

**PHYSICAL THERAPIST ASSISTANT  
PROGRAM**



**PTA  
CLINICAL  
EDUCATION  
MANUAL**

**2021**

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- APTA Guidelines for Clinical Sites
- APTA Clinical Instructor Critical Incident Report
- APTA Clinical Instructor Anecdotal Record
- APTA Clinical Instructor Student Program Planning Flow Chart
- APTA Clinical Instructor Weekly Planning Form

## INTRODUCTION

This handbook is designed to support students and clinical faculty in the clinical education component of the Physical Therapist Assistant Program at Jackson State Community College. The guidelines found in this handbook will serve as a reference to the policies and procedures that will affect all parties involved in clinical education. This handbook is not intended to replace the Jackson State Community College Catalog and Student Handbook, nor is it designed to serve as a substitute for the academic advisor.

Students are required to read and acknowledge their understanding and agreement to comply with the policies in this Clinical Education Manual prior to beginning clinical education experiences in the PTA Program. Clinical faculty are strongly encouraged to thoroughly review, and subsequently reference as needed, this Manual to ensure their familiarity with the program's clinical education policies and procedures as well as the current professional expectations and regulations for PTA students.

**The Physical Therapist Assistant Program at JSCC is accredited by the Commission on Accreditation for Physical Therapy Education (CAPTE), American Physical Therapy Association, 3030 Potomac Avenue Suite 100, Alexandria, VA 22305-3085; telephone: 703-706-3213 or 800-999-2782, ext. 3213; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org>.**

- Accreditation Status: Accredited
- Date of Initial Accreditation: 04/1992
- Next CAPTE On-site Review: 10/2026
- For information for filing complaints with CAPTE:  
<http://www.capteonline.org/Complaints/>

The logo features the words "Move Forward." in a large, orange, cursive font. A trademark symbol (TM) is located at the top right of the "d". Below the main text, the phrase "Physical Therapy Brings Motion to Life" is written in a smaller, italicized black font.

**[www.moveforwardpt.com](http://www.moveforwardpt.com)**

**JACKSON STATE COMMUNITY COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM**

**PROGRAM DESCRIPTION**

The physical therapist assistant (PTA) education program at Jackson State Community College (JSCC) is designed to prepare graduates for entering the field of physical therapy with the required knowledge, skills, and behaviors of a PTA. The program strives to graduate knowledgeable, competent, self-assured, adaptable, and service-oriented physical therapy providers. In general, PTA education is designed to prepare the graduate to perform selected components of intervention and data collection and assess the patient's/client's safety and response to the interventions provided under the direction and supervision of the physical therapist in an ethical, legal, safe, and effective manner. Graduates must also be prepared to communicate with other members of the health care deliver team; interact with members of the patient's/client's family and caregivers; and work cooperatively with other health care providers. Graduates should be prepared to participate with the physical therapist in teaching other health care providers and providing psychosocial support for patients/clients and their families and caregivers with recognition of individual, cultural, and economic differences (APTA, 2015).

The JSCC PTA program is 5 semesters in length and consists of general education courses, physical therapy courses, and clinical education. Primary physical therapy content areas in the curriculum include anatomy & physiology, exercise physiology, biomechanics, kinesiology, neuroscience, clinical pathology, behavioral sciences, communication, and ethics/values. Approximately seventy-five percent (75%) of the PTA curriculum is comprised of classroom (didactic) and laboratory study and the remaining 25 percent (25%) is dedicated to clinical education. JSCC PTA students spend 16 weeks in full-time clinical education experiences.

## **PHYSICAL THERAPIST ASSISTANT PROGRAM**

### **FOUNDATIONAL STATEMENTS**

#### **VISION STATEMENT**

In support of the American Physical Therapy Association's vision the Jackson State Physical Therapist Assistant program will be recognized in the region, state, and nation as a quality physical therapist assistant educational program with competent faculty members, staff, and students.

*"Transforming society by optimizing movement to improve the human experience." (APTA, 2013)*

#### **MISSION STATEMENT**

Consistent with the mission of the Jackson State Community College, the Physical Therapist Assistant program will provide an accessible and comprehensive learning opportunity that will enhance the lives of its students, strengthen the physical therapy workforce, and empower the diverse communities of this geographical region. The program will produce competent, caring, quality oriented physical therapist assistants who will provide high quality contemporary physical therapy services to patients/clients within the scope of practice of the physical therapist assistant under the supervision of a physical therapist.

#### **PROGRAM PHILOSOPHY**

The PTA Program is committed to quality relationships between our faculty, students, clinical communities, and the citizens of the West Tennessee region. We strive to provide to our students the tools and the expertise with which each student may achieve his/her fullest potential. We are committed to this institution and its positive history. We are committed to our leadership roles on this campus and in this community and will strive to enable our students in becoming the leaders of tomorrow.

#### **PROGRAM GOALS**

- This program and our graduates will support the diverse physical therapy healthcare needs of the West Tennessee community.
- Graduates of this program will demonstrate entry-level competence as physical therapist assistants who are successful with the National Physical Therapy Examination (NPTE), state licensure, and work under the supervision of a physical therapist.
- Graduates will identify career development and lifelong learning opportunities as physical therapist assistants in contemporary physical therapy practice.

## **PROGRAM OUTCOMES**

Upon completion of the physical therapist assistant program graduates:

- Will be able to explain and model the role of the PTA and the profession of physical therapy in the healthcare system.
- Will have acquired the personal and professional skills required for life-long learning and continued professional development.
- Will demonstrate ethical and legal behaviors that are consistent with the professional standards established by the American Physical Therapy Association and state statutes for the physical therapist assistant.
- Will effectively communicate, educate, and interact with various constituents in a manner that is appropriate for the physical therapist assistant.
- Will provide physical therapy interventions in a safe and effective manner under the appropriate supervision of a physical therapist.
- Will effectively demonstrate clinical decision making and problem solving skills appropriate for the role of a physical therapist assistant.
- Will be advocates for the advancement of self, the profession of physical therapy, and the related needs of society.
- Will be employable in a variety of physical therapy settings throughout the West Tennessee region or beyond.

Faculty:

- Academic and clinical faculty will provide students with learning experiences that reflect best physical therapy practices.
- Faculty will model professional behaviors and practices for the physical therapy profession within the college and surrounding communities.
- Faculty will demonstrate a commitment to the institution and its mission, the physical therapy profession, and the community.

Program:

- The program will maintain compliance with physical therapist assistant education standards and criteria as established by the Commission on Accreditation in Physical Therapy Education.
- The program will recruit, admit, and retain a diverse group of students who are capable of being successful in the PTA program.
- The program will utilize contemporary educational methodology and evidence based practices to provide a learning environment that promotes student success.
- The program will maintain a safe and relevant educational environment for the training of students in current physical therapy practices.
- The program will maintain ongoing program, faculty, and student assessment processes that guide programmatic improvements and development.
- The program will provide relevant continuing education opportunities for program graduates on an annual basis.

## **PROGRAM ORGANIZATION**

The PTA Program is incorporated within the Division of Professional and Technical Studies at Jackson State Community College. Academic courses and instruction are furnished by the college and clinical experience is provided by the clinical affiliates.

The Physical Therapist Assistant Program faculty members include:

**A. Director of the Educational Program (Program Director)**

The program director shall be responsible for the organization, administration, periodic review and development, and general effectiveness of the educational program.

**B. Academic Coordinator of Clinical Education (ACCE)**

The ACCE shall be responsible for obtaining clinical affiliate sites, scheduling student clinical rotations, and maintaining records for each student ensuring sufficient supervision and representation during the clinical experience. He/she is responsible for informing the clinical instructors of changes in curriculum and program procedures.

**C. Instructional Staff**

The academic faculty shall be qualified through academic preparation and experience to teach the subjects assigned.

1. The PTA Lab Assistant is responsible for assisting the course instructor with all laboratory needs, maintaining the laboratory infrastructure, and the coordination of “open lab” time and needs.
2. Non-clinical instructors shall be proficient in their field as indicated by the faculty position or acceptance by the director of the program.
3. Clinical instructors shall be persons whose qualifications are acceptable by their corresponding facilities and the PTA program director. Program and CAPTE guidelines will be used (see below).

**D. Clinical Affiliates (A list is maintained by the PTA Program’s ACCE.)**

Clinical affiliates are facilities such as hospitals, outpatient clinics, rehabilitation centers, and home health agencies that have a contractual agreement with Jackson State Community College to provide a supervised instructional environment for physical therapy clinical education. Each affiliate will have a designated Center Coordinator of Clinical Education (CCCE) and Clinical Instructors (CI) to supervise student practice.

Clinical faculty at the affiliates shall be persons whose qualifications are deemed acceptable by their corresponding facilities and the PTA program director. Program, APTA, and CAPTE guidelines apply.

## ACADEMIC FACULTY

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## TERMINOLOGY

- **ACCE:** Academic Coordinator of Clinical Education is the faculty member who establishes and maintains the necessary communication between the clinical site and the college.
- **CCCE<sup>1</sup>:** Center Coordinator of Clinical Education actively participates in the communication process between the clinical site and the college, and coordinates the clinical education experience onsite for the student. The CCCE may assign the student to one or more clinical instructors.
- **CI<sup>1</sup>:** Clinical Instructor (may be a PTA) has a minimum of one year of clinical experience and is responsible for direct instruction and supervision of the student.
- **Clinical experience:** The assignment of a student to a clinical site; also called an affiliation.
- **CSIF:** Clinical Site Information Form is the APTA documentation that is maintained by the program and provides information about the clinical site. The CSIF **must** be updated regularly by the CCCE or another facility designee.
- **Site:** Clinical education center or facility.
- **Slot:** Any potential placement for a student at a particular facility.
- **CPI:** Clinical Performance Instrument is the APTA tool used to assess a student's performance and progression in clinical education. CPI Web is the online software program that maintains this tool for PTA education.

<sup>1</sup>The CCCE and CI are considered to be members of the JSCC clinical faculty and are entitled to limited rights and privileges of “supporting faculty” as defined by JSCC and/or the PTA program. These rights and privileges include limited access to relevant student information, continuing competency verification, continuing education opportunities, and library or bookstore access. Further information may be obtained from the program director.

## **PTA PROGRAM CLINICAL EDUCATION OVERVIEW**

The overarching theme of the Jackson State Community College (JSCC) PTA Program outcomes is that our graduates are academically and clinically prepared to function as competent entry-level physical therapist assistants who can effectively work under the supervision of physical therapists in today's diverse healthcare market. In accordance with professional and accrediting agency guidelines the JSCC PTA Program incorporates a carefully planned and rigorous clinical education component within the curriculum in order to achieve this desired outcome.

It is the belief of the program faculty and Advisory Committee that the strength of the physical therapist assistant graduate depends in part upon the quality of the clinical education provided by the clinical faculty and it is to this end that JSCC 1) highly values the collaborative relationships that we have with our clinical sites, and 2) maintains comprehensive and current contractual agreements with multiple clinical sites within and just outside of the JSCC service area.

Furthermore, it is the view of the PTA program faculty that clinical education is an opportunity for a student to acquire not only knowledge, skills, and attitudes of the profession, but it is also the first experience in the development of the lifelong pattern of learning as a physical therapy provider. The initial step in this development process must be the assumption by the student of the responsibility for the clinical experience. Although this experience will occur in the clinical faculty's (CI) clinic, with patients for whom the CI is legally responsible, and under the direction and creativity of the CI, the student is expected to accept ownership and responsibility for the experience. **The student's goal should be to progress from assisted learning (the classroom and early stage clinical settings) to self-assisted learning (mid to later stage clinical settings) while developing patterns of learning that will be a lifelong practice.** The hallmark of professional behavior is lifelong reflective learning.

Information pertaining to clinical education is available in the PTA Student Handbook and in this PTA Clinical Education Manual. In addition, the PTA program's clinical education policies, forms, and reference materials, including this manual, can be accessed at <http://www.jsc.edu/academics/divisions/allied-health/physical-therapist-assistant/clinical-education.html>.

### **I. Purpose**

The purpose of the clinical education experience in PTA education is to provide the student with the opportunity to:

- A. Apply or integrate knowledge and skills learned in the didactic portion of the program in a clinical practice setting.
- B. Gain confidence in his/her ability to interact with patients/clients, therapists, and other health care professionals.
- C. Achieve entry-level competency in physical therapy procedures appropriate for the physical therapist assistant working under the supervision of a physical therapist.

### **II. Description**

The clinical education portion of the PTA program curriculum consists of 16 weeks (640 contact hours) of clinical experience in a variety of clinical settings. PTAT 2492 Integrated

Clinical Education is a 5-week outpatient experience incorporated between the students' first and second years of education and is, thus, considered a practicum experience. PTAT 2493 Terminal Clinical Education I and PTAT 2494 Terminal Clinical Education II take place during the final semester of the program and are considered the terminal experiences. These courses include two 5-week inpatient experiences and a one-week home health experience. In summary, students are required to complete a clinical affiliation in each of the following settings during these three clinical experiences:

- Inpatient – acute or subacute care
- Outpatient
- Home health (one week)

### III. Clinical Site Selection and Development

The PTA program has adopted the American Physical Therapy Association's (APTA) *Guidelines for Clinical Education Sites* as a clinical site selection and development strategy. The APTA Guidelines for the CCCE, CI, and Clinical Education Sites can be noted at the end of this manual. Clinical site recommendations or referrals are evaluated by the program director or ACCE on a case-by-case basis utilizing these Guidelines.

#### A. Number of Sites

Specifically, the PTA program will maintain at least two times the number of active clinical affiliates as it has students. The majority of these affiliates will be within the JSCC service area. Clinical affiliates may extend beyond the JSCC service area if they are within a reasonable driving range of the student's residence or the student has housing available. Out-of-state affiliations must be supported by a state authorization reciprocity agreement between that state and Tennessee. Clinical placement significantly outside of the JSCC service area will be considered upon special request of a student or of a specific clinical site if the required state authorization reciprocity agreement exists with the state where the site is located, if applicable, and if the proper contractual agreement can be achieved between the site and the institution.

#### B. Clinical Agreements and Clinical Site Information Forms

A formal signed affiliation contract as stipulated by the Tennessee Board of Regents must be in place with each clinical affiliate prior to student placement in that facility. In addition, a Clinical Site Information Form for that facility must be on file with the ACCE or on the CSIF Web prior to clinical placement. It is the responsibility of the PTA program's ACCE to ensure that these documents are kept current and up-to-date.

### IV. Clinical Faculty<sup>1</sup>

The APTA's *Guidelines: Center Coordinators of Clinical Education and Guidelines: Clinical Instructors* (Link can be found on p. 30 of this document.) are further utilized to define clinical faculty requirements and responsibilities.

Clinical affiliates must have at least two full-time licensed physical therapy professionals on staff regardless of the setting type, and a sufficiently diverse patient load to achieve an adequate learning experience. A physical therapist must be available for supervision and participation in the PT/PTA team as appropriate to the setting. All staff must have at least

one year of post-licensure clinical experience prior to becoming clinical faculty for the program.

Designation of one full-time staff member as Clinical Coordinator of Clinical Education (CCCE) is required for a clinical affiliate. This staff member does not have to be a PT/PTA, although that is preferred. The CCCE is responsible for the completion and maintenance of the affiliate's Clinical Site Information Form (CSIF). All clinical instructors (CI) must have access to a computer and the cloud-based student evaluation software used by the program (CPI Web) and must be trained in the use of the PTA CPI Web prior to the initial student placement. The physical therapy staff should demonstrate an enthusiasm for student teaching and learning. The opportunities for interprofessional experiences, such as the observation of specialty treatments, surgery, team meetings, etc., is preferred. The program director or ACCE will tour new sites and meet the staff prior to student placement. New clinical instructors will be mentored by the ACCE and/or CCCE. The requirements for the CCCE and the CI are as follows:

- A. The **Center Coordinator of Clinical Education** is responsible for coordinating assignments and activities of students at a clinical education site. It is preferred that the CCCE be a licensed physical therapist or a physical therapist assistant. Duties include: assisting with contract development and maintenance, development of the on-site clinical education, scheduling students, and coordination of student orientation at the clinical affiliate. It is expected that the CCCE should:
    1. Have specific qualifications and be responsible for coordinating the assignments and activities of students at the clinical education site,
    2. Demonstrate effective communication and interpersonal skills,
    3. Demonstrate effective instructional skills,
    4. Demonstrate effective supervisory skills,
    5. Demonstrate effective performance evaluation skills,
    6. Demonstrate effective administrative and managerial skills (APTA, 2012).
  - B. The **Clinical Instructor (CI)** is the individual(s) primarily responsible for the education and supervision of the student during the clinical experience. This individual must be a licensed physical therapist or a physical therapist assistant. The CI should demonstrate:
    1. Clinical competence, and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy,
    2. Effective communication skills,
    3. Effective behavior, conduct, and skill in interpersonal relationships,
    4. Effective instructional skills,
    5. Effective supervisory skills,
    6. Performance evaluation skills (APTA, 2012).
- The CI is expected to be familiar with the program's clinical education objectives relative to the specific clinical education experience.**

## V. Clinical Assignments

Student clinical education assignments are made in such a way as to enable the student to achieve their learning objectives and clinical performance expectations, although student

preferences are considered (Appendix IV). Clinical performance expectations for the student as they relate to the specific clinical education experience are outlined in the **Clinical Education Policies and Procedures** (page 21). The clinical site to which a student is assigned is selected by the ACCE with consideration given to the student's specified interest and geographical area of residence. Students are informed of the potential needs for travel related to the clinical experiences in the PTA Program Student Handbook and during program orientation. Clinical reservations are coordinated by the ACCE up to one year in advance using the form attached.

A student will not be assigned to a clinical facility where that student is or was previously employed as a physical therapy technician or where he/she did a considerable amount of observation in preparation for applying to the PTA program.

## **PTA PROGRAM CLINICAL EDUCATION OBJECTIVES AND COMPETENCIES**

The full PTA curriculum, along with course outcomes, can be found in Appendix I of this manual.

### **PTAT 2492 Integrated Clinical Education Objectives – Summer Semester**

- A. Demonstrate professional and ethical clinical behaviors reflective of commitment to society and the profession including adherence to ethical and legal standards of practice, maintenance of appropriate attire for practice setting, maintenance of confidentiality, and punctuality and dependability.
- B. Compliance with departmental and facility policies, procedures, and regulations including taking appropriate action in an emergency situation.
- C. Demonstrate safe practice with regard to self, clients, and others including the use of appropriate body mechanics, delegating, recognizing and monitoring changes in client's physiological and psychological status, and recognizing and reporting when interventions are beyond the scope of practice for a PTA.
- D. Interact appropriately with physical therapy staff and other health professionals.
- E. Effectively communicate, in ways congruent with situational needs, both written and verbal ideas, instructions and other information to staff, clients, clients' families and other healthcare professionals.
- F. Demonstrate appropriate and timely documentation in the applicable format. This includes the use of appropriate medical terminology and abbreviations in the medical and physical therapy record.
- G. Review and retrieve pertinent client data from medical record, specifically from the plan of care, and communicate an understanding of the plan of care and the goals and outcomes to the supervising physical therapist.
- H. Initiate appropriate communication with clinical instructors and staff regarding patient diagnosis, pathology and physical therapy interventions including adjustments made within the plan of care.
- I. Safely and properly position client(s) and any applicable equipment for specific treatment interventions.
- J. Perform and accurately document vital signs, goniometry, MMT (major muscle groups), and other necessary data collection per the plan of care as established by the physical therapist.
- K. Properly administer selected physical therapy interventions within the scope of a PTA per the plan of care and make appropriate adjustments in care as indicated per direction of the supervising therapist.
- L. Implement exercise protocols as outlined in physical therapy plan of care.
- M. Instruct client and client's family in use of assistive devices for ADL's and appropriate gait patterns as directed by supervising therapist.
- N. Develop appropriate home exercise program(s) for client(s) being seen during this clinical rotation and instruct patient(s)/family in the program.
- O. Recognize and report to the supervising therapist any change or problem in the client's status and, if appropriate, adjust the client's interventions per the plan of care as indicated.
- P. Identify one's own reaction to illness, disability, and cultural differences, as well as, the reaction of the client and family.
- Q. Recognize personal strengths and weaknesses through self-evaluation and communication with the clinical instructor and program faculty.
- R. Participate in patient-related discharge planning as directed by the supervising clinical instructor/physical therapist.
- S. Provide appropriate and timely information in regards to reimbursement for those services provided.
- T. Utilize effective and efficient time management and delegation in the delivery of physical therapy services.
- U. Participate in resource management measures as applicable to the physical therapy department.

## **Clinical Education I Student Competency Levels Based Upon Curriculum Completed**

\*Indicates that a **Skill Check was utilized to demonstrate competency**. *A skill check is considered to be an evaluation of a student's competency in performing a specific intervention or assessment procedure as defined by professional standards.* Students must complete the appropriate skill checks with a score of "80" or better including all identified critical elements within each skill check prior to placement in clinical education.

### PTAT 2200 Introduction to Physical Therapy for the PTA

- Physical Therapy Profession
  - APTA
  - Role of the PTA
    - PTA Direction Algorithm
    - PTA Supervision Algorithm
    - Leadership abilities
- Practice regulations
- APTA guidelines for the PTA
  - Standards of Ethical Conduct
  - Values-Based Behaviors
- Impairment, Functional limitation, and Disability
- Documentation, chart review
- Medical terminology

### PTAT 2460 Patient Care Skills for the PTA

- Infection control\*
- Sterile techniques\*
- Bandaging techniques\*
- Special Equipment
- Safety techniques\*
- Vital sign assessment\*
- Positioning and Draping techniques\*
- Body mechanics\*
- Transfer techniques\*
- Assistive devices for gait, transfers\*
- Wheelchairs
- Manual Therapy techniques: Massage \*, Soft tissue mobilization, Range of Motion techniques\*
- Goniometry, extremities\* and spine

### PTAT 2440 Biophysical Agents for the PTA

- Pain assessment
- Anthropometric assessment – Height, weight, length and girth assessment
- Physical agents
  - Superficial heat and cold – hot and cold packs\*, paraffin, fluidotherapy, ice cup massage, contrast bath
  - Ultrasound\*
  - Electrical stimulation – HVPC, TENS\*, NMES\*, IONTO\*, IFC\*
  - Electromagnetic radiation – diathermy, UV, infrared, laser, anodyne
  - Compression – mechanical
  - Hydrotherapy – whirlpools, pool therapy
  - Traction – mechanical cervical\* and lumbar\*
- Advanced patient education and safety needs

### PTAT 2410 Kinesiology for the PTA

- Muscle origins and insertions

- Osteokinematics and arthrokinematics
- Muscle testing\*
- Palpation skills\*
- Gait assessment
- Posture assessment
- Peripheral nervous system
  - Dermatomes
  - Myotomes
  - The plexuses
  - Reflex testing

#### PTAT 2370 Professional Development for the PTA

- Ethical principles
- APTA Guidelines
  - Standards of Ethical Conduct
  - Values-Based Behaviors for the PTA
  - Guide to Practice
- Dilemma resolution
- Communication/Interviewing
- Cultural competency
- Patient education principles
- Legal regulations
- Time and stress management
- Utilization review and quality management
- Reimbursement and billing
- Delegation
- Practice issues and venues
- HIPPA and other compliance needs
- Research
- Health and Wellness
- Spiritual, psychosocial

#### PTAT 2510 Musculoskeletal Conditions and Treatment for the PTA

- All orthopedic pathologies, adult and pediatric
- Therapeutic exercise/activities
  - P/AA/AROM\*
  - Stretching including PNF active inhibition\*
  - Strengthening – manual\* and mechanical\*
  - Aerobic/endurance
  - Relaxation techniques
  - Stabilization
  - Joint mobilization (is discussed but skill checks are not performed)
  - Balance
  - Functional/ADL training
  - Joint protection
  - Energy conservation
  - NOTE: Not included here is PNF, NDT and other neurological techniques (covered in PTAT 2520)
- Advanced gait and transfer needs
- Advanced patient education and safety needs
- Special orthopedic protocols and procedures
- Special orthopedic assessments and tests
- Other orthopedic equipment – orthotics, CPM\*, adaptive aides
- Pharmacology (limited)

**PTAT 2493 and PTAT 2494 Terminal Clinical Education Objectives – Final Spring Semester**

1. Demonstrate professional and ethical behaviors that meet the expectations of society and the profession. This would include appropriate personal presentation, adhering to ethical and legal standards of practice, recognition of individual and cultural differences, and maintenance of confidentiality.
2. Demonstrate initiative and responsibility for his/her own learning.
3. Demonstrates safe and competent practice in the development and implementation of patient/client care programs:
  - a. Recognize changes in the client's physiological and psychological status, report these changes to the supervising therapist, and adjust interventions in the plan of care as indicated.
  - b. Utilizes awareness of the indications, contraindications, and precautions to treatment including interventions that are beyond the scope of practice for a PTA.
  - c. Appropriate use of body mechanics for self and others.
  - d. Requests appropriate assistance when necessary.
  - e. Maintains work environment conducive to efficiency and safety of patients and staff.
  - f. Take appropriate action in an emergency situation.
4. Communicate and interact effectively with patients, families, clinical instructor(s), and other healthcare professionals utilizing verbal, written, and non verbal communication.
  - a. Provide instruction and information to patients/clients, families and other healthcare professionals and maintain appropriate documentation.
  - b. Communicate an understanding of the plan of care and the intended goals and outcomes to the supervising physical therapist.
5. Appropriately perform physical therapy procedures within the scope of practice for a PTA for all practice patterns:
  - a. Assessment skills, performs data gathering procedures correctly
  - b. Treatment skills, effectively applies the following: physical agents, therapeutic exercise techniques, developmental and/or functional activities, ADL's, gait training, equipment use, and other techniques or specialized areas of care.
6. Employ and defend decision making/critical thinking skills:
  - a. Recognize and interpret data pertinent to client care.
  - b. Understands and communicates the PT problem outlined by the plan of care.
  - c. Prioritizes treatment objectives for clients with complex medical problems.
  - d. Select, utilizes and applies appropriate information from medical resources pertinent to clients' treatment plan and discharge needs.
  - e. Identifies the need for client re-evaluation by the physical therapist.
  - f. Identifies the rationale for treatment objectives and techniques.
  - g. Identifies limitations of the plan of care and/or self and seeks appropriate approval to utilize alternative methods or procedures to acquire desired outcomes within the plan of care.
  - h. Integrates information to adapt treatment techniques within the plan of care, according to the client's individual response per direction of the supervising therapist.
7. Demonstrate organizational skills:
  - a. Use time effectively and within the given time limits.
  - b. Coordinates simultaneous treatments of clients as appropriate.

- c. Complies with required administrative procedures including reimbursement needs.
  - d. Uses free time productively.
  - e. Participates in discharge planning per the direction of the supervising therapist.
8. Prepare and present to members of the healthcare team per direction of the supervising therapist an in-service and /or case presentation including evidence from current healthcare literature incorporating methods and materials appropriate to the audience.
9. Adhere to departmental and facility policies and procedures.

## **Terminal Clinical Education I and II Student Competency Levels Based Upon Curriculum Completed**

(In addition to those previously noted for Integrated Clinical Education)

\*Indicates that a **Skill Check was utilized to demonstrate competency**. *A skill check is considered to be an evaluation of a student's competency in performing a specific intervention or assessment procedure as defined by professional standards.* Students must complete the appropriate skill checks with a score of "80" or better including all identified critical elements within each skill check prior to placement in clinical education.

### PTAT 2520 Neurological Conditions and Treatment for the PTA

- All neurological pathologies (emphasis on CNS), adult and pediatric
- Therapeutic exercise/activities
  - NDT\*
  - Brunnstrum
  - PNF\*
  - Rood/sensory integration
  - Developmental sequence
  - Balance
  - Vestibular
  - Coordination
  - Perceptual and cognitive training
  - Functional/ADL training
- Advanced gait, transfer, positioning needs
- Motor learning and development
- ADL training and needs
- Special neurological assessments and tests including advanced sensory testing
- Functional testing
- Advanced special equipment including intensive care equipment
- Advanced patient education and safety needs
- Pharmacology (limited)

### PTAT 2530 Medical Surgical Conditions and Treatment for the PTA

- All medical surgical pathologies (emphasis on Cardiovascular, Pulmonary, Integumentary, and other systems including Digestive, Endocrine, Biliary, Metabolic, Reproductive) adult and pediatric
- Therapeutic exercise/activities
  - Buerger-Allen Exercises
  - Cardiac Rehab
  - Bariatric Rehab
  - Geriatric Rehab
  - Pelvic floor exercises
  - Fitness
- Special techniques
  - Breathing Exercises\*
  - Postural Drainage techniques\*
  - Coughing techniques\*
- Advanced gait, transfer, positioning needs
- Special medical surgical protocols and procedures
- Special medical surgical assessments and tests
  - Lab values
  - Fall risk assessment
  - BMI assessment
  - BORG
  - Advanced sensory testing - monofilament

- BG assessment
- ABI assessment
- Fitness testing
- Endurance testing
- Special Equipment including intensive care unit
- Advanced patient education and safety needs
- Pharmacology (limited)

#### PTAT 2280 Seminar for the PTA

(This is the capstone course designed for final NPTA preparation. Very little new content is included.)

- Tennessee Practice Act
- Licensure preparation
- Environmental assessment and standards
- Alternative therapies
- Study planning
- Resume and interviewing skills

## **CLINICAL EDUCATION POLICIES AND PROCEDURES**

### I. **Student Requirements**

- A. Documentation – For participation in the clinical education the student must have met the following requirements and have the appropriate documentation on file within the program’s online clinical management portal, *myRecordTracker*. Copies of this information from *myRecordTracker* will be presented to the clinical site CCCE/CI or other designated party.
1. Annual health verification documentation including immunization records demonstrating that the student is free of communicable diseases must be downloaded into the student’s *myRecordTracker* site prior to any clinical participation.<sup>2</sup> This documentation must include:
    - a. Either a negative 2-step TB skin test within the past year or a chest x-ray, if there is a history of a positive TB skin test.
    - b. If born after January 1, 1957, two (2) live measles (rubeola) vaccines given no less than one month apart; OR written documentation of a MMR vaccine since 1989, OR written documentation of laboratory evidence of immunity to rubeola; OR written documentation of physician diagnosed rubeola infection.
    - c. Rubella titer drawn from a reputable laboratory within the last five (5) years. This titer is not necessary if MMR or Rubella vaccine was given since 1989.
    - d. Varicella (chicken pox) titer drawn from a reputable laboratory OR varicella vaccine.
    - e. Completed series of three (3) Hepatitis-B vaccine (this cannot be declined).
    - f. Tetanus/diphtheria booster if ten (10) years have elapsed since last booster.
    - g. Influenza vaccine may also be required depending upon the clinical site and the time frame of the clinical experience.
    - h. A physical examination by a licensed medical provider (done in August annually)
  2. Basic Life Support Certification (AHA Provider C) – training for both adult and child. Certification must be current for participation in clinical courses.
  3. Personal Health Insurance – Students are required to provide evidence of personal health insurance.
  4. Student Professional Liability Insurance – Liability insurance is required prior to clinical assignment. Group student insurance is available through JSCC with a minimum of \$ 1,000,000 and a maximum of \$3, 000,000 per occurrence. A copy of the insurance policy is kept in the program director’s office.
  5. Students are required to submit to criminal background checks prior to participation in the clinical experience. These checks are at the student’s expense and must be completed at a point prior to the beginning of the initial clinical experience per direction of the PTA program director or ACCE and updated as required.
  6. Drug screening (12-panel) will be conducted prior to the clinical experience per the program director/ACCE’s direction. Refusal to submit to testing or a positive result will affect a student’s participation in a clinical experience and may also result in disciplinary action up to and including dismissal from Jackson State Community College. (Reference: Policy: JSCC Allied Health Programs Regarding Use and/or Abuse of Drugs or Alcohol). Drug screening is also at the student’s expense. Any positive findings will necessitate that a confirmation screen be performed by the testing

agency. In addition, a positive screen associated with a prescribed substance must be verified by a current prescription in the student's name. It is the student's responsibility to obtain and present this prescription copy within five days of notification by the program director. A copy of the actual prescription must accompany the drug screen report in the student's *myRecordTracker*.

**<sup>2</sup>Verification of students' compliance to these policies must occur prior to the beginning of any clinical experience. It is each student's responsibility to ensure that all required information is provided in *myRecordTracker* and currently maintained.**

### **B. Other non-program specific requirements**

In addition, students are expected to comply with all legal/ethical, HIPAA, and facility specific policies of the clinical education setting and complete all trainings as stipulated. Failure to comply with any of these expectations or policies will result in program probation and/or program dismissal.

1. Students must complete the program required Tennessee Clinical Placement Services (TCPS) online training prior to the initial clinical education experience. Some students may be required to repeat this training depending upon the location of their terminal clinical education experiences.
2. All students must comply with relevant state and federal confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to the extent applicable. An integral part of the educational experience during clinical affiliations is having access to Personal Health Information (PHI) for patients. Students shall respect the confidential nature of all information that they have access to, including but not limited to: patients' personal health information provided to them orally, contained in patient medical records or maintained in the Facility's electronic information system. When using patients' PHI for educational purposes in the classroom, students shall appropriately de-identify all information so as to remove all data that may be used to connect such information back to the patient to whom it relates. To assure that confidentiality within the clinical setting is protected, students are expected to carefully monitor the parties with whom they discuss issues of a personal nature, and the environment in which this is done. This includes information about patients, families, other students, clinical instructors, and faculty. Public discussion of the clinical facility's confidential business or marketing information is not allowed.
3. Students must respect patients' right to refuse treatment from a student.
4. Students must clearly identify themselves as a physical therapist assistant student to all stakeholders while involved in a clinical experience.

### **C. Attendance**

The same criteria for authorized or unauthorized absences in the classroom apply to the clinical education experience; however, authorized absences for reasons other than the student's illness will be considered on an individual basis and make-up days may be required. This includes inclement weather, a job interview, and NPTE testing. Permission must be granted by the ACCE in conjunction with the clinical instructor for the absence to be "authorized." If the clinical instructor doesn't receive notification, the absence will be unauthorized.

**Notification of absence:** The student must notify the clinical education coordinator or clinical instructor at earliest time possible prior to the beginning of the facility's work day. The ACCE should be notified of the absence as well. If the student fails to notify the clinical instructor or the ACCE during the missed day the absence will be unauthorized.

**Consequences:** Criteria for hours/days to be made up will be addressed with each clinical course.

1. An unexcused or unauthorized absence requires the completion of a written warning by the clinical instructor.
2. Three (3) unauthorized absences will be considered as a valid reason for program dismissal.

**NPTE early testing:** The student who chooses to take the NPTE on the April testing date is excused from the clinical assignment ONLY on the date of the test. No further accommodations are permissible.

#### **D. Dress code**

Students are expected to dress in a conservative and professional manner.

1. The program's designated uniform polo shirt (grey) and dark or khaki pants are required in the outpatient clinical setting. Sandals, cloth tennis shoes, or T- shirts are not appropriate. The designated uniform scrubs (grey) are required in the inpatient clinical settings. Both must have *PTA* and the college's current logo embroidered on the left chest area. If the clinical facility policy differs from the above dress code the student must request permission from the ACCE for any deviations from the program's standard dress code. Proper personal hygiene is expected at all times.
2. The JSCC student name badge is to be worn at all times while in the clinical Setting, unless otherwise prohibited by the clinical affiliate. A facility name badge may also be required.
3. Wedding rings and small earrings only are permitted. Multiple finger rings and large dangling earrings are inappropriate for the clinical setting for reasons related to safety and infection control. Other body jewelry is inappropriate for the clinical setting.
4. No perfume or cologne is to be used.
5. Students' hair should be arranged so it doesn't interfere with patient treatment or the safety of the student or the patient. Long hair should be kept pulled back away from the face.
6. Fingernails should be clean and neat and length should not exceed the end of the fingers. Acrylic nails are not permitted.
7. Tattoos must not be visible while in the clinical setting.

#### **E. Safety**

Students are expected to comply with all safety guidelines of the clinical site and provide safe and professional patient care at all times. Unsafe care is defined as a deviation from standard expectation or scope of work for a student PTA from which actual or potential harm occurs/may occur to a patient, another healthcare worker, or the student. The determination of unsafe practice will be made by the clinical instructor in consultation with the ACCE. Depending upon the severity of the situation faculty may require that the

student be removed from the clinical experience and/or be mandated to complete a remediation plan.

Students will be required to complete an online workplace training program through Tennessee Clinical Placement Services (Item B. 1.) prior to one or both clinical periods with regard to fire, electrical, and other types of safety issues. Students will be oriented by a facility representative to the facility's policies and procedures related to exposures, hazards, personal protective equipment, body substance isolation, and engineering/work practice controls.

#### **F. Emergency Medical Services**

Students have access to the emergency services available at the clinical facility during the off-campus clinical experience. Students are responsible, however, for costs accrued. Students are expected to have adequate private medical insurance coverage throughout their tenure in the PTA program. A group policy is available through JSCC. The CCCE/CI may request evidence of the student's health insurance upon arrival to the clinical facility.

General Health Risks (APTA, 1992): Students should be advised that some health risks exist for PTA students in the clinical setting. These risks may include: 1) physical hazards such as back injury, physical assaults such as what might occur with violent patients, injury from the improper use of physical agents or other equipment, 2) chemical hazards such as those related to exposures to chemicals used in cleaning equipment, 3) radiation hazards such as those in association with the use of diathermy, 4) exposure to infectious diseases, and 5) psychological hazards related to stressful working environments. Academic and clinical faculty will work to minimize these risks for each student but the student must accept personal responsibility for the learning and application of the necessary skills to avoid these health risks.

#### **F. Professional Liability Insurance**

Students are required to have professional liability insurance prior to the first clinical education course. Group student insurance is available through JSCC with a minimum of \$1,000,000 and a maximum of \$3,000,000 per occurrence.

#### **G. Transportation and Lodging**

Students are responsible for providing their own transportation, lodging, and living expenses during all clinical education experiences.

#### **H. Non-discrimination**

The policy on non-discrimination on the basis of disability in the admission and access to academic programs, procedures and activities can be found in the Jackson State Community College Catalog and Student Handbook; Americans with Disabilities Act Policy and Grievance Procedure. It should be noted, as specified in the PTA Programs' Essential Functions, that some accommodations may not be possible in the clinical setting due to patients' needs.

**STUDENTS WITH DISABLING CONDITIONS:** Jackson State does not discriminate on the basis of disability in admission and access to academic programs, services or employment. Students with disabilities should inform the instructor and contact the Disability Resource Center (DRC) inside the Counseling Office so that appropriate accommodations can be made, based on the Americans with Disabilities Act. It is the responsibility of the student to provide current, documented evidence of their disability to the DRC. Contact Linda Nickell, Dean of Students, at ext. 50354 or [lnickell@jssc.edu](mailto:lnickell@jssc.edu) for additional ADA information, or go to the JSCC website at <http://www.jssc.edu/student-services/disabled-student-services/the-disabled-student.html>

1. It is the student's responsibility to notify the program director and/or instructor in writing if he/she has a documented disability for which reasonable accommodations at least two weeks prior to the beginning of the applicable semester or, if not possible, at least two weeks prior to the accommodation need.
2. It is preferred that the student's written notification of a documented disability and request for accommodation be made upon the student's acceptance to the program in order to allow for accommodations to be in place by the beginning of the program curriculum.
3. A pregnant student is required to inform the program director, CI, CCCE, and ACCE of her status as soon as possible. Complications and/or the inability to perform clinical skills related to pregnancy should be discussed immediately if it is expected that participation in the clinical experience may be affected.

## I. Professional Behavior (Generic Abilities)

The PTA program confirms that generic abilities are defined as attributes, characteristics, or behaviors that are an explicit part of the physical therapy profession's core of knowledge and technical skills, but are nevertheless required for success in the profession. For clinical education professional behavior expectations include but are not limited to the following:

1. Commitment to Learning	The ability to self-assess, self-correct and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
3. Communication Skills	The ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.
4. Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5. Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6. Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions and evaluate outcomes.
7. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8. Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9. Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions; and to distinguish the relevant from the irrelevant.
10. Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

In addition to these generic abilities students are expected to comply with the Standards of Ethical Conduct as outlined by the APTA (2010) and all applicable state statutes. They are expected to interact with patients, clients, other professionals and health care facility employees in a professional and ethical manner. Students are expected to represent JSCC and the physical therapy profession with the highest integrity and character.

## II. Clinical Assignments and Schedules

- A. The clinical sites that students are assigned to are selected by the ACCE with

consideration given to students' needs. The clinical facility assignments are designed to enable students to achieve their learning objectives and entry-level competency. Consideration is also given to the distance and travel time required from the student's residence to the clinical site, however, students must be prepared for the required travel to the assigned clinical site. A student will not be assigned to a clinical site where they have had technician or extensive volunteer experience. The form used for this selection/assignment process is included in this manual on page 42. A current list of program's clinical education sites is maintained by the PTA Program's ACCE.

B. Schedule for Clinical Education Courses

1. PTAT 2492 Integrated Clinical Education – Full time. 5 days per week<sup>3</sup>, 5 weeks in the summer term of first year.
2. PTAT 2493 and 2494 Terminal Clinical Education I and II – Full time. 5 days per week<sup>3</sup>, 11 total weeks in the spring semester second year (3 separate affiliations).

<sup>3</sup>Compliance with the assigned clinical sites' work schedule is expected. Make-up times may be required for an authorized or unauthorized absence depending upon the reason for absence. Certain reasons for absences are not considered acceptable and may result in failure of the clinical experience. Attendance policies as per the PTA Student Handbook are strictly enforced.

### III. Assessment and Grading

Clinical education course grades are awarded utilizing the program's grading scale. A minimum grade of a "C" or a 75 final average is required for satisfactory completion. This grade determination is completed by the program director or ACCE. Students' grades are received from the Clinical Performance Instrument (CPI) and from additional course assignments as detailed below. Satisfactory completion of the clinical experience is determined as follows in relation to the 14 criteria of the CPI:

- PTAT 2492 Integrated Clinical Education: Ratings are expected to range from a minimum of advanced beginner performance to advanced intermediate clinical performance, however, for certain criteria, such as Physical Agents and Mechanical Modalities or Electrotherapeutic Modalities, entry-level performance may be determined to have been achieved.
- PTAT 2493 Terminal Clinical Education I and PTAT 2494 Terminal Clinical Education II: Ratings are expected to range from a minimum of intermediate performance to entry-level performance with **entry-level** performance achieved in each of the 14 CPI criteria during at least one of these terminal experiences.
- PTAT 2494 Terminal Clinical Education II Home Health Experience: CPI is not used. Clinical summary form, however, should support and confirm the same expectations as noted above.

A. Assessment Tools

1. *Clinical Performance Instrument* – CPI Web is used (<https://cpi2.amsapps.com>). The student will be judged based upon the following CPI performance dimensions in the 14 PTA outcome performance criteria. These criteria include: safety, clinical behaviors, accountability, cultural competence, communication, self-assessment and lifelong learning, clinical problem solving, therapeutic exercises, therapeutic techniques, physical agents and mechanical modalities, electrotherapeutic modalities, functional training and application of devices and equipment, documentation, and

resource management. These criteria are defined in detail in Appendix II. These criteria will be judged based upon the following rating scale anchors:

CATEGORY	DEFINITIONS
<b>Performance Dimensions</b>	
<b>Supervision/ Guidance</b>	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <p>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.</p>
<b>Quality</b>	<p>Degree of knowledge and skill proficiency demonstrated.</p> <p>As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.</p>
<b>Complexity</b>	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <p>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.</p>
<b>Consistency</b>	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <p>As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</p>
<b>Efficiency</b>	<p>Ability to perform in a cost-effective and timely manner.</p> <p>As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</p>
<b>Rating Scale Anchors</b>	
<b>Beginning performance</b>	<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> <p>At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner.</p> <p>Performance reflects little or no experience in application of essential skills with patients.</p> <p>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).</p>
<b>Advanced beginner performance</b>	<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> <p>At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (e.g., monitoring therapeutic exercise), and related data collection (e.g., 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.</p>
<b>Intermediate performance</b>	<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> <p>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.</p> <p>The student is <u>capable of</u> maintaining 50% of a full-time physical therapist assistant's patient care workload.</p>
<b>Advanced intermediate performance</b>	<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> <p>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.</p> <p>The student is <u>capable of</u> maintaining 75% of a full-time physical therapist assistant's patient care workload.</p>
<b>Entry-level performance</b>	<p>A student who is <u>capable of</u> completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist.</p> <p>At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection.</p> <p>The student consults with others to resolve unfamiliar or ambiguous situations.</p> <p>The student is <u>capable of</u> 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.</p>

Assessment of the students' clinical performance and the grade awarded for this course is referenced for the student in Section 8.3. – Clinical Education of the PTA Student Handbook.

**Students are required to complete the APTA PTA CPI Web training**

**([https://help.liasonedu.com/Clinical Assessment Suite Help Center/Customer Support and Resources/Webinars and Downloads/CPI Training Files](https://help.liasonedu.com/Clinical-Assessment-Suite-Help-Center/Customer-Support-and-Resources/Webinars-and-Downloads/CPI-Training-Files)) prior to beginning the integrated clinical education experience (PTAT 2492).** During each clinical experience students are required to complete the Mid-Term and Final Student Self-Assessment in CPI Web in a timely manner.

2. Students are also required to complete a weekly self-assessment using the **Weekly Clinical Assessment Form (see Appendix III)**. The form is to be submitted to the ACCE or program director by the designated time at the end of each week of the clinical experience.
3. Student Site Evaluation Form – Students are required to complete a Student Site Evaluation Form for each clinical rotation. This form must be reviewed and discussed with the primary clinical instructor and validated by both the student and the clinical instructor at the end of the clinical experience. The student is also required to complete a Post-Clinical Education Experience Student Assessment per the form provided by the ACCE (Appendix III).
4. Clinical Site Visit – Academic faculty will assess the student's performance during the clinical experience through an on-site visit with both the student and the clinical instructor unless extenuating circumstances prevent this, i.e. weather, scheduling. In the case of such circumstances clinical site visits will be made through virtual or telephone conferencing. Follow-up telephone "visits" with the student and/or the clinical instructor may also occur as a part of this assessment process. The form used for the documentation of this assessment is included in Appendix III of this manual.
5. Other assessment of the student's learning occurs through written assignments that are to be submitted to the program director or ACCE at the conclusion of the clinical experience. These assignments include (depending upon the clinical experience): samples of documentation completed, sample of home exercise programs completed, case studies, in-service outlines (such presentations are required of the student during each clinical education assignment and a rubric for CI use is included as Appendix III of this manual), discussion postings in the online course management site (eLearn), and other reflective and summary writings. Quizzes through the online course management site and other testing are also used.

**B. Student Remediation or Failure Criteria**

It is the CCCE/CI's responsibility to contact the program director or ACCE with any concerns regarding the student's clinical performance prior to any mid-term or final performance evaluations especially when safety, clinical behavior, accountability, communication, and clinical problem solving (CPI criteria 1, 2, 3, 5, and 7) issues are involved. The ACCE, in conjunction with the program director, will determine student remediation or failure status based upon all relevant findings related to the clinical education experience including, but not limited to, the CPI performance ratings in correlation with the expectations for the clinical experience.

The criteria for an unsatisfactory grade or program dismissal include:

1. Failure to comply with safe standards of practice in the care of patients and in regard to co-workers and self.
2. Noncompliance with the clinical facilities' departmental policies, institutional/program policies, or legal or ethical standards.
3. Inability to effectively and safely apply procedural theories and perform procedural skills and interventions in the clinical setting as determined by the CPI performance ratings. This pertains to all skills, techniques, and procedures covered in the classroom prior to a given clinical course.
4. Excessive absenteeism.

The Remedial Rotation Procedure is as follows:

- The student must complete any remediation assignments as required prior to the remedial rotation. Decision for remediation will be made by the program's ACCE and/or program director.
- The facility to which the student is assigned for the remedial rotation will be determined by the program director and/or the ACCE. The facility's CCCE will be informed of the situation and specific learning objectives will be outlined with the CCCE and the student.
- The student must successfully complete (meet clinical course objectives) the remedial rotation with a satisfactory grade prior to moving forward with other program coursework.
- All course work/assignments must be completed in a timely manner for course completion.

- C. Grade Appeal Procedure: Students may appeal a clinical grade that they believe is based on prejudice, discrimination, arbitrary and capricious action, or other such reasons in the same manner that they would an academic grade. The procedures for the due process related grade appeal are outlined in the Jackson State Community College Catalog and Student Handbook. Students must address the issue of a grade appeal in a very timely matter due to the nature of the program's sequential curriculum. Additional procedures in regards to clinical grades are further defined for the student in section 8.4.1. of the PTA Student Handbook.

#### IV. **Supervision of Student Clinical Experiences**

Clinical faculty and students are expected to comply with the respective state and federal student supervision regulations<sup>4</sup>. Sites have been selected with staffing in place to ensure adequate supervision of the student when the CI is absent. The Centers for Medicare and Medicaid Services (CMS) guidelines for student supervision in physical therapy practice are included at the end of this manual. A *PTA Direction Algorithm* and a *PTA Supervision Algorithm* are also included at the end of this manual ([www.ptaonly.com](http://www.ptaonly.com)) for further assistance.

In a hospital or a skilled nursing facility (SNF), the student must be supervised within the line-of-sight of the CI for Medicare Part A patients under the Centers for Medicare and Medicaid Services (CMS) regulations. In relation to CMS regulations which do not allow

billing for student services to Part B Medicare patients, clinical faculty and students are encouraged to consider the following APTA recommendations when billing Medicare Part B for services provided by a student:

1. Physical therapists should use their professional judgment on whether or not a service is billable, keeping in mind the importance of integrity when billing for services.
2. Physical therapists should distinguish between the ability of a student to provide services to a patient from the ability to bill for student services provided to Medicare Part B patients. A student may provide services to any patient provided it is allowable by state law.
3. Physical therapists should consider whether the billing would be the same whether or not there is a student involved. The therapist should not bill for services beyond what they would normally bill in the course of treating a patient. The individual therapist or the employer should not benefit financially from having the student involved in the clinical experience at the facility.

**<sup>4</sup>In the event of non-compliance with any of the aforementioned regulations with regard to student supervision, whether intentional or non-intentional, the CCCE/CI and/or the student is expected to alert the program director or ACCE.**

## ADDITIONAL CLINICAL FACULTY RESOURCES

Clinical education is an opportunity for a student to acquire not only knowledge, skills, and attitudes of the profession, but it is also the first experience in the development of the lifelong pattern of learning as a physical therapy provider. The initial step in this development process is the assumption by the student of the responsibility for the clinical experience. Although this experience will occur in the CI's clinic, with patients for whom the CI is legally responsible, and under the direction and creativity of the CI, the student should accept ownership and responsibility for the experience. **It is expected that the student's goal should be to progress from assisted learning (the classroom and early stage clinical settings) to self-assisted learning (mid to later stage clinical settings) while developing patterns of learning that will be a lifelong practice.** The hallmark of professional behavior is lifelong reflective learning. The JSCC PTA Program supports the belief that the clinical instructor's role in this process is very significant.

One of the first steps in the function of clinical instruction is understanding and promoting the learning characteristics of the student. The student's learning development can be divided into three stages:

1. Exposure (early stage clinical learning) – This is the novice student who is dependent upon the CI. The CI will have to help guide expectations, plan activities, perform demonstrations, question, and give specific feedback.
2. Acquisition (mid stage clinical learning) – This student participates in planning and evaluating the learning experience. The CI will have to give options, guide through activities, and progress feedback to include self-assessment.
3. Integration (late stage clinical learning) – This student takes responsibility for planning, implementing, and evaluating the learning experience. The student is now independent in skill performance and evaluation of their work and is able to seek and provide feedback appropriately. The CI acts as a consultant and integrates feedback from all sources.

Of course, some parameters of significance are maturity levels and independence. Key characteristics to see present in the student in any stage are:

- Self-direction
- Input of experience into learning
- Problem centered
- Readiness to learn
- Seeks relevant concepts
- Recognizes that there is more than one answer

The student should show progression of these characteristics throughout the clinical experience and should recognize the value of each.

It is also important to remember that students have different learning styles. A student's style of learning may be a factor in his/her strengths and weaknesses. A learning style can affect how one receives information and problem solves. Encouraging students to recognize their learning style and have realistic expectations within their style of learning is important for the CI to do. You

should not assume that a student knows specifically what their style of learning is or has had adequate direction in utilizing their learning style previously.

Another major function of clinical instruction is the establishment of behavioral objectives. Behavioral objectives guide the student in behavioral development, define the conditions under which the learner must function, and provide evaluation standards for assessing learning. The three primary domains of behavioral objectives are: cognitive, psychomotor, and emotional (affective). In the cognitive domain, the intent is knowledge and understanding of the subject matter. The intent in the psychomotor domain is the physical action or motor skill. The intent of the emotional or affective domain is related to feelings and attitudes. All of these are observable behaviors. The CI should consider how each domain will be incorporated into the learning process for the student experience. The area most frequently cited by CIs as lacking is the emotional domain, specifically interpersonal relations and communication.

Each domain is divided into progressive stages. This should be related to the stages of learning development when assessing a student's learning experience.

- Cognitive – ex. The student will correctly list five contraindications to ultrasound.
- Psychomotor – ex. The student will correctly set up an isokinetic machine for a strength training session for a knee.
- Emotional – ex. The student will demonstrate safe practice by requesting assistance when needed.

Next in the development process is the opportunity for multiple learning experiences. CIs should provide a variety of experiences and opportunities to practice. This should include a variety of teaching methods. There should be an attempt to minimize negative learning. This can include informal research, a “paper patient,” or patient simulation through role-play.

Finally, CIs should plan for questions, feedback, and continuous assessment. The questions should progress to higher levels requiring critical thinking. Include all four types of questions. The feedback should be specific, positive, constructive, and concise. Feedback should be interactive between the student and the CI. The ongoing assessment should progress to include an increased amount of student self-assessment. Some degree of assessment should occur daily. The student should be directed to the behavioral objectives.

The successful professional development of a student is significantly influenced by the CI. Often we are perceived as role models, good and bad. The CI can facilitate student professional development when all of the discussed areas are addressed. The greatest challenge for the CI is to find the delicate balance between nurturing and separating.

**APTA Guidelines for Clinical Sites and Faculty:**

The APTA has established specific guidelines for clinical education and the PTA Program at Jackson State Community College refers to these guidelines when establishing a clinical relationship with you. We encourage all CCCE's and CI's to read and be familiar with these documents. They can be found at the following links. Copies are also attached at the end of this manual.

- Guidelines for Clinical Education Sites

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Education/ClinicalEducation.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Education/ClinicalEducation.pdf)

- Guidelines for Center Coordinators of Clinical Education

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Education/CenterCoordinators.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Education/CenterCoordinators.pdf)

- Guidelines for Clinical Instructors

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Education/ClinicalInstructors.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Education/ClinicalInstructors.pdf)

**APTA Resources for Clinical Sites and Faculty:**

- Credentialed Clinical Instructor Program (CCIP and ACCIP) <http://www.apta.org/CCIP/>,  
<http://www.apta.org/ACCIP/>

- Reference Manual for CCCEs

<http://www.apta.org/Educators/Clinical/EducatorDevelopment/>

- Guidelines and Self-Assessments for Clinical Education

<http://www.apta.org/Educators/Clinical/SiteDevelopment/>

- Minimum Required Skills of Physical Therapist Assistants at Entry-Level

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/BOD/Education/MinReqSkillsPTAGrad.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Education/MinReqSkillsPTAGrad.pdf)

- APTA's Clinical Education References

[http://www.apta.org/uploadedFiles/APTAorg/Educators/Clinical\\_Development/Education\\_Resources/ClinicalEducationResources.pdf](http://www.apta.org/uploadedFiles/APTAorg/Educators/Clinical_Development/Education_Resources/ClinicalEducationResources.pdf)

- APTA's Clinical Community Hub (networking site)

<http://communities.apta.org/p/us/in/>

- Regulations Related to Students

<http://www.apta.org/Educators/Clinical/StudentRegulations/>

\*\*In addition, the APTA Credentialing course's **Critical Incident Form, Anecdotal Record Form, Student Program Planning Form**, and **Weekly Planning Form** are attached at the end of this manual and should be used by the CI to supplement student learning when applicable.\*\*

**Clinical Performance Instrument Resources:**

- CPI Homepage: <https://cpi2.amsapps.com/>

- Training and Support for New Users:

[https://help.liaisonedu.com/Clinical\\_Assessment\\_Suite\\_Help\\_Center/Customer\\_Support\\_and\\_Resources/Webinars\\_and\\_Downloads/CPI\\_Training\\_Files](https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/Customer_Support_and_Resources/Webinars_and_Downloads/CPI_Training_Files)

- CPI Post-training Assessment in APTA Learning Center (no charge):

<http://learningcenter.apta.org//Student/Catalogue/BrowseCatalogue.aspx?query=cpi>

**JACKSON STATE COMMUNITY COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM**

**CLINICAL TEACHING VERIFICATION FORM (CI TO COMPLETE)**

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_

Date of Clinical Experience: \_\_\_\_\_ Course Number: \_\_\_\_\_

Please Check: Summer \_\_\_\_\_ ; or Spring I \_\_\_\_\_ , Spring II \_\_\_\_\_ , HH \_\_\_\_\_

Upon completion of the clinical experience and the students' final evaluation please return this completed form within THREE business days to:

JSCC – PTA Program (Attn: Jane David or Patty Easley)

2046 North Parkway

Jackson, TN 38301

Fax: 731-425-9551

[javid@jssc.edu](mailto:javid@jssc.edu) OR [peasley@jssc.edu](mailto:peasley@jssc.edu)

**CLINICAL EDUCATION EXPERIENCE INFORMATION**

Name of Clinical Site: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Clinical Instructor's Name: \_\_\_\_\_

TOTAL CONTACT HOURS with Student (CI must complete): \_\_\_\_\_  
Hrs/16: \_\_\_\_\_ Class II Hrs\*

Days Absent: \_\_\_\_\_, Reason: \_\_\_\_\_

Days Late: \_\_\_\_\_, Reason: \_\_\_\_\_

Were Days Made Up? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_

Additional CI Names: \_\_\_\_\_

TOTAL CONTACT HOURS with Student (CI must complete): \_\_\_\_\_  
Hrs/16: \_\_\_\_\_ Class II Hrs\*

Center Coordinator of Clinical Education's Name: \_\_\_\_\_

\*CIs: FOR CONTINUING COMPETENCY EVIDENCE PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. CONFIRMATION OF THESE HOURS WILL BE FORWARDED TO YOU FROM THE PROGRAM UPON THE RECEIPT OF THIS INFORMATION. (NOTE: 16 CONTACT HOURS WITH A STUDENT = 1 CONTACT HOUR OF CLASS II CREDIT PER THE TN BOARD OF PHYSICAL THERAPY)

Academic Faculty Verification:

## APPENDIX I – COURSE DESCRIPTIONS AND OUTCOMES

Specific competencies are associated with most of the following courses and can be noted in the PTA Student Handbook and/or course syllabi.

- **PTAT 2200 Introduction To Physical Therapy – 1<sup>st</sup> semester**
  - Description: This course introduces the physical therapist assistant student to the history of the physical therapy profession and the PTA, contemporary physical therapy practice and the role of the PTA in relationship to the physical therapist and other health care providers, and the American Physical Therapy Association. Medical terminology and documentation techniques are also introduced in relation to physical therapy practice. 2 credit hours
  - Course Outcomes:
    - A. Produce a knowledgeable explanation of the profession of physical therapy.
    - B. Be proficient in discussion and review of the practice of physical therapy.
    - C. Review and interpret basic documentation including the appropriate use of medical terminology.
- **PTAT 2460 Patient Care Skills for the PTA – 1<sup>st</sup> semester**
  - Description: This course includes all of the fundamental patient care skills, selected data collection and physical therapy interventions for the physical therapist assistant student. 4 credit hours
  - Course Outcomes:
    - A. Safely and skillfully demonstrate basic patient care techniques.
    - B. Accurately demonstrate data collection skills used in physical therapy.
    - C. Successfully identify and demonstrate basic therapeutic exercises and manual therapy techniques.
    - D. Consistently and accurately demonstrate documentation of physical therapy procedures.
- **PTAT 2410 Kinesiology for the PTA – 1<sup>st</sup> semester**
  - Description: This course integrates basic and advanced functions of the nervous and musculoskeletal system with emphasis on normal joint structure, muscle attachments, actions and innervations, palpation skills and manual muscle testing. The physical therapist assistant student will apply these concepts to the understanding of normal human motion in relation to physical therapy practice. 4 credit hours
  - Course Outcomes:
    - A. Describe the biomechanical concepts as related to human movement.
    - B. Identify and recognize the components of the musculoskeletal and peripheral nervous systems.
    - C. Competently demonstrate joint motions and identify the contributory muscles producing the specific joint movements.
    - D. Accurately demonstrate data collection skills used in physical therapy.
- **PTAT 2440 Biophysical Agents for the PTA – 2<sup>nd</sup> semester**
  - Description: This course includes all current theory and practice of biophysical agents for the physical therapist assistant student. Emphasis will be placed on safe and effective application, physiological effects, intervention parameters and expected outcomes. 4 credit hours
  - Course Outcomes:
    - A. Demonstrate knowledge of physiological effects of biophysical agents.
    - B. Safely and skillfully apply biophysical agents.
    - C. Consistently and accurately demonstrate documentation of physical therapy procedures.
- **PTAT 2370 Professional Development for the PTA – 2<sup>nd</sup> semester**
  - Description: This course prepares the PTA student for skills needed to be successful in the broader domain of the health care workforce, with a focus on those attributes and behaviors that apply to the PTA within the clinical environment. 3 credit hours
  - Course Outcomes:
    - A. Demonstrate professional ethics and values that are congruent with the physical therapy profession and its guiding documents.
    - B. Employ effective strategies for the management of patient/client/stakeholder interactions under the direction of the physical therapist.
    - C. Exhibit a thorough knowledge and understanding of the physical therapy practice principles and legal practice standards.

- **PTAT 2510 Musculoskeletal Conditions and Treatment for the PTA – 2<sup>nd</sup> semester**
  - Description: This course introduces the PTA student to common musculoskeletal pathologies, contemporary rehabilitation concepts, and accepted therapeutic interventions for these conditions. Emphasis will be placed on safe and effective application of specific orthopedic treatment interventions and data collection. 5 credit hours
  - Course Outcomes:
    - A. Consistently and competently apply knowledge of the human musculoskeletal system in the practice of physical therapy in the classroom and laboratory illustrations of the musculoskeletal patient.
    - B. Safely and competently implement physical therapy treatments as directed by the physical therapist for the musculoskeletal patient population as discussed in this course in formats as specified.
    - C. Successfully compare and contrast musculoskeletal pathologies in classroom and laboratory activities.
    - D. Consistently assess, recommend, and justify appropriate musculoskeletal treatment planning in the classroom and laboratory setting.
- **PTAT 2492 Integrated Clinical Education – 3<sup>rd</sup> semester (5 weeks of off-site clinical training is included)**
  - Description: Integrated clinical education experiences consist of the student's supervised clinical practice of previously learned PTA duties and functions in a physical therapy practice setting under the direction of a licensed physical therapist or physical therapist assistant. Students are required to achieve the program's clinical performance expectations by the end of the clinical education experience. 200 clinical hours required. 4 credit hours
  - Course Outcomes:
    - A. Demonstrate expected professional and ethical behavior in a health care setting in patient care and non-patient care activities that reflects the physical therapy profession.
    - B. Assess and adequately demonstrate data collection skills for the implementation of the physical therapy plan of care.
    - C. Exhibit safe and effective practice in preparation and implementation of all specified physical therapy interventions.
    - D. Employ appropriate communication techniques with the patient, physical therapy personnel, other healthcare team members, and others.
- **PTAT 2520 Neuromuscular Conditions and Treatment for the PTA – 4<sup>th</sup> semester**
  - Description: This course introduces the PTA student to common neuromuscular pathologies, contemporary rehabilitation concepts, and accepted therapeutic interventions for these conditions. Emphasis will be placed on safe and effective application of specific neuromuscular treatment interventions and data collection. 5 credit hours
  - Course Outcomes:
    - A. Consistently and competently apply knowledge of the human nervous system in the practice of physical therapy in the classroom and laboratory illustrations of the neurological patient.
    - B. Safely and competently implement physical therapy treatments as directed by the physical therapist for the neuromuscular patient population as discussed in this course in formats as specified.
    - C. Successfully compare and contrast neuromuscular pathologies in classroom and laboratory activities.
    - D. Consistently assess, recommend, and justify neuromuscular treatment planning in the classroom and laboratory setting.
- **PTAT 2530 Medical and Surgical Conditions and Treatment for the PTA – 4<sup>th</sup> semester**
  - Description: This course introduces the PTA student to common medical and surgical pathologies of various body systems, contemporary rehabilitation concepts, and accepted therapeutic interventions for these conditions. Emphasis will be placed on safe and effective application of related treatment interventions and data collection. 5 credit hours
  - Course Outcomes:
    - A. Consistently and competently apply knowledge of various body systems in the practice of physical therapy in the classroom and laboratory illustrations of the patient with medical or surgical problems.
    - B. Safely and competently implement physical therapy treatments as directed by the physical therapist for the patient population discussed in this course in formats as specified.
    - C. Successfully compare and contrast medical and surgical pathologies in classroom and laboratory activities.
    - D. Consistently assess, recommend, and justify treatment planning for the medical surgical patient in the classroom and laboratory setting.

- **PTAT 2280 Seminar for the PTA – 5<sup>th</sup> semester**
  - Description: This course provides the PTA student with opportunities to bridge previous course work to a variety of unique clinical perspectives within the practice of physical therapy. This course provides continued opportunities to apply prior learning to the transition from student to successful member of the healthcare team. 2 credit hours
  - Course Outcomes:
    - A. Successfully transition from guided learning to self-directed learning.
    - B. Demonstrate an understanding of the pre- and post-licensure competency requirements of the physical therapist assistant.
    - C. Confidently assess individual personal and professional goals and evaluate employment opportunities.
- **PTAT 2493/2494 Terminal Clinical Education I and II (2 separate experiences) – 5<sup>th</sup> semester (11 weeks of off-site clinical training is included)**
  - Description: Terminal clinical education experiences consist of the student's supervised clinical practice of previously learned PTA duties and functions in a physical therapy practice setting under the direction of a licensed physical therapist or physical therapist assistant. Students are required to achieve the program's specific clinical performance expectations by the end of the clinical education experience. 200 clinical hours are required. An additional 40 hours in home health is associated with PTAT 2494. 4 credit hours each
  - Course Outcomes:
    - A. Demonstrate expected professional and ethical clinical behaviors, including cultural competence, in a health care setting in patient-care and non-patient-care activities that are reflective of the physical therapy profession (per student's Clinical Performance Instrument).
    - B. Demonstrate safe and competent clinical problem solving skills, critical thinking skills, and organizational skills for the implementation of the physical therapy plan of care (per student's Clinical Performance Instrument).
    - C. Exhibit safe and competent practice throughout the performance and application of all specified physical therapy interventions (per student's Clinical Performance Instrument).
    - D. Communicate with patients, physical therapy personnel, health care members and others in ways that are congruent with situational needs, including the production of quality documentation that support the physical therapy services (per student's Clinical Performance Instrument).

## APPENDIX II – CPI PERFORMANCE CRITERIA DEFINITIONS

1. **Safety** – The student performs in a safe manner that minimizes the risk to patient, self, and family.
  - Ensures the safety of patient, self, and others throughout the clinical interaction (e.g. universal precautions, responding and reporting emergency situations).
  - Uses acceptable techniques for safe handling of patients (e.g. body mechanics, guarding, level of assistance).
  - Establishes and maintains safe working environment (e.g. 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 (e.g. 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. withdraws interventions and consults the clinical instructor and/or supervising physical therapist.
2. **Clinical Behaviors** – The student demonstrates expected clinical behaviors in a professional manner in all situations.
  - Demonstrates initiative (e.g. 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.
3. **Accountability** – The student performs in a manner consistent with established legal standards, standards of the profession, and ethical guidelines.
  - 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 (e.g. OSHA, HIPM). 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 (e.g. 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.
4. **Cultural Competence** – The student adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
  - 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.

**5. Communication – The student communicates in ways that are congruent with situational needs.**

- Communicates with clinical instructor and supervising physical therapist to: review physical therapist examination/evaluation and plan of care including:
  - ask questions to clarify selected interventions.
  - report instances when patient's current condition does not meet the safety parameters established by the physical therapist (e.g. 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.
- a. Communicates verbally, nonverbally, and in writing in an effective, respectful, and timely manner.
- b. Listens actively and attentively to understand what is being communicated by others.
- c. Interprets and responds appropriately to the nonverbal communication of others.
- d. Adjusts style of communication based on target audience (e.g. age appropriateness, general public, professional staff).
- e. Communicates with the patient using language the patient can understand (e.g. translator, sign language, level of education, cognitive impairment).
- f. Initiates communication in difficult situations to promote resolution (e.g. conflict with CI, unsatisfied patients, caregivers, and/or family).
- g. Selects the most appropriate person(s) with whom to communicate (e.g. clinical instructor, physical therapist, nursing staff, social worker).
- h. Self-evaluates effectiveness of communication and modifies communication accordingly.
- i. Seeks and responds to feedback from multiple sources in providing patient care.
- j. Instructs members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience.

**6. Self-assessment and Lifelong Learning – The student participates in self-assessment and develops plans to improve knowledge, skills, and behaviors.**

- 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.

**7. Clinical Problem Solving** – The student demonstrates clinical problem solving.

- 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 (e.g. 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 (i.e. goals have been met).
- Demonstrates the ability to perform appropriately during an emergency situation to include notification of appropriate staff.

**8. Interventions: Therapeutic Exercise** – The student performs selected therapeutic exercises in a competent manner.

- 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 (e.g. literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (e.g. demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected therapeutic exercises.

**9. Interventions: Therapeutic Techniques** – The student applies selected manual therapy, airway clearance, and integumentary repair and protection techniques in a competent manner.

- 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 (e.g. literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (e.g. demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected therapeutic techniques.

**10. Interventions: Physical Agents and Mechanical Modalities** – The student applies selected physical agents and mechanical modalities in a competent manner.

- 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 (e.g. literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (e.g. demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected physical agents and mechanical modalities.

**11. Interventions: Electrotherapeutic Modalities** – The student applies selected electrotherapeutic modalities in a competent manner.

- 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 (e.g. literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (e.g. demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected electrotherapeutic modalities.

**12. Interventions: Functional Training and Application of Devices and Equipment** – The student performs functional training in self-care and home management and application and adjustment of devices and equipment in a competent manner.

- 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 (e.g. literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (e.g. demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to functional training and application of devices and equipment.

**13. Documentation** – The student produces quality documentation in a timely manner to support the delivery of physical therapy services.

- 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 (e.g. 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 (e.g. abbreviations, terminology, etc).
- Produces documentation (e.g. electronic, dictation, chart) consistent with guidelines, format, and requirements of the facility, regulatory agencies, and third-party payers.

**14. Resource Management** – The student participates in the efficient delivery of physical therapy services.

- 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 (e.g. 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.

**Red Flag Item – Considered to be foundational element in clinical work.**

Adapted from APTA's Clinical Performance Instrument, 2009 Version.

**APPENDIX III – ASSESSMENT FORMS**  
**Jackson State Community College**  
**Physical Therapist Assistant Program**

**PTAT 2492/2493/2494 CLINICAL EDUCATION  
INSERVICE GRADING RUBRIC**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title of Presentation: \_\_\_\_\_

Directions: Please mark the appropriate box for each of the presentation elements. Comments may also be added.

Presentation Elements	Level 3	Level 2	Level 1	Additional Comments
TOPIC REVELANCE	Topic was interesting and relevant to physical therapy and to the audience in attendance.	Topic was somewhat relevant to physical therapy and/or the audience in attendance.	Topic was not relevant to physical therapy and/or the audience in attendance.	
INTERACTION	There were several opportunities for discussion and sharing of ideas.	There were some opportunities for discussion and sharing of ideas.	There were few to no opportunities for discussion and sharing of ideas.	
INCORPORATION OF RESEACH/ EVIDENCE	Information was included from various reliable sources which were included in a reference list.	Information was included from 1-2 sources which were included in a reference list.	It was unclear as to the source of information presented. No reference list provided.	
ORGANIZATION	A presentation outline was shared. Main ideas and sequence can be recalled.	A presentation outline was mentioned. Some main ideas can be recalled.	A presentation outline was not evident. Some of the main ideas can be recalled.	
PRESENTATION	Speaker was relaxed, well articulated, and maintained good eye contact with the audience.	Speaker met two of the criteria previously noted in Level 3 for this element.	Speaker met one or none of the previously noted criteria in Level 3 for this element.	
HANDOUTS/VISUALS	The handouts were well aligned with the presentation and showed main ideas clearly and concisely.	The handouts were loosely aligned with the presentation and related to the main ideas.	The handouts were not aligned with the presentation but included at least some of the ideas OR no handout were provided.	

Additional questions:

Did you learn anything NEW      YES/NO  
 from this inservice?

Will you be able to incorporate    YES/NO  
 information from this inservice  
 into clinical practice?

**SIGNATURE of Clinical Instructor:** \_\_\_\_\_

**Jackson State Community College  
Physical Therapist Assistant Program**

**PTAT 2492/2493/2494 STUDENT WEEKLY CLINICAL ASSESSMENT**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Instructor: \_\_\_\_\_ Week #: \_\_\_\_\_

Clinical Facility: \_\_\_\_\_ Clinical Course: \_\_\_\_\_

I. List examples of patient types worked with (diagnosis, relevant history, medications, age):	
II. List some Data Collection Skills or Interventions observed/performed (reference <i>CPI Performance Criteria</i> 8 – 12):	
III. List 3 – 6 <i>CPI Performance Criteria</i> that you addressed this week per the performance expectations for this clinical experience (rating):	
IV. List 3 <i>CPI Performance Criteria</i> in which your performance was <u>less</u> than what you wanted it to be (per the performance expectations for this experience):	
V. Provide some examples of interactions that you have had with the supervising PT this week.	
VI. List any special interprofessional experience(s) observed/participated in, such as in-services, surgeries, lectures, rounds, opportunities to work with other students or disciplines, etc.	
VII. Provide an overall summary of your week (including goals/objectives met/unmet):	

**Jackson State Community College  
Physical Therapist Assistant Program**

**PTAT 2492/2493/2494 STUDENT CLINICAL AFFILIATION  
SITE VISIT ASSESSMENT**

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_  
FACILITY \_\_\_\_\_  
CLINICAL INSTRUCTOR \_\_\_\_\_

**I. CLINICAL INSTRUCTOR**

A. Student

1. Overall Impressions of student including but limited to the following:

- Professionalism/Communication/Interactions
- Safety
- Supervision Required
- Basic/Advanced Skill/Interventions
- Documentation
- Time Management/Organizational Skills
- Problem solving/Critical Thinking Skills
- Interprofessional Collaboration

2. Areas that need improvement. CI discussed with student? Yes No

3. Any specific inadequacies in the student's academic preparation?

4. Inservice completed or scheduled?

B. CCCE

- 1. Communication
- 2. Support

**II. STUDENT**

A. Above areas discussed. Does the student agree with the above assessments?

B. Relationship with CI/CCCE, quality and quantity of supervision?

**III. PTA FACULTY SUMMARY (Indicate one and/or include narrative)**

- 4 \_\_\_\_\_ Progression very well, entry-level skills displayed, no concerns. (N/A for PTAT 2592)
- 3.5 \_\_\_\_\_ Progressing well, primarily functioning safely and independently.
- 3 \_\_\_\_\_ Progressing consistently, requires only confirmation from CI, no concerns.
- 2.5 \_\_\_\_\_ Progressing consistently but requires guidance from CI.
- 2 \_\_\_\_\_ Minor concerns, inconsistencies noted, student requires supervision of CI, counseled student.
- 2.5 \_\_\_\_\_ Moderate concerns, significant inconsistencies noted, directed student on needs.
- 1 \_\_\_\_\_ Significant concerns, not meet required objectives, student requires constant supervision of CI, counseled at length with CI and student (additional narrative required).

**IV. RECOMMENDATION**

- NO FURTHER ACTION NEEDED
- FOLLOW-UP TELEPHONE CALL NEEDED \_\_\_\_\_
- REQUIRES IMMEDIATE ACTION (attach plan) \_\_\_\_\_

\_\_\_\_\_  
PTA Faculty

**APPENDIX IV – CLINICAL PLACEMENT FORMS****Jackson State Community College  
Physical Therapist Assistant Program****STUDENT CLINICAL EDUCATION PLACEMENT FORM**

**Name:** \_\_\_\_\_ **Current Address:** \_\_\_\_\_

**Prior Experience/Exposure:** Please include all volunteer experience, all work experience, and any personal experience such as being a patient or having a close family member who was a patient at the site. (You may use the back of the form if necessary)

**Date:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Purpose:** \_\_\_\_\_

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**Preference for Clinical Placement:** Please see your PTA Student Handbook for a listing of available clinical sites and select three sites that comply with the focus area for the rotation that you are currently scheduled to attend. Indicate the first, second, and third choices that you are interested in and please make sure that at least one of your choices is in a location *other than your hometown*. (If interested in pediatrics note that this rotation will take the place of Sub-acute/Rehab but please be aware that these sites are limited and will be used on a first come, first serve basis.)

<b>Integrated Clinical Education (Outpatient)</b>	<b>Terminal Clinical Education I (Acute-Care)</b>	<b>Terminal Clinical Education II (Sub-Acute/Rehab)</b>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Please be advised that multiple factors are weighted in assigning clinical placements. These include but are not limited to:

1. Availability of clinical sites
2. Student's preferred area
3. Ensuring that the student has a wide range of clinical experiences and opportunities to develop entry-level skills as a PTA
4. Attempts to provide a good fit for both the SPTA and the CI

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**Student Signature and Date**

**ACCE Signature and Date**

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\*A student with an identified Disability (which must have been previously documented through the Office of the Dean of Students at Jackson State Community College) is NOT required to disclose said Disability to the clinical site. However, disclosure is strongly encouraged so that reasonable accommodations may be provided to the student per the Americans with Disabilities Act.

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**Clinical Placement:** \_\_\_\_\_

**Physical Therapist Assistant Program****TENTATIVE CLINICAL EDUCATION RESERVATION FORM**

Name of Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_

CCCE: \_\_\_\_\_

Director of Rehab: \_\_\_\_\_ Preferred Communication (Circle one):  
 Email     Phone     Mail

Thank you for your willingness to support our PTA students. **Please complete this form and return it via email or fax.** The boxes below contain our upcoming clinical dates. Please enter a number in the last column to indicate how many students you may be able to accommodate during the requested rotations. If you cannot take any students, please enter a 0 (zero). Thanks for all you do; we could not do this without YOU!

Clinical Type	Clinical Dates	Days Required	# of Students accepted*
Integrated Clin Ed <b>OUTPATIENT</b>	June ?, 201? – July ?, 201?	5 days per week for 5 weeks	
Terminal Clin Ed I <b>ACUTE CARE or SUBACUTE REHAB**</b>	February ?, 201? – March ?, 201?	5 days per week for 5 weeks	
	March ?, 201? – April ?, 201?	5 days per week for 5 weeks	
Terminal Clin Ed II <b>ACUTE CARE or SUBACUTE/REHAB**</b>	February ?, 201? – March ?, 201?	5 days per week for 5 weeks	
	March ?, 201? – April ?, 201?	5 days per week for 5 weeks	

\* If you have multiple sites please indicate not only the number but also the **location** of placement.\*\*A pediatric experience may fall during **Terminal Clinical Education I or II Sub-Acute/Rehab** dates.

If you have any questions/comments feel free to contact me via email or phone.

**NOTE:** Please be sure to confirm that all CIs meet the qualifications for a clinical instructor per state and accrediting agency guidelines.

Patricia J. Easley PTA, EdD  
 Professor, ACCE  
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 731-425-9551 (fax)  
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**STATEMENT OF ACKNOWLEDGEMENT AND UNDERSTANDING**

I, \_\_\_\_\_, have read and understand all policies and guidelines set forth in the JSCC Physical Therapist Assistant Program Clinical Education Manual. Most specifically, I understand the *Student Requirements* for the SPTA as delineated by this program and by the clinical affiliates. I further agree to abide by all program policies and guidelines, as well as course syllabi mandates, clinical affiliate policies, and any other applicable state and federal regulations. I understand that my failure to comply with any of these policies or regulations may result in probationary status and/or program dismissal.

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Student Signature

Date

## **RESOURCES**



American Physical Therapy Association

Last Updated: 08/01/12

Contact: nationalgovernance@apta.org

**MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST ASSISTANT GRADUATES AT ENTRY-LEVEL**

BOD G11-08-09-18 (Guideline)

**Background**

In August 2007, 30 member consultants convened in Alexandria, VA for a consensus conference. The primary purpose of the conference was to achieve agreement on the minimum required skills for every graduate from a physical therapist assistant program to be able to perform on patients/clients that include, but are not limited to, the skill set required by the National Physical Therapy Examination (NPTE) for physical therapist assistants (PTAs).

Assumptions that framed the boundaries for the discussion during this conference included:

- (1) A minimum set of required skills will be identified that every graduate from a physical therapist assistant program can competently perform in the clinical environment.
- (2) Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist assistant licensure examination; put differently, no skills on the physical therapist assistant licensure blueprint will be excluded from the minimum required skills.
- (3) To achieve consensus on the minimum required skills, 90% or more of the member consultants must be in agreement.
- (4) The minimum required skill of the physical therapist assistant will not exceed that described for the physical therapist.
- (5) Those aspects of patient/client management that are not part of the scope of work of the physical therapist assistant are not addressed in this conference, i.e. examination, evaluation, diagnosis, prognosis, development of plan of care, re-examination, development of discharge plan.
- (6) Those aspects of patient/client management that are not part of the scope of work of the physical therapist, assistant are not addressed in his conference, i.e. examination, evaluation, diagnosis, prognosis, development of plan of care, re-examination, development of discharge plan.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist assistant to perform on patients/clients in a competent and coordinated manner under the direction and supervision of the physical therapist. Skills considered essential for any physical therapist assistant graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular, pulmonary, integumentary) and the continuum of patient/client throughout the lifespan. Definitions for terms used in this document are based on the *Guide to Physical Therapist Practice*. An asterisk (\*) denotes a skill identified on the Physical Therapist Assistant (NPTE) Test Content Outline.

Given that agreement on this document was achieved by a small group of member consultants, the conference document was then disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document. The consensus-based draft document of Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-level was placed on APTA's website and stakeholder groups, including APTA Board of Directors, all physical therapist assistant academic program directors, PTA Academic Coordinators/Directors of Clinical Education, and PTA facilities, physical therapists and PTAs serving on CAPTE panels, component leaders, the PTA Caucus Advisory Panel of PTAs, and a sampling of clinical educators were invited to vote. A modified Delphi was used on whether or not to include/exclude specific essential skills that every PTA graduate should be competent in performing on patients/clients under the direction and supervision of the physical therapist. A total of 494 responses were received and the results were tabulated and analyzed. Those skills that the 494 respondents voted to include with an aggregate score of 80% or higher were incorporated into the final draft document.

The final "vote" was provided in a report to the APTA Board of Directors in November 2008 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level as a core document to be made available to stakeholders, including PTA academic programs and their faculties, clinical education sites, students, employees and CAPTE. The final document that follows defines Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level.

PTA Skill Category	Description of Minimum Skills for PTA
Plan of Care Review	<ol style="list-style-type: none"> <li>1. Read all physical therapy documentation, including initial examination and plan of care.           <ol style="list-style-type: none"> <li>A. Note indications, contraindications, precautions and safety considerations for the patient.</li> <li>B. Note goals and expected outcomes.</li> <li>C. Seek clarification from physical therapist, as needed.</li> </ol> </li> <li>2. Review information in the medical record at each visit, including:           <ol style="list-style-type: none"> <li>A. Monitor medical record for changes in medical status and/or medical procedures.</li> <li>B. Collect data on patient's current condition, compare results to previously collected data and safety parameters established by the physical therapist, and determine if the safety parameters have been met.</li> <li>C. Seek clarification from appropriate health professions' staff for unfamiliar or ambiguous information.</li> </ol> </li> <li>3. Identify when the directed interventions are either beyond the scope of work or personal scope of work of the PTA.</li> <li>4. Communicate to the physical therapist when there are significant changes in the patient's medical status, physician referral, or when the criticality and complexity of the patient is beyond the knowledge, skills, and abilities of the PTA.</li> <li>5. Explain the rationale for selected interventions to achieve patient goals as identified in the plan of care.</li> </ol>
Provision of Procedural Interventions	<ol style="list-style-type: none"> <li>1. Provide interventions compliant with federal and state licensing requirements, APTA standards documents (eg, Guide for Conduct for the PTA, Code of Ethics), and facility policies and procedures.</li> <li>2. Ensure safety of patient and self throughout patient care.           <ol style="list-style-type: none"> <li>A. Identify the need for and take action when safety of patient or self may be at risk or has been compromised.</li> <li>B. Utilize risk management strategies (eg, universal precautions, body mechanics).</li> </ol> </li> <li>3. Assure patient privacy, rights, and dignity.           <ol style="list-style-type: none"> <li>A. Follow HIPAA requirements and observe Patient Bill of Rights.</li> <li>B. Position/drape to protect patient modesty.</li> </ol> </li> <li>4. Provide competent provision of physical therapy interventions, including:           <ol style="list-style-type: none"> <li>A. Aerobic Capacity/Endurance Conditioning or Reconditioning               <ol style="list-style-type: none"> <li>1. Increase workload over time</li> <li>2. Movement efficiency and energy conservation training</li> </ol> </li> </ol> </li> </ol>

PTA Skill Category	Description of Minimum Skills for PTA
<ul style="list-style-type: none"> <li>• Electrotherapeutic modalities*           <ul style="list-style-type: none"> <li>• Physical agents and mechanical modalities*</li> <li>• Assessment of patient response</li> <li>• Clinical problem solving techniques</li> <li>• Ability to modify</li> </ul> </li> </ul>	<p>3. Walking/wheelchair propulsion programs</p> <p>B. Balance, coordination, and agility training</p> <p>1. Neuromuscular education or reeducation</p> <p>2. Postural awareness training</p> <p>3. Standardized, programmatic, complementary exercise approaches (protocols)</p> <p>4. Task-Specific Performance Training (eg, transfer training, mobility exercises, functional reaching)</p> <p>5. Body mechanics and postural stabilization activities</p> <p>C. Body mechanics training</p> <p>1. Postural stabilization activities</p> <p>2. Postural awareness training</p> <p>D. Flexibility exercises</p> <p>1. Range of motion</p> <p>2. Stretching (eg, Passive, Active, Mechanical)</p> <p>E. Gait and locomotion training</p> <p>1. Developmental activities training</p> <p>2. Gait training (with and without devices)</p> <p>3. Standardized, programmatic, complementary exercise approaches</p> <p>F. Neuromotor development training</p> <p>1. Developmental activities training</p> <p>2. Movement pattern training</p> <p>3. Neuromuscular education or reeducation</p> <p>G. Relaxation</p> <p>1. Breathing strategies (with respect to delivery of an intervention)</p> <p>2. Relaxation techniques (with respect to delivery of an intervention)</p> <p>H. Strength, power, and endurance training for head, neck, limb, trunk, and ventilatory muscles</p> <p>1. Active assistive, active, and resistive exercises, including concentric, dynamic isotonic, eccentric, isometric, diaphragmatic breathing, and low-level phonometrics (eg, kicking a ball, throwing a ball)</p> <p><u>Functional training in self-care and home management</u></p> <p>A. Activities of daily living (ADL) training</p> <p>1. Bed mobility and transfer training</p> <p>2. Activity specific performance training</p> <p>B. Device and equipment use and training</p> <p>1. Assistive and adaptive device or equipment training during ADL</p> <p>C. Injury prevention or reduction</p> <p>1. Injury prevention education during self-care and home management</p> <p>2. Injury prevention or reduction with use of devices and equipment</p> <p>3. Safety awareness training during self-care and home management</p> <p><u>Manual therapy techniques</u></p> <p>A. Therapeutic Massage</p> <p>B. Soft tissue mobilization</p> <p>C. Passive range of motion</p> <p><u>Application and adjustment of devices and equipment</u></p> <p>A. Adaptive devices</p> <p>1. Hospital Beds</p> <p>2. Raised Toilet Seats</p> <p>B. Assistive devices</p> <p>1. Canes</p> <p>2. Crutches</p> <p>3. Long-handled reachers</p> <p>4. Walkers</p> <p>5. Wheelchairs</p> <p>C. Orthotic and prosthetic devices</p> <p>1. Braces</p> <p>D. Protective devices</p> <p>1. Braces</p> <p>E. Supportive devices, such as:</p> <p>1. Compression garments</p> <p>2. Elastic wraps</p> <p>3. Soft neck collars</p> <p>4. Slings</p> <p>5. Supplemental oxygen</p> <p><u>Breathing strategies/oxygenation</u></p> <p>1. Identify patient in respiratory distress</p> <p>2. Reposition patient to improve respiratory function</p> <p>3. Instruct patient in a variety of breathing techniques (pursed-lip breathing, paced breathing, etc.)</p> <p>4. Administration of prescribed oxygen during interventions.</p> <p><u>In tegumentary protection</u></p> <p>1. Recognize interruptions in integumentary integrity</p> <p>2. Repositioning</p> <p>3. Patient education</p> <p><u>Electrotherapeutic modalities, such as:</u></p> <p>1. Electrotherapeutic delivery of medications</p> <p>2. Electrical muscle stimulation</p> <p>3. Electrical stimulation for tissue repair</p> <p>4. Functional electrical stimulation</p> <p>5. High-voltage pulsed current</p> <p>6. Neuronimuscular electrical stimulation</p> <p>7. Transcutaneous electrical nerve stimulation</p> <p><u>Physical agents</u></p> <p>1. Cryotherapy (eg, cold pack, ice massage, vaporocoolant spray, hydrotherapy)</p>

PTA Skill Category	Description of Minimum Skills for PTA
<ul style="list-style-type: none"> <li>• Electrotherapeutic modalities*           <ul style="list-style-type: none"> <li>• Physical agents and mechanical modalities*</li> <li>• Assessment of patient response</li> <li>• Clinical problem solving techniques</li> <li>• Ability to modify</li> </ul> </li> </ul>	<p>3. Walking/wheelchair propulsion programs</p> <p>B. Balance, coordination, and agility training</p> <p>1. Neuromuscular education or reeducation</p> <p>2. Postural awareness training</p> <p>3. Standardized, programmatic, complementary exercise approaches (protocols)</p> <p>4. Task-Specific Performance Training (eg, transfer training, mobility exercises, functional reaching)</p> <p>5. Body mechanics and postural stabilization activities</p> <p>C. Body mechanics training</p> <p>1. Postural stabilization activities</p> <p>2. Postural awareness training</p> <p>D. Flexibility exercises</p> <p>1. Range of motion</p> <p>2. Stretching (eg, Passive, Active, Mechanical)</p> <p>E. Gait and locomotion training</p> <p>1. Developmental activities training</p> <p>2. Gait training (with and without devices)</p> <p>3. Standardized, programmatic, complementary exercise approaches</p> <p>F. Neuromotor development training</p> <p>1. Developmental activities training</p> <p>2. Movement pattern training</p> <p>3. Neuromuscular education or reeducation</p> <p>G. Relaxation</p> <p>1. Breathing strategies (with respect to delivery of an intervention)</p> <p>2. Relaxation techniques (with respect to delivery of an intervention)</p> <p>H. Strength, power, and endurance training for head, neck, limb, trunk, and ventilatory muscles</p> <p>1. Active assistive, active, and resistive exercises, including concentric, dynamic isotonic, eccentric, isometric, diaphragmatic breathing, and low-level phonometrics (eg, kicking a ball, throwing a ball)</p> <p><u>Functional training in self-care and home management</u></p> <p>A. Activities of daily living (ADL) training</p> <p>1. Bed mobility and transfer training</p> <p>2. Activity specific performance training</p> <p>B. Device and equipment use and training</p> <p>1. Assistive and adaptive device or equipment training during ADL</p> <p>C. Injury prevention or reduction</p> <p>1. Injury prevention education during self-care and home management</p> <p>2. Injury prevention or reduction with use of devices and equipment</p> <p>3. Safety awareness training during self-care and home management</p>

PTA Skill Category	Description of Minimum Skills for PTA
<ul style="list-style-type: none"> <li>• Communication of pertinent information           <ul style="list-style-type: none"> <li>• Relationship of psychosocial factors to progress</li> <li>• Clinical problem solving</li> </ul> </li> </ul>	<p>plan of care.</p> <p>C. Identify possible progressions that will continue to advance patient response.</p> <p>D. Select and implement the progression of the intervention.</p> <p>E. Determine outcomes of the intervention.</p> <p>2. Communicate pertinent information.</p> <p>A. Identify changes in patient response due to intervention.</p> <p>B. Describe adjustments to intervention within plan of care.</p> <p>C. Describe response to change in intervention.</p> <p>3. Recognize when other variables (psychological, social, cultural, etc.) appear to be affecting the patient's progression with the intervention.</p> <p>4. Determine if patient is progressing toward goals in plan of care. If no, determine if modifications made to the intervention are required to improve patient response.</p> <p><b>Data Collection</b></p> <ul style="list-style-type: none"> <li>• Competent data collection</li> <li>• Interview skills</li> <li>• Accurate and timely</li> <li>• Clinical problem solving</li> <li>• Ability to modify techniques</li> <li>• Documentation and communication</li> </ul> <p>1. Provide accurate, reproducible, safe, valid, and timely collection and documentation of data to measure the patient's medical status and/or progress within the intervention as indicated in the following categories:</p> <p><b>Anthropometric characteristics</b></p> <p>1. Measure body dimensions (eg, height, weight, girth, limb length).</p> <p><b>Arousal, attention, and cognition</b></p> <p>1. Determine level of orientation to situation, time, place, and person.</p> <p>2. Determine patient's ability to process commands.</p> <p>3. Determine level of arousal (lethargic, alert, agitated).</p> <p>4. Test patient's recall ability (eg, short term and long term memory).</p> <p><b>Assistive and adaptive devices</b></p> <p>1. Measure for assistive or adaptive devices and equipment.</p> <p>2. Determine components, alignments and fit of device and equipment.</p> <p>3. Determine patient's safety while using the device.</p> <p>4. Monitor patient's response to the use of the device.</p> <p>5. Check patient or caregiver's ability to care for device and equipment (maintenance, adjustment, cleaning).</p> <p><b>Body mechanics</b></p> <p>1. Determine patient's ability to use proper body mechanics.</p>

PTA Skill Category	Description of Minimum Skills for PTA
<p>2. Ultrasound</p> <p>3. Thermootherapy (eg, dry heat, hot packs, paraffin baths, hydrotherapy)</p> <p><b>Mechanical modalities</b></p> <p>1. Compression therapies</p> <p>2. Mechanical motion devices</p> <p>3. Traction devices</p> <p>5. Determine patient's response to the intervention:</p> <p>A. Interview patient and accurately interpret verbal and nonverbal responses</p> <p>B. Identify secondary effects or complications caused by the intervention</p> <p>C. Determine outcome of intervention (positive or negative), including data collection and functional measures</p> <p>6. Use clinical problem solving skills in patient care.</p> <p>A. Determine if patient is safe and comfortable with the intervention, and, if not, determine appropriate modifications</p> <p>B. Compare results of intervention to previously collected data and determine if there is progress toward the expectations established by the PT or if the expectations have been met</p> <p>C. Determine if modifications to the interventions are needed to improve patient response</p> <p>7. Modify interventions to improve patient response.</p> <p>A. Determine modifications that can be made to the intervention within the plan of care</p> <p>B. Communicate with physical therapist when modifications are outside scope of work or personal scope of work of PTA.</p> <p>C. Select and implement modification</p> <p>D. Determine patient outcomes from the modification</p> <p><b>Patient Instruction</b></p> <ul style="list-style-type: none"> <li>• Application of principles of learning</li> <li>• Use of variety of teaching strategies</li> <li>• Methods to enhance compliance</li> <li>• Clarity in instructions</li> <li>• Assessment of patient response</li> </ul> <p>1. Apply principles of learning using a variety of teaching strategies during patient instruction.</p> <p>2. Provide clear instructions (eg, verbal, visual).</p> <p>3. Apply methods to enhance compliance (eg, handouts, reporting forms).</p> <p>4. Determine patient response/understanding of instruction.</p> <p><b>Patient Progression</b></p> <ul style="list-style-type: none"> <li>• Competent patient progression</li> </ul> <p>1. Implement competent patient progression.</p> <p>A. Identify the need to progress via data collection.</p> <p>B. Determine what progression can be made within the</p>	

PTA Skill Category	Description of Minimum Skills for PTA	Description of Minimum Skills for PTA
	<p>mechanics during functional activity.</p> <p><u>Environmental barriers, self-care, and home management</u></p> <ol style="list-style-type: none"> <li>1. Identify potential safety barriers.</li> <li>2. Identify potential environmental barriers.</li> <li>3. Identify potential physical barriers.</li> <li>4. Determine ability to perform basic mobility and transfers safely in the context of self-care/home management.</li> </ol> <p><u>Gait, locomotion, and balance</u></p> <ol style="list-style-type: none"> <li>1. Determine patient's safety while engaged in gait, locomotion, balance, and mobility.</li> <li>2. Measure patient's progress with gait, locomotion, balance, and mobility, including use of standard tests.</li> <li>3. Describes gait deviations and their effect on gait and locomotion.</li> </ol> <p><u>In integumentary integrity</u></p> <ol style="list-style-type: none"> <li>1. Identify activities, positioning, and postures that may produce or relieve trauma to the skin.</li> <li>2. Identify devices and equipment that may produce or relieve trauma to the skin.</li> <li>3. Observe and describe skin characteristics (eg, blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture, and turgor).</li> <li>4. Observe and describe changes in skin integrity, such as presence of wound, blister, incision, hematoma, etc.</li> <li>5. Test for skin sensation and describe absent or altered sensation.</li> </ol> <p><u>Muscle function</u></p> <ol style="list-style-type: none"> <li>1. Perform manual muscle testing.</li> <li>2. Observe the presence or absence of muscle mass.</li> <li>3. Describe changes in muscle tone.</li> </ol> <p><u>Neuromotor function</u></p> <ol style="list-style-type: none"> <li>1. Identify the presence or absence of developmental reflexes, associated reactions, or abnormal tone.</li> <li>2. Identify performance of gross and fine motor skills.</li> </ol> <p><u>Orthotic and prosthetic devices and equipment</u></p> <ol style="list-style-type: none"> <li>1. Check components, ensure alignment and fit of orthotic devices, braces, and/or splints.</li> <li>2. Determine effectiveness of components (is it working or not?), alignment, and fit of orthotic devices, braces, and splints during functional activities.</li> </ol>	<p>activities.</p> <ol style="list-style-type: none"> <li>3. Determine patient/caregiver's ability to don/doff orthotic device, brace, and/or splint.</li> <li>4. Determine patient/caregiver's ability to care for orthotic device, brace, or splint (eg, maintenance, adjustments, and cleaning).</li> </ol> <p><u>Pain</u></p> <ol style="list-style-type: none"> <li>1. Define location and intensity of pain.</li> </ol> <p><u>Posture</u></p> <ol style="list-style-type: none"> <li>1. Determine postural alignment and position (static and dynamic, symmetry, deviation from midline).</li> </ol> <p><u>Range of motion</u></p> <ol style="list-style-type: none"> <li>1. Perform tests of joint active and passive movement, muscle length, soft tissue extensibility, tone and flexibility (goniometry, tape measure).</li> <li>2. Describe functional range of motion.</li> </ol> <p><u>Sensory response</u></p> <ol style="list-style-type: none"> <li>1. Perform tests of superficial sensation (coarse touch, light touch, cold, heat, pain, pressure, and/or vibration).</li> <li>2. Check peripheral nerve integrity (sensation, strength).</li> </ol> <p><u>Vital Signs</u></p> <ol style="list-style-type: none"> <li>1. Monitor and determine cardiovascular function. (eg, peripheral pulses, blood pressure, heart rate)</li> <li>2. Monitor and determine physiological responses to position change (eg, orthostatic hypotension, skin color, blood pressure, and heart rate).</li> <li>3. Monitor and determine respiratory status (eg, pulse oximetry, rate, and rhythm, pattern).</li> </ol> <p><u>Documentation</u></p> <ul style="list-style-type: none"> <li>• Select relevant information</li> <li>• Accuracy</li> <li>• Ability to adapt</li> </ul> <ol style="list-style-type: none"> <li>1. Document in writing/electronically patient care using language that is accurate, complete, legible, timely, and consistent with institutional, legal, and billing requirements.</li> <li>2. Use appropriate grammar, syntax, and punctuation in communication.</li> <li>3. Use appropriate terminology and institutionally approved abbreviations.</li> </ol>

PTA Skill Category	Description of Minimum Skills for PTA
	<p>mechanics during functional activity.</p> <p><u>Environmental barriers, self-care, and home management</u></p> <ol style="list-style-type: none"> <li>1. Identify potential safety barriers.</li> <li>2. Identify potential environmental barriers.</li> <li>3. Identify potential physical barriers.</li> <li>4. Determine ability to perform basic mobility and transfers safely in the context of self-care/home management.</li> </ol> <p><u>Gait, locomotion, and balance</u></p> <ol style="list-style-type: none"> <li>1. Determine patient's safety while engaged in gait, locomotion, balance, and mobility.</li> <li>2. Measure patient's progress with gait, locomotion, balance, and mobility, including use of standard tests.</li> <li>3. Describes gait deviations and their effect on gait and locomotion.</li> </ol> <p><u>In integumentary integrity</u></p> <ol style="list-style-type: none"> <li>1. Identify activities, positioning, and postures that may produce or relieve trauma to the skin.</li> <li>2. Identify devices and equipment that may produce or relieve trauma to the skin.</li> <li>3. Observe and describe skin characteristics (eg, blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture, and turgor).</li> <li>4. Observe and describe changes in skin integrity, such as presence of wound, blister, incision, hematoma, etc.</li> <li>5. Test for skin sensation and describe absent or altered sensation.</li> </ol> <p><u>Muscle function</u></p> <ol style="list-style-type: none"> <li>1. Perform manual muscle testing.</li> <li>2. Observe the presence or absence of muscle mass.</li> <li>3. Describe changes in muscle tone.</li> </ol> <p><u>Neuromotor function</u></p> <ol style="list-style-type: none"> <li>1. Identify the presence or absence of developmental reflexes, associated reactions, or abnormal tone.</li> <li>2. Identify performance of gross and fine motor skills.</li> </ol> <p><u>Orthotic and prosthetic devices and equipment</u></p> <ol style="list-style-type: none"> <li>1. Check components, ensure alignment and fit of orthotic devices, braces, and/or splints.</li> <li>2. Determine effectiveness of components (is it working or not?), alignment, and fit of orthotic devices, braces, and splints during functional activities.</li> </ol>

PTA Skill Category	Description of Minimum Skills for PTA	Description of Minimum Skills for PTA
c. Compassion and Caring d. Cultural Competence e. Duty f. Integrity g. Social Responsibility	<p>4. Use an organized and logical framework to document care.</p> <p>5. Identify and communicate with the physical therapist when further documentation is required.</p> <p><b>Safety, CPR, and Emergency Procedures</b></p> <ul style="list-style-type: none"> <li>• Safety</li> <li>• Initiate emergency response system</li> <li>• CPR</li> </ul> <ol style="list-style-type: none"> <li>1. Ensure safety of self and others in the provision of care in all situations.</li> <li>2. Initiate and/or participate in emergency life support procedures (simulated or actual).</li> <li>3. Initiate and/or participate in emergency response system (simulated or actual).</li> <li>4. Maintain competency in CPR.</li> <li>5. Prepare and maintain a safe working environment for performing interventions (e.g. clear walkways, equipment checks, etc.).</li> </ol> <p><b>Healthcare Literature</b></p> <ol style="list-style-type: none"> <li>1. Reads and understands the healthcare literature.</li> </ol> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>a. Colleagues</li> <li>b. Aides, volunteers, peers, coworkers</li> <li>c. Students</li> <li>d. Community</li> </ul> <ol style="list-style-type: none"> <li>1. Instruct other members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience.</li> <li>2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation and scope of work of the PTA.</li> </ol> <p><b>Resource Management</b></p> <ul style="list-style-type: none"> <li>• Human</li> <li>• Fiscal</li> <li>• Systems</li> </ul> <ol style="list-style-type: none"> <li>1. Follow legal and ethical requirements for direction and supervision of other support personnel.</li> <li>2. Select appropriate non-patient care activities to be directed to support personnel.</li> <li>3. Identify and eliminate obstacles to completing patient related duties.</li> <li>4. Demonstrate efficient time management.</li> <li>5. Provide accurate and timely information for billing and reimbursement purposes.</li> <li>6. Adhere to legal/ethical requirements, including billing.</li> <li>7. Maintain and use physical therapy equipment effectively.</li> </ol> <p><b>Behavioral Expectations:</b></p> <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Altruism</li> </ul>	<p>management.</p> <p>2. Act in a manner consistent with the <i>Standards of Ethical Conduct for the Physical Therapist Assistant and Guide for Conduct of the Physical Therapist Assistant</i>.</p> <p>3. Change behavior in response to understanding the consequences (positive and negative) of the physical therapist assistant's actions.</p> <p><u><b>Altruism</b></u></p> <ol style="list-style-type: none"> <li>1. Place the patient/client's needs above the physical therapist assistant's self-interests.</li> </ol> <p><u><b>Compassion and Caring</b></u></p> <ol style="list-style-type: none"> <li>1. Exhibit compassion, caring, and empathy in providing services to patients; promote active involvement of the patient in his or her care.</li> </ol> <p><u><b>Cultural competence</b></u></p> <ol style="list-style-type: none"> <li>1. Identify, respect, and act with consideration for the patient's differences, values, preferences, and expressed needs in all physical therapy activities.</li> </ol> <p><u><b>Duty</b></u></p> <ol style="list-style-type: none"> <li>1. Describe and respect the physical therapist's and other team members' expertise, background, knowledge, and values.</li> <li>2. Demonstrate reliability in meeting normal job responsibilities (e.g., attendance, punctuality, following direction).</li> <li>3. Preserve the safety, security, privacy, and confidentiality of individuals.</li> <li>4. Recognize and report when signs of abuse/neglect are present.</li> <li>5. Actively promote physical therapy.</li> </ol> <p><u><b>Integrity</b></u></p> <ol style="list-style-type: none"> <li>1. Demonstrate integrity in all interactions.</li> <li>2. Maintain professional relationships with all persons.</li> </ol> <p><u><b>Social Responsibility</b></u></p> <ol style="list-style-type: none"> <li>1. Analyze work performance and behaviors and seek assistance for improvement as needed.</li> </ol>

PTA Skill Category	Description of Minimum Skills for PTA
<b>Safety, CPR, and Emergency Procedures</b>	<p>4. Use an organized and logical framework to document care.</p> <p>5. Identify and communicate with the physical therapist when further documentation is required.</p> <p><b>Safety, CPR, and Emergency Procedures</b></p> <ul style="list-style-type: none"> <li>• Safety</li> <li>• Initiate emergency response system</li> <li>• CPR</li> </ul> <ol style="list-style-type: none"> <li>1. Ensure safety of self and others in the provision of care in all situations.</li> <li>2. Initiate and/or participate in emergency life support procedures (simulated or actual).</li> <li>3. Initiate and/or participate in emergency response system (simulated or actual).</li> <li>4. Maintain competency in CPR.</li> <li>5. Prepare and maintain a safe working environment for performing interventions (e.g. clear walkways, equipment checks, etc.).</li> </ol> <p><b>Healthcare Literature</b></p> <ol style="list-style-type: none"> <li>1. Reads and understands the healthcare literature.</li> </ol> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>a. Colleagues</li> <li>b. Aides, volunteers, peers, coworkers</li> <li>c. Students</li> <li>d. Community</li> </ul> <ol style="list-style-type: none"> <li>1. Instruct other members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience.</li> <li>2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation and scope of work of the PTA.</li> </ol> <p><b>Resource Management</b></p> <ul style="list-style-type: none"> <li>• Human</li> <li>• Fiscal</li> <li>• Systems</li> </ul> <ol style="list-style-type: none"> <li>1. Follow legal and ethical requirements for direction and supervision of other support personnel.</li> <li>2. Select appropriate non-patient care activities to be directed to support personnel.</li> <li>3. Identify and eliminate obstacles to completing patient related duties.</li> <li>4. Demonstrate efficient time management.</li> <li>5. Provide accurate and timely information for billing and reimbursement purposes.</li> <li>6. Adhere to legal/ethical requirements, including billing.</li> <li>7. Maintain and use physical therapy equipment effectively.</li> </ol> <p><b>Behavioral Expectations:</b></p> <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Altruism</li> </ul>
<b>Accountability</b>	<p>1. Adhere to federal and state legal practice standards and institutional regulations related to patient care and fiscal</p>
<b>Altruism</b>	

PTA Skill Category	Description of Minimum Skills for PTA
Communication	<p>Interpersonal Communication</p> <ol style="list-style-type: none"> <li>1. Develop rapport with patients/clients and others to promote confidence.</li> <li>2. Actively listen and display sensitivity to the needs of others.</li> <li>3. Ask questions in a manner that elicits needed responses.</li> <li>4. Modify communication to meet the needs of the audience, demonstrating respect for the knowledge and experience of others.</li> <li>5. Demonstrate congruence between verbal and non-verbal messages.</li> <li>6. Recognize when communication with the physical therapist is indicated.</li> <li>7. Initiate and complete verbal and written communication with the physical therapist in a timely manner.</li> <li>8. Ensure ongoing communication with the physical therapist for optimal patient care.</li> <li>9. Recognize role and participate appropriately in communicating patient status and progress within the health care team.</li> </ol> <p>Conflict Management/Negotiation</p> <ol style="list-style-type: none"> <li>1. Recognize potential for conflict.</li> <li>2. Implement strategies to prevent and/or resolve conflict.</li> <li>3. Seek resources to resolve conflict when necessary.</li> </ol>
Promotion of Health, Wellness, and Prevention	<ol style="list-style-type: none"> <li>1. Demonstrate health promoting behaviors.</li> <li>2. Recognize opportunities to educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.) and communicate opportunity to the physical therapist.</li> <li>3. Educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.).</li> <li>4. Recognize patient indicators of willingness to change health behaviors and communicate to the physical therapist.</li> </ol>
Career Development	<ol style="list-style-type: none"> <li>1. Engage in self-assessment.</li> <li>2. Identify individual learning needs to enhance role in the profession.</li> </ol>

PTA Skill Category	Description of Minimum Skills for PTA
	<p>Relationship to Vision 2020: (Academic/Clinical Education Affairs Department, ext 3203)</p> <p><b>Explanation of Reference Numbers:</b>  <u>BOD_P0_00-00_00</u> stands for Board of Directors/monthly/year/page/vote in the Board of Directors Minutes; the "VP" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.</p> <p>P: Position   S: Standard   G: Guideline   Y: Policy   R: Procedure</p>

## PTA Direction Algorithm (See Controlling Assumptions)

Physical therapist (PT) completes physical therapy patient/client examination and evaluation, establishing the physical therapy diagnosis, prognosis, and plan of care.

Are there interventions within the plan of care that are within the scope of work of a PTA?

No

PT provides patient/client intervention for interventions that are not within the scope of work of the PTA, including all interventions requiring ongoing evaluation.

Yes

Is the patient/client's condition sufficiently stable to direct the intervention to a PTA?

No

PT provides patient/client intervention and determines when/if the patient/client health conditions have stabilized sufficiently to direct selected interventions to a PTA.

Yes

Are the intervention outcomes sufficiently predictable to direct the intervention to a PTA?

No

PT provides patient/client intervention and determines when/if the prognostic conditions have changed sufficiently to direct selected interventions to a PTA.

Yes

Given the knowledge, skills, and abilities of the PTA, is the intervention within the personal scope of work of the individual PTA?

No

PT provides patient/client intervention; assesses the limits of the PTA's personal scope of work, identifies areas for PTA development, and assists the PTA in obtaining relevant development opportunities.

Yes

Given the practice setting, have all associated risks and liabilities been identified and managed?

No

PT provides patient/client intervention and identifies solutions for unmanaged risk and liabilities.

Yes

Given the practice setting, have all associated payer requirements related to physical therapy services provided by a PTA been managed?

No

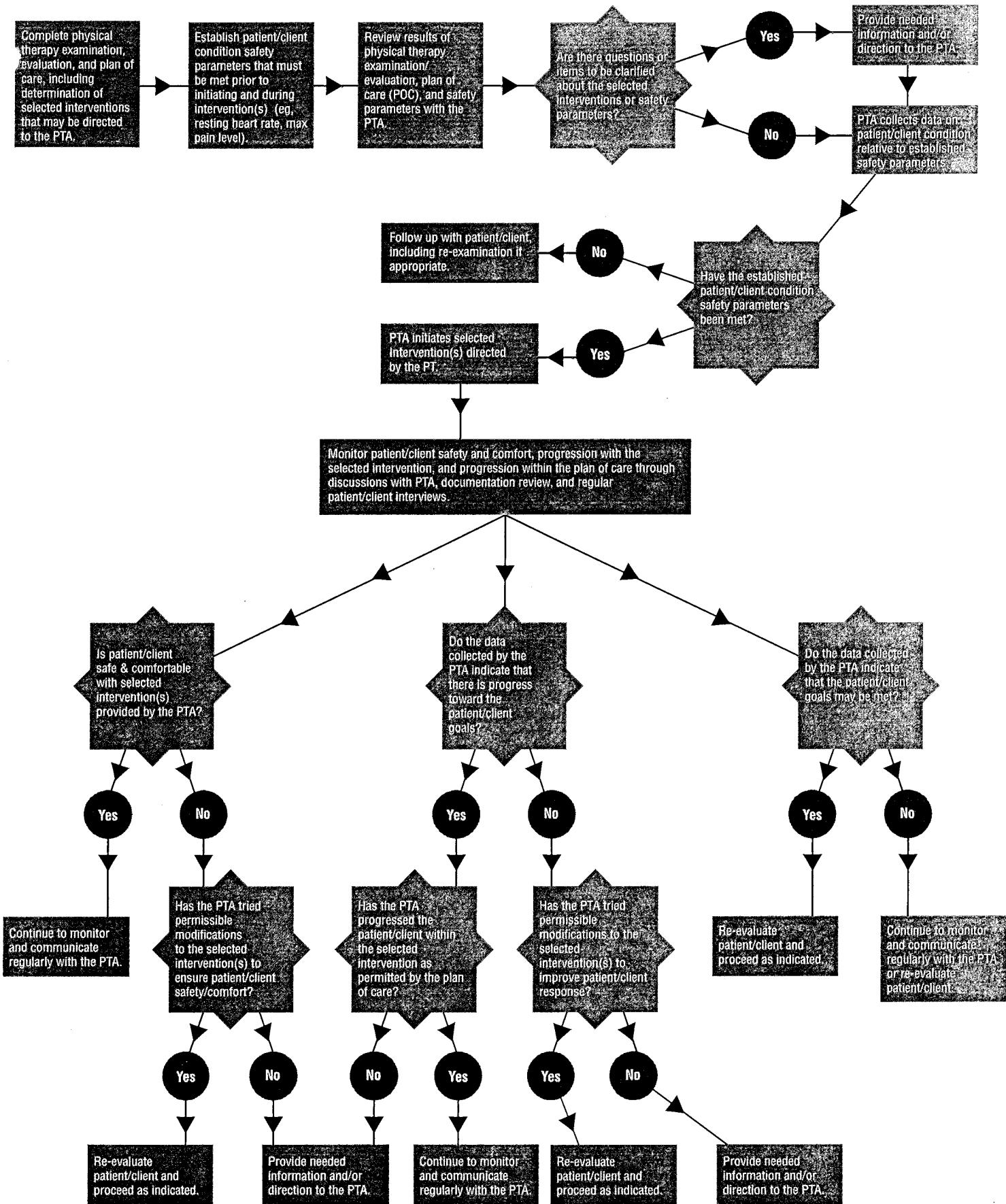
PT provides patient/client intervention when payer requirements do not permit skilled physical therapy services to be provided by a PTA.

Yes

PT provides patient/client intervention for interventions that are within the scope of work of the PTA, including those interventions that require ongoing evaluation and/or modification of the intervention based on patient response.  
PT provides patient/client intervention for interventions that are within the scope of work of the PTA, including those interventions that require ongoing evaluation and/or modification of the intervention based on patient response.  
PT provides patient/client intervention for interventions that are within the scope of work of the PTA, including those interventions that require ongoing evaluation and/or modification of the intervention based on patient response.

## PTA Supervision Algorithm

*(See Controlling Assumptions)*



### Chart: Supervision of Students Under Medicare

Practice Setting	PT Student	PT Student	PTA Student	PTA Student
	Part A	Part B	Part A	Part B
PT in Private Practice	N/A	X1	N/A	X1
Certified Rehabilitation Agency	N/A	X1	N/A	X1
Comprehensive Outpatient Rehabilitation Facility	N/A	X1	N/A	X1
Skilled Nursing Facility	Y1	X1	Y2	X1
Hospital	Y3	X1	Y3	X1
Home Health Agency	NAR	X1	NAR	X1
Inpatient Rehabilitation Agency	Y4	N/A	Y4	N/A

#### Key

Y: Reimbursable

X: Not Reimbursable

N/A: Not Applicable

NAR: Not Addressed in Regulation. Please defer to state law.

**Y1:** Reimbursable: Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (**Federal Register**, August 8, 2011). Within individual facilities, supervising therapistsassistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally all state and professional practice guidelines for student supervision must be followed. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented. There are distinctions with regard to how minutes are counted on the MDS (e.g. individual, concurrent, group) when a student is involved in providing care. These are described below:

### **Individual Therapy:**

When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant. The supervising therapist/assistant shall not be treating or supervising other individuals and he/she is able to immediately intervene/assist the student as needed.

**Example:** A speech therapy graduate student treats Mr. A for 30 minutes. Mr. A.'s therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is not in the room with the student or Mr. A. Mr. A.'s therapy may be coded as 30 minutes of individual therapy on the MDS.

### **Concurrent Therapy:**

When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are in line of sight of the therapist/assistant or student providing their therapy; or
- The therapy student is treating 2 residents, **regardless of payer source**, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or
- The therapy student is not treating any residents and the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight.

**Example:** An Occupational Therapist provides therapy to Mr. K. for 60 minutes. An occupational therapy graduate student, who is supervised by the occupational therapist, is treating Mr. R. at the same time for the same 60 minutes but Mr. K. and Mr. R. are not doing the same or similar activities. Both Mr. K. and Mr. R's stays are covered under the Medicare Part A benefit. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:

- Mr. K. received concurrent therapy for 60 minutes.
- Mr. R. received concurrent therapy for 60 minutes.

### **Group Therapy:**

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.

**Documentation:** APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient's care.

**Y2: Reimbursable:** The minutes of student services count on the Minimum Data Set. Medicare no longer requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA) student services. Rather, the supervising PT/PTA now has the authority to determine the appropriate level of supervision for the student, as appropriate within their state scope of practice. See Y1.

**Documentation:** APTA recommends that the physical therapist and assistant should co-sign the note of physical therapist assistant student and state the level of appropriate supervision used. Also, the

documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy in Y1.

**Y3:** This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

Documentation: Please refer to documentation guidance provided under Y1

**Y4:** This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the inpatient rehabilitation facility payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

## **X1: B. Therapy Students**

### **1. General**

Only the services of the therapist can be billed and paid under Medicare Part B. However, a student may participate in the delivery of the services if the therapist is directing the service, making the judgment, responsible for the treatment and present in the room guiding the student in service delivery.

### ***EXAMPLES:***

Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services).

## **2. Therapy Assistants as Clinical Instructors**

Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.

Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.

**GUIDELINES: CENTER COORDINATORS OF CLINICAL EDUCATION BOD G03-06-21-55** [Amended BOD G03-04-23-57; BOD 03-99-23-75; Initial BOD 11-92-43-201] [Guideline]

Preamble

Clinical education represents a significant component of physical therapy curricula that has been continuously examined and discussed since APTA publications of Moore and Perry (1976) entitled *Clinical Education in Physical Therapy: Present Status/Future Needs* and Barr and Gwyer (1981) entitled *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. As a result, the Association and the Education Section have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: *Guidelines for Clinical Education Sites*, *Guidelines for Clinical Instructors (CIs)*, and *Guidelines for Center Coordinators of Clinical Education (CCCEs)*. These guidelines were first adopted by APTA's Board of Directors in November 1992 and endorsed by APTA's House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by APTA's Board of Directors in 1999 and 2004.

In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the *Guide to Physical Therapist Practice* and in particular the patient management model, *A Normative Model of Physical Therapist Professional Education: Version 1997*, *A Normative Model of Physical Therapist Assistant Education: First Revision* (January 1998), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. The revised Guidelines for Clinical Education were approved by APTA's Board of Directors in March 1999.

In March 2004, these Guidelines for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the *Guide to Physical Therapist Practice* (2003), *A Normative Model of Physical Therapist Professional Education: Version 2004*, Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants, and APTA positions, standards, guidelines, policies, and procedures.

The intent of these guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient's home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal

guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of "should" and "may."

We are indebted to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor's *Standards for Clinical Education in Physical Therapy* (1981) and the Northern California Clinical Education Consortium's Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also grateful to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.

**1.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.**

- 1.1 To qualify as a Center Coordinator of Clinical Education (CCCE), an individual should meet the *Guidelines: Center Coordinators of Clinical Education*. Preferably, a physical therapist or a physical therapist assistant is designated as the CCCE. Various alternatives may exist, including, but not limited to, nonphysical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.
  - 1.1.1 If the CCCE is a physical therapist or physical therapist assistant, he or she should be experienced as a clinician; experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process of students.
    - 1.1.1.1 The CCCE meets the requirements of APTA's Guidelines for Clinical Instructors.
  - 1.1.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable of the clinical education site and its resources; and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist and physical therapist assistant who are experienced clinicians must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of a physical therapist student is delegated to a physical therapist. Direct clinical supervision of a physical therapist assistant student is delegated to either a physical therapist or physical therapist working with a physical therapist assistant.
    - 1.1.2.1 The CCCE meets the non-discipline-specific APTA Guidelines: Clinical Instructors (i.e., Guidelines 2.0, 3.0, 4.0, and 5.0).
- 1.2 The CCCE demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational theory, and issues in health care delivery.
- 1.3 The CCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.

**2.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.**

- 2.1 The CCCE interacts effectively and fosters collegial relationships with parties internal and external to the clinical education site, including students, clinical education site personnel, and representatives of the academic program.
  - 2.1.1 The CCCE performs administrative functions between the academic program and clinical education site, including, but not limited to, completion of the clinical center information forms (CCIF), clinical education agreements, student placement forms,\* and policy and procedure manuals.
  - 2.1.2 The CCCE provides consultation to the clinical instructor (CI) in the evaluation process regarding clinical learning experiences.
  - 2.1.3 The CCCE serves as a representative of the clinical education site to academic programs.
  - 2.1.4 The CCCE is knowledgeable about the affiliated academic programs and their respective curricula and disseminates the information to clinical education site personnel.
  - 2.1.5 The CCCE communicates with the Academic Coordinator of Clinical Education\* (ACCE) regarding clinical education planning, evaluation, and CI development.
  - 2.1.6 The CCCE is open to and encourages feedback from students, CIs, ACCEs, and other colleagues.

- 2.1.7 The CCCE demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.
- 3.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.
- 3.1 The CCCE plans and implements activities that contribute to the professional development of the CIs.
    - 3.1.1 The CCCE is knowledgeable about the concepts of adult and lifelong learning and life span development.
    - 3.1.2 The CCCE recognizes the uniqueness of teaching in the clinical context.
  - 3.2 The CCCE identifies needs and resources of CIs in the clinical education site.
  - 3.3 The CCCE, in conjunction with CIs, plans and implements alternative or remedial learning experiences for students experiencing difficulty.
  - 3.4 The CCCE, in conjunction with CIs, plans and implements challenging clinical learning experiences for students demonstrating distinctive performance.
  - 3.5 The CCCE, in conjunction with CIs, plans and implements learning experiences to accommodate students with special needs.
- 4.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.
- 4.1 The CCCE supervises the educational planning, clinical experiences, and performance evaluation of the CI(s)/student(s) team.
    - 4.1.1 The CCCE provides consistent monitoring and feedback to CIs about clinical education activities.
    - 4.1.2 The CCCE serves as a resource to both CIs and students.
    - 4.1.3 The CCCE assists in planning and problem solving with the CI(s)/student(s) team in a positive manner that enhances the clinical learning experience.
- 5.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.
- 5.1 The CCCE is knowledgeable about educational evaluation methodologies and can apply these methodologies to the physical therapy clinical education program.
  - 5.2 The CCCE contributes to the clinical education site's process of personnel evaluation and development.
  - 5.3 The CCCE provides feedback to CIs on their performance in relation to the *Guidelines for Clinical Instructors*.
    - 5.3.1 The CCCE assists CIs in their goal setting and in documenting progress toward achievement of these goals.
  - 5.4 The CCCE consults with CIs in the assessment of student performance and goal setting as it relates to specific evaluative criteria established by academic programs.\*
    - 5.4.1 For student remedial activities, the CCCE participates in the development of an evaluation plan to specifically document progress.
- 6.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE ADMINISTRATIVE AND MANAGERIAL SKILLS.
- 6.1 The CCCE is responsible for the management of a comprehensive clinical education program.
    - 6.1.1 The clinical education program includes, but is not limited to, the program's goals and objectives; the learning experiences available and the logistical details for student placements; and a plan for CI training, evaluation, and development.
    - 6.1.2 The CCCE implements a plan for program review and revision that reflects the changing health care environment.
  - 6.2 The CCCE advocates for clinical education with the clinical education site's administration, the provider of physical therapy's administration, and physical therapy personnel.
  - 6.3 The CCCE serves as the clinical education site's formal representative and liaison with academic programs.
    - 6.3.1 Activities include scheduling; providing information, documentation, and orientation to incoming students; and maintaining records of student performance, CI qualifications, and clinical education site resources.
  - 6.4 The CCCE facilitates and maintains the necessary documentation to affiliate with academic programs.
    - 6.4.1 The CCCE maintains current information, including clinical site information forms (e.g., CSIF), clinical education agreements, and policy and procedure manuals.

- 6.5 The CCCE has effective relationships with clinical education site administrators, representatives of other disciplines, and other departments to enhance the clinical education program.
- 6.6 The CCCE demonstrates knowledge of the clinical education site's philosophy and commitment to clinical education.
- 6.7 The CCCE demonstrates an understanding of the clinical education site's quality improvement and assessment activities.

The foundation for this document is:

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Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

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**GUIDELINES: CLINICAL INSTRUCTORS BOD G03-06-21-55** [Amended BOD G03-04-22-56; BOD 11-01-06-09; BOD 03-99-23-75; Initial BOD 11-92-43-201] [Guideline]

Preamble

Clinical education represents a significant component of physical therapy curricula that has been continuously examined and discussed since APTA's publications of Moore and Perry (1976) entitled *Clinical Education in Physical Therapy: Present Status/Future Needs* and Barr and Gwyer (1981) entitled *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. As a result, the Association and the Education Section have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

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**1.0 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.**

- 1.1 One year of clinical experience is preferred as minimal criteria for serving as the CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.
  - 1.1.1 The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.
- 1.2 The CI is a competent physical therapist or physical therapist assistant.
  - 1.2.1 The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the *Guide to Physical Therapist Practice*.
  - 1.2.2 The CI uses critical thinking in the delivery of health services.
  - 1.2.3 Rationale and evidence is provided by:
    - 1.2.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and re-examinations.
    - 1.2.3.2 The physical therapist assistant for directed interventions, data collection associated with directed interventions, and outcomes.
  - 1.2.4 The CI demonstrates effective time-management skills.
  - 1.2.5 The CI demonstrates the core values associated with professionalism in physical therapy.
- 1.3 The CI adheres to legal practice standards.
  - 1.3.1 The CI holds a valid license, registration, or certification as required by the state in which the individual provides physical therapy services.
  - 1.3.2 The CI provides physical therapy services that are consistent with the respective state/jurisdictional practice act and interpretive rules and regulations.
  - 1.3.3 The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, HIPAA, Medicare regulations regarding reimbursement for patient/client care where students are involved, and the ADA.
    - 1.3.3.1 The physical therapist is solely responsible for ensuring the patient/client is aware of the student status of any student involved in providing physical therapy services.
- 1.4 The CI demonstrates ethical behavior.
  - 1.4.1 The CI provides physical therapy services ethically as outlined by the clinical education site policy and APTA's *Code of Ethics*, *Standards of Ethical Conduct for the Physical Therapist Assistant*, *Guide for Professional Conduct*, *Guide for Conduct of the Physical Therapist Assistant*, and *Guide to Physical Therapist Practice*.

**2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.**

- 2.1 The CI uses verbal, nonverbal, and written communication skills and information technology to clearly express himself or herself to students and others.
  - 2.1.1 The CI defines performance expectations for students.
  - 2.1.2 The CI and student(s) collaborate to develop mutually agreed-on goals and objectives for the clinical education experience.
  - 2.1.3 The CI provides feedback to students.
  - 2.1.4 The CI demonstrates skill in active listening.
  - 2.1.5 The CI provides clear and concise communication.
- 2.2 The CI is responsible for facilitating communication.
  - 2.2.1 The CI encourages dialogue with students.
  - 2.2.2 The CI provides time and a place for ongoing dialogue to occur.
  - 2.2.3 The CI initiates communication that may be difficult or confrontational.

2.2.4 The CI is open to and encourages feedback from students, clinical educators, and other colleagues.

**3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.**

3.1 The CI forms a collegial relationship with students.

3.1.1 The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical therapist assistant and demonstrates an awareness of the impact of this role modeling on students.

3.1.2 The CI promotes the student as a colleague to others.

3.1.3 The CI demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

3.1.4 The CI is willing to share his or her strengths and weaknesses with students.

3.2 The CI is approachable by students.

3.2.1 The CI assesses and responds to student concerns with empathy, support or interpretation, as appropriate.

3.3 The CI interacts with patients/clients, colleagues, and other health care providers to achieve identified goals.

3.4 The CI represents the physical therapy profession positively by assuming responsibility for career and self-development and demonstrates this responsibility to the students.

3.4.1 Activities for development may include, but are not limited to: continuing education courses, journal clubs, case conferences, case studies, literature review, facility sponsored courses, post-professional/entry-level education, area consortia programs, and active involvement in professional associations including APTA.

**4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.**

4.1 The CI collaborates with students to plan learning experiences.

4.1.1 Based on a plan, the CI implements, facilitates, and evaluates learning experiences with students.

4.1.2 Learning experiences should include both patient/client interventions and patient/client practice management activities.

4.2 The CI demonstrates knowledge of the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience.

4.3 The CI recognizes and uses the entire clinical environment for potential learning experiences, both planned and unplanned.

4.4 The CI integrates knowledge of various learning styles to implement strategies that accommodate students' needs.

4.5 The CI sequences learning experiences to promote progression of the students' personal and educational goals.

4.5.1 The CI monitors and modifies learning experiences in a timely manner based on the quality of the student's performance.

**5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.**

5.1 The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations.

5.1.1 The CI presents clear performance expectations to students at the beginning and throughout the learning experience.

5.1.2 Goals and objectives are mutually agreed-on by the CI and student(s).

5.2 Feedback is provided both formally and informally.

5.2.1 To provide student feedback, the CI collects information through direct observation and discussion with students, review of the students' patient/client documentation, available observations made by others, and students' self-assessments.

5.2.2 The CI provides frequent, positive, constructive, and timely feedback.

5.2.3 The CI and students review and analyze feedback regularly and adjust the learning experiences accordingly.

5.3 The CI performs constructive and cumulative evaluations of the students' performance.

5.3.1 The CI and students both participate in ongoing formative evaluation.

5.3.2 Cumulative evaluations are provided at least at midterm and at the completion of the clinical education experience and include student self-assessments.

## 6.0 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

- 6.1 The CI articulates observations of students' knowledge, skills, and behavior as related to specific student performance criteria.
  - 6.1.1 The CI familiarizes herself or himself with the student's evaluation instrument prior to the clinical education experience.
  - 6.1.2 The CI recognizes and documents students' progress, identifies areas of entry-level competence, areas of distinction, and specific areas of performance that are unsafe, ineffective, or deficient in quality.
  - 6.1.3 Based on areas of distinction, the CI plans, in collaboration with the CCCE and the ACCE/DCE, when applicable, activities that continue to challenge students' performance.
  - 6.1.4 Based on the areas identified as inadequate, the CI plans, in collaboration with the CCCE and ACCE/DCE, when applicable, remedial activities to address specific deficits in student performance.
- 6.2 The CI demonstrates awareness of the relationship between the academic program and clinical education site concerning student performance evaluations, grading, remedial activities, and due process in the case of student failure.
- 6.3 The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (e.g., problem identification, processing, and solving) as part of the performance evaluation process.
- 6.4 The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and CCCE performance, and the evaluation process.

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**GUIDELINES: CLINICAL EDUCATION SITES BOD G03-06-21-55** [Amended BOD G03-04-22-55; BOD 02-02-25-40;  
BOD 11-01-05-07; BOD 03-99-23-75; Initial BOD 11-92-43-201] [Guideline]

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Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: *Guidelines for Clinical Education Sites*, *Guidelines for Clinical Instructors (CIs)*, and *Guidelines for Center Coordinators of Clinical Education (CCCEs)*. These guidelines were first adopted by APTA's Board of Directors in November 1992 and endorsed by APTA's House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by APTA's Board of Directors in 1999 and 2004.

In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the *Guide to Physical Therapist Practice* and in particular the patient management model, *A Normative Model of Physical Therapist Professional Education: Version 1997*, *A Normative Model of Physical Therapist Assistant Education: First Revision* (January 1998), *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*. The revised Guidelines for Clinical Education were approved by APTA's Board of Directors in March 1999.

In March 2004, these Guidelines for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the *Guide to Physical Therapist Practice* (2003), *A Normative Model of Physical Therapist Professional Education: Version 2004*, *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*, and APTA positions, standards, guidelines, policies, and procedures.

The intent of these guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient's home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal

guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of "should" and "may."

We are indebted to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor's *Standards for Clinical Education in Physical Therapy* (1981) and the Northern California Clinical Education Consortium's Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also grateful to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.

**1.0 THE PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PROVIDER OF PHYSICAL THERAPY FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.**

- 1.1 The philosophies of the clinical education site and the academic program must be compatible, but not necessarily identical or in complete accord.
- 1.2 The clinical education site and the provider of physical therapy should have a written statement of philosophy.
  - 1.2.1 The statement of philosophy may include comments concerning responsibilities for patient/client care, community service and resources, and educational and scholarly activities.

**2.0 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PROVIDER OF PHYSICAL THERAPY, AND THE INDIVIDUAL STUDENT.**

- 2.1 Planning for students should take place through communication\* among the Center Coordinator of Clinical Education (CCCE), the Clinical Instructors (CIs), and the Academic Coordinator/Director of Clinical Education (ACCE/DCE).
  - 2.1.1 The provider of physical therapy has clearly stated, written objectives for its clinical education programs consistent with the philosophy and requirements of each academic program.
  - 2.1.2 Clinical education objectives should be written specifically for the provider of physical therapy by physical therapy personnel.
  - 2.1.3 Students should participate in planning their learning experiences according to mutually agreed-on objectives.
  - 2.1.4 CIs should be prepared to modify learning experiences to meet individual student needs, objectives, and interests.
- 2.2 A thorough orientation to the clinical education program and the personnel of the clinical education site should be planned for students.
  - 2.2.1 Organized procedures for the orientation of students exist. These procedures may include providing an orientation manual, a facility tour, and information related to housing, transportation, parking, dress code, documentation, scheduling procedures, and other important subjects.
- 2.3 Evaluation of student performance is an integral part of the learning plan to ensure that objectives are met.
  - 2.3.1 Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.
  - 2.3.2 The provider of physical therapy gives both constructive and cumulative evaluations of students. These will be provided in both written and verbal forms, and the evaluation frequency will be scheduled as mutually agreed on by the academic program and the provider of physical therapy.

**3.0 PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.**

- 3.1 All physical therapists and physical therapist assistants provide services in an ethical and legal manner as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and APTA positions, policies, standards, codes, and guidelines.
  - 3.1.1 The clinical education site has evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate.
  - 3.1.2 The provider of physical therapy has a current policy and procedure manual, which includes a copy of the state/jurisdictional practice act and interpretive rules and regulations, APTA's *Code of Ethics*, *Standards of Ethical Conduct for the Physical Therapist Assistant*, *Guide for Professional Conduct*,

- Guide for Conduct of the Physical Therapist Assistant, Guide to Physical Therapist Practice, and a clinical education site code of ethics, if available.*
- 3.2 The clinical education site policies are available to the personnel and students.
- 3.2.1 Written policies should include, but not be limited to, statements on patients/clients' rights, release of confidential information (eg, HIPAA), photographic permission, clinical research, and safety and infection control.
- 3.2.2 The clinical education site has a mechanism for reporting unethical, illegal, unprofessional, or incompetent\* practice.
- 4.0 THE CLINICAL EDUCATION SITE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AS REQUIRED BY FEDERAL LEGISLATION.
- 4.1 The clinical education site adheres to affirmative action policies and does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, or disability or health status. These policies apply to recruiting, hiring, promoting, retaining, training, or recommending benefits for all personnel.
- 4.1.1 The clinical education site has written statements regarding nondiscrimination in its hiring, promotion, and retention practices.
- 4.2 The clinical education site does not discriminate against students and ensures that each student is provided equal opportunities, learning experiences, and benefits.
- 4.2.1 The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.\*
- 4.2.2 The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.
- 4.2.3 The clinical education site makes reasonable accommodations for personnel and students according to ADA\* guidelines.
- 5.0 THE CLINICAL EDUCATION SITE DEMONSTRATES ADMINISTRATIVE SUPPORT OF PHYSICAL THERAPY CLINICAL EDUCATION.
- 5.1 A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.
- 5.1.1 A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.
- 5.2 The clinical education site demonstrates support of the participation of its personnel in clinical education activities.
- 5.2.1 The clinical education site promotes participation of personnel as CIs and CCCEs.
- 5.2.2 The clinical education site facilitates growth of clinical educators by providing educational opportunities related to clinical education such as in-service presentations, CI training and credentialing programs, and attendance at clinical education conferences.
- 5.2.3 The clinical education site demonstrates commitment to clinical education by reasonable allocation of resources.
- 5.3 Administrative support should be demonstrated by the inclusion of a statement of educational commitment within the clinical education site's philosophy statement.
- 5.4 A clinical education program manual exists, which might include, but should not be limited to, structure of the program, roles and responsibilities of personnel, quality improvement mechanism, policies and procedures, sample forms, and a listing of current academic program relationships.
- 6.0 THE CLINICAL EDUCATION SITE HAS A VARIETY\* OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.
- 6.1 Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of physical therapy must have an adequate number and variety of patients/clients.
- 6.1.1 The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis,\* prognosis,\* intervention, outcomes, and re-examination (see *Guide to Physical Therapist Practice*).
- 6.1.2 Provision of a "variety of learning experiences" may include, but should not be limited to, patient/client acuity, continuum of care, presence of a PT working with a PTA, complexity of patient/client diagnoses and environment, health care systems, and health promotion.

- 6.1.3 The clinical education site provides a clinical experience appropriate to the students' level of education and prior experiences.
- 6.1.4 The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including, but not limited to, attendance on rounds, planning conferences, observation of other health professionals and medical procedures, and health promotion, prevention, and wellness programs.
- 6.1.5 The provider of physical therapy has adequate equipment to provide contemporary services to conduct screenings, perform examinations, and provide interventions.
- 6.1.6 The provider of physical therapy indicates the types of clinical learning experiences that are offered (e.g., observational, part-time, full-time).
- 6.2 Other learning experiences should include opportunities in practice management (e.g., indirect patient/client care). For physical therapist students, these opportunities may include consultation, education, critical inquiry, administration,\* resource (financial and human) management, public relations and marketing, and social responsibility and advocacy. For physical therapist assistant students, these opportunities may include education, administration, and social responsibility and advocacy.
  - 6.2.1 The clinical education site will expose students to various practice management opportunities, if available and appropriate, such as resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.
  - 6.2.2 The clinical education site will expose students to various direction and supervision experiences, if available and appropriate, such as appropriate utilization of support personnel.
  - 6.2.3 The clinical education site will expose students to teaching experiences, if available and appropriate, such as in-service programs and patient/client, family, caregiver, and consumer education.
  - 6.2.4 The clinical education site will expose students to various scholarly activities, if available and appropriate, such as journal clubs, continuing education/in-services, literature review, case studies, and clinical research.

## 7.0 THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.

- 7.1 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.
  - 7.1.1 Less tangible characteristics of the site's personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of physical therapy.
- 7.2 There is evidence of continuing and effective communication within the clinical education site.
  - 7.2.1 Possible mechanisms of verbal communication might include personnel meetings, advisory committee meetings, and interaction with other care providers, referral agencies, and consumers.
  - 7.2.2 Possible written communications available includes regular monthly or yearly reports, memorandums, and evaluations.\*
  - 7.2.3 Possible use of information technology includes e-mail, voice mail, computer documentation, electronic pagers, literature searches on the Internet, and use of APTA's Hooked-on-Evidence database and Open Door, and the PT CPI Web.
- 7.3 The physical environment for clinical education should include adequate space for the student to conduct patient/client interventions and practice management activities.
  - 7.3.1 The physical environment may include some or all of the following physical resources: lockers for personal belongings, study/charting area, area for private conferences, classroom/conference space, library resources, and access to the Internet.
  - 7.3.2 Patient/client-care areas are of adequate size to accommodate patients/clients, personnel, students, and necessary equipment.
- 7.4 The learning environment need not be elaborate, but should be organized, dynamic, and challenging.

## 8.0 SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.

- 8.1 Evidence exists that, prior to arrival, students are advised in writing of the availability of support services within the clinical education site and procedures for access to such services.
  - 8.1.1 Support services may include, but are not limited to: health care, emergency medical care, and pharmaceutical supplies; library facilities, educational media and equipment, duplicating services, and computer services; support for conducting critical inquiry; and room and board, laundry, parking, special transportation, and recreational facilities.

- 8.1.2 Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.

9.0 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

- 9.1 Current job descriptions exist which are consistent with the respective state/jurisdictional practice acts and rules and regulations, and are available for all physical therapy personnel.
    - 9.1.1 Job responsibilities reflecting clinical education activities are clearly defined within the job descriptions of all physical therapy personnel.
  - 9.2 Students are informed of the roles and responsibilities of all levels of personnel within the clinical education site and provider of physical therapy and how these responsibilities are distinguished from one another.
  - 9.3 The clinical education site and the provider of physical therapy should have a current policy and procedure manual that includes a written organizational chart for the provider of physical therapy and for the provider of physical therapy in relation to the clinical education site.
    - 9.3.1 The physical therapy organizational chart clearly identifies the lines of communication to be used by the student during clinical education experiences.\*
- 9.3.2 Organizational charts should also reflect all personnel relationships, including the person to whom the students are responsible while at the clinical education site.

10.0 THE PHYSICAL THERAPY PERSONNEL ARE ADEQUATE IN NUMBER TO PROVIDE AN EDUCATIONAL PROGRAM FOR STUDENTS.

- 10.1 Comprehensive clinical education can be planned for students in a clinical education site with at least one physical therapist in accordance with APTA positions, policies, standards, codes, and guidelines.
  - 10.1.1 Direct clinical supervision of a physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.
- 10.2 Student-personnel ratio can vary according to the provision of physical therapy services, the composition and expertise of the personnel, the educational preparation of students, the type (PT or PTA) of students, the learning needs of students, state/jurisdictional practice act, and the length of the clinical education assignments.
  - 10.2.1 Alternative approaches to student supervision should be considered where feasible. Examples may include two or more students to one supervisor, and split supervision by two or more CIs or split supervision by rotation.
- 10.3 Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.

11.0 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

- 11.1 To qualify as a Center Coordinator of Clinical Education (CCCE), the individual should meet the *Guidelines: Center Coordinators of Clinical Education*. Preferably, a physical therapist and/or a physical therapist assistant are designated as the CCCE. Various alternatives may exist, including, but not limited to, non-physical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.\*
  - 11.1.1 If the CCCE is a physical therapist or physical therapist assistant, the CCCE should be experienced as a clinician; experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.
  - 11.1.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist assistant who is experienced as a clinician must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of physical therapist students is delegated to a physical therapist. Direct clinical supervision of the physical therapist assistant student is delegated to a physical therapist or a physical therapist working with a physical therapist assistant.
- 11.2 Planning and implementing the clinical education program in the clinical education site should be a joint effort among all physical therapy personnel with the CCCE serving as the key contact person for the clinical education site with academic programs.

12.0 PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.

- 12.1 To qualify as a Clinical Instructor (CI), individuals should meet the *Guidelines for Clinical Instructors*.
    - 12.1.1 One year of clinical experience with demonstrated clinical competence is preferred as the minimal criteria for serving as a CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.
    - 12.1.2 CIs demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.
    - 12.2.3. CIs should preferably complete a clinical instructor-credentialing program such as APTA's Clinical Instructor Education and Credentialing Program.
  - 12.2 CIs should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.
    - 12.2.1 Necessary educational skills include the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.
    - 12.2.2 The CI is evaluated on the actual application of educational principles.
  - 12.3 The primary CI for physical therapist students must be a physical therapist.
  - 12.4 The PT working with the PTA is the preferred model of clinical instruction for the physical therapist assistant student to ensure that the student learns the appropriate aspects of the physical therapist assistant role.
    - 12.4.1 Where the physical therapist is the CI, the preferred roles of the physical therapist assistant are to serve as a role model for the physical therapist assistant student and to maintain an active role in the feedback and evaluation of the physical therapist assistant student.
    - 12.4.2 Where the physical therapist assistant is the CI working with the PT, the preferred roles of the physical therapist are to observe and consult on an ongoing basis, to model the essentials of the PT/PTA relationship, and to maintain an active role in feedback and evaluation of the physical therapist assistant students.
    - 12.4.3 Regardless of who functions as the CI, a physical therapist will be the patient/client care team leader with ultimate responsibility for the provision of physical therapy services to all patients/clients for whom the physical therapist assistant student provides interventions.
- 13.0 SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.
- 13.1 The clinical education site personnel, when appropriate, provide a variety of learning opportunities consistent with their areas of expertise.
    - 13.1.1 Special expertise may be offered by select physical therapy personnel or by other professional disciplines that can broaden the knowledge and competence of students.
    - 13.1.2 Special knowledge and expertise can be shared with students through in-service education, demonstrations, lectures, observational experiences, clinical case conferences, meetings, or rotational assignments.
    - 13.1.3 The involvement of the individual student in these experiences is determined by the CI.
- 14.0 THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI and CCCE) TRAINING AND DEVELOPMENT.
- 14.1 Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.
    - 14.1.1 The ACCE and the CCCE may collaborate on arrangements for presenting materials on clinical teaching to the CIs.
    - 14.1.2 The clinical education site should provide support for attendance at clinical education conferences and clinical teaching seminars on the consortia, regional, component, and national levels.
  - 14.1.3 APTA's Clinical Instructor Education and Credentialing Program is recommended for clinical educators.
- 15.0 THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.
- 15.1 The clinical education site's policy and procedure manuals outline policies concerning on-the-job training, in-service education, continuing education, and post-professional physical therapist/post-entry level physical therapist assistant study.
  - 15.2 The clinical education site supports personnel participation in various development programs through mechanisms such as release time for in-services, on-site continuing education programs, or financial support and educational time for external seminars and workshops.
  - 15.3 In-service education programs are scheduled on a regular basis and should be planned by personnel of the clinical education site.

- 15.4 Student participation in career development activities is expected and encouraged.
- 16.0 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.
- 16.1 Activities may include, but are not limited to, self-improvement activities, professional development and career enhancement activities, membership in professional associations including the American Physical Therapy Association activities related to offices or committees, paper or verbal presentations, community and human service organization activities, and other special activities.
  - 16.2 The physical therapy personnel should be encouraged to be active at local, state, component, or national levels.
  - 16.3 The physical therapy personnel should provide students with information about professional activities and encourage their participation.
  - 16.4 The physical therapy personnel should be knowledgeable of professional issues.
  - 16.5 Physical therapy personnel should model APTA's core values for professionalism.
- 17.0 THE PROVIDER OF PHYSICAL THERAPY HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.
- 17.1 Performance evaluations of physical therapy personnel should be completed at regularly scheduled intervals and should include appropriate feedback to the individuals evaluated.
  - 17.2 Evaluation of the provider of physical therapy should occur at regularly scheduled intervals.
    - 17.2.1 Evaluation methods may include, but are not limited to, continuous quality improvement, peer review, utilization review, medical audit, program evaluation, and consumer satisfaction monitors.
    - 17.2.2 Evaluations should be continuous and include all aspects of the service, including, but not limited to, consultation, education, critical inquiry, and administration.
  - 17.3 The clinical education site has successfully met the requirements of appropriate external agencies.
  - 17.4 The provider of physical therapy involves students in the review processes as possible.
  - 17.5 The physical therapy clinical education program should be reviewed and revised as changes occur in objectives, programs, and personnel.

The foundation for this document is:

Barr JS, Gwyer J. *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. Alexandria, VA: American Physical Therapy Association; 1981:3-8.

*The development of this document was a result of combined efforts of the Task Force on Clinical Education, 1989-1991 and the Task Force on Clinical Education 1992-1994.*

Revisions of this document are based on:

1. American Physical Therapy Association. Guide to Physical Therapist Practice. June 2003. Originally published as *Guide to Physical Therapist Practice*. 2<sup>nd</sup> ed. *Phys Ther*. 2001; 81: 9-744.
2. American Physical Therapy Association. *A Normative Model of Physical Therapist Professional Education Version 2000*. Alexandria, Va: American Physical Therapy Association; 2000.
3. American Physical Therapy Association. *A Normative Model of Physical Therapist Assistant Education: Version 99*. Alexandria, Va: American Physical Therapy Association; 1999.
4. American Physical Therapy Association. Physical Therapist Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.
5. American Physical Therapy Association. Physical Therapist Assistant Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.
6. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. Alexandria, Va: American Physical Therapy Association; 1998.
7. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. Alexandria, Va: American Physical Therapy Association; 2002.

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

**Explanation of Reference Numbers:**

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

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

## APTA CLINICAL INSTRUCTOR EDUCATION AND CREDENTIALING PROGRAM

**THE CRITICAL INCIDENT REPORT**

Directions: Record each entry clearly and concisely without reflecting any biases.

**Student's Name:**

**Evaluator/Observer:**

Date (Time)	Prior events, conditions	Behaviors	Consequences
<i>Student Initials:</i> <i>Evaluator Initials:</i>			
<i>Student Initials:</i> <i>Evaluator Initials:</i>			
<i>Student Initials:</i> <i>Evaluator Initials:</i>			
<b>Student's Signature:</b>			
<b>Evaluator's Signature:</b>			

APTA CLINICAL INSTRUCTOR EDUCATION AND CREDENTIALING PROGRAM

**ANECDOTAL RECORD**

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator/Observer:** \_\_\_\_\_

**Setting:** (place, persons involved, atmosphere, etc)

**Student Action or Behavior:**

**Evaluator Interpretation:**

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**Student's Signature**

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**Evaluator's Signature**

**Student's Comments:**

APTA CLINICAL INSTRUCTOR EDUCATION AND CREDENTIALING PROGRAM

**STUDENT PROGRAM PLANNING FLOW CHART**

Student: _____	Instructor(s): _____
School: _____	Date: _____
Evaluation	
Management	
Issues or Concerns	Behavioral Objectives
Learning Experiences/Action Plan	

APTA CLINICAL INSTRUCTOR EDUCATION AND CREDENTIALING PROGRAM

**WEEKLY PLANNING FORM**

Dates: \_\_\_\_\_

Week Number: \_\_\_\_\_

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

STUDENTS REVIEW OF THE WEEK:

CI'S REVIEW OF THE WEEK

GOALS FOR THE UPCOMING WEEK OF \_\_\_\_\_

Student's Signature \_\_\_\_\_

CI Signature \_\_\_\_\_