PTA PROGRAM
CLINICAL EDUCATOR’S HANDBOOK
Revised 12/2019
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I. GENERAL INFORMATION

DEFINITIONS:

Academic Faculty: Physical therapists or physical therapist assistants employed by Volunteer State Community College with the primary responsibility for classroom and laboratory teaching.

ACCE: Academic Coordinator of Clinical Education. The faculty member of the PTA Program whose primary duties are the development, coordination and evaluation of the clinical education portion of the program.

CCCE: Center Coordinator of Clinical Education. This individual may or may not be a physical therapist. They are responsible for the coordination of clinical assignments between the facility and the academic institution. All correspondence between the student and the facility should be directed to the CCCE.

Clinical Site: Health care facilities that provide clinical experiences for students of the PTA Program.

CI: Clinical instructor, clinical educator or clinical supervisor. Provides supervision during the clinical learning experience.

Physical Therapist Assistants: Physical therapist assistants (PTAs) provide physical therapy services under the direction and supervision of a physical therapist. PTAs help people of all ages who have medical problems, or other health-related conditions that limit their ability to move and perform functional activities in their daily lives. PTAs work in a variety of settings including hospitals, outpatient clinics, home health, nursing homes, schools, sports facilities, and more. PTAs must complete a 2-year associate's degree and are licensed, certified, or registered in most states. Care provided by a PTA may include teaching patients/clients exercise for mobility, strength and coordination, training for activities such as walking with crutches, canes, or walkers, massage, manual techniques, and the use of physical agents and electrotherapy such as ultrasound and electrical stimulation.

Physical Therapist: Physical therapists (PTs) are highly-educated, licensed health care professionals who can help patients reduce pain and improve or restore mobility - in many cases without expensive surgery and often reducing the need for long-term use of prescription medications and their side effects.

Physical therapists can teach patients how to prevent or manage their condition so that they will achieve long-term health benefits. PTs examine each individual and develop a plan, using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. In addition, PTs work with individuals to prevent the loss of mobility before it occurs by developing fitness- and wellness-oriented programs for healthier and more active lifestyles.

Physical therapists provide care for people in a variety of settings, including hospitals, private practices, outpatient clinics, home health agencies, schools, sports and fitness facilities, work settings, and nursing homes. State licensure is required in each state in which a physical therapist practices.

PROGRAM PHILOSOPHY

The philosophy of the Physical Therapist Assistant Program supports and assists the implementation of the philosophy and purposes of Volunteer State Community College. In support of the College’s mission statement, the Program believes education is a partnership with the Physical Therapy community to enhance student learning. The faculty encourages the development of the individual through optimum learning experiences in the classroom and clinical settings. The Program and the Physical Therapy community provide rich learning
experiences and resources that enable students to develop competencies necessary for practice as a Physical Therapist Assistant.

PROGRAM DESCRIPTION

Physical therapist assistant (PTA) programs in Tennessee’s state community college system are accredited two-year associate degree programs that prepare graduates to perform selected components of patient treatment and assessment under the direction and supervision of the physical therapist in an ethical, legal, safe, and effective manner. These PTA programs combine general education courses, physical therapy lecture and laboratory courses, and clinical education to produce competent, caring, quality oriented physical therapist assistants who are prepared for taking the National Physical Therapy Examination (NPTE) and for entering the field of physical therapy with the required knowledge, skills, and behaviors of an entry-level PTA.

PROGRAM GOALS

Physical Therapist Assistant Graduates of Tennessee's state community college system will:

1. Support the diverse physical therapy healthcare needs of Tennessee communities through employment as physical therapist assistants working under the supervision of physical therapists.
2. Demonstrate entry-level competence as physical therapist assistants as evidenced by successful completion of the National Physical Therapy Examination (NPTE) and qualification for state licensure.
3. Identify career development and lifelong learning opportunities as physical therapist assistants in contemporary physical therapy practice.

EXPECTED OUTCOMES

Physical Therapist Assistant Graduates of Tennessee's state community college system will:

1. Support the diverse physical therapy healthcare needs of Tennessee communities through employment as physical therapist assistants working under the supervision of physical therapists.
   a. 90% of graduates will be employed in a variety of physical therapy settings within one year of passing the licensure exam
2. Demonstrate entry-level competence as physical therapist assistants as evidenced by successful completion of the National Physical Therapy Examination (NPTE) and qualification for state licensure.
   a. National licensure ultimate pass rate for the Program is at least 85% over a 2 year average
3. Identify career development and lifelong learning opportunities as physical therapist assistants in contemporary physical therapy practice.
   a. Students/graduates who participate in continuing education will indicate they attend continuing education courses at least once per year.
   b. The program requires 100% student membership in the APTA

NON-DISCRIMINATION

Volunteer State Community College, a Tennessee Board of Regents institution, is an AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, sexual orientation, or veteran status in its programs and activities.

Volunteer State Community College is committed to respecting the rights and understanding the points of view of all members of the community, and considers diversity an integral part of both the social and intellectual climate, on and off campus. The College values inclusion across a range of measures, including
dimensions of race, ethnicity, and country of origin; gender identity/expression and sexual orientation; socio-economic status; age; physical, cognitive, and sensory abilities; religious or ethical value system; political beliefs; and familial status, among others.

ACCREDITATION

Volunteer State Community College is accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (1111 North Fairfax Street, Alexandria, VA 22314; phone: (703) 706-3245; [accreditation@apta.org](mailto:accreditation@apta.org)).

The Physical Therapist Assistant (PTA) Program Director will submit all required accreditation fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates in a timely manner. The PTA Program Director will also notify the Commission on Accreditation in Physical Therapy Education (CAPTE) of expected or unexpected substantive change(s) within the program, and of any change in institutional accreditation status or legal authority to provide post-secondary education in a timely manner.

The PTA Program Director will be responsible for the program meeting compliance with accreditation criteria within two years of any cited deficiencies.

The Program Director is responsible for the maintenance of accurate information on the Program’s website including, but not limited to, accreditation statement and status of the Program, CAPTE logo and current student outcomes.

II. ACADEMIC INSTRUCTION

PHYSICAL THERAPIST ASSISTANT (PTA) CURRICULUM

The PTA Program consists of one year of general education and prerequisite courses and one year in the vocational portion of the Program. The courses listed below must be taken in sequence and an inability to maintain a "C" average of 75%, or better, in any core course, will prohibit the student from continuing in the program.

GRADING SCALE

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90-100%</td>
</tr>
<tr>
<td>B</td>
<td>80-89%</td>
</tr>
<tr>
<td>C</td>
<td>75-79%</td>
</tr>
<tr>
<td></td>
<td>&lt; 75% F</td>
</tr>
</tbody>
</table>

In addition to the required core courses listed below, the student must also complete the additional credit hours of all general education and prerequisite courses to fulfill the requirements for the Associate of Applied Science degree. Upon program accreditation approval and completion of this PTA curriculum, the students will be awarded an Associate of Applied Science Degree in Physical Therapist Assistant and are eligible to take the Tennessee State Board Examination for approval as Physical Therapist Assistants.
DEGREE PLAN – A.A.S. in Physical Therapist Assistant

FRESHMAN YEAR - FALL SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATH 1130 or MATH 1710</td>
<td>Mathematics</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2010</td>
<td>Human Anatomy and Physiology I</td>
<td>4</td>
</tr>
<tr>
<td>AHC 115</td>
<td>Medical Terminology</td>
<td>3</td>
</tr>
<tr>
<td>PSYC 1030</td>
<td>General Psychology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

Other than BIOL 2010 & 2020, and MATH followed by AHC 1100, courses may be taken in any order.

FRESHMAN YEAR - SPRING SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHC 101</td>
<td>Career Exploration in Physical Therapy</td>
<td>1</td>
</tr>
<tr>
<td>AHC 1100</td>
<td>Physical Science for the PTA</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2020</td>
<td>Human Anatomy &amp; Physiology II</td>
<td>4</td>
</tr>
<tr>
<td>ENGL 1010</td>
<td>English Composition I</td>
<td>3</td>
</tr>
<tr>
<td>PHIL 1040</td>
<td>Introduction to Ethics</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

*Students are required to successfully complete Computer Applications (INFS 1010, three credit hours) or take the computer competency exam prior to the program’s May 1st deadline. Contact the Testing Center to schedule an appointment: (615) 230-3484.

SCREENING INTERVIEWS ARE ONCE A YEAR IN APRIL. ALL FALL SEMESTER AND SPRING SEMESTER COURSES AND ALL LEARNING SUPPORT COURSES MUST BE COMPLETED PRIOR TO SELECTION SCREENING. REFER TO THE APPLICATION PACKET FOR MORE DETAILS.

FRESHMAN YEAR - SUMMER SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTAT 2530</td>
<td>Medical Surgical Conditions &amp; Treatment for the PTA</td>
<td>5</td>
</tr>
<tr>
<td>PTAT 2100</td>
<td>Introductions to Physical Therapy</td>
<td>1</td>
</tr>
<tr>
<td>PTAT 2460</td>
<td>Patient Care Skills for the PTA</td>
<td>4</td>
</tr>
<tr>
<td>PTAT 2210</td>
<td>Kinesiology for the PTA I</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>12</strong></td>
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</table>

SOPHOMORE YEAR - FALL SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTAT 2220</td>
<td>Kinesiology for the PTA II</td>
<td>2</td>
</tr>
<tr>
<td>PTAT 2440</td>
<td>Biophysical Agents for the PTA II</td>
<td>4</td>
</tr>
<tr>
<td>PTAT 2510</td>
<td>Musculoskeletal Conditions &amp; Treatment for the PTA</td>
<td>5</td>
</tr>
<tr>
<td>PTAT 2492</td>
<td>Integrated Clinical Education</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

SOPHOMORE YEAR - SPRING SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTAT 2280</td>
<td>Seminar for the PTA</td>
<td>2</td>
</tr>
<tr>
<td>PTAT 2520</td>
<td>Neuromuscular Conditions &amp; Treatment for the PTA</td>
<td>5</td>
</tr>
<tr>
<td>PTAT 2493</td>
<td>Terminal Clinical Education I</td>
<td>4</td>
</tr>
<tr>
<td>PTAT 2494</td>
<td>Terminal Clinical Education II</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

Rev 11/17
PTA COURSE DESCRIPTIONS

PTAT 2530 Medical Surgical Conditions and Treatment for the PTA
This course introduces the PTA student to common medical and surgical pathologies of various body systems, contemporary rehabilitation concepts, and accepted therapeutic interventions for these conditions. Emphasis will be placed on safe and effective application of related treatment interventions and data collection.

PTAT 2100 Introduction to Physical Therapy
This course introduces the physical therapist assistant student to the history of the physical therapy profession and the PTA, contemporary physical therapy practice and the role of the PTA in relationship to the physical therapist and other health care providers, and the American Physical Therapy Association. Medical terminology and documentation techniques are also introduced in relation to physical therapy practice.

PTAT 2460 Patient Care Skills for the PTA
This course includes all of the fundamental patient care skills, selected data collection and physical therapy interventions for the physical therapist assistant student.

PTAT 2210 Kinesiology for the PTA I
This course integrates basic functions of the nervous and musculoskeletal system with emphasis on normal joint structure, muscle attachments, actions and innervations, and palpation skills, and data collection skills. The physical therapist assistant student will apply these concepts to the understanding of normal human motion in relation to physical therapy practice.

PTAT 2220 Kinesiology for the PTA II
This course integrates advanced basic functions of the nervous and musculoskeletal system with emphasis on normal joint structure, muscle attachments, actions and innervations, palpation skills and data collection skills. The physical therapist assistant student will apply these concepts to the understanding of normal human motion in relation to physical therapy practice.

PTAT 2440 Biophysical Agents for the PTA
This course includes all current theory and practice of biophysical agents for the physical therapist assistant student. Emphasis will be placed on safe and effective application, physiological effects, intervention parameters and expected outcomes.

PTAT 2510 Musculoskeletal Conditions and Treatment for the PTA
This course introduces the PTA student to common musculoskeletal pathologies, contemporary rehabilitation concepts, and accepted therapeutic interventions for these conditions. Emphasis will be placed on safe and effective application of specific orthopedic treatment interventions and data collection.

PTAT 2492 Integrated Clinical Education
Integrated clinical education experiences consist of the student’s supervised clinical practice of previously learned PTA duties and functions in a physical therapy practice setting under the direction of a licensed physical therapist or physical therapist assistant. Students are required to
achieve the program’s clinical performance expectations by the end of the clinical education experience.

PTAT 2280 Seminar for the PTA
This course provides the PTA student with opportunities to bridge previous course work to a variety of unique clinical perspectives within the practice of physical therapy. This course provides continued opportunities to apply prior learning to the transition from student to successful member of the healthcare team.

PTAT 2520 Neuromuscular Conditions and Treatment for the PTA
This course introduces the PTA student to common neuromuscular pathologies, contemporary rehabilitation concepts, and accepted therapeutic interventions for these conditions. Emphasis will be placed on safe and effective application of specific neuromuscular treatment interventions and data collection.

PTAT 2493 Terminal Clinical Education I
Terminal clinical education experiences consist of the student’s supervised clinical practice of previously learned PTA duties and functions in a physical therapy practice setting under the direction of a licensed physical therapist or physical therapist assistant. Students are required to achieve the program’s specific clinical performance expectations by the end of the clinical education experience.

PTAT 2494 Terminal Clinical Education II
Terminal clinical education experiences consist of the student’s supervised clinical practice of previously learned PTA duties and functions in a physical therapy practice setting under the direction of a licensed physical therapist or physical therapist assistant. Students are required to achieve the program’s specific clinical performance expectations by the end of the clinical education experience.

Course syllabi (PTAT 2492, PTAT 2493 and PTAT 2494) will be provided to the clinic site each year which will outline specific course objectives. The criteria for successful completion of a course are described below.

III. CLINICAL EDUCATION

PHILOSOPHY

Clinical Practice experience in performance of actual patient care is an essential and vital component of the Physical Therapist Assistant's education. The value of the class in clinical experience is dependent upon the selection and planning of treatment sessions, the quality of supervision and feedback that the student receives as well as the extent to which the student utilizes the learning opportunity.

It is the student's right to receive the clinical experiences necessary to prepare him/her to complete the Program as an entry level Physical Therapist Assistant who is able to enter the profession with the necessary skills to perform in a safe, ethical, proficient manner. It is the student's responsibility to
make the most of his/her learning experiences while in the clinic and to actively participate in the planning of the learning experiences and the evaluation of his/her performance. Students may be placed up to 80 miles from VSCC, or 80 miles from their home, whichever is farther. Students should anticipate one or more placements at a considerable distance.

It is the responsibility of the college program to provide the student with adequate instruction to perform the various duties of a student Physical Therapist Assistant. The college program is also responsible in determining that the student is competent and safe in the skills stated in the clinical class objectives before placing the student in the clinic.

GOALS: To meet the Program mission and goals the clinical education portion of the Program will meet the following outcomes:

- The clinical education courses are sequenced appropriately in the curriculum to meet the goals and objectives of the clinical education program.
- The clinical education courses are 5 weeks in duration to meet the goals and objectives of the clinical education program.
- The number and variety of clinical education sites is sufficient to meet the goals and objectives of the clinical education courses in the curriculum.
- Communication with the clinical education sites is sufficient and effective.

SELECTION OF CLINICAL SITES

A variety of clinical experiences are needed to give the student the depth and breadth of learning in a clinical setting. Affiliation sites are selected among centers that are public and private, acute and subacute (rehabilitative), in-patient and out-patient or home based, orthopedic, neurologically or medically based, adult, geriatric, or pediatric settings.

The clinical experience must be in a center which meets the requirements for accreditation by the Joint Commission on Accreditation of Hospitals Organization; conditions of participation standards established by the U.S. Social Security Administration Documents related to physical therapy, or such facilities with comparable standards and which are acceptable to the Commission of Accreditation in Physical Therapy Education, APTA.

The Physical Therapy Service must be under the direction of a Physical Therapist who meets the educational requirements which would qualify him or her for membership in the American Physical Therapy Association. The ratio of PTA students to staff should be no more than three students per therapist. Clinical facilities should provide adequate space, equipment, and patient exposure to ensure an optimum learning environment for the student. Clinics with only one physical therapist must provide evidence of adequate supervision for students during the absence of the physical therapist.

The assignment of the students to the various clinical sites includes such considerations as clinic type, student need, student geographical location, and student & clinic personalities. Every effort will be made to provide the student with clinical settings which will develop critical thinking and meet the clinical course objectives.
The clinical faculty must have experience in the area of clinical practice in which they teach and function as positive role models. Clinical educators are expected to maintain their Tennessee state licensure as a PT or PTA and to pursue professional development. Usage of clinical sites is also determined by the clinical experience, advanced study and previous teaching experience of the clinical faculty. Selection of clinical sites is based on the criteria described in the APTA document *Guidelines: Clinical Education Sites*.

**CLINIC INFORMATION**

In order to maintain program accreditation and verify that the clinical faculty has the expertise necessary for clinical education, the Commission on Accreditation in Physical Therapy Education requires that the school maintain a copy of the completed “Clinical Affiliate Agreement” on file.

The Clinical Affiliate Agreement form shall be completed prior to receiving students on site initially.

The ACCE will also interact with the clinical site and Debbie Craighead, Clinical Affiliations Associate, Dean of Health Science Office, Wallace 102 D, in the maintenance of an updated clinical contract which is required before students are placed in the facility.

**LIABILITY INSURANCE**

Each student enrolled in the clinical course pays a nominal fee for Professional Liability Insurance Coverage. A copy of the insurance agreement is on file at Volunteer State Community College. If there are any questions regarding this please contact the ACCE.

**CRIMINAL BACKGROUND CHECKS AND DRUG TESTING**

Many clinical facilities used by Volunteer State Community College PTA Program now require students to have clear criminal background checks and/or drug screens before they are allowed to participate in learning experiences at that institution. Currently this is done prior to first day of class during the summer semester. The facility should make arrangements directly with the student if additional screening is required. The student will be responsible for all required fees.

**CONFIDENTIALITY**

Students will abide by the Health Insurance Portability and Accountability Act (HIPAA) regulations in all agencies in which they participate in clinical experiences. Students are required to sign a HIPAA agreement at new student orientation. Each student may be asked to sign an additional Health Information Confidentiality agreement for each applicable clinical agency.

Students who violate the provisions of the HIPAA, such as accessing private patient information not pertinent to their role as a student health care provider or violating patient confidentiality, may be dismissed from the program.
All student information and records are considered confidential and may not be given to anyone other than the student, designated clinical instructor or CCCE, or academic institution faculty/administration without written permission from the student. Background checks/drug screens are delivered directly to the facility via student or testing agency. Specific academic information will not be shared with the clinical facility. Facilities are informed that students have passed all required courses and they are competent and safe to enter the clinical experience. Course syllabi for each clinical will be given to the CCCE.

All information distributed by the clinic site (e.g. administrative information, patient care protocols) may not be removed from the site without permission from the clinical instructor or CCCE.

MEDICAL DOCUMENTATION

Students are responsible for uploading all medical documentation into myRecord Tracker, by the first week of class during the summer semester, the following items:

- Immunization support for: MMR, Varicella vaccine and/or titer and an annual flu vaccine.
- Hepatitis B: proof of completion of the vaccine series
- TB Test results completed within the past year (must be regularly updated so as to be current during clinical courses). Prefer two step TB
- Current CPR card Basic Life Support). Must be maintained and current during clinical courses.
- Students may not attend clinical courses without the completion of all required paperwork.
- Each student is responsible for maintaining his/her own file with copies of above items in myRecordTracker.

Late submission of above items to the ACCE will impact clinical course grade and/or prevent the student from starting or completing a clinical course which will be cause for dismissal from the Program.

As mandated by the clinical education centers, all PTA students are required to meet all the health compliance requirements in order to attend and participate in clinical education courses. This includes; but is not limited to immunizations, titers, basic life support certification (adult and infant), tuberculous screenings, criminal background checks, 10-panel drug screenings, and any of other site-specific requirements. Students cannot attend clinical education courses until all health compliance requirements have been met, documented, and approved by the Clinical Coordinator.

During the course of the program, several health compliance requirements may expire. It is the student’s responsibility to maintain compliance with all requirements for the entire duration of the program. Failure to maintain compliance may result in the student not being allowed to attend clinical courses.

If a student is dismissed from clinical education for any reason, the student is automatically dismissed from the PTA program.
WRITTEN AGREEMENTS

Written agreements are in place with clinic sites to provide the clinical education portion of the PTA Program. This agreement, or contract, between Volunteer State Community College and the administration of facilities, such as hospitals, located in the College’s service area delineates the roles and responsibilities of the school and the facility in providing clinical education experiences. The facility has a copy of this form once it has passed through the signature stages. However, the clinical faculty may request a copy of the one on file at the program if the facility copy is not readily accessible.

These agreements are reviewed and updated as needed annually by the Debbie Craighead, Clinical Affiliations Associate, Dean of Health Science Office, Wallace 102 D, and the ACCE.

SUPERVISION OF PTA STUDENTS

Clinical Practice is regulated by the Commission on Accreditation in Physical Therapy Education and the Tennessee Board of Physical Therapy. The responsibility for supervision of students is shared between the academic faculty (ACCE) and the on-site clinical supervisor (CI and CCCE). Specific rights and responsibilities of both parties are listed below.

RIGHTS AND PRIVILEGES OF CLINICAL EDUCATORS

The Clinical Instructor maintains the rights of any instructor employed by Volunteer State Community College in the area of expectations of appropriate student behavior and support from the faculty of the PTA Program. The Clinical may expect a timely confirmation of student assignment and an appropriate follow up during the student’s stay in the facility. (Refer to "Responsibilities' delineation further on in this section).

Also, the CCCE has the right to request the removal of a student who behaves inappropriately if all approaches to counseling have proved to be unsuccessful. Documentation of any inappropriate behavior must be submitted to the ACCE as well as documentation supporting counseling sessions. The CCCE has the right to request the involvement of the ACCE during the counseling sessions and may request that the ACCE be present during the student's clinical hours as an observer.

The ACCE has the right to remove the student from a clinical setting if it is unable to provide the student with a learning experience through such causes as lack of professional staffing, a decline in treatment volume which prohibits adequate experience, or a situation in which the ethics of the PT or PTA have been proven to be unprofessional. Such removal will be done only after appropriate discussion of the CCCE and ACCE has been documented. The student will immediately be reassigned to another clinical site.

Additionally, students may be subject to immediate dismissal from the program for any of the following:

• Making written or non-written false statements:
• Failing to accurately or intelligibly report and/or document a client’s status including signs, symptoms, or responses and the physical therapy care delivered.

• Giving false testimony or other evidence at any official hearing of the College or giving false information [in this case regarding the care of a client] to any faculty or staff member acting in the performance of their duties. (See Volunteer State Community College Student Handbook)

• Falsification of client’s records: Failing to make entries, destroying entries, and/or making false entries in records pertaining to care of clients.

• Abandoning clients: Leaving a clinical assignment without notifying one’s clinical instructor and ACCE or in the case of emergency another instructor or a member of the PT staff in the assigned clinic.

• Any action which may have a detrimental effect on patients or staff. Withdrawal of students from the clinic may be due to, but not limited to, such behaviors as consistent unsafe clinical practices, substance abuse and/or lewd, indecent, harassing, obscene, abusive, or violent conduct.

• If a student is dismissed from clinical education for any reason, the student is Automatically dismissed from the PTA Program.

The CCCE and all clinical instructors have the privilege of the following:

• Free parking during any scheduled PTA meetings or PTA events held on the Volunteer State Community College campus
• Discounts to continuing education seminar sponsored by the PTA Program at Volunteer State Community College, if available
• CEU’s for being a clinical instructor (Tennessee Board of Physical Therapy) by Volunteer State Community College

RESPONSIBILITIES OF CCCE:

The Commission on Accreditation in Physical Therapy Education, APTA states that the practitioner in charge of overall supervision of students must be a PT (clinical supervisor). That therapist must be licensed in the State of Tennessee with at least one year of experience.

The supervising therapist may designate a staff PT or PTA, licensed in Tennessee, to serve as the clinical instructor for the student PTA. The designee ideally will: act as a positive role model; have at least one-year experience in that setting; and show competency in the particular clinic. The supervising PT must be readily available at all times and should be involved in the evaluation process of the student PTA.
The Clinical Instructor Qualifications:

- Must have sufficient time to devote to clinical education.
- Shall have the understanding that the clinical experience is a class which is an extension of the learning begun in the school classroom and must be willing to plan learning experiences that will provide the students with the opportunity to complete the course objectives as well as:
  a) Develop positive attitudes
  b) Demonstrate critical thinking
  c) Practice skills appropriate to their educational level
  d) Practice making professional judgments
  e) Observe and practice the role of physical therapist assistant in service to the patient and patient's significant others
- Must be knowledgeable about the role of the PTA and Volunteer State Community College PTA Program.
- Shall confer with, teach, and counsel the student to prepare him/her for acceptance of his/her future role as an assistant.
- Shall periodically evaluate the student so that the student is aware of his/her progression and periodically confer with the faculty representative as to the student's progress and development.

All parties involved in the education of the PTA must accept the responsibility of producing a paraprofessional who is safe, professional, and appropriate for this type of profession.

RESPONSIBILITIES OF THE ACCE

- Shall arrange and confirm the schedule for clinical assignment.
- Prepare and issue student assignments for each facility in as timely a manner as possible and provide a student information sheet.
- Maintain regular contact with the clinical instructor and students in each facility to monitor student progress toward course objectives. A minimum of one on-site visit to the facility during each student's affiliation will be made.
- Confer with the center coordinators or clinical instructors regarding clinical objectives, program development, and problems which might arise in conjunction with clinical experience.
- Counsel students independently, or in conference with the center coordinators and/or clinical instructors, regarding progress in the facilities.
• Determine the final written grade for each student based on the grading criteria as set forth in the course syllabus and PTA CPI. These criteria shall include the student's achievement of the course objectives as evaluated by the clinical faculty.

• Ensure the written student evaluations of the clinic.

• Maintain currency in school files, clinical educator manuals, etc.

• Provide training activities for the clinical instructors on an on-going basis.

CLINICAL EVALUATION PROCEDURES

Clinical faculty will use the PTA CPI to evaluate the student mid-way through the affiliation as well as at its conclusion. Students are expected to complete their copy of the PTA CPI prior to the mid-term and final evaluations. The evaluations shall be reviewed and both the clinical faculty and the student shall sign the Midterm and Final Progress Report.

Complete instructions for the use of the PTA CPI is enclosed in this handbook on pages 23-27. When completing the PTA CPI, comments are recommended on each individual skill sheet and on the summative comments sheet at the end of the form.

STUDENT UNIFORM AND PERSONAL APPEARANCE

• Any student who does not comply with any aspect of the uniform and personal appearance regulations will not be allowed to participate in clinical rotations. Students who are not allowed to participate in clinical rotations will not be able to progress through the Program.
  • A professional appearance must be maintained at all times.
  • Students may wear scrubs or other professional dress if it follows the clinical facility dress code.
  • Small studs for pierced ears are permitted. Only one earring may be worn in each ear lobe. No other visible body piercing, including the tongue, is acceptable.
  • Shirts designed to be tucked must be tucked in.
  • Shoes – No sandals. No shoes with open toes or clogs. Athletic shoes and laces must be clean and muted colors.
  • Name Tags: Photo identification badges will be used during the program. Arrangements for these badges will be explained to you in orientation. Nametags must be worn at all times while in the clinic. The student will have a choice of how the name is printed. (NO NICKNAMES ALLOWED). The nametag must be clearly visible. ABSOLUTELY NO ADHESIVE TAPE is to be used to cover anything on a nametag.
  • Watch: Student must have a time keeping device in all clinical and laboratory settings. The watch must be capable of measuring seconds, and the wristband must be flexible to allow for adequate handwashing.
  • Professional clothing must be neat, clean, and unwrinkled which follows each clinical site dress code
  • No hats
  • No denim of any type or color will be worn.
  • No midriffs will be exposed.
• No colored T-shirts in place of polo shirts are allowed.
• Hair should be neat, clean, and should be pulled back from the face so that it does not interfere with the student while performing procedures. Students will maintain good personal hygiene. Cleanliness and grooming are necessary to prevent disease transmission and are an indication of professionalism. Students hair should be of natural hair color. Hair styles should be such that they do not invite negative feedback from patients or agency staff.
• Facial hair on men should not impede personal protective equipment. Facial hair must be able to be completely covered by an O.R. mask or personal protection equipment. The mask or device must be able to have a complete contact seal with clean shaven skin.
• There will be no ribbons, bows, or jewelry worn in the hair. Barrettes or other elastic bands used to keep the hair back must be white or neutral color without excessive ornamentation.
• Jewelry is limited to the watch, wedding and engagement rings, and earrings as described in this policy. Rings are discouraged because they tend to tear gloves that might be worn during patient care.
• Fingernails should be clean, relatively short and well-manicured. Clear, non-chipped nail polish only can be worn with the uniform.

COLLEGE POLICY STATEMENT

It is the student’s responsibility to self-identify with the Office of Disability Services to receive accommodations and services in accordance with Section 504 of The Rehabilitation Act and The Americans with Disabilities Act/Amendments Act (ADA/AA). Only those students with appropriate documentation and who are registered with the Office of Disability Services will receive accommodations. For further information, contact the Office of Disability Services at (615) 230-3472, online by visiting the Disability Services website (http://www.volstate.edu/disability), or visit the office which is located in Room 108, Wood Campus Center.

Equal Opportunity Statement:

Volunteer State Community College, a Tennessee Board of Regents Institution, is an equal opportunity institution and ensures equal opportunity for all persons without regard to race, color, religion, sex, national origin, disability status, age, sexual orientation, or status as a qualified veteran with a disability or veteran of the Vietnam era.

Affirmative Action Educational Institution:

No person shall be excluded from the participation in, be denied the benefit of or be subjected to discrimination under any program or activity of the College because of race, color, national origin, age or handicap.

It is the Program Director’s responsibility to negotiate with a student the parameters of reasonable accommodations. The accommodations should be no more difficult than the originally scheduled activity or assignment. Program Director or the Academic Clinical Coordinator of Education (ACCE) are not obligated to provide materials or experiences to students that would not normally be provided to all other students. In the event a student and instructor or ACCE cannot reach an
agreement regarding reasonable accommodations, the student may request a review of the request by a designated college official. The decision of the designated college official will be final.

**ACCOMMODATIONS FOR RELIGIOUS BELIEFS, PRACTICES, and OBSERVANCES**

**Policy Statement:**

Volunteer State Community College acknowledges the diversity of its students and respects the rights of students to observe their religious beliefs and practices. VSCC will endeavor to provide reasonable accommodations relating to religious beliefs and practices in response to a formal written student request. However, accommodations cannot be guaranteed in instances where such would create an undue burden on faculty, a disproportionate negative effect on other students who are participating in the scheduled educational activity, or jeopardize patient care.

**Procedure:**

Students beginning new programs or courses of study in a particular college will be advised by that college as to college-, program- or course-specific procedures that should be followed to obtain an accommodation for religious practices or observances. Students are encouraged to be proactive in reviewing college-, program- and course-specific assignments/activities in advance of matriculation/registration to determine whether these requirements might in some way conflict with their religious beliefs, practices or observances. Should such conflicts be in evidence, students should discuss possible options with the appropriate college official or faculty member. Reasonable accommodations may not be feasible in instances where there is a direct and insurmountable conflict between religious beliefs or observances and requirements of a given program.

It is the student’s responsibility to make arrangements with the Program Director as soon as possible, but no less than 30 days in advance of the religious holiday during which the student is requesting to be absent. It is also the student’s responsibility to meet all course obligations. Such requests are required for any and all educational activities scheduled for the date(s) in question, e.g. classroom exercises, laboratory assignments, exams, clinical/experiential assignments, etc. Finally, students are obligated to abide by the policies and procedures on religious practices and observances of any given patient-care institution (i.e., hospital, clinical setting) in which they are completing a portion of their educational experience. If a potential conflict between a student’s religious beliefs, practices or observations and institutional policy is identified, the student is to bring such to the attention of the Program Director as soon as possible.

It is the Program Director’s responsibility to negotiate with a student the parameters of reasonable accommodations. The accommodations should be no more difficult than the originally scheduled activity or assignment. Program Director or the Academic Clinical Coordinator of Education (ACCE) are not obligated to provide materials or experiences to students that would not normally be provided to all other students. In the event a student and instructor or ACCE cannot reach an
agreement regarding reasonable accommodations, the student may request a review of the request by a designated college official. The decision of the designated college official will be final.

STUDENT CONDUCT DURING CLINICAL EXPERIENCE/PTA PROGRAM POLICIES AND PROCEDURES

• The policies and regulations of the affiliating agency(s) must be respected and followed.
• Students are to clearly identify themselves as a student PTA to all patients and staff BEFORE having any direct patient contact, thereby giving the patient the opportunity to refuse treatment by a student. Patients have the risk-free right to refuse to participate in clinical education.
• Follow all standards outlined in the APTA Standard of Ethical Conduct for a PTA:

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

STANDARD 1 A physical therapist assistant shall respect the inherent dignity, and rights, of all individuals.

STANDARD 2 A physical therapist assistant shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

STANDARD 3 A physical therapist assistant shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

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

STANDARD 5 A physical therapist assistant shall fulfill their legal and ethical obligations.

STANDARD 6 A physical therapist assistant shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

STANDARD 7 A physical therapist assistant shall support organizational behaviors and business practices that benefit patients/clients and society.

STANDARD 8 A physical therapist assistant shall participate in efforts to meet the health needs of people locally, nationally, or globally.
For information on interpretive guidelines, please visit the APTA website at http://www.apta.org/PT_Practice/ethics_pt/ethics_pt_assistant

DUE PROCESS

Complaints that fall outside due process include, but are not limited to, complaints from clinical education sites, employers of graduates, and the general public. All such complaints must be addressed. Some complaints may require an investigation into the situation surrounding the complaint. This is done to ensure a fair and reasonable resolution of the complaint.

Procedures for filing a complaint:

1. The person filing the complaint will send the written complaint to the Program Director within 48 hours of the event. The Program Director will respond to the complaint in writing within five business days of receipt of the complaint.

2. If the complaint is not resolved with the Program Director, then the written complaint should be sent to the Dean of Health Sciences within 2 business days of the response. The Dean of Health Sciences will respond to the complaint in writing within five business days.

3. If further resolution is required, then the written complaint must be submitted to the Vice President for Academic Affairs. The Vice President will work with all parties to bring resolution to the complaint.

Records of complaints will be maintained by the Program Director for a period of five years.

Please note that the PTA program has a national accrediting body outside of Volunteer State Community College. Formal complaints of concern may be made to: Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (1111 North Fairfax Street, Alexandria, VA 22314; phone: (703) 706-3245; accreditation@apta.org).

CELL PHONE

Use of personal cell phones, mobile phones, smartphones or personal digital assistants is prohibited during clinical working hours. Under no circumstance should cell phones be out in patient care areas. Cell phones and other electronic devices should be secured away from them and checked only during breaks. If you have an emergency situation, that requires your cell phone to be on their person while in the clinical setting, contact your immediate supervisor. In case of an emergency event on campus, please follow instructions on the overhead pager. Safety guidelines are located in a binder in the classroom.

ATTENDANCE

All absences must be made up. It is the student's responsibility to arrange for completion of missed hours at the convenience of the clinician and with prior notification of the Faculty Supervisor/Designee.
Students are not to be excused from clinic except in case of illness or emergency. In the event of illness or emergency, it is the student's responsibility to notify:
1) the clinic as soon as possible
2) the ACCE no later than 8 AM of the day involved. (615-230-3336 or 765-744-5986)

Clinic Hours:

The supervising PT may request that the student alter his/her assigned hours in clinic to accommodate clinic need. It is the student’s responsibility to notify the ACCE of any requested change. The student has the right to request an alteration in clinic hours to accommodate special needs. However, no change in hours at the student’s request may take place without the prior approval of the ACCE.

GUIDELINES FOR ACCIDENTS/INJURIES IN THE CLINIC SETTING

• A student who is injured or comes in direct contact with blood or body fluids, in the clinical setting, should immediately notify his/her clinical instructor AND ACCE.

• Students injured in the clinical setting have access to the hospital emergency room or facility utilized by the clinic for medical care. The student is responsible for all expenses charged by the clinical facility in rendering medical care.

• Clinical Instructors should notify the CCCE or Administrative Supervisor at the agency when a student is requesting access to medical care due to student injury in the facility.

• Before returning to the classroom or clinic a student must obtain a Physician’s release stating that he/she can perform all requirements of the PTA Program (refer to course objectives) without restriction.

• Students in the PTA Program are required to carry a personal health insurance policy. There is a reasonable health insurance plan available for students through the American Physical Therapy Association (www.apta.org).

STUDENT LEARNING OUTCOMES:

PTAT 2492 (Fall Semester)

PREREQUISITES: Admission into the PTA Program; PTAT 2100, PTAT 2210, PTAT 2460 and PTAT 2530

Upon completion of this course the student will demonstrate competence with beginning level of supervision from the physical therapist.

1. Demonstrate the practice of ethical conduct, reliability, adaptability, and regard for safety in dealing with staff, patients, and patient's families/support system. Comprehends the legal standards
of practice, including reporting suspected cases of abuse of vulnerable populations and suspected cases of fraud and abuse related to payment for PT services at beginning level of supervision by the physical therapist. (7D1, 7D2, 7D3, 7D4)

2. Review health records and interpret referrals for treatment, therapist evaluations, and progress notes to safely deliver correct physical therapy intervention/data collection techniques and to achieve short and long-term goals within the plan of care at beginning level of supervision from the supervising therapist. (7D17, 7D18, 7D19)

3. Demonstrate competence in delivery of assigned interventions/data collection techniques (see PTA CPI skills list) safely, correctly and in a timely manner when provided with a physical therapy evaluation, patient goals, plan of care at beginning level of supervision from the physical therapist. (7D17, 7D18, 7D19, 7D24)

4. Monitor and analyze patient responses to intervention and modify intervention within the plan of care at beginning level of supervision from the physical therapist. (7D19)

5. Propose the need for and implement modifications in treatment techniques when presented with patient situations which reflect abnormal response to interventions (including emergency situations) and report patient status to the physical therapist at beginning level of supervision by the physical therapist. (7D19, 7D21, 7D26)

6. Instruct patients and their families in the necessary information for intervention while utilizing a therapeutic presence and demonstrating cultural sensitivity as directed by the physical therapist at beginning level of supervision. (7D7, 7D12, 7D15)

7. Determine and perform appropriate progression of physical therapy intervention that is within the plan of care at beginning level of supervision from the physical therapist. (7D17)

8. Recognize and communicate one's own strengths and limitations through self-evaluation. (7D1, 7D4)

9. Perform appropriate and effective written, oral, and non-verbal communication with the patients, family/caregivers and members of the healthcare team at beginning level of supervision by the physical therapist. (7D7, 7D12, 7D16, 7D25, 7D28)

10. Compose thorough, accurate, logical, concise, timely and legible documentation that follows guidelines ICF guidelines and specific documentation formats required by the Tennessee State Practice Act, the practice setting and other regulatory agencies for each physical therapy intervention utilized within the plan of care at beginning level of supervision by the physical therapist. (7D16, 7D25)

11. Compare, evaluate and interpret professional literature and apply the information to physical therapy intervention and present an educational presentation at beginning level of supervision by the physical therapist. (7D10, 7D11, 7D14)

12. Administer standardized questionnaires and perform data collection within the plan of care and at beginning level of supervision from the physical therapist. (7D24)

13. Demonstrate a high level of professionalism as demonstrated by a commitment to learning, good communication skills, effective use of time and resources, appropriate use of constructive feedback, responsibility, critical thinking and problem solving, stress management, and safety at beginning level of supervision by the physical therapist. (7D1, 7D4, 7D5, 7D14)

14. Participate in discharge planning and follow-up processes as directed by supervising physical therapist at beginning level of supervision by the physical therapist. (7D22)

15. Interact with and propose effective instructions to others that are commensurate with the needs of the patient, caregiver or healthcare personnel at entry level of supervision by the physical therapist. (7D12, 7D15)
16. Educate patients, families and healthcare professionals about the role of the PTA at beginning level of supervision by the physical therapist. (7D12)
17. Prepare accurate and timely information for billing and reimbursement purposes at beginning level of supervision by the physical therapist. (7D31)
18. Examine between the different aspects of organizational planning and operation of the physical therapy service. (7D30)
19. Discuss and assist in quality assurance activities at beginning level of supervision by the physical therapist. (7D29)
20. Recognize the role of the PTA in the clinical education of PTA students. (7D4)
21. Student will demonstrate and adhere to legal practice standards, including all federal, state and institutional regulation related to patient/client care and fiscal management. (7D1)
22. Student will perform duties in a manner consistent with the Guide for Conduct of the PTA and Standards of Ethical Conduct to meet the expectations of patients, member of the physical therapy profession and other providers as necessary at beginning level of supervision by the physical therapist. (7D1, 7D4)
23. Performs duties in a manner consistent with APTA’s Values Based Behaviors for the PTA at beginning level of supervision by the physical therapist. (7D5)
24. Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values at beginning level of supervision by the physical therapist. (7D4, 7D5)
25. Communicate effectively with all stakeholders including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers at beginning level of supervision by the physical therapist. (7D7)
26. Identify, respect and act with consideration for patients’/clients’ differences, values, preferences and expressed needs in all work-related activities at beginning level of supervision by the physical therapist. (7D8)
27. Apply current knowledge, theory and clinical judgment while considering the patient/client perspective and the environment based on the plan of care established by the physical therapist at beginning level of supervision by the physical therapist. (7D9)
28. Interview patients/clients, caregivers and family to obtain current information related to prior and current level of function and general health status at beginning level of supervision by the physical therapist. (7D15)
29. Read health records, lab values, diagnostic tests, specialty reports, narrative consults and physical therapy documentation prior to carrying out the plan of care at beginning level of supervision by the physical therapist. (7D18)
30. Demonstrate competence in performing components of data collection skills including pain questionnaire, within the appropriate role and responsibility level of a PTA and within the plan of care designated by a physical therapist at beginning level of supervision by the physical therapist. (7D23)
31. Determine when an intervention should not be performed due to clinical indications or when the intervention is beyond the scope of the PTA at beginning level of supervision by the physical therapist. (7D21)
32. Report any changes in the patient’s status to the supervising physical therapist at beginning level of supervision by the physical therapist. (7D20)
33. Demonstrate competence in measurements of standard vital signs, recognizing and monitoring of responses to positional changes and activities at beginning level of supervision by the physical therapist. (7D24a)
34. Practice an attitude that values the provision of patient-centered interprofessional collaborative care at beginning level of supervision by the physical therapist. (7D28)
35. Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist at beginning level of supervision by the physical therapist consisting of:
- Breathing exercises, coughing techniques and secretion removal (7D23a)
- Assistive/adaptives devices, prosthetics and orthotics (7D23b)
- Biophysical agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies (7D23c)
- Functional training in self-care; domestic, education, work, community, social & civic life (7D23d)
- Manual therapy techniques; PROM and therapeutic massage (7D23e)
- Motor function training; balance, gait, etc. (7D24f)
- Patient education (7D12, 7D23g)
- Therapeutic exercise (7D23h)
- Isolation techniques, sterile techniques, application and removal of dressing or agents & identification of precautions for dressing removal (7D23i)
36. Demonstrate competence in performing components of data collection skills (e.g. pain scale, MMT, goniometry etc.) essential for carrying out the plan of care by administering appropriate tests and measures at beginning level of supervision by the physical therapist for the following areas:
- Vital Signs (7D24a)
- Height, weight, length and girth (7D24b)
- Patient’s state of arousal, mentation and cognition (7D24c)
- Ability of individual’s and caregiver’s ability to care for the assistive device, recognizing changes in skin condition and safety factors while using devices and equipment (7D24d)
- Gait, locomotion and balance: safety, status and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility (7D24e)
- Integumentary integrity; detect absent or altered sensation, normal and abnormal integumentary changes, activities, positioning and postures that aggravates or relieve pain or altered sensations, or that can produce associated skin trauma, and recognizing viable versus nonviable tissue (7D24f)
- Joint integrity and mobility; detect normal and abnormal joint movement (7D24g)
- Manual muscle testing/strength; presence or absence of muscle mass, normal and abnormal muscle length and changes in muscle tone (7D24h)
- Detect gross and fine motor milestones, and righting and equilibrium reactions (7D24i)
- Pain questionnaires, visual analog scales for pain; and recognizing activities, positioning and postures that aggravate or relieve pain or altered sensation (7D24j)
- Posture; alignment of trunk and extremities at rest and during activities (7D24k)
- Range of motion; measuring functional ROM and ROM using an appropriate measurement device (7D24l)
- Self-care & civic, community, domestic, education, social and work life through inspecting the physical environment and measuring physical spaces; recognizing safety barriers in the
home, community and work environments; recognizing level of functional status and administering standardized questionnaires to patients and others (7D24m)
• Detect signs and symptoms of respiratory distress and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity and cough and sputum characteristics (7D24n)
37. Evaluate & participate in efforts to increase patient and healthcare provider safety during each clinical experience. (7D27)
38. Student will demonstrate sound moral reasoning and implement a plan of action when delivering physical therapy services in a manner consistent with established legal standards, standards of the profession, and ethical guidelines at the beginning level of performance. (7D6)

Activities in which the student may participate in order to fulfill the above objectives may include, and not be limited to: presenting an in-service presentation; researching and reporting on professional literature; assisting in the development and deliverance of small group instruction; writing a college-level report, case study with accompanying home exercise program, or article review(s); participating in clinical research projects; composing self-evaluation reports.

*Students should be at the beginning level on these objectives and the CPI at the end of this clinical.

STUDENT LEARNING OUTCOMES:

**PTAT 2493 and PTAT 2494** (Spring Semester)

PREREQUISITES: Admission into the PTA Program; PTAT 2220, PTAT 2300, PTAT 2510 and PTAT 2492

Upon completion of this course the student will demonstrate competence with intermediate (2493) and entry (2494) level of supervision from the physical therapist.

1. Demonstrate the practice of ethical conduct, reliability, adaptability, and regard for safety in dealing with staff, patients, and patient's families/support system. Comprehends the legal standards of practice, including reporting suspected cases of abuse of vulnerable populations and suspected cases of fraud and abuse related to payment for PT services at intermediate level of supervision by the physical therapist. (7D1, 7D2, 7D3, 7D4)
2. Review health records and interpret referrals for treatment, therapist evaluations, and progress notes to safely deliver correct physical therapy intervention/data collection techniques and to achieve short and long-term goals within the plan of care at intermediate level of supervision from the supervising therapist. (7D17, 7D18, 7D19)
3. Demonstrate competence in delivery of assigned interventions/data collection techniques (see PTA CPI skills list) safely, correctly and in a timely manner when provided with a physical therapy evaluation, patient goals, plan of care at intermediate level of supervision from the physical therapist. (7D17, 7D18, 7D19, 7D24)
4. Monitor and analyze patient responses to intervention and modify intervention within the plan of care at intermediate level of supervision from the physical therapist. (7D19)
5. Propose the need for and implement modifications in treatment techniques when presented with patient situations which reflect abnormal response to interventions (including emergency situations)
and report patient status to the physical therapist at intermediate level of supervision by the physical therapist. (7D19, 7D21, 7D26)

6. Instruct patients and their families in the necessary information for intervention while utilizing a therapeutic presence and demonstrating cultural sensitivity as directed by the physical therapist at intermediate level of supervision. (7D7, 7D12, 7D15)

7. Determine and perform appropriate progression of physical therapy intervention that is within the plan of care at intermediate level of supervision from the physical therapist. (7D17)

8. Recognize and communicate one's own strengths and limitations through self-evaluation. (7D1, 7D4)

9. Perform appropriate and effective written, oral, and non-verbal communication with the patients, family/caregivers and members of the healthcare team at intermediate level of supervision by the physical therapist. (7D7, 7D12, 7D16, 7D25, 7D28)

10. Compose thorough, accurate, logical, concise, timely and legible documentation that follows guidelines ICF guidelines and specific documentation formats required by the Tennessee State Practice Act, the practice setting and other regulatory agencies for each physical therapy intervention utilized within the plan of care at intermediate level of supervision by the physical therapist. (7D16, 7D25)

11. Compare, evaluate and interpret professional literature and apply the information to physical therapy intervention and present an educational presentation at intermediate level of supervision by the physical therapist. (7D10, 7D11, 7D14)

12. Administer standardized questionnaires and perform data collection within the plan of care and at intermediate level of supervision from the physical therapist. (7D24)

13. Demonstrate a high level of professionalism as demonstrated by a commitment to learning, good communication skills, effective use of time and resources, appropriate use of constructive feedback, responsibility, critical thinking and problem solving, stress management, and safety at intermediate level of supervision by the physical therapist. (7D1, 7D4, 7D5, 7D14)

14. Participate in discharge planning and follow-up processes as directed by supervising physical therapist at intermediate level of supervision by the physical therapist. (7D22)

15. Interact with and propose effective instructions to others that are commensurate with the needs of the patient, caregiver or healthcare personnel at entry level of supervision by the physical therapist. (7D12, 7D15)

16. Educate patients, families and healthcare professionals about the role of the PTA at intermediate level of supervision by the physical therapist. (7D12)

17. Demonstrate accurate and timely information for billing and reimbursement purposes at intermediate level of supervision by the physical therapist. (7D31)

18. Examine the different aspects of organizational planning and operation of the physical therapy service. (7D30)

19. Examine quality assurance activities at intermediate level of supervision by the physical therapist. (7D29)

20. Recognize the role of the PTA in the clinical education of PTA students. (7D4)

21. Student will demonstrate and adhere to legal practice standards, including all federal, state and institutional regulation related to patient/client care and fiscal management. (7D1)

22. Student will perform duties in a manner consistent with the Guide for Conduct of the PTA and Standards of Ethical Conduct to meet the expectations of patients, member of the physical therapy profession and other providers as necessary at intermediate level of supervision by the physical therapist. (7D1, 7D4)
23. Performs duties in a manner consistent with APTA’s Values Based Behaviors for the PTA at intermediate level of supervision by the physical therapist. (7D5)

24. Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values at intermediate level of supervision by the physical therapist. (7D4, 7D5)

25. Communicate effectively with all stakeholders including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers at intermediate level of supervision by the physical therapist. (7D7)

26. Identify, respect and act with consideration for patients’/clients’ differences, values, preferences and expressed needs in all work-related activities at intermediate level of supervision by the physical therapist. (7D8)

27. Apply current knowledge, theory and clinical judgment while considering the patient/client perspective and the environment based on the plan of care established by the physical therapist at intermediate level of supervision by the physical therapist. (7D9)

28. Interview patients/clients, caregivers and family to obtain current information related to prior and current level of function and general health status at intermediate level of supervision by the physical therapist. (7D15)

29. Read health records, lab values, diagnostic tests, specialty reports, narrative consults and physical therapy documentation prior to carrying out the plan of care at intermediate level of supervision by the physical therapist. (7D18)

30. Demonstrate competence in performing components of data collection skills including pain questionnaire, within the appropriate role and responsibility level of a PTA and within the plan of care designated by a physical therapist at intermediate level of supervision by the physical therapist. (7D23)

31. Determine when an intervention should not be performed due to clinical indications or when the intervention is beyond the scope of the PTA at intermediate level of supervision by the physical therapist. (7D21)

32. Report any changes in the patient’s status to the supervising physical therapist at intermediate level of supervision by the physical therapist. (7D20)

33. Demonstrate competence in measurements of standard vital signs, recognizing and monitoring of responses to positional changes and activities at intermediate level of supervision by the physical therapist. (7D24a)

34. Practice an attitude that values the provision of patient-centered interprofessional collaborative care at intermediate level of supervision by the physical therapist. (7D28)

35. Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist at intermediate level of supervision by the physical therapist consisting of:
   - Breathing exercises, coughing techniques and secretion removal (7D23a)
   - Assistive/adaptives devices, prosthetics and orthotics (7D23b)
   - Biophysical agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies (7D23c)
   - Functional training in self-care; domestic, education, work, community, social & civic life (7D23d)
   - Manual therapy techniques; PROM and therapeutic massage (7D23e)
   - Motor function training; balance, gait, etc. (7D24f)
• Patient education (7D12, 7D23g)
• Therapeutic exercise (7D23h)
• Isolation techniques, sterile techniques, application and removal of dressing or agents & identification of precautions for dressing removal (7D23i)

36. Demonstrate competence in performing components of data collection skills (e.g. pain scale, MMT, goniometry etc.) essential for carrying out the plan of care by administering appropriate tests and measures at intermediate level of supervision by the physical therapist for the following areas:
   • Height, weight, length and girth (7D24b)
   • Patient’s state of arousal, mentation and cognition (7D24c)
   • Ability of individual’s and caregiver’s ability to care for the assistive device, recognizing changes in skin condition and safety factors while using devices and equipment (7D24d)
   • Gait, locomotion and balance: safety, status and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility (7D24e)
   • Integumentary integrity; detect absent or altered sensation, normal and abnormal integumentary changes, activities, positioning and postures that aggravates or relieve pain or altered sensations, or that can produce associated skin trauma, and recognizing viable versus nonviable tissue (7D24f)
   • Joint integrity and mobility; detect normal and abnormal joint movement (7D24g)
   • Manual muscle testing/strength; presence or absence of muscle mass, normal and abnormal muscle length and changes in muscle tone (7D24h)
   • Detect gross and fine motor milestones, and righting and equilibrium reactions (7D24i)
   • Pain questionnaires, visual analog scales for pain; and recognizing activities, positioning and postures that aggravate or relieve pain or altered sensation (7D24j)
   • Posture; alignment of trunk and extremities at rest and during activities (7D24k)
   • Range of motion; measuring functional ROM and ROM using an appropriate measurement device (7D24l)
   • Self-care & civic, community, domestic, education, social and work life through inspecting the physical environment and measuring physical spaces; recognizing safety barriers in the home, community and work environments; recognizing level of functional status and administering standardized questionnaires to patients and others (7D24m)
   • Detect signs and symptoms of respiratory distress and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity and cough and sputum characteristics (7D24n)

37. Evaluate & participate in efforts to increase patient and healthcare provider safety during each clinical experience. (7D27)

38. Student will demonstrate sound moral reasoning and implement a plan of action when delivering physical therapy services in a manner consistent with established legal standards, standards of the profession, and ethical guidelines at the intermediate level of performance (7D6).

*Students should be at entry level by the completion of Spring II clinical (PTAT 2494).

Activities in which the student may participate in order to fulfill the above objectives may include, and not be limited to: presenting an in-service presentation; researching and reporting on professional literature; assisting in the development and deliverance of small group instruction; writing a college-level report, case study, or article review(s); participating in clinical research projects; composing self-evaluation reports.

27
Please realize that the student has two rotations in this semester and should become entry level and act in an independent manner as he/she works in each setting.

It is realistic to expect that the student may not be entry level as quickly in rehab-specific or home health setting as in other settings; but evidence of student progression must be made in order to reach the ultimate goal of job-readiness by the end of the rotation. If progress is not made, the student must be counseled and the ACCE notified as soon as possible.

Any student who does not exhibit the potential for job readiness as a PTA at the end of the final rotation, must be counseled and the ACCE notified as soon as possible.

CLINICAL GRADE DETERMINATION

The student's final grade for the clinical course will not be the sole responsibility of the clinical instructor. Rather, the final grade is composed of several weighted items and is the responsibility of the ACCE or assigned faculty member.

The grade focuses on the completion of the course objectives through the: completion and timely return of all required paperwork; time completed in the clinic; mid-way and final evaluation as denoted on the PTA CPI (including thorough self-assessment by the student) as well as the written and verbal comments made by the clinical faculty; completion and correctness of any project required by the ACCE or clinical rotation.

The clinical instructor may deem it necessary for a student to practice a treatment procedure student to student or instructor before implementing the procedure on a patient. Any student who feels uncomfortable about receiving or giving practice treatments of said procedures has the right and the responsibility to discuss their concerns with the clinical instructor and program director before the onset of the activities. Measures should be taken to ease the person into full participation as appropriate. If the student has any contraindication with regards to receiving any practice treatment the student must have a written note from a physician excusing them from receiving the practice treatment. Continued non-participation should be addressed by the ACCE and the program director.

PTA FACULTY

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ACCE/Instructor
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Cell Phone: 765-744-5986
Daniel.ashley@volstate.edu
### CPI Rating Scale Anchors

<table>
<thead>
<tr>
<th>Performance Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning Performance Level</strong></td>
<td>A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions. At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner. Performance reflects little or no experience in application of essential skills with patients. The student does not carry a patient care workload with the clinical instructor (a PTA directed and supervised by a physical therapist assistant or a physical therapist).</td>
</tr>
<tr>
<td><strong>Intermediate Performance Level</strong></td>
<td>A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions. At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection. The student is capable of maintaining 50% of a full-time physical therapist assistant’s patient care workload.</td>
</tr>
<tr>
<td><strong>Entry Performance Level</strong></td>
<td>A student who is capable of completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist. At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection. The student consults with others to resolve unfamiliar or ambiguous situations. The student is capable of maintaining 100% of a full-time physical therapist assistant’s patient care workload in a cost effective* manner with the direction, supervision and mentorship of the physical therapist.</td>
</tr>
</tbody>
</table>
PTA CPI Web Instructions for a CI

Login to PTA CPI Web at [https://cpi2.amsapps.com](https://cpi2.amsapps.com)

1. Your **username** is your email address provided to the school you are working with.
2. **If you have previously created a password in PTA CPI Web or PT CPI Web, please use that password to login.** If you do not have a password or forgot your password, please follow these steps to create your password:
   i. Go to the CPI Web address ([https://cpi2.amsapps.com](https://cpi2.amsapps.com)).
   ii. Click on the link “I forgot or do not have a password”.
   iii. Enter your User Name in the box provided.
   iv. Click on the Continue button.
   v. Check your email account inbox for further instructions on how to set/update your password.

**PLEASE NOTE:** Make sure to close out of any internet browsers containing CPI Web prior to accessing the link in your email as this may result in an error when trying to set/reset your password. The link to change/create your password that is included in this message will expire 24 hours after the message has been created. If you try to access the link after 24 hours, you will receive a notification that the temporary authorization link is invalid. If this should occur, you will need to click on the 'I forgot or do not have a password' link located on the login page for CPI Web to receive a new password reset link.

Update Information – This needs to be done at least once per year (If your information is up-to-date, please go to Editing the CPI)

1. Click on the ‘My Info’ tab to update your information. You must update the APTA Data Release Statements found in the Data Authorization section. **Also, please make sure that your credentials and certifications are accurately listed.**
2. When you are finished editing, hit the ‘Update’ button.

Verify APTA PTA Training – This can only be done if you are assigned to evaluate a student on an Open evaluation (If you’ve previously done this, please go to Editing the CPI)

1. **Click on your student’s name in the ‘My Evaluations’ section on your home page or click on the Edit link found in the Actions column in the Evaluations tab.**
2. You are prompted to verify if you have completed the APTA PTA CPI Training. **If you have completed the training, please click the ‘I have completed the APTA PTA CPI online training and assessment.’ button.**
   a. If you have not completed the training, please follow the directions on the page to take the APTA PTA CPI Training.
   b. If the email address you took the training with is different than your username, you will be prompted to enter the email address registered with APTA.
   c. If you are having issues verifying you’ve completed the training, please contact PTA CPI Web Support at [ptcpiwebsupport@liaison-intl.com](mailto:ptcpiwebsupport@liaison-intl.com). Please provide your name, email address used to take the training, and the date you completed the training so that we can manually verify your training completion.
Editing the CPI
1. Once you have verified you have completed the APTA PTA CPI Training, you will see all 14 sections of the CPI.
   a. You can edit one criterion at a time by clicking on the ‘Edit Now’ link on the right.
   b. You can edit all criteria at the same time by clicking on the ‘Edit All’ column header link.
2. Click on ‘View Essential Skills’, ‘View Introduction’, and ‘View Instructions’ to view the details of how to fill out the CPI.
3. Mouse over any underlined word to view an APTA glossary definition. This is available for the Performance Dimensions and the Anchor Points on the APTA Rating scale.
4. Add comments to the comment box and select the rating for the student on the slider scale. For the Interventions, please make sure to select whether a skill was Performed, Observed, or Not Available.
5. When you are done editing a section, click on the ‘Section Sign Off’ checkbox and hit the ‘Save’ button. Hitting Save will save the work edited on all criteria. Be sure to save your work!! If you leave the page without saving, your comments could be lost!!

Signing off on the CPI
1. Once all sections are marked as ‘Completed’, please sign-off on your CPI. In order to sign-off, you would need to click on the Evaluations tab and then on the ‘Sign-off’ link found in the Actions column. Once this has been done, you would need to scroll to the bottom of the page, select the checkbox associated with the signature, and then click on the ‘Save’ button.
2. Once you sign off on your CPI, you are unable to make any further edits! Your student will be able to view your CPI only if they have also signed off on their own CPI.

Viewing your CPI with your Student and Signing-Off on your student’s CPI
1. Click on the Evaluations tab.
2. Click on ‘View’ link in the Actions column.
3. Use the filters to see the comments from both the student and the CI at the same time.
4. In the Evaluations tab, you will also see a link to ‘Sign-off’ on your student’s CPI indicating you’ve discussed the performance with your student. Please follow the Sign-off procedures listed in the previous section to complete the sign-off on your student’s CPI.

Additional Features/Tips:

Creating a Critical Incident Report using CPI Web (only to be used as needed)
1. To create a Critical Incident Report, click the link that says ‘[Critical Incident]’.
2. Record the details of the incident clearly and concisely without reflecting any biases into the Behavior, Antecedent, Consequence, and Comments text boxes.
3. Once you are finished recording the incident, click on the ‘Submit Critical Incident’ button. When a Critical Incident report is properly submitted, the following text will appear on the screen in bold green lettering, ‘You have successfully filed a Critical Incident Report.’ If you do not see this text displayed on the screen, please click on the ‘Submit Critical Incident’ button again.
4. Once submitted, a Critical Incident Report notification will be emailed to the CCCE, ACCE and student.
5. Any completed Critical Incident Reports can be found in the Critical Incidents tab where it can be viewed and additional comments can be entered.
Submitting a Significant Concern - This **MUST** be accompanied by a Critical Incident Report using CPI Web

1. Select the **Significant Concern** checkbox.
2. A pop-up box will appear with the following text. *You have indicated a Significant Concern for this criterion. A Significant Concern must be accompanied with a Critical Incident report. Click "OK" to document and submit a Critical Incident report. Click "Cancel" to uncheck the Significant Concern for this criterion.*
3. If you click on the **'OK' button**, the **Critical Incident Report** text boxes will automatically appear. Please follow the steps listed above to create and submit the **Critical Incident Report**. **PLEASE NOTE:** If the Critical Incident Report is not submitted, the Significant Concern will not be submitted. Once a Significant Concern and accompanying Critical Incident Report are submitted, these CANNOT be reversed!
4. If you click on the **'Cancel' button**, the Significant Concern will not be submitted.

**Adding Post-Assessment Comments to the CPI:**

1. Once you sign-off on the CPI, you cannot go back in to make further edits. After your meeting and review with the student, if you needed to enter in additional comments about the CPI, you would be able to add **post-assessment** comments to the CPI by clicking on the **'View'** link in the **Evaluations** tab and then adding in the comments in the appropriate box near the bottom of the page. Postassessments can only be made by the CI or student once they have signed-off on their own evaluation as well as signed-off on each other's evaluations.

**Here are some things to note when there are multiple CIs assigned to evaluate one student in CPI Web:**

1. Only one CPI is created. All of the CIs would work on the CI portion of the CPI and the student would work on one self evaluation.
2. Each CI would have a separate comment box for all of the criteria. They would be able to see what the other CI had written, but they are unable to edit the other CI's comments.
3. There is only one rating scale for each criterion for the CIs. This is a shared scale amongst the CIs listed on the evaluation meaning that one CI can edit the rating that was selected by the other CI.
4. The minimum requirements to mark the section sign-off box for each criterion are that at least one CI comment box must be completed for the criterion and there must be a rating selected for the criterion. For example, if one CI commented on the CPI and the other CI agreed with what the other CI had written, the other CI wouldn’t be required to enter in any comments on the CPI.
5. Once all of the section sign-offs have been checked and the evaluation is listed as Completed, either CI would be able to Sign-off that the evaluation is completed by clicking on the Sign-off link found in the Actions column in the Evaluations tab.

**PLEASE NOTE:** Once the evaluation part has been signed-off on, it will lock out any other CIs from being able to edit that evaluation part.

If you have any questions, comments or run into any issues using PTA CPI Web, please contact Support at [ptcpiwebsupport@liaison-intl.com](mailto:ptcpiwebsupport@liaison-intl.com).
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If you have any questions, comments or run into any issues using PTA CPI Web, please contact Support at ptcpiwebsupport@liaison-intl.com.
Student Clinical Readiness Questionnaire

Student Name______________________________________________________

1. Name of Clinical Facility____________________________________________

2. Clinical Setting

   Hospital-Inpatient_____ Skilled Nursing Facility_____  
   Hospital-Outpatient_____ Rehabilitation_____  
   Private PT Clinic_____ Pediatrics_____  

3. Types of patient care activities I need further exposure to:

4. Skills, I need to practice and build upon:

5. Skills, I practiced and feel comfortable performing:

6. My clinical strengths are:

7. My clinical areas needing improvement and practice are:

8. Activities I would like to see or practice in my clinical term:
# Student Self-Assessment for Clinical I Experience

Rate the skills below by circling the number most representative of your readiness:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unprepared</td>
<td>Unsure</td>
<td>Ready but need more practice</td>
<td>Ready but a little nervous</td>
<td>Ready and confident</td>
<td></td>
</tr>
</tbody>
</table>

1. How do you rate your ability to perform the following treatment interventions?

<table>
<thead>
<tr>
<th>Intervention</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Bed Mobility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Ambulation Training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Therapeutic Exercise Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Manual Muscle Testing: Ortho patient</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>ROM Measurements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Postural Analysis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Gait Analysis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Palpation Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Progressing Exercise Programs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Body Mechanic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>a. Self</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Patient Education</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

2. Are you prepared to build and establish relationships with:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Personnel</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>A patient that exhibits irrational or disturbed behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>A patient that has difficulty comprehending instructions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>A patient with different cultural attitudes and beliefs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Are you ready to explain a home treatment plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Has the information that was provided to you by the Program Director and ACCE prepared you for your clinical affiliation?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The student has completed the clinical readiness self-assessment above, has passed all of the lab practical exams, and is in good academic standing. The student is ready for clinical placement.

---

ACCE Signature/Date

Student Signature/Date
This Clinical Handbook of policies and procedures has been prepared to assist you in successful completion of the PTA Program. We expect you to become familiar with information contained in this Handbook and to keep it available for reference.

If you have difficulty understanding anything in this Clinical Handbook, in the VSCC PTA Student Handbook, VSCC Catalog or VSCC Student Handbook, please request clarification from your faculty advisor.

By signing this statement, I acknowledge receipt of the VSCC PTA Program’s Clinical Handbook and accept my responsibility to observe the policies and procedures outlined in this booklet and in other VSCC Documents. I understand that I am bound to the policies and procedures outlined in this Handbook.

Student’s Signature ____________________________ Date ____________________

(TO BE RETAINED IN STUDENT’S PTA PROGRAM FILE FOR FIVE YEARS AFTER THE STUDENT GRADUATES OR LEAVES THE PROGRAM.)