manner.
- Listens actively and attentively to understand what is being communicated by others.
- Interprets and responds appropriately to the nonverbal communication of others.
- Adjusts style of communication based on target audience (eg, age appropriateness, general public, professional staff).
- Communicates with the patient using language the patient can understand (eg, translator, sign language, level of education*, cognitive* impairment*).
- Initiates communication in difficult situations to promote resolution (eg, conflict with CI, unsatisfied patients, caregivers*, and/or family).
- Selects the most appropriate person(s) with whom to communicate (eg, clinical instructor, physical therapist, nursing staff, social worker).
- Self evaluates effectiveness of communication and modifies communication accordingly.
- Seeks and responds to feedback from multiple sources in providing patient care.
- Instructs members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

SELF-ASSESSMENT AND LIFELONG LEARNING

6. Participates in self-assessment and develops plans to improve knowledge, skills, and behaviors.

ESSENTIAL SKILLS

- Identifies strengths and limitations in clinical performance, including knowledge, skills, and behaviors.
- Seeks guidance as necessary to address limitations.
- Uses self-assessment skills, including soliciting feedback from others and reflection to improve clinical knowledge, skills and behaviors.
- Acknowledges and accepts responsibility for and consequences of own actions. Establishes realistic short and long-term goals in a plan for improving clinical skills and behaviors.
- Seeks out additional learning experiences to enhance clinical performance. Accepts responsibility for continuous learning.
- Discusses professional issues related to physical therapy practice.
- Provides and receives feedback from team members regarding performance, behaviors, and goals.
- Seeks current knowledge and theory (in-service education, case presentation, journal club, projects) to achieve optimal patient care.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:

Beginning Performance*	Advanced Beginner Performance*	Intermediate Performance*	Advanced Intermediate Performance*	Entry-level Performance*

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐



CLINICAL PROBLEM SOLVING

7. Demonstrates clinical problem solving.

ESSENTIAL SKILLS

- Presents sound rationale for clinical problem solving, including review of data collected and ethical and legal arguments.
- Seeks clarification of plan of care and selected interventions from clinical instructor and/or supervising physical therapist.
- Collects and compares data from multiple sources (eg, chart review, patient, caregivers, team members, observation) to determine patient's readiness before initiating interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize patient safety and comfort while performing selected interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize intervention outcomes, including patient progression and/or intervention modifications.
- Demonstrates the ability to determine when the clinical instructor and/or supervising physical therapist needs to be notified of changes in patient status, changes or lack of change in intervention outcomes, and completion of intervention expectations (ie, goals have been met).
- Demonstrates the ability to perform appropriately during an emergency situation to include notification of appropriate staff.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:

Beginning Performance*	Advanced Beginner Performance*	Intermediate Performance*	Advanced Intermediate Performance*	Entry-level Performance*
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Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: THERAPEUTIC EXERCISE

8. Performs selected therapeutic exercises* in a competent manner.

Please circle one for each skill:

P = Student performed skill

O = Student observed skill

N/A = Skill not available at this setting

Therapeutic Exercises Including:		
P O N/A	Aerobic capacity/endurance conditioning/reconditioning*	
P O N/A	Balance, coordination, and agility training	
P O N/A	Body mechanics and postural stabilization	
P O N/A	Flexibility exercises	
P O N/A	Gait and locomotion training	
P O N/A	Neuromotor development training	
P O N/A	Relaxation	
P O N/A	Strength, power, and endurance training	

Associated Data Collection Skills Including:		
P O N/A	Anthropometric characteristics*	
P O N/A	Arousal, attention, and cognition	
P O N/A	Assistive & Adaptive devices*	
P O N/A	Body mechanics*	
P O N/A	Environmental, self-care, and home issues	
P O N/A	Gait, locomotion, and balance	
P O N/A	Muscle function	
P O N/A	Neuromotor function	
P O N/A	Pain	
P O N/A	Posture	
P O N/A	Range of motion	
P O N/A	Sensory response	
P O N/A	Vital signs	

ESSENTIAL SKILLS

- Reviews plan of care* and collects data on patient's current condition to assure readiness for therapeutic exercise.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected therapeutic exercises safely, effectively, efficiently, and in a coordinated and technically competent* manner consistent with the plan of care established by the physical therapist.
- Modifies therapeutic exercises within the plan of care to maximize patient safety and comfort. Modifies therapeutic exercises within the plan of care to progress the patient.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function*, including promotion of health, wellness, and fitness* as described in the plan of care*.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected therapeutic exercises.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:

Beginning Performance*	Advanced Beginner Performance*	Intermediate Performance*	Advanced Intermediate Performance*	Entry-level Performance*

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: THERAPEUTIC TECHNIQUES

9. Applies selected manual therapy*, airway clearance*, and integumentary repair and protection techniques in a competent manner.

Please circle one for each skill:

P = Student performed skill

O = Student observed skill

N/A = Skill not available at this setting

Manual Therapy Techniques Including:		
P O N/A	Massage – connective tissue and therapeutic	
P O N/A	Passive range of motion	
Breathing Strategies/Oxygenation Including:		
P O N/A	Breathing techniques (eg, pursed lip breathing, paced breathing)	
P O N/A	Re-positioning to alter work of breathing and maximize ventilation and perfusion	
P O N/A	Administration of prescribed oxygen	
Integumentary Repair/Protection Including:		
P O N/A	Wound cleansing and dressing	
P O N/A	Repositioning	
P O N/A	Patient education	
P O N/A	Edema management	

Associated Data Collection Skills Including:		
P O N/A	Anthropometric characteristics	
P O N/A	Integumentary integrity	
P O N/A	Pain	
P O N/A	Range of motion	
P O N/A	Sensory response	
P O N/A	Vital signs	

ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for therapeutic techniques.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected therapeutic techniques safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Modifies therapeutic techniques within the plan of care to maximize patient safety and comfort. Modifies therapeutic techniques within the plan of care to progress patient.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected therapeutic techniques.


MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:

Beginning Performance*	Advanced Beginner Performance*	Intermediate Performance*	Advanced Intermediate Performance*	Entry-level Performance*
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Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: PHYSICAL AGENTS AND MECHANICAL MODALITIES

10. Applies selected physical agents* and mechanical modalities in a competent manner.

Please circle one for each skill:

P = Student performed skill

O = Student observed skill

N/A = Skill not available at this setting

Physical Agents Including:		
P	O	N/A
Cryotherapy (eg, cold pack, ice massage, vapocoolant spray)		
P	O	N/A
Thermotherapy (eg, dry heat, hot packs, paraffin baths, hydrotherapy)		
P	O	N/A
Ultrasound		
Mechanical Modalities Including:		
P	O	N/A
Mechanical compression, compression bandaging and garments		
P	O	N/A
Mechanical motion devices (eg, CPM)		
P	O	N/A
Intermittent, positional, and sustained traction devices		

Associated Data Collection Skills Including:		
P	O	N/A
Anthropometric characteristics		
P	O	N/A
Arousal, attention, and cognition		
P	O	N/A
Integumentary integrity		
P	O	N/A
Pain		
P	O	N/A
Range of motion		
P	O	N/A
Sensory response		
P	O	N/A
Vital signs		

ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for physical agents and mechanical modalities.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected physical agents and mechanical modalities safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Adjusts physical agents and mechanical modalities within the plan of care to maximize patient safety and comfort.
- Modifies physical agents and mechanical modalities within the plan of care to maximize patient response to the interventions.
- Progresses physical agents and mechanical modalities as described in the plan of care. Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected physical agents and mechanical modalities.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:

Beginning Performance*	Advanced Beginner Performance*	Intermediate Performance*	Advanced Intermediate Performance*	Entry-level Performance*

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: ELECTROTHERAPEUTIC MODALITIES

11. Applies selected electrotherapeutic modalities in a competent manner.

Please circle one for each skill:

P = Student performed skill

O = Student observed skill

N/A = Skill not available at this setting

Electrotherapeutic Modalities Including:		
P	O	N/A
		Biofeedback
P	O	N/A
		Iontophoresis
P	O	N/A
		Electrical stimulation for muscle strengthening
P	O	N/A
		Electrical stimulation for tissue repair
P	O	N/A
		Electrical stimulation for pain management

Associated Data Collection Skills Including:		
P	O	N/A
		Anthropometric characteristics
P	O	N/A
		Arousal, attention, and cognition
P	O	N/A
		Integumentary integrity
P	O	N/A
		Muscle function
P	O	N/A
		Neuromotor function
P	O	N/A
		Pain
P	O	N/A
		Sensory response

ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for electrotherapeutic modalities.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs electrotherapeutic modalities safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Adjusts electrotherapeutic modalities within the plan of care to maximize patient safety and comfort.
- Modifies electrotherapeutic modalities within the plan of care to maximize patient response to the interventions.
- Progresses electrotherapeutic modalities as described in the plan of care.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected electrotherapeutic modalities.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:

Beginning Performance*	Advanced Beginner Performance*	Intermediate Performance*	Advanced Intermediate Performance*	Entry-level Performance*

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: FUNCTIONAL TRAINING AND APPLICATION OF DEVICES AND EQUIPMENT

12. Performs functional training* in self-care and home management and application and adjustment of devices and equipment in a competent manner.

Please circle one for each skill:

P = Student performed skill

O = Student observed skill

N/A = Skill not available at this setting

Functional Training Including:	
	ADL* training – specifically:
P O N/A	Transfers
P O N/A	Bed mobility
P O N/A	Device and equipment use and training
P O N/A	Injury prevention or reduction
Application/Adjustment of Devices/Equipment Including:	
P O N/A	Adaptive devices*
P O N/A	Assistive devices* including:
P O N/A	Cane
P O N/A	Crutches
P O N/A	Walkers
P O N/A	Wheelchairs
P O N/A	Long handled reachers
P O N/A	Orthotic devices* (eg, braces, splints)
P O N/A	Prosthetic devices – upper and lower extremity
P O N/A	Protective devices* (eg, braces)
P O N/A	Supportive devices* (eg, compression garments, elastic wraps, soft neck collars, slings, supplemental oxygen equipment)

Associated Data Collection Skills Including:	
P O N/A	Anthropometric characteristics
P O N/A	Arousal, attention, and cognition
P O N/A	Assistive and adaptive devices
P O N/A	Body mechanics
P O N/A	Environmental barriers, self-care, and home issues
P O N/A	Gait, locomotion, and balance
P O N/A	Integumentary integrity
P O N/A	Neuromotor function
P O N/A	Pain
P O N/A	Posture
P O N/A	Sensory response

ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for functional training and application of devices and equipment.
- Applies knowledge of contraindications and precautions for selected intervention. Performs functional training and application of devices and equipment safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Adjusts functional training and application of devices and equipment within the plan of care to maximize patient safety and comfort.
- Modifies functional training and application of devices and equipment within the plan of care to maximize patient response to the interventions.
- Progresses functional training and application of devices and equipment as described in the plan of care.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to functional training and application of devices and equipment.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:

Beginning Performance*	Advanced Beginner Performance*	Intermediate Performance*	Advanced Intermediate Performance*	Entry-level Performance*

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

DOCUMENTATION

13. Produces quality documentation* in a timely manner to support the delivery of physical therapy services.

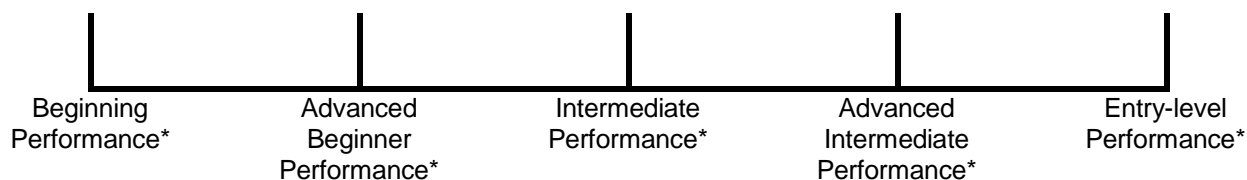
ESSENTIAL SKILLS

- Selects relevant information to document the delivery of physical therapy care.
- Documents all aspects of physical therapy care provided, including interventions, patient response to interventions (eg, vital signs, pain, observation), selected data collection measurements, and communication with family and others involved in the delivery of care.
- Produces documentation that is accurate, concise, timely, legible, grammatically and technically correct (eg, abbreviations, terminology, etc).
- Produces documentation (eg, electronic, dictation, chart) consistent with guidelines, format, and requirements of the facility, regulatory agencies, and third-party payers.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

RESOURCE MANAGEMENT

14. Participates in the efficient delivery of physical therapy services.

ESSENTIAL SKILLS

- Schedules patients, equipment, and space.
- Coordinates with physical therapist and others to facilitate efficient and effective patient care. Sets priorities for the use of resources to maximize patient and facility outcomes.
- Uses time effectively.
- Utilizes the facility's information technology effectively.
- Implements risk-management strategies (eg, prevention of injury, infection control).
- Uses equipment in an efficient and effective manner assuring that the equipment is safe prior to use.
- Utilizes services of the physical therapy aide and other support personnel as allowed by law to increase the efficiency of the operation of the physical therapy services.
- Participates in established quality improvement activities (productivity, length of stay, referral patterns, and reimbursement trends).
- Participates in special events organized in the practice setting related to patients and care delivery as well as health and wellness promotion.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the essential skills and comments above:

Beginning Performance*	Advanced Beginner Performance*	Intermediate Performance*	Advanced Intermediate Performance*	Entry-level Performance*

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐  Final ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

SUMMATIVE COMMENTS

Given this student's level of academic and clinical preparation and the objectives for this clinical experience, identify strengths and areas for further development. If this is the student's final clinical experience, comment on the student's readiness to work as a physical therapist assistant.

AREAS OF STRENGTH

Mid-experience:

Final:

AREAS FOR FURTHER DEVELOPMENT

Mid-experience:

Final:

RECOMMENDATIONS

Mid-experience:

Final:

OTHER COMMENTS

Mid-experience:

Final:

EVALUATION SIGNATURES

MID-EXPERIENCE EVALUATION

For the Student

I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PTA CPI. I have completed the on-line training (website) prior to using this instrument and completed the PTA CPI final self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

Signature of Student

Date

Name of Academic Institution

For the Evaluator(s)

I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PTA CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PTA CPI. I/We have prepared, reviewed, and discussed the final completed PTA CPI with the student with respect to his/her clinical performance.

Clinical Instructor Name (1) (Print)

Position/Title

Signature of Clinical Instructor (1)

Date

Clinical Instructor Name (2) (Print)

Position/Title

Signature of Clinical Instructor (2)

Date

Center Coordinator of Clinical Education (CCCE)* Name

Position/Title

Signature of CCCE

Date

FINAL EVALUATION

For the student

I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PTA CPI. I have completed the on-line training (website) prior to using this instrument and completed the PTA CPI final self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

Signature of Student

Date

Name of Academic Institution

For the Evaluator(s)

I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PTA CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PTA CPI. I/We have prepared, reviewed, and discussed the final completed PTA CPI with the student with respect to his/her clinical performance.

Clinical Instructor Name (1) (Print)

Position/Title

Signature of Clinical Instructor (1)

Date

Clinical Instructor Name (2) (Print)

Position/Title

Signature of Clinical Instructor (2)

Date

Center Coordinator of Clinical Education (CCCE)* Name

Position/Title

Signature of CCCE

Date

GLOSSARY

Academic coordinator of clinical education (ACCE/DCE): Individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. This person also is responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information on clinical sites.¹

Accountability: Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society.⁷

Activities of daily living (ADL): The self-care, communication, and mobility skills (eg, bed mobility, transfers, ambulation, dressing, grooming, bathing, eating, and toileting) required for independence in everyday living.¹

Adaptive devices: A variety of implements or equipment used to aid patients/clients in performing movements, tasks, or activities. Adaptive devices include raised toilet seats, seating systems, environmental controls, and other devices.¹

Advanced beginner performance: A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions. At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance. The student may begin to share the patient care workload with the clinical instructor.

Advanced intermediate performance: A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions. At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection. The student is capable of maintaining 75% of a full-time physical therapist assistant's patient care workload.

Aerobic activity/conditioning: The performance of therapeutic exercise and activities to increase endurance.¹

Aerobic capacity: A measure of the ability to perform work or participate in activity over time using the body's oxygen uptake and delivery and energy release mechanisms.¹

Affective: Relating to the expression of emotion (eg, affective behavior).

Airway clearance techniques: A broad group of activities used to manage or prevent consequences of impaired mucociliary transport, or impaired cough.¹

Altruism: The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.⁷

Anthropometric characteristics: Human body measurements such as height, weight, girth, and body fat composition.¹

Assistive devices: A variety of implements or equipment used to aid patients in performing movements, tasks, or activities. Assistive devices include crutches, canes, walkers, wheelchairs, power devices, long-handled reachers, and static and dynamic splints.¹

Beginning performance: A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions. At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner. Performance reflects little or no experience in application of essential skills with patients. The student does not carry a patient care workload with the clinical instructor.

Body mechanics: The interrelationships of the muscles and joints as they maintain or adjust posture in response to environmental forces.¹

Caring: The concern, empathy, and consideration for the needs and values of others.⁷

Caregiver: One who provides care, often used to describe a person other than a health care professional.

Center Coordinator of Clinical Education: Individual who administers, manages, and coordinates CI assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.¹

Clinical education: That portion of a physical therapy program that is conducted in the health care environment rather than the academic environment.¹

Clinical education experiences: The aspect of the curriculum in which students' learning occurs directly as a function of being immersed within physical therapy practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment. These experiences would be further defined by short and long duration (eg, part-time and full-time experiences) and those that vary how learning experiences are provided (eg, rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients/clients across the life span and related activities. Part-time clinical education experiences are less than 35 hours per week. Full-time clinical education experiences are 35 or more hours per week. (CAPTE)¹

Clinical education site: The physical therapy practice environment in which clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment. (Syn: clinical facility, clinical site, clinical center)¹

Clinical indications: The patient factors (eg, symptoms, impairments, deficits) that suggest that a particular kind of care (examination, intervention) would be appropriate.

Clinical instructor (CI): Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. These individuals are responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor, and affective domains as related to entry-level performance expectations and academic and clinical preparation. For a PTA student, the CI may be a physical therapist or a physical therapist assistant under the direction and supervision of a physical therapist. (Syn: *clinical teacher, clinical tutor, and clinical supervisor.*)¹

Cognitive: Characterized by awareness, reasoning, and judgment.¹

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.¹

Compassion: The desire to identify with or sense something of another's experience; a precursor of caring.⁷

Competence: The possession, application, and evaluation of requisite professional knowledge, skills, and abilities to meet or exceed the performance standards, based on the physical therapist assistant's roles and responsibilities, within the context of public health, welfare, and safety.

Competency: A significant, skillful, work-related activity that is performed efficiently, effectively, fluidly, and in a coordinated manner.

Complexity: Multiple requirements of the tasks or environment (eg, simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.

Conflict management: The act, manner, or practice of handling or controlling the impact of disagreement, controversy, or opposition; may or may not involve resolution of the conflict.¹

Consistency: The frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, and routinely). As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

Cost-effectiveness: Economically worthwhile in terms of what is achieved for the amount of money spent; tangible benefits in relation to expenditures.

Cultural awareness: Refers to the basic idea that behavior and ways of thinking and perceiving are culturally conditioned rather than universal aspects of human nature.⁸

Cultural competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. —Culturell refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. —Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities. (Working definition adapted from *Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda*.)²

Cultural sensitivity: Awareness of cultural variables that may affect assessment and treatment.⁶

Data collection skills: Those processes/procedures used throughout the intervention to gather information about the patient's/client's progress through observation; measurement; subjective, objective, and functional findings.¹

Direction: The act by which the physical therapist authorizes the physical therapist assistant to perform selected physical therapy interventions and related tasks; always preceded by a decision-making process through which the physical therapist determines when and what to direct; and always followed by supervision of the physical therapist assistant relative to the directed intervention or related task.¹

Documentation: The recording of specific, functional, objective, and subjective pieces of information that are obtained through observation and measurement during intervention sessions and in consultation with the patient, the family, the physical therapist, or other members of the health care team. Recording can include handwritten entries, use of computerized medical records, dictation, etc. This includes information in the patient's/client's medical record that is considered a legal document; administrative documentation for non-direct patient/client care, such as total-quality management, continuous quality improvement, quality assurance, performance improvement, and utilization review; attendance records; peer review; chart audits; training materials; case studies; scheduling; preparation of charge slips for billing; and training and supervision of other physical therapist assistants and physical therapist assistant students.¹

Education: Knowledge or skill obtained or developed by a learning process; a process designed to change behavior by formal instruction and/or supervised practice, which includes teaching, training, information sharing, and specific instructions.

Efficiency: The ability to perform in a cost-effective and timely manner (eg, inefficient/slow, efficient/timely). As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

Empathy: The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.¹

Entry-level performance: A student who is capable of completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist. At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection. The student consults with others to resolve unfamiliar or ambiguous situations. The student is capable of maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective* manner.

Entry-level work: The initial point of entry into the health system working under the direction and supervision of a physical therapist, and characterized by successful completion of an accredited physical therapist assistant education program and the acquisition of the appropriate credential (license/registration/certificate) to function as a physical therapist assistant. Also, characterized by little or no experience as a credentialed, working physical therapist assistant.¹

Essential skills: Statements of knowledge, skills, and behaviors required to successfully meet the performance criteria.

Evidenced-based practice: Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice.⁹ Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

Excellence: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.⁷

Fiscal management: An ability to identify the fiscal needs of a unit and to manage available fiscal resources to maximize the benefits and minimize constraints.¹

Fitness: A dynamic physical state—comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities.⁴

Function: The special, normal, or proper action of any part or organ; an activity identified by an individual as essential to support physical and psychological well-being as well as to create a personal sense of meaningful living; the action specifically for which a person or thing is fitted or employed; an act, process, or series of processes that serve a purpose; to perform an activity or to work properly or normally.

Goals: The intended results of patient/client management. Goals indicate changes in impairment, functional limitations, and disabilities and changes in health, wellness, and fitness needs that are expected as a result of implementing the plan of care.

Goals should be measurable and time limited (if required, goals may be expressed as short-term and long-term goals.)⁴

Guide to Physical Therapist Practice: Document that describes the scope of practice of physical therapy and assists physical therapists in patient/client management. Specifically, the *Guide* is designed to help physical therapists: 1) enhance quality of care, 2) improve patient/client satisfaction, 3) promote appropriate utilization of health care services, 4) increase efficiency and reduce unwarranted variation in the provision of services, and 5) promote cost reduction through prevention and wellness initiatives. The *Guide* also provides a framework for physical therapist clinicians and researchers as they refine outcomes data collection and analysis and develop questions for clinical research.⁴

Health care provider: A person or organization offering health services directly to patients or clients.

Health promotion: The combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health.³

Impairment: A loss or abnormality of physiological, psychological, or anatomical structure or function.⁴

Integrity: Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.⁷

Intermediate clinical performance: A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions. At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection. The student is capable of maintaining 50% of a full-time physical therapist assistant's patient care workload.

Intervention: The purposeful interaction of the physical therapist or physical therapist assistant with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the patient's/client's condition.⁴

Manual therapy techniques: Skilled hand movements intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; modulate pain; and reduce soft tissue swelling, inflammation, or restriction.⁴

Mobilization/manipulation: A manual therapy technique performed by physical therapists comprising a continuum of skilled passive movements to the joints and/or related soft tissues that are applied at varying speeds and amplitudes, including a small amplitude/high velocity therapeutic movement.⁴

Modality: A broad group of agents that may include thermal, acoustic, radiant, mechanical, or electrical energy to produce physiologic changes in tissues for therapeutic purposes.¹

Modify interventions: Within the objective (measurable and observable) parameters documented in an established physical therapist plan of care, the physical therapist assistant may adjust the interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort. The physical therapist assistant completes written documentation of any adjustments to the interventions. Ongoing communication between the physical therapist and the physical therapist assistant occurs regarding the patient's/client's status.¹

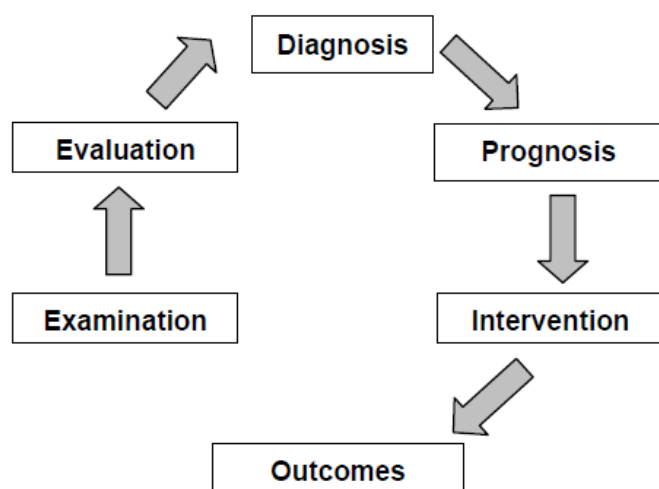
Multicultural/multilingual: Characteristics of populations defined by changes in the demographic patterns of consumers.

Objective: A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities.

Orthotic devices: Devices to support weak or ineffective joints or muscles, such as splints, braces, shoe inserts, and casts.¹

Patients: Individuals who are the recipients of physical therapy and direct interventions.

Patient/client management model:



(Adapted from the *Guide to Physical Therapist Practice*.)⁴

Performance criterion: A description of outcome knowledge, skills, and behaviors that define the expected performance of students. When criteria are taken in aggregate, they describe the expected performance of the graduate upon entry into the practice of physical therapy.

Performance Expectations: Level at which an entry-level physical therapist assistant is expected to demonstrate competence in the areas of knowledge, skills, and behaviors in the delivery of physical therapy services as directed by the physical therapist.¹

Physical agent: A form of thermal, acoustic or radiant energy that is applied to tissues in a systematic manner to achieve a therapeutic effect: a therapeutic modality used to treat physical impairments.¹

Physical therapist: A person who is a graduate of an accredited physical therapist professional education program and is licensed to practice physical therapy.⁴

Physical therapist assistant: A technically educated health care provider who assists the physical therapist in the provision of selected physical therapy interventions. The physical therapist assistant is the only individual who provides selected physical therapy interventions under the direction and supervision of the physical therapist. The physical therapist assistant is a graduate of an accredited physical therapist assistant associate degree program.⁴

Plan of care: Statements written by the physical therapist that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans.⁴

Posture: The alignment and positioning of the body in relation to gravity, center of mass, and base of support.¹

Prevention: Activities that are directed toward 1) achieving and restoring optimal functional capacity, 2) minimizing impairments, functional limitations, and disabilities, 3) maintaining health (thereby preventing further deterioration or future illness), 4) creating appropriate environmental adaptations to enhance independent function. *Primary prevention:* Prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts. *Secondary prevention:* Efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. *Tertiary prevention:* Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases.⁴

Professional duty: Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.⁷

Protective devices: External supports to protect weak or ineffective joints or muscles. Protective devices include braces, protective taping, cushions, and helmets.¹

Quality: The degree of skill or competence demonstrated (eg, limited skill, high skill), the relative effectiveness of the performance (eg, ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

Resource management: The effective use and integration of human, fiscal, and systems resources that follows regulatory and legal guidelines.¹

Social responsibility: The promotion of a mutual trust between the physical therapist assistant as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness.⁷

Supervision/guidance: Level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or environment.¹

Supportive devices: External supports to protect weak or ineffective joints or muscles. Support devices include supportive taping, compression garments, corsets, slings, neck collars, serial casts, elastic wraps, and oxygen.¹

Technically competent: Correct performance of a skill.

Therapeutic exercise: A broad range of activities intended to improve strength, range of motion (including muscle length), cardiovascular fitness, or flexibility, or to otherwise increase a person's functional capacity.¹

Wellness: An active process of becoming aware of and making choices toward a more successful existence.⁵

SOURCES

- ¹ *A Normative Model of Physical Therapist Assistant Education: Version 2007*, Alexandria, Va: American Physical Therapy Association; 2007.
- ² Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.
- ³ Green LW, Kreuter MW. *Health Promotion Planning*. 2nd ed. Mountain View, CA: Mayfield Publishers; 1991:4.
- ⁴ *Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.
- ⁵ National Wellness Organization. *A Definition of Wellness*. Stevens Point, WI: National Wellness Institute Inc; 2003.)
- ⁶ Paniagua FA. *Assessing and Treating Culturally Diverse Clients*. Thousand Oaks, Calif: Sage Publications; 1994.
- ⁷ *Professionalism in Physical Therapy: Core Values*, American Physical Therapy Association, August 2003.
- ⁸ Pusch MD, ed. *Multicultural Education*. Yarmouth, Maine: Intercultural Press Inc; 1999.
- ⁹ Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical Epidemiology: A Basic Science for Clinical Medicine*. 2nd ed. Boston: Little, Brown and Company; 1991:1.

APPENDIX A: DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY		DEFINITIONS
<i>Performance Dimensions</i>		
Supervision/ Guidance		<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation* and may vary with the complexity of the patient or environment.
Quality		<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.
Complexity		<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
Consistency		<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
Efficiency		<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i>Rating Scale Anchors</i>		
Beginning performance		<p>A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions.</p> <ul style="list-style-type: none"> At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner. Performance reflects little or no experience in application of essential skills with patients. The student does not carry a patient care workload with the clinical instructor (a PTA directed and supervised by a physical therapist or a physical therapist).
Advanced beginner performance		<p>A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions.</p> <ul style="list-style-type: none"> At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance. The student may begin to share the patient care workload with the clinical instructor.
Intermediate performance		<p>A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions.</p> <ul style="list-style-type: none"> At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection. The student is capable of maintaining 50% of a full-time physical therapist assistant's patient care workload.
Advanced intermediate performance		<p>A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions.</p> <ul style="list-style-type: none"> At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection. The student is capable of maintaining 75% of a full-time physical therapist assistant's patient care workload.
Entry-level performance		<p>A student who is capable of completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist.</p> <ul style="list-style-type: none"> At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection. The student consults with others to resolve unfamiliar or ambiguous situations. The student is capable of maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective* manner with the direction and supervision of the physical therapist.

APPENDIX B: EXAMPLES OF COMPLETED PTA CPI CRITERIA

EXAMPLE: COMPLETED ITEM FOR INITIAL CLINICAL EDUCATION EXPERIENCE (Competent)



SAFETY

1. Performs in a safe manner that minimizes the risk to patient, self, and others.

ESSENTIAL SKILLS

- Ensures the safety of patient, self, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations).
- Uses acceptable techniques for safe handling of patients (eg, body mechanics*, guarding, level of assistance).
- Establishes and maintains safe working environment (eg, awareness of all indwelling lines and catheters, other medical equipment, physical therapy equipment and assistive devices*; maintaining hazard free work space).
- Requests assistance when necessary (eg, requests assistance from clinical instructor, utilizes and monitors support personnel).
- Demonstrates knowledge of facility safety policies and procedures.
- Recognizes physiological and psychological changes in patients and
 - a. adjusts interventions accordingly within the plan of care or
 - b. withholds interventions and consults the clinical instructor and/or supervising physical therapist.

MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

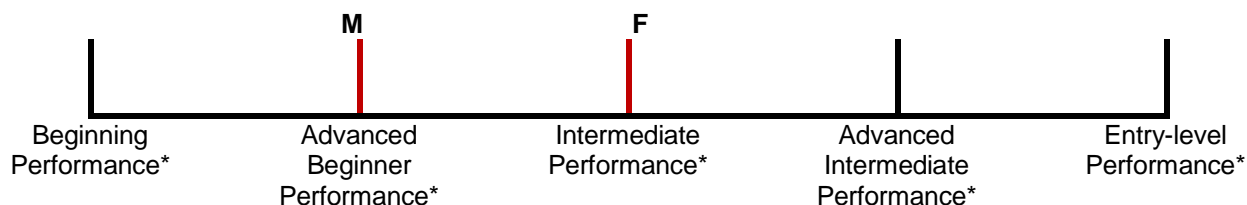
This student demonstrates consistent safety awareness and technique when treating children with basic developmental delay. He requires supervision from the CI 80% of the time to utilize proper guarding techniques to safely and effectively complete interventions within the allotted time frame. He is proficient in managing single IV lines during interventions, but continues to require supervision 80 – 90% of the time and frequent verbal cues from CI. His instructions to the children are age appropriate and clear resulting in safe patient interactions.

This student is demonstrating inconsistencies in use of safety and guarding techniques when treating children with complex neurological conditions such as a brain stem tumor that causes ataxia. He requires direct supervision and verbal cues at all times from CI to safely, efficiently, and effectively perform interventions. He is unable to manage Foley catheters and more than two IV lines without assistance from the CI. This student requires frequent input from the CI to identify potential safety issues when providing interventions.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

This student has made good progress. When treating children with basic conditions, he is consistently able to manage a Foley catheter and up to two IV lines without assistance. He is requiring assistance from CI 30% of the time to carryover efficient and safe interventions with these patients. He is able to correctly verbalize to the CI potential safety issues prior to the initiation of treatment of the complex patient. He can carry over interventions with complex patients with CI supervision 75% of the time. He is successfully instructing patients performing routine therapeutic exercise in self-pacing to improve patient tolerance. This student continues to require assistance from the CI 60% of the time when managing three or more IV lines and to consistently utilize proper guarding techniques throughout treatment session. Overall he is doing well. He is performing as expected at this level of educational preparation.

Rate this student's clinical performance based on the essential skills and comments above:



EXAMPLE: COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)**CLINICAL PROBLEM SOLVING****7. Demonstrates clinical problem solving.****ESSENTIAL SKILLS**

- Presents sound rationale for clinical problem solving, including review of data collected and ethical and legal arguments.
- Seeks clarification of plan of care and selected interventions from clinical instructor and/or supervising physical therapist.
- Collects and compares data from multiple sources (eg, chart review, patient, caregivers, team members, observation) to determine patient's readiness before initiating interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize patient safety and comfort while performing selected interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize intervention outcomes, including patient progression and/or intervention modifications.
- Demonstrates the ability to determine when the clinical instructor and/or supervising physical therapist needs to be notified of changes in patient status, changes or lack of change in intervention outcomes, and completion of intervention expectations (ie, goals have been met).
- Demonstrates the ability to perform appropriately during an emergency situation to include notification of appropriate staff.

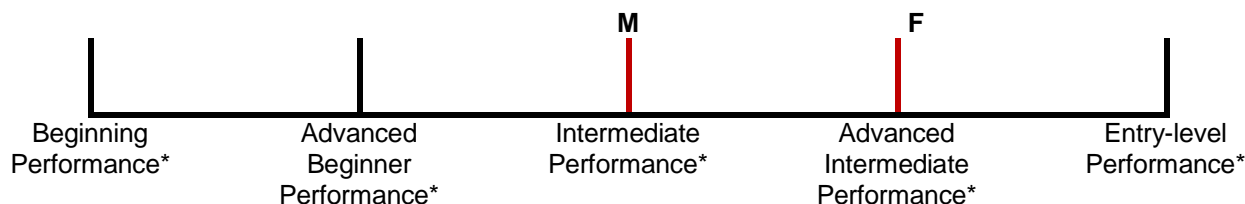
MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Student is able to select pertinent data from chart on patients with simple conditions 75% of the time and requires assistance to collect data for patients with complex conditions 75% of the time. Student is able to compare the results of data collection once gathered and determine if safety parameters are met with patients with simple patients at least 75% of the time. Student still requires assistance determining if safety parameters are met with complex patients, especially those with secondary cardiac-related conditions. Student does well assuring comfort and safety with all patients, but is not able to consistently determine appropriate modifications during the intervention when patients with complex conditions report discomfort. Student is able to determine patient progress and time to advance the patient within the plan of care on patients with simple conditions 80% of the time, but continues to require assistance with patients with complex conditions about 75% of the time.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Student continues to improve in this area both in performance and confidence. Student is now demonstrating proficiency in determining if the patient has met all safety parameters prior to initiating physical therapy on all patients with simple conditions. Only requires occasional clarification for decisions about patients with complex conditions. Student still requires minimal supervision (less than 20% of the time) implementing modifications to the intervention to improve the patient with complex condition's comfort. Student identifying need for progression or re-evaluation by the PT consistently, but still requires verbal cueing for correct progression of interventions for patients with complex conditions about 20% of the time.

Rate this student's clinical performance based on the essential skills and comments above:



EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)**INTERVENTIONS: THERAPEUTIC EXERCISE****8. Performs selected therapeutic exercises* in a competent manner.**

Please circle one for each skill:

P = Student performed skill**O = Student observed skill****N/A = Skill not available at this setting**

Therapeutic Exercises Including:		
P O N/A	Aerobic capacity/endurance conditioning/reconditioning*	
P O N/A	Balance, coordination, and agility training	
P O N/A	Body mechanics and postural stabilization	
P O N/A	Flexibility exercises	
P O N/A	Gait and locomotion training	
P O N/A	Neuromotor development training	
P O N/A	Relaxation	
P O N/A	Strength, power, and endurance training	

Associated Data Collection Skills Including:		
P O N/A	Anthropometric characteristics*	
P O N/A	Arousal, attention, and cognition	
P O N/A	Assistive & Adaptive devices*	
P O N/A	Body mechanics*	
P O N/A	Environmental, self-care, and home issues	
P O N/A	Gait, locomotion, and balance	
P O N/A	Muscle function	
P O N/A	Neuromotor function	
P O N/A	Pain	
P O N/A	Posture	
P O N/A	Range of motion	
P O N/A	Sensory response	
P O N/A	Vital signs	

ESSENTIAL SKILLS

- Reviews plan of care* and collects data on patient's current condition to assure readiness for therapeutic exercise.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected therapeutic exercises safely, effectively, efficiently, and in a coordinated and technically competent* manner consistent with the plan of care established by the physical therapist.
- Modifies therapeutic exercises within the plan of care to maximize patient safety and comfort. Modifies therapeutic exercises within the plan of care to progress the patient.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function*, including promotion of health, wellness, and fitness* as described in the plan of care*.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected therapeutic exercises.

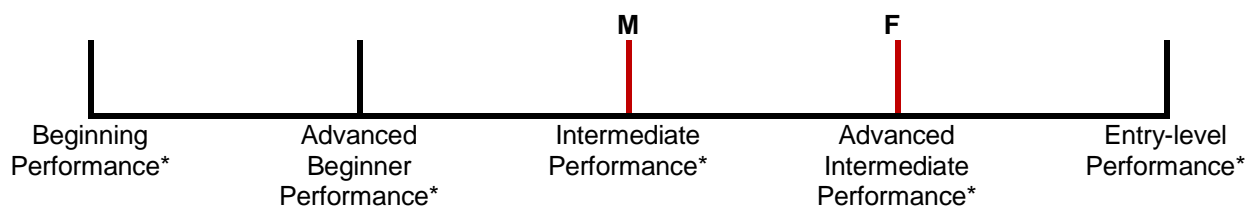
MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Student requires direct personal supervision 50% of the time while working with patients with simple conditions and 75% of time working with patients with complex conditions. At this point, student is maintaining a 50% of a full-time PTA caseload. Student is proficient with simple interventions (gait training, ROM). Student is inefficient with PNF (eg, hold-relax). Data collection skills are at the intermediate performance level, not at the expected advanced intermediate level at this time in the curriculum. Student is having difficulty identifying correct data collection skill to measure patient progress. Collection of vital signs, describing signs of cognitive deficits and assessing pain is efficient. However, data collection skills of sensory response, coordination and balance, grid measurement of posture are performed inconsistently and student requires assistance to complete. Not able to progress and modify resistive exercises including concentric, eccentric and isotonic without verbal cueing and direction. Student is not efficient in completing MMT (positions incorrect, not stabilizing) and does not apply MMT grading criteria correctly.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Student requires direct personal supervision 25-50% of the time working with patients with complex conditions (eg, patients with Parkinson's, cerebral palsy, s/p CVA). Student is able to perform independently with patients with simple conditions or situations where the student is very familiar. Student continues to select inappropriate data collection techniques and requires verbal cueing to document progress with patients with complex conditions in measurable terms. MMT skills have improved slightly, but student continues to be inefficient and inconsistent with grading, positioning and direction of pressure. Progression of exercises has improved, but student continues to require verbal cueing to prompt increasing exercise difficulty. Overall, there has been improvement, but student is still only able to manage less than 75% of a full-time PTA caseload.

Rate this student's clinical performance based on the essential skills and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☒  Final ☒

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

APPENDIX C: INTERVENTIONS AND ASSOCIATED DATA COLLECTION TECHNIQUES

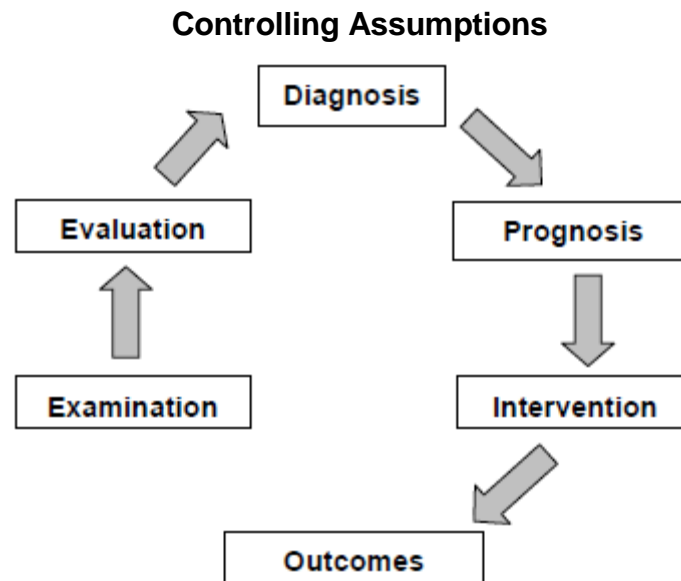
This table illustrates the connection between the interventions and associated data collection techniques used by physical therapist assistants to document patient/client progress. The table is **not** meant to be all-inclusive or restrictive, but to provide a guide for instruction of interventions and the data collection techniques that are essential indicators of the outcome or patient/client response to the intervention. The matrix that follows this table details each of the data collection categories including a list of the associated interventions, examples of techniques used, and sample terminal behavioral objectives. (*A Normative Model of Physical Therapist Assistant Education: Version 2007*. Alexandria, VA: American Physical Therapy Association; 2007.)

	Data Collection Techniques													
	Anthropometric Characteristics	Arousal, Attention, and Cognition	Assistive & Adaptive Devices, Orthotics, Prosthetics	Body Mechanics	Environmental, Self-Care, and Home Issues	Gait, Locomotion, and Balance	Integumentary Integrity	Muscle Performance	Neuromotor Function	Pain	Posture	Range of Motion	Sensory Response	Vital Signs
Procedural Interventions														
Therapeutic Exercise:														
• Aerobic capacity/ endurance conditioning/ reconditioning	X					X								X
• Balance, coordination, and agility training						X			X		X			
• Body mechanics and postural stabilization				X				X			X			
• Flexibility exercises									X	X		X		
• Gait and locomotion training			X		X	X			X					
• Neuromotor development training		X							X					
• Relaxation		X							X					X

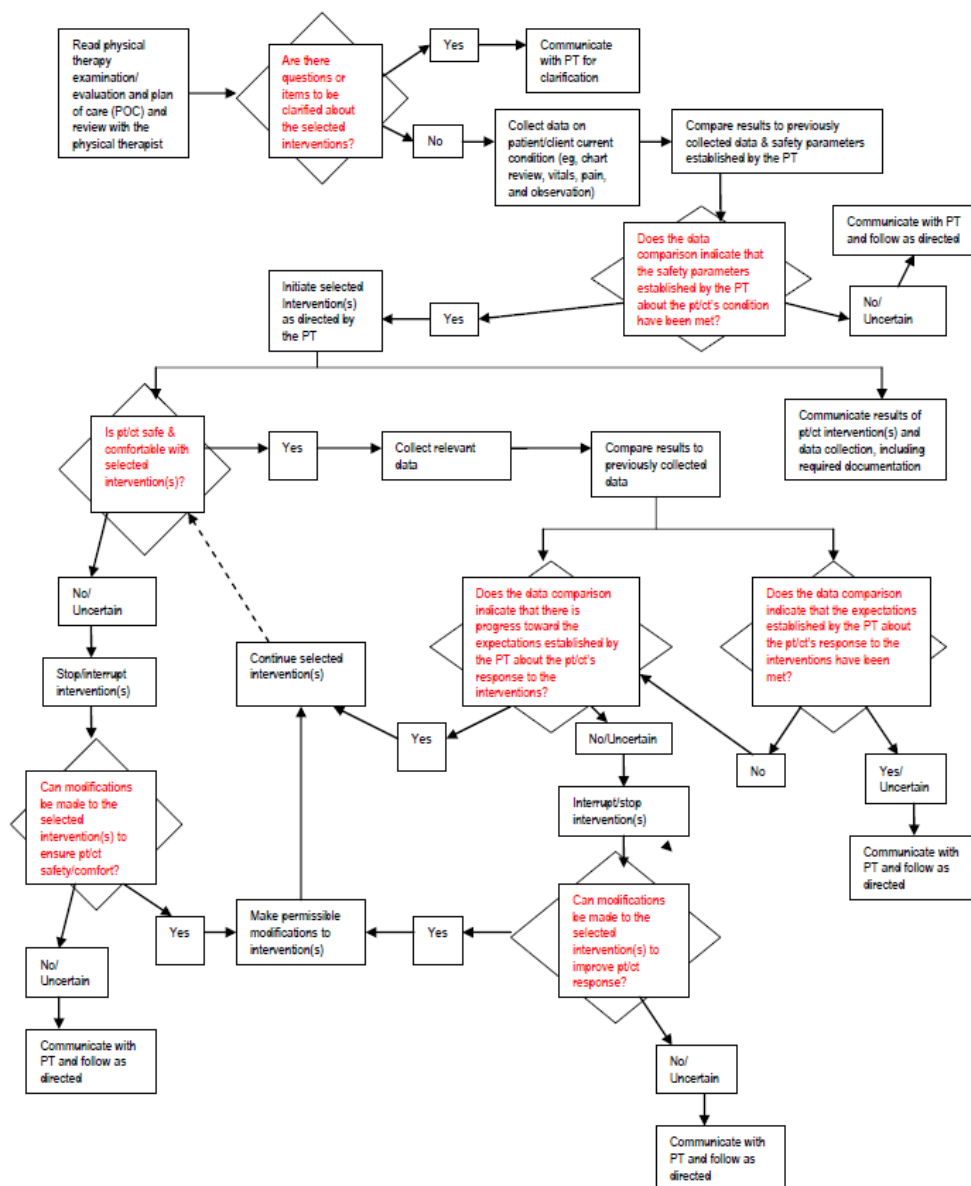
	Data Collection Techniques													
Procedural Interventions	Anthropometric Characteristics	Arousal, Attention, and Cognition	Assistive & Adaptive Devices, Orthotics, Prosthetics	Body Mechanics	Environmental, Self-Care, and Home Issues	Gait, Locomotion, and Balance	Integumentary Integrity	Muscle Performance	Neuromotor Function	Pain	Posture	Range of Motion	Sensory Response	Vital Signs
• Strength, power and endurance training								X			X			
Functional Training in Self- Care and Home Management		X	X	X	X	X			X					
Manual Therapy Techniques	X						X			X		X		
Application of Devices and Equipment	X		X				X			X	X		X	
Airway Clearance Techniques							X							X
Integumentary Repair and Protection Techniques	X						X			X			X	
Electrotherapeutic Modalities	X	X					X	X	X	X			X	
Physical Agents	X	X					X			X		X	X	X

APPENDIX D: PROBLEM SOLVING ALGORITHM UTILIZED BY PTAs IN PATIENT INTERVENTIONS

This algorithm, developed by APTA's Departments of Education, Accreditation, and Practice, is intended to reflect current policies and positions on the problem solving processes utilized by physical therapist assistants in the provision of selected interventions. The controlling assumptions are essential to understanding and applying this algorithm. (This document can be found in *A Normative Model of Physical Therapist Assistant Education: Version 2007.*)



- The physical therapist integrates the five elements of patient/client management – examination, evaluation, diagnosis, prognosis, and intervention – in a manner designed to optimize outcomes. Responsibility for completion of the examination, evaluation, diagnosis, and prognosis is borne solely by the physical therapist. The physical therapist's plan of care may involve the physical therapist assistant to assist with selected interventions. This algorithm represents the decision making of the physical therapist assistant within the intervention element.
- The physical therapist will direct and supervise the physical therapist assistant consistent with APTA House of Delegates positions, including Direction and Supervision of the Physical Therapist Assistant (HOD P06-05-18-26); APTA core documents, including Standards of Ethical Conduct for the PTA; and federal and state legal practice standards; and institutional regulations.
- All selected interventions are directed and supervised by the physical therapist. Additionally, the physical therapist remains responsible for the physical therapy services provided when the physical therapist's plan of care involves the physical therapist assistant to assist with selected interventions.
- Selected intervention(s) includes the procedural intervention, associated data collection, and communication, including written documentation associated with the safe, effective, and efficient completion of the task.
- The algorithm may represent the thought processes involved in a patient/client interaction or episode of care. Entry into the algorithm will depend on the point at which the physical therapist assistant is directed by the physical therapist to provide selected interventions.
- Communication between the physical therapist and physical therapist assistant regarding patient/client care is ongoing. The algorithm does not intend to imply a limitation or restriction on communication between the physical therapist and physical therapist assistant.



APPENDIX E: PTA CPI PERFORMANCE CRITERIA MATCHED WITH ELEMENTS FOR PTA PROGRAMS

This table provides the physical therapist assistant academic program with a mechanism to relate the performance criteria from the *Physical Therapist Assistant Clinical Performance Instrument* with the *Standards and Required Elements for Accreditation of Physical Therapist Assistant Education Program*

PC #	Physical Therapist Assistant Clinical Performance Instrument Performance Criteria (PC)	CAPTE Reference Number	Required Elements for Accreditation of Physical Therapist Assistant Education Programs
1	Safety	7D24a 7D24c 7D24d 7D24e 7D24m 7D26 7D27	Measurement of standard vital signs Mental Functions Safety for devices and equipment Safety for gait, locomotion and, balance Self-Care and civic, community, domestic, education, social, work life Respond to emergencies Contribute to patient and healthcare provider safety
2	Clinical Behavior	7D4 7D1 7D6 7D2 7D3	Practice Consistent with Code of Ethics and Guide for conduct PTA Adhere to Legal Practice Standards Moral Reasoning Report Abuse Report Fraud
3	Accountability	7D20 7D5 7D13	Report Changes in Patient Status Practice consistent to APTA's Values Participate in professional/community organizations
4	Cultural Competence	7D8 7D9	Respect for differences Apply knowledge, theory, and judgment from client's perspective
5	Communication	7D7 7D12 7D28	Communicate effectively Educate patient, caregiver or healthcare personnel Interprofessional collaboration
6	Self-Assessment and Lifelong Learning	7D10 7D11 7D14	Identify basic concepts in scientific literature Integrate evidence based resources Career development & lifelong learning
7	Clinical Problem Solving	7D15 7D17 7D18 7D19 7D21	Interview patients/clients, caregivers, family Communicate understanding of plan of care Review healthcare records Monitor and adjust interventions in the plan of care Determine when an intervention should not be performed
8	Interventions: Therapeutic Exercise	7D23h 7D24h 7D24k 7D24l	Therapeutic Exercise Muscle Performance Posture: normal and abnormal alignment Range of Motion

PC #	Physical Therapist Assistant Clinical Performance Instrument Performance Criteria (PC)	CAPTE Reference Number	Required Elements for Accreditation of Physical Therapist Assistant Education Programs
9	Interventions: Therapeutic Techniques	7D23e 7D23i 7D24f 7D24g 7D24h	Manual Therapy Techniques: therapeutic massage, passive range of motion Wound management Integumentary integrity Joint integrity and mobility Muscle Performance
10	Interventions: Physical Agents and Mechanical Modalities	7D23c 7D24b 7D24i	Biophysical Agents: compression therapies Anthropometric Characteristics Neuromotor development
11	Interventions: Electrotherapeutic Modalities	7D23c	Biophysical Agents: compression therapies
12	Interventions: Functional Training and Application of Devices and Equipment	7D23a 7D23b 7D23d 7D23f 7D23g 7D23h 7D24k 7D24l 7D24m 7D24n	Airway Clearance Techniques: breathing exercise, coughing techniques and secretion Application of devices and equipment Functional Training: self-care, domestic, education, work, community social and civic Motor Function Training Patient/client education Therapeutic Exercise Posture: normal and abnormal alignment Safety in home, community, and work Self-care and Civic Life: recognize safety barriers in home, community, and work Activities that aggravate or relieve pain
13	Documentation	7D16 7D25	Use ICF Documentation
14	Resource Management	7D22 7D31 7D30 7D29	Contribute to discontinuation of care Accurate and timely billing Describe organizational planning and operation Quality Assurance & Improvement

Revised April 2018