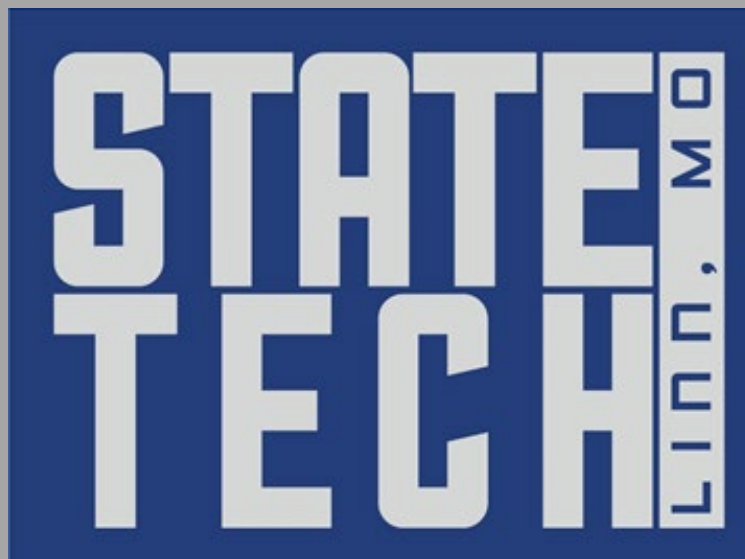
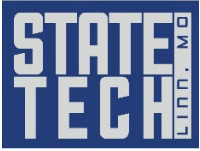


**State Technical College of Missouri
Physical Therapist Assistant Program**

**Clinical Education Handbook
2023-2024**





**STATE TECHNICAL COLLEGE OF MISSOURI
PHYSICAL THERAPIST ASSISTANT PROGRAM**

This handbook is a resource guide for the student, Clinical Instructor and the Site Coordinator for Clinical Education, and is designed to provide important information regarding student supervision, clinical education objectives, academic preparation for each affiliation, policies and procedures, and forms utilized by both the academic institution and the clinical site throughout the clinical education process.

The information contained in this handbook is designed to address the clinical education goals and to give the clinical instructor the tools needed to provide a positive clinical education experience for both the CI and the student. This material is designed as a self-study learning opportunity. You are welcome to make copies for your records and encouraged to research the various resources that have been cited throughout. This handbook can also be found on our website at: <https://www.statetechmo.edu/programs/healthsci/pta/clinicaleducation/>.

The contents of this handbook are revised and updated annually or as needed at the discretion of the Director of Clinical Education, the program director, and the program faculty. Supplements and/or changes to the handbook will be made available by email or delivered by the student in the clinical practice folder to CI's and SCCE's.

If you have any questions or concerns, please don't hesitate to contact the DCE. Thank you for participating in the clinical education component of the Physical Therapist Assistant (PTA) Program at State Technical College of Missouri. We hope the clinical experience is rewarding and enjoyable for both you and the student.

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Table of Contents

Accreditation	1
Program Mission Statement	1
Program Philosophy.....	1
Program Goals	1
Philosophy and Purpose of Clinical Education.....	2
Clinical Education Objectives.....	2
Assessment of the Clinical Education Program.....	4
Nondiscrimination Policy	5
Accommodating Students with Disabilities Policy.....	5
College, Program, and Site Policies and Procedures.....	5
Student Requirements for Clinical Education.....	5
Criminal Background Checks	5
Drug Screening.....	5
Immunizations, Health History and Physical Exam	6
Health Insurance.....	7
CPR Certification	7
Bloodborne and Airborne Pathogen Training.....	7
Confidentiality/HIPAA Training.....	7
Professional Liability Insurance.....	7
Safety and Emergency Treatment	7
Clinical Accident/Incidents and Reporting	8
Patient Rights	8
Student Privacy/Release of Information.....	8
Complaint/Grievance Policy/Procedures.....	8
Curriculum Plan.....	8-9
Clinical Education Requirements.....	10
Student Orientation to Clinical Education and Clinical Experiences.....	10
Assigning Clinical Experience Sites.....	10
Student Affiliation Agreements.....	12
Criteria for Selection of Clinical Sites.....	12
Communication with Students, Clinical Site SCCE's and Clinical Instructors.....	12
Student Readiness for Clinical Education	13
Clinical Practice I	13
Clinical Practice II & III.....	15
Assessment of the Student's Clinical Experience.....	17
Student Performance Evaluation	17
Comprehensive Clinical Competency Checklist.....	19
Student Evaluation of Clinical Instructor, Clinical Experience, and Academic Prep.....	20
Clinical Practice Course Assignments	20
Clinical Practice Course Final Grading Guidelines and Clinical Progression.....	20
Interruption and/or Failing a Clinical Education Experience.....	21
Student Orientation to the Clinical Site.....	22
Clinical Site Visits and Phone Calls.....	22
Clinical Time Sheets.....	22
Clinical Absences	22
Tardiness	23
Recordable Clinical Practice Hours	23
Student Supervision in the Event of Clinical Instructor Absence	23
Student Appearance/Dress Code	23

Table of Contents Continued

Professional Behaviors for Clinical Experiences.....	24
Professional Behaviors (Generic Abilities)	24
Responsibilities.....	27
Director of Clinical Education (DCE).....	27
Site Coordinator of Clinical Education (SCCE).....	27
Clinical Instructor (CI)	28
Student	30
Communication During Clinical Experiences Between DCE and SCCE, CI, Students.....	30
Clinical Instructor Qualifications.....	30
Clinical Faculty Assessment.....	31
Clinical Instructor Profile/Self-Assessment	31
Clinical Instructor Professional Development.....	31
Student Conflict/Problem Resolution.....	32
Role and supervision of the PTA and PTA Student.....	33
Student Supervision during Clinical Experiences.....	34
APTA Policies/Positions.....	34

APPENDIX

- A. Clinical Site Orientation Checklist
- B. Clinical Affiliation Agreement
- C. Additional Clinical Forms
 - Weekly Planning Form
 - Student Program Planning Flow Chart
 - Critical Incident Report
 - Anecdotal Record
- D. APTA Standards of Practice and the Criteria
- E. APTA Guide for Conduct of the PTA
- F. APTA Standards of Ethical Conduct for the PTA
- G. Release of Student Information to Clinical Centers
- H. Course Descriptions
- I. APTA Procedural Interventions Exclusively By Physical Therapist
- J. APTA Direction and Supervision of the Physical Therapist Assistant
- K. APTA Levels of Supervision
- L. APTA Student Physical Therapist and Physical Therapist Assistant Provision of Services
- M. Informed Consent Regarding Potential Health Risks During Clinical Practice

Accreditation

State Technical College of Missouri is accredited by The Higher Learning Commission. For more information: www.hlcommission.org.

The Physical Therapist Assistant program at State Technical College of Missouri is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.

Program Mission Statement

The Physical Therapist Assistant program prepares competent physical therapist assistants to improve the health of society.

Program Philosophy

The Physical Therapist Assistant Program will promote open communication and mutual respect among students, staff and faculty. The student should be an active participant in this process by helping to plan, develop and evaluate his/her educational experience. The student is encouraged to practice critical thinking and communication of possible solutions with faculty in preparation for effective communication with physical therapists and other health care professionals.

The program will foster the student's personal and intellectual development in combination with the achievement of specific physical therapy competencies. This is accomplished by stimulating the student to use his/her own creative capacities, acquire an independence of vision and judgment, and develop decision-making and communication skills along with an inquiring mind.

The graduate will complete basic preparation for contributing to the profession and community through service learning that may include the promotion of health, prevention of injury/disability and the restoration of function and community involvement. The student should be committed to maintaining high professional standards. Faculty wish to impress upon the student that education does not end upon graduation, but is a lifelong process that is necessary to remain informed of current trends affecting the profession and society.

The curriculum will be reflective of current scientific development and integrates didactic learning with clinical application. To fulfill this requirement, the faculty and staff may carry out creative endeavors, gain scholarly achievement and express their opinions. The Program will encourage continued clinical involvement of the faculty as well as communication with educators, community, state, federal and professional organizations and members of the health professions.

The Physical Therapist Assistant Program should be an integral part of both the campus and the community. Internal and external communications will improve the educational process as a whole. Close coordination between the Program and the professional communities will provide a learning exchange that benefits both the program and the community.

Program Goals

The goals of the program are to provide the opportunity for students to develop:

1. Behaviors and skills sought by employers.
2. Necessary entry-level skills to obtain positions as physical therapist assistants who work under the supervision of licensed physical therapists.
3. Communication, professionalism, and leadership skills that will enhance job performance.

Philosophy and Purpose of Clinical Education

The clinical education portion of the curriculum is a vital component of the Physical Therapist Assistant Program. It is in the clinical setting that the student learns by doing, and is able to apply knowledge within context. The Program strives to provide a framework for the development of highly competent professionals who are able to deliver services in a variety of clinical settings.

The Program incorporates didactic and clinical learning experiences designed to promote the development of strong fundamental concepts. Through clinical experiences at different times of the year and in a variety of settings, the student develops appropriate knowledge, hands on practice of acquired skills, professional behaviors, critical thinking skills, recognizes the individuality in patient care and learns to problem-solve based on the patient's needs. Each clinical experience is planned to correspond with the academic preparation of the student to meet CAPTE standards and the Program's mission and goals.

The student is expected to be an active participant in the planning and evaluation of the clinical experience. The student participates in the selection of their clinical sites. The clinical and academic faculty participates in planning and evaluation of clinical education in order to maximize effectiveness. Faculty development is incorporated in an effort to further improve performance and instructional skills. In the clinical environment, the student integrates knowledge, skills, and attitudes to grow and transition from student to practitioner. Clinical experiences are designed to incorporate clinical skills with professional behaviors, as outlined by the Professional Behaviors.

Throughout the clinical education program, strong emphasis is placed on behaviors that relate to professionalism as well as clinical skills. A course syllabus with specific information related to each course will be provided prior to the start of the experience and may be modified at the discretion of the instructor. (See individual course syllabi for additional information on the clinical education component of the curriculum).

Clinical Education Objectives

By the completion of the clinical education component of the PTA curriculum, students will demonstrate the following objectives consistent with an entry-level PTA: (Objectives based on the Professional Behaviors)

I. PROFESSIONALISM - Demonstrates professional behavior in all situations.

- ❖ Performs duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA).
- ❖ Perform duties in a manner consistent with the APTA's Values Based Behaviors for the Physical Therapist Assistant and the Professional Behaviors.
- ❖ Identifies, respects, and acts with consideration for patients'/clients' differences, values, preferences, and expressed needs in all work-related activities.

II. COMMUNICATION/DOCUMENTATION SKILLS - Demonstrates effective communication and education skills with patients/clients and healthcare providers.

- ❖ Communicates effectively and timely with patients, family members, caregivers, practitioners, interprofessional team members, and all others associated with healthcare services.
- ❖ Collects relevant information from patient interview/medical record including function and health status.
- ❖ Utilizes available assistive technology to complete accurate documentation, communication with other healthcare providers, and during the delivery of patient care.

III. TIME AND RESOURCES - Demonstrates efficient utilization of time and resources for patient care and other duties related to patient care.

- ❖ Manages time to effectively multitask and set priorities appropriately.
- ❖ Completes assignments and documentation accurately and in a timely manner following the professional and clinic setting guidelines.

IV. POLICIES and PROCEDURES - Demonstrates adherence to legal practice standards, and facility/department policies and procedures.

- ❖ Practices within the scope of all legal practice standards, including federal, state, and institutional regulations related to patient care and fiscal management, reporting suspected fraud or abuse to authorities as appropriate.
- ❖ Utilizes accurate and timely billing information for reimbursement.

V. CRITICAL THINKING AND PROBLEM SOLVING - Exhibits the ability to identify problems, develop solutions, and implement appropriate solutions.

- ❖ Identifies strengths and limitations in knowledge, skills, and behaviors through self-assessment and constructive feedback from other therapists to improve clinical performance.
- ❖ Demonstrates understanding of the patient's goals and the plan of care developed by the physical therapist as appropriate for this level of education. (Listed in Special Class and Laboratory Procedures.)
- ❖ Identifies when an intervention should not be performed due to changes in patient status, clinical indications, or when the intervention is beyond the scope of the physical therapist assistant to perform.

VI. ACADEMICS - Demonstrates knowledge from course content and learning experiences related to body systems and health conditions typically seen across the lifespan.

- ❖ Demonstrates knowledge of data collection and interventions appropriate for this level of education.
- ❖ Demonstrates knowledge of pathology, medical terminology, medical and physical therapy management appropriate for this level of education.
- ❖ Demonstrates responsibility for researching information/knowledge necessary to enhance patient care and clinical skills.

VII. TEAMWORK/INTERPERSONAL SKILLS - Participates as a member of the interprofessional healthcare team.

- ❖ Participates in the provision of patient-centered interprofessional and professional collaborative care.
- ❖ Participates in departmental meetings, in-services, quality assurance activities, patient care management meetings, discharge and follow up care planning as directed by the supervising therapist, and community and volunteer programs as part of the supervising therapist's job duties.

VIII. COMMITMENT TO LEARNING - Demonstrates a commitment to learning and professional development through active learning and goal directed activities.

- ❖ Identifies and integrates evidence-based resources to support clinical decision making for interventions and progressions within the plan of care developed by the physical therapist.
- ❖ Identifies career development and lifelong learning opportunities including the role of the physical therapist assistant as a clinical educator.

IX. CLINICAL SKILLS - Demonstrates appropriate, effective, safe and competent clinical skills related to patient care.

- ❖ Demonstrates competence in data collection skills from tests and measures as appropriate for this level of education. (Listed in Special Class and Laboratory Procedures.)
- ❖ Demonstrates competence in the performance of effective and safe interventions per the plan of care developed by the physical therapist as appropriate for this level of education. (Listed in Special Class and Laboratory Procedures.)
- ❖ Identifies patient/client responses to interventions, monitor and adjust interventions and the need to progress the interventions based on the patient/client response, and report changes in status or progress to the supervising therapist.
- ❖ Responds effectively to patient/client and environmental emergencies in the clinical setting.
- ❖ Demonstrates safe practices and maintains a safe working environment that minimizes risk to the patient/client and healthcare provider.

- ❖ Selects teaching methods to effectively educate others that are commensurate with the needs of the patient, caregiver, and other healthcare providers.
- ❖ Applies current knowledge, theory, and clinical judgement while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.

PTA 135 additional objective: Demonstrate work readiness through achievement of “beginning/advanced beginning level” of the Professional Behaviors. (provided in the PTA Student Handbook and the Clinical Education Handbook)

PTA 235 additional objective: Demonstrate work readiness through achievement of “intermediate or developing level” of the Professional Behaviors. (provided in the PTA Student Handbook and the Clinical Education Handbook)

PTA 245 additional objective: Demonstrate work readiness through achievement of “entry level” of the Professional Behaviors. (provided in the PTA Student Handbook and the Clinical Education Handbook)

Assessment of the Clinical Education Program

Assessments are performed to ensure that the clinical education program is meeting all CAPTE required elements, meeting clinical faculty qualifications and professional development needs, and to ensure quality clinical site experiences for students. For each clinical experience the student, clinical instructor, clinical site, academic program, and the Director of Clinical Education (DCE) are assessed using the following methods:

1. Students are assessed using the Student Performance Evaluation, Student Performance Self-Evaluation, Comprehensive Clinical Competency Checklist, Midterm Questionnaire, and journal entries as a self-evaluation.
2. Clinical instructors are assessed for qualifications, performance, competence and meeting the program’s expectations using the CI Profile/Self-Evaluation, the Student Evaluation of Clinical Instruction, the Midterm Student Questionnaire, and the Week One Questionnaire.
3. Clinical sites are assessed for quantity, quality, and variety using the Student Evaluation of Clinical Experience, Week One Questionnaire, the Midterm Questionnaire, and site visit information. SCCE is assessed by the CI using the CI Self-Assessment.
4. The Program is assessed using the Student Evaluation of Academic Preparedness, Student Performance Evaluation, Student Performance Self-Evaluation, SCCE survey.
5. The DCE is assessed for effectiveness and communication by the CI using the Student Performance Evaluation, by the student using the Student Performance Self-Evaluation, by the SCCE using an online survey, and by the Program Director using the APTA ACCE/DCE Performance Assessment-Academic Administrator Survey.
6. Assessments may also include discussions with SCCE’s, CI’s, and students; and midterm calls and site visits.
7. The expectation is for 100% performance on all assessment benchmarks as a score of/between 4 and/or 5 on a scoring scale of 1-strongly disagree to 5-strongly agree for each clinical rotation and an overall yearly average score.

Clinical instructors and students provide valuable input and feedback on how the PTA Program may improve its’ clinical education program and the academic preparation of the student for clinical experiences. The above noted assessments allow the DCE to annually evaluate the clinical sites, the clinical instructors, and assess the effectiveness of the clinical education program. The DCE will also use the information to assess the effectiveness of clinical instructors as educators, promote clinical instructor professional development opportunities, and enhance student experiences at clinical sites. The DCE will notify the SCCE of the site of any negative evaluation results that pertain to the clinical site and/or CI as noted in the assessment tools. In the event of a concern or incident with a particular clinical site and/or CI, the DCE will follow-up to ensure clinical site and faculty qualifications before another student is assigned to the site and/or CI. The DCE will document the site’s and CI’s plan of action and results, and review the plan with the SCCE and program director as needed. If a clinical site and/or CI does not demonstrate successful completion of the plan of action, the site and/or CI may not be allowed to accept or supervise students from this program in the future at the discretion of the DCE.

The DCE reports yearly assessment information to the PTA Program Advisory Committee, Program Director, and faculty. Assessments will be retained as a digital record by the DCE and in the student’s program file. Clinical site and clinical instructor profiles will be updated yearly using assessment information.

Non-Discrimination Policy

As per Federal mandate, applicants for admission and employment, students, parents of secondary school students, employees, sources of referral of applicant for admission and employment, and all unions or professional organizations holding collective bargaining or professional agreements with State Technical College of Missouri are hereby notified that State Technical College of Missouri is committed to nondiscrimination and equal opportunities in its admissions, educational programs, activities and employment regardless of race, gender identity, gender expression, sex, sexual orientation, religion, color, national origin, age, disability, or status as a protected veteran to ensure nondiscrimination. (See Non-Discrimination Policy in the State Technical College Catalog and on the College's website)

Accommodating Students With Disabilities Policy

The PTA Program follows the procedures of State Technical College in regards to accommodating students with disabilities. It is the student's responsibility to initiate contact with the DCE and follow the established College procedures. Any student who has a properly documented disability that requires reasonable accommodations to complete the clinical experiences must identify such needs to the DCE and the Program. The request for accommodations must be submitted at the time clinical sites are chosen for the student so that appropriate arrangements can be made for the student and potential clinical sites. Clinical sites and instructors will be informed of the need for accommodations for the student by the DCE with the student's permission. The clinical site will determine if the accommodations are reasonable and can be implemented at the clinical site. If accommodations cannot be made, an alternate clinical site will be chosen by the DCE. The student is still required to complete all required components of the clinical education program for successful completion of their degree. (See State Technical College Catalog)

College, Program, and Site Policies and Procedures

Students are expected to adhere to all College and PTA program policies and procedures outlined in the State Technical College Policy Library, and the PTA Program Student Handbook during clinical practice rotations. Students are expected to comply with all clinical site policies and procedures relating to all aspects of patient care management, safety, site operations, and student requirements and performance, during clinical practice rotations. Clinical site policies and procedures will be reviewed by the clinical instructor with the student during the student's orientation to the site.

Student Requirements for Clinical Education

It is the student's responsibility to complete and submit to the DCE the following requirements to be able to participate in clinical education experiences:

Criminal Background Checks:

The PTA program requires students to obtain a formal criminal background check prior to the start clinical experiences as part of the student requirements for clinical experiences. These include: federal, national, state, county background checks, and Social Security number tracking, OIG and ELD checks. The DCE will coordinate the process of obtaining the background checks with students at the cost to the student. If the background check identifies issues that may preclude clinical placement, the DCE will meet with the student to clarify the issues that were identified. The prospective clinical site will be notified prior to placement. Acceptance or rejection for a clinical placement based upon a positive background check is the decision of the SCCE/administration at the clinical site and the DCE must be notified. Clinical sites may require additional background checks to be completed by the student or the DCE prior to the start of the clinical experience. Background check results to be placed in the student file and forwarded to the clinical site upon request.

Drug Screening:

The PTA program does require a 10-panel drug screen for all students prior to the start of clinical experiences as part of the student requirements for clinical experiences. The DCE will coordinate the process of obtaining and reviewing the drug screening with the students. Drug screenings must be scheduled by the student at the cost to the student. Acceptance or rejection of a student for a clinical placement based upon the

results of the drug screening is ultimately the decision of the SCCE/administration at the clinical site and the DCE must be notified. Clinical sites may require additional drug screens to be completed by the student prior to the start of a clinical experience. Drug screening results to be placed in the student file and forwarded to the clinical site upon request. A student's clinical placement could be delayed or cancelled following a positive drug screen, as well as being subject to program review.

The program follows PTA Program policies and procedures concerning drug screening and the College's policies and procedures regarding the use of drugs, drug screenings, and positive drug screenings (see Substance Abuse Policy and Medical Marijuana Policy)

Immunizations, Health History and Physical Exam:

The PTA program requires students to submit proof of immunizations prior to the start of clinical experiences to be in-compliance with clinical site student requirements. Students cannot proceed to clinical education until all required immunizations have been completed and the immunization records submitted to the DCE. The DCE will coordinate with the students the process of obtaining proof of immunization for clinical placements. All costs for the health examination and immunizations are the student's responsibility. Late submission of required documents will result in a hold being placed on the student's school account until the documents are submitted. A hold on the account may delay registration for future classes, which includes students not being allowed to proceed to clinical education until all required documents have been submitted according to the program's procedure in the established timeline.

Requirements include, but are not limited to, the following: physical exam and health history form and immunizations. Some clinical sites may require additional tests or immunizations. The cost and coordination of additional tests is also the responsibility of the student. Students assigned to those sites will be notified and are responsible for completing the requirements at their own expense prior to the start of the clinical experience per the site's policy. Clinical sites will be informed of a student's immunization status per the site's student requirements. A copy of all immunization and health documents will be retained by the DCE and available per the request of clinical sites.

Required tests and immunizations are listed below: The student must provide documentation of completion of the following:

- a. Measles, Mumps, and Rubella (MMR): positive titers with dates listed or documentation of two immunizations
- b. Tetanus/Diphtheria (Tdap): documented within ten years
- c. Tuberculin (TB) 2 step skin test: yearly (positive skin test requires chest x-ray to confirm absence of disease)
- d. Varicella (Chickenpox): 2 dose vaccination or proof of positive titer
- e. Hepatitis B: 3 dose immunization, positive titer, or signed waiver
- f. Flu vaccine: yearly
- g. COVID vaccine per the clinical site's policy
- h. Physical exam and health history – students are required to fully and accurately complete the health history, including any known health conditions or physical limitations that may limit their ability to fully participate in the program's course work and clinical education experiences.

It is the student's responsibility to notify the program faculty and DCE of any medical conditions and/or medications, including new onset or changes, which may affect their performance in the classroom, lab, or clinical settings. Clinical facilities reserve the right to determine if a student may practice in their facility while under a physician's care.

Exemptions for immunizations may include a documented medical condition (allergic reaction or other) or documented religious beliefs. Appropriate form must be completed by the appropriate personnel (physician, religious leader, etc.) to document exemptions. Certain exemptions may be recognized but it is ultimately a decision of the SCCE/administration at the clinical site to determine if an exempted student will be accepted for clinical placement.

Health Insurance:

Students are to provide evidence of health care insurance and informed to carry their card with them during clinical affiliations. The college does not provide health insurance coverage for the student. All students must show evidence of coverage, and should carry their card with them on clinical affiliations. Students are to have health insurance coverage prior to clinical placement.

CPR BLS Certification:

All PTA students must be certified in CPR BLS prior to clinical experiences, which begin in the 4th semester (2nd year – spring semester). **Students must provide a copy of the CPR card for their student file.** in the preceding fall semester, and are encouraged to carry their card with them on clinical affiliations.

Bloodborne and Airborne Pathogen Training:

Students may be exposed to potential health risks during the clinical experience including but not limited to exposure to bloodborne and airborne pathogens (e.g. Hepatitis B, influenza, TB, COVID, HIV). To educate the students about these potential health risks and appropriate infection control practices, students will complete the National Safety Council Bloodborne and Airborne Pathogens self-guided training and will be provided a certificate to verify that training has been provided. PTA instructors will also provide specific information about infection control, biohazardous waste, and various types of disaster/emergency management contained in their courses. Students are expected to demonstrate behaviors to reduce the risk of infection transmission by following infection control/standard precautions and all safety practices and guidelines of the clinical site. Exposure procedures of the clinical site will be followed by the CI and student. Clinical sites have the right to require the student to complete additional training specific to the site prior to starting the clinical experience. The DCE or the site will notify the student concerning the completion of additional training.

Confidentiality and HIPAA Training:

Students will spend time in several medical facilities and will have access to information that is confidential. Students are to maintain confidentiality at all times, both on and off school premises. When a patient enters a medical facility, all persons involved in the healthcare process assume an obligation to keep all information regarding the patient's identification and/or care in confidence. Reasons for admission/care, diagnosis, treatment, and all information obtained by virtue of your enrollment or clinical assignment should be held in the strictest confidence. Students are not to discuss any of this information outside the facility. Any disclosure of information is strictly on a "need to know" basis. Casual conversation with others may be overheard and thereby violate the right of privacy of others. Be particularly careful about conversation in eating places and other places of public gathering within the institution. Discussion of confidential information is not only a breach of ethics, but could involve you and the facility in legal proceedings. It may also result in termination of a clinical assignment. Students are required to sign a confidentiality statement regarding the above policy prior to exposure to patients or medical facilities. The program includes basic HIPAA training with completion verification.

Professional Liability Insurance

The PTA program provides professional liability insurance for the student during clinical experiences. Documentation will be provided to the clinical site and a digital copy kept by the DCE. Liability insurance coverage will be provided in the amount of \$1,000,000 per occurrence on an occurrence basis with a \$3,000,000 aggregate.

Safety and Emergency Treatment

Students may be exposed to potential health risks during the education program and clinical practice including but not limited to exposure to bloodborne and airborne pathogens (e.g. TB, Hepatitis B, HIV, influenza, COVID). Other health risks may include accidental injuries: sharps injuries, musculoskeletal injuries, and chemical exposures. Clinical sites are responsible for access to emergency care while students are on clinical experiences. Students must carry proof of health insurance and are responsible for any costs incurred. Any serious injury or illness during clinical experiences involving the student should be reported to the CI and

DCE as soon as possible. The student will follow the policies and procedures of the clinical site concerning safety regulations governing the use and storage of equipment/chemicals, and any serious injury or illness during the clinical experience. Students will sign an “Informed Consent Regarding Potential Health Risks During Clinical Practice” form regarding exposure to potential health risks. This form will be kept in the student’s program file. (See *Appendix M*).

Clinical Accidents/Incidents and Reporting: All accidents/incidents occurring at a clinical site that results in a patient, hospital personnel, personal injury and/or damage to equipment must be reported to the clinical instructor immediately. Students may also be required to fill out a site accident/incident report. Students are required to understand the safest methods of properly performing treatment procedures and operation of equipment before undertaking them. The student will comply with the clinical site’s policies and procedures for reporting accidents/incidents occurring during clinical practice, and notify the DCE immediately of the occurrence. All required documentation should be completed with the assistance of the student’s CI.

Patient Rights

All students must wear nametags (PTA Program or clinical site specific), appropriately identify themselves as a “student physical therapist assistant” when introducing themselves, and obtain consent from the patient to provide care. A patient may refuse care without consequence if scheduled to receive care from the PTA student.

Student Privacy/Release of Information Policy

The Family Education Rights and Privacy Act (FERPA) stipulates that information may be released to college employees only when the disclosure of information is to faculty or staff who have a “legitimate educational interest” in the student information. “Legitimate educational interest” is defined by the entities’ role with State Technical College. The PTA program requires students to sign the Release of Information to Clinical Sites form prior to clinical internships. This form allows the PTA Program to provide clinical sites with the information necessary to demonstrate that a student meets the requirements of the health care field/clinical center. The student’s signature serves as agreement to allow the PTA Program to provide the clinical site with the required information. Failure to sign the form will not allow the student to progress through the program to clinical and the student will not be able to graduate. The Director of Clinical Education (DCE) will coordinate the process of obtaining the information including: Criminal Background checks, Immunization/Health information, CPR certification, proof of health insurance, and drug screening results. Clinical site coordinators and CI’s will maintain confidentiality of student records.

Complaint/Grievance Policy/Procedures – Due Process and Outside of Due Process

The PTA Program follows the College’s policy and procedure concerning complaints/grievances of due process and outside of due process. Complaints/grievances concerning the PTA Program should be directed to the Program Director and State Technical College. Policies and procedures for all complaint/grievances can be found in the State Technical College Catalog, and online at the State Technical College website. All complaint and grievance forms can be found on the State Technical College website, the “Ready to Report” link, and submitted in writing per the College’s procedure. Complaints/grievances regarding clinical education should be directed to the Director of Clinical Education for the PTA Program and/or follow the PTA Program and College policy for complaints outside of due process. No retaliation by the PTA Program or the College will occur if a complaint/grievance is made.

Curriculum Plan

The course of study is 5 semesters in length, 72 credit hours. Completion will earn the student an Associate of Applied Science Degree (A.A.S.). The curriculum includes general education courses, physical therapy courses, and supervised clinical practice in approved clinical facilities. Full-time integrated and terminal clinical affiliations enable students to apply skills learned in lab courses. Students are responsible for all costs incurred during clinical affiliations. (*see Appendix H, Course Descriptions for detailed course information*)

**Physical Therapist Assistant
Two-Year Associate of Applied Science Degree**

Course Prefix	Course Number	Course Title	Credit Hours
1st Year Fall Semester (August – December)			
ASC	104	Human Anatomy and Physiology w/Lab 1	4
ASC	110	Medical Terminology	1
COM	101	English Composition	3
COM	111	Oral Communications	3
CPP	101	Introduction to Microcomputer Usage	3
MAT	071	Intermediate Algebra (if needed)	4
1st Year Spring Semester (January – May)			
ASC	106	Human Anatomy and Physiology w/Lab II	4
MAT	119	Elementary Statistics	3
PSY	161	Health Psychology	3
PTA	102	Advanced Musculoskeletal and Nervous System Anatomy	2
Social Science		Social Science General Educ Requirement	3
2nd Year Fall Semester (August – December)			
PTA	106	Introduction to PTA and Documentation	2
PTA	115	Basic Patient Care Lab	1
PTA	116	Basic Patient Care	2
PTA	118	Functional Anatomy and Kinesiology	3
PTA	119	Functional Anatomy and Kinesiology Lab	1
PTA	121	Physical Agents and Modalities	1
PTA	125	Principles of Therapeutic Exercise Lab	1
PTA	127	Physical Agents and Modalities	1
PTA	129	Health and Disease I	4
2nd Year Spring Semester (January – May)			
PTA	135	Clinical Practice I*	2
PTA	206	PTA as a Profession and Job Strategies	2
PTA	202	Health and Disease II	1
PTA	204	Electrotherapeutic Modalities	1
PTA	205	Electrotherapeutic Modalities Lab	1
PTA	208	Orthopedics for the PTA	2
PTA	211	Orthopedics Lab for the PTA	1
PTA	223	Neurological Therapeutic Exercise	3
PTA	224	Neurological Therapeutic Exercise Lab	2
2nd Year Summer Semester (May – August)			
PTA	220	Comprehensive Review and Licensure Requirements for the PTA	2
PTA	235	Clinical Practice II**	4
PTA	245	Clinical Practice III***	4
PTA	289	Research in Physical Therapy	2

* Clinical Practice I - 4 consecutive weeks – 40 hours per week - (32 hours - week 1)

** Clinical Practice II - 6 consecutive weeks – 40 hours per week

*** Clinical Practice III - 6 consecutive weeks – 40 hours per week

Clinical Education Requirements

Each student is required to complete a minimum of one placement each in an out-patient site and an in-patient site. In-patient facilities include hospitals, rehabilitation facilities, and long-term care/SNF facilities. Clinical I is 4 weeks (152 hours) in January; Clinical II is 6 weeks (232-240 hours) and Clinical III is 6 weeks (232-240 hours) during the summer. Clinical education totals 616-632 hours. All hours must be documented and approved by the DCE. Any alternate hours not completed in the clinical site (other observation, assignments or clinical projects) must be approved by the DCE. Adjustments will be made on an as needed basis if the school calendar conflicts with the clinical schedule or if holidays occur during clinical practice time.

Student Orientation to Clinical Education and Clinical Experiences

The Director of Clinical Education (DCE) will meet with the students throughout the year to ensure students are aware of objectives, procedures, requirements, expectations/goals, assignments, related to clinical experiences. These meetings will take place prior to their clinical experiences and will occur in both a group and individual basis as needed. As part of the orientation process, students will sign a “Release of Information to Clinical Sites” form to be placed in the student’s file. (*See Appendix G*) This form allows students to grant a clinical site access to necessary records maintained by the PTA program. These records include criminal background checks, immunization/health information, CPR BLS certification, drug testing, HIPAA and OSHA training provided by the program, proof of health insurance, and clinical site-specific forms. Students are expected to attend all scheduled meetings and notify the DCE if they are not able to attend. The DCE may meet with students individually throughout the academic year to review specific site student requirements and update students about new information.

The DCE will also inform students that there may be additional expenses incurred for each clinical experience that will be the responsibility of the student. These expenses may include, but are not limited to the following: travel and gas costs, housing, meals, professional attire to meet the dress code requirements (colored scrubs), student vetting requirements (background checks, drug tests), immunizations/health physical exam/vaccines, and health insurance.

Assigning Clinical Experience Sites

1. Clinical education includes three clinical rotations to give students a variety of clinical education experiences, with regard to depth and breadth of experience, management of patients/clients across the lifespan and continuum of care, interprofessional collaboration, PT/PTA team collaboration, and other experiences that lead to the achievement of the program’s defined expected student outcomes. The DCE will ensure that each student is placed in the appropriate mix of the following clinical settings to facilitate completion of essential competencies. All students will complete an inpatient experience and an outpatient experience. Types of available sites offering physical therapy services may include the following:
 - a. Hospitals - Acute care, Rehabilitation facilities
 - b. Nursing home facilities/SNF
 - c. Outpatient Facility
 - d. Specialty Areas (Pediatrics, Home Health, Sports Medicine, Industrial Rehab, Hand Clinics)
 - e. Rural setting and/or slower-paced facility
 - f. Urban setting and/or faster-paced facility
 - g. School settings
2. The DCE is responsible for maintaining accurate clinical site files and to determine site availability for each clinical rotation. Site surveys are emailed to each clinical site on or before March 1 of each year. Each site is asked to respond to the survey regarding availability to accept students for specific dates, setting available, and name of clinical instructors (if known). A computerized database is maintained along with a hard copy files for each site.
3. Relevant information for available clinical sites (see Clinical Site Profile binder) will be made available to students prior to site selection for each rotation. This information will include:
 - a. Type and size of facility, address and phone number, clinic hours
 - b. Staffing numbers, types of patients served, physical description of site environment

- c. Parking, meal information, dress code, learning experiences,
 - d. Special facility requirements which may include drug tests, additional background screenings, verification of OSHA training and/or orientation prior to beginning an affiliation. The student is responsible for any associated costs. Students are also responsible for verifying any special requirements by checking with DCE and/or program support staff. Students will be reassigned to an alternate site if all facility requirements are not met.
4. A list of available sites for each clinical rotation compiled from the returned clinical site surveys is presented to the students during orientation meeting at the beginning of the professional program. Students will have a selection of sites to choose from depending on which sites are willing to take students for each rotation.
 5. Students will complete a form that includes their preferences for clinical assignments and include information regarding where they live and other pertinent information that may impact their assignment. Students may need to meet with the DCE to discuss his/her needs and preferences for the clinical assignments. The Site Preference Form will be returned to the DCE in one week.
 6. To ensure exposure to all essential competencies a variety of clinical education experiences are provided. Students must complete experiences in two different settings, one in-patient/long term care rotation and one out-patient experience. Students must keep this in mind when expressing preference for sites.
 7. DCE will assign placement in a variety of settings to ensure that each student receives this diverse exposure, and reserves the right to substitute or alter placements for this reason.
 8. The DCE compiles all of the information needed (best learning experience, variety of clinical settings, student's residential area, student's preferences) and makes the final site assignments. Tentative site assignments are typically completed by the third week of September in the first semester of the professional education program. Students will only be assigned to a clinical site with which the college has a current clinical affiliation agreement.
 9. Students should not expect that every clinical assignment will be in close proximity to their home. Students may be required to drive up to 60 miles or 1 or more hours from their current residence for clinical placement. Housing is offered at a few select facilities for the student's convenience. The DCE will also attempt to place students in at least one of their site preferences.
 10. The DCE retains the right to modify site selection for any student due to: change in availability, special requirements of the facility that the student does not meet, to provide the student a variety of clinical exposure, to meet individual student needs, conflict of interest.
 11. **Conflict of interest:** Students will not be assigned to clinical sites in the following situations: where they have had employment in a Physical Therapy or Rehabilitation Department, where an immediate family member or close friend is employed in a Physical Therapy or Rehabilitation Department and/or has direct line of supervision. The DCE retains the authority to determine clinical placement based on personal relationships, previous employment in other departments, or other situations in order to maintain the integrity of the clinical education process.
 12. The DCE is responsible for final assignment of clinical placements. Student's preferences for a particular clinical site(s) will be considered, but the program cannot guarantee that preferences will be selected. Once clinical assignments have been finalized, changes will be made only in **extreme circumstances** and at the discretion of the DCE and the Program Director. **Students are not allowed to make contacts with any clinical site without explicit approval from the DCE.**
 13. Once student affiliation sites have been selected by the DCE and the student has been informed, a verification letter will be sent to all clinical sites to be used requesting verification that they are still able to take a student at the time they indicated, who the CI will be, and any student requirements to be met before starting the clinical experience. The information from the returned verification forms will be entered into the database. Sites not returning the form will be contacted to verify student placement.

Student Affiliation Agreements

The academic program maintains clinical education affiliation agreements for all sites engaged in clinical education. Affiliation agreements will be reviewed yearly by the DCE for compliance and if current. The PTA program will use an agreement furnished by the College and amended as appropriate by the site in agreement with the College's and CAPTE's requirements, or the College will use an agreement provided by the site and amended appropriately by the program to meet the requirements. Agreements will be reviewed by the DCE, program director, and Vice President of Finance as needed before being signed by the College's President and the site's administration. The purpose of these agreements is to guide and direct a working relationship between the academic institution and the clinical facility in providing learning experiences for students of State Technical College enrolled in the PTA Program. (*See Appendix B*)

Students wanting to perform a clinical experience at a clinical site that the Program currently does not have an affiliation agreement with may submit a request to the DCE as a potential location. All negotiations with the site are to be conducted by the DCE, with the student's assistance as appropriate. Students are not to contact possible sites without the expressed permission of the DCE.

Criteria for Selection of Clinical Sites

Clinical site information is collected from site visits, communication with the SCCE, completion of a New Site Information form, the Week 1 and Midterm Questionnaires, and the student's completion of the Student Evaluation of Clinical Experience and Evaluation of Clinical Instructor. The following criteria are used in the selection and continued use of clinical sites:

1. Demonstration of readiness and availability to take a student for a clinical experience.
2. In compliance with licensure and accreditation requirements, follow APTA guidelines, and provide services as outlined by the state practice act.
3. Operating within legal and ethical standards.
4. Understanding of the Program's mission and clinical education goals.
5. Ability to provide a variety of learning experiences that meet the Program's clinical education student learning outcomes.
6. Ability to provide quality patient care based on cultural sensitivity and evidence-based practice.
7. Demonstration of strong site administrative support for clinical education, promoting staff participation as CI's and staff development.
8. Ability to provide the student with a variety of patient diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care.
9. Provide sufficient equipment/space/resources, and expose the student to patient and non-patient care activities.
10. Ability to meet the student's clinical experience requirements.

The program will have sufficient clinical sites available to provide quality, quantity and variety of expected experiences to prepare all students for their roles and responsibilities as PTA's. The DCE will review all clinical site information annually to assess if the site meets the selection criteria noted above. Clinical sites will be visited a minimum of every two years if utilized during the current two-year time frame, if a new site or new CI, and at student midterm site visits if applicable. Clinical sites not meeting the criteria will be assessed by the DCE individually with further contact with the clinical site and SCCE as indicated.

Communication with Students, Clinical Site SCCE's and Clinical Instructors

1. Each student will complete a Student Information form to go out to the sites containing personal information and a photo of the student. These information forms and the student clinical objectives are sent out 1-2 months via email prior to the clinical start date. Instructions on accessing the Clinical Education Handbook online at the PTA Program's website are also sent to the CI's/sites.
2. Students will contact the site SCCE or CI by phone 1-2 weeks prior to the start date of the clinical experience to obtain information about the site: work hours, dress code, parking, other requirements.

3. Students will bring a folder to the clinical experience containing all clinical paperwork to be completed, the clinical practical course syllabus, grading rubric, student clinical objectives, and any site required forms or student requirements.
4. Site visits and phone calls will be made to the CI/site during the students' clinical experiences.
5. New CI's and sites will be visited if possible, and will also receive a printed copy of the Clinical Education Handbook to keep at the site.
6. The DCE may contact the SCCE's and CI's by phone or email throughout the academic year and during the clinical rotations concerning program updates, changes, general information, and professional development information. Clinical sites, SCCE's, and CI's are encouraged to contact the DCE at any time concerning questions or concerns, and information about the clinical education program.
7. Communication with students concerning clinical education information, updates, changes will be ongoing throughout the year and during clinical experiences.

Student Readiness for Clinical Education

In order for the student to progress through the PTA program, including participation in scheduled clinical education, the student must have passed all prior PTA program coursework. The student must pass all competency skill assessments and lab practical examinations to the standards outlined in the respective course syllabi. To demonstrate the readiness to participate in clinical education, the student must have practiced, demonstrated, and been assessed on the clinical skills in the academic setting through completion of lab competency checks and lab practical exams. Skill competency demonstrates competent and safe skill performance. The skills successfully performed during lab competency skill checks and lab practical exams indicate that the student possesses adequate skills and behaviors consistent with clinical practice and is ready to progress to participating in clinical education. Students who do not demonstrate successful skill competency in the academic setting will not necessarily progress through the program and may require remediation to be deemed ready to participate in clinical education.

Successful completion of each clinical experience indicates the student's readiness to progress to the next clinical experience. The DCE, with input from the program faculty, will review and determine each student's readiness for each clinical experience based on passing grades in coursework, and evaluations and performance from completed clinical experiences. The competency checklist is the mechanism used to achieve external validation of skill performance. Over the course of the three clinical practice rotations, students are expected to be checked off on 80% of the essential competencies on the checklist (per PTA Program goal). The diversified rotations are to ensure the student has sufficient opportunities to complete the checklist by the end of CP III. **The skills noted below for each clinical practice course indicate the skills the students have successfully completed in the didactic education and reflects their skill competency at this time in their education.**

Clinical Practice I

This is a four week (40 hours per week) clinical experience that provides the student with the first opportunity for hands-on patient care. The student will apply basic skills learned in the classroom to the clinical setting making the connection between theory and practice. The student will work under the direct supervision of a licensed physical therapy professional in an assigned/approved facility. This clinical experience provides opportunities for development of appropriate professional behavior related to the role of the physical therapist assistant (PTA). **Beginning level performance of skills is the expectation by the completion of this clinical experience.** By the end of this clinical, the student would be expected to still need supervision with complex patients or relatively "basic" patients that have a diagnosis that they have not previously encountered.

The clinical instructor may teach the student a skill or treatment intervention that has not been presented and practiced in the academic setting. However, the clinical instructor is responsible for determining if the student is safe in applying the procedure to a patient within this clinical setting, and abiding by the appropriate state and federal laws governing the profession.

By the time the student arrives for Clinical Practice I (4-week rotation), they have received instruction in the following areas:

1. Assessment Skills
MMT, Goniometry, vital Signs including pulse, respiration, temperature, and blood pressure, posture assessment/body mechanics, environmental barriers, pain, patient interviewing, gait analysis – normal gait and gait deviations
2. Patient Care Interventions
Transfers, bed mobility, positioning, ROM, pre-gait activities, gait training with proper fitting of assistive devices, bandaging and wrapping, massage, chest physical therapy, wheelchair mobility/management
3. Therapeutic Exercise
Stretching, strengthening, cardiopulmonary, balance, proprioception, PNF, conditioning, aquatics, chest PT (breathing ex & coughing techniques)
4. Application of Modalities/Physical Agents
Thermal agents (paraffin, moist heat, Cryocuff, Polar packs, ice massage, contrast baths), cervical and pelvic traction (including home and clinic units), hydrotherapy, compression pump, ultrasound (phonophoresis, traditional, and underwater)
5. Safety/Infection Control - Aseptic technique, isolation precautions, standard precautions, infection control, proper body mechanics
6. Documentation –primarily SOAP format, abbreviations
7. General Overview of Professional Behaviors - Privacy, Confidentiality, HIPAA (basics), Professional Behaviors, Patient Rights, cultural competence, professionalism, value-based behaviors, ethical conduct

All students have performed skill checks with performance assessment by an instructor for the following:

- Vital Signs (BP & HR)
- Transfers
- Assistive Devise Fitting
- Gait Training
- Bandaging
- Goniometry/MMT of Hip, Knee, Ankle, & Foot
- Goniometry/MMT of Shoulder, Elbow, Wrist, & Hand
- Goniometry/MMT of Cervical, Thoracic, & Lumbar Spine
- Hot/Cold Pack
- Contrast Bath
- Ultra Sound
- Traction
- Compression Therapy
- PNF ROM, Stretching & Strengthening
- Breathing Exercises

At this point, the student has had at least an introduction to the following:

- Wheelchair fitting/prescription
- joint mobilizations & manual therapy techniques
- acute care environments
- reimbursement, legislation, code of ethics
- research
- psychosocial issues related to illness/disease and rehabilitation
- wound management and chest PT
- aquatics
- Students are also required to be CPR BLS certified before CPI

Clinical Practice II and Clinical Practice III

Clinical Practice II - This is a six week (40 hours per week) clinical experience that provides the student with opportunities to provide patient care under the supervision of a licensed physical therapy professional in an assigned/approved facility. The student will apply concepts and skills learned in the classroom to the clinical setting, strengthening the connection between theoretical and foundational knowledge. The student will work with a variety of patients to develop competence in clinical skills and exhibit appropriate professional behaviors related to the role of the physical therapist assistant (PTA) as part of the healthcare team. Students will have the opportunity to present an educational in-service to the healthcare team. **By the time the student arrives for Clinical Practice II (6-week rotation), they have received instruction in essentially all academic areas. Intermediate/developing level performance of skills is the expectation by the completion of this clinical experience.**

Clinical Practice III - This is a six week (40 hours per week) clinical experience that provides the student with opportunities to provide patient care under the supervision of a licensed physical therapy professional in an assigned/approved facility. The student will apply concepts and skills learned in the classroom to the clinical setting, strengthening the connection between theoretical and foundational knowledge. The student will work with a variety of patients to develop competence in clinical skills and exhibit appropriate professional behaviors related to the role of the physical therapist assistant (PTA) as part of the healthcare team. This clinical experience facilitates development of cultural competence, quality assurance, and billing practices. Student will have the opportunity to present an educational in-service to the healthcare team.

The student begins Clinical Practice III one week after completing CP II. Therefore, no new content areas have been introduced. In the week separating CP II & CP III, the students are exposed to, and build knowledge related to various topics related to trends and issues in physical therapy practice. These include, but are not limited to: licensure exam preparation, resume writing, research methods, evidence-based practice, billing and reimbursement, ethics, advocacy, legislative issues, interviewing skills. Students participate in learning experiences that pertain to management of issues related to cultural diversity. This prepares them for an assignment that is completed in the final clinical course. During CP III, the student should further develop and demonstrate competency in all areas relevant to their role as a PTA. **Entry-level performance of skills is the expectation by the completion of the final clinical education experience, CP III.**

During clinical education, the clinical instructor may teach the student an intervention that has not been presented and practiced in the academic setting. However, if this occurs, the clinical instructor is responsible for determining if the student is safe in applying the procedure to a patient within this clinical setting and for providing ample supervision.

PTA Curriculum prior to Clinical Education II & III includes the following:

1. Assessment Skills
 - MMT, Goniometry, Vital Signs including pulse, respiration, temperature, and blood pressure, posture assessment/body mechanics, environmental barriers, pain, patient interviewing, gait analysis - normal gait and gait deviations
2. Patient Care Interventions
 - Transfers, bed mobility, positioning, ROM, pre-gait activities, gait training with proper fitting of assistive devices, bandaging/limb wrapping, massage, chest physical therapy, wheelchair mobility/management
3. Therapeutic Exercise
 - Stretching, strengthening, cardiopulmonary, balance, proprioception, PNF, conditioning, aquatics, chest PT (breathing ex & coughing techniques)
4. Application of Modalities/Physical Agents
 - Thermal agents (paraffin, moist heat, Cryocuff, Polar packs, ice massage, contrast baths), cervical and pelvic traction (including home and clinic units), hydrotherapy, compression pump, ultrasound (phonophoresis, traditional, and underwater)

5. Safety/Infection Control - Aseptic technique, isolation precautions, OSHA standards
6. Documentation –primarily SOAP format
7. General Overview of Professional Behaviors - Privacy, Confidentiality, HIPAA (basics), Generic Abilities, Patient Rights
8. Performance and instruction of safe body mechanics
9. Recognizing architectural barriers
10. Application of modalities/physical agents including Electrical stimulation (Iontophoresis, TENS, interferential, high volt galvanic, NMES, biofeedback, Russian), combined modalities (Ultrasound with E-stim, moist heat with e-stim, etc.).
11. Therapeutic exercise as applied to orthopedic and neurological diagnoses (includes stretching, strengthening, cardiopulmonary, endurance, aerobic conditioning, balance, coordination, proprioception, PNF, aquatics, conditioning and reconditioning, NDT, development sequencing, etc.)
12. Pre-gait activities/developmental sequence
13. Functional ADL Training
14. PNF for neurological and orthopedic
15. Pain management
16. Documentation of all of the above procedures
17. Total rehabilitation programs—student has received instruction in theory and skills necessary to carry out long-term rehab programs as well as advanced functional training related to the following:
 - a. Amputee and prosthetics
 - b. GI & Renal disorders
 - c. Cardiovascular disorders
 - d. Respiratory disorders
 - e. Endocrine disorders
 - f. Obesity conditions
 - g. Infection
 - h. Pediatric (includes CP, autism, MD, seizure disorders, Down Syndrome, Spina Bifida)
 - i. Neurological (including Parkinson’s, MS, Guillain-Barre, ALS, TBI, CVA, SCI)
 - j. Orthopedic (includes common interventions, conservative and surgical, at major joints)
 - k. Autoimmune disorders
 - l. Burns and wound conditions – wound care
 - m. Geriatrics – including dementia
 - n. Oncology
 - o. Pre/post-partum care

All students have performed skill checks with performance assessment by an instructor for the following:

- Vital Signs (BP & HR)
- Transfers
- Assistive Device Fitting
- Gait Training
- Bandaging
- Goniometry/MMT of Hip, Knee, Ankle, & Foot
- Goniometry/MMT of Shoulder, Elbow, Wrist, & Hand
- Goniometry/MMT of Cervical, Thoracic, & Lumbar Spine
- Hot/Cold Pack
- Contrast Bath
- Ultra Sound
- Traction
- Compression
- PNF Stretching & Strengthening
- Breathing Exercises

- Interferential
- TENS
- Iontophoresis
- Russian Stim, NMES
- Shoulder, Scapular Ther ex
- Elbow, Forearm, Wrist, Hand Ther ex
- Hip, Knee Ther ex
- Foot, Ankle Ther ex
- Spine, Trunk Stabilization & Flexibility
- Transitional movements (principles of NDT)
- Developmental Positions
- Transfer Activities
- Gait Skills
- Patient/Caregiver Education

The student has had an introduction to:

Theory and/or practice of skills have been presented in the academic setting but the students have not been required to demonstrate these skills in a test situation.

- Wheelchair fitting/prescription
- joint mobilizations & manual therapy techniques
- isokinetic exercise testing
- reimbursement, legislation, code of ethics, current developments, budgets, continuing education, and employment
- research
- psychosocial issues related to illness/disease and rehabilitation
- wound care and chest PT
- pre-prosthetic training (stump wrapping and positioning).
- basic orientation to psychological issues and vocational adjustments of patients
- vapor coolant sprays
- infrared radiation, diathermy, ultraviolet, and hyper-baric oxygen
- work conditioning/symptom magnification
- ergonomics
- prosthetics/orthotics
- aquatics
- diathermy
- CPM set-up and use

In this, the student's final semester of study, clinical instructors are encouraged to promote responsibility and good clinical judgment in the student. The affiliation should include opportunities to attend clinical conferences, staffing's, etc. in addition to patient care activities. Clinical instructors should serve as role models, and offer the student on-going feedback as they fine-tune their skills and professional behaviors.

Assessment of the Student's Clinical Experience

Evaluation of the student's performance during the clinical experience is based on the completion of specific objectives and criteria for each clinical practice course as outlined in the syllabi. The student's performance during the clinical experiences is assessed by the CI and DCE using Program developed evaluation tools as described in the following paragraphs. **The Student Performance Evaluation and the Comprehensive Clinical Competency Checklist will account for 80% of the student's clinical experience grade. All other paperwork and assignments will account for 20% of the student's grade.**

Student Performance Evaluation:

The Student Performance Evaluation addresses performance behaviors that are based on the Professional Behaviors. The grading criteria is provided for consistency and clarity. The rating scale is used to indicate the student's level of competence for each of the performance criteria. The performance criteria scores reflect the student's level of education, expectations of the program, the learning experiences available in the clinical setting, and the expectations of the clinical site. The Performance Evaluation addresses both the clinical skills as well as professional behaviors and are integrated very closely with the Professional Behaviors. All items contained in the Performance Evaluation utilize a five-point scale (see key below) for all clinical education experiences. Each performance criteria is divided into representative behaviors. Note that scores for each performance criteria section are averaged for a total score to be determined for successful completion of the clinical experience. Clinical experience grading is based upon the student achieving mastery of skills from beginner level for CP I, to intermediate level for CP II, to entry-level for CP III. The expectation is that by the final clinical practice (CP III), students demonstrate entry-level skills based on the performance criteria.

A ten-point scale for Entry Level Performance is provided at the end of the Student Performance Evaluation and is used to measure professionalism and clinical skills performance for assessment purposes of the program's clinical education and overall success in preparing students to perform at or near entry level prior to graduation. A score below 6 indicates beginner level performance. A score of 7-8 indicates intermediate level performance. A score of 9 or 10 indicates entry-level performance.

Students will be evaluated by clinical instructors in the following behavior areas: Professionalism, Communication and Documentation Skills, Time and Resources, Policies and Procedures, Critical Thinking/Problem Solving, Academics, Teamwork/Interpersonal skills, Commitment to Learning, Clinical Skills.

Student Performance Evaluation Instructions:

1. The CI will review this evaluation with the student at the midterm and conclusion of the clinical experience.
2. The evaluation is to reflect the student's current performance in the areas of specific skills & professional behaviors.
3. The CI may use all of the following methods to complete the performance evaluation: observation, documentation review, role-playing, interviews, assignments, and input from other team members.
4. The Comprehensive Clinical Competency Checklist is to be used to assess competence in specific clinical skill performance not addressed in this evaluation.
5. Comment specifically on the student's strengths or areas for improvement at midterm and final.
6. Any performance criteria for which the student has scored a "1" should have specific supporting documentation in the comment section and an action noted.
7. Significant concerns or problems should be immediately addressed with the student and by contacting the DCE for further action.
8. The Professional Behaviors are in the Clinical Education Handbook and can be used as a reference for this tool.
9. **Student caseload based on clinical experience level:**
 - a. CP I Beginning level - Caseload 25 - 50% of a full time PTA.
 - b. CP II Developing/intermediate level - Caseload 50 - 80% of a full time PTA.
 - c. CP III Entry level - Caseload 80 -100% of a full time PTA.
10. ***The student must achieve a minimum average performance score for CP I of 3-3.50, for CP II of 4.0-4.50, for CP III of 4.5-5.0 to successfully complete the affiliation and move on in the program. Successful completion of the clinical experience is not based on mastery of all behavior categories at entry-level performance.**
11. See Performance Evaluation scoring rubric on the next page for grading of student by CI.

**Fractions/decimals may be utilized to score performance that falls between numbers (i.e. 3.75).

- 5 - Student consistently meets expectations of **entry level** performance. Has completed all didactic work and is able to independently manage a caseload with no guidance to minimal guidance (0-25% supervision).
- 4 - Student consistently meets expectations of **intermediate level** performance. Skills and behaviors are consistent with a learner after the first significant clinical experience, requires minimal to moderate guidance (25-50% supervision).
- 3 - Student consistently meets expectations of **beginning level** performance. Skills and behaviors are consistent with a beginning learner before the first significant clinical experience, requires moderate to maximal guidance (50-80% supervision).
- 2 - Student inconsistently meets expectations for this level of education, requires maximal to full time guidance (80-100%). Skills, knowledge, and behaviors are below level of education; significant growth and improvement are needed to meet this educational level. Action required by CI and student. (NOTE: this rating requires documentation to support)
- 1 - Student does not meet expectations and performance is unsatisfactory for this level of education. Student does not show competence in skill, knowledge, and behaviors at this level of education. Immediate action required by DCE, CI and student. (NOTE: this rating requires documentation to support)

NA – not applicable NO – not observed

Tips for Evaluating Student Performance

Common mistakes made in evaluation student performance:

1. Halo/Reverse-Halo effect - allowing one item to influence grade in another item, “they do complete documentation in a timely manner so they must not complete a treatment session in a timely manner”
2. Rater mood/memory - do not base judgments on unclear recollections (document as you go), do not let your own mood affect grades
3. Error of central tendency - consider/use entire grading scale when appropriate
4. Proximity error - allowing grade on an item affect score on items just above/below, or in the same category on the evaluation
5. Error of leniency - maintain objectivity, especially if there is a strong positive rapport with student, or in reverse if there is a personality conflict. Don't let similar backgrounds, cultures, or personal interests positively impact rating (or vice versa)
6. Initial impressions - although important, they may be deceiving, and should not impact later judgments of performance
7. Logical error - be sure to distinguish between similar items and consider individually
8. Contrast effect - do not let quality of the last student assigned to you/the facility affect the current student's grade

Comprehensive Clinical Competency Checklist:

To demonstrate readiness for clinical education, students have demonstrated, practiced, and been assessed on their clinical skills in an academic setting through completion of lab competencies and lab practical exams. The skills successfully performed during lab competencies and lab practical exams indicate that the student possesses adequate skills and behaviors consistent with clinical practice. However, satisfactory competence in a skill in the lab setting does not necessarily indicate the student's skill competence in a clinic setting.

The Comprehensive Clinical Competency Checklist tracks student performance of essential skills in the clinic setting, with real patients, under the direction of the CI. The purpose of this checklist is to assess the student's knowledge, skill proficiency and safety in basic skill procedures in a clinical setting.

Not all essential competencies need to be checked off in a single clinical rotation. However, all those listed as “essential” should be demonstrated in the clinic prior to the end of Clinical Practice III and graduation from the PTA program. All skills that are observed during the experience are to be rated. Those listed as “other” or “site-specific” are not critical but ratings are very beneficial for the student if the skill is observed by a PT or PTA. Items can be checked off if performed in role-play situations or in direct patient care.

The PTA program utilizes this checklist to track skill acquisition and to attain external validation of clinical skills. This instrument assists students and instructors in assuring that students achieve entry-level skills in all essential areas and assists with curriculum assessment in the PTA program. The checklist includes both essential competencies and site-specific competencies. At the completion of Clinical Practice III, the student should show competency (Satisfactory) for at least 80% of the essential items. The student and CI are responsible for tracking progress during the clinical experience. Competencies are tracked by the DCE throughout the clinical practice experiences to allow adequate exposure to essential skills. Students will be informed of skills needed to be completed by end of CP III. Students must notify the DCE by mid-term of the last clinical (CP III) if they have not had the opportunity to practice a specific essential skill. Site specific skills are also checked during clinical education to provide feedback to the student and to the faculty about performance and competency. These skills are not included in the assessment of mastery of essential skills. Checklist adapted from the Minimum Requirements for Physical Therapist Assistant Graduates at Entry level (APTA BOD G11-08-18).

Student Evaluation of Clinical Instruction, Clinical Experience, Academic Preparation, and Student Performance Evaluation Self-Assessment:

The Student Evaluation of Clinical Instruction, Clinical Experience, and Academic Preparation are completed by the student and should be shared with the CI at the end of the clinical experience. These evaluations are used for assessment purposes to design curriculum changes, to identify appropriate CI and site professional development activities, and to evaluate the CI's and the sites' performance. Participation in interprofessional collaboration patient care and other additional activities will be documented on the Evaluation of Clinical Experience form and the Other Work Hours form.

The student will complete a Student Performance Evaluation Self-Assessment at midterm and at the end of the clinical experience similar to the Student Performance Evaluation completed by the CI. This is a self-assessment tool for the student to use to compare with the assessment completed by the CI. The purpose of the student self-assessment tool is to enhance the student's learning experience and to demonstrate an understanding of the expectations of the CI and the academic program to meet behavior performance levels.

All feedback sessions, discussions with the student concerning issues related to professional behaviors or competencies should be documented. The SCCE, CI or the student should contact the DCE or program faculty as needed for consultation or guidance in regards to student or CI performance.

Clinical Practice Course Assignments:

As part of their clinical experience, students will complete several assignments related to the clinical experience and other course work. During CP I, students will be required to complete a patient case assignment based on one of their current patients to be turned in to the DCE for grading. During CP II and CP III, students will be required to develop and provide an in-service as part of their interprofessional collaboration, based on assignment guidelines from PTA 289 Research in Physical Therapy class, to the clinical site staff. The CI will grade the in-service performance, and the content material of the in-service will be submitted to the instructor of PTA 289 for grading. The in-service topic and presentation will be discussed with the CI and sensitive patient information will not be used. Students will also be responsible for completing an online journal assignment, based on the Professional Behaviors, to be graded by the DCE, as a self-assessment tool.

Students will complete an interprofessional collaboration experience assignment during one of the three clinical experiences. This assignment is coordinated with the CI and documented using the Other Work Hours form. See assignment form in the student's clinical folder for additional assignment content and information.

Clinical Practice Course Final Grading Guidelines and Clinical Progression

The DCE holds the primary responsibility for assigning grades for all clinical practice courses and determines satisfactory progression of clinical experiences. The DCE will use information obtained through the performance evaluations, clinical documentation, site visits, written comments, phone communications, etc. to determine the final grade for the clinical experience using the course grading rubric. The student's performance evaluation is not the sole factor but only one piece in determining the student's final clinical experience grade. Regardless of how the performance evaluation

is “graded” by the CI, if there is evidence through written comments and/or other assessments and communications that the student has or has not met expectations in regard to either clinical skills or professional behaviors performance level for the clinical experience, the student will either successfully pass the clinical experience, be subject to a grade modification, require remediation, or fail the clinical practice course. Students are given a letter grade for the clinical practice course based on a numerical scale (0-100%). Students must attain a letter grade of “C” (>75%) or above to successfully complete the course and progress in the program and/or to the next clinical experience.

Overall clinical practice course grades will be assigned according to the following scale.

- A = 91.5-100%
- B = 82.5-91.4%
- C = 74.5-82.4%
- <74.5% Student fails the course and is not eligible to continue the program and graduate

There is a minimum performance score to be met for each clinical experience for the student to pass the clinical course. The student must achieve a minimum average performance score for CP I of 3-3.50/5, for CP II of 4.0-4.50/5, for CP III of 4.5-5.0/5 to successfully complete the course and move on in the program. Students requesting a grade change or final grade appeal will follow the College’s policy and procedure.

Interruption and/or Failing a Clinical Practice Course

The DCE or clinical site faculty may determine at any point in a clinical experience that it is necessary to interrupt the clinical experience due to possible student failure, and/or terminate the clinical experience and fail the student due to performance and/or behavior issues. Circumstances that may require a clinical experience to be interrupted/failed include but are not limited to:

1. Failure to adhere to standards of ethical and legal practice
2. Failure to comply with facility and/or academic policies and procedures
3. Failure to demonstrate professional behaviors in all situations
4. Failure to demonstrate appropriate and safe skill performance level
5. Failure to meet the objectives and performance criteria of a clinical practice course, below 75% score on the Student Performance Evaluation

It is the expectation of the CI to identify, before or during the midterm and final student performance evaluations, the areas of the student’s performance criteria that fall below the required average score or behaviors that indicate the student is at risk of interrupting or failing the clinical experience. The CI will use the comment sections of the performance evaluation to provide further information to the student to support the given score, to offer constructive feedback, and to inform the student of future expectations/goals. If the student is at risk of interruption/failing, the CI and student will need to contact the DCE to determine an action plan to address these areas and the implementation of the action plan for remediation. The DCE will initiate a Clinical Practice Intervention Record to document the situation. The DCE will communicate throughout the clinical experience with the CI and student via emails, phone calls, or a site visit. The DCE may contact the CI throughout and at the end of the clinical experience to verify the grading accuracy of the student’s final performance evaluation and decide if the scoring, along with other clinical documents, indicates successful completion or failure of the clinical experience. The DCE will discuss with the student the identified problem areas throughout and at the end of the clinical experience and further remediation action to be taken as appropriate. A student will be granted a remediation clinical experience if the clinical experience was interrupted due to possible student failure, additional remediation activities have been completed, and the DCE has determined the student to be ready to repeat the clinical practice course.

The decision to fail a student is the responsibility of the DCE, and is based upon the following criteria: review of the student’s progress and actions so far in the clinical experience, review of the Student Performance Evaluation, discussions between the DCE/CI/SCCE, review of the student’s action plan and any other pertinent information, and discussion with the PTA Program Director.

If the student fails a clinical experience, they will be given the opportunity for remediation to repeat one clinical practice course as determined by the DCE according to the Program’s policy and procedure. If the student is required to repeat the clinical practice course as part of the remediation, their graduation from the program may be delayed. This may be necessary to allow time for additional remediation and successful

completion of the required repeat clinical experience. Prior to the beginning of a remediation clinical practice course, the student and DCE will determine the student's goals and plan of action for the remediation experience. The student will be assigned to another comparable clinical site at the discretion of the DCE. The clinical site and CI will be notified of the student's problem areas, goals, and action plan prior to starting the remediation clinical experience. If the student is successful in completing the remediation clinical experience, the student will receive a grade of 75% or a "C" for the clinical practice course. If the student fails the remediation clinical practice course, the student will be dismissed from the PTA program, and not permitted to move on with future courses and clinical practice courses.

Students terminated from a clinical practice course and as a result dismissed from the PTA Program may follow the College's Grievance Policy for due process concerning this situation as described in the State Technical College Catalog. Students must submit a new application to the College for admission to the College.

Student Orientation to the Clinical Site

Students will complete a Clinical Orientation Checklist the first day or week of their clinical experience. The purpose of this checklist is to guide the CI as to what should be included in the student's orientation to the clinical site and staff, general policies and procedures of the site, and the student's objectives, expectations, responsibilities and duties. This form is not to replace any required clinical site orientation. The checklist will be completed by the student and CI, and returned to the DCE at the end of the clinical experience.

Clinical Site Visits and Phone Calls

Site visits and calls allow the DCE to develop relationships with CI's and clinical sites, assess student clinical performance and address student issues, assess the site and clinical faculty to ensure they continue to meet the standards of the program, and to provide to the CI education for professional development. The DCE or faculty designee will perform clinical site visits and phone/video calls during student clinical experience rotations. New sites within approximately 120 miles of the PTA Program will receive a visit. Established sites within approximately 120 miles of the PTA Program will receive a site visit every two years if used within that time frame. Sites greater than 120 miles may participate in a virtual visit using online video conferencing. Sites not receiving a visit may receive a phone call or virtual visit from the DCE or designated faculty. Each student will receive at least one visit during one of their three clinical practice rotations. Students will receive a phone/video call during each clinical practice rotation if they are not visited.

The Midterm Questionnaire will be completed during the visit or call. Follow up visits and calls will be made if the DCE or Program Director feel further contact is need with the site or student. Visits will be made to new clinical sites and/or new CI's when possible to provide education to the site and CI about our clinical education program. The DCE or faculty member will inquire about student performance/progress, the quality of the clinical experience, and any issues or concerns regarding the student, CI or clinical experience. The DCE is available via phone or email to clinical faculty (CI/SCCE) and the students at any time to discuss questions, issues or concerns, and are encouraged to call.

Clinical Time Sheets

The student is expected to be present in the clinic 40 hours per week. Students should work the hours/days of their clinical instructor, and the work schedule may be modified at the discretion of the CI based on holidays, clinic closure for weather, or other circumstances related to the student, CI or clinic. **Students must notify the CI and DCE of any changes in their work schedule for any reason. Time off requests must be approved by the DCE prior to taking the time off and the hours will be required to be made up. Vacation time or days off will not be granted during the clinical rotation unless approved by the DCE.**

Clinical Absences:

Students are required to work hours/days that have been established by the clinical instructor. If ill or otherwise unable to work a scheduled day, students must notify both the CI and the DCE immediately.

1. All absences (clinical hours) should be made up at the discretion of the DCE and the clinical site. Students are responsible for arranging make up hours with the clinical instructor. Any absence must be reported to the school's DCE immediately by calling (573) 897-5336 or the DCE's cell phone number. The DCE will work with the student and CI to approve alternate activities which may include research, assignments/projects, additional work hours. (see

Recordable Clinical Practice Hours) Excused absences per the College's Attendance Policy may be made up at the discretion of the DCE.

2. Absences will be monitored by DCE and may be reflected in the final grade for the clinical experience. If absences are a concern to academic/clinical faculty, a review of the circumstances will take place and appropriate disciplinary action will be taken. Failure to show up for a clinical or a no call/no show may result in failure of the clinical.
3. If a student is absent for three consecutive days due to illness, he/she must provide written assurance from a physician that he/she is capable of returning to assigned duties. (A copy must be furnished to the student's clinical supervisor and to the DCE.)
4. **Inclement weather** – Students are encouraged to be safe and use caution when there is inclement weather. The decision to drive to clinical remains with the student. Weather conditions may require students to arrive late or leave early. If the student judges it unsafe to travel, they are to notify the DCE of their absence as soon as possible. Time and days missed due to inclement weather will be made up at the discretion of the CI/site and the DCE.

Tardiness:

1. Students must adhere to designated work schedules. If the student unavoidably is tardy, he/she should notify the clinical facility by telephone. The exact time of arrival should be recorded in the student's time log.
2. The site CI will report to the school's DCE if a student is late more than twice during a clinical rotation.
3. Excessive tardiness may result in a hearing before the academic faculty with possible disciplinary action, which may include a failed clinical experience and/or dismissal from the program. Excessive tardiness is considered three or more tardy instances.

Recordable Clinical Practice Hours

Students are expected to complete 40 hours per week during clinical experiences. Questions or concerns should be directed to CI and/or DCE. Documented Clinical Practice hours may include:

1. Preparation time for clinical practice including:
 - a. Time spent in phone contact of facility/CI. (30 minutes max)
 - b. Time spent in clinical practice orientation, reviewing clinical education policies & procedures with DCE in classroom. (includes orientation to Generic Abilities)
 - c. Time spent completing student information forms. (30 minutes max)
2. Time spent in clinical setting. Includes lunch hours (if spent with CI discussing patients), drive time from one facility to the next if traveling between clinical facilities. (excludes drive home to/from facility)
3. Documented completion of assignments from CI. This includes reviewing skills and researching information. You must document specifically what you did and this must be verified by the CI using the provided forms. (Subject to DCE approval)
4. Developing in-service presentation or other projects assigned by DCE.
5. Working health fairs or other clinical facility/community involvement projects.
6. Research or assignments for other courses may be included.

Student Supervision in the Event of Clinical Instructor Absence

In the event that a student's clinical instructor is absent from the clinical facility at any given time, the CI or the Site Coordinator of Clinical Education (SCCE) must make alternate arrangements for the supervision of the student. Students may be assigned to another PT or PTA. Students are not allowed to provide patient care in the absence of a supervising PT/PTA but may be assigned non-patient care duties. Students may observe other disciplines in the facility if a PT is not on site. If the clinical instructor is unable to arrange for alternate supervision of the student, or other appropriate experiences, the student is to return home and report back to the facility on the next scheduled clinical day. **THE STUDENT CANNOT REMAIN ON-SITE WITHOUT PROPER SUPERVISION.** It is the responsibility of the student to inform the DCE or Program Director if a clinical day has been missed. These clinical absences will be made up at the discretion of the DCE.

Student Appearance/Dress Code

The PTA student handbook outlines specific dress code requirements. Below are general guidelines. When on clinical affiliations, the student will follow the clinical affiliation dress code policies with the option to wear PTA polo's and khaki pants.

Clothing: Nametags that identify the student are required at all times. Comfortable, non-restrictive clothing is necessary for the activities of the practice of physical therapy. Students are expected to be dressed

appropriately during all contact with patients and staff. Clothing must not be of a tight or revealing nature and must be in good condition and fit comfortably. Blue jeans, hiking boots, sandals, clogs, nylon tennis shoes and open toe shoes are not acceptable. Leather shoes must be a neutral color. Jewelry should be kept to a minimum. Body markings such as tattoos and piercings (other than earrings) should not be overtly visible. A watch with a second hand is recommended. Clothing displaying writing, graphic messages, rhinestones, beading, and glitter ornamentation, low cut blouses and short skirts are inappropriate.

Hair: Students should choose a hairstyle that will stay neat while they work and that will not interfere with their performance. Men should keep beards and mustaches neat and well-trimmed.

Professional Behaviors for Clinical Experiences

As stated throughout the handbook, the Professional Behaviors (Generic Abilities) are the guidelines for appropriate behavior in the clinical setting. Students will be given a detailed orientation to the Professional Behaviors (Generic Abilities) prior to beginning clinical experiences. These behaviors have been incorporated into the clinical performance evaluations. Students may fail a clinical experience if expectations regarding knowledge, skills, or appropriate professional behaviors have not been met. In addition, the suggestions listed below offer additional guidance to the expectations of professional behavior required in the clinical setting. Orientation to the site provided by the CI should assist in understanding policies/procedures. It is the student's responsibility to comply with site policies and procedures. It may be necessary to ask for additional information or seek clarification, i.e. policies involving emergency procedures, smoking regulations, dress code, departmental hours and holidays, time management, etc. (*See appendices A, Orientation Checklist*)

1. Gratuities offered by patients should be reported to the clinical instructor and to the DCE, and handled in a manner appropriate to that situation. Facility policies regarding gratuities will be followed. If the facility does not have a policy, the DCE will provide program guidelines.
2. Inappropriate behaviors in the clinic include: chewing gum, watching TV, sleeping, smoking, personal internet use, lack of respect, use of inappropriate language.
3. Permission of the clinical instructor is required before visiting patients after departmental hours. In some facilities, this practice is unacceptable.
4. Students should be discrete about questions asked in front of the patient and all questions regarding patient prognosis should be asked in private. Reserve all questions for the appropriate time and place.
5. Strict adherence to all professional and ethical standards, and particularly those that protect the patient's privacy and confidentiality is required by following the site's and all HIPAA guidelines.
6. Demonstration of professionalism, positive attitude, common courtesy, respect of the patient/staff/clinic resources, active listening skills, sensitivity to situation, safety, awareness of diversity/gender/inclusion.
7. Cell phones should be left on the student's desk and not answered while treating a patient, during meetings, or other instructional times. If the student is expecting an important phone call, they must notify the CI ahead of time and make arrangements with the CI for taking the call without disturbing patient care.
8. Students will not accept payment from a clinical site for services during the clinical experience.
9. Follow the APTA Standards of Ethical Conduct for the Physical Therapist Assistant, and the APTA Guide for Conduct for the Physical Therapist Assistant. (*See Appendices E and F*)

Professional Behaviors (Generic Abilities)

Professional behaviors (Generic abilities) are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten behaviors were identified through a study conducted at UW-Madison in 1991-92. They have been further developed to include 3 levels of achievement. It is the goal that each student will achieve entry-level performance in each category by the completion of the program. These behaviors have been incorporated into Clinical Performance Evaluations and are an integral part of classroom expectations and are used to determine the job readiness score. Students experiencing difficulties will work with their advisor and program faculty to develop a plan of action to meet identified deficit(s). **A student may fail a course, and/or be dismissed from the PTA Program if he/she fails to meet the expectations related to these behaviors either in the classroom or the clinical setting, or fails to comply with any plan of action. The ten behaviors and definitions developed are as follows on the next page.**

Generic Ability	Beginning Level	Developing Level	Entry Level	Post-Entry Level
Commitment to Learning	<ul style="list-style-type: none"> *Identifies problems *Identifies and locates appropriate resources *Demonstrates a positive attitude (motivation) toward learning *Offers own thoughts and ideas *Identifies need for further information 	<ul style="list-style-type: none"> *Prioritizes information needs *Analyzes and subdivides large questions into components *Seeks out professional literature *Sets personal and professional goals *Identifies own learning needs based on previous experiences *Plans and presents and in-service , or research of case studies *Welcomes and/or seeks new learning opportunities 	<ul style="list-style-type: none"> *Applies new information and re-evaluates performance *Accepts that there may be more than one solution to a problem *Recognizes the need to and is able to verify solutions to problems *Reads articles critically and understands limits of application to professional practice *Researches and studies areas where knowledge base is lacking 	<ul style="list-style-type: none"> *Questions conventional wisdom *Formulates and re-evaluates position based on available evidence *Demonstrates confidence in sharing new knowledge with all staff levels *Modifies programs and treatments based on newly-learned skills and considerations *Consults with other allied health professionals and physical therapists for treatment ideas *Acts as a mentor on area of specialty for other staff
Interpersonal Skills	<ul style="list-style-type: none"> *Maintains professional demeanor in all clinical interactions *Demonstrates interest in patients as individuals *Respects cultural and personal differences of others; is non-judgmental about patients' lifestyles *Communicates with others in a respectful, confident manner *Respects personal space of patients and others *Maintains confidentiality in all clinical interactions *Demonstrates acceptance of limited knowledge and experience 	<ul style="list-style-type: none"> *Recognizes impact of non-verbal communication and modifies accordingly *Assumes responsibility for own actions *Motivates others to achieve *Establishes trust *Seeks to gain knowledge and input from others *Respects role of support staff 	<ul style="list-style-type: none"> *Listens to patient but reflects back to original concern *Works effectively with challenging patients *Responds effectively with challenging patients *Talks about difficult issues with sensitivity and objectivity *Delegates to others as needed *Approaches others to discuss differences in opinion *Accommodates differences in learning styles 	<ul style="list-style-type: none"> *Recognizes role as a leader *Builds partnerships with other professionals Establishes mentor relationships
Communication Skills	<ul style="list-style-type: none"> *Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression *Writes legibly *Recognizes impact of non-verbal communication: maintains eye contact, listens actively 	<ul style="list-style-type: none"> *Utilizes non-verbal communication to augment verbal message *Restates, reflects and clarifies message *Collects necessary information from the patient interviews 	<ul style="list-style-type: none"> *Modifies communication (verbal and written) to meet the needs of different audiences *Presents verbal or written message with logical organization and sequencing *Maintains open and constructive communication *Utilizes communication technology effectively *Dictates clearly and concisely 	<ul style="list-style-type: none"> *Demonstrates ability to write scientific research papers and grants *Fulfills role as a patient advocate *Communicates professional needs and concerns *Mediates conflict
Effective Use of Time and Resources	<ul style="list-style-type: none"> *Focuses on tasks at hand without dwelling on past mistakes *Recognizes own resource limitations *Uses existing resources effectively *Uses unscheduled time efficiently *Completes assignments in timely fashion 	<ul style="list-style-type: none"> *Sets up own schedule *Coordinates schedule with others *Demonstrates flexibility *Plans ahead 	<ul style="list-style-type: none"> *Sets priorities and reorganizes as needed *Considers patient's goals in context of patient, clinic, and third party resources *Has ability to say "NO" *Performs multiple tasks simultaneously and delegates when appropriate *Uses scheduled time with each patient efficiently 	<ul style="list-style-type: none"> *Uses limited resources creatively *Manages meeting time effectively *Takes initiative in covering for absent staff members *Develops programs and works on projects while maintaining case loads *Follows up on projects in a timely manner *Advances professional goals while maintaining expected workload
Use of Constructive Feedback	<ul style="list-style-type: none"> *Demonstrates active listening skills *Actively seeks feedback and help *Demonstrates a positive attitude toward feedback *Critiques own performance *Maintains two-way communication 	<ul style="list-style-type: none"> *Assesses own performance accurately *Utilizes feedback when establishing pre-professional goals *Provides constructive and timely feedback when establishing pre-professional goals *Develops plan of action in response to feedback 	<ul style="list-style-type: none"> *Seeks feed-back from client *Modifies feedback to clients according to learning styles *Reconciles differences with sensitivity *Considers multiple approaches when responding to feedback 	<ul style="list-style-type: none"> *Engages in non-judgmental constructive problem-solving discussions *Acts as conduit for feedback between multiple sources *Utilizes feedback when establishing professional goals *Utilizes self-assessment for professional growth

Problem Solving	<ul style="list-style-type: none"> *Recognizes problems *States problems clearly *Describes known solutions to problems *Identifies resources needed to develop solutions 	<ul style="list-style-type: none"> *Prioritizes problems *Identifies contributors to problem *Considers consequences of possible solutions *Consults with others to clarify problem 	<ul style="list-style-type: none"> *Implements solutions *Reassess solutions *Evaluates outcomes *Updates solutions to problems based on current research *Accepts responsibility for implementing solutions 	<ul style="list-style-type: none"> *Weighs advantages *Participates in outcome studies *Contributes to formal quality assessment in work environment *Seeks solutions to community health related problems
Professionalism	<ul style="list-style-type: none"> *Abides by APTA Code of Ethics *Demonstrates awareness of state licensure/regs *Abides by facility policies and procedures *Projects professional image *Attends professional meetings *Demonstrates honesty, compassion, courage, respect 	<ul style="list-style-type: none"> *Identifies positive professional role models *Discusses societal expectations of the profession *Acts on moral commitment *Involves other health care professionals in decision-making *Seeks informed consent from patients 	<ul style="list-style-type: none"> *Demonstrates accountability for professional decisions *Treats patients within scope of expertise *Discusses role of physical therapy in health care *Keeps patient as priority 	<ul style="list-style-type: none"> *Participates actively in professional org. *Attends workshops *Actively promotes the profession *Acts in leadership role when needed *Supports research
Responsibility	<ul style="list-style-type: none"> *Demonstrates dependability *Demonstrates punctuality *Follows through on commitments *Recognizes own limits 	<ul style="list-style-type: none"> *Accepts responsibility for actions and outcomes *Provides safe and secure environment for patients *Offers and accepts help *Completes projects without prompting 	<ul style="list-style-type: none"> *Directs patients to other health care professionals when needed *Delegates as needed *Encourages patient accountability 	<ul style="list-style-type: none"> *Orients and instructs new employees/students *Promotes clinical education *Accepts role as team leader *Facilitates responsibility for program development and modification
Stress Management	<ul style="list-style-type: none"> *Recognizes own stressors or problems *Recognizes distress or problems in others *seeks assistance as needed *Maintains professional demeanor in all situations 	<ul style="list-style-type: none"> *Maintains balance between professional and personal life *Demonstrates effective affective responses in all situations *Accepts constructive feedback *Establishes outlets to cope with stressors 	<ul style="list-style-type: none"> *Prioritizes multiple commitments *Responds calmly to urgent situations *Tolerates inconsistencies in health-care environment 	<ul style="list-style-type: none"> *Recognizes when problems are unsolvable *Assists others in recognizing stressors *Demonstrates preventative approach to stress management *Establishes support network for self and clients *Offers solutions to the reduction of stress within the work environment

*“Facilitating the Development of Professional Behaviors in Physical Therapy Education”, 1997,
May, Warren W., Straker, Gwynneth, and Foord, Lynn*

Responsibilities

Director of Clinical Education (DCE) Responsibilities:

The DCE is the licensed physical therapist or physical therapist assistant employed by the College who plans, develops, supervises, organizes, facilitates, monitors, assesses, coordinates, and administers the clinical education component of the PTA Program curriculum. The DCE serves as the liaison between the didactic and clinical components of the curriculum. The DCE collaborates with students, faculty, and clinical partners to provide quality clinical education experiences.

1. Establish, develop and maintain an adequate number of clinical education sites relative to quality, quantity, and diversity of learning experiences to meet the educational needs of the students the PTA Program, and CAPTE standards.
 - a. Identify potential new clinical sites
 - b. Initiate and/or respond to requests for affiliation agreements
2. Review and ensure that all affiliation agreements are up to date, with current and accurate information
3. Communicate with clinical sites regarding affiliation dates, goals, and objectives to be achieved for each specific clinical experience
4. Provide orientation and information to students about clinical education, clinical objectives, program goals, coursework, and requirements.
5. Provide orientation to clinical faculty and clinical site about the program's coursework, site/SCCE/CI responsibilities, professional development, new site and new CI information; provide the site with access to the Clinical Education Handbook.
6. Inform clinical sites of program and clinical education updates and changes.
7. Assure that students are ready for clinical experiences and have completed all requirements prior to the start of clinical education.
8. Assign students to clinical sites, verify acceptance of students by clinical sites
9. Ensure that clinical sites and CI's meet program selection criteria.
10. Communicate with students, CI's, SCCE's during clinical experiences by phone or visit
11. Counsel and re-assign students who require remediation for failure to complete the clinical experience
12. Maintain clinical education student and site records, update database.
13. Perform assessments of clinical education, clinical experiences, and clinical instructors and provide appropriate feedback and training.
14. Report to the program director and Advisory Committee information concerning clinical education for assessment purposes.
15. Accessible to students, CI's, and SCCE's to act as a resource for and facilitate problem solving and conflict resolution.
16. Update all clinical education coursework and the Clinical Education Handbook as needed.
17. Provide the final student grade for all clinical experiences.
18. Attend CAC meetings and PTA program Advisory Committee meetings.
19. Perform academic and administrative duties consistent with CAPTE standards, federal/state regulations, institutional policies, and clinical site requirements.
21. Keep sites informed of APTA, state/federal, and third-party specific regulations and rules that guide clinical practice.
22. Promote, support, develop, and implement clinical faculty professional development.
23. Assist the Program Director with accreditation activities as assigned.
24. Assigns student grades for all clinical practice courses and determines satisfactory progression of clinical experiences.

Site Coordinator of Clinical Education (SCCE) Responsibilities:

1. Directs, organizes, coordinates, supervises, and evaluates the clinical education program of the site.
2. Communicate with the academic program to develop positive relationships.
3. Submit documentation regarding site availability to DCE in a timely manner to facilitate student placement.

4. Notify DCE of pertinent changes in contact information/staffing/availability in a timely manner
5. Provide DCE with updated affiliation agreement, and other documentation as appropriate
6. Serve as a liaison between clinical site and academic program related to student/clinical instructor issues or concerns, and intervene as appropriate for problem solving.
7. Coordinate assignment of students to qualified clinical instructors
8. Manage student orientation program, send to assigned student and DCE information about the facility prior to the start of the clinical experience, including clinical experience expectations and requirements.
9. Oversee clinical education learning experiences, monitoring student/CI as needed
10. Provide supervision, training, and resources as needed to the CI and student.
11. Facilitate transfer of information between DCE/CI.
12. Encourage and motivate staff participation to be clinical instructors, plans activities for CI training and skill development.
13. Evaluate the performance of the CI's and DCE and provides appropriate feedback.
14. Ensures that students are not treated as an employee of the clinical site, but are treated as students.
15. Maintain confidentiality of student records.

Clinical Instructor (CI) Responsibilities:

1. Prepare for student arrival by reviewing student/academic materials, PTA Program Clinical Education Handbook, etc. and contact the DCE as necessary with any questions or concerns.
2. Provide student an appropriate orientation under the direction of the SCCE; including work schedule, site policies and procedures.
3. Define, with the student's input and information from the academic program, the goals of the experience.
4. Provide the student opportunities for the management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care.
5. Provide students with learning experiences that are available and determine additional experiences available for the student (direct patient care, participation in team meetings, rounds, case conferences, department meetings, exposure to other disciplines, diagnostic procedures, support services, etc.).
6. Provide daily on-site supervision of the student, appropriate for PTA role/scope of practice consistent with legislative guidelines as well as attention to individual student needs and level of education (*See Appendices D, E, F*).
7. Give frequent, immediate constructive feedback to the student in a tactful, non-intimidating manner.
8. Allow time to meet with student to review objectives and progression, plan for upcoming opportunities/learning experiences.
9. Ensure achievement of educational and student objectives and outcomes as outlined by the academic program as well as the student.
10. Facilitate open communication with the student, creating an environment in which the student is comfortable offering suggestions and asking questions.
11. Support the student's development of professional behaviors and socialization by serving as a role model for the profession.
12. Provide opportunities for interprofessional collaboration and participation as a member of a PT/PTA team.
13. Provide patient/client care at a level that meets the needs of the clinical site yet also does not compromise the integrity of the student experience.
14. Review/co-sign all documentation completed by the student (appropriate to site policies)
15. Coordinate site visits/calls with DCE as indicated.
16. Communicate issues/concerns with regard to student performance in either clinical skills or professional behaviors in a timely manner.
17. Document progress, concerns, and any plan of action and review with student/SCCE/DCE as needed in a timely manner.
18. Prepare/Submit student performance evaluations and other documentations as requested by academic institutions.

19. Forward completed final evaluation and other forms as requested to affiliating schools promptly at completion of the affiliation. Can also be returned with the student if sealed and signed by CI in the envelope provided by the academic institution.
20. Retain copies of appropriate documentation and submit to SCCE.
21. Maintain confidentiality of student records.
22. Demonstrate an understanding of the program's clinical education paperwork to be completed for the clinical experience.
23. Provide feedback to the SCCE and DCE regarding the effectiveness of the clinic site and the program's clinical education.
24. Assists in developing the student's professional relationships with staff, understanding the use of support staff.
25. Documentation forms from the APTA to be used to document student performance. These are **not** required forms but are here if you would like to document specific instances or bi-weekly.
 - a. The **anecdotal record** is to identify a specific instance in which you observed a positive or negative occurrence that you would like to describe and bring to the student and DCE's attention.
 - b. The **critical incident report** is to document any pattern of behaviors that are concerning.
 - c. The **weekly planning form** will assist you in identifying objectives of the student and CI and address weekly.
 - d. The **student program planning flow chart** will help you chart student problems and management of those problems.

(It is important to DOCUMENT any incidents regarding the student that may affect their completion and passing of the clinical. If it is not documented, failing a student is nearly impossible as there is no proof of incompetence. Please have the student sign and date any forms you review with them. *(See Appendix C for the above forms)*)

26. Effective Supervision of Students Includes:
 - a. Ensuring that there is a licensed PT or PTA on site at all times when the student is participating in direct patient care activities as required by the program and state regulations.
 - b. Understands that the student is not an employee of the site but are considered students of State Technical College. (not treating the student as "free labor")
 - c. Progression of treatment activities should include the following:
 - i. Student observes the performance of the treatment by the CI
 - ii. Student practices on the treatment on the CI
 - iii. Student performs the treatment activity with the patient; CI observes and supervises, evaluates competency, and provides feedback
 - iv. Student performs again, utilizing feedback as appropriate (repeated as needed)
 - v. Student performs treatment activities with distant CI supervision
 - vi. Student performs independently under general supervision (or within guidelines of State Practice Act)
 - d. Considering individual student needs, level of education, and experience before delegating or assigning duties; verifying student competence prior to giving them responsibility.
 - e. Encourage student self-assessment and how to be pro-active, life-long learners.
 - f. Making yourself readily available to assist/advise.
 - g. Providing timely and constructive feedback.
 - h. Giving student time/space to think, problem solve, and perform independently while still answering questions and assisting as needed.
 - i. Maintaining a learning environment for the clinical experience through a balance of autonomy/independence and collaboration between student/CI.
 - j. Keeping student caseload/responsibilities at a reasonable level to allow for learning to take place.
 - k. Making expectations clear.
 - l. Questioning student about goals/objectives, and respecting needs as a student and as an individual
 - m. Maintaining high expectations with regard to quality/safety.
 - n. Considering student strengths/weaknesses in assigning duties/allowing increased independence.

Student Responsibilities:

1. Perform duties as a Student PTA only under the supervision of a qualified PT or PTA.
2. Demonstrate active participation in the clinical education program, sharing responsibility for their own success and learning while on the clinical experience.
3. Adheres to clinical site policies and procedures.
4. Demonstrate awareness and compliance with client confidentiality and client rights, including HIPAA policies/procedures.
5. Encourage feedback and input from CI, monitor/modify performance according to feedback/input.
6. Maintain professional, ethical, and legal behaviors during all interactions with staff/clients.
7. Follow appropriate APTA Code of Ethics/Standards of PTA Practice. (*See Appendices D, E, F*)
8. Assume responsibility for own professional growth and development, participate in self-assessment activities.
9. Arrive promptly, prepared and ready to learn.
10. Demonstrate initiative, enthusiasm, flexibility, and adaptability.
11. Perform all clinical skills and duties in a safe and competent manner.
12. Participate in interprofessional collaboration opportunities and PT/PTA team collaborations.
13. Utilize appropriate and effective written, verbal, and non-verbal communication in all situations.
14. Complete/submit all requested documentation and assignments in a timely manner (to both CI and DCE)
15. Communicate learning needs/objectives with CI both initially and on an ongoing basis to facilitate achievement of clinical education objectives.
16. Participate in goal setting and planning clinical education experience with clinical faculty.
17. Follow clinical education policies as established by academic and clinical education faculty with regard to attendance, absence, dress code, etc.
18. Discuss issues/concerns, learning needs, progress following appropriate lines of communication, involving DCE in a timely manner as needed.
19. Follow Attendance Policy provided by the PTA program, report absences to the CI and DCE immediately.
20. Attend all meetings, in-services, and other activities as directed by the CI

Communication During Clinical Experiences Between DCE and SCCE, CI, Students

Early, frequent, and effective communication between and among all parties is critical to the success of the PTA student and to making the clinical experience a positive one for everyone involved. All parties are encouraged to maintain open communications.

- Academic Program via Director of Clinical Education (DCE)
- Clinical Site via Site Coordinator of Clinical Education (SCCE)
- Clinical Faculty via Clinical Instructor (CI)
- Clinical Instructor via Student
Student to CI and DCE

Mid-term site visits and calls are conducted while each student is on clinical. At this time, the DCE or another designated faculty member will request to speak with both student and clinical instructor. The DCE or faculty member will inquire about student performance/progress, the quality of the clinical experience, and any issues or concerns regarding the student, CI or clinical experience. The DCE is available via phone or email to clinical faculty (CI/SCCE) and the students at any time to discuss questions, issues or concerns, and are encouraged to call.

Clinical Instructor Qualifications

A CI must be a Physical Therapist or Physical Therapist Assistant with a current license, identified by the clinical site's SCCE and the DCE as having a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers. Expectations of the CI include: the CI should demonstrate professional, ethical, legal behavior. The CI should demonstrate effective skills in communication, supervision and instruction. The CI should demonstrate the skills, knowledge and desire to

teach students. The CI should understand the PT/PTA role and the PTA scope of practice. The CI should also possess an understanding of the behaviors and skills an entry level PTA should possess. (CI qualifications based on guidance from the “Guidelines: Clinical Instructors”, APTA. Also see Student Evaluation of Clinical Instructor and Midterm Student Questionnaire.

Being a clinical instructor is a voluntary, non-contracted position. Clinical faculty members receive no compensation in the form of salary or benefits from the college for their services as a CI. CI’s should be familiar with the Program’s curriculum, objectives, and student assessment tools for each clinical experience.

Clinical Faculty Assessment:

The DCE will assess the effectiveness of the clinical faculty in conjunction with the SCCE, students, and other faculty every year. The performance of the CI will be evaluated by the student, and if there are concerns or the CI does not meet expectations, the DCE will take appropriate action. The CI is assessed based upon the Student Evaluation of Clinical Instructions, Week 1 Questionnaire, the Midterm Student Questionnaire, the CI Self-Assessment, discussions with the CI or SCCE during the midterm call or site visit; modeling of professional, ethical, and legal behaviors during the clinical practice and site visits; being familiar with the program’s goals and expectations of the students, and being familiar with and completing all student related clinical practice documentation in timely and appropriate manner. The CI is also responsible for completing a profile/self-assessment yearly. Scores of an average 2 or less on the Midterm Student Questionnaire and the Student Evaluation of Clinical Instruction will indicate the need for further assessment, intervention and a plan of action concerning the CI.

The DCE plan of action concerning a CI may include any of the following: conversation with the program director concerning the CI, conversation with the SCCE and the CI about behaviors, visiting the SCCE and CI prior to assigning another student to the CI, developing a plan of action and requiring the CI to maintain a daily or weekly log of student related activities/communication and patient issues/concerns, requiring daily meetings between the CI and the student, and more frequent communication with the CI by the DCE to make sure the plan of action is followed. The DCE will document the CI’s plan of action and results, and review the plan with the SCCE and program director as needed. If a CI does not demonstrate successful completion of the plan of action, the CI may not be allowed to supervise students from this program in the future at the discretion of the DCE. The DCE will maintain documentation concerning CI performances.

Clinical Instructor Profile/Self-Assessment:

The CI is requested to complete a CI Profile/Self-Assessment each year in an attempt to maintain current information on those clinicians serving as clinical faculty. The profile questionnaire is to verify the CI’s qualifications, advanced certifications and areas of skill; build relationships between the DCE/program and CI, promote CI professional development, and for CAPTE yearly reporting regarding clinical faculty certifications and advanced skills. The profile information is added to a database to maintain current CI Profile files. The self-assessment is completed to ensure the effectiveness of the therapist as clinical faculty, that the program is meeting the needs of its clinical faculty, and to ensure quality clinical experiences for the student.

Clinical Instructor Professional Development:

The PTA program faculty will provide appropriate training and development activities for physical therapy professionals who serve as clinical instructors for PTA students. Professional development will be ongoing and will be based on needs of the CI, which are determined by assessment methods including the Student Evaluation of the Clinical Instructor, CI Profile/Self-Assessment, Midterm Questionnaire, site visits, and other clinical assessment tools. Clinical Instructors have access to the PTA Program website, which contains student forms, the Clinical Education Handbook, and other clinical oriented material. Clinical instructors will also have access to the PTA Program library materials upon request.

The DCE will communicate to clinical sites, SCCE’s, and CI’s via email or phone contact about information concerning student requirements, clinical practice rotations, updates about program and curriculum changes, and continuing education opportunities. Communication will occur on an as needed basis. Communication by the SCCE’s and CI’s to the DCE is highly encouraged to assist in assessing the clinical

education program. Written communication in the form of a program newsletter will also be made available to all sites.

New clinical instructors and new sites will receive a packet of orientation material from the DCE by email and also with the student's folder, including the Clinical Education Handbook, information about frequently asked questions, and instructions concerning the student and CI required assessments and other forms. The DCE will provide training to individual new CI's as requested by the CI or SCCE. The DCE will answer questions from the new CI or site by phone or email as necessary. Whenever possible, the DCE will visit new CI's and clinical sites during the student's clinical experience to ensure that both the CI and the clinical site are properly educated on the student assessment tools that our program uses, and to educate the CI on expectations of our students as they progress through our program.

CI's will receive CEU's for providing clinical instruction to a student enrolled in a CAPTE accredited PT/PTA program. The CI will be granted 1 contact hour for every 120 hours of student supervision. Confirmation of clinical instruction hours are verified through the students' timesheets. The program will provide a certificate of completion via email to all CI's after October 1 upon completion of clinical experience rotations. Additional professional development opportunities may be offered by the College and/or PTA Program such as membership on the program's Advisory Committee or as a lab assistant/adjunct faculty member, and continuing education as part of the Missouri Health Professions Consortium, the Central ACCE Consortium, the APTA, other physical therapy professional organizations or employers, and other educational institutions.

Student Conflict/Problem Resolution

To assure a process for resolution of conflicts/problems involving the student's clinical skills, safety, professionalism or interpersonal communications and interactions that may arise during clinical experiences. The PTA program and DCE will respond to conflicts involving students and/or CI's in a manner that provides objective assessment of the problem and reasonable interventions and resolution that best meets the needs of both the student, the CI, and the clinical site. The following steps will be followed if a conflict/problem arises during a student's clinical experience at a clinical site.

1. Problems arising during clinical rotations that may require intervention of the DCE, the SCCE, the program director or other faculty include but not limited to:
 - a. Student demonstrating excessive tardiness, more than 3; or demonstrating two or more unexcused absences.
 - b. Unsafe clinical practices demonstrated by the student.
 - c. Failure of the student to observe policies and procedures of the clinical facility.
 - d. Failure of student to adequately perform learned/assigned skills/interventions.
 - e. Unprofessional, unethical, illegal conduct by the student.
 - f. Unresolved conflict between the student and clinical faculty.
 - g. Failure of the student to meet expectations in areas of professional behaviors.
2. The student, CI and SCCE should first address any issues/problems. The problem and any plan or actions taken should be well-documented. When the issue is resolved, a copy of the documentation should be forwarded to the DCE to be placed in the student's file. (*see Appendix C*)
3. If the above recommendation is unsuccessful in resolving the problem, the DCE is to be contacted as early as possible. The DCE will discuss the problem with the student, CI and SCCE by phone, video conference or in person, as appropriate. The DCE will initiate a Clinical Practice Intervention Record to document the situation. The DCE will assist in developing a plan for remediation of the problem that is acceptable to all parties. The plan will be documented and signed by all parties involved. The problems will be discussed with the Program Director and other faculty as needed to help resolve the issues.
 - a. As part of the action plan, the DCE or clinical site may require the student to complete the experience without a change in location but with another CI, or with a change in location and CI at the clinical site.
4. If the plan is successful, the issue will be considered resolved and all documentation will be placed in the student's program file.

5. If the action plan is unsuccessful:
 - a. The DCE or clinical site faculty may terminate the clinical experience. The student may fail the course and/or may be eligible for a remediation clinical practice course. The CI and/or the SCCE retain the right to remove a student from the clinical facility at any time and for any reason they deem appropriate. In such an instance, the CI and SCCE will immediately notify the DCE of the situation. Refer to the **Interruption and/or Failing a Clinical Practice Course** Policy concerning a student failing a clinical practice course.
 - b. The DCE may interrupt/terminate the clinical experience early, the student receives an incomplete grade, and requires remediation activities and a remediation clinical experience. The DCE will evaluate the situation to determine when repeating the course is appropriate. A variety of methods for remediation may be utilized prior to repeating the course, at the discretion of the DCE. The DCE, Program Director, and the student will meet to discuss a remediation plan which may include completing additional assignments, skills practice, and competency testing prior to another clinical experience. The student must pass the remediation clinical experience to progress in the program and graduate.

Similar procedures may be followed in the event that there is a concern regarding the CI or clinical site. These concerns may include failure of the CI/clinical site to provide adequate student supervision and demonstrate legal, ethical, professional, and culturally sensitive behaviors that results in the student having a crisis of conscience and/or require the student to perform outside the scope of the State of Missouri Practice Act. Ultimately, the clinical education objectives as well as safety and student needs will guide any decision of the DCE regarding removal of a student from a clinical facility. The DCE will place the student in another clinical site to complete the clinical experience.

Role and Supervision of the PTA and PTA Student

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

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

The physical therapist is responsible for services provided when the physical therapist's plan of care involves the physical therapist assistant. Regardless of the setting in which the service is provided, the determination to utilize physical therapist assistants requires the education, expertise, and professional judgment of a physical therapist as described by the *APTA Standards of Practice for Physical Therapy*, the *APTA Guide for Conduct of the PTA*, the *APTA Standards of Ethical Conduct for the Physical Therapist Assistant*. (See Appendices D, E and F)

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

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

(Above excerpts from appendices J, DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT HOD P06-18-28-35, updated 8/30/18, APTA)

The **Physical Therapist** holds responsibility for the following: (Excerpts from the Missouri Practice Act)

- Interpretation of physician referrals
- Initial evaluation and problem identification
- Development/modification of the treatment plan/ program, including long and short term goals
- Determining tasks appropriate for delegation to PTA
- Communication of delegated functions and instructions to the PTA including precautions, special problems, contraindications, goals and anticipated progress, plans for re-evaluation
- Supervision of the assistant as appropriate
- Timely review of documentation, re-evaluation of the patient, adjustment of the treatment plan with the PTAs input, and documentation of discharge status
- Arrangements for reports (written / verbal) from the assistant under PT direction to the physician or other appropriate healthcare personnel

The PTA implements selected components of patient/client interventions and obtain data related to interventions; make modifications either to progress the patient/client as directed by the supervising PT or to ensure patient/client safety and comfort. PTA's also participate in patient/caregiver education, interact with, and provide education to other healthcare professionals, aides and volunteers. Physical therapist assistants contribute to society and the PT profession through the provision of physical therapy services, teaching, and administration.

Student Supervision During Clinical Experiences:

PTA students are required to work under the supervision of their CI's, a PT or PTA, for the duration of their clinical experience. The CI's responsibility is to provide daily on-site supervision of the student, appropriate for PTA role/scope of practice consistent with legislative guidelines (Missouri State Practice Act, Centers for Medicare & Medicaid Services) as well as attention to individual student needs and level of education. A PT and/or PTA is required to be on-site for the student to participate in direct patient care activities, depending on the clinical site setting legal guidelines. If no PT or PTA is present at the clinical site, the student should contact the DCE immediately for further instructions. The student should also contact the DCE if their CI is not following supervision guidelines.

APTA Policies/Positions

The following APTA policies and positions are pertaining to the role of the PT, and the role and supervision of the PTA and student PTA. *See Appendices.*

INTERVENTIONS PERFORMED EXCLUSIVELY BY PHYSICAL THERAPISTS

HOD P06-18-31-36 [Initial: HOD P06-00-30-36; Formerly Titled: Procedural Interventions Exclusively Performed by Physical Therapists] [Position] (*see Appendix I*)

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT

HOD P06-18-28-35 [Amended HOD P06-05-18-26; HOD 06-00-16-27; HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11-06; HOD 06-93-08-09; HOD 06-85-20-41; Initial HOD 06-84-16-72/HOD 06-78-22-61/HOD 06-77-19-37] [Position] (*see Appendix J*)

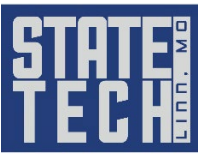
LEVELS OF SUPERVISION

HOD P06-19-13-45 [Initial: HOD P06-00-15-26] [Position] (*see Appendix K*)

STUDENT PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT PROVISION OF SERVICES

HOD P06-19-10-06 [Amended: HOD P06-00-18-30; HOD 06-96-20-33; Initial: HOD 06-95-20-11] [Previously Titled: Student Physical Therapist Provision of Services; Previously Titled: Position on the Provision of Physical Therapy and Physiotherapy Services by Student Physical Therapists] [Position] (*see Appendix L*)

APPENDIX



STATE TECHNICAL COLLEGE OF MISSOURI
PHYSICAL THERAPIST ASSISTANT PROGRAM

Clinical Site

Orientation Checklist -

review all of the below items within the first week of the clinical experience.

- _____ *Review the **student's patient and other responsibilities/site expectations** during this clinical experience, within the scope of the student's current educational level.
(See the **Clinical Education Handbook – CI and Student Responsibilities**)
<http://resources.statetechmo.edu/academic/pta/Clinical%20Education%20Handbook.pdf>
- _____ Review the **Student Clinical Objectives** – discuss the student's written objectives.
- _____ Review the **Comprehensive Clinical Competency Checklist** – discuss the essential skill competencies that can be met during this clinical experience.
- _____ Review the **Clinical Practice Student Performance Evaluation** – read through the Instructions for the grading scale and the scoring expectation for this clinical.
- _____ Review the **Student/CI Time sheet** and the other clinical paperwork in the orange folder.
- _____ Review the **Clinical In-service Verification** form – the student is responsible for providing an in-service for CP II and CP III only.
- _____ Review the **Inter-professional Collaboration Experience Assignment** – the student is responsible for participating in one or more inter-professional collaboration experience(s) during at least one of the clinical rotations.

Clinical Site Orientation-

- _____ Site Tour _____ Site Policies and Procedures
- _____ Introduction to staff and review of site equipment
- _____ Clinical site attendance/tardiness procedure – in the event of an emergency/illness
- _____ Computer procedures and access during the clinical experience
- _____ Patient rights and confidentiality per the site's protocols
- _____ Safety Procedures _____ Documentation/ Scheduling Procedures
- _____ Discuss available learning experiences at the clinical site
- _____ Discuss communication, feedback, supervision, patient interaction, work hours

CI Signature: _____ **Student Signature:** _____

Additional Clinical Education information and educational resources can be found on our webpage:

<https://www.statetechmo.edu/programs/healthsci/pta/clinicaeducation/>

Clinical Affiliation Agreement
Physical Therapist Assistant Program

This Affiliation Agreement entered into this _____ day of _____, 20____ by and between State Technical College of Missouri (“COLLEGE”) and _____ (“FACILITY”), for the purpose of guiding and directing a working relationship between both parties in providing learning experiences for “STUDENT(S)” of State Technical College of Missouri enrolled in the Physical Therapist Assistant Program (“PROGRAM”). The individual(s) named to serve as the student clinical instructor(s) will hereinafter be known as “CLINICAL INSTRUCTOR(S)”.

1. OBJECTIVES OF THE CLINICAL PHASE

- 1.1. To develop the STUDENT as a person.
- 1.2. To help the STUDENT acquire professional knowledge and skills.
- 1.3. To assist the STUDENT to become a competent practitioner who assumes responsibility for his/her actions and self-development.
- 1.4. To help the STUDENT recognize the needs of patients.
- 1.5. To help the STUDENT to appreciate the role of the PTA in the physical therapy department.

2. RESPONSIBILITIES OF THE COLLEGE

The COLLEGE will:

- 2.1. Acquaint FACILITY personnel with the overall objectives of the PROGRAM, with the appropriate outlines, clinical objectives, and STUDENT goals and requirements.
- 2.2. Plan and determine adequacy of educational experience and assigns to FACILITY only those STUDENTS who have successfully completed prerequisites of the PROGRAM before clinical assignment.
- 2.3. Determine by mutual consent of the FACILITY and the PROGRAM, the dates and times for STUDENT placement, as well as the number of STUDENTS to be assigned.
- 2.4. Require the PROGRAM to provide the FACILITY and CLINICAL INSTRUCTOR with the names of STUDENTS and pertinent information including, but not limited to required immunizations and CPR certification.
- 2.5. Provide professional liability insurance coverage for each STUDENT assigned by the COLLEGE to the FACILITY in the amount of one million dollars (\$1,000,000.00) per occurrence on an occurrence basis with a three million dollar (\$3,000,000.00) annual aggregate.
- 2.6. Not discriminate against any person on the basis of race, gender identity, gender expression, sex, sexual orientation, religion, color, national origin, age, disability, or status as a protected veteran.
- 2.7. Require all STUDENTS and COLLEGE personnel to comply with all applicable rules, regulations, policies and procedures of the FACILITY, and to uphold the confidential nature of information.
- 2.8. Designate a member of its faculty as Director of Clinical Education (DCE) to coordinate this PROGRAM and communicate with the FACILITY coordinator.

- 2.9. Determine the overall grade for clinical courses based on clinical performance, and other factors, including but not limited to attendance, assignments, comprehensive exam and paperwork compliance. The overall final grade determination is the responsibility of the DCE.

3. RESPONSIBILITIES OF THE FACILITY

The FACILITY will:

- 3.1. Provide orientation of FACILITY and review of FACILITY policies and procedures by which the STUDENT is expected to comply.
- 3.2. Provide necessary instruction and supervision for prescribed STUDENT learning experiences at a level appropriate to his/her skills and academic preparation.
- 3.3. Retain overall responsibility for the care of patient.
- 3.4. Provide the PROGRAM with a performance evaluation for each STUDENT in a form prescribed by the PROGRAM, as well as providing ongoing & timely feedback to the STUDENT regarding his/her performance.
- 3.5. Report any unusual or unsatisfactory conduct or performance of the STUDENT to the COLLEGE program director or DCE.
- 3.6. Permit designated faculty members the right to visit the clinical areas and/or the STUDENTS assigned to the area, and to provide appropriate STUDENT instruction.
- 3.7. Provide, if required, emergency treatment at the STUDENT'S expense, in the case of accident or illness involving the STUDENT during the clinical affiliation.
- 3.8. Provide the PROGRAM with specified information about the clinical site, the clinical coordinator and instructors.
- 3.9. Not discriminate against any person on the basis of race, gender identity, gender expression, sex, sexual orientation, religion, color, national origin, age, disability, or status as a protected veteran.

4. RESPONSIBILITIES OF THE STUDENT

The STUDENT will:

- 4.1. Be prepared for the clinical experience.
- 4.2. Appropriately represent the PROGRAM, the FACILITY, and the profession
- 4.3. Apply skills that have learned, acquire knowledge to enable growth, and to enhance their ability to perform patient care.
- 4.4. Acquire knowledge and insight into the roles and functions of the health care team.
- 4.5. Collaborate with the CLINICAL INSTRUCTOR(s) in the development of his/her assignments/learning experiences.
- 4.6. Abide by the policies and rules of the FACILITY during the clinical affiliation.

5. MUTUAL RESPONSIBILITIES

- 5.1. The FACILITY will accept STUDENTS for the clinical phase or curriculum under terms agreed upon by the FACILITY and the COLLEGE.
- 5.2. STUDENTS assigned to, and accepted by, the FACILITY for clinical experience shall be subject to the rules and regulations of the FACILITY and the COLLEGE.

- 5.3. To resolve conflict by conferences between the CLINICAL INSTRUCTOR and/or the DCE and/or the program director. Unresolved conflicts will be referred to the president of the COLLEGE and to the executive director of the FACILITY and/or their representatives for disposition. FACILITY and/or COLLEGE may require the removal of a student, if this is deemed necessary by FACILITY in the interest of patient care or student learning.
- 5.4. Nothing in this Agreement is to be construed as transferring financial responsibility from one party to another.
- 5.5. STUDENTS subject to this Agreement are not agents or employees of FACILITY.

6. INDEMNIFICATION

Each party shall save, indemnify and hold the other parties to this Agreement harmless of and from all liability, loss, costs, and expenses incurred directly or indirectly from any acts, errors or omissions by a party to this Agreement, and its employees or invitees from any cause arising from or relating to a party's performance under this Agreement.

7. TERM AND TERMINATION

This Agreement shall commence _____, 20_____, for an initial term of one (1) year and shall be automatically renewed upon like terms for one (1) year periods thereafter unless either party gives written notice of intent to terminate sixty (60) days prior to the annual renewal date. Either party may terminate this Agreement without cause at any time during a term by giving ninety (90) days' prior written notice.

8. NOTICES

All notices given pursuant to this Agreement shall be in writing and personally delivered or sent by registered mail, return receipt requested at the addresses listed below:

COLLEGE: State Technical College of Missouri
 Physical Therapist Assistant Program
 One Technology Drive
 Linn, MO 65051
 Attn: Kathy Vitela, PT
 Director of Clinical Education

FACILITY: _____

 Attn: _____
 Title: _____

All notices shall be deemed delivered upon personal delivery or two (2) business days after deposit in any United States Post Office.

IN WITNESS WHEREOF, all terms and conditions contained herein shall become effective the date this Agreement is signed by all parties.

FACILITY:

Authorizing Signature

Title

Date

COLLEGE:

State Technical College of Missouri

Dr. Shawn Strong, President

Date

Summary / Planning Form

Weekly Planning Form	
Dates: _____	Week #: _____
<u>Summary of Previous Week:</u> (Progress, Feedback)	
Student:	
Clinical Instructor:	
<u>Goals for the Upcoming Week:</u>	
_____	_____
Student's Signature	Clinical Instructor's Signature

Anecdotal Record (format from Shea et al)

Students Name: _____ Date: _____

Evaluator/Observer: _____

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

Student Action or Behavior:

Evaluator Interpretation:

Student's Signature

Evaluator's Signature

Student's Comments:

13 Section IV APTA Clinical Instructor Education and Credentialing Program

The Critical Incident Report (format from Shea et al)

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

Students Name:

Evaluator/Observer:

Date (Time)	Antecedents (circumstances)	Behaviors	Consequences (if behavior continues)
<i>Student Initials:</i> <i>Evaluator Initials:</i>			
<i>Student Initials:</i> <i>Evaluator Initials:</i>			
<i>Student Initials:</i> <i>Evaluator Initials:</i>			
Student's Signature: _____			
Evaluator's Signature: _____			

Reference: APTA Clinical Instructor Education and Credentialing Program 2008

APTA Trainer Credentialing Program for Clinical Educators Instructor's Manual Section V 23**Student Program Planning Flow Chart**

Students Name: _____

Instructor(s): _____

School: _____

Date of Clinical Experience: _____

Evaluation		Management		
Problem Behaviors	Long Term Goals	Objective	Learning Experiences	Special Skills

Reference: APTA Clinical Instructor Education and Credentialing Program 2008

Standards of Practice for Physical Therapy



HOD S06-20-35-29 [Amended: HOD S06-19-29-50; HOD S06-13-22-15; HOD S06-10-09-06; HOD S06-03-09-10; HOD 06-03-09-10; HOD 06-99-18-22; HOD 06-96-16-31; HOD 06-91-21-25; HOD 06-85-30-56; Initial: HOD 06-80-04-04; HOD 06-80-03-03] [Standard]

Preamble

The physical therapy profession is committed to transforming society by optimizing movement to improve the human experience. Physical therapists pursue excellence in a professional scope of practice that includes optimizing physical function, health, quality of life, and well-being across the lifespan, and they work to improve population health in the communities where they practice. The American Physical Therapy Association (APTA) attests to this commitment by adopting and promoting the following *Standards of Practice for Physical Therapy*. These standards are the profession's statement of conditions and performances that are essential for provision of high-quality professional service to society, and they provide a foundation for assessment of physical therapist practice.

I. Ethical/Legal Considerations

A. Ethical Considerations

The physical therapist practices according to the *APTA Code of Ethics for the Physical Therapist*.

The physical therapist assistant complies with the *APTA Standards of Ethical Conduct for the Physical Therapist Assistant*.

B. Legal Considerations

The physical therapist complies with all the legal requirements of jurisdictions regulating the practice of physical therapy.

The physical therapist assistant complies with all the legal requirements of jurisdictions regulating the work of the physical therapist assistant.

II. Administration of the Physical Therapy Service

A. Statement of Mission, Purposes, Goals, Objectives, and Scope of Services

The physical therapy service has a statement of mission, purposes, goals, objectives, and scope of services that is reviewed annually and reflects the needs and interests of the patients and clients served, the physical therapy personnel affiliated with the service, and the community.

B. Organizational Plan

The physical therapy service has a written organizational plan.

The organizational plan:

- Describes relationships among components within the physical therapy service and, where the service is part of a larger organization, between the service and the other components of that organization;
- Ensures that a physical therapist provides the clinical direction of physical therapist services;
- Defines supervisory structures within the service; and
- Reflects current personnel functions.

C. Policies and Procedures

The physical therapy service has written policies and procedures that are reviewed regularly and revised as necessary; reflect the operation, mission, purposes, goals, objectives, and scope of the

service; are legally compliant with federal and state law; and are guided by the association's positions, standards, guidelines, policies, and procedures.

D. Administration

Guided and informed by APTA positions, standards, guidelines, policies, and procedures, the physical therapist responsible for the clinical direction of physical therapist services ensures:

- Compliance with local, state, and federal requirements;
- Services are provided in accordance with established policies and procedures;
- The process for assignment and reassignment of physical therapist staff (handoff communication) supports individual physical therapist responsibility to their patients and clients and meets the needs of the patients and clients; and
- Continuing competence of physical therapists and physical therapist assistants by providing training consistent with their respective roles.

E. Fiscal Management

The physical therapist responsible for physical therapist services, in consultation with physical therapy staff and appropriate administrative personnel, participates in the planning for and allocation of resources. Fiscal planning and management of the service is based on sound accounting principles.

The fiscal management plan:

- Includes a budget that provides for optimal use of resources;
- Ensures accurate recording and reporting of financial information;
- Allows for cost-effective utilization of resources;
- Follows billing processes that are consistent with federal regulations and payer policies, charge reasonable fees for physical therapist services, and encourage physical therapists to be knowledgeable of service fee schedules, contractual relationships, and payment methodologies; and
- Considers options for providing *pro bono* services.

F. Improvement of Quality of Care and Performance

The physical therapy service has a written plan for continuous improvement of quality of care and performance of services.

The improvement plan:

- Provides evidence of ongoing review and evaluation of services; and
- Provides a mechanism for documenting improvement in quality of care and performance and is consistent with requirements of external agencies, as applicable.

G. Staffing

The physical therapy personnel affiliated with the physical therapy service have demonstrated competence, and are sufficient to achieve the mission, purposes, goals, objectives, and scope of the service.

The physical therapy service:

- Ensures that the level of expertise within the service is appropriate to the needs of the patients and clients served, and consistent with the scope of the services provided; and
- Provides appropriate professional and support personnel to meet the needs of the patient and client population.

H. Staff Development

The physical therapy service has a written plan that provides for appropriate and ongoing staff development.

The staff development plan:

- Includes strategies for lifelong learning and professional and career development that include self-assessment, individual goal setting, and organizational needs;
- Includes mechanisms to foster mentorship activities;
- Includes information regarding evidence-based practice and relevant clinical practice guidelines; and
- Includes education regarding use of clinical practice guidelines, reflective reasoning, clinical reasoning, metacognition, and the value of mentoring.

I. Physical Setting

The physical setting, where applicable, is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, goals, objectives, and scope of the physical therapy service. It is appropriate for the number and type of patients and clients served. The equipment is safe and sufficient to achieve the purposes and goals of the physical therapy service.

J. Coordination

Physical therapy personnel collaborate with all health services providers and with patients, clients, caregivers, and others as appropriate; and use a team and person-centered approach in coordinating and providing physical therapist services.

III. Patient and Client Management

Physical therapist practice incorporates all components of evidence-based practice, integrating best available research evidence, clinical expertise, and an individual's values and circumstances to make decisions regarding services for patients and clients, practice management, and health policy.

A. Physical Therapist of Record

All patients and clients receiving physical therapist services shall have a physical therapist of record who is responsible for patient and client management.

B. Patient and Client Collaboration

Within the patient and client management process, the physical therapist, the individual, and their caregiver(s) establish and maintain an ongoing collaborative process of decision-making that exists throughout the provision of services and can extend over the lifespan.

C. Initial Examination/Evaluation/Diagnosis/Prognosis

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention. Wellness and prevention encounters may occur without the presence of disease, illness, impairments, activity limitations, or participation restrictions. Physical therapist services include the use of assessments to identify the presence of risk factors, and cognitive and environmental barriers and opportunities that may be targets for health promotion activities.

The physical therapist examination:

- Is documented and dated by the physical therapist who performed it;
- Identifies the physical therapy and as indicated other health needs of the patient or client;
- Performs or orders appropriate diagnostic and or physiologic procedures, tests, and measures;
- Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care;
- Refers for additional services to meet the needs of the patient or client; and
- Includes, when appropriate and available, results from diagnostic and physiologic testing.

D. Management Plan and Plan of Care

The management plan is the framework of physical therapist services provided to patients or clients, groups, or populations. The management plan is based on best available evidence and may include recommendations and goals developed by other entities. When indicated, the management plan describes the need for additional testing or other information to inform decision-making regarding the

need for ongoing physical therapist services. A management plan is indicated when prevention, health promotion, and wellness services are provided in groups or populations.

The management plan includes a plan of care when physical therapist services are indicated to address a health condition. The plan of care is based on the best available evidence and consists of statements that specify the goals of the plan, predicted level of optimal improvement, interventions to be used, proposed duration and frequency of the interventions that are required to reach the goals and outcomes, and plans as appropriate for referral, consultation, or co-management with other providers.

A plan of care is not needed when the physical therapist is being consulted for expert opinion or advice, or for diagnostic or physiologic testing. In such situations the physical therapist documents the reason(s) that the plan of care was not created.

The physical therapist involves the patient or client and appropriate others in the development of the management plan and plan of care.

E. Intervention

The physical therapist provides or directs and supervises intervention consistent with results of the examination, evaluation, diagnosis, prognosis, and plan of care. Intervention is focused on meeting the goals of the plan of care and optimizing functional performance, emphasizes patient or client education, and promotes proactive, wellness-oriented lifestyles. It may be provided in an episode of care, in a single encounter such as for wellness and/or prevention, in specialty consultation, or as follow-up after an episode of care. Services also may be provided intermittently over longer periods of time in cases of managing patients or clients with chronic conditions, creating a lifelong patient or client relationship with the physical therapist.

An *episode of care* is the managed care provided for a specific health condition or conditions during a set time period. The episode can be for a short period, or on a continual basis, or it may consist of a series of intervals of service.

The intervention:

- Is provided at a level that is consistent with best available evidence and current physical therapist practice;
- Is in direct alignment with the patient's or client's desired outcomes and goals;
- Is altered in accordance with changes in response or status; and
- Is provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and legal limitations of the physical therapist assistant.

F. Lifelong and Long-Term Patient and Client Relationships

Physical therapists foster and encourage lifelong and long-term patient and client relationships. Where feasible, physical therapists, as entry-point providers, provide services within the community that are available to patients or clients over a lifetime. Efforts are made to address movement system disorders and to maintain optimal health and wellness through physical therapist intervention as needed.

Lifelong and long-term patient and client relationships:

- Foster continuity of service over patients' and clients' lifespans by addressing changes in the movement system, health status, or disabilities as they arise;
- Empower patients and clients to advocate for their own health;
- Empower the physical therapist to advocate on behalf of patients and clients within the health services system; and
- Foster identification by patients and clients that they have their own physical therapist among various health professionals.

G. Reexamination

The physical therapist reexamines the patient or client as necessary to evaluate progress or change in status. Reexamination may occur during an episode of care, during follow-up encounters after an

episode of care, or periodically in the case of the management of patients and clients with chronic conditions. During reexamination the physical therapist modifies the management plan accordingly and refers the patient or client to another health services provider for consultation as necessary.

H. Conclusion of an Episode of Care

The physical therapist concludes an episode of care when the goals and outcomes for the patient or client have been achieved, when the patient or client is unable to further progress toward goals, or when the physical therapist determines that the patient or client will no longer benefit from physical therapy. Conclusion of a single episode of care may not, in many settings or circumstances, signal the end of a patient or client provider relationship.

I. Communication/Coordination/Documentation

The physical therapist communicates, coordinates, and documents all aspects of patient and client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, intervention, responses to intervention, changes in patient or client status relative to the intervention, reexamination, and episode of care summary. The physical therapist of record is responsible for “handoff” communication and follows “handoff” procedures developed by the physical therapy service to the next physical therapist of record. When possible, patient records and data are recorded using a method that allows for collective analysis. The physical therapist ensures that protected health information is maintained and transmitted following legally required practices.

J. Co-management/Consultation/Referral

At any point in an episode of care, or in a long-term or lifelong physical therapist-patient or client relationship, a physical therapist may engage in 1 or more of the following actions related to involvement of other clinicians. Other clinicians may be those in other professions and also may be physical therapist colleagues, some with advanced practice credentials or board certification in a clinical specialty.

- Co-management: The physical therapist shares management responsibility for the individual with another clinician(s).
- Consultation: Upon the request of another clinician(s), the physical therapist renders professional expert opinion or advice by applying highly specialized knowledge and skills to aid in the management of an individual’s health condition. The physical therapist documents the findings and any recommendations of the consultation as part of the management plan. When a physical therapist is consulted for the purposes of diagnostic or physiologic testing, the physical therapist determines the need for and performs the testing in accordance with best available evidence. The results of the testing are documented and communicated to the referring clinician(s). Unless indicated, the consultant physical therapist does not assume management responsibility of the individual. The physical therapist also seeks consultative services from other clinicians when situations exist that are beyond the expertise or available resources of the physical therapist. In these cases, the physical therapist shares responsibility for the individual with the consultant.
- Referral: The physical therapist may:
 - Refer an individual to another provider and either conclude care or not develop a plan of care;
 - Refer an individual to another provider and continue the management plan at the same time;
 - Receive an individual referred from another provider who chooses not to continue services for the individual;
 - Receive an individual from another provider who continues to provide services to the individual (if the physical therapy episode of care is ongoing, the physical therapist shares responsibility for the individual); or
 - Receive an individual from another provider for diagnostic and or physiologic testing.

IV. Education

The physical therapist is responsible for individual professional development. The physical therapist assistant is responsible for individual career development.

- The physical therapist and the physical therapist assistant, under the direction and supervision of the physical therapist, participate in the education of peers, other health services providers, and students.

- The physical therapist educates and provides consultation to consumers and the general public regarding the purposes and benefits of physical therapy.
- The physical therapist educates and provides consultation to consumers and the general public regarding the roles of the physical therapist and the physical therapist assistant.

V. Advocacy

The physical therapist and the physical therapist assistant will participate in advocacy for patients' and clients' rights with respect to:

- Physical therapy being an entry-point for patients into the health services system;
- Physical therapists serving in primary care roles;
- Appropriate access to needed health services including physical therapist services; and
- Communities creating safe and accessible built environments, where population health is a priority.

VI. Research

The physical therapist applies research findings to practice and encourages, participates in, and promotes activities that establish the outcomes of patient and client management provided by the physical therapist.

The physical therapist:

- Remains current in their knowledge of literature related to practice;
- Protects the rights of research subjects and maintains the integrity of research;
- Participates in research as appropriate to individual education, experience, and expertise;
- Educates physical therapists, physical therapist assistants, students, other health professionals, and the general public about new evidence from research and the outcomes of physical therapist practice; and
- Accesses and translates knowledge in support of clinical decisions, and uses literature based on its quality and appropriateness.

VII. Community Responsibility

The physical therapist demonstrates community responsibility by participating in community and community agency activities, educating the public, formulating public policy, and providing *pro bono* physical therapist services.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

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

Last Updated: 8/12/2020

Contact: nationalgovernance@apta.org

APTA Guide for Conduct of the Physical Therapist Assistant



Purpose

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

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

Interpreting the Standards of Ethical Conduct

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

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

Preamble to the Standards of Ethical Conduct

The Preamble states as follows:

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

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

The Preamble states that “[n]o document that delineates ethical standards can address every situation.” The Preamble also states that physical therapist assistants “are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.” Potential sources for advice or counsel include third parties and the myriad resources available on the APTA website. Inherent in a physical therapist assistant’s ethical decision-making process is the examination of his or her unique set of facts relative to the Standards of Ethical Conduct.

Topics

Respect

Standard 1A states as follows:

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

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

Altruism

Standard 2A states as follows:

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

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

Sound Decisions

Standard 3C states as follows:

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

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

Supervision

Standard 3E states as follows:

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

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

Integrity in Relationships

Standard 4 states as follows:

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

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

Reporting

Standard 4C states as follows:

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

Interpretation: Physical therapist assistants shall seek to discourage misconduct by health care professionals. Discouraging misconduct can be accomplished through a number of mechanisms. The following is not an exhaustive list:

- Do not engage in misconduct; instead, set a good example for health care professionals and others working in their immediate environment.
- Encourage or recommend to the appropriate individuals that health care and other professionals, such as legal counsel, conduct regular (such as annual) training that addresses federal and state law requirements, such as billing, best practices, harassment, and security and privacy; as such training can educate health care professionals on what to do and not to do.
- Encourage or recommend to the appropriate individuals other types of training that are not law based, such as bystander training.
- Assist in creating a culture that is positive and civil to all.
- If in a management position, consider how promotion and hiring decisions can impact the organization.

- Access professional association resources when considering best practices.
- Revisit policies and procedures each year to remain current.

Many other mechanisms may exist to discourage misconduct. The physical therapist assistant should be creative, open-minded, fair, and impartial in considering how to best meet this ethical obligation. Doing so can actively foster an environment in which misconduct does not occur. The main focus when thinking about misconduct is creating an action plan on prevention. Consider that reporting may never make the alleged victim whole or undo the misconduct.

If misconduct has not been prevented, then reporting issues must be considered. This ethical obligation states that the physical therapist assistant reports to the “relevant authority, when appropriate.” Before examining the meaning of these words it is important to note that reporting intersects with corporate policies and legal obligations. It is beyond the scope of this interpretation to provide legal advice regarding laws and policies; however, an analysis of reporting cannot end with understanding one’s ethical obligations. One may need to seek advice of legal counsel who will take into consideration laws and policies and seek to discover the facts and circumstances.

With respect to ethical obligations, the term “when appropriate” is a fact-based decision and will be impacted by requirements of the law. If a law requires the physical therapist assistant to take an action, then, of course, it is appropriate to do so. If there is no legal requirement and no corporate policy, then the physical therapist assistant must consider what is appropriate given the facts and situation. It may not be appropriate if the physical therapist does not know what occurred, or because there is no legal requirement to act and the physical therapist assistant does not want to assume legal responsibility, or because the matter is being resolved internally. There are many different reasons that something may or may not be appropriate.

If the physical therapist assistant has determined that it is appropriate to report, the ethical obligation requires him or her to consider what entity or person is the “relevant authority.” Relevant authority can be a supervisor, human resources, an attorney, the Equal Employment Opportunities Commission, the licensing board, the Better Business Bureau, Office of the Insurance Commissioner, the Medicare hotline, the Office of the Inspector General hotline, the US Department of Health and Human Services, an institution using their internal grievance procedures, the Office of Civil Rights, or another federal, state, city, or local agency, or a state or federal court, among others.

Once the physical therapist assistant has decided to report, he or she must be mindful that reporting does not end his or her involvement, which can include office, regulatory, and/or legal proceedings. In this context, the physical therapist assistant may be asked to be a witness, to testify, or to provide written information.

Sexual Harassment

Standard 4F states as follows:

4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

Interpretation: As noted in the House of Delegates policy titled “Sexual Harassment,” “[m]embers of the association have an obligation to comply with applicable legal prohibitions against sexual harassment....” This statement is in line with Standard 4F that prohibits physical therapist assistants from harassing anyone verbally, physically, emotionally, or sexually. While the standard is clear, it is important for APTA to restate this point, namely that physical therapist assistants shall not harass anyone, period. The association has zero tolerance for any form of harassment, specifically including sexual harassment.

Exploitation

Standard 4E states as follows:

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

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

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

Consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients or Former Patients (modified for physical therapist assistants):

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

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

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

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

Colleague Impairment

Standard 5D and 5E state as follows:

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

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

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

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

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

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

Clinical Competence

Standard 6A states as follows:

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

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

Lifelong Learning

Standard 6C states as follows:

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

Interpretation: 6C points out the physical therapist assistant's obligation to support an environment conducive to career development and learning. The essential idea here is that the physical therapist assistant encourages and contributes to his or her career development and lifelong learning, whether or not the employer provides support.

Organizational and Business Practices

Standard 7 states as follows:

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

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

Documenting Interventions Standard 7D states as follows:

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

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

Support - Health Needs Standard 8A states as follows:

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

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

Issued by the Ethics and Judicial Committee
American Physical Therapy Association October 1981

Last Amended: March 2019
Contact: ejc@apta.org

Standards of Ethical Conduct for the Physical Therapist Assistant



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

Preamble

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Physical therapist assistants are guided by a set of core values (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients and clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive. The APTA Guide for Conduct of the Physical Therapist Assistant and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

Standards

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

(Core Values: Compassion and Caring, Integrity)

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

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

(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

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

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

(Core Values: Collaboration, Duty, Excellence, Integrity)

- 3A. Physical therapist assistants shall make objective decisions in the patient's or client's best interest in all practice settings.
- 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapist interventions.

- 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and client values.
- 3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
- 3E. Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient or client status requires modifications to the established plan of care.

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

(Core Value: Integrity)

- 4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients and clients, students, supervisees, research participants, or employees).
- 4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapist assistants shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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

(Core Values: Accountability, Duty, Social Responsibility)

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

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

(Core Value: Excellence)

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

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

(Core Values: Integrity, Accountability)

- 7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
- 7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

- 7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
- 7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients and clients

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

(Core Value: Social Responsibility)

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

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

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

Last Updated: 8/12/2020

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State Technical College of Missouri

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RELEASE OF INFORMATION TO CLINICAL SITES

This form allows students to grant a clinical site access to their records maintained by the Physical Therapist Assistant Program of State Technical College of Missouri.

The purpose of this disclosure is to be in compliance with applicable federal, state and local governmental law and regulations relevant to the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) standards. These standards require that facilities provide the same screening requirements for students of healthcare programs as apply to employed staff. These screenings must be performed prior to the student participating in patient care activities. Provided that the student remains continuously enrolled, the criminal background check will only be required once prior to the student beginning the initial clinical rotation.

The information required for compliance is:

1. Criminal Background Checks (Federal, National, State, County)
2. Social Security number verification/trace, OIG and ELD checks
3. Immunization/Health Exam information
4. CPR Certification
5. Drug Screen
6. COVID vaccine
7. Health insurance
8. Bloodborne and Airborne Pathogen training
9. HIPAA training

All permissions granted will stay in effect until the student has graduated or otherwise left the educational program.

I give permission to the Physical Therapist Assistant Program to supply information related to the above records to the clinical site selected for my clinical education by the Director of Clinical Education while enrolled in the Physical Therapist Assistant Program at State Technical College of Missouri. The required information will be supplied to the responsible office/party designated by the clinical site.

Signature _____

Date _____

PTA 102 Advanced Musculoskeletal and Nervous System Anatomy. This course includes additional study of the musculoskeletal and nervous systems beyond the concepts from general anatomy and physiology. Focus will be on the skeletal system, joint articulations and motions, muscular system, surface anatomy, and peripheral and central nervous systems. This course provides foundational knowledge necessary to prepare to be a physical therapist assistant. Prerequisite: ASC 104 with a grade of “B” or better. Corequisite: ASC 106 with a grade of “B” or better. 2 credit hours.

PTA 106 Introduction to PTA and Documentation. This course introduces the role and scope of practice and documentation for the physical therapist assistant (PTA). Students begin to learn legal and ethical concepts guiding professional behavior and conduct, the basic skills for documenting patient care, develop an awareness of the healthcare delivery system, cultural diversity, evidence-based practice, stress management, work performance, the relationship between documentation and the patient management process, and expectations. Students are introduced to the history and role of the American Physical Therapy Association. Students develop skills in using professional terminology for oral and written communications as well as collaboration with peers in a variety of formats. Emphasis is placed on the role of the PTA in reading documentation and following the plan of care established by the physical therapist. Integration of learning experiences with concurrent professional courses is used to apply and reinforce knowledge. Prerequisites: Acceptance into the PTA program and ASC 104, ASC 106, and PTA 102 with a grade of “B” or better. 2 credit hour.

PTA 115 Basic Patient Care Lab. This lab course provides an introduction to basic physical therapy intervention skills and procedures and provides an opportunity to practice professional behaviors in a lab setting. Principles and concepts pertaining to positioning and draping; body mechanics; transfers; range-of-motion (ROM); aseptic techniques and wound care; bandaging and dressing; vital signs; wheelchairs and patient transporting; gait training; Americans with Disabilities Act (ADA) and massage are included. Prerequisites: Acceptance into the PTA program and ASC 104, ASC 106, and PTA 102 with a grade of “B” or better. Concurrent: PTA 116. 1 credit hour.

PTA 116 Basic Patient Care. This lecture course provides an introduction to professional behaviors and basic physical therapy intervention skills procedures, and documentation. Principles and concepts pertaining to positioning, transfers, range-of-motion (ROM), aseptic technique, wound care, bandaging and dressing, vital signs, wheelchairs, gait training, Americans with Disabilities Act (ADA), documentation and massage are included. Prerequisites: Acceptance into the PTA program and ASC 104, ASC 106, and PTA 102 with a grade of “B” or better. Concurrent: PTA 115. 2 credit hours.

PTA 118 Functional Anatomy and Kinesiology. This lecture course includes an in-depth study of the structure and function of the musculoskeletal system emphasizing functional aspects of human motion and the biomechanical principles involved. The course also investigates the theoretical basis of various data collection methods including manual muscle testing, goniometric measurements, muscle length, gait and postural assessments, among others. The course incorporates concepts related to the roles of the physical therapist/physical therapist assistant (PT/PTA), use of professional behaviors, and use of appropriate medical language through written and verbal communications. Prerequisites: Acceptance into the PTA program and ASC 104, ASC 106, and PTA 102 with a grade of “B” or better. Concurrent: PTA 119. 3 credit hours.

PTA 119 Functional Anatomy and Kinesiology Lab. This lab course provides an introduction to basic physical therapy data collection methods and gives the student the opportunity to practice professional behaviors as well as clinical skills in a lab setting. The student learns principles and procedures related to manual muscle testing, goniometry, muscle length assessment, posture and gait analysis. The application of various concepts related to biomechanics, Newton’s laws of motion, joint structure, the nervous system, and analysis of human motion are also included. The course emphasizes concepts related to the roles of the physical therapist/physical therapist assistant (PT/PTA), use of professional behaviors, and use of appropriate medical

language through written and verbal communications. Prerequisites: Acceptance into the PTA program and ASC 104, ASC 106, and PTA 102 with a grade of “B” or better. Concurrent: PTA 118. 1 credit hour.

PTA 121 Physical Agents and Modalities Lab. This lab course provides the physical therapist assistant (PTA) student with opportunities to practice clinical application skills needed to perform thermal and mechanical treatment modalities used in physical therapy. Emphasis is placed on critical thinking and problem solving to assure that the modality is applied according to the physical therapist’s plan of care and to maximize treatment effectiveness. Safety procedures, indications, contraindications, and precautions are learned and applied for each modality. The student learns to use professional and understandable terminology in written and verbal communication and patient education relative to physical agents. Prerequisites: PTA 101, PTA 115, PTA 116, and PTA 117 with a grade of “B” or better. Concurrent: PTA 127. 1 credit hour.

PTA 125 Principles of Therapeutic Exercise Lab. This course introduces the student to the use of exercise as a preventive and treatment mechanism for pathological conditions which influence strength, endurance and flexibility. Students apply principles, design and techniques of therapeutic exercise and functional training. Students will learn to: describe the principles of therapeutic exercise, formulate rationale for the application of and modification of therapeutic exercise, safely and effectively implement therapeutic exercise interventions based on a plan of care established by a physical therapist, measure response to exercise interventions and respond accordingly, demonstrate patient education, and communicate the outcomes of the intervention. Students will learn and practice many types of exercise prior to learning how to apply exercise to specific pathologies. Prerequisites: PTA 101, PTA 115, PTA 116 and PTA 117 with a grade of “C” or better. 1 credit hour.

PTA 127 Physical Agents and Modalities. This lecture course provides the physical therapist assistant (PTA) student with theoretical knowledge and practical information about physical agents in rehabilitation. The basic scientific and physiological principles underlying the application of physical agents are explored. Indications, contraindications, and precautions are learned for each modality. Prerequisites: PTA 106, PTA 115, PTA 116, and PTA 117 with a grade of “C” or better. Concurrent: PTA 121. 1 credit hour.

PTA 129 Health and Disease I. This course is an investigation of disease processes, pharmacology and medical management of cardiovascular, respiratory, musculoskeletal, nervous, autoimmune, lymphatic, and endocrine systems, including geriatric diagnoses commonly seen in physical therapy. The process of inflammation and repair are emphasized. Content includes peripheral vascular disease and amputation, cardiac and pulmonary disorders, arthritis, and diabetes. As each system is examined, clinical manifestations and the possible physical therapy interventions are reviewed. Prerequisites: Acceptance into the PTA program and PTA 102 with a grade of “B” or better. 4 credit hours.

PTA 135 Clinical Practice I. This is a four week (40 hours per week) clinical experience that provides the student with his/her first opportunity for hands-on patient care. The student will apply basic skills learned in the classroom to the clinical setting making the connection between theory and practice. The student will work under the direct supervision of a licensed physical therapy professional in an assigned/approved facility. This clinical experience provides opportunities for development of appropriate professional behaviors related to the role of the physical therapist assistant (PTA). Prerequisites: PTA 106, PTA 118, PTA 119, PTA 121, PTA 125, PTA 127, and PTA 129 with a grade of “C” or better. 2 credit hours.

PTA 202 Health and Disease II. This course is an investigation of disease processes, pharmacology and medical management of integumentary, gastrointestinal, genitourinary, obstetrics, and oncology diagnoses commonly seen in physical therapy. The disease process and treatment are emphasized. Content includes burns, pregnancy, cancer, obesity, and pediatric conditions. As each system is examined, clinical manifestations and the possible physical therapy interventions are reviewed. Prerequisites: PTA 118, PTA 119, PTA 121, PTA 125, PTA 127, PTA 129, and PTA 135 with a grade of “C” or better. 1 credit hour.

PTA 204 Electrotherapeutic Modalities. This lecture course addresses the basic principles of electricity and electrotherapy. It investigates the basic physical science, the electrophysiology, and the clinical use of physical therapy electrical modalities. Students will learn to recognize common indications, contraindications, and special precautions to the application of electrotherapeutic modalities. Application of electrotherapeutic agents for pain, neuromuscular stimulation, and tissue/wound healing will be studied. Prerequisites: PTA 118, PTA 119, PTA 121, PTA 125, PTA 127, PTA 129, and PTA 135 with a grade of “C” or better. Concurrent: PTA 205. 1 credit hour.

PTA 205 Electrotherapeutic Modalities Lab. This lab course enables the student to gain competency in the safe and effective application of electrical stimulation modalities currently used in physical therapy practice. Indications, contraindications, and precautions are examined and students have opportunities to problem-solve clinical applications to maximize the benefit of the modality. Prerequisites: PTA 118, PTA 119, PTA 121, PTA 125, PTA 127, PTA 129, and PTA 135 with a grade of “C” or better. Concurrent: PTA 204. 1 credit hour.

PTA 206 PTA as a Profession and Job Strategies. This course provides an introduction to the profession of a physical therapist/physical therapist assistant (PT/PTA) practice. Students learn case-based legal and ethical concepts guiding professional behavior and conduct in the clinical setting and develop an awareness of professional duty, responsibility, and advocacy. Students are introduced to billing and reimbursement methods and issues in various healthcare settings. Students are introduced to the Missouri State Practice Act. Students are directed toward lifelong learning, productivity, and career development planning. Integration of learning experiences with concurrent technical courses is used to apply and reinforce knowledge as well as educate others about the profession of physical therapist assistant (PTA). Prerequisites: PTA 118, PTA 119, PTA 121, PTA 125, PTA 127, PTA 129, and PTA 135 with a grade of “C” or better. 2 credit hour.

PTA 208 Orthopedics for the PTA. This lecture course involves an in-depth study of orthopedic conditions, physical therapy data collection, and interventions for orthopedic and cardiopulmonary clients. Previously learned therapeutic exercise techniques are applied to orthopedic and cardiopulmonary conditions, and the relationship between interventions and anatomical structure, function, and pathophysiology are examined. The student reviews the role of the physical therapist assistant (PTA) as a part of the rehabilitation team related to development and delivery of orthopedic therapeutic exercise. Prerequisites: PTA 118, PTA 119, PTA 121, PTA 125, PTA 127, PTA 129, and PTA 135 with a grade of “C” or better. Concurrent: PTA 211. 2 credit hours.

PTA 211 Orthopedics Lab for the PTA. This lab course provides students with opportunities to create and implement therapeutic exercise programs following the physical therapist (PT) plan of care. Students will apply previously learned therapeutic exercise techniques to orthopedic and cardiopulmonary conditions. The student portrays the role of the physical therapist assistant (PTA) as a part of the rehabilitation team related to development and delivery of orthopedic therapeutic exercise with the instructor and/or lab assistant serving as the supervising physical therapist (PT). Prerequisites: PTA 118, PTA 119, PTA 121, PTA 125, PTA 127, PTA 129 and PTA 135 with a grade of “C” or better. Concurrent: PTA 208. 1 credit hour.

PTA 220 Comprehensive Review and Licensure Requirements for the PTA. This course is designed to assist students in preparation to apply and sit for licensure as a physical therapist assistant. Content, scope, and format of the National Physical Therapist Assistant Exam (NPTAE) will be addressed. A licensure exam prep course will be provided as a part of this course. This course will include test-taking skills, study skills, content review, and self-assessment exercises to facilitate preparation for the examination. Prerequisites: PTA 135, PTA 206, PTA 202, PTA 204, PTA 205, PTA 208, PTA 211, PTA 223, and PTA 224 with a grade of “C” or better. 2 credit hours.

PTA 223 Neurological Therapeutic Exercise. This lecture course provides an introduction to the pathology, pathophysiology, medical interventions, testing, and treatments of neurological disease and dysfunction. A general overview of anatomy and physiology of the nervous system as well as adult and pediatric neurologic diseases and dysfunctions signs and symptoms, medical interventions, and specialized testing are included in this course. Principles and concepts pertaining to sensation, perception, motor control, posture, balance, coordination, functional mobility, and ambulation are also included. The student examines theories and techniques of therapeutic intervention commonly used in the treatment of neurologic disease and dysfunction. The course incorporates concepts related to the roles of the physical therapist/physical therapist assistant (PT/PTA), professional behaviors, and the use of appropriate medical language through verbal and written communications. Prerequisites: PTA 118, PTA 119, PTA 121, PTA 125, PTA 127, PTA 129, and PTA 135 with a grade of “C” or better. Concurrent: PTA 224. 3 credit hours.

PTA 224 Neurological Therapeutic Exercise Lab. This lab course provides an introduction to the pathophysiology, medical intervention, and rehabilitation treatment of adult and pediatric neurological disease and dysfunction. Students have the opportunity to practice clinical skills and professional behaviors in a lab setting. Principles and procedures related to motor control, sensation, perception, therapeutic exercise, posture, balance, gait analysis, and gait training are studied using a case-based format. The student explores the role of the physical therapist assistant (PTA) in the treatment of neurological dysfunction, develops effective communication skills for patient/client and family education, and utilizes appropriate medical language through written and verbal communications. Prerequisites: PTA 118, PTA 119, PTA 121, PTA 125, PTA 127, PTA 129 and PTA 135 with a grade of “C” or better. Concurrent: PTA 223. 2 credit hours.

PTA 235 Clinical Practice II. This is a six week (40 hours per week) clinical experience that provides the student with opportunities to provide patient care under the supervision of a licensed physical therapy professional in an assigned/approved facility. The student will apply concepts and skills learned in the classroom to the clinical setting, strengthening the connection between theoretical and foundational knowledge. The student will work with a variety of patients to develop competence in clinical skills and exhibit appropriate professional behaviors related to the role of the physical therapist assistant (PTA) as part of the healthcare team. Prerequisites: PTA 135, PTA 206, PTA 202, PTA 204, PTA 205, PTA 208, PTA 211, PTA 223, and PTA 224 with a grade of “C” or better. 4 credit hours.

PTA 245 Clinical Practice III. This is a six week (40 hours per week) clinical experience that provides the student with opportunities to provide patient care under the supervision of a licensed physical therapy professional in an assigned/approved facility. The student will apply concepts and skills learned in the classroom to the clinical setting, strengthening the connection between theoretical and foundational knowledge. The student will work with a variety of patients to develop competence in clinical skills and exhibit appropriate professional behaviors related to the role of the physical therapist assistant (PTA) as part of the healthcare team. This clinical experience facilitates development of cultural competence, quality assurance, and billing practices. Student will have the opportunity to present and education in-service to the healthcare team. Prerequisites: PTA 135, PTA 206, PTA 202, PTA 204, PTA 205, PTA 208, PTA 211, PTA 223, and PTA 224 with a grade of “C” or better. 4 credit hours.

PTA 289 Research in Physical Therapy. Students explore types and methods of research as well as sources and means of literature review. A thesis statement is developed and students access and analyze evidence-based research to support their thesis. Other methods of acquiring information may entail book review, medical case study, clinical observation, and discussion with physical therapy practitioners. Prerequisites: PTA 135, PTA 206, PTA 202, PTA 204, PTA 205, PTA 208, PTA 211, PTA 223, and PTA 224 with a grade of “C” or better. 2 credit hours.

PTA 299 Special Topics in Physical Therapist Assistant. Special Topics in Physical Therapist Assistant (PTA) may include instruction on topics not covered in other PTA courses. Topics covered in other PTA courses may also be covered in more depth in this special topics course. Projects may be undertaken in any area related to the major program with credit hours determined by the level and amount of involvement. The minimum involvement required for one credit is 30 contact hours. The specific topic(s), objectives, plan of instruction, and evaluation criteria must be documented in the syllabus; approved by the Department/Division Chair; and filed in the Academic Records Office. Students may complete more than one Special Topics course, provided that the credits earned in this manner do not exceed a total of four (4) credits. 1-4 credit hours.

INTERVENTIONS PERFORMED EXCLUSIVELY BY PHYSICAL THERAPISTS HOD P06-18-31-36 [Initial: HOD P06-00-30-36;
Formerly Titled: Procedural Interventions Exclusively Performed by Physical Therapists] [Position]

Physical therapists' practice responsibility includes all elements of patient and client management: examination, evaluation, diagnosis, prognosis, intervention, and outcomes. The entirety of evaluation, diagnosis, and prognosis, as well as components of examination, intervention, and outcomes, must be performed by the physical therapist exclusively due to the requirement for immediate and continuous examination, evaluation, or synthesis of information. Physical therapist assistants may be appropriately utilized in components of intervention and in collection of selected examination and outcomes data.

Selected interventions are performed exclusively by the physical therapist. Such interventions include, but are not limited to, spinal and peripheral joint mobilization/manipulation and dry needling, which are components of manual therapy; and sharp selective debridement, which is a component of wound management.

Explanation of Reference Numbers:

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

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT HOD P06-18-28-35 [Amended: HOD P06-05-18-26; HOD 06-00-16-27; HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11-06; HOD 06-93-08-09; HOD 06-85-20-41; Initial: HOD 06-84-16-72/HOD 06-78-22-61/HOD 06-77-19-37] [Position]

Physical therapist practice and the practice of physical therapy are synonymous. Both phrases are inclusive of patient and client management, and direction and supervision. Direction and supervision apply to the physical therapist assistant, who is the only individual who assists a physical therapist in practice. The utilization of other support personnel, whether in the performance of tasks or clerical activities, relates to the efficient operation of the physical therapy service.

Physical therapists are responsible for providing safe, accessible, cost-effective, and evidence-based services. Services are rendered directly by the physical therapist and with responsible utilization of physical therapist assistants. The physical therapist's practice responsibility for patient and client management includes examination, evaluation, diagnosis, prognosis, intervention, and outcomes. Physical therapist assistants may be appropriately utilized in components of intervention and in collection of selected examination and outcomes data.

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

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

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

Only the physical therapist performs the initial examination and reexamination of the patient and may utilize the physical therapist assistant in collection of selected examination and outcomes data.

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

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

- The physical therapist assistant's education, training, experience, and skill level

- Patient or client criticality, acuity, stability, and complexity
- The predictability of the consequences
- The setting in which the care is being delivered
- Federal and state statutes
- Liability and risk management concerns
- The mission of physical therapist services for the setting
- The needed frequency of reexamination

Physical Therapist Assistant

Definition

The physical therapist assistant assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant program accredited by the Commission on Accreditation in Physical Therapy Education.

Utilization

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

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

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

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

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

LEVELS OF SUPERVISION HOD P06-19-13-45 [Initial: HOD P06-00-15-26] [Position]

The American Physical Therapy Association supports the following levels of supervision within the context of physical therapist practice. The following levels of supervision are the minimum required for safe and effective physical therapist services. The application of a higher level of supervision may occur at the discretion of the physical therapist based on jurisdictional law regarding supervision, patient or client factors, the skills and abilities of the personnel being supervised, facility requirements, or other factors.

Further information regarding supervision is available in Direction and Supervision of the Physical Therapist Assistant, Student Physical Therapist and Physical Therapist Assistant Provision of Services, and The Role of Aides in a Physical Therapy Service.

General Supervision: General supervision applies to the physical therapist assistant. The physical therapist is not required to be on site for supervision but must be available at least by telecommunication. The ability of the physical therapist assistant to provide services shall be assessed on an ongoing basis by the supervising physical therapist.

Direct Supervision: Direct supervision applies to supervision of the student physical therapist and student physical therapist assistant. The physical therapist, or the physical therapist assistant when supervising a student physical therapist assistant, is physically present and immediately available for supervision. In both cases, the physical therapist or physical therapist assistant will have direct contact with the patient or client on each date of service. Telecommunication does not meet the requirement of direct supervision.

Direct Personal Supervision: Direct personal supervision applies to supervision of a physical therapy aide. The physical therapist, or where allowable by law the physical therapist assistant, is physically present and immediately available to supervise tasks that are related to patient and client services. The physical therapist maintains responsibility for patient and client management at all times.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/**month/year/page/vote** in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

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

STUDENT PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT PROVISION OF SERVICES HOD P06-19-10-06

[Amended: HOD P06-00-18-30; HOD 06-96-20-33; Initial: HOD 06-95-20-11] [Previously Titled: Student Physical Therapist Provision of Services; Previously Titled: Position on the Provision of Physical Therapy and Physiotherapy Services by Student Physical Therapists] [Position]

Experiential learning focused on development and application of patient- and client-centered skills and behaviors is a crucial component of the education of physical therapists and physical therapist assistants. Clinical instructors and preceptors provide instruction, guidance, and supervision that comply with association policy, positions, guidelines, and ethical standards, and with jurisdictional laws governing supervision.

Student physical therapists, when participating as part of a physical therapist professional education curriculum, are qualified to provide services only under the direct supervision of the physical therapist who is responsible for patient and client management.

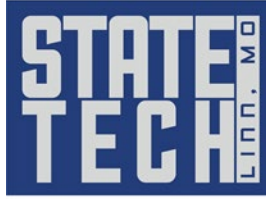
Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, are qualified and may be utilized to provide components of intervention and to collect selected examination and outcomes data only under the direct supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. The physical therapist maintains responsibility for patient and client management at all times, including management of the services provided by the student physical therapist assistant.

Direct supervision means the physical therapist, or the physical therapist assistant when supervising a student physical therapist assistant, is physically present and immediately available for supervision. In both cases, the physical therapist or physical therapist assistant will have direct contact with the patient or client on each date of service. Telecommunication does not meet the requirement of direct supervision.

Explanation of Reference Numbers:

[HOD P00-00-00-00](#) stands for House of Delegates/[month](#)/[year](#)/[page](#)/[vote](#) in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

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State Technical College of Missouri

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Informed Consent Regarding Potential Health Risks During Clinical Practice

As a student associated with the State Technical College Physical Therapist Assistant program, I, _____, understand that in the course of my clinical education I may be exposed to potential health risks including but not limited to exposure to bloodborne and airborne pathogens (e.g. TB, Hepatitis B, HIV, influenza, COVID), and other health risks which may include accidental injuries: sharps injuries, musculoskeletal injuries, and chemical exposures.

I understand and assume the risks involved in participating in clinical practice and agree to follow the policies and procedures of the clinical site regarding these potential health risks.

I am expected to demonstrate behaviors to reduce the risk of infection transmission and accidental injury by following infection control/standard precautions and all safety practices and guidelines of the clinical site.

I understand that clinical sites have the right to require me to complete additional infection control and safety training specific to the site prior to starting my clinical experience. (The Director of Clinical Education or the site will notify the student concerning the completion of additional training.)

It is my responsibility to notify my clinical instructor and the Director of Clinical Education concerning any serious injury or illness during clinical experiences involving health risks.

Signature _____

Date _____