Mission Statement

Marion Technical College
Physical Therapist Assistant Program

The Marion Technical College Physical Therapist Assistant Program shall provide a safe environment in which all participants in the educational process have an equal opportunity to achieve their highest academic, technical, and professional potential; shall promote excellence in all things, but especially critical thinking, ethical practice, and clinical empathy; and shall foster a lifelong commitment to learning and interdisciplinary thought and practice.

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General Information

INTRODUCTION

This manual is a guide for those persons involved with the Associate of Applied Science Degree in Physical Therapist Assistant Technology (PTA) at Marion Technical College.

The purpose of this manual is to inform everyone involved with the program about the rules and regulations, so that all students are aware of their rights and responsibilities. The policies are not meant to be unduly restrictive. All policies are in effect unless students and faculty are notified in writing. This book contains pertinent information and you as a student in the PTA program are responsible for knowing this information.

The next two years will be busy ones as you study and learn about the profession of Physical Therapy. We challenge you to work hard so that you may take advantage of the many opportunities that will be available to you as a Physical Therapist Assistant.

Dear Student:

This Clinical Education Handbook is a compilation of information that you or your Clinical Instructor may choose to reference during your clinical education experience. Please bring this handbook with you to each clinical rotation.

This handbook is intended to serve as a reference guide only. Additional information regarding your clinical education has been provided to you and your Clinical Instructor or CCCE by Maureen Pace, PTA, ACCE of Marion Technical College's PTA program.

Please do not hesitate to contact myself or Ms. Pace, if problems arise or if further information or clarifications are desired.

Sincerely,

Chad Hensel, PT, DPT, MHS, CSCS
Director, PTA Program
Marion Technical College

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MARION TECHNICAL COLLEGE MISSION STATEMENT

To provide an enriched and personal educational experience for our community.

MARION TECHNICAL COLLEGE'S GOALS

1. Offer higher education, developmental courses, and lifelong learning opportunities to the community as appropriate to the open door philosophy of the College.

2. To assist individuals in achieving their education and career goals by providing quality programs and services at an affordable cost.

3. To facilitate articulation and transfer opportunities through partnerships with secondary schools, colleges, universities, and employers.

4. To contribute to community economic development by establishing cooperative relationship with employers and organizations in order to respond to their educational and training needs.

5. To utilize community input and ongoing assessment to improve teaching, learning, and operational effectiveness.

6. To broaden access to higher education through the use of technology and extended campus offerings in instructional delivery, student information/services, and business applications.

MARION TECHNICAL COLLEGE'S EDUCATIONAL PHILOSOPHY

Marion Technical College has developed a vital and dynamic educational philosophy. An understanding of the precise nature of this philosophy requires an appreciation of three facts:

a. Technical education is a distinctive, relatively new and urgently needed type of higher education.

b. A technical college is a distinctive kind of college with the special type of expertise required to meet the need for technical education.

c. Several programs at Marion Technical College provide internship experiences which serve students' and employers' needs which otherwise would not be met.

A scientific revolution, underway the last several decades, has quickened the pace of change in all of the professions and has transformed the occupational role and the educational requirements of the professionally trained employee. In the past, the professional - the product of four or more years of college - had the time, the training, and the duty to perform many practical functions in his or her work. An engineer, for example, might spend hours drawing or routinely testing a new product. New scientific discoveries and technological advances have so enlarged the body of theoretical knowledge underlying many of the professions that now there is too little precious time in the professional curricula to develop practical skills. The mastery of theory has become the first priority of the professional. The use of theoretical knowledge has become the dominant function of professions in their day-to-day work. As a consequence, a new member of the

employment team, the technician or semi-professional, has appeared on the scene. To be prepared to work with the scientist, the engineer, or the medical specialist, technicians require a different type of college education.

They must master, to some extent, the theoretical principles relating to the technology in which they specialize and develop the practical abilities the specialty requires. Such educational preparation is above the high school level, but does not necessarily require the four or more years of college needed by the professional. An intensive program, usually of two years and designed to prepare the student for immediate and effective employment upon graduation, suffices. Such a program falls in the realm of technical education.

Ohio has a network of rapidly growing technical colleges, all created as a result of federal, state, and local initiatives. The National Defense Education Acts of 1958 and 1963 and the Vocational Education Acts of 1963 and 1968 helped to provide a stimulus of these and hundreds of other technical schools throughout the nation. Passage of these acts and state statutes creating technical colleges have underscored the high priority of these institutions. The orderly growth of the nation's economy depends in large measure on the quantity and quality of the supply of technicians.

This is supported by a learning environment which accepts the intrinsic worth and dignity of every individual. Student involvement is critical to the learning process. The teacher recognizes the unique learning needs of students and uses a variety of methods to meet those needs in structured teaching situations and through academic counseling.

MARION TECHNICAL COLLEGE'S PHYSICAL THERAPIST ASSISTANT PROGRAM PHILOSOPHY

Physical therapy is an art and a science; it is a process of assisting the human being to meet his/her needs throughout the lifespan. The application of knowledge from the sciences and humanities and the acquired technical skills of the physical therapist assistant require reasoning and creative thinking. Our beliefs about the associate degree are encompassed in the comprehensive curriculum plan which includes an organized and sequential series of integrated student-oriented learning experiences designed to enhance attainment of terminal competencies necessary to the practice of physical therapy under the direction and supervision of a physical therapist. The associate degree is viewed as a terminal objective in itself, or the graduate may further his/her education in physical therapy to fulfill in our society the ever emerging and expanding roles of the physical therapist. In the learning process, a change in behavior occurs wherein the student acquires cognitive, psychomotor, and affective skills.

MARION TECHNICAL COLLEGE'S PHYSICAL THERAPIST ASSISTANT PROGRAM GOALS

1. To provide the student with a stimulating environment in which to achieve educational and personal growth;
2. To prepare associate degree graduates who are eligible to apply and sit for the National Physical Therapy Examination (NPTE) of the Federation of State Boards of Physical Therapy (FSBPT) to become licensed as physical therapist assistants as approved by the Physical Therapy section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board;

3. To develop the technical skills necessary for success as a physical therapist assistant; and

4. To provide an educational base for career mobility.

MARION TECHNICAL COLLEGE'S
PHYSICAL THERAPIST ASSISTANT PROGRAM OBJECTIVES

As a technical health care provider, the physical therapist assistant will be able to:

1. Apply knowledge from the physical, biological, behavioral, and social sciences to the care of patients in each stage of growth and development.

2. Provide physical therapy services as specified in the plan of care developed by the physical therapist.

3. Demonstrate competency in the technical skills required in physical therapy care to patients with common health problems in structured settings.

4. Support the rights of individuals to their own philosophies, moral codes, and life styles.
5. Teach patients about common measures to promote health.

6. Utilize understanding of human interactions to promote effective communication with patients, families, and other members of the health team.

7. Demonstrate safe, ethical, and legal practice.

8. Recognize the community and health resources available to patients and families.

9. Demonstrate verbal and nonverbal care behavior which reflect concern and interest for patients and their families.

10. Function as an associate degree physical therapist assistant on the health team.

11. Accept responsibility for personal and professional growth.

POLICY ON COMPLAINT HANDLING

Any complaint made will be noted in writing in a narrative format, preferably by the person making the complaint. If the person making the complaint is unable or unwilling to put it in writing, then it will be documented by the faculty/staff member to whom the complaint is made. In either case, the complaint can be made in a confidential fashion if the complainant wishes. Complaints will be kept in a secured file, and will not become part of student, clinical site, faculty, etc. files in its original format, though the issues raised may be addressed in these specific files where appropriate and necessary. Each complaint will be investigated, and actions taken regarding the complaint, and the resolution to the situation will also be documented.

These forms are maintained by the program for a minimum of 7 years, in a secured file. The information brought to light by the complaint/investigation process will be used for program review as well as for accreditation purposes.

In the Physical Therapist Assistant Program, the students are expected to follow the following lines of communication when attempting to resolve problems or complaints. The student should first discuss the issue with the instructor of the course or clinical supervisor directly if the issue relates to a particular class. If the issue does not relate to a particular class, the student should discuss the issue with their assigned PTA Program advisor. The next level is the Program Director for the PTA Program, and the final level is the Vice President and Chief Academic Officer. Students are expected to follow this chain of communication. If students have not spoken with the appropriate person in the chain and go to a higher level prematurely, they will be instructed to return to the appropriate person to discuss the issue.

Issues that cannot be solved in this manner will be referred to the policies noted in the current issue of the College catalog, with referral of the matter to the Office of the Vice President of Student Services.

Should a complaint regarding the program be lodged by a Clinical Instructor or CCCE, the information will be documented by the ACCE and housed and handled as above.

Complaints regarding the program director, whether lodged by student or other, should be first brought to the attention of the director but may then proceed directly to the level of Vice President of Student Services to be housed and handled as above.

RIGHTS, PRIVILEGES AND BENEFITS OF CLINICAL INSTRUCTORS

As clinical education faculty, you have several rights, privileges, and benefits. The following list outlines some of these:

As clinical instructor you have the right to determine the level of clinical supervision for an individual student within the limits of the policies of your institution, the laws of the state of Ohio, and the clinical contract agreement with Marion Technical College.

As a clinical instructor you have the right to refuse educational access to clinical areas, to college faculty and students who do not meet the facility's standards and policy for health, safety, performance or ethical behavior.

As clinical faculty, you have the privilege of resolving any problem situation in favor of the patient's welfare and to restrict the student involved to an observer role until the incident can be clarified by the staff in charge and the Marion Technical College PTA technology staff.

You have the right to full use of our campus library, student center, campus computer lab, and may participate in many activities on campus.

As clinical instructor, you have the right to utilization of the PTA laboratory for job placement advertisements. Facilities may also provide written material highlighting job openings on the bulletin board located on the first floor of the Technical Education Center on Marion Technical College's campus.

As a clinical instructor you are invited to participate on the PTA Advisory Committee. Clinical faculty are an integral part of the committee and anyone interested in serving is most welcome.
At the September 1999 Marion Technical College Board of Trustees meeting, a proposal was passed to allow for two vouchers allowing for one free credit hour each at the Marion Technical College to be provided to each clinical site for each student they take each quarter for clinical placement. The Board has also allowed for these credits to be used for payment of CEU courses offered on campus. It is our feeling that this is effectively, the final step towards the long standing goal of providing "free" continuing education courses to clinical instructors at Marion Technical College.

Clinical Policies

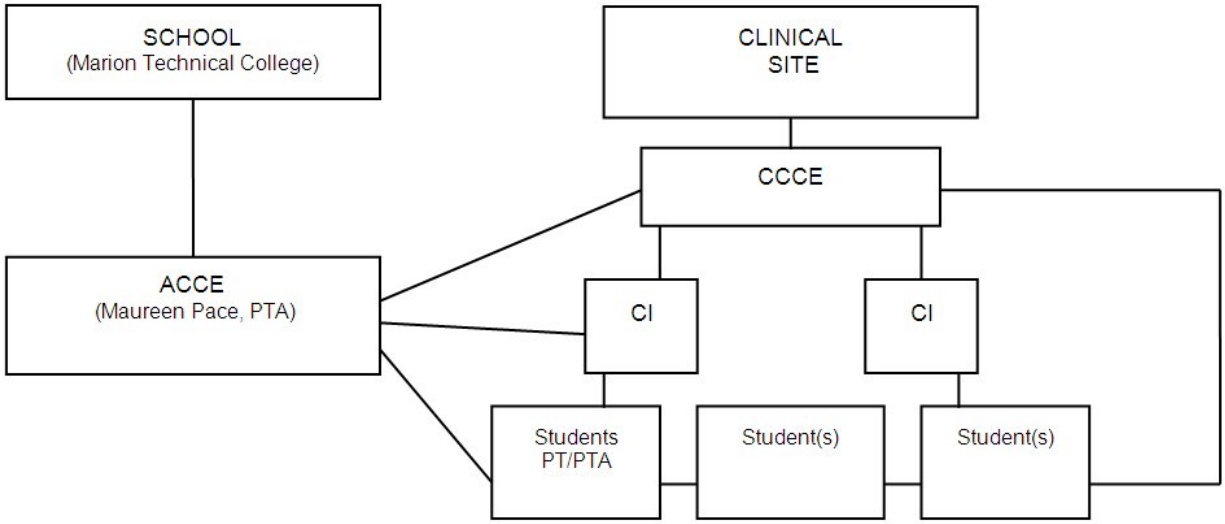
DEFINITIONS

ACCE: Academic Coordinator of Clinical Education. Manages all clinical aspects relating to the PTA program.

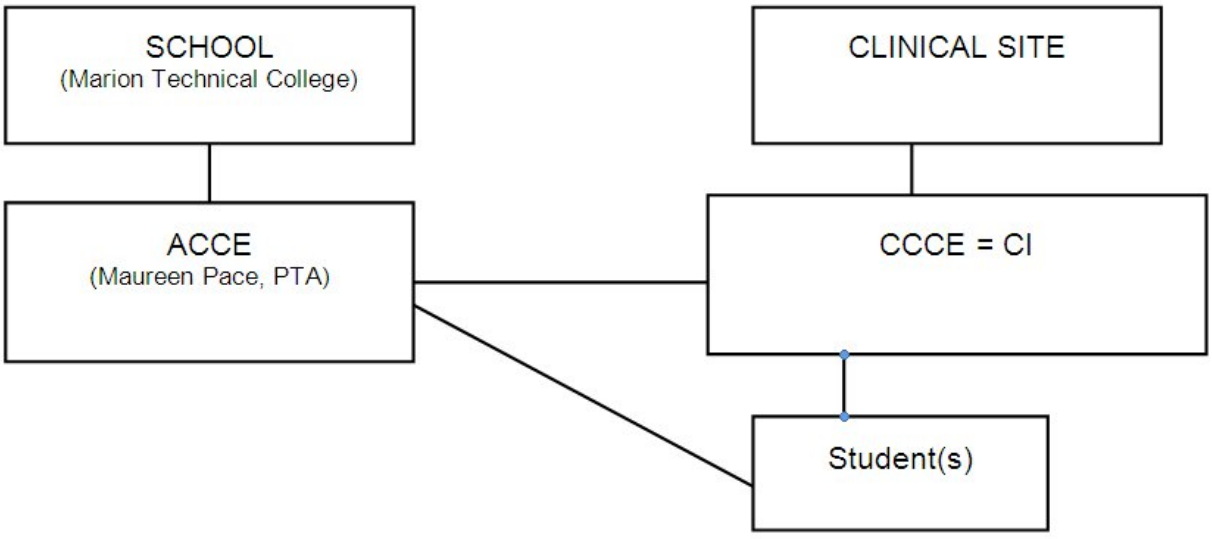
CCCE: Center Coordinator of Clinical Education. Usually a PT or PTA at a clinical site that coordinates all student activities.

CI: Clinical Instructor. A PT or PTA assigned to facilitate your clinical experience at a specific site.

ORGANIZATIONAL CHART A



ORGANIZATIONAL CHART B



PTA STUDENT CLINICAL BEHAVIOR

Concern for your safety and the safety of the patient entrusted in your care while you are completing the clinical portion of your education prompts the following guidelines.

All students shall:

1. Refrain from sexual advances or behavior towards patients, visitors, employees, faculty, and other students. (Guide for Conduct of the Physical Therapist Assistant.

2. Conduct yourself, so as not to andanger the life, welfare, health, or safety of any one associated with the clinical facility or college, including yourself.

3. Accept responsibility for assigned duties by punctual, regular attendance. Have consistent preparation and care of assigned patients according to each course requirements.

4. Accept responsibility for learning experience during clinical affiliation.

5. Present self in an alert, rested mental state and able to make safe decisions. Refrain from the use of agents/drugs (such as alcohol or sensory altering medications) which interfere with the above or may cause erratic, explosive, or acting-out behavior; deteriorating appearance and avoidance of social interaction with faculty, peers, patients/clients, and staff.

6. Respect the rights and properties of others.

7. Maintain confidentiality of patient/client situations and records. Avoid discussion of clinical activities in public or inappropriate areas which violates the patient's right to privacy.

8. Maintain an effective working relationship with clinical faculty, employees, health team members, and fellow students. Refrain from such behavior as fighting, arguing, coercing, threatening, and manipulating.

9. Follow dress code of each clinical site.

10. Adhere to the APTA Guide for Conduct of the Physical Therapist Assistant and the Standards of Ethical Conduct for the Physical Therapist Assistant.

Should one of the above behaviors be violated, the student will be removed from the clinical setting. If the student is intoxicated or under the influence of illegal substances during the clinical experience, the clinical center will contact the Academic Clinical Coordinator of Education (ACCE), who will arrange for transportation for the student. In the interim, the CI will follow the procedures in place at the clinical center. If any of the above clinical behaviors are reported, the ACCE will be notified and will meet with the Clinical Coordinator of Education (CCCE), the Clinical Instructor (CI), and all other parties regarding the reported behavior. If the reported event/behavior cannot be resolved, the student will be removed from the clinical setting. This will result in failure of the clinical course and, thus, removal from the program. The student may apply for readmission to the program as outlined in the PTA Program Readmission Policy.

CLINICAL SITE ATTIRE

Clothing: Dress slacks must be worn. Jeans are unacceptable unless worn on a day designated as casual by the clinical site. Shirts must be a blouse or polo style shirt with a collar. The midriff must be covered at all times.

Shoes: Casual/dress shoes; no toeless shoes or gym shoes permitted.

Miscellaneous: Body piercings must be limited to the post-style worn only in the ear. Tattoos must be covered at all times.

Male students must have hair short enough so as not to fall more than one inch below the top of the collar. Facial hair should be neat and well-trimmed.

Please Note: Variations from the above stated attire can be made if suggested by the clinical instructor during an affiliation. Students will comply with the dress code at each clinical affiliation site.

MAKE-UP AND SCENTS

All students should observe high standards of personal hygiene. Hair, body parts, and clothing should be clean at all times. Uniforms, if required, should be kept clean and ironed.

Colognes, perfumes, and aftershaves should be used sparingly, if at all, and should have a light scent.

Nails should be kept clean and well-trimmed at all times. Nails should not extend beyond the fingertips when the hand is viewed from the palmar surface.

Make-up should be utilized conservatively and nail polish should be lightly colored.

JEWELRY

*A watch with a second hand or digital "second" readout is required for all students.

A wedding band is permissible . Rings with raised settings should not be worn, with the possible exception of engagement rings. Keep in mind the many chemicals and hands-on therapy you will be involved in on a daily basis. If rings interfere with patient care, they should be pinned to the uniform.

Earrings, if worn, should be of the post type. Hoops and dangle earrings are not permitted. Males can only wear earrings with the clinical instructor's permission.

Body piercings, other than stud-style earrings worn in the ear lobe(s), are considered inappropriate lab attire for either sex.

Short necklaces that fit tight about the neck are permitted. Longer chain type necklaces should be worn inside the uniform.

CLINICAL COURSEWORK

The student is responsible for all personal expenses, including meals, lodging, transportation, and activities while on clinical affiliations. The student who expects to complete the program must be able to meet this financial obligation. Students who wish to participate in a clinical affiliation at a site not involved with Marion Technical College PTA Program at this time must initiate the process for approval six months prior to the time they wish to have the affiliation.

Clinical sites are assigned by the ACCE from preferences identified by each student.

Perfect attendance is strongly recommended during clinical rotations.

If a student expects to be absent or tardy from directed practice, he/she must notify both the academic clinical coordinator at Marion Technical College, and the clinical instructor at the clinical center before the student is expected to arrive at the clinical center that day.

A student is allowed one excused absence. Any other missed clinical time must be made up with the discretion of the clinical instructor. Graduation and/or progression in subsequent coursework may be delayed due to make-up time. Missed days negatively affect the final grade, as less time is available to master PTA skills.

INSURANCE

Liability/malpractice insurance is mandatory. This insurance will cover working with fellow students in the laboratory as subjects and with actual patients in the clinic. Contracts for the student clinical/practicum experience with outside agencies and institutions require this insurance coverage before a student is permitted to participate in a clinical/practicum experience. The liability/malpractice insurance fee is attached as a miscellaneous fee to PTA 1100 and PTA 2221. Since these are mandatory classes for all PTA students and are taught during fall semester at MTC, all students will be covered. Liability/malpractice insurance remains in effect for 12 months from the time the fee is paid. Students not taking PTA 1100 or PTA 2221 due to re-entry into the program under a learning contract (PTA 2990) per MTC's PTA readmission policy, will have the malpractice fee added to their fee payment for PTA 2990. No refunds will be made for unexpired coverage due to drop-outs/administrative withdrawals for any term.

Students are encouraged to purchase health insurance. A clinical facility may refuse to take a student not carrying health insurance.

SOCIAL NORMS

Students are required to follow the highest standards of moral and social norms during participation in clinical rotations. Each student must follow the policies and procedures in effect at each affiliation facility. No gratuity from patients or their families may be accepted unless it may be shared with all the other staff members in the department (example: food items). Any student violating the rights and privileges of any patient or violating the policies and procedures of the affiliating facility will be banned from the facility at the discretion of the clinical supervisor.

CLINICAL AFFILIATION GRADING CRITERIA

All clinical affiliations are graded on a pass-fail basis. The clinical supervisor will contact the PTA Program directly if the student is failing the clinical affiliation. The student should also take initiative to contact the PTA Program if he/she feels in jeopardy of not passing a clinical course. As a preventative measure, a written midterm evaluation must be completed by the clinical instructor with the student. The Student Clinical Education Performance Instrument should then be hand carried or sent by mail to the A.C.C.E. for additional review.

Determination of a passing grade will be based upon the following:

a. Satisfactory performance in key areas of practice as indicated on the evaluation form. (See Clinical Application Course Syllabus)

b. Evidence of capabilities of growth in assuming the role and responsibilities of the Physical Therapist Assistant; both in intellectual and motor skills plus those non-academic areas such as interpersonal relations, flexibility, personal appearance, judgment and temperament as witnessed by the Clinical Instructor, Center Clinical Education Coordinator, and the Academic Coordinator of Clinical Education.

c. Satisfactory completion of each clinical rotation in consideration of previous academic and clinical performance as determined by the academic coordinator of clinical education.

d. Satisfactory completion of objectives for each clinical affiliation is determined by the academic faculty. No student will pass a clinical rotation without satisfying the objectives spelled out in the clinical affiliation grading criteria assigned to any one clinical rotation. Competency will be determined by each individual clinical instructor with consultation with the ACCE at Marion Technical College if a student and/or instructor feel that consultation is needed. Students may be retested for each clinical competency a number of times based upon the discretion of the clinical instructor.

In the event a student fails a clinical experience, he/she will be required to repeat and successfully pass that experience before continuing on with other PTA curriculum courses. A student may repeat a failed clinical experience one (1) time. This may cause a delay in graduation or necessitate withdrawal from the program and application for reinstatement.

It is the responsibility of each student to contact the facility to which he or she is assigned in order to confirm schedules and introduce yourself to the clinical site.

CLINICAL EVALUATION FORMS

The student will have various forms that need to be completed for a successful clinical experience. These include:

1. Clinical Performance Instrument - The student will be evaluated twice by their clinical instructor: at the mid-point and at the end of the rotation. Students will be asked to evaluate themselves and then the clinical instructor will go over their evaluation of the student. Both parties must sign the evaluation form at the mid-term and final discussions. If a student is in jeopardy of not passing a clinical rotation at the mid-point or final the clinical instructor must notify the PTA program by phone. The student should also contact the PTA Program if he/she feels in jeopardy of not passing the rotation. During each clinical rotation the academic coordinator will contact the clinical instructor once by phone and once in person to discuss with the CI and student the progression of the clinical.

2. Weekly communication forms - Students will be given weekly feedback forms that are to be discussed with their clinical instructor once a week. The purpose of the form is to provide a communication tool for the CI and student to discuss the student's progress for the past week and set goals for the following week.

These forms are to be brought to campus during the seminar to be used as discussion tools in the seminar. A copy of the form is in the Appendix.

3. Canvas - During each clinical rotation or field experience the student is required to complete weekly assignments in canvas. The following are a few of the topics addressed:
    - types of patients seen
    - your intervention
    - your feelings about the treatment, clinical site, etc.
    - any interesting situations encountered in the clinical
    - suggestions for changes in the school curriculum to better meet the expectations of the clinical setting.

Please complete each Canvas assignment by the Sunday evening before the beginning of a new week in the facility.

4. Medical documentation - During each clinical rotation the student is expected to complete at least two documentations on the treatments they administered to their patients during a week. These should be approved by their clinical instructor and then turned into the ACCE at the end of the clinical for discussion in the seminars that follow each clinical rotation. The documentation is expected to be clean, concise, and written with proper spelling and grammar. Please note that all patient names and medical record numbers are to be removed from the document.

5. Facility evaluation form - This form is to be completed and shared with the clinical supervisor during the final evaluation. It must be signed by the student and the clinical instructor.

6. Patient surveys - To be completed by two patients. Form with instructions are at the back of this manual.

All of the above forms should be returned to the ACCE during the seminar following the clinical rotation. A final grade will not be determined until all paperwork is received. The forms may be hand carried or sent by mail to the ACCE prior to the seminar if the student prefers.

As you progress in your schooling and experience in physical therapy, you will discover that in many situations there is more than one correct way to perform a given physical therapy technique. It is impossible (and would be confusing) for the instructors to demonstrate every possible way of performing each PT technique. The instructors will teach you one or two accepted ways of performing each skill and technique. When you are out in the clinic, the clinical instructors may show you a variation of the technique. This does not mean that the clinic's method is incorrect or that the method you have learned is incorrect.

When you learn the technique in class, you will also be given the rationale and theory behind the technique. It is expected that you will use this background knowledge to recognize the advantages and disadvantages of the different treatment styles.

During practical exams, you will be tested on the procedures you learned in lab and will be expected to perform the technique the way it was presented in lab. Credit may not be given for performing an alternate method of the same technique, even if it is recognized as correct.

CLINICAL SELECTION

Minimum clinical time obligations are as follows:

PTA 2010 – 35-40 hours/week for 5 weeks- First or second section of Summer (Semester #3)

PTA 2310 – 35-40 hours/week for 6 1/2 weeks- Semester #5

PTA 2320 – 35-40 hours/week for 6 1/2 weeks- Semester #5

Potential clinical sites will be posted for review in the PTA laboratory along with available site information. **Note**: Students may rotate only once to a clinical facility and may not complete a rotation at a place of employment.

CHANGE OF ADDRESS/NAME

Any student changing his/her address or name during the program should contact the PTA program as well as the general office and fill out new paperwork with the changes. It is important that you notify the PTA program and college of any changes so that you do not miss any written communication.

MARION TECHNICAL COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
CLINICAL ATTENDANCE POLICY

PTA 2010	Students must attend 35-40 hours of clinical time per week for 5 weeks.
PTA 2310	Students must attend 35-40 hours of clinical time per week for 6 1/2 weeks.
PTA 3100	Students must attend 35-40 hours of clinical time per week for 6 ½ weeks.

Students are allowed one excused absence with prior approval by the facility.
Any other missed clinical time must be made up as noted above.

Clinical time must be made up according to the clinical instructor's schedule prior to receiving a grade in the course, with the following exceptions: If Marion Technical College closes due to inclement weather, the student is NOT to attend clinical. The student must notify both the CI and the A.C.C.E. of an absence prior to expected time of arrival at the clinical site.

NOTE: If more than three days are missed per clinical rotation, the student could earn a grade of Unsatisfactory (U), and the entire clinical rotation would be repeated or student may be required to leave program and apply for reinstatement.

INSERVICE POLICY

Students are required by Marion Technical College to present at least one inservice to the clinical staff during a rotation. We ask the Clinical Instructor or C.C.C.E. to establish a topic and day for presentation early to allow adequate preparation. Some clinical sites require that each student attending their facility complete an inservice, therefore some students may be responsible for an additional one or two inservices depending on the demand of the sites to which they rotate. Students are required to provide proof of the inservice(s) in the form of an outline, printed Power Point presentation, etc. Students will place these items in the clinical folder which is to be brought back to MTC at the end of the rotation.

Appendix

CLINICAL AFFILIATION SCHEDULE

PTA 2010 1ST SUMMER	5 DAYS/WEEK (M - F) 35-40 HOURS/WEEK 5 WEEKS	SUMMER SEMESTER
PTA 2310 2nd YEAR	5 DAYS/WEEK 35-40 HOURS/WEEK 6 1/2 WEEKS	SPRING SEMESTER
PTA 2320 2nd YEAR	5 DAYS/WEEK (M - F) 35-40 HOURS/WEEK 6 1/2 WEEKS	SPRING SEMESTER

More specific dates for the above mentioned clinicals are available through the ACCE.

Health Affiliation Agreement

Marion Technical College ("MTC") is currently engaged in the education of health professionals who obtain learning experience in clinical areas by participating in a professional practice experience as part of their curriculum. Health programs included in this agreement are as follows: Health Information Technology, Medical Billing and Coding, Medical Laboratory Technology, Medical Assistant, Pharmacy Technicians, Phlebotomy, Radiography and Diagnostic Medical Sonography, Occupational Therapy Assistant, and Physical Therapist Assistant. For the purpose of this learning experience, the following agreement has been produced.

The affiliate facility at (***Insert facility here)*** ("Agency") is willing to provide said experience within its facilities. This agreement for the academic school year beginning ***Date, 00, 20XX,*** will be effective upon signatures of both parties for a period of 3 years. This contract shall be renewed once for a period of 2 years and may be terminated by either party by giving the other party 90 days advance written notice, provided that students participating in the Program at the end of notice period shall have the opportunity to complete their clinical experience at the Agency.

In consideration of the mutual agreement set forth herein:

Marion Technical College will:

A. Provide qualified instruction, guidance, and supervision of students assigned to the Agency. MTC is responsible for communicating with Agency personnel for the purposes and objectives of the educational program and the Agency's unique contributions to the program. MTC is responsible for selecting and coordinating the learning experiences by gaining an understanding of the Agency's practices and regulations and to orient the student to these practices when appropriate.
B. Contacts the student and the Agency during each professional practice experience, confers with the clinical instructors regarding student progress.
C. Inform the Agency of the number and sequence of students anticipated within the academic year. Thirty (30) days prior to the professional practice experience, the program director or designee provides the Agency with the number of student(s) to be assigned, the beginning and ending dates and projected hours of the learning experience as well as a student evaluation packet including objectives and requirements.
D. Complete a criminal background check on each student. The College verifies that each student has met the standards set forth by the State of Ohio pursuant to the Ohio Revised Code (ORC) 109.572. The background checks will be conducted by the Ohio Bureau of Criminal Identification and Investigation and facilitated by Marion Technical College and will include, but not limited to, an analysis of fingerprints and review of prior criminal records. MTC will conduct a federal (FBI) background check as necessary according to state residential requirements and program admission criteria.
E. Provides upon request, results of appropriate diagnostic tests, immunizations, medical physical, and drug screenings on students assigned to the Agency.
F. Evaluate student and assign grades based on evaluation forms and consultation with Agency personnel.
G. Provide the student with a Progress Alert form to notify them of a need for improvement when the student is not meeting the criteria for the professional practice experience as defined in the course syllabus. The program director or designee will discuss the deficiencies with the student, will develop guidelines for improvement and provide them with the opportunity to be successful.
H. Remove a student from the Agency if the student is unable to fulfill professional responsibilities, being used as an unpaid employee, if proper supervision is not being provided, if the student is not receiving an appropriate educational experience, or if the student is performing in an unsatisfactory manner. Advance notification will be given to the Agency when possible.

I. Provide each student participating in a professional practice experience with professional liability insurance against malpractice. Professional liability insurance coverage includes a minimum amount of Two Million Dollars ($2,000,000.00) per incident and Five Million Dollars ($5,000,000.00) annual aggregate. Certificate of insurance is available upon request. Obtain a signed statement of Responsibility for Treatment from each student.
J. Provide proof of student health insurance if required by Agency.
K. Comply with, and require students to comply with, all applicable federal and state laws regulations concerning patient privacy and confidentiality of protected health information, including, without limitation, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

The Agency will:

A. Provide a facility for hands-on experience. The students in a given area shall not exceed the number specified by the Agency.
B. Designate and assign specific professionals who are knowledgeable in the procedures and practices of the Agency to instruct the student and to model the role of a working professional.
C. Provide the student with the opportunity to apply classroom knowledge in the healthcare setting, demonstrate procedures and permit the student the opportunity to practice the procedures and demonstrate proficiency.
D. Agree to supervise and provide an educational experience for the student. The student may be asked to perform procedures under supervision after they have demonstrated proficiency in the procedure. This practice helps to develop stronger entry-level competencies. However, students should not be substituted for paid employees and should not perform procedures unsupervised or inconsistent with their level of education and experience.
E. Not remunerate (salary, stipends, housing, insurance, etc.) the student for the professional practice experience. If the student is an employee of the Agency in some other capacity, work performed during paid hours cannot be used toward meeting professional practice academic objectives.
F. Schedule student hours on weekdays during the day. However, if there are activities occurring outside this time frame which would contribute to the student's knowledge of the healthcare setting and to the development of entry level competencies, the student may be asked to volunteer to participate in these activities.
G. Allow the students to have access to the libraries of the institution.
H. Provide emergency care for the student in the event a student requires immediate medical attention. Any cost for required treatment due to illness, injury or exposure is the financial responsibility of the student.
I. Complete an evaluation of the student. The Agency education coordinator/preceptor will supervise the completion of the MTC student evaluation forms and return them to the program director or designee by the designated date specified in the student evaluation packet.
J. Provide the student with an orientation program that includes copies of applicable policies comparable to orientation provided for their new employees, including safety, bloodborne pathogens, and chemical hygiene (if applicable).
K. Reserve the right to prematurely terminate a student's professional practice experience if difficulties cannot be resolved after meeting with the student and the program director or designee.
L. Agree to provide time to clinical instructors for attending meetings called by MTC.
M. Notify the College representative any time that the student is performing below expected levels.

Mutual Obligations:

A. To the extent allowable under law, MTC hereby agrees to indemnify and hold harmless Agency from all losses, claims, and/or damages, arising out of the negligent or intentional acts or omissions of students, faculty, instructors, employees, or other agents of MTC in the performance of this Agreement. Likewise, to the extent allowable by law, the Agency hereby agrees to indemnify and hold harmless MTC

from all losses, claims, and/or damages, arising out of the negligent or intentional acts or omissions of Agency's officers, directors, employees, or other agents in the performance of this Agreement.

B. Both parties agree to establish cooperatively the learning objectives for the educational experience, devise methods for their implementation, and evaluate the effectiveness of the educational experience.
C. Neither party shall use discriminatory practices in assignment, acceptance and evaluation of the student. Students shall have equal opportunity with respect to race, color, creed, religion, national origin, gender, age, disability, and marital status.
D. Both parties shall maintain confidentiality of student records and performance and all patient information.
E. Both parties shall maintain student's professional practice evaluation records. These records are confidential and protected by Federal Law. Agency personnel may not share or disclose these records with any other party other than MTC Health personnel, without prior written consent of the student.
F. Both parties expressly acknowledge that the student is not an employee of the Agency, and that the Agency is not the employer of the student for purposes of this Agreement.
G. This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio.
H. The failure of either party to insist in any one or more instances upon strict performance or any of the provisions of this Agreement or take advantage of any rights hereunder shall not be construed as a waiver of any such provisions or relinquishment of any rights, but the same shall continue and remain in full force and effect. Provisions of this Agreement may only be waived by an express written statement specifically stating the intent to waive an identified right signed by the party making such waiver, no acts or omissions shall be construed to imply a waiver.

IN WITNESS WHEREOF, the authorized representative of the parties hereby set their hands below.

MARION TECHNICAL COLLEGE

_____
_____
Dean of Health Date

_____
_____
President Date

AFFILIATE

_____
_____
CEO Date

_____
_____
Manager/Director Date

MARION TECHNICAL COLLEGE

PTA PROGRAM

CLINICAL ROTATION

PLEASE RETURN BY APRIL 30th, 2015

ACCE: Maureen Pace
740-389-4636, x330
pacem@mtc.edu

Course	Qty. *	Please circle one:
PTA 2301 Jan. 11 - Feb. 24, 2016		40 hrs. per week x 6.5 weeks
_____		ACUTE - SUBACUTE - REHAB - SKILLED - ORTHO - PEDS
PTA 2302 March 2 - April 15, 2016		40 hrs. per week x 6.5 weeks
_____		ORTHO - PEDS
PTA 2010 Sect. 1: May 16 - June 17, 2016		40 hrs. per week x 6.5 weeks
Sect. 1: May 16 - June 17, 2016		40 hrs. per week x 6.5 weeks
_____		ACUTE - SUBACUTE - REHAB - SKILLED - ORTHO - PEDS
_____		ACUTE - SUBACUTE - REHAB - SKILLED - ORTHO - PEDS

*Please indicate the number of students your facility can accommodate for each rotation.

Facility: _____

Address: _____

Phone: _____

Fax: _____

CCCE:_____

E-Mail: _____

MARION TECHNICAL COLLEGE
Physical Therapist Assistant Program

STUDENT CLINICAL AFFILIATION PREFERENCE

Student:_____
Date:_____

DO NOT FILL IN SHADED AREA

CLINICAL EXPERIENCE (CE)
(To be completed by ACCE)

PTA 2010 - Summer Semester _____
- ☐ section 1
- ☐ section 2

Type: _____

PTA 2310-Spring Semester _____

Type: _____

PTA 2320 – Spring Semester _____

PTA 2010 - FACILITY PREFERENCE:
(to be completed by student)

Circle one: Section 1 - first 5 weeks
Section 2 - second 5 weeks

1._____

Type:_____

2._____

Type:_____

3._____

Type:_____

PTA 2310 - FACILITY PREFERENCE:
(to be completed by student)

1._____

Type:_____

2._____

Type:_____

3._____

Type:_____

FINAL DECISION (to be completed by ACCE):

PTA 2320 - FACILITY PREFERENCE:
(to be completed by student)

1._____

Type:_____

2._____

Type:_____

3._____

Type:_____

The final decision on clinical site selections will be made by the Academic Coordinator of Clinical Education, (ACCE) and/or the program coordinator.

MARION TECHNICAL COLLEGE

Clinical Assignment Information

Course: (circle one) PTA 2010
PTA 2310
PTA 2320

Student:_____

Facility: _____

Facility Address: _____

_____

Facility Telephone #: _____

Clinical Instructor :_____

Coordinator of Clinical Education: _____

Clinic Supervisor: _____

Facility or Department Director: _____

Clinical Hours: _____a.m. through _____ p.m.

_____week period

Clinical Schedule

Start Date_____

Finish Date _____

Student will be in the clinic 8 hours per day each week on the following days:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Date that this form was sent to: Student _____ CCCE _____

Marion Technical College
1467 Mt. Vernon Ave.
Marion, Ohio 43302-5695

PATIENT SURVEY

STUDENT'S NAME_____

In order to help us maintain the highest levels of quality, we would appreciate your comments on any treatments by an interactions with students from Marion Technical College. Please take a few moments to complete the following questions, and return the survey to MTC in the attached envelope. The survey is anonymous, so there is no need to include your name. Your comments will be kept in confidence and used only to improve instruction. Thank you!

Chad Hensel, DPT
PTA Program Director

Maureen Pace, PTA
Academic Coordinator of Clinical Education

For each question below, please mark how well you thought the student appeared to do the following skills, using the scale.

Listened to you and was supportive by acting in a caring, compassionate way to you and your family?

- ○ Excellent
- ○ Good
- ○ Average
- ○ Poor
- ○ Terrible
- ○ Unsure/Doesn't Apply

Comments:

Educated you about your condition and the treatment in terms you could understand?

- ○ Excellent
- ○ Good
- ○ Average
- ○ Poor
- ○ Terrible
- ○ Unsure/Doesn't Apply

Comments:

Performed your treatment in a timely and efficient manner?

- ○ Excellent
- ○ Good
- ○ Average
- ○ Poor
- ○ Terrible
- ○ Unsure/Doesn't Apply

Comments:

Appeared to know how to use the equipment needed for your treatment?

- ○ Excellent
- ○ Good
- ○ Average
- ○ Poor
- ○ Terrible
- ○ Unsure/Doesn't Apply

Comments:

Monitored how you were doing with treatment and responded appropriately?

- ○ Excellent
- ○ Good
- ○ Average
- ○ Poor
- ○ Terrible
- ○ Unsure/Doesn't Apply

Comments:

Date _____/_____/_____

CLINICAL FEEDBACK

Date:_____ CI Initials:_____

I performed the following comfortably:

I could have done better with the following:

My CI helped me by:

	Excellent			Need Improvement
My CI provided me with:				
Timely feedback	1	2	3	4
Constructive feedback	1	2	3	4
Comfortable level of supervision	1	2	3	4
Varied learning opportunities	1	2	3	4

My goals to work on for the next week are:

PHYSICAL THERAPIST ASSISTANT STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003

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

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PREAMBLE

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

Key Assumptions

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

Acknowledgement

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

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

GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address_____City_____State _____

Clinical Experience Number _____ Clinical Experience Dates_____

Signatures

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

_____ _____
Student Name (Provide signature) Date

_____ _____
Primary Clinical Instructor Name (Print name) Date

_____
Primary Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned_____
Highest degree earned_____Degree area_____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI _____Yes ____No
Other CI Credential _____State _____Yes ____No
Professional organization memberships _____APTA ____Other _____

_____ _____
Additional Clinical Instructor Name (Print name) Date

_____
Additional Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned_____
Highest degree earned_____Degree area_____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI _____Yes ____No
Other CI Credential _____State _____Yes ____No
Professional organization memberships _____APTA ____Other _____

SECTION 1: PTA STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site _____

   Address_____City_____State _____

2. Clinical Experience Number _____

3. Specify the number of weeks for each applicable clinical experience/rotation.

____Acute Care/Inpatient Hospital Facility	____Private Practice
____Ambulatory Care/Outpatient	____Rehabilitation/Sub-acute Rehabilitation
____ECF/Nursing Home/SNF	____School/Preschool Program
____Federal/State/County Health	____Wellness/Prevention/Fitness Program
____Industrial/Occupational Health Facility	____Other _____

Orientation

4. Did you receive information from the clinical facility prior to your arrival? ____ Yes _____No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? ____ Yes _____No

6. What else could have been provided during the orientation? _____

Patient/Client Management and the Practice Environment

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

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

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

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

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

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

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

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

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

_____

_____

_____

Clinical Experience

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

_____Physical therapist students
_____Physical therapist assistant students
_____Students from other disciplines or service departments (Please specify _____)

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

_____1 student to 1 CI
_____1 student to greater than 1 CI
_____1 CI to greater than1 student; Describe _____

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

_____

_____

_____

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

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

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

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)

_____ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
_____ Time well spent; would recommend this clinical education site to another student.
_____ Some good learning experiences; student program needs further development.
_____ Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist assistant student should have to function successfully at this clinical education site? _____

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist assistant academic preparation, describe those subject areas not addressed. _____

19. What suggestions would you offer to future physical therapist assistant students to improve this clinical education experience? _____

20. What do you believe were the strengths of your physical therapist assistant academic preparation and/or coursework for *this clinical experience*? _____

21. What curricular suggestions do you have that would have prepared you better for *this clinical experience?* _____

SECTION 2: PTA STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR

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

Assessment of Clinical Instruction

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

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

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

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

Midterm Evaluation _____Yes _____No Final Evaluation _____Yes _____No

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

Midterm Evaluation _____

Final Evaluation _____

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

Midterm Comments _____

Final Comments _____

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

Midterm Comments _____

Final Comments _____

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

MARION TECHNICAL COLLEGE
PAPER
CLINICAL PERFORMANCE INSTRUMENT
GRADING CRITERIA
FOR PHYSICAL THERAPIST ASSISTANTS

The following criteria have been established for successful completion of a clinical rotation by a physical therapist assistant student. Final determination of successful completion of the clinical rotations will be determined by the ACCE.

Summer (1st Clinical Rotation)

The first 5 criteria must be met with an individual percentage of 75% of entry level performance. Criteria #6, #7, #8, #16, and #19 should have an average percentage of 50%. The other 10 criteria should be addressed unless not applicable.

Spring 1 (2nd Clinical Rotation)

The first 6 criteria must be met with an individual percentage of 75% of entry level performance. Criteria #7, #8, #9, #10, #12, #13, #16, and #19 should have an average percentage of 75%. The other 5 criteria should be addressed unless not applicable.

Spring 2 (Final Rotation)

The first 6 criteria must be met with a percentage of 100% of entry level performance. All of the other criteria should be met with an individual percentage of 75% unless not applicable

The ACCE will determine the final grade (Satisfactory "S" or Unsatisfactory "U") based on the above criteria along with the number of "significant concerns boxes" checked and the CI's narrative comments.

MARION TECHNICAL COLLEGE

ONLINE CLINICAL PERFORMANCE INSTRUMENT
GRADING CRITERIA
FOR PHYSICAL THERAPIST ASSISTANTS

The following criteria have been established for successful completion of a clinical rotation by a physical therapist assistant student. Final determination of successful completion of the clinical rotations will be determined by the ACCE.

Summer (1st Clinical Rotation)

The student ratings must be progressing from Beginning Performance to Advanced Beginning Performance or toward Intermediate Performance on all 14 criteria.

Please note that Items 1,2,3,5, & 7 are RED FLAG items. Any significant concern related to any of these warrants immediate attention, more expansive documentation, and a telephone call to the ACCE. Also note that the student may rate above the required levels determined.

Spring 1 (2nd Clinical Rotation)

The student ratings must range from a minimum of Advanced Beginner to Advance Intermediate Performance on all 14 criteria.

Please note that Items 1,2,3,5, & 7 are RED FLAG items. Any significant concern related to any of these warrants immediate attention, more expansive documentation, and a telephone call to the ACCE. Also note that the student may rate above the required levels determined.

Spring 2 (Final Rotation)

The student ratings must be Entry-Level for all 14 criteria.

Please note that Items 1,2,3,5, & 7 are RED FLAG items. Any significant concern related to any of these warrants immediate attention, more expansive documentation, and a telephone call to the ACCE. Also note that the student may rate above the required levels determined.

CURRICULUM FLOW SHEET

COURSE NAME: PTA 1000: Introduction to Physical Therapy
CREDITS: 2
LECTURE/LAB: 2 lecture hours
TOPICS: Week #:

1. PT/PTA History & definitions
2. APTA
3. Roles and Employment settings
4. PT/PTA education
5. Evidence based practice/library resources
6. Communication/diversity
7. Diversity & assistive device intro
8. Disability simulation
9. Professional & code of ethics
10.
11. Laws/regulations/policies
    a. Supervision of PTA
    b. State law
    c. APTA standards
12.
eimbursement/current issues
13.
edicare/Medicaid
14.
IPAA
15.
resentation & review

PTA 1010: PTA Medical Documentation
1
1.5 lab hours
Week #

1. & 2. Intro to Documentation
3. Documentation/abbreviations
4. Documentation (S)
5. - 7. Documentation (O)
8. - 10. Documentation (A)
11. Documentation (P)
12.
13. Documentation (Other).
14.
15. Documentation (Practice/REVIEW)

PTA 1100: Patient Care Skills
3
2 lecture hours/3 lab hours
Week #:

1. Stability
2. Levers
3. & 4. Biomechanics/motion
5. Positioning & draping
6. Bed mobility/WC mobility & body mechanics
7. Transfers
8. Gait patterns/assistive devices (fit & training)
9. Infection control
10. Assessment
11. Vital signs
12. Anthropometric characteristics
13. Tilt table
14. & 15. Massage/MFR

COURSE NAME: PTA 1102: PTA Modalities
CREDITS: 3
LECTURE/LAB: 2 lecture hours/ 3 lab hours
TOPICS: Week #:

1. Pain/electromagnetic spectrum
2. Heat/superficial heat
    a. Hot packs
    b. Fluidotherapy
    c. Infrared
    d. Paraffin
3. Sound/ultrasound
4. Diathermy
6. -10. Electricity & electrical modalities
    a. TENS
    b. IFC/Pre-mod
    c. Biphasic/Russian
    d. Iontophoresis
    e. Ultrasound/E-stim combo

ALH/PTA 1103: PTA Functional Anatomy
3
2 lecture/3 lab hours
Week #:

1. Skeletal system
2. & 3. Arthrology
4. Myology
5. Neurology
6. - 15. Structures and function of:
    a. TMJ
    b. Vertebral column
    c. Sacroiliac joint
    d. Shoulder joint
    e. Elbow & forearm
    f. Wrist and hand
    g. Hip joint
    h. Knee joint
    i. Ankle and foot

PTA 1104: Therapeutic Exercise
4
3 lecture hours/3 lab hours
Week #

1. -2. Principles of therapeutic exercise
3. Characteristics of musculoskeletal tissue/stress& strain
4. Coordination and balance
5. Assessing mobility
6. -7./ Types of exercise
8. Resistive techniques
9. Body alignment/posture
10. Relaxation techniques
11. Stretching techniques
12. Aquatic therapy techniques
13. Traditional exercise regime
14. -15. Orthopedic considerations in exercise

11.
12 Spinal Traction
12.
ASER
14. Hydrotherapy/whirlpool/contrast bath
15.
old/cold packs/ice massage

COURSE NAME: PTA 1105:PTA Kinesiology & Orthopedic Considerations
CREDITS: 4
LECTURE/LAB: 3 lecture hours/3 lab hours
TOPICS: Week #

1. Goniometry
2. FMT/MMT
3. Joint Mobilization
4. - 6. Orthopedic pathology and gait
7. - 15. Joint structure/function & ortho conditions:
    a. TMJ
    b. Vertebral column
    c. Sacroiliac joint
    d. Shoulder joint
    e. Elbow and forearm
    f. Wrist and hand
    g. Hip joint
    h. Knee joint
    i. Ankle and foot

PTA 2010: Clinical Practicum I
1
175-200 hours in clinical facility
5 weeks (35-40 hrs/wk)

PTA 2105: PTA Seminar I
1
Blended online/ 8 hrs. lecture
Awareness within PT profession
Identify program changes
Clinical experience discussion
Communication skills
Home care issues

COURSE NAME: PTA 2221: PTA Pathophisiology
CREDITS: 3
LECTURE/LAB: 3 lecture hours
TOPICS: Week #:

1. & 2. Intro to pathology/trauma to CNS
3. Circulatory disorders
4. Inflammatory diseases of the CNS
5. Neuroanatomy
6. Spinal Cord
7. PNS Pathologies/Parkinson's/Alzheiner's
8. MS & epilepsy
9. & 10. Vertigo/vestibular/immunologic diseases
11. & 12. Cancer/endocrine disorders
13. Metabolic diseases/genetics
14. Gastrointestinal pathology/ Fractures and repair
15. Surgery/RSI/fibromyalgia

PTA 2223: Rehabilitation for Specific Populations
4
3 lecture hours/3 lab hours
Week #:

1. & 2. Wound care/burns
3. & 4. Amputations
5. & 6. Prosthetics
7. Limb/Spinal orthotics
8. Orthotic/prosthetic gait/taping
9. Foot orthotics
9. & 10. Geriatrics
10. - 12. Cardiac rehab
13. - 14. Pulmonary/chest PT
14. & 15. Women's health

PTA 2224: Neurological Rehabilitation
4
3 lecture hours/3 lab hours
Week #:

1. & 2. Intro/normal development
3. Abnormal development/CP
4. Muscle tone changes/treatment
5. High risk infant/sensory integration/Neurological diseases (peds)
6. Lift/carry/position/adaptive equip
7. & 8. SCI
8. & 9. PNF
9. & 10. CVA
11. TBI
12. & 13. Neurological diseases (adult)
14. Functional tests
15. W/C prescriptions

COURSE NAME:	PTA 2310: Clinical Practicum II	PTA 2320: Clinical Practicum III	PTA 2350: PTA Seminar II & III
CREDITS:	2	2	1
LECTURE/LAB:	227.5-260 hours in clinical facility, 6.5 weeks	227.5-260 hours in clinical facility, 6.5 weeks	16 lecture hours/two weeks intensive study
TOPICS:			Professionalism Ethics Interpersonal skills Legal issues Medicaid/Medicare Managed care Supervision/delegation Cultural diversity Resume writing/interviewing Review of content Comprehensive exam Licensure procedures Problem solving skills Oral/written communications

Educational Methods: Coursework in the program utilizes a combination of lecture, small group recitation, lab activity, and clinical experiences. Multimedia sources are incorporate throughout the curriculum as is online instruction. Additionally, courses may incorporate Cold Call, Triple Jump and PBL techniques.

Cold Call: random selection of students for answers to questions
Triple Jump: 3 step process where a student received a case study, discusses their analysis, then demonstrates the technique.
PBL: Problem Based Learning. PBL is an *active* learning method that essentially puts the student in control of what information is needed and interpreting the results to bring together concepts.

Generic Abilities**

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 generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

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

** Developed by the Physical Therapy Program, University of Wisconsin-Madison
May et al. *Journal of Physical Therapy Education*, 9:1, Spring 1995

I have read and understand the above attributes and have had an opportunity to ask questions. I welcome and invite feedback from academic instructors, clinical instructors, and other professionals within the College.

_____ _____
Name Date

_____
Print Name

Academic Dismissal Due to Unprofessional Behavior

Earning passing grades are only one indicator of a student's ability to be successful as a physical therapist assistant. A student who is able to earn passing grades but demonstrates unprofessional behavior will not be allowed to continue in the PTA program. Dismissal from the program will result from any of the following situations:

1) Student violates a law(s) regulating the delivery of physical therapy services in the State of Ohio, or any state where a clinical education experience is being completed.
2) Student violates the American Physical Therapy Association's Standards of Ethical Conduct, as it applies to campus and clinical behavior.
3) Student violates one or more of the ten physical therapy specific generic abilities.

Procedure for Dismissal

1) Students deemed as demonstrating unacceptable behavior in any above area will first be notified of their unacceptable action by verbal warning by a faculty member, the ACCE, or the Director.
2) If the named behaviors do not improve as determined by the faculty member, ACCE, or Director's professional judgment, the student will be given a written warning with a Learning Contract for correction of behavior mandated within a given time frame.
3) If a meeting of the ACCE and Director determines the plan of action has not been achieved in the given time frame, the student will be dismissed from the program.

Note: Documentation of all of the above will be forwarded to the Director and will be placed in the student's PTA Program file.

Learning Contracts

At times a student is able to receive a passing grade in the class, even though they demonstrate unprofessional behaviors that will preclude their ability to successfully practice as a licensed PTA. In this case, a learning contract may be developed with a plan for remediation in the area of need. Successful completion of a learning contract may include completion of extra assignments, completion of additional testing, completion of a behavioral modification action plan, or completion of additional clinical affiliation experience. This additional work may delay the natural sequence of the PTA program. Unsuccessful completion of a learning contract may result in additional work or failure of the class identified.

I have received, read and understand the above information regarding academic dismissal due to unprofessional behavior. I have reviewed copies of the Ohio "Practice Act" regarding laws regulating the practice of Physical Therapy in Ohio, and a copy of the ten physical therapy specific Generic Abilities, and a copy of the APTA's Standards of Ethical Conduct.

_____ _____
Student Signature Date

_____
Print Name

()

Applicant's Name: _____ Applicant's Date of Birth: _____

Marion Technical College Health Technologies Programs
Agreement to Respect Confidentiality, Privacy, and Security

Maintaining confidentiality, privacy, and security is a key principle in today's health care setting. The purpose is to promote trust in professional relationships between patient/family members and individuals working in the health care environment, facilitate truthful and complete disclosure of information by patients, and protect patients, health care providers, and health care facilities from harm by preventing disclosure of information. Some information may be harmful to an individual's reputation, personal relationships or employment.

Confidentiality carries the responsibility for limiting disclosure of private matters. It includes the responsibility to use, disclose, or release such information only with the knowledge and consent of the individual. Privacy is the right of an individual to be left alone. It includes freedom from observation or intrusion into one's private affairs and the right to maintain control over certain personal and health information. Security includes physical and electronic protection of the integrity, availability, and confidentiality of computer-based information and the resources used to enter, store, process, and communicate it; and the means to control access and protect information from accidental or intentional disclosure.

Confidential information includes but is not limited to: patient information, medical records, hospital/medical office information, pharmacy, physician information, employee records, and any situation which may be encountered in the course of your clinical/practicum experience and on campus. Maintaining confidentiality means to share information only with other healthcare professionals who have a "need to know" the information to provide proper healthcare for that patient and/or to conduct business within the health care setting. **Obtaining and sharing information in which there is not a "need to know" is a *violation of confidentiality*. Sharing any information about your clinical practicum site or staff is a *breach of confidentiality*.**

Information that is a benefit to the learning experience may be shared with an instructor or other students as part of a classroom assignment. Information must exclude patient identifiers/confidential information. As part of a learning experience, this would be considered a legitimate "need to know". **Sharing this information outside of class is a *breach of confidentiality***.

A common way in which information is shared unnecessarily is through casual conversation. Sometimes a patient or a situation is very interesting and information is shared with one's own family, friends, or co-workers who are not involved with that patient. **Simply mentioning that you saw an individual in a healthcare setting is considered a *breach of confidentiality*.** Other times, information is shared inadvertently. Two employees, both needing to know information about a patient, discuss the case in the elevator or in the cafeteria, and a visitor overhears the information. This illustrates why it is imperative to limit clinical discussions to non-public areas.

Records such as any part of a patient's chart are not to be read by individuals other than those having a "need to know". Retrieving information from a computer also falls into this category. A "need to know" refers specifically to work needs. Looking up lab results for a friend or a family member is not acceptable "need to know". Friends and family need to find out their lab data from the physician who ordered it.

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(

Applicant's Name: _____ Applicant's Date of Birth: _____

Marion Technical College Health Technologies Programs
Agreement to Respect Confidentiality, Privacy, and Security (continued)

Agreement requiring applicant/student signature:

I, _____have read the above information regarding confidentiality, privacy, and security and I understand the importance of keeping all information I encounter during observation or a professional practice experience in confidence. I agree to maintain confidentiality in the healthcare site and will not divulge any healthcare information outside the healthcare site. I will not access or try to access patient or healthcare information without the approval of the professional practice site and my instructor/preceptor. I understand that cell phones are not permitted during observations or a professional practice experience. I will not remove records, papers, medications or specimens from the healthcare site without permission. I will not take notes of any confidential information and remove it from the healthcare site. I agree that I will not take pictures of patients or of confidential information. I agree to use caution when discussing confidential matters in the healthcare site to avoid being overheard in any public area. I understand that violating this policy may prohibit me from admission to any MTC health technologies program, or result in my removal from the professional practice, a failing grade, and dismissal from the program. I will continue to maintain confidentiality, privacy, and security with any information I encounter during my learning experience after I have completed my courses at Marion Technical College.

Print Name: _____ Date _____

Signature: _____

MTC Student ID or Date of Birth: _____

C/D: Confidentiality Agreement 6.25.12

MARION TECHNICAL COLLEGE
ALLIED HEALTH

SUBJECT: SUBSTANCE ABUSE
PURPOSES: To maintain an environment that ensures the provision of safe, high quality patient care and is supportive to the well-being of all students.

POLICY:

Students are prohibited from possessing, using or consuming, and/or being under the influence of illegal drugs or alcoholic beverages on college premises and affiliated training sites.

The legal use of medications or drugs prescribed by a licensed practitioner is permitted provided that such use does not adversely affect the student's performance or endanger the health/safety of others. Students are required to notify their instructor of any drugs taken that may impair class and/or professional practice performance. Students taking medication who may appear impaired or unsafe may be asked to leave the campus laboratory/classroom or affiliated training site.

Positive drug or alcohol screenings as a result of routine random and/or periodic drug screens required throughout the program will result in removal from the classroom or affiliated training site, an unsatisfactory grade for the professional practice course, and immediate dismissal from the program.

Positive drug screenings will be considered to contain the presence of at least one unacceptable substance and positive alcohol screenings will be considered at or above the established industry standard threshold limit. Confirmation tests are performed on all positive test results.

A student who refuses to comply with the substance abuse policy/procedure will be subject to dismissal from the program.

PROCEDURE:

Classroom

When a student's condition/behavior suggests impairment, the instructor will immediately validate their perceptions/suspicions with another faculty/staff member.

- Privately discuss your concerns with the student and question his/her use of any alcohol, prescription or illegal substances. Document your conversation with the student.
- Arrange for the student to be seen immediately or as soon as feasibly possible (within 8 hours of initial suspicion) by the OhioHealth Marion General Hospital Occupational Health Services for additional assessment and documentation. Faculty will transport student or arrange transportation to and from Occupational Health Services. Marion Technical College will incur the initial cost of testing.
- Student must authorize (consent) to release test results to MTC per normal reporting procedures.
- If the student refuses evaluation/assessment or fails to cooperate, he or she will be considered "positive" and removed from the classroom. Security will be available upon request of the instructor. The faculty will assist the student in securing safe transportation.
- The student will be referred to the faculty/program director prior to the next scheduled class day. Final decision regarding student's status/discipline will be based upon input from the faculty.
- Positive alcohol screens or drug screens in a laboratory class due to illegal substances will result in removal of the student from the course due to safety concerns, an unsatisfactory grade in the course, and dismissal from the program. Final decision regarding student's status/discipline will be based upon input from the Program Director in consultation with the Dean of Allied Health.
- A student dismissed from a program may request readmission based upon current guidelines and must also provide written documentation of treatment and counseling. In addition, student

will be subject to periodic screenings during the program. Payment of all testing, treatment, and counseling will be the sole responsibility of the student.

- If impairment behaviors are observed, the procedures of the College Policy #420 Student Disciplinary Action will be enforced.

Professional Practice Experience

When a student's condition/behavior suggests impairment is present, the professional practice supervisor will immediately validate their perceptions/suspicions with another healthcare employee. The MTC designated contact person must also be notified.

- Privately discuss your concerns with the student and question his/her use of any prescription or illegal substances or alcohol. Document your conversation with the student.
- Arrange for the student to be accompanied and seen by the Emergency Room/Occupational Health for additional assessment and documentation. Marion Technical College will incur the initial cost of testing.
- Student must authorize (consent) to release test results to MTC per normal reporting procedures.
- If the student refuses evaluation/assessment, he or she will be considered "positive" and removed from the affiliated training site. Security will be available upon the request of the professional practice supervisor. The professional practice supervisor will assist the student in securing safe transportation.
- The student will be referred to the faculty/program director prior to the next scheduled professional practice day. Final decision regarding student's status/discipline will be based upon input from the Program Director in consultation with the Dean of Allied Health.
- Positive alcohol screens or drug screens (due to illegal substances) in the professional practice experience will result in removal of the student from the professional practice experience due to safety concerns, an unsatisfactory grade in the course, and dismissal from the program.
- A student dismissed from a professional practice experience will not be allowed the opportunity to substitute another course for the professional practice.
- A student dismissed from a program may request readmission based upon current guidelines and must also provide written documentation of treatment and counseling. In addition, student will be subject to random and/or periodic screenings during the program. Payment of all testing, treatment, and counseling will be the sole responsibility of the student.

_____

Authorization
Deborah Bates MBA, MT(ASCP) SBB
Dean of Allied Health
Approved

AH: AH P&P Substance Abuse Policy
May 30, 2013 Reviewed by PTA Program: May 2015

REVISED: June 2012, (Previously PTA Program Policy # 107), July 2010
PTA PROGRAM POLICY REVIEWED: May 2015, June 2012, July 2011, July 2010, July 2009, December 2008, July 2008, July 2007, May 2006

I HAVE READ THE PHYSICAL THERAPIST ASSISTANT TECHNOLOGY CLINICALEDUCATION HANDBOOK PAGES 1 THROUGH 45. I UNDERSTAND THE PROGRAM'S POLICIES FOR THE CLASSROOM, LABORATORY, AND CLINICAL EDUCATION CENTERS AND HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS.

_____
Student Signature

_____
Print Name

_____
Date

PHYSICAL THERAPIST ASSISTANT CLINICAL PERFORMANCE INSTRUMENT

American Physical Therapy Association
Division of Education
1111 North Fairfax Street
Alexandria, VA 22314-1488

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[Publication No. E-42]

DISCLAIMER AS TO THE USE OF THE INSTRUMENT

The American Physical Therapy Association ("APTA") disclaims any and all responsibility for the use to which any other person may put the Physical Therapist Assistant Clinical Performance Instrument ("Instrument").

In particular, the Instrument is not designed or intended to control the manner in which any clinical education site may assess or evaluate any student's clinical performance or the grading policy of any educational institution.

The APTA has no control over the use of the Instrument by any clinical education site or educational institution, and the APTA assumes no responsibility to any party (including clinical education sites, educational institutions, and students) for the use to which the Instrument may be put by any person other than the APTA.

TABLE OF CONTENTS

INSTRUCTIONS FOR USING THE PHYSICAL THERAPIST ASSISTANT CLINICAL PERFORMANCE INSTRUMENT

INTRODUCTION

A physical therapist assistant (PTA) student assessment system evaluates knowledge, skills, and attitudes and incorporates multiple sources of information to make decisions about readiness to practice. Sources of information may include clinical performance evaluations of students, classroom performance evaluations, students' self-assessments, peer assessments, and patient[g] reports of satisfaction. The system is intended to enable clinical and academic educators to obtain a comprehensive perspective of students' progress through the curriculum and competence to practice at entry-level. The uniform adoption of this instrument will ensure that all entry-level practitioners have demonstrated a core set of clinical attributes.

A clinical performance instrument is a central component of the assessment system and is used by the academic institution to ensure students' readiness for practice. This instrument has undergone pilot and field studies and is designed to evaluate student clinical performance in relation to entry-level competence *(See Tab—Studies Investigating the Physical Therapist Assistant Clinical Performance Instrument)*. It is applicable to a broad range of clinical settings and throughout the continuum of clinical learning experiences. Every performance criterion in this instrument is important to the overall assessment of clinical competence, and most criteria are observable in every clinical experience. It is strongly recommended that all criteria be rated whenever possible. If this instrument is altered for use in such situations, it is in violation of copyright.

COMPONENTS OF THE FORM

There are 20 performance criteria, with visual analog scales[g] (VASs) for each criterion. Sample behaviors are included in shaded boxes for each criterion. Space for comments is provided, as well as boxes to indicate when performance is "of significant concerns," "with distinction," or "not observed."

Superscript "g" — A superscript "g" after a word indicates that the word is defined in the glossary.

Performance Criteria — Items numbered 1-20 define performance areas to be evaluated. In the aggregate, these items describe all essential aspects of a physical therapist assistant clinician performing at entry-level.

Red-Flag Item — A flag (⚑) to the left of a performance criterion indicates a "red-flag" item. The five "red-flag" items (numbered 1-5) are considered foundational elements in clinical practice. Difficulty with a performance criterion that is a red-flag item warrants immediate attention and a telephone call to the ACCE, and may include remediation and/or dismissal from the clinical experience.

Visual Analog Scale[g] — Individual competencies in the CPI are evaluated using a VAS. This provides a convenient way to indicate a student's level of performance, ranging from "novice clinical performance"[g] to "entry-level performance."[g] Placement of a mark on the line indicates the student's current level of performance on a particular competency relative to entry-level performance.

The continuous nature of the rating matches the continuous nature of the student's educational[8] experience and skill development. The VAS provides maximum sensitivity to fine gradations in performance that might be missed by a cruder numerical rating scale (eg, five-point scale). This is particularly important for the evaluation of individual students. The lack of rating numbers or other labels also avoids the inherent "grade" values that often accompany use of scale points and instead emphasizes the distance from the entry-level criterion.

Sample Behaviors

The sample of commonly observed behaviors (denoted with lower-case letters in shaded boxes) for each criterion may be used to guide assessment of students' competence relative to the performance criteria. Given the uniqueness and complexity of clinical practice, the behaviors provided are not meant to be an exhaustive list. There may be additional or alternative behaviors relevant and critical to a given clinical setting. Consequently, all listed behaviors need not be present to rate students at entry-level on the VAS. Sample behaviors are not listed in order of priority, but most behaviors are presented in logical order.

Significant Concerns Box ☎

Checking this box indicates that the student's performance on this criterion is unacceptable and places the student at risk of failing this clinical experience. When the Significant Concerns Box is checked, written comments are required and a phone call (☎) is placed to the ACCE. A box is provided for midterm and final assessments.

With Distinction Box

Checking this box indicates that the student's performance on this criterion **exceeds expectations for the clinical experience**. Record in the appropriate Midterm (**M**) and/or Final (**F**) box.

Not Observed Box

Checking this box indicates that the student's performance on this criterion was not observed. Record in the appropriate Midterm (**M**) and/or Final (**F**) box. The Not Observed Box rarely should be used. If you are considering marking this box relative to a specific criterion, please carefully review the sample behaviors located in the shaded box for that criterion.

Comments

Narrative comments should be provided by the clinical instructor[8] (CI) to elaborate on or clarify students' performance ratings. Comments are encouraged for each performance criterion. These comments may include critical incidents, problem or deficit areas, and/or exemplary areas of performance. **Comments are required when the Significant Concerns Box has been checked, when a student's performance is below entry-level at the end of the final clinical experience, and for specific deficiencies in psychomotor skills. Comments are also required when the "with distinction" box is checked.**

Summative Comments

The summative comments section provides a mechanism for the clinical instructor to identify, clarify, and highlight students' overall performance as related to their areas of strength, areas needing improvement, and other

relevant comments during midterm and final evaluations. These comments should be based on the student's performance relative to objectives for the clinical experience. For intermediate clinical experiences, a student rated below entry-level on the VAS may, in fact, meet or exceed objectives for that experience.

USING THE FORM

Proper use of the CPI requires not only knowledge of all its components, but consideration of how to record your observations and interpretations of the students performance. Appendix A provides three examples of how one performance criterion might be evaluated at midterm and final evaluations.

Clinical Instructor

The CI(s) will assess a student's performance and complete the instrument at midterm and final evaluation periods. Sources of information may include, but are not limited to, CIs, other PTs, PTAs, other professionals, patients, and students. Methods of data collection may include direct observation, videotapes, documentation[g] review, role[g] playing, interviews, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome[g] surveys. Clinical educators should feel free to use multiple sources and methods to assess student clinical performance. The CI reviews the completed instrument formally with the student at midterm evaluation and at the end of the clinical experience and signs the signature page (23) following each evaluation.

Student

Student(s) assess their own performance on a separate copy of the instrument. The student reviews the completed form with the CI at midterm evaluation and at the end of the clinical experience and signs the signature page (23) following each evaluation.

Recording Performance Rating

The same VAS is used for midterm and final evaluations. One vertical line is placed on the VAS at the appropriate point indicating the mid-term evaluation rating, and one vertical line is placed on the VAS at the appropriate point indicating the final evaluation rating. Label the mid-term evaluation line with an "M" above the line, and label the final evaluation line with an "F" above the line. Once the form is complete, there will be two vertical lines on the VAS, one for the midterm evaluation rating and one for the final evaluation rating *(see Appendix A—Examples)*. A new CPI will be used for each clinical experience.

Marking

Marking the VAS requires you to use your judgment to determine whether the student's performance is consistent with entry-level practice in your specific setting. Before judging each of the performance criteria, consider each of the five performance dimensions listed below:

Quality[g] of care
Supervision/guidance required[g]
Consistency[g] of performance
Complexity of tasks/environment[g]
Efficiency[g] of performance

These performance dimensions are common to all types and levels of performance. However, your expectations may change in each dimension as the student progresses toward entry into practice. As a reminder, the performance dimensions to be considered when marking the VAS are provided with each performance criteria on the bottom of the page.

Performance Dimensions

Quality refers to the degree of skill or competence demonstrated, the relative effectiveness of the performance, and the extent to which outcomes meet the desired goals.[8] A continuum of quality might range from demonstration of limited skill to a highly skilled performance. A student who exhibits high skill in performance but low efficiency or effectiveness would be marked lower on the VAS than one whose performance combined high skill with high efficiency or effectiveness.

Supervision/guidance required refers to the level and extent of assistance required by the student to achieve entry-level performance. As a student progresses through clinical education experiences[8] the degree of monitoring needed is expected to progress from full-time monitoring or cuing for assistance to independent performance with consultation.[8] The degree of supervision and guidance may vary with the complexity of the patient or environment.

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

Complexity of tasks/environment refers to the multiple requirements of the patient or environment. The complexity of the environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements being controlled by the CI.

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

Anchors

Novice clinical performance indicates a student who provides quality care only with uncomplicated patients and a high degree of supervision. Without close supervision, the student's performance and judgment are inconsistent and require constant monitoring and feedback. This is typically a student who is inexperienced in the clinical environment or who performs as though he or she has had limited or no opportunity to apply academic knowledge or clinical skills.

Entry-level performance on the VAS indicates a student who consistently and efficiently provides quality care with simple or complex patients and in a variety of clinical environments under the supervision of

a physical therapist. The student usually needs no further guidance or supervision except when addressing new or complex situations.

Examples of Completed Items

Appendix A provides three completed examples of a student's performance on the same criterion—Patient Interventions. Two examples illustrate competent and noncompetent student performances on final clinical experiences, and one example portrays satisfactory student performance during an intermediate clinical experience. These examples assist the evaluator in understanding how to mark the VAS and related boxes, how to substantiate markings with comments that serve to clarify and objectively describe student performance, how to use the five performance dimensions and sample behaviors in evaluating students, and how the level of clinical experience may influence performance expectations.

Reducing Rater Bias

All rating scales (numerical and VAS) are susceptible to similar response biases. The most common problems are halo bias and leniency. Halo bias occurs when a global impression of the student (eg, general liking) influences specific ratings. This leads individual behaviors to be more highly correlated than is actually true and tends to artificially increase or decrease all evaluations in response to the overall impression. This bias is avoided by careful attention to the specific behavioral criteria required for each individual competency and by conscious suppression of general impressions. Leniency is the tendency to avoid harsh evaluations, usually to avoid the discomfort associated with delivering bad news and its affect on a student's morale. This bias can be reduced by recognizing that students may achieve the entry-level criterion more efficiently if they are provided with accurate performance feedback.

Academic Coordinator of Clinical Education (ACCE)

The ACCE reviews the completed form at the end of the clinical experience and assigns a grade according to institution policy. A number of variables may be considered when assigning a grade and determining the success of the experience.

Determining a Grade

Each academic institution determines what constitutes satisfactory performance. Despite the lack of quantitatively explicit numbers, the VAS can be scored for grading purpose. Each line is 100 mm in length, allowing a number from 0 to 100 to be assigned easily to any mark. Grading decisions may consider: (a) the relative weighting or importance of each item, (b) the level of student performance along the 100-mm VAS lines as a sum (aggregate) of all performance criteria scores or average VAS scores, (c) whether or not "significant concerns" or "with distinction" boxes are checked, and (d) the CI's narrative comments.

For example, an institution may assign a passing grade on a second clinical experience where the following conditions were met; (1) entry-level (ie, a score of 100) was achieved on each of the "red flag" items, (2) no "significant concerns boxes" were checked, and (3) the average score for the 20 VAS items was at least 75 (maximum score of 100). Academic

institutions may want to develop grading schemes based on normative data accumulated over time on their own students at various levels of experience. It is expected that a student will achieve entry-level on every performance criterion, signifying readiness to enter practice, by the end of the final clinical experience.

Support Services

For support regarding the use of the CPI for information not found in the Directions, read the sections in the manual on "Using the Clinical Performance Instrument" and "Responses to Frequently Asked Questions Pertaining to the Physical Therapist Assistant Clinical Performance Instrument" or review responses to frequently asked questions (FAQs) on APTA's Home Page (http://www.APTA.org) under Education. You may also wish to contact the academic institution or individual ACCE, and/or contact APTA's Department of Physical Therapy Education.

CLINICAL PERFORMANCE INSTRUMENT

PHYSICAL THERAPIST ASSISTANT STUDENT

STUDENT INFORMATION

Student's Name: _____

Date of Clinical Experience: _____ **Course Number:** _____

ACADEMIC PROGRAM INFORMATION

Name of Academic Institution: _____

Address: _____
(Department) (Street)

_____
(City) (State) (Zip)

Phone: (____)_____ext._____ **Fax:** (____)_____

E-mail: _____

CLINICAL EDUCATION SITE INFORMATION

Name of Clinical Site: _____

Address: _____
(Department) (Street)

_____
(City) (State) (Zip)

Phone: (____)_____ext._____ **Fax:** (____)_____

E-mail: _____

Clinical Instructor's Name: _____

Clinical Instructor's Name: _____

Clinical Instructor's Name: _____

Center Coordinator of Clinical Education's Name: _____

CLINICAL PERFORMANCE INSTRUMENT
PHYSICAL THERAPIST ASSISTANT[g] STUDENT

1. Performs in a safe manner that minimizes risk to patient,[g] self, and others.

M ☐ F ☐ | Not Observed | Novice Clinical Performance[g] | Entry-Level Performance[g] | M ☐ F ☐ With Distinction

SAMPLE BEHAVIORS

a) Observes health and safety regulations.
b) Maintains safe working environment.
c) Recognizes physiological and psychological changes in patients and:
   - adjusts interventions[g] accordingly within the plan of care,[g] or
   - does not provide interventions and consults the physical therapist[g] supervisor.
d) Demonstrates awareness of contraindications and precautions of interventions.
e) Requests assistance when necessary.
f) Uses acceptable techniques for safe handling of patients.
g) Protects welfare of self, patient, and others in emergency situations.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

_____

_____

_____

_____

_____

_____

Final Comments: _____

_____

_____

_____

_____

_____

QUALITY OF CARE ◆ SUPERVISION/GUIDANCE REQUIRED ◆ CONSISTENCY OF PERFORMANCE ◆ COMPLEXITY OF TASKS/ENVIRONMENT ◆ EFFICIENCY OF PERFORMANCE

2. Conducts self in a responsible manner.

M ☐ F ☐ | M ☐ F ☐

Not Observed	Novice Clinical Performance	Entry-Level Performance	With Distinction

SAMPLE BEHAVIORS

a) Accepts responsibility for own actions.
b) Is punctual and dependable.
c) Completes scheduled assignments in a timely manner.
d) Wears attire consistent with expectations of the clinical setting.
e) Demonstrates initiative.
f) Demonstrates a willingness to alter schedule to accommodate patient needs and facility requirements.
g) Adapts to change.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments: _____

Final Comments: _____

3. Interacts with others in a respectful manner.

M ☐ F ☐ | Not Observed | Novice Clinical Performance | Entry-Level Performance | M ☐ F ☐ With Distinction

SAMPLE BEHAVIORS

a) Maintains productive working relationships with patients, families, CI,[s] and others.
b) Treats others with positive regard, dignity, respect, and compassion.
c) Maintains confidentiality.
d) Demonstrates behaviors that contribute to a positive work environment.
e) Accepts criticism without defensiveness.
f) Manages conflict in constructive ways.
g) Makes choices after considering the consequences to others.
h) Assumes responsibility for choices made in situations presenting legal or ethical dilemmas.
i) Maintains patient privacy and modesty (eg, draping, confidentiality).

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

Midterm ☐ **Final** ☐

Midterm Comments:_____

Final Comments:_____

4. Adheres to ethical standards.

M ☐ F ☐ | M ☐ F ☐

Not Observed	Novice Clinical Performance	Entry-Level Performance	With Distinction

SAMPLE BEHAVIORS

a) Abides by relevant ethical codes, standards, and guidelines.
b) Adheres to institutional policy and procedures.
c) Identifies situations in which ethical questions are present.
d) Reports violations of ethical standards and guidelines.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments: _____

Final Comments: _____

5. Adheres to legal standards.

M ☐ F ☐ M ☐ F ☐

Not Observed	Novice Clinical Performance	Entry-Level Performance	With Distinction

SAMPLE BEHAVIORS

a) Abides by pertinent state (province) and federal laws and regulations, including those applying to state licensure laws.
b) Identifies situations in which legal questions are present.
c) Reports violations of laws governing physical therapy.

Significant Concerns: **Check below if performance on this criterion places student at risk for failure of this clinical experience.**

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

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Final Comments: _____

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6. Communicates in ways that are congruent with situational needs.

M ☐ F ☐ — M ☐ F ☐

Not Observed | Novice Clinical Performance | Entry-Level Performance | With Distinction

SAMPLE BEHAVIORS

a) Communicates in a respectful and timely manner.
b) Initiates communication in difficult situations.
c) Selects the most appropriate person(s) with whom to communicate.
d) Communicates respect for the roles[8] and contributions of all participants in patient care.
e) Listens actively and attentively to understand what is being communicated by others.
f) Demonstrates respectful and technically correct verbal communication.
g) Communicates using nonverbal messages that are consistent with intended message.
h) Interprets and responds to the nonverbal communication of others.
i) Determines effectiveness of his/her own communication and modifies communication accordingly.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

Final Comments: _____

7. Produces documentation[g] to support the delivery of physical therapy services.

M ☐ F ☐ Not Observed | Novice Clinical Performance | Entry-Level Performance | M ☐ F ☐ With Distinction

SAMPLE BEHAVIORS	
a)	Documents aspects of physical therapy care, including selected data collection measurements,[s] interventions,[s] response to interventions, and communicates with family and others involved in delivery of patient care.
b)	Produces documentation that follows guidelines and format required by the clinical setting and by law.
c)	Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.
d)	Produces documentation that is accurate, concise, timely, and legible.
e)	Demonstrates technically correct written communication skills.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

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Final Comments: _____

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8. Delivers established patient care to reflect respect for and sensitivity to individual differences.

M ☐ F ☐ | M ☐ F ☐

Not Observed | Novice Clinical Performance | Entry-Level Performance | With Distinction

SAMPLE BEHAVIORS

a) Exhibits sensitivity to differences in race, creed, color, gender, age, national or ethnic origin, sexual orientation, and disability or health status[g] in:

- communication with others and,
- implementing (delegated interventions within the plan of care established by the physical therapist.)

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

Final Comments: _____

9. Participates in patient status judgments within the clinical environment based on the plan of care[g] established by the physical therapist.

M ☐ F ☐			M ☐ F ☐
Not Observed	Novice Clinical Performance	Entry-Level Performance	With Distinction

SAMPLE BEHAVIORS

a) Explains rationale for judgments.
b) Makes judgments within the context of ethical issues, informed consent, and safety considerations.
c) Utilizes information from multiple data sources to make judgments.
d) Uses a clinical problem solving process that includes considering decision rules (eg codes, protocols), thinking, data collection,[g] and interpretive processes.

Significant Concerns: **Check below if performance on this criterion places student at risk for failure of this clinical experience.**

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

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Final Comments: _____

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10. Obtains accurate information by performing selected data collection[g] consistent with the plan of care established by the physical therapist.

M ☐ F ☐ | M ☐ F ☐

Not Observed | Novice Clinical Performance | Entry-Level Performance | With Distinction

SAMPLE BEHAVIORS

a) Identifies whether he/she possesses the knowledge and skill to competently perform a delegated data collection.
b) Performs interim data collection to monitor patient status.
c) Collects data in a technically competent[g] manner.

SEE APPENDIX B FOR LIST OF ENTRY-LEVEL DATA COLLECTION SKILLS.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments: _____

Final Comments: _____

11. Discusses the need for modifications to the plan of care established by the physical therapist.

M ☐ F ☐ | M ☐ F ☐

Not Observed | Novice Clinical Performance | Entry-Level Performance | With Distinction

SAMPLE BEHAVIORS

a) Communicates with the physical therapist regarding significant changes in the patient's status or modifications made in patient's interventions within the plan of care.
b) Suggests to the physical therapist modifications needed in the patient's plan of care.
c) Determines whether to adjust or suspend patient interventions if warranted and reports findings to the physical therapist.
d) Progresses patient within an established plan of care and reports changes in patient status to the physical therapist.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

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Final Comments: _____

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12. Performs physical therapy interventions[g] in a technically competent manner.

M ☐ F ☐			M ☐ F ☐
Not Observed	Novice Clinical Performance	Entry-Level Performance	With Distinction

SAMPLE BEHAVIORS

a) Performs effective, efficient, and coordinated movement in providing technically competent interventions.
b) Performs interventions consistent with the plan of care established by the physical therapist.
c) Provides interventions in a manner minimizing risk to the patient, self, and others involved in the delivery of the patient's care.
d) Uses intervention time efficiently and effectively.
e) Adjusts physical therapy interventions, within the plan of care established by the physical therapist, to meet the individual needs and responses of the patient and reports changes in patient status to the physical therapist.

SEE APPENDIX C FOR LIST OF ENTRY-LEVEL TECHNICAL SKILLS.

Significant Concerns: **Check below if performance on this criterion places student at risk for failure of this clinical experience.**

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

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Final Comments: _____

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13. **Educates[g] others (patients, family, caregivers,[g] staff, students, other health care providers) using relevant and effective teaching methods.**

M ☐ F ☐ | M ☐ F ☐

Not Observed | Novice Clinical Performance | Entry-Level Performance | With Distinction

SAMPLE BEHAVIORS

a) Participates in designing educational activities to address identified needs.
b) Conducts educational activities utilizing a variety of instructional strategies as needed.
c) Modifies educational activities considering learners' needs, characteristics, and capabilities.
e) Determines effectiveness of educational activities.

Significant Concerns: **Check below if performance on this criterion places student at risk for failure of this clinical experience.**

☎ **Midterm** ☐ **Final** ☐

Midterm Comments: _____

Final Comments: _____

14. Participates in activities addressing quality[8] of service delivery.

M ☐ F ☐ |_____| M ☐ F ☐

Not Observed	Novice Clinical Performance		Entry-Level Performance	With Distinction

SAMPLE BEHAVIORS

a) Follows established guidelines for the delivery of physical therapy services (eg, critical/clinical pathways, protocols).
b) Provides recommendations for developing or modifying guidelines based on clinical observations.
c) Participates in performance improvement activities, peer review, utilization review, etc.
d) Seeks information regarding quality of care rendered.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

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Final Comments: _____

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15. Participates in addressing patient needs for services other than physical therapy.

M ☐ F ☐ — M ☐ F ☐

Not Observed | Novice Clinical Performance | Entry-Level Performance | With Distinction

SAMPLE BEHAVIORS

a) Reports patient resource and service needs to the physical therapist, or other health care professions as indicated within the plan of care.
b) Advocates for appropriate patient services and resources.

Significant Concerns: **Check below if performance on this criterion places student at risk for failure of this clinical experience.**

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

Final Comments: _____

16. Manages resources (eg, time, space, and equipment) to achieve goals[g] of the clinical setting.

M ☐ F ☐ M ☐ F ☐

Not Observed	Novice Clinical Performance	Entry-Level Performance	With Distinction

SAMPLE BEHAVIORS

a) Sets priorities for the use of resources to maximize outcomes.[g]
b) Functions within the organizational structure of the practice setting.
c) Uses time effectively.
d) Coordinates with the physical therapist and other service providers to facilitate efficient and effective patient care.
e) Adapts to change in the organizational structure of the clinical setting.
f) Schedules patients, equipment, and space.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

Final Comments:_____

17. Participates in fiscal management of the physical therapy clinical setting.

M ☐ F ☐ | M ☐ F ☐

Not Observed | Novice Clinical Performance | Entry-Level Performance | With Distinction

SAMPLE BEHAVIORS

a) Submits accurate patient charges on time.
b) Acts in a fiscally responsible manner.
c) Provides recommendations for equipment and supply needs.
d) Adheres to reimbursement guidelines established by payers.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

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Final Comments:_____

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18. Uses physical therapy aides and other support personnel according to legal standards and ethical guidelines.

M ☐ F ☐ | M ☐ F ☐

Not Observed | Novice Clinical Performance | Entry-Level Performance | With Distinction

SAMPLE BEHAVIORS

a) Assigns only those aspects of physical therapist-delegated tasks that can be legally and ethically delegated to support personnel.
b) Assigns only those aspects of physical therapist-delegated tasks to facilitate effective and efficient patient care.
c) Assigns only those aspects of physical therapist-delegated tasks to the appropriate support personnel.
d) Informs the patient of the decision to assign physical therapist-delegated tasks and the rationale for assignment.
e) Demonstrates respect for the contributions of support personnel.
f) Monitors the care delivered by support personnel.
g) Provides regular feedback to support personnel.
h) Provides regular feedback to the physical therapist about patient status, including those activities provided by support personnel.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

Final Comments:_____

19. Implements a self-directed plan for career development and lifelong learning.

M ☐ F ☐			M ☐ F ☐
Not Observed	Novice Clinical Performance	Entry-Level Performance	With Distinction

SAMPLE BEHAVIORS

a) Demonstrates an awareness of own strengths and limitations.
b) Establishes realistic goals for career development.
c) Participates in learning experiences within the clinical setting.
d) Modifies behavior based on self-assessment and constructive feedback.
e) Discusses progress of career growth.
f) Seeks opportunities to learn.
g) Accepts responsibility for learning.
h) Seeks guidance as necessary to address limitations.
i) Periodically assesses own career development.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

Final Comments:_____

20. Assists the physical therapist[g] in addressing primary and secondary prevention[g] needs of individuals and groups.

M ☐ F ☐ | Not Observed | Novice Clinical Performance | Entry-Level Performance | M ☐ F ☐ With Distinction

SAMPLE BEHAVIORS

a) Assists the physical therapist in using established screening[g] tools as delegated by a physical therapist.
b) Assists the physical therapist with the education of patients or other individuals and groups in prevention by providing information on impairment, disease, disability, and health risks related to age, gender, culture, and lifestyle.
c) Incorporates the concept of self-responsibility in wellness and health promotion.

Significant Concerns: Check below if performance on this criterion places student at risk for failure of this clinical experience.

☎ **Midterm** ☐ **Final** ☐

Midterm Comments:_____

Final Comments:_____

SUMMATIVE COMMENTS

Given this student's level of academic and clinical preparation and the objectives for this clinical experience, identify strengths and areas needing improvement. If this is the student's final clinical experience, comment on the student's overall performance as a physical therapist assistant.

Areas of Strength:
Midterm:
Final:
Areas Needing Improvement:
Midterm:

Areas Needing Improvement (continued)
Final:
Other Comments:
Midterm:
Final:

EVALUATION SIGNATURES

MIDTERM EVALUATION
We have read and discussed this evaluation.

Signature of Student	**Date**
Academic Institution	
Evaluator Name (Print)	**Position/Title**
Signature of Evaluator (1)	**Date**
Evaluator Name (Print)	**Position/Title**
Signature of Evaluator (2)	**Date**

FINAL EVALUATION
We have read and discussed this evaluation.

Signature of Student	**Date**
Academic Institution	
Evaluator Name (Print)	**Position/Title**
Signature of Evaluator (1)	**Date**
Evaluator Name (Print)	**Position/Title**
Signature of Evaluator (2)	**Date**

GLOSSARY[1]

CAREGIVER: One who provides care, often used to describe a person other than a health care professional.

CASE MANAGEMENT: The coordination of patient care or client activities.

CLIENT: An individual who is not necessarily sick or injured but who can benefit from a physical therapist's consultation, professional advice, or services. A client also is a business, a school system, or other entity that may benefit from specific recommendations from a physical therapist.

CLINICAL EDUCATION EXPERIENCES: These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge and skills in the clinical environment. Experiences would include those of short and long duration (eg, part-time, full-time, internships) and those that provide a variety of learning experiences (eg, rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients across the life span and related activities.

CLINICAL INDICATIONS: The patient factors (eg, symptoms, impairments, deficits) that suggest that a particular kind of care (examination, intervention) would be appropriate.

CLINICAL INSTRUCTOR (CI): Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. CIs are responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations.

COMPLEXITY OF TASKS/ENVIRONMENT: Multiple requirements of the patient or environment (eg, simple, complex). The complexity of the environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.

CONSISTENCY: The frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, routinely). As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

CONSULTATION: The provision, by a physical therapist, of professional opinion or of advice.

CONSUMER: One who acquires, uses, or purchases goods or services; any actual or potential recipient of health care.

DATA COLLECTION SKILLS:

- those processes/procedures used to gather information through observation, measurement, subjective, objective, and functional findings; progression toward goals; and interpretive processes/procedures applied to formulate a judgment/decision within the plan of care established by the physical therapist
- must be integrated to achieve the most effective interventions and optimal outcomes

DIAGNOSIS: Both the process and the end result of the evaluation of information obtained from the patient examination. The physical therapist organizes the evaluation information into defined clusters, syndromes, or categories to determine the most appropriate intervention strategies for each patient.

DOCUMENTATION: All written forms of communication provided related to the delivery of patient care, to include written correspondence, electronic record keeping, and word processing.

EDUCATION: Knowledge or skill obtained or developed by a learning process; a process designed to change behavior by formal instruction and/or supervised practice, which includes teaching, training, information sharing, and specific instructions.

EFFICIENCY: The ability to perform in a cost-effective and timely manner (eg, inefficient/slow, efficient/timely). As the student progresses though clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

ENTRY-LEVEL PERFORMANCE: A physical therapist assistant performing at entry-level consistently and efficiently provides quality care with simple or complex patients and in a variety of clinical environments under the supervision of a physical therapist. The physical therapist assistant at entry-level, under the supervision of a physical therapist, usually needs no further guidance or supervision except when addressing new or complex problems.

EVALUATION: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.

EXAMINATION: The process of obtaining a patient history, performing relevant systems reviews, and selecting and administering specific tests and measures.

FUNCTION: The special, normal, or proper action of any part or organ; an activity identified by an individual as essential to support physical and psychological well-being as well as to create a personal sense of meaningful living; the action specifically for which a person or thing is fitted or employed; an act, process, or series of processes that serve a purpose; to perform an activity or to work properly or normally.

FUNCTIONAL LIMITATION: A restriction of the ability to perform a physical action, activity, or task in a typically expected, efficient, or competent manner.

GOAL: The long-term statement(s) that define the patient's expected level of performance at the end of the rehabilitation process; the functional outcomes of therapy, indicating the amount of independence, supervision, or assistance required and the equipment or environmental adaptation necessary to ensure adequate performance. Desired outcomes may be stated as long-term or short-term as determined by the needs of the patient and the setting.

HEALTH CARE PROVIDER: A person or organization offering health services directly to patients or clients.

HEALTH PROMOTION: Activity designed to develop healthy behaviors in such areas as exercise, diet, avoidance of drug abuse, etc.

HEALTH STATUS: The level of an individual's physical, mental, affective, and social function: health status is an element of well-being.

HISTORY: An account of past and present health status that includes the identification of complaints and provides the initial source of information about the patient. The history also suggests the patient's ability to benefit from physical therapy services.

INTERVENTION: The purposeful and skilled interaction of the physical therapist, or physical therapist assistant[g] as delegated by the physical therapist, with the patient or client, using various methods and techniques to produce changes in the condition of the patient or client. Intervention has three components: direct intervention; instruction of the patient or client and family; and coordination, communication, and documentation.

JUDGMENTS: Decisions made within the clinical environment that are based on the established physical therapy plan of care. With consideration toward safety, a problem-solving process is applied that includes decision rules (eg, codes, protocols), thinking, data collection, and interpretation. "The physical therapist assistant is familiar with the task, and there are well-understood procedures for the management of individuals with this kind of problem" (May BJ, Dennis JK. Clinical decision making. In: *Home Health and Rehabilitation: Concepts of Care*. Philadelphia, Pa: FA Davis Co; 1993:55-74).

MEASUREMENT: A figure, extent, or amount obtained by measuring.

NOVICE CLINICAL PERFORMANCE: A physical therapist assistant student who provides quality care only with uncomplicated patients and a high degree of supervision. Without close supervision, the student's performance and judgment are inconsistent and require constant monitoring and feedback. This is typically a student who is inexperienced in the clinical environment or who performs as though he or she has had limited or no opportunity to apply academic knowledge or clinical skills.

OBJECTIVE: A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities.

OUTCOME: The result of physical therapy management expressed in five areas: prevention and management of symptom manifestation, consequences of disease (impairment, disability, and/or role limitation), cost-benefit analysis, health-related quality of life, and patient satisfaction. A successful outcome includes improved or maintained physical function[g] when possible, and slowed decline in function where the status quo cannot be maintained, and is considered meaningful by the patient.

OUTCOMES ANALYSIS: A systematic examination of patient outcomes in relation to selected patient variables (eg, age, gender, diagnosis, interventions performed); outcomes analysis may be used in performance improvement activities, clinical outcome audits, economic analysis of practice, etc.

PATIENT: An individual who is receiving direct intervention for an impairment, functional limitation, disability, or change in physical function and health status resulting from injury, disease, or other causes; an individual receiving health care services.

PHYSICAL FUNCTION: Fundamental components of health status describing the state of those sensory and motor skills necessary for mobility, work, and recreation.

PHYSICAL THERAPIST: A licensed health care professional who offers services designed to preserve, develop, and restore maximum physical function.

PHYSICAL THERAPIST ASSISTANT: A person who is a graduate of an accredited associate degree physical therapist assistant education program and who assists the licensed physical therapist in the provision of physical therapy. The physical therapist assistant may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

PLAN OF CARE: A plan that specifies the: long-term and short-term outcome/goal; predicted level of maximal improvement; specific interventions to be used; duration and frequency of the intervention required to reach the outcome/goal; and criteria for discharge.

PRESENTING PROBLEM: The specific dysfunction that causes an individual to seek attention or intervention (ie, chief complaint).

PREVENTION: Activities concerned with slowing or stopping the occurrence of both mental and physical illness and disease; minimizing the effects of a disease or impairment on disability; reducing the severity or duration of an illness. *Primary*: Preventing the development of disease in a susceptible or potentially susceptible population through specific measures such as immunization and through general health promotion efforts. *Secondary:* Seeking to shorten the duration of illness, reduce severity of diseases, decrease the possibility of contagion, and limit sequelae through early diagnosis and prompt therapy. *Tertiary:* Attempting to limit the degree of disability and promoting rehabilitation and restoration of patients with chronic and irreversible diseases.

PROGNOSIS: The determination of the level of maximal improvement that might be attained by the patient and the amount of time needed to reach that level.

QUALITY: The degree of skill or competence demonstrated (eg, limited skill, high skill), the relative effectiveness of the performance (eg, ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

ROLE: A behavior pattern that defines a person's social obligations and relationships with others (eg, father, husband, son).

SCREENING: Determining the need for further examination or consultation by a physical therapist or for referral to another health care professional. *Cognitive screening*: Briefly assessing a patient's thinking process (eg, ability to process commands).

SUPERVISION/GUIDANCE REQUIRED: Level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or environment.

TECHNICALLY COMPETENT: Correct performance of a skill.

TESTS AND MEASURES: Specific standardized methods and techniques used to gather data about the patient after the history and systems review have been performed by the physical therapist.

TREATMENT: One or more interventions used to ameliorate impairments, functional limitations, or disability or otherwise produce changes in the health status of the patient; the sum of all interventions provided by the physical therapist to a patient during an episode of care.

VISUAL ANALOG SCALE (VAS): A scale used to measure any variable that allows the patient to indicate a degree of that variable by pointing to a visual representation of its intensity. In the case of this clinical performance instrument, the VAS represents the line or continuum of performance, ranging from "novice student clinical performance" to "entry-level clinical performance."

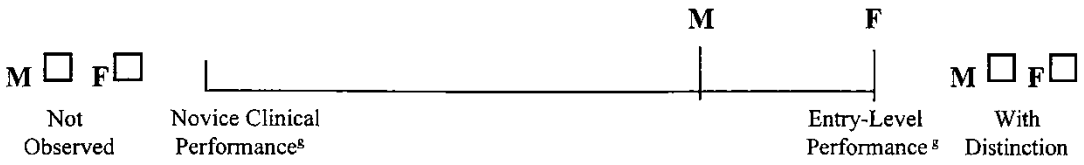
WELLNESS: A concept that embraces a proactive, positive approach to good health. Wellness advocates seek to increase a person's level of health as a preventive measure to guard against future disease or pathology.

[1]Most of the terms defined in this glossary have been taken from the *Guide to Physical Therapist Practice, Part One: A Description of Patient Management.* Alexandria, VA: American Physical Therapy Association; May 15, 1997:60-69.

APPENDIX A

EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Competent)

12. Performs physical therapy interventions[g] in a technically competent manner.



SAMPLE BEHAVIORS

a) Performs effective, efficient, and coordinated movement in providing technically competent interventions.
b) Performs interventions consistent with the plan of care established by the physical therapist.
c) Provides interventions in a manner minimizing risk to the patient, self, and others involved in the delivery of the patient's care.
d) Uses intervention time efficiently and effectively.
e) Adjusts physical therapy interventions, within the plan of care established by the physical therapist, to meet the individual needs and responses of the patient and reports changes in patient status to the physical therapist.
SEE APPENDIX C FOR LIST OF ENTRY-LEVEL TECHNICAL SKILLS.

Significant Concerns: **Check below if performance on this criterion places student at risk for failure of this clinical experience.**

☎ **Midterm** ☐ **Final** ☐

Midterm Comments: The student's technical skills are of generally good quality. She occasionally has difficulty getting patients to work to capacity while providing interventions (Thomas J). She requires occasional guidance in performing interventions on more complex patients such as Lawton. She is not as efficient as she needs to be in this setting and sometimes takes too long to complete a session (Thomas J, Samson P).

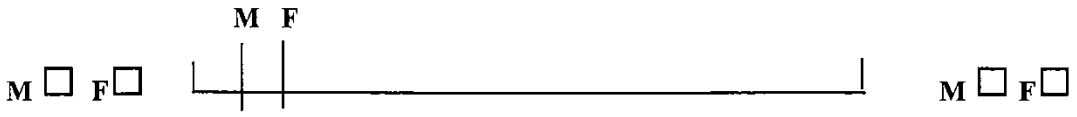
***Explanation for where the line is marked on the VAS[g] for this example: The student consistently performs high quality interventions with minimal guidance for most interventions. She requires some guidance in unfamiliar situations. She needs to be more efficient so that she is able to see her patients in the allotted time. Therefore, the VAS was scored at approximately 3/4 of the way to entry-level.*

Final Comments: The student's technical skills are consistently of good quality. She has improved in her ability to get each patient to work to capacity (Thomas J). She is now able to independently perform a wide variety of interventions on both simple and complex patients and is able to adjust interventions if necessary. She consistently completes planned interventions in the time allotted for the session.

***Explanation for where the line is marked on the VAS for this example: The student is now capable of performing high-quality interventions consistently, efficiently, and independently with any patient she encounters. The VAS is scored at entry-level.*

EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)

12. Performs physical therapy interventions[g] in a technically competent manner.



SAMPLE BEHAVIORS

a) Performs effective, efficient, and coordinated movement in providing technically competent interventions.

b) Performs interventions consistent with the plan of care established by the physical therapist.

c) Provides interventions in a manner minimizing risk to the patient, self, and others involved in the delivery of the patient's care.

d) Uses intervention time efficiently and effectively.

e) Adjusts physical therapy interventions, within the plan of care established by the physical therapist, to meet the individual needs and responses of the patient and reports changes in patient status to the physical therapist. **SEE APPENDIX C FOR LIST OF ENTRY-LEVEL TECHNICAL SKILLS.**

Significant Concerns: **Check below if performance on this criterion places student at risk for failure of this clinical experience.**

☎ **Midterm** ☒ **Final** ☒

Midterm Comments: The student's technical skills are generally poor and she must be monitored during all interventions. On multiple occasions she has asked patients to perform activities that violated their postoperative protocols. She can only handle straightforward patients. She consistently requires instruction from the CI to advance patients within the plan of care (Roberta W, Jose D, Diana J). She is very inefficient in her use of time and cannot complete the planned interventions in the time allotted (Roberta W, Jose D).

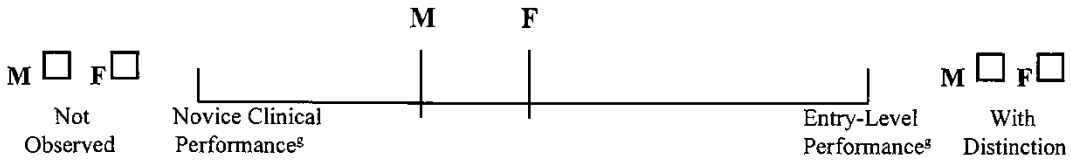
Explanation for where the line is marked on the VAS for this example: In order to provide quality interventions, this student requires constant supervision. When left alone with even the simplest patients, she is unsafe, inefficient, and ineffective. The VAS was scored close to novice clinical performance, despite the fact that this was a final experience, to reflect concerns about basic expectations. The "Significant Concerns Box" was checked, and the school was called.

Final Comments: Although the student now consistently follows postoperative protocols, her technical skills continue to be poor, and constant monitoring is still required. She has been unable to advance beyond treating straightforward patients. She still requires instruction from the CI to advance patients within the plan of care (Jose D, Jill R). Most of her efforts are devoted to performing techniques correctly, resulting in a lack of insight to the patient's overall status. She is still very inefficient in her use of time.

Explanation for where the line is marked on the VAS for this example: The student has shown improvement in her ability to follow postoperative protocols. However, she has demonstrated very little improvement in the other areas. The poor quality of her technical skills, need for supervision, and inability to treat complex patients during a final experience are still cause for concern. The VAS was marked slightly toward entry-level to reflect minimal improvement. However, overall performance remains close to novice clinical performance, and the "Significant Concerns Box" was checked again.

EXAMPLE: COMPLETED ITEM FOR INTERMEDIATE EXPERIENCE

12. Performs physical therapy interventions[g] in a technically competent manner.



SAMPLE BEHAVIORS

a) Performs effective, efficient, and coordinated movement in providing technically competent interventions.
b) Performs interventions consistent with the plan of care established by the physical therapist.
c) Provides interventions in a manner minimizing risk to the patient, self, and others involved in the delivery of the patient's care.
d) Uses intervention time efficiently and effectively.
e) Adjusts physical therapy interventions, within the plan of care established by the physical therapist, to meet the individual needs and responses of the patient and reports changes in patient status to the physical therapist.

SEE APPENDIX C FOR LIST OF ENTRY-LEVEL TECHNICAL SKILLS.

Significant Concerns: **Check below if performance on this criterion places student at risk for failure of this clinical experience.**

☎ **Midterm** ☐ **Final** ☐

Midterm Comments: Consistent with his level of academic preparation, he is able to skillfully perform interventions in straightforward situations. He requires assistance from the CI to modify the interventions when the patient is unable to assume the standard position. Student is somewhat awkward performing interventions in nonstandard positions. He is usually able to complete all interventions in the plan of care during the time allotted for the session.

***Explanation for where the line is marked on the VAS for this example: Since this is an intermediate-level clinical experience, it is not expected that the student will perform at entry-level on this performance criterion. The patient load selected for the student was based on the objectives[g] for this clinical experience. The student is able to consistently and efficiently provide quality care with minimal supervision on uncomplicated patients. When patients have more complex responses, the student's need for supervision increases. Therefore, the VAS was scored at about 1/3 of the way toward entry-level.*

Final Comments: He is now able to perform interventions in both standard and modified positions in patients with uncomplicated conditions. He consistently completes all interventions in the plan of care during the time allotted for the session; however, he continues to carry less than a full patient load.

***Explanation for where the line is marked on the VAS for this example: With the patient load designed to meet the objectives[g] for this experience, the student performs high-quality interventions consistently and efficiently. He still requires supervision to provide interventions to more complex patients, but this is expected at this level. The VAS score has moved toward entry-level (approximately ½ way) to reflect his growth in meeting the objectives of this clinical experience.*

APPENDIX B

Entry-Level Data Collection Skills[1] (Information Gathering, Observation, Measurement, Interpretive Processes/Procedures)

ENTRY-LEVEL Data Collection Skill I= Sample Indicators of Skill That Entry-level PTA Performs Independently D= Sample Disallowing Condition That Precludes Entry-level PTA From Performing the Skill All= Entry-level PTA can Perform **ALL** Components of the Skill Comp= Entry-level PTA can Perform **COMPONENT** of the Skill	Perform Skill?
Aerobic Capacity and Endurance	
Recognize autonomic responses of pupillary reactions, alertness, heart rate, blood pressure, respiratory rate, nausea, and diaphoresis t) positional changes	All
Participation in administration of established exercise protocols (eg, treadmill, ergometer, 6-minute walk test, 3-minute step test)	Comp
I-1 Assists the PT in administering established exercise test protocols by measuring vital signs and maintaining patient safety. I-2 Recognizes the impact of abnormal results with established exercise protocols on the physical therapy plan of care. D PTA would not participate in data collection when knowledge is required of when to continue or when to stop a test.	
Measure perceived exertion, dyspnea, or angina during activity using RPE, dyspnea scale, anginal scale, or visual analog scale	Comp
I-1 Monitors and records exertion, dyspnea, or angina during activity. I-2 Communicates measures of perceived exertion, dyspnea, or angina during activities accurately to PT and other individuals. D PTA would not administer tests or measures of perceived exertion if it was the patient's first attempt at a new activity.	
Measurement of standard vital signs (blood pressure, heart rate, and respiratory rate) at rest, during, and after activity	All
Observation of thoracoabdominal movements and breathing patterns with activity without the use of a stethoscope	All
Auscultation of lung sounds	Comp
I-1 Listens for changes in airway movement. I-2 Observes thoracoabdominal movements and breathing patterns with activity. D PTA would not be expected to use a stethoscope to differentiate lung sounds.	
Palpation of pulses	All
Performance of claudication time tests	Comp

[1] Entry-level Data Collection Skills taken from *A Normative Model of Physical Therapist Assistant Education, First Revision*, January 1998, American Physical Therapy Association, Alexandria, Va.

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I-1 Prepares patient for claudication time test. I-2 Administers, monitors, and records the time to onset and cessation of claudication during activity. D PTA would not perform the claudication time test if the patient had complicating factors that could mask the response of the test (eg, expressive aphasia).	
Performance of pulse oximetry	All
Anthropometric Characteristics	
Describe activities and postures that effect edema	All
Recognize changes in edema	Comp
I-1 Recognizes changes in edema from one classification level to another through observation and reports those changes to the PT. D PTA would not be responsible for recognizing changes in edema that result from rapidly changing volumes.	
Measure edema through girth and palpation	Comp
I-1 Accurately performs girth measurements. I-2 Identifies the presence of edema by palpation. D PTA would not take edema measurements by girth or palpation in the presence of skeletal traction and external fixation devices.	
Recognize that body-fat composition may be measured using calipers	All
Measure height, weight, length, and girth	All
Recognize normal alignment of trunk and extremities at rest and during activity	All
Arousal, Mentation, and Cognition	
Recognize changes in the direction and magnitude of patient's state of arousal, attention, mentation, and cognition	Comp
I-1 Identifies changes in a patient's ability to follow a two-step command. I-2 Identifies changes in a patient's ability to sustain attention to a therapeutic task. D PTA would not identify changes in patients with complex disorders such as expressive and receptive aphasia or status post traumatic brain injury.	
Identification of factors influencing motivation	Comp
I-1 Identifies legitimacy of patient's request to refuse interventions. I-2 Identifies factors to motivate patients in facilitating adherence with physical therapy programs. D PTA would not identify factors influencing motivation in patients with severe central nervous system deficits.	
Recognition of patient's level of recall (eg, short- and long-term memory)	Comp

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I-1 Identifies patient's ability to recall previous interventions. I-2 Identifies patient's ability to recall where he/she was born. D PTA would not recognize level of recall in patients with significant cognitive impairment.	
Recognition of patient's orientation to time, person, place, and situation	Comp
I-1 Identifies patient's ability to respond to questions of time, person, place, and situation. I-2 Recognizes when patient's response is not appropriate to time, person, place, and situation. D PTA would not recognize patient's orientation to time, person, place, and situation in a patient with Alzheimer's disease.	
Determination of ability to process commands	Comp
I-1 Determines patient's ability to respond to simple commands. I-2 Determines patient's ability to respond to multi-step command. D PTA would not determine the ability of a patient with a significant cognitive impairment to process commands in environments with multiple distractions.	
Identification of patient's gross expressive and receptive deficits	Comp
I-1 Recognition of abnormal speech production. I-2 Acknowledgment of the possibility of gross receptive deficits in a patient with a left cerebrovascular accident (CVA). D PTA would not be able to identify complex expressive and receptive deficits in patients with central nervous system disorders.	
Assistive and Adaptive Devices	
Identify the individual's and caregiver's ability to care for the device	All
Recognition of alignment and fit of the device and inspection of related changes in skin condition	Comp
I-1 Inspects skin for pressure areas. I-2 Determines if ambulatory assistive devices are in proper alignment and fit. D PTA would not be responsible for aligning and fitting specialized devices (eg, wheelchairs, customized seating systems, dynamic splints).	
Measurement of appropriate components of the device	Comp
I-1 Identifies the basic components of ambulatory assistive devices (eg, walkers, crutches). I-2 Knowledgeable of the mechanical function of the assistive device (wheelchairs, walkers, adaptations). D PTA would not be responsible for the measurement, alignment, and fit of specialized devices (eg, wheelchairs, customized seating systems, dynamic splints).	
Recognition of safety factors while using the device	All
Observation of the individual using the assistive or adaptive device for intended effects and benefits (including energy conservation and expenditure)	Comp

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I-1 Identifies proper gait patterns during the use of assistive or adaptive devices. I-2 Monitors the patient using the assistive or adaptive device and identifies basic autonomic responses. D PTA would not be responsible for monitoring the use of an assistive device for patients with altered cognition, multiple diagnoses, or complex medical conditions.	
Review of reports provided by the patient, family, significant other, caregiver, and others	All
Community and work (Job/School/Play) Integration/Reintegration (Including Instrumental Activities of Daily Living)	
Administration of standard questionnaires with patients and others	All
Administration of scales or indices of instrumental activities of daily living as provided by the PT	Comp
I-1 Observes the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). I-2 Reports the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). D PTA would not administer scales or indices with patients with apraxia.	
Observation of adaptive skills	Comp
I-1 Observes the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). I-2 Reports the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). D PTA would not observe and report adaptive skills of patients at complex performance levels (eg, patient with Rheumatoid arthritis and diabetes).	
Observation of community, work (job/school/play), and leisure activities	Comp
I-1 Observes the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). I-2 Reports the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). D PTA would not observe community, work, and leisure activities of complex patients (eg, patient with CVA returning to tennis).	
Observation of community, work, and leisure activities using assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment	Comp

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I-1 Observes the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). I-2 Reports the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). D PTA would not observe and report community, work, and leisure activities using assistive, adaptive, orthotic, protective, supportive, or prosthetic devices in complex patients (eg, patient post cardiac arrest with quadruple by pass and returning to work).	
Observation of environment and work tasks	Comp
I-1 Observes the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). I-2 Reports the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). D PTA would not observe and report environmental and work tasks in complex patients (eg, patient with quadriplegia returning to work).	
Recognize autonomic responses of pupillary reactions, alertness, heart rate, blood pressure, respiratory rate, nausea, and diaphoresis to positional changes	Comp
I-1 Measures the following physiological indicators: blood pressure, heart rate, respiratory rate. I-2 Recognizes and appropriately responds to a patient's autonomic responses to positional changes. D PTA would not be responsible for data collection activities for patients who are physiologically unstable and have known abnormal autonomic response to positional changes.	
Recognition of physiologic responses during community, work (job/school/play), and leisure activities	Comp
I-1 Takes vital signs (eg, blood pressure, heart rate, respiratory rate) during community work and leisure activities. I-2 Recognizes factors affecting physiologic responses of patients during community work and leisure activities. D PTA would not be responsible for data collection activities for patients who are physiologically unstable.	
Recognition of safety in community and work environments	Comp
I-1 Recognizes commonly occurring conditions that are unsafe or hazardous in community and work environments. D PTA would not be responsible for recognizing safety in any environment in which he/she do not have knowledge of the risk factors.	
Observation of patient response to nonroutine occurrences	All
Review of daily activities logs	All
Review of reports provided by the patient, family, significant other, caregiver, and others	All
Cranial Nerve Integrity	

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Identify response to auditory stimuli	Comp
I-1 Recognizes a startle response in a patient. I-2 Identifies that a patient's response improves with the lowered vocal pitch of instructor. D PTA would not identify response to an auditory stimuli with a patient with Bell's palsy with visual disturbances.	
Recognize response to visual stimuli	Comp
I-1 Prior to using a color schema for instruction, identifies patient's ability to differentiate colors. I-2 Acknowledges the possibility of visual field deficits in a patient with CVA. D PTA would not identify responses to a visual stimuli with a patient with late-stage Parkinson's disease.	
Environmental, Home, and Work (Job/School/Play) Barriers	
Administration of questionnaires and conducting interviews	Comp
I-1 Administers a structured questionnaire. I-2 Conducts routine open-ended interviews. D PTA would not conduct open-ended interviews if ongoing modification of the interview was required based on the patient's response.	
Recognition of present and potential barriers and possible modifications	Comp
I-1 Recognizes common and frequently occurring modification in the environment, home, and work. D PTA would not be able to identify barriers and modifications in complex environments with multiple barriers (eg, factories).	
Measurement of physical space	All
Physical inspection of the environment	All
Ergonomic and Body Mechanics	
Ergonomic:	
Measurement of height, weight, length, and girth	All
Gait, Locomotion, and Balance	
Administration of balance and gait analysis instruments	Comp
I-1 Assists PT by recording patient response to the administration of balance and gait analysis instruments. I-2 Assists PT in the preparation and operation of balance and gait analysis instruments. D PTA would not administer balance and gait analysis instruments with patients with acute problems or conditions such as Parkinson's disease or multiple sclerosis (MS).	
Administration of functional gait/locomotion tools/profiles	Comp

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I-1 Assists PT by recording patient response to the administration of functional gait/locomotion tools/profiles. I-2 Assists PT in the preparation and operation of functional gait/locomotion tools/profiles. D PTA would not administer functional gait/locomotion tools/profiles with patients with acute problems or conditions such as Parkinson's disease or MS.	
Recognize the effects of various terrains, differing environments (including water), on patient's gait, locomotion, and balance	Comp
I-1 Observes patient's gait, locomotion, and balance on various terrains, in differing environments (including water). I-2 Describes effects of various terrains, in differing environments (including water), on patient's gait, locomotion, and balance. D PTA would not be able to identify reasons for and differentiate why the patient's locomotion, gait, and balance in differing environments are problematic.	
Demonstrate wheelchair management and mobility	Comp
I-1 Assists the PT in providing instruction on wheelchair management and mobility. D PTA would not independently perform wheelchair management and mobility with specialized patient populations (eg, patient with SCI or patient with class 3-4 RA).	
Recognize autonomic responses of pupillary reactions, alertness, heart rate, blood pressure, respiratory rate, nausea, and diaphoresis to positional changes	All
Describe the safety of patients while engaged in gait, locomotion, balance, wheelchair management, and mobility	All
Identification of normal and abnormal gait characteristics	Comp
I-1 Describes normal gait patterns. I-2 Describes common gait abnormalities. D PTA would not identify gait deviations in patients with complex neurological disabilities (eg, spastic athetoid cerebral palsy.	
Identification of normal and abnormal characteristic of static and dynamic balance	Comp
I-1 Describes normal characteristics of static and dynamic balance. I-2 Describes abnormal characteristics of static and dynamic balance. D PTA would not report the normal and abnormal balance characteristics in patients with complex neurological diseases (eg, Guillain-Barré or cerebellar dysfunction).	
Integumentary Integrity	
Integumentary Integrity for Skin:	
Observation for absence or presence of hair growth	All

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Recognition of activities, positioning, and postures that aggravate or relieve pain or other disturbed sensations	Comp
I-1 Observes patient's postures and identifies those that aggravate or relieve pain or other disturbed sensations. I-2 Positions uncomplicated, stable patients to help relieve pain or other disturbed sensations. D PTA would not be responsible for positioning patients with altered cognition, multiple diagnoses, or complex medical conditions (eg, Schizophrenia).	
Recognition of activities, positioning, postures, and assistive and adaptive devices that can produce associated skin trauma	Comp
I-1 Identifies pressure areas caused by assistive devices (eg, ankle-foot orthosis [AFO], upper- extremity hand splints). I-2 Identifies pressure areas caused by poor positioning and infrequent position changes. D PTA would not be responsible for identifying the source of skin trauma in patients with altered cognition, multiple diagnoses, or complex medical conditions.	
Observation of continuity of skin color (eg, redness in lightly pigmented skin, violescence in darkly pigmented skin)	All
Observation of nail beds	All
Measurement of sensation (eg, pain, temperature, tactile)	Comp
I-1 Performs gross sensory tests to identify whether sensation is intact or impaired. I-2 Administers a pain scale. D PTA would not be responsible for measuring sensation in patients with Muscular Dystrophy or Spinal Bifida.	
Comparison of skin temperature or opposite extremity by palpation	All
Identification of tissue mobility, turgor, and texture	Comp
I-1 Palpates and identifies normal tissue mobility, turgor, and texture. I-2 Palpates and identifies presence of abnormal areas of skin texture. D PTA would not be responsible for the determination of tissue mobility, turgor, and texture in patients with complex connective tissue disorders (eg, scleroderma).	
Integumentary Integrity for the Wound:	
Observation for blistering	All
Identification for burn	Comp
I-1 Measures the dimensions of the burn area. I-2 Reviews patient documentation regarding the mechanism for injury. D PTA would not be responsible for determination of extent or severity of the burn.	

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Observation for dermatitis (eg, rash, fungus)	All
Observation for ecchymosis	All
Observation for presence of hair and nail growth	All
Observation for signs of infection	All
Recognition of activities, positioning, and postures that aggravate the wound/scar or can produce additional trauma	Comp
I-1 Observes and identifies activities, positions, and postures that aggravate the wound/scar. I-2 Observes and identifies additional trauma that has resulted from activities, positioning, and postures and reports back to the PT. D PTA would not be responsible for recognizing activities, positions, and postures that aggravate the wound/scar in patients with altered cognition, multiple diagnoses, or complex medical conditions.	
Observation of bleeding	All
Observe exposed anatomical structures	Comp
I-1 Describes the visibility of exposed structures. I-2 Identifies the location and characteristics of an involved area. D PTA would not be able to distinguish between some exposed anatomical structures (eg, bone, ligament, cartilage).	
Observation of pigment (color)	Comp
I-1 Identifies differences in pigment appearance. I-2 Identifies changes in pigment appearance. D PTA would not be able to make clinical decisions based on their observation of pigment (color).	
Measurement of sensation (eg, pain, temperature, tactile)	Comp
I-1 Performs gross sensory tests and identifies whether sensation is intact or impaired. I-2 Administers pain scales. D PTA would not be responsible for measuring sensation in patients with altered cognition, multiple diagnoses, or complex medical conditions.	
Observation of scar tissue (cicatrix) including banding, pliability, sensation, and texture	Comp
I-1 Measures sensation of scarred area. I-2 Palpates the pliability and texture of the scarred area. D PTA would not be responsible for observing scar tissue in patients with altered cognition, multiple diagnoses, or complex medical conditions.	
Observation of wound contraction, drainage, location, odor, shape, size, and depth	Comp

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I-1 Measures wound dimensions. I-2 Describes wound odor. D PTA would not be responsible for measuring or describing complex wounds, which includes tunneling and undermining.	
Motor Function	
Describe head, trunk, and limb movement	Comp
I-1 Recognizes when a patient with a frozen shoulder uses scapular substitution as a compensatory strategy to elevate the arm. I-2 Recognizes when a patient with a spinal cord injury uses tenodesis to improve hand function. D PTA would not be able to differentiate motion loss in a patient with a frozen shoulder and structural kyphosis secondary to advanced osteoporosis.	
Identification of stereotypic movements	Comp
I-1 Identifies synergistic movements of patients. I-2 Identifies associated movements of patients. D PTA would not be able to identify stereoptypic movements in a child with severe and multiple handicaps.	
Recognize autonomic responses of pupillary reactions, alertness, heart rate, blood pressure, respiratory rate, nausea, and diaphoresis to positional changes	All
Identification of postural, equilibrium, and righting reactions	Comp
I-1 Recognizes that a patient fails to maintain an adequate base of support during perturbation. I-2 Recognizes the absence of protective extension of the upper extremity following rapid displacement of the center of gravity. D PTA would not identify postural, equilibrium, and righting reactions in a patient with an acoustic neuroma.	
Muscle Performance (Including Strength, Power, and Endurance)	
Measurement of functional muscle strength, power, and endurance	Comp
I-1 Measures functional muscle strength and endurance. I-2 Reports data collected from tests of functional muscle strength and endurance. D PTA would not select tests of functional muscle strength, power, and endurance to be measured.	
Measurement of muscle strength, power, and endurance by manual testing or dynamometry	Comp
I-1 Measures muscle strength by manual muscle testing. I-2 Performs hand-held dynamometer tests and measures to determine grip strength. D PTA would not interpret the results of muscle strength, power, and endurance tests.	
Identification of muscle tone and mass	Comp

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I-1 Observes the presence or absence of muscle mass. I-2 Identifies hypotonicity or hypertonicity by palpation. D PTA would not be responsible for identification of muscle tone in patients with complex neuromuscular disorders (eg, MS, Guillain-Barré, traumatic brain injury).	
Recognition of pain and soreness	Comp
I-1 Administers a pain scale. I-2 Recognizes body movement variances associated with pain and soreness. D PTA would not be responsible for recognizing pain and soreness in patients with cognitive deficits and inappropriate illness behavior.	
Neuromotor Development and Sensory Integration	
Recognition of equilibrium and righting reactions	Comp
I-1 Recognition of the attainment of developmentally appropriate postural righting and equilibrium reactions. I-2 Recognizes a lack of righting and equilibrium reactions. D PTA would not recognize equilibrium and righting reactions in patients with CP with fluctuating tone.	
Recognition of gross and fine motor skills	Comp
I-1 Recognition of gross motor milestones. I-2 Recognition of the fine motor milestones. D PTA would not recognize presence or absence of motor milestones in patients with CP and fluctuating tone.	
Orthotic, Protective, and Supportive Devices	
Recognition of changes in skin condition after use of an orthotic device	Comp
I-1 Identifies changes in patient's skin condition after using an orthotic device and reports back to the PT. D PTA would not be able to differentiate changes in skin condition where tissue elasticity is impaired (eg, scar tissue, burns).	
Describe components of an orthotic device	Comp
D PTA would not be able to describe components of a complex orthotic device or devices developed through new technology.	
Recognize safety of patient while using a device	Comp
I-1 Describes normal characteristics of functional activities with a device. I-2 Recognizes changes in safe utilization of a device. D PTA would not recognize safety of patients using complex or upper-extremity orthotic devices developed for feeding.	

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Identification of the ability of the individual to put on, remove, and care for a orthotic device	All
Review of reports provided by the patient, family, significant other, caregiver, and others	All
Pain	
Recognize pain behavior and reaction during specific movements	Y
Recognize muscle soreness during specific movements	Comp
I-1 Describes elements of muscle soreness during specific movements. I-2 Records and reports any changes in muscle soreness. D PTA would not differentiate between muscular, capsular, and skeletal soreness.	
Describe pain and soreness with joint movement	Comp
I-1 Recognizes pain and soreness with joint movement. I-2 Recognizes changes in pain and soreness with joint movement. D PTA would not recognize changes in pain and soreness with joint movement in patients demonstrating impaired cognitive function.	
Describe pain perception (eg, phantom pain)	Comp
I-1 Records the presence or absence of pain (eg, phantom pain). I-2 Records the verbal description of the patient's pain perception (eg, phantom pain). D PTA would not describe pain perception with patients demonstrating an impaired ability to report pain perception (eg, mental disability, emotional lability).	
Administer questionnaires, graphs, behavioral scales, or visual analog scales for pain	Comp
I-1 Recognizes established questionnaires, graphs, behavioral scales, or visual analog scales for pain. I-2 Assists the PT in the collection of data regarding pain using established pain scales. D PTA would not administer symptom magnification scales for measurement of pain or where a patient's response determines the next question to be asked.	
Peripheral Joint Integrity and Mobility	
Describe normal and abnormal movement of the peripheral joint or extremity during the performance of specific movement tasks	Comp
I-1 Describes normal movement of a peripheral joint or extremity during specific movement tasks. I-2 Describes common abnormal movement of a peripheral joint or extremity during specific movement tasks for a patient. D PTA would not describe peripheral joint or extremity movement in patients with multiple joint involvement.	
Identify peripheral joint hypomobility and hypermobility	Comp

ENTRY-LEVEL Data Collection Skill I= Sample Indicators of Skill That Entry-level PTA Performs Independently D= Sample Disallowing Condition That Precludes Entry-level PTA From Performing the Skill All= Entry-level PTA can Perform **ALL** Components of the Skill Comp= Entry-level PTA can Perform **COMPONENT** of the Skill	Perform Skill?
I-1 Identifies characteristics of patients with peripheral joint hypomobility. I-2 Identifies characteristics of patients with peripheral joint hypermobility. D PTA would not describe peripheral joint hypomobility or hypermobility in patients with multiple joint involvement.	
Recognize pain and soreness	Comp
I-1 Describes elements of pain to include verbal and nonverbal patient response and reporting. I-2 Describes elements of muscular soreness to include verbal and nonverbal patient response and reporting. D PTA would not differentiate between muscular, capsular, and skeletal soreness.	
Identifies soft tissue restrictions	Comp
I-1 Identifies soft tissue restrictions in patients utilizing active and passive motion. D PTA would not identify soft tissue restrictions in patients with connective tissue diseases, articular soft tissue restrictions, or acute total knee replacement with adhesions.	
Posture	
Describe resting posture in any position	All
Prosthetic Requirements	
Describe components of a prosthetic device	All
Recognize safety of patient while using a prosthetic device	All
Identification of changes in skin condition	Comp
I-1 Recognizes changes in patient's normal skin markings due to prosthetic use and reports to the PT for examination, re-examination, interpretation, and intervention. D PTA would not be able to differentiate in skin markings from prosthetic use when scarred and burned tissues are involved.	
Identification of the ability of the individual to put on, remove, and care for a prosthetic device	Comp
I-1 Instructs the patient on how to put on, remove, and care for the prosthetic device. I-2 Recognizes patient's ability to understand instructions. D PTA would not be able to instruct patients on how to put on, remove, and care for upper extremity prosthetic devices in patients with complicated pathologies (eg, patient with CVA with lower-extremity prosthesis.)	
Measurement of residual limb and/or adjacent segment for range of motion and strength	Comp

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I-1 Takes range of motion and strength measurements using standardized tests and measures. I-2 Collects and records data as measured by standardized tests and measures. D PTA would not measure residual limb and/or adjacent segment for range of motion and strength in patients with significant skin fragility (eg, connective tissue disability).	
Review of reports provided by the patient, family, significant other, caregiver, and others	All
Range of Motion (Including Muscle Length)	
Measurement of functional range of motion	All
Measurement of range of motion using a goniometer, tape measure, flexible ruler, inclinometer	All
Observation of muscle, joint, or soft tissue characteristics	Comp
I-1 Observes and palpates superficial structures. I-2 Classifies the type of deviation (eg, tight, lax, crepitus). D PTA would not be expected to recognize nonsuperficial restrictions or causes of range limitations.	
Self-Care and Home-Management (Including Activities of Daily Living Training and Instrumental Activities of Daily Living Training)	
Administration of standard questionnaires with the patient and others	All
Administration of scales or indices as provided by the PT of basic activities of daily living or basic instrumental activities of daily living	All
Observation of adaptive skills	Comp
I-1 Observes the patient's use of basic adaptive skills in self-care. I-2 Reports the patient's use of basic adaptive skills in home-management. D PTA would not be able to report patient's higher level adaptive skills in home management.	
Observation of self-care and home-management activities	Comp
I-1 Observes the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). I-2 Reports the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). D PTA would not be able to report self-care and home-management activity performance levels in complex patients (eg, patients with significant cognitive impairment, coordination difficulties).	
Observation of self-care and home-management activities using assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment	Comp

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I-1 Observes the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). I-2 Reports the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). D PTA would not report self-care and home-management performance levels in complex patients (eg, patients with paraplegia requiring self-catheterization).	
Observation of self-care in unfamiliar environments	Comp
I-1 Observes the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). I-2 Reports the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). D PTA would not be able to report patient's self-care with complicated tests in unfamiliar environments (eg, patient with quadriplegia at the movies).	
Observation of environment and work tasks	Comp
I-1 Observes the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). I-2 Reports the patient's basic performance level (eg, can perform, cannot perform, can perform with assistance). D PTA would not be able to report patient's performance in completing complicated work tasks (eg, computer programmer).	
Recognition of ability to transfer	All
Recognition of autonomic responses of pupillary reactions, alertness, heart rate, blood pressure, respiratory rate, nausea, and diaphoresis to positional changes	Comp
I-1 Measures the following physiological indicators: blood pressure, heart rate, respiratory rate. I-2 Recognizes and appropriately responds to autonomic responses to positional changes. D PTA would not be responsible for data collection activities for patients who are physiologically unstable and have known abnormal autonomic response to positional changes.	
Recognition of physiologic responses during self-care and home-management activities	Comp
I-1 Takes vital signs (eg, blood pressure, heart rate, respiratory rate) during community work and leisure activities. I-2 Recognizes factors effecting physiologic responses during community work and leisure activities. D PTA would not be responsible for data collection activities for patients who are physiological unstable.	
Review of daily activities logs	All
Review of reports provided by the patient, family, significant other, caregiver, and others	All
Sensory Integrity	

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Determination of gross receptive (eg, vision, hearing) or expressive (eg, verbalization) abilities	Comp
Auditory stimuli I-1 Recognizes a startle response in a patient. I-2 Identifies that a patient's response improves with the lowered vocal pitch of instructor. D PTA would not identify response to an auditory stimuli with a patient with late-stage Parkinson's disease. *Visual stimuli* I-1 Prior to using a color schema for instruction, identifies patient's ability to differentiate colors. I-2 Acknowledges the possibility of visual field deficits in a patient with CVA. D PTA would not identify responses to a visual stimuli with a patient with late-stage Parkinson's disease.	
Determination of superficial sensations (eg, sharp/dull discrimination, temperature, light touch, pressure)	Comp
I-1 Determines patient's ability to perceive temperature prior to the application of a local heat intervention. I-2 Identifies a change in the presence or absence of light touch in a patient with a surgical scar. D PTA would not determine superficial sensations in patients with incomplete spinal cord injuries.	
Ventilation, Respiration (Gas Exchange), and Circulation	
Measurement of edema through volumetrics and girths	Comp
I-1 Accurately measures extremity circumference. I-2 Performs and records measures of volume displacement. D PTA would not measure edema in patients requiring full-body volumetrics.	
Recognition of cyanosis	All
Recognition of activities that aggravate or relieve edema, pain, dyspnea, or other symptoms	All
Observation of cardiopulmonary response to performance of activities of daily living and instrumental activities of daily living	Comp
I-1 Differentiates normal from abnormal responses. I-2 Recognizes and responds to signs of distress during activities of daily living and instrumental activities of daily living (eg, dyspnea, sweating, level of alertness, angina) D PTA would not recognize abnormal responses through telemetry.	
Observation of chest wall mobility, expansion, and excursion	All
Observation of cough and sputum	All
Measurement of standard vital signs (blood pressure, heart rate, and respiratory rate) at rest and during and after activity	All
Palpation of pulses	All

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Performance of pulse oximetry	All

APPENDIX C

Entry-Level Technical Skills [1]

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Therapeutic Exercise (Including Aerobic Conditioning)	
Aerobic endurance activities, using ergometers, treadmills, steppers, pulleys, weights, hydraulics, elastic resistance bands, and mechanical or electromechanical devices	Comp
I-1 Instructs patient in proper exercise technique and safety. I-2 Monitors patient during the exercise program. D PTA would not provide aerobic endurance activities for patients with altered cognition, multiple diagnoses, and complex medical conditions.	
Aquatic exercises	Comp
I-1 Monitors patient safety during exercise program. I-2 Instructs in aquatic ambulation and exercise. D PTA would not provide aquatic exercises for patients with altered cognition, multiple diagnoses, complex medical conditions, and seizure disorders.	
Balance and coordination training	All
Body mechanics	All
Breathing exercises	All
Breathing strategies (eg, paced breathing, pursed lip breathing)	Comp
I-1 Instructs patients in paced breathing during ambulation activities. I-2 Instructs patients in pursed lip breathing. D PTA would not instruct breathing patients with unstable respiratory conditions in breathing strategies.	
Conditioning and reconditioning	All
Developmental activities training	Comp
I-1 Instructs patients in rolling activities. I-2 Instructs patient in supine to sit activities. D PTA would not perform developmental training activities with patients with pediatric oncology (eg, osteogenic sarcoma).	
Gait and elevation training	All
Mobility training on even and uneven terrains in various physical environments	All

[1] Entry-level Technical Skills taken from *A Normative Model of Physical Therapist Assistant Education, First Revision*, January 1998. American Physical Therapy Association, Alexandria, Va.

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Motor training or retraining	Comp
I-1 Instructs patient in fine motor skills. I-2 Instructs patient in gross motor skills. D PTA would not perform sports specific motor training activities with a patient who is s/p anterior cruciate ligament (ACL) reconstruction and returning to sports.	
Neuromuscular re-education	Comp
I-1 Utilizes activities to strengthen muscles in neuromuscular re-education (eg, PNF patterns). I-2 Utilizes exercise equipment for trunk stabilization activities (eg, Swiss gymnastic ball). D PTA would not use neuromuscular re-education techniques in patients with additional complicating factors (eg, orthopedic complications, behavioral problems, cognitive impairments, acute medical complications).	
Neuromuscular relaxation, inhibition, and facilitation	Comp
I-1 Uses exercises appropriate for neuromuscular facilitation (eg, PNF patterns). I-2 Utilizes modalities (cold, vibration) to facilitate motor function. D PTA would not select and sequence neuromuscular relaxation, inhibition, and facilitation techniques.	
Perceptual training	Comp
I-1 Provides visual stimuli, on the involved side, to patients with hemiplegia and visual field deficits. I-2 Incorporates strategies during interventions that allows the patient to compensate for his/her visual field deficit. D PTA would not perform perceptual training with patients who exhibit impulsive, irrational, or agitated behaviors.	
Posture awareness training	Comp
I-1 Instructs patient in proper postural exercise. I-2 Instructs patients in scoliosis exercises. D PTA would not perform postural awareness training in patients with acute lumbosacral dysfunction.	
Sensory training or retraining	Comp
I-1 Instructs patient in desensitization exercises. I-2 Utilizes modalities to promote sensory retraining. D PTA would not perform sensory training patients with diabetes and reflex sympathetic dystrophy.	
Strengthening: active	All
Strengthening: active assistive	All
Strengthening: resistive, using manual resistance, pulleys, weights, hydraulics, elastic resistance bands, and mechanical or electromechanical devices	All
Stretching	All

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Structured play or leisure	Comp
I-1 Ensures patient safety during structured play. I-2 Facilitates sitting balance during structured play. D PTA would not carry out structured play with a child exhibiting tactile defensive behaviors.	
Functional Training in Self-Care and Home-Management (Including Activities of Daily Living Training and Instrumental Activities of Daily Living Training)	
Activities of daily living training (eg, bed mobility, transfer training, gait training, locomotion, developmental activity, dressing, bathing, eating, and toileting)	All
Assistive and adaptive devices and equipment training	Comp
I-1 Correctly and safely utilizes and adjusts assistive and adaptive devices. I-2 Instructs patient in the correct and safe use of equipment. D PTA would not instruct patients who have complex or multiple assistive or adaptive devices in the correct use of equipment (eg, patient with CVA and upper-extremity prothesis).	
Body mechanics training	All
Organized functional training programs (eg, back schools, simulated environments and tasks)	Comp
I-1 Assists PT by applying knowledge of normal movement during specific movement tasks when observing patients performing simulated environments and tasks. D PTA would not assist in applying knowledge of normal movement during complex movement tasks when observing patients performing simulated environments and tasks.	
Orthotic, protective, or supportive devices training	Comp
I-1 Applies orthotic, protective, or supportive devices correctly and safely. I-2 Instructs the patient in the use of orthotic, protective, and supportive devices. D PTA would not instruct the patient in the use of orthotic, protective, or supportive devices if the patient had global aphasia.	
Prosthetic training	Comp
I-1 Dons and doffs the prosthesis correctly and safely. I-2 Instructs the patient in the use of the prosthesis and prosthetic apparel. D PTA would not engage in prosthetic training if scar or burn tissue is involved.	

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Functional Training in Community or work (Job/School/Play) Integration/Reintegration (Including Instrumental Activities of Daily Living Training, Work Hardening, and Work Conditioning)	
Assistive and adaptive devices and equipment training	Comp
I-1 Provides gait training with a patient with an assistive device in a community setting. I-2 Instructs a patient who uses a wheelchair to negotiate a school setting. D PTA would not instruct a child in a wheelchair to participate in a team sport.	
Body mechanics training	Comp
I-1 Instructs a patient in the clinic to utilize proper body mechanics while performing repetitive lifting tasks. I-2 Instructs family members to utilize proper body mechanics while transferring a patient into and out of a car. D PTA would not provide functional training within a work setting.	
Conditioning or reconditioning	Comp
I-1 Monitors a patient in a prescribed aerobic conditioning program utilizing a treadmill. I-2 Manages a general conditioning program for a patient in an assisted living environment. D PTA would not provide conditioning for a wheelchair sports team.	
Dexterity and coordination training	Comp
I-1 Provides agility training for a patient s/p anterior cruciate ligament (ACL) repair using an agility ladder. I-2 Provides balance training in the clinic for a roofer in preparation for return to work. D PTA would not provide sports specific training for an athlete.	
Injury prevention or reduction	Comp
I-1 Instructs an environmental services worker how to safely use an industrial vacuum. I-2 Instructs another health care provider to prevent on-the-job back injuries. D PTA would not instruct a patient with arthritis in joint protection techniques for gardening.	
Instrumental activities of daily living (eg, shopping, cooking, home chores, heavy household chores, structured play for infants/children, negotiating school environments)	Comp
I-1 Instructs a patient with a gait disability to push a shopping cart in the clinical setting. I-2 Instructs the patient s/p carpal tunnel releases to practice keyboard skills in the clinical setting. D PTA would not instruct a patient s/p cerebrovascular accident (CVA) to use one-handed techniques to bathe a child.	
Organized functional training programs (eg, back schools, simulated environments and tasks)	Comp

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I-1 Instructs patients, in a group setting in basic wheelchair management skills within a clinical environment. I-2 Provides one station of a station-based back school in the clinical setting. D PTA would not provide the entire back school in a work environment.	
Orthotic, protective, or supportive devices training	Comp
I-1 Instructs a patient with a locked knee-ankle-foot orthosis (KAFO) to negotiate a variety of outdoor terrains. I-2 Instructs a patient with low back pain in the appropriate way to position a lumbar support cushion in their car. D PTA would not instruct a patient with a locked KAFO to climb a ladder.	
Posture awareness training	Comp
I-1 Instructs a professional driver in appropriate sitting posture. I-2 Instructs a computer operator's correction of forward head and neutral spine. D PTA would not instruct a beautician to incorporate proper posture on the job.	
Prosthetic training	Comp
I-1 Instructs a patient with a below-the-knee (BK) prosthesis to negotiate a variety of outdoor terrains. I-2 Instructs a patient with an above-the-knee (AK) prosthesis to climb a simulated bus step. D PTA would not instruct a patient with a BK prosthesis to return to sports.	
Manual Therapy Techniques	
Connective and soft tissue	Comp
I-1 Mobilizes connective and soft tissue through deep friction massage and tapotement safely and correctly. I-2 Discusses physiological benefits and recognizes adverse response to connective and soft tissue massage techniques. D PTA would not perform connective and soft tissue massage on patients who demonstrate a decreased ability to communicate pain.	
Passive range of motion	All
Therapeutic massage	All
Recommendation and Application of Devices and Equipment	
Adaptive devices (eg, raised toilet seats, seating systems, environmental controls and other devices)	Comp
I-1 Makes suggestions about wheelchair cushions. I-2 Suggests adaptive devices (eg, grab bars, raised toilet seats, shower chairs) to facilitate activities of daily living. D PTA would not recommend seating systems or environmental controls.	

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Assistive devices (eg, crutches, canes, walkers, wheelchairs, power devices, long handled reachers, static and dynamic splints)	Comp
I-1 Suggests the use of crutches, canes, and walkers and instructs the patient in their use. I-2 Progresses the patient using assistive devices within the plan of care. D PTA would not recommend power devices and dynamic splints.	
Orthotic devices (eg, splints, braces, shoe inserts, casts)	Comp
I-1 Suggests and applies a static splint to prevent loss of range of motion (ROM). I-2 Applies orthotic devices. D PTA would not recommend or apply casts.	
Prosthetic devices for lower extremities	Comp
I-1 Applies lower-extremity prosthetic devices. I-2 Selects appropriate number ply that the patient wears for best prosthetic fit. D PTA would not make recommendations about prosthetic devices.	
Protective devices (eg, braces, protective taping, cushions, helmets)	Comp
I-1 Applies braces, cushions, helmets, and prefabricated devices. I-2 Suggests protective helmets. D PTA would not recommend or apply protective taping or protective devices other than helmets.	
Supportive devices (eg, supportive taping, compression garments, corsets, slings, neck collars, serial casts, elastic wraps, oxygen)	Comp
I-1 Applies selective supportive devices. I-2 Suggests the use of protective helmets. D PTA would not recommend supportive devices and cannot apply supportive taping or serial casting.	
Airway Clearance Techniques	
Assistive cough techniques (which includes huffing, maximal inspiratory hold, and coughing)	All
Breathing strategies (eg, maximum inspiratory hold, staircase breathing, manual hyperinflation) including techniques to maximize ventilation (eg, paced breathing, pursed lip breathing, enforced expiratory techniques and active cycles of breathing)	All
Chest percussion, vibration, shaking, and coughing (autogenic drainage)	All
Postural drainage and positioning	All
Wound Management	
Assistive and adaptive devices	Comp

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I-1 Suggests assistive and adaptive devices to protect the wound and promote healing (such as ambulatory aid to decrease weight bearing, trapeze bar for pressure relief). I-2 Applies assistive and adaptive devices to protect the wound and promote healing (such as ambulatory aid to decrease weight bearing, trapeze bar for pressure relief). D PTA would not be expected to have knowledge of complex adaptive devices (eg, Clinitron).	
Debridement–nonselective: enzymes	Comp
I-1 Applies and removes the selective dressings or agents. I-2 Identifies precautions for dressing removal. 1-3 Identifies viable versus nonviable tissue. D PTA would not select the debridement agent or technique.	
Debridement–nonselective: wet dressings	Comp
I-1 Applies and removes the selective dressings or agents. I-2 Identifies precautions for dressing removal. D PTA would not select the debridement agent or technique.	
Debridement–nonselective: wet-to-dry dressings	Comp
I-1 Applies and removes the selective dressings or agents. I-2 Identifies precautions for dressing removal. D PTA would not select the debridement agent or technique.	
Debridement–nonselective: wet-to-moist dressings	Comp
I-1 Applies and removes the selective dressings or agents. I-2 Identifies precautions for dressing removal. D PTA would not select the debridement agent or technique.	
Debridement–selective: debridement with other agents (eg, autolysis)	Comp
I-1 Applies and removes the selective dressings or agents. I-2 Identifies precautions for dressing removal. D PTA would not select the debridement agent or technique.	
Debridement–selective: enzymatic debridement	Comp
I-1 Applies and removes the selective dressings or agents. I-2 Identifies precautions for dressing removal. D PTA would not select the debridement agent or technique.	
Dressings (eg, wound coverings, hydrogels)	Comp
I-1 Applies and removes dressings. I-2 Identifies precautions for dressing removal. D PTA would not select dressings.	
Orthotic, protective, and supportive devices	Comp

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I-1 Suggests assistive and adaptive devices to protect the wound and promote healing, and facilitate activities of daily living. I-2 Applies assistive and adaptive devices to protect the wound and promote healing, and facilitate activities of daily living. D PTA would not recommend or apply complex orthotic devices.	
Topical agents (eg, ointments, moisturizers, creams, cleansers, sealants)	All
Electrotherapeutic Modalities	
Biofeedback	Comp
I-1 Applies biofeedback safely and correctly. I-2 Instructs patient in the use of biofeedback within specific parameters. D PTA would not select or adjust parameters for the use of biofeedback outside the plan of care.	
Electrical muscle stimulation	Comp
I-1 Applies electrical muscle stimulation safely and correctly. I-2 Instructs patient in the use of electrical muscle stimulation within specific parameters. D PTA would not select or adjust parameters for the use of electrical muscle stimulation outside the plan of care.	
Functional electrical stimulation (FES)	Comp
I-1 Applies FES safely and correctly. I-2 Instructs patient in the use of FES within specified parameters. D PTA would not select or adjust parameters for the use of FES outside the plan of care.	
Iontophoresis	Comp
I-1 Properly positions and drapes the patient. I-2 Assists the PT in the application of iontophoresis. D PTA would not determine the location for the application of iontophoresis.	
Physical Agents and Mechanical Modalities	
Athermal modalities (eg, pulsed ultrasound, pulsed electromagnetic fields)	All
Cryotherapy modalities (eg, cold packs, ice massage, vapocoolant spray)	All
Deep thermal modalities (eg, ultrasound, phonophoresis)	All
Hydrotherapy (eg, aquatic therapy, whirlpool, tanks, contrast baths, pulsatile lavage)	All
Phototherapies (eg, ultraviolet)	All
Superficial thermal modalities (eg, heat, paraffin baths, hot packs, fluidotherapy)	All
Compression therapies (eg, vasopneumatic compression devices, compression bandaging, compression garments, taping)	All

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Continuous passive motion (CPM)	All
Mechanical percussors	All
Tilt table or standing table	All
Traction (sustained, intermittent, or positional)	All

APPENDIX D

This table provides the physical therapist assistant academic program with a mechanism to relate the performance criteria from the *Clinical Performance Instrument* with the *Evaluative Criteria for the Accreditation of Education Programs for the Preparation of Physical Therapist Assistants.*

Evaluative Criteria for Accreditation of Physical Therapist Assistant Programs	**Clinical Performance Instrument Performance Criteria (PC)**
Curriculum Content in Patient Care	
The students work under the supervision of a physical therapist in an ethical, legal, safe, and effective manner. (3.2.2.1.)	• **Safety** (PC #1) • **Ethical Practice** (PC #4) • **Legal Practice** (PC #5)
• **the rationale and effectiveness of physical therapy treatment procedures** (3.2.2.1.1.)	• **Clinical Problem Solving and Judgments** (PC #9)
• **the Standards of Practice for Physical Therapy, the Standards for Ethical Conduct for the Physical therapist Assistant, and the Guide for Conduct of the Affiliate Member** (3.2.2.1.2.)	• **Ethical Practice** (PC #4)
• **applicable state and federal laws** (3.2.2.1.3.)	• **Legal Practice** (PC #5)
• **ethical principles** (3.2.2.1.4.)	• **Ethical Practice** (PC #4)
• **the scope of their abilities in the delivery of care** (3.2.2.1.5.)	• **Support Personnel** (PC #18)
The students implement a comprehensive treatment plan developed by a physical therapist, which may include but is not limited to use of application of: (3.2.2.2.)	• **Patient Interventions** (PC #12)
• **list of 21 interventions** (3.2.2.2.1-3.2.2.2.21)	• **Patient Interventions** (PC #12), **Appendix C—Entry-Level Technical Skills**

Evaluative Criteria for Accreditation of Physical Therapist Assistant Programs	Clinical Performance Instrument Performance Criteria (PC)
The students communicate on a timely basis with the supervising physical therapists about the patient's status. The students are prepared to be integral members of the health care team and to participate in the health care delivery system. As such, they convey their knowledge and skills through patient care and education. (3.2.2.3.)	• **Communication** (PC #6) • **Clinical Problem Solving and Judgments** (PC #9) • **Plan of Care** (PC #11) • **Patient Interventions** (PC #12) • **Quality of Service Delivery** (PC #14)
The students perform appropriate assessment and measurement techniques to assist the supervising physical therapist in monitoring and modifying the plan of care within the knowledge and limits of practice. These techniques identify the patient's status with respect to such things as: (3.2.2.4.) • **list of 12 tests and measures** (3.2.2.4.1. - 3.2.2.4.12.)	• **Data Collection** (PC #10) • **Plan of Care** (PC #11) • **Data Collection** (PC #10) **Appendix B—Entry-Level Data Collection Skills**
The students interact with patients and families in a manner that provides the desired psychosocial support, including the recognition of cultural and socioeconomic differences. (3.2.2.5.)	• **Communication** (PC # 6) • **Individual/Cultural Differences** (PC #8) • **Education** (PC #13)
The students participate in the teaching of other health care providers,[g] patients, and families. (3.2.2.6.)	• **Education** (PC #13) • **Communication** (PC #6) • **Individual/Cultural Differences** (PC #8)
The students document relevant aspects of patient treatment. (3.2.2.7.)	• **Documentation** (PC #7)
The students participate in discharge planning and follow-up care. (3.2.2.8.)	• **Patient Services** (PC #15)
The students demonstrate effective written, oral, and nonverbal communication with patients and their families, colleagues, health care providers, and the public. (3.2.2.9.)	• **Communication** (PC #6) • **Education** (PC #13) • **Wellness & Health Promotion** (PC # 20)

Evaluative Criteria for Accreditation of Physical Therapist Assistant Programs	Clinical Performance Instrument Performance Criteria (PC)
Curriculum content in the Physical Therapy Delivery System (3.2.3.) **....Physical therapist assistant practitioners interact with health care professionals and effectively represent their roles and responsibilities. The students' performance reflects:** (3.2.3.)	
• **an understanding of levels of authority and responsibility; planning, time management, supervisory process, performance evaluations, and policies and procedures; fiscal consideration for physical therapy providers and consumers; and continuous quality improvement;** (3.2.3.1.)	• **Responsible Behavior** (PC # 2) • **Respectful Behavior** (PC #3) • **Ethical Practice** (PC #4) • **Legal Practice** (PC #5) • **Quality of Service Delivery** (PC #14) • **Resource Management** (PC #16) • **Fiscal Management** (PC #17) • **Support Personnel** (PC #18)
• **the practice of reading and interpreting professional literature;** (3.2.3.2.)	• **Clinical Problem Solving and Judgments** (PC #9)
• **participation in continued development of knowledge and skills.** (3.2.3.3.)	• **Career Development/Lifelong Learning** (PC #19);
Section 4: Performance of Program Graduates **4.1. Patient Care** **4.2. Physical Therapy Delivery System** **(Guidelines found in both of these sections parallel those previously described in Sections 3.2.2. Curriculum Content in Patient Care and 3.2.3. Curriculum Content in the Physical Therapy Delivery System.)**	**For parallel items on the CPI, see the information provided above related to Sections 3.2.2. and 3.2.3. of the Physical Therapist Assistant Evaluative Criteria.**

HISTORICAL PERSPECTIVE

PREAMBLE

The assessment system is intended to be available for widespread use and to achieve the goals of consistency, feasibility, and sensitivity to the needs of practice in our current health care delivery system. The assessment system accurately defines and advances what the profession believes represents entry-level practice. Adoption of this instrument is voluntary, however, the use of a uniform instrument may be preferred and/or strongly recommended to achieve consistency throughout the profession. Periodic reevaluation of the instrument is essential to remain valid and contemporary.

RATIONALE FOR DEVELOPING THE INSTRUMENT

To construct this instrument, multiple documents were used as reference points for describing current and forward-looking practice expectations of the physical therapist assistant. Documents reviewed included *A Normative Model of Physical Therapist Assistant Education (First Revision 1998), Guide to Physical Therapist Practice: Part One (1997), A Normative Model of Physical Therapist Professional Education (Version 1997), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants (July 1, 1994),* and numerous samples of performance evaluation instruments currently in use by clinical faculty within and external to physical therapy. A distinct effort was made to ensure that the language of the Physical Therapist Assistant CPI is consistent with the language of these resources.

The development process was aimed at achieving an instrument that will:

- protect society, assist judgment making, and facilitate skill development;
- be accepted and owned by a wide community of physical therapists and physical therapist assistants;
- be applicable to a broad range of practice settings and academic levels;
- meet standards of reliability and validity;
- be sensitive to the interests of both academic and clinical communities;
- assess essential areas of performance for physical therapist assistant students, including cognitive, psychomotor, and affective domains; and
- be responsive to changes in physical therapy practice expectations within a dynamic health care system.

An initiative such as this is considered essential because it serves the interests of society, academic and clinical communities, employers, and students. The development process creates a conversation within the physical therapy profession about current and future physical therapy practice and the relationship of physical therapist to physical therapist assistant in practice. The outgrowth of this work is intended to enhance the health and viability of clinical education by responding to an expressed need and to the changing needs and demands of clinical practice. Society and the profession benefit from endeavors that clarify standards, encourage high levels of performance, support consistency among a wide variety of educators, and communicate expectations for clinicians accurately to the public.

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the contributions of the more than 120 physical therapist and 90 physical therapist assistant academic programs, 1,300 clinical educators, and 1,300 physical therapist and physical therapist assistant students who willingly participated in the pilot and field studies and the more than 2,000 individuals, academic programs, and consortia that gave of their time and energy to provide comments and feedback on draft versions of the clinical performance instruments. We also wish to acknowledge staff from the APTA's Education Division for their diligence and tireless effort in support of the Task Force.

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TEACHING AND LEARNING

A resource for the clinical instructor

Marion Technical College– PTA Program

PURPOSE

- To provide additional resources and education to clinical instructors to support their role in augmenting the knowledge and practice skills of MTC students.

OBJECTIVES

- Recognize at least 3 characteristics of good teaching
- Describe the three "R's" of effective teaching
- Be able to develop a plan for a clinical learning schedule
- Gain understanding of instructional aids that can optimize the student learning experience
- Recall resource information/ contact numbers for assistance.

REMEMBER THAT MOST LEARNING IS THE RESPONSIBILITY OF THE LEARNER, NOT THE TEACHER

COURSE OUTLINE

- 1. Characteristics of good teaching
- 2. The 3 R's
- 3. Planning ahead
  - Clinical goals/objectives
  - Student learning styles/characteristics
- 4. Teaching techniques
  - Instructional aids
  - Grading
- 5. Getting help!

1. CHARACTERISTICS OF GOOD TEACHING

- First and foremost is knowledge of subject matter!
- Enjoying the opportunity to teach/give back to the profession
- Understanding the physical therapy culture/ environment
- Commanding refined teaching skills/ strategies

2. THE 3 R'S

- Repeat
- Respond
- Reinforce

3. PLANNING AHEAD

- Looking ahead can save you time and decrease stress!
- Take a look at length of clinical and how many hours/weeks the student will attending
- Review the documentation sent by the school
  - Level of the student (1st clinical?)
  - What parts of the curriculum has already been covered? I.e. what is the student expected to already know?
  - What are the goals of the school (and student if available ahead of time) for this clinical?
  - Are the goals realistic? I.e. if the student's goal is to observe surgery, but the clinical is at an outpatient clinic, this goal may not be appropriate

PLANNING AHEAD… CONTINUED

- Review objectives provided
- Map out the clinical week by week
  - Mark down deadlines – i.e. inservices, CPI midterm/final, surgery observation etc.
  - Block out time to meet/ review progress, etc. If possible, this item can substantially improve the experience for both the CI and the student
  - Review the CPI to gain a better awareness of what the expectations are for this rotation
- Consider writing your own objectives

WRITING OBJECTIVES

- Should you decide to write your own objectives here are some tips:
  - Don't write too many– 1 or 2 per week is realistic
  - Make them measurable
  - Make them concise
  - **Use** descriptors: *write, contrast, solve, compare, compose, describe, construct*
  - **Don't use** descriptors not easily measured: *understand, appreciate, enjoy, grasp, believe*
  - *Examples: The student will correctly provide an US/ES treatment without cueing. The student will recite the myotomes of the upper extremity.*

STUDENT LEARNING STYLES/CHARACTERISTICS

- Some common characteristics of students seen in the literature:
- Today's students tend to be more self-directed
- Many of the students today feel that they should get quality based on what they pay for educationally.
- PTA students in particular often have rich and diverse educational and/or life experiences.
- Students expect to be treated as adults
- Today's students are more focused on knowing the relevance of information learned

STUDENT LEARNING STYLES

- Students often have very different learning styles. Four identified styles are:

1. Imaginative learners- care about other students and the instructor. They enjoy feedback and involvement in group activities.

2. Dynamic learners– are all about self discovery. They enjoy change, flexibility, and often take risks. They are also very good with people.

3. Analytic learners– more interested in theory. They are not comfortable with subjectivity.

4. Common sense learners– tend to test theories. Problem solvers, and tend to be skill-oriented. Not often good in group/team situations.

4. TEACHING TECHNIQUES

- Determining what fits best between CI and student
- Visual vs written, experience vs. discussion, etc
- Teaching can be augmented with instructional aids

INSTRUCTIONAL AIDS

- Technology can be wonderful!
- Powerpoints, CEU course info
- images, educational websites, etc
- Video has a great deal of power in learning– consider youtube and other educational websites for clips of information
- Apps– several smartphone apps exist for quick reference in PT

GRADING

- Clinicals are graded as pass/fail
- However there are specific indicators on CPI that students must show progress in.
- CPI/course grading will be provided by the ACCE
- Any issues/concerns with a student's grade should be brought to the attention of the ACCE immediately so the problem-solving process can begin.

GETTING HELP!

- We are here to help you!
- Provide support, reference data, instructional aid sources, etc
- Chad Hensel, PT, DPT, MHS, CSCS– Director x 356
  - henselc@mtc.edu
- Maureen Pace, PTA, BBA– ACCE x 330
  - pacem@mtc.edu
- MTC: 740-389-4636

POLICY	**#140**
ADMINISTRATIVE CODE	**3357:10-1-40**
APPROVED	**June 15, 2004**
TITLE	**Non-Discrimination**

POLICY:

(A) Marion Technical College provides equal opportunities regardless of race, color, national origin, sex, disability, age, military status, or sexual orientation.

(B) This policy shall prevail in all College policies concerning employees and students.

PROCEDURE:

(A) The President shall appoint the College Compliance Coordinator(s).

(B) The Coordinator(s) shall be responsible for compliance with all civil rights legislation, including Title VI of the Civil Rights Act of 1964 (race, color, national origin), Title IX of the Education Amendment Act of 1972 (gender), Section 504 of the Rehabilitation Act of 1973 (disability), Age Discrimination Act of 1975 (age), as amended, 20, U.S.C., etc. Seq., which prohibits discrimination on the basis of age in educational programs receiving financial assistance, and the Americans with Disabilities Act (ADA).

(C) Inquiries and/or complaints concerning the application of this policy should be referred to the designated coordinator(s).

(D) The policy statement shall be included in all College job advertisements and major recruitment and promotional materials.

(E) The following general access statement shall be included in all student publications and special program or event announcements:

> "Reasonable accommodations are provided for people with disabilities. Contact Student Services at (740) 389-4636 for specific requests. If possible, requests related to access and facilities should be made at least three weeks before the program or event. Requests related to classes and/or learning issues should be made at least eight weeks before the first day of class."

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