Clinical Instructor Manual
2017

Physical Therapist Assistant Program
Athletic Trainers Transition
Ashtabula Campus

Revised January 2017
Dear Clinical Educator,

Thank you for your willingness to participate in the clinical education of Physical Therapist Assistant students from Kent State University. We understand having a student adds to your already busy schedule and our goal is to support you and the student as much as possible during each Clinical experience. Clinical education is a very important part of the PT profession and we again thank you for the time, effort and support you have offered to the PTA Program and its students.

Practicum courses are designed to allow students to progress from a beginner level to an entry-level competency in all required skills to become a Physical Therapist Assistant. Practicum I is designed to enable students to practice skills they have acquired in the first year of the PTA program. Skills and objectives required to be met in Practicum I are defined in the course syllabus, the CI Manual, as well as the scoring rubric for final evaluations completed in the PTA CPI Web. As a student progresses in the Practicum sequence of the curriculum, they are expected to require less supervision and assistance from assigned clinical instructors for Practicums II and III, until reaching entry-level performance.

We hope you find the Clinical Instructors’ Manual helpful; it was designed with you in mind. Prior to the student’s arrival, or within the first week of the practicum, you should have also received the course syllabus and PTA CPI web training information.

Please feel free to contact us with any questions, comments, or concerns you may have.

Sincerely,

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PTA Program Mission Statement
The Physical Therapist Assistant Program at Kent State University prepares graduates to be employed as physical therapist assistants who work under the direction and supervision of a physical therapist. Graduates will have the critical thinking skills, excellent knowledge base, competent technical skills, and behaviors consistent with expectations of the physical therapy profession and the communities it serves.

PTA Program Philosophy
PTA Program Philosophical Statement the Physical Therapist Assistant Program faculty supports the mission of Kent State University, the Regional College, the East Liverpool Campus, and the PTA Program. These mission statements form the foundation for our most basic beliefs, concepts, and attitudes regarding the education of future physical therapist assistants to meet the expectations of the physical therapy profession and society in general.

Society expects post-secondary education to graduate students who have a set of functional knowledge and skills that allows them to be contributing members of society. Graduates of the PTA Program at KSU must not only have the foundational knowledge, basic skills, and essential behaviors to be employed today, they also should be prepared to discover, create, apply and share knowledge to meet the changing needs of society with ethical and humanitarian values throughout their lives.

Society expects the Health Care system to provide the highest quality care using the most affordable delivery methods possible in an ever changing system. Our graduates must be able to work within the ever changing healthcare environment to meet the needs of multiple communities of interest while providing high-quality, efficient and cost effective services to their patients.

The role of physical therapy is expanding from the traditional treatment for injuries, functional limitations and disability to include wellness and preventative care, including screening and education. Physical therapy services are provided in many settings, including hospitals, private practices, outpatient clinics, home health agencies, schools, sports and fitness facilities, work settings, and extended care settings. The Physical Therapists and the Physical Therapist Assistant provide these services to improve physical function and minimize injury potential for patients and clients throughout the lifespan.

Physical therapists are increasingly Doctors of Physical Therapy who provide an entry point into the health care system and often act as advocates for patients and clients within that system. They are health care professionals who examine, diagnose, and then prevent or treat conditions that limit the ability to move and function in daily life. Our graduates must be able to work with and for doctors of physical therapy.

The physical therapist assistant (PTA) is educated and licensed to work under the direction and supervision of a physical therapist (PT). PTAs work with physical therapists to provide components of care for patients of all ages who have medical problems or other conditions that limit their abilities to move and perform functional activities in their daily lives. Our graduates must adhere to the highest legal and ethical standards; be able to motivate and communicate with patients; provide effective, efficient, logical, and evidence-based interventions to progress treatments within the PT established plan of care; maintain open communications and respectful relationships with their supervising PT; and demonstrate confidence in their role and abilities, sound clinical judgment, independent thinking, and a desire to learn and adapt.

The learning process requires the active participation of both students and faculty in a sequential plan of study with clear expectations and defined benchmarks and outcomes. Learners of all ages come into the PTA Program from a wide variety of social, economic, cultural and academic backgrounds, bringing a wide variety of life experience to the learning environment. Selective admissions into the PTA program established a minimum standard of academic and behavioral abilities that forms a common foundation for all admitted students. The selective admissions establishes equity between students who are able to work together to achieve their educational goals.
The learning environment should provide a comfortable setting with current materials, modern equipment and technology that enhances learning. It needs to be dynamic and guided but not dictated, challenging but not overwhelming, visually and mentally stimulating, and address the needs of visual, verbal and physical learners. The PTA Program uses three distinct settings to create unique and relevant learning experiences. The classroom, whether on-campus or online, is where foundational knowledge and concepts are taught and assessed. The laboratory provides a simulated environment to apply knowledge, learn and practice skills, and demonstrate essential competencies. The clinical education setting provides real world experience with patients under the guidance of a licensed PT or PTA.

An effective curriculum plan is a series of progressive learning experiences that build on previously learned skills, knowledge and behaviors to use higher orders of thinking, develop more complex skills, and refine the value-based behaviors needed by a PTA. The classroom, laboratory and clinical settings each provide unique and essential learning experiences that combine to achieve the curriculum objectives and prepare graduates to work as an entry-level physical therapist assistant in a variety of settings. The Physical Therapist Assistant Technology (PTST) curriculum must include core content in anatomy, physiology and therapeutic interventions for common neuromuscular, musculoskeletal, cardiovascular and integumentary disorders throughout the lifespan. Throughout the course of study emphasis is placed on best practice guidelines; provision of safe, ethical and legal care; assessment of treatment effectiveness; the use of research to guide patient care; and effective documentation and communication. Graduates are prepared to pass the National Physical Therapist Assistant Examination, and be employed as a licensed physical therapist assistant.

Faculty guide, direct and facilitate the learning process by providing current resources, designed learning activities, and regular feedback so that all students have every possible opportunity to achieve the desired outcomes and earn a degree. The faculties are not only educators, but licensed physical therapists and physical therapist assistants, with a duty to assure that all graduates meet or exceed the physical therapy community’s minimum expectations of a PTA. Faculty use their professional judgment to assess the student’s ability to critically think, retain and apply knowledge, perform technical skills, and demonstrate the behaviors necessary to progress in the PTA Program.

Students in the PTA Program must take responsibility for their own learning. They must be committed to investing the time and effort to acquire the knowledge, skills, and behaviors required of a PTA. Fully participating, taking the initiative to learn, practicing and studying regularly, asking timely questions, having a positive attitude, and staying organized are all keys to student success and maximizing their potential. Graduates will be confident in their ability to learn new things, eager to use their specialized knowledge and skills to benefit others, and capable of problem solving and deductive reasoning to adapt to new and changing situations.

Expected Student Outcomes

The Kent State University graduate with an AAS-PTST degree demonstrates the ability to provide physical therapy services in a legal, ethical and culturally competent manner.

1. Provides appropriate and effective physical therapy interventions within the plan of care established by a physical therapist.
2. Effectively communicates with others, teaching or instructing when appropriate.
3. Produces legal and ethical documentation to meet professional expectations and the needs of third party payers.
4. Ethically manages fiscal and human resources to provide high-quality, efficient and cost-effective physical therapy services.
5. Consistently demonstrates the value-based behaviors of a physical therapist assistant.
Clinical Instructor Resources and Support

Excellent clinical education learning experiences begin with Clinical Instructors who are prepared to teach, mentor and assess student performance based on program expectations. Therefore, it is the Policy of the Physical Therapist Assistant Technology program to provide each Clinical Instructor with the support, instruction and resources to develop the competencies needed to be an excellent Clinical Instructor.

Benefits to Clinical Instructors

✓ Access to KSU research databases and other library resources.
✓ A.P.T.A. Credentialed Clinical Instructors Earn CEU’s.
✓ 3 free CEU’s for completion of the Physical Therapist Assistant Clinical Performance Instrument training.
✓ Invitations to CEU courses held or hosted by Kent State may be available at a reduced cost to the CI.
✓ Administrative and faculty support for instruction and research needs of active contracted clinical sites.
✓ Annual recognition of the “Clinical Instructor of The Year”.

Phone & Email Support

Clinical Instructors have unlimited access to the faculty and administrators in the PTA program at Kent State University. The ACCE is only a phone call or email away and always willing to provide guidance, information or feedback regarding a specific situation or a general question.

PTA CPI–Web Assessment Tool

PTA CPI–Web is the assessment tool completed by both the student and the clinical instructor at the final evaluation, and when required at midterm. The tool uses a categorical scale rating and written comments in each of 14 performance criteria to assess student clinical performance. In order to promote consistency between instructors, all new clinical instructors must complete an initial CPI-web training. Additional CPI web guidelines are available in Appendix D.

Library Access

Clinical Instructors can access the Kent State University at Ashtabula and Kent State University at East Liverpool’s Library/Learning Resource Centers on location during normal business hours. For non-local CI’s, the ACCE can act as the liaison between the CI and Campus Librarian to obtain the desired information. Please allow 10-14 business days to fulfill requests. Clinical Instructors also have access to OhioLINK Library Catalog at https://olc1.ohiolink.edu/.

Resources for CI Development

An extensive selection of recommended online resources is currently available on the Clinical Instructor Resources webpage at http://www.kent.edu/ashtabula/health-degrees/ptst-clinicals, including the following topics:

- State Practice Information
- American Physical Therapy Association (A.P.T.A.) Resources
- Writing Goals and Objectives
- Learning & Teaching Styles
- Clinical Problem Solving
- Time Management
- Providing Student Feedback
Clinical Education Policies and Procedures

ACCE Responsibilities

- Establish and maintain contractual agreements between KSU and the clinical education facilities.
- Notify the CCCE in writing of clinical education dates prior to their occurrence.
- Send specific student information and clinical assignment prior to the start date of a clinical education experience. Provide the student with clinical assignment, location and phone number and contact person prior to the beginning date of a clinical education experience.
- The ACCE communicates with both the student and the clinical instructor to obtain feedback related to the performance of the student and his/her progress toward meeting the learning objectives of the clinical experience.
  - Make regular contacts with clinical facility by phone, email, video conference, or site visits during each clinical education experience.
- Consult and mediate with the student, CCCE and/or CI regarding any clinic related problems.
- Assist clinical education facilities in developing quality educational programs for students.
- Assist the CCCE in providing educational opportunities to develop Clinical Instructor’s.
- The ACCE assigns a pass or fail grade for a clinical experience in consultation with the CI and CCCE.
- Distribute Kent State University’s liability insurance to students and clinical sites (as requested).
  - Kent State University carries liability insurance for all students and faculty.

CCCE Responsibilities

- Notify the ACCE of probable availability or commitment to clinical education dates and of changes in terms of the clinical education experience (such as immunizations required, etc.).
- Oversee and ensure the students receive appropriate and varied clinical experiences.
- Maintain current contracts with KSU, and update Clinic Site Information Forms (CSIF) annually.
- Assist with communication in regards to any problems or concerns regarding a student during the clinical education experience.
- Assign appropriate supervision as required by state law and APTA guidelines.
- Evaluate ACCE performance when requested.
- Provide adequate orientation to the facility including, but not limited to:
  - A tour of the department and the facility
  - A review of facility policies and procedures
  - An introduction to department personnel
  - An introduction to patient records, billing, documentation, scheduling, etc.
  - A discussion of clinical scheduled hours and breaks
  - A review of learning experiences and opportunities the facility has to offer
  - A review of emergency procedures
  - A review of specific protocols used by the clinic site
  - A discussion of learning styles, needs, and background of the student
CI Responsibilities

- Instruction in Physical Therapy procedures, techniques and treatment rational.
  - When a CI determines that the student should learn clinic specific skills not previously taught in the curriculum, the CI must assume the responsibility of providing instruction, practice and competency testing.
  - The CI assumes responsibility for determining when the student is safe to use the new skill with patients in the clinical setting.

- Direct supervision, guidance and direction of students in the clinical setting is provided by a licensed PT or PTA who is an employee of the clinic site.
  - The supervising physical therapist or supervising physical therapist assistant is required to be on-site and available to immediately respond to the needs of the patient whenever the student physical therapist assistant is performing patient intervention.
  - Appendix B provides information about supervision requirements in Ohio, Pennsylvania and West Virginia, as well as the guidelines of the APTA and regulations of Medicare Part A and B.

- Provide appropriate and varied clinical experiences.

- Provide frequent feedback regarding performance.

- Complete weekly planning form with student in a timely manner.

- A discussion of objectives, goals, weekly planning form, review of the syllabus, and other clinical assignments required by the student

- Complete PTA CPI web training.

- Complete CPI student evaluation
  - At the end of the first affiliation and at the middle and end of the second and third affiliations. (see Appendix I for grading rubric)
  - It is expected that the Clinical Instructor (CI) provides honest, accurate, unbiased, and complete evaluations of student performance.
  - Any “Critical Incidence” reports and “Significant concerns” need to be communicated with the ACCE at the first opportunity and documented within the CPI.
  - In addition to the CPI-Web evaluations, the clinical instructor or CCCE must provide the ACCE with copies of any supplemental forms or documentation, including but not limited to Warning Notice, Critical Incident Reports, Weekly Planning Forms, etc. (See samples in Appendix A).

- Meet with the ACCE at midterm during each clinical via phone, video conference, or site visit to discuss student progress.

- Contact the ACCE and CCCE immediately, at the first indication of a problem or concern regarding a student during the clinical education experience. Provide the ACCE with written documentation of critical incidents or anecdotal records.

- Any questions, concerns or comments regarding the PTST programs expectations for clinical education, or a student’s performance in the clinical setting should immediately be communicated to the ACCE.

- May nominate students for Clinical Distinction
  - Clinical Distinction is awarded to students who go above and beyond the basic requirements throughout a clinical education experience. Clinical Instructors may nominate their student for consideration if the CI feels that it is appropriate.
Assessment of Students in the Clinical Setting

Every effort is made by the academic program to only place students in clinical education experiences that are determined, by the faculty, to be competent in all taught/learned curriculum content (Appendix H). The curriculum is sequential and cumulative, therefore students in PTST 11092 & 22092 will not expected to be entry-level clinicians, however; they do have the knowledge, skills and behaviors needed to meet the course objectives.

CPI Web and components

CPI –Web is completed by both the student and the clinical instructor at the final evaluation, and when required at midterm. These evaluations include a categorical scale rating, and written comments for each performance criteria, as well as summative comments and signatures. Instructions for completing the CPI web are available at PTA CPI Web and in Appendix D.

The mid-term evaluations are used to provide feedback to the student and ACCE regarding the student’s performance and progress toward meeting the educational objectives. Final evaluations provide the ACCE with critical information in determining the pass or fail grade for a student’s clinical experience.

Performance Criteria

Each of the fourteen (14) Performance Criteria (listed below) are rated by the clinical instructor on a categorical scale and supported with written comments. Five Performance Criteria are Red Flag items (in bold *) that are considered foundational to student clinical performance. Any concern in a Red Flag item should be reported to the ACCE immediately. (Appendix I)

1. Safety *
2. Clinical Behaviors *
3. Accountability *
4. Cultural Competence
5. Communication *
6. Self-Assessment and Lifelong Learning
7. Clinical Problem Solving *
8. Interventions: Therapeutic Exercise
9. Interventions: Therapeutic Techniques
10. Interventions: Physical Agents and Mechanical Modalities
11. Interventions: Electrotherapeutic Modalities
13. Documentation


Critical Incident and Significant Concerns

“Critical Incidence” reports and “Significant concerns” items in the CPI evaluation require immediate consultation with the ACCE (phone or email) to determine an appropriate course of action. A “Critical Incident” will automatically inform the ACCE. “Significant Concerns” will only be visible to the ACCE after the evaluation is completed and signed off.
Supplemental Documentation

Warning Notice

The Warning Notice is issued when there are significant concerns about the student’s performance. The Warning Notice indicates that the student may be in jeopardy of a Failure to Progress, or of being dismissed from the PTA Program if the behaviors of concern continue.

1. Students are expected to make the necessary behavioral adjustment following remediation from any instructor. The need for additional remediation normally results in a Warning Notice.
2. Students are expected to adhere to the policies and procedures of Kent State University, the PTA Program, clinic sites, as well as the regulations and laws governing the practice of physical therapy. A Warning Notice is issued when students fail to meet these expectations.

Procedures for Issuing a Warning Notice
A. The Program Director or ACCE receives verbal information and/or written documentation of a situation that warrants a Warning Notice.
B. The Program Director or ACCE and other parties of interest meet with the student to
   1. Clarify the concerns
   2. Review applicable policies and procedures
   3. Articulate the expectations of the PT Profession
   4. Describe consequences of continued behavior
   5. Issue a written Warning Notice and obtain signatures

Learning Contract

There are times when a student requests accommodations beyond the program’s normal progression, or when a faculty member identifies deficiencies in a student’s knowledge, skill or behavior that would benefit from remediation. These deficiencies may include student difficulties with course content, behavior, or clinical performance. The Learning Contract is normally used in the clinical setting to assist both the student and Clinical Instructor to achieve a positive outcome for the clinical education experience. Each Learning Contract is custom designed for the situation and agreed to by the student, the Program Director, and any other third parties involved in the plan, including PTA faculty, the ACCE, and clinical instructors.

The development of a Learning Contract is a participant-centered problem solving process that results in an individualized agreement that meets the needs of both the student and the PTA Program. The Learning Contract is an individualized plan of action that identifies a specific area of concern, establishes specific learning objectives, and provides guidance for learning activities and timelines to achieve student success. The student or any member of the PTA faculty may initiate the need for a Learning Contract.

Anecdotal Records

This is a supplemental tool that is used to provide the student with written feedback about their performance. Although not required, the Anecdotal Record is useful in highlighting both positive and negative behavior in specific situations, and supports the summative evaluation of the students’ performance. The CI is encouraged to involve the student in this process.

Weekly Goals/Planning Forms

The Weekly Planning Form is completed by students on a weekly basis. The form is designed to provide students with experience in writing and achieving goals, assist the student with self-assessment throughout the clinical experience, and to provide for structured communication between the student and
The CI is expected to review the student assessment of the current week and the goals for the coming week, providing feedback to the student as appropriate. Weekly planning forms need to be signed and dated by the CI. Students submit the Weekly Planning Form to the ACCE upon request and at the final.

**Values-Based Behaviors**
The self-assessment tool for the Values-Based Behaviors is intended to increase the awareness of student’s behaviors throughout the PTST program and can be utilized as an additional tool to assist the students in developing the eight Value-Based behaviors as defined by the APTA.

**Email, and phone**
The ACCE is readily available by email and phone as a resource to help students and CI’s have a rewarding clinical education experience and positive outcomes. Any questions, concerns or comments regarding the PTST programs expectations for clinical education, or a student’s performance in the clinical setting should immediately be communicated to the ACCE.

**Complaints, Concerns & Compliments**
Feedback regarding the PTA Program at Kent State University, including the curriculum, outcomes, students, or faculty is appreciated and welcome. Please put any comments in writing to the assistant dean. Ashtabula Campus: kdeemer@kent.edu East Liverpool Campus: srossi3@kent.edu

**Chain of Communication**
The step-wise progression through the Chain of Communication should be used to achieve an appropriate resolution to any concern. When resolution/understanding is achieved, the process ends without going to the next person in the chain of command.

1) Self-assess and review your facts and perceptions
2) Speak privately and calmly with the individual to express your questions or concerns.
3) Make an appointment to discuss your concerns with the individual’s immediate supervisor.
   a. Instructors and ACCE → Program Director
   b. Clinical Instructors → CCCE and ACCE
   c. CCCE → ACCE
   d. Program Director→Allied Health & Nursing Program Director or Assistant Dean
4) Initiate a formal grievance with the Assistant Dean as outlined in the KSU Policy register.
Course Grades – Practicum in Clinical Education

**Passing a practicum (PRA) course** with an earned grade of satisfactory (S) requires both of the following criteria be met. An Unsatisfactory (U) grade in a practicum course results in a Failure to Progress and requires the course be re-taken.

1. **Pass the associated Clinical Education Experience**
   a) The ACCE, in consultation with the CCCE, CI, student, and PTA faculty, determines if the student has achieved the expected outcomes and meets the minimum academic standards to pass the clinical education experience.
   b) ACCE considerations in determining a pass or fail grade of a clinical education experience:
      i. Clinical setting & complexity of the environment
      ii. Experience with patients in that setting
      iii. Course objectives
      iv. Level of didactic & clinical experience completed within the curriculum
      v. Expectations of the clinic site & academic program
      vi. Relative weighting or importance of each performance criteria
      vii. Progression of performance from mid to final evaluation
      viii. Indication of “significant concerns” or “with distinction” on the CPI
      ix. Congruence between the CIs written mid and final evaluation, comments, the five performance dimensions and the ratings provided.

2. **Satisfactory completion of all course requirements, as outlined in the syllabus addendum.**

**Clinical Education Objectives**

Each clinical education experience is designed to complement the students acquired classroom knowledge and laboratory skills. The “real life” clinical situations provide opportunities for students to demonstrate their comprehension and application of the materials in a supervised setting. The clinical education objectives, listed on the following pages for each affiliation, along with the list of classroom proficiencies, are designed to guide learning experiences that can be adapted to any clinic setting and progress the student toward the curriculum goals (Appendix F). Also listed below is the courses the students will have had prior to or during this clinical. The tables following this section have a description of what is included in each course.

**Clinical Rotation One**

**Objectives: PTST 11092 Practicum in Clinical Education I**

1. Consistently provides components of safe physical therapy interventions and accurate data collection as directed in the plan of care by a licensed physical therapist.
2. Demonstrate the ability to communicate and interact with patients, supervisors and coworkers in a professional manner with moderate guidance.
3. Performs basic document of physical therapy services for 25% of the patients they treat.
4. Demonstrate a basic understanding of time management and productivity in the clinical setting.
5. Identifies ethical and legal practice expectation in a clinical setting.
6. Accepts the need for value based behaviors.
7. Demonstrate self-knowledge through self-assessment and goal setting.
8. Demonstrates at or above “Advanced Beginner” clinical performance competency as indicated by (Appendix I)
   a. Categorical scale for each CPI Performance Criteria at or above “Advanced Beginner”.
   b. No “Significant Concerns” related to any Performance Criteria
9. Demonstrate value-based behaviors to provide patient/client care in a safe, comfortable and caring environment.
Courses completed before the first clinical rotation: Classroom proficiency available in Appendix H

- BSCI 11010/20 Foundationa Anatomy and Physiology I/II
- PTST 10000 Introduction for the Physical Therapist Assistant
- AHS 24010 Medical Terminology
- PTST 10001 Principles of Patients Care in Physical Therapy
- AHS 22002 Clinical Kinesiology
- AHS 22003 Clinical Kinesiology Lab
- PTST 10003 Clinical Conditions I
- PTST 10004 Physical Therapy Procedures I
- PTST 11005 Physical Therapy Practice I
- AHS 12010 Professionalism in Healthcare

Courses in progress during the first clinical rotation:

- PTST 20003 Clinical Conditions III
- PTST 20006 Physical Rehabilitation Procedures
- AHS 12005 Concepts in Lifespan Development

Clinical Rotation Two

Objectives: PTST 22092 Practicum in Clinical Education II

1. Consistently provides safe physical therapy interventions and accurate data collection for a
   minimum of 60% of a normal daily case load, as directed in the plan of care by a licensed physical
   therapist.
2. Demonstrate the ability to communicate and interact with patients, supervisors and coworkers in a
   professional manner with minimal guidance.
3. Produces accurate documentation of physical therapy services for 75% of the patients they treat.
4. Chooses effective time management strategies to achieve 60% productivity in the clinical setting.
5. Complies with ethical and legal practice expectation in a clinical setting.
6. Embraces opportunities to develop value based behaviors.
7. Seeks opportunities for growth and self-development.
8. Demonstrates at or above “Intermediate” clinical performance competency as indicated by
   (Appendix I)
   a. Categorical scale for each Performance Criteria at or above “Intermediate Performance”
   b. No “Significant Concerns” related to any Performance Criteria

9. Demonstrate value-based behaviors to provide patient/client care in a safe, comfortable and
caring environment.

Courses completed before the second clinical rotation: Classroom proficiency available in Appendix H

- BSCI 11010/20 Foundationa Anatomy and Physiology I/II
- PTST 10000 Introduction for the Physical Therapist Assistant
- AHS 24010 Medical Terminology
- PTST 10001 Principles of Patients Care in Physical Therapy
- AHS 22002 Clinical Kinesiology
- AHS 22003 Clinical Kinesiology Lab
- PTST 10003 Clinical Conditions I
- PTST 10004 Physical Therapy Procedures I
- PTST 11005 Physical Therapy Practice I
- AHS 12010 Professionalism in Healthcare I
- PTST 11092 Practicum in Clinical Education I
Clinical Rotation Three

Objectives: PTST 23092 Practicum in Clinical Education III

1. Consistently provides safe physical therapy interventions and accurate data collection for a minimum of 85% of a normal daily case load, as directed in the plan of care by a licensed physical therapist.
2. Demonstrate the ability to communicate and interact with patients, supervisors and coworkers in a professional manner without guidance.
3. Consistently produces accurate and efficient documentation of physical therapy services for 100% the patients they treat.
4. Chooses effective time management strategies to achieve 85% productivity in the clinical setting.
5. Integrates ethical and legal expectation into multifaceted clinical situations.
6. Integrates value based behaviors into personal and professional interactions.
7. Creates a plan for continued competency based on self-knowledge and self-assessment.
8. Demonstrates at or near “Entry-Level” clinical performance competency as indicated by Appendix I
   a. Categorical scale for each criteria at or near “Entry Level Performance” for all criteria
   b. No Red Flag items below “Entry Level Performance”
   c. No “Significant Concerns” related to any performance criteria
9. Demonstrate value-based behaviors to provide patient/client care in a safe, comfortable and caring environment. (A4, C5)

Courses completed before the final clinical rotation: Classroom proficiency available in Appendix H

- BSCI 11010/20 Foundational Anatomy and Physiology I/II
- PTST 10000 Introduction for the Physical Therapist Assistant
- AHS 24010 Medical Terminology
- PTST 10001 Principles of Patients Care in Physical Therapy
- AHS 22002 Clinical Kinesiology
- AHS 22003 Clinical Kinesiology Lab
- PTST 10003 Clinical Conditions I
- PTST 10004 Physical Therapy Procedures I
- PTST 11005 Physical Therapy Practice I
- AHS 12010 Professionalism in Healthcare I
- PTST 11092 Practicum in Clinical Education I
- PTST 20003 Clinical Conditions II
- PTST 20004 Physical Therapy Procedures II
- PTST 22005 Physical Therapy Practice II
- AHS 12005 Concepts in Lifespan Development
- PTST 20006 Physical Rehabilitation Procedures
- PTST 20008 Clinical Conditions III
- PTST 20007 Physical Therapy Practice III

Courses in progress during the final clinical rotation:

- PTST 20007 Physical Therapy Practice III
Learning Domains

Every PTA course contains individual learning objectives that contribute to the attainment of the Curriculum Objectives. The PTA Program believes that students learn best in a systematic and progressive course of study in each of the three learning domains: Cognitive, Psychomotor and Affective. Each learning objective is taught to a specific level in the following Domain Hierarchies. Please refer to Appendix F for levels and verbs within the learning domains.

Behavioral Expectations of PTST Students

This section describes the expectations of our students. Any reference to “class” includes the time spent in clinical education. Familiarizing yourself with this section will help you guide students in the behavioral expectation of the Physical Therapy profession. Remediation followed by a Warning Notice is a common method used to address concerns regarding student behaviors. It is imperative that the ACCE be informed of any concerns in this area. Blatant violations of known policies may result in failure of the clinical without any warning.

Student Responsibilities

- Conduct themselves in a professional manner at all times, so as not to endanger the life, welfare, health or safety of anyone associated with the clinical facility or university.
- To abide by the State Practice Act, Values Based behaviors, and to treat all patients, faculty, students and health care practitioners with respect.
  - Students are responsible for researching, understanding and adhering to the laws governing the state where they are attending a clinical education experience. Licensing Authority Contact Information is available from the Federation of State Boards of Physical Therapy (www.fsbpt.org).
- Maintain an effective working relationship with clinical faculty, employees, health team members and fellow students. Respect the rights and properties of others.
- Refrain from inappropriate behavior such as fighting, arguing, coercing, threatening and manipulating. Refrain from sexual advances or behaviors toward patients, visitors, employees, faculty and other students.
- Follow all policies and procedures of the clinical education facility. This includes working hours, clinic procedures, confidentiality policies, medical requirements, drug testing, civilian background checks and holiday observances.
- The student is required to verbally identify himself/herself as a student, and ask and receive permission to treat the patient.
- Student may not accept gifts or money from patients per facility policy.
- Dress and Grooming-PTA students serve as representatives of Kent State University and the Physical Therapy profession. Therefore appropriate dress and grooming are expected on campus and during clinical rotations:
  - Attire should be clean and neat. Do not wear any clothing that can be construed as offensive and/or revealing.
  - Sandals and/or open toed shoes are acceptable ONLY for lecture classes. Closed toe, rubber-soled shoes must be worn for ALL lab sessions and on Clinical Rotations.
• Hair must be clean and neat and should not hang across the face. Long hair should be tied back and secured. Male students should shave facial hair daily or keep moustaches and beards clean and trimmed.
• Fingernails must be clean, filed smoothly, and should not extend past the fingertips. Artificial nails are unacceptable.
• Jewelry must be kept to a minimum. A wedding band, watch, and stud earrings are acceptable.
• Personal cleanliness and hygiene are expected. Students should be free of body odor/bad breath, and they should NOT use perfume or colognes
• Wear student nametag at all times in the clinical facility, state law requires that you identify yourself as a Kent State University student.

❖ Complete all assignments from the CI, CCCE or ACCE in a timely manner.
❖ Demonstrate a commitment to learning in every clinical experience.
  • It is impossible for the academic faculty to demonstrate every possible way to perform each technique.
  • Students are responsible for learning as much as possible from each professional you come in contact with during assigned clinical experiences.
❖ Students are required to complete a minimum number of contact hours during each clinical rotation. Any absence must be made up before the end of the grading period. In addition to notifying the CI prior to the scheduled start time, students must also notify the ACCE.
  • Students attending off-campus clinical education experiences are expected to comply with the clinic site expectations for attendance and/or closing, regardless of whether the campus is closed or not. ANY alteration of the clinical rotation schedule must be mutually agreed upon between the CI, the ACCE and the student.
  • Students are expected to be on time for clinic. Repeated tardiness is considered unprofessional behavior and may result in remediation or a warning notice.
  • Accept responsibility for assigned duties by punctual, regular attendance. Present self in an alert, rested mental state, able to make safe decisions.
    o Clinical Time Requirements:
      • Affiliation #1  5 days per week, 4 weeks
      • Affiliation #2  5 days per week, 6 weeks
      • Affiliation #3  5 days per week, 7 weeks
  • Inclement Weather
    o The first concern is always student safety, therefore whether classes are officially cancelled or not, the student is the only person who can decide if it is safe to travel to class or clinicals.
    o Classes may be cancelled due to inclement weather. Students attending off-campus clinical education experiences are expected to comply with the clinic site expectations for attendance and/or closing, regardless of whether the campus is closed or not.
  • Cell Phone Usage
    o The use of any mobile telecommunications devise during PTA clinic times is prohibited. The use of these devices during class is disrespectful of the CI and wastes valuable clinic time. Students must refrain from the use of any mobile phone, beeper, messaging or networking communications during all PTA clinic times. In the clinical setting, mobile telecommunications may be used for research purposes, ONLY with pre-approval of the clinical instructor.
The use of alcohol or drugs in the laboratory or clinical areas or use prior to lab or clinical instruction is strictly prohibited. This is essential to safeguard all students and the patients and staff at our affiliated clinic sites and cause for immediate dismissal from the PTA Program. (KSU policies 3342-4-10/3342-4-11).

- If drug or alcohol use is suspected during a student lab or clinical affiliation, the student will be required to submit a sample for analysis at a local testing center. If the student is at a clinical facility, they will follow the clinic’s procedure for an employee suspected of drug or alcohol use. The student is required to pay for all the drug and alcohol testing expenses. Refusal to submit for testing when drug or alcohol use is suspected is grounds for immediate dismissal from the program.

Students who choose to be active on Social Networking sites must carefully consider the ramifications of any postings. Clinic Site and patient confidentiality must be maintained at all times. Do not post anything that you would not want a future employers or clinical instructors to read.

Maintain Certifications and Health Requirements
- Basic Life Support Certification for the Health Care Provider (CPR): Certification must be current throughout each clinical practicum.
- Civilian Background Check (CBC): A CBC within the last 12 months is available to clinic sites upon request.
- New Medical Conditions- Report changes in medical status, including injury or illness, contraindications and medical history that could put students or patients at risk in the clinical setting to ACCE and CI. The student is responsible for payment of any expenses associated with provided urgent or emergency medical care.
- Medical Records
- Health History Form: Submit a physician signed form, updated annually.
- Immunization Records

Students are strongly encouraged to consider carrying a personal liability insurance policy. Students are strongly encouraged to carry their own health insurance.

Maintain Confidentiality*
- To protect the right to privacy and confidentiality of patients throughout the PTA curriculum, students are obligated to:
  1. Understand the regulations and implications of the Health Information Protection and Portability Act (HIPPA).
  2. Abide by all facility policies and procedures regarding confidentiality and access to computer information.
  3. Protect all personally identifiable medical information from being observed by unauthorized personnel.
  4. Refrain from discussing a patient’s medical, social, financial, emotional condition outside the context of providing appropriate physical therapy interventions.
  5. Use good judgment and discretion to maintain patients right to privacy when discussing specific patients with clinical staff.
  6. Refrain from discussing confidential information relating to clinical facilities, employees, volunteers, or other students.
  7. Never remove original patient records or identifiable copies from the clinic site.
  8. Be certain that personal notes, journals, case studies, etc. do not contain personally identifiable information.
* Violations will result in disciplinary action up to and including dismissal from the Kent State University PTA Program.

- **Informed Consent**
  Throughout the PTA program, student practitioners must practice physical therapy demonstrations, skills, procedures, assessments, and interventions on others. Those they practice on are therefore considered to be “human subjects.” Disclosure and consent are essential elements of participation in hands on learning with human subjects, and each person involved must accept these responsibilities.

**Instructor’s Responsibilities**
Prior to participation as a human subject or student practitioner in a demonstration, intervention or assessment, the faculty will:
1) Explain the purpose, risks and benefits of the activity.
2) Provide the opportunity for questions regarding the activity.
3) Provide an appropriate level of licensed supervision throughout activities.
4) Respect the student and patient rights not to participate as a human subject without adverse effect to grades.

**Human Subject Responsibilities**
Students reserve the right to refuse to participate as a human subject at any time. It is the student’s responsibility to advise the instructor of this decision. When participating as the human subject in a demonstration, intervention or assessment, the student is responsible to:
1) Inform the instructor of any medical condition or change in medical condition that would prevent safe participation in the demonstration, skill, procedure, or assessment.
2) Immediately notify the instructor and/or lab partner of any discomfort or pain caused by the application of the demonstration, skill, procedure, or assessment.
3) Immediately request that the instructor assist in the application of a demonstration, skill, procedure, or assessment if there are any concerns about the skill or procedures used by the student practitioner.
4) Report any injury to the instructor immediately.

**Student Practitioner Responsibilities**
When performing demonstrations, interventions or assessments on a human subject, the student is responsible to:
1) Obtain verbal consent from the human subject.
2) Immediately terminate the activity upon any verbal or physical indication by the human subject.
3) Refrain from performing any activity that the student practitioner is not adequately prepared to perform safely.
4) Request assistance from the faculty when needed.
5) Inform the faculty of any factors that prevent safe performance of an activity.

**Samples behaviors that warrant a Clinical Failure or Dismissal**
- Violation of Ohio PT laws, APTA Standards of Ethical Conduct for the PTA (Appendix C), Kent State University Policy Register
• Disrespect for a supervisor, or disregard for the proper chain of communication
• Use of drugs/alcohol prior to class, lab, clinical
• Refusal of a request for drug testing
• Harassment of faculty, staff, students, patients or clinical personnel
• Stealing
• Failure to maintain confidentiality of a classmate, patient or clinic site
• Cheating (includes)
  o using someone else to complete any type of homework, test, or quiz, on-line or in class
  o use of inappropriate resources on-line to complete written work
  o failure to document on-line resources in a research paper or project
  o copying examination questions
  o Discussing the content of any written or practical examination prior to instructor certification the all students have completed the exam.
Appendix A: Clinical Documentation Forms

Warning Notice

Anecdotal Record

VALUES-BASED BEHAVIORS: SELF-ASSESSMENT FOR THE STUDENT PHYSICAL THERAPIST ASSISTANT
Warning Notice

TO: ____________________________
FROM: __________________________
DATE: __________________________

Performance in the following area has fallen below acceptable standards:

In view of this, the following corrective action must be taken:

Failure to correct the problem by ______________ will result in the following:

____________________________________

Faculty Signature ____________________ Date

Student Comments:

____________________________________

Student Signature ____________________ Date
(Note: Signature does not indicate agreement with findings)

*Adapted from the APTA Credentialed Clinical Instructor Program Book Alexandria, VA 2009
### Anecdotal Record

Student’s Name: __________________ Date: _________________

Evaluator/Observer: ________________________

<table>
<thead>
<tr>
<th>Setting (place, persons involved, atmosphere, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Action or Behavior:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluator Interpretation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Evaluator’s Signature: ____________________________

<table>
<thead>
<tr>
<th>Student’s Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Student’s Signature: _____________________________

22
VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT

SELF-ASSESSMENT TOOL

The Values-Based Behaviors is a concise document that describes those values that most significantly influence PTAs providing patient/client care as a member of the physical therapy team. The Values-Based Behaviors were developed in 2010 by the Advisory Panel of PTAs, reviewed and adapted by numerous stakeholder groups, and approved by APTA’s Board of Directors in January 2011. A complete history on the development and approval of this document is included in the introduction section of the Values-Based Behaviors document.

This self-assessment tool accompanies the Values-Based Behaviors and is intended to increase the physical therapist assistant’s (PTA’s) awareness of the Values-Based Behaviors for the PTA and to self-assess the frequency with which he or she demonstrates the eight values listed and defined in the first column. The second column provides sample indicators or examples of actions that a PTA who has adopted the Values-Based Behaviors would choose to take in a variety of situations. And the third column is for scoring the frequency with which one chooses to demonstrate the described behavior or action.

Complete the Self-Assessment

Review each sample indicator and rate the frequency with which you display that behavior on a daily basis. It is not expected that one will rate himself or herself as 5 (always) or 1 (never) on every item. Be candid in your response as this is a self-assessment process with an opportunity for identification of areas of strength and opportunities for growth.

Analyze the Completed Self-Assessment

Once you have completed the Self-Assessment, you may want to reflect as an individual or group on the following questions:

- On what sample indicators did you or the group consistently score yourself/themselves on the scale at the 4 (frequent) or 5 (always) levels?
- Why did you or the group rate yourself/themselves higher in frequency for demonstrating these sample behaviors?
- On what sample indicators did you or the group score yourself/themselves on the scale at level 3 or below?
- Why did you or the group rate yourself/themselves lower in frequency for demonstrating these sample behaviors?
- Identify, develop, and implement approaches to strengthening the integration of the values-based behaviors within your clinical environment. Seek out mentoring in this area from your supervising physical therapist or other experienced clinicians.
- Establish personal goals for increasing the frequency with which you demonstrate specific sample behaviors with specific values-based behaviors.
- Conduct periodic re-assessment of your values-based behaviors to determine the degree to which your performance has changed in your growth personally and as a PTA.

Questions about the self assessment tool or the Values-Based Behaviors should be directed to APTA’s PTA Services Department at pta@apta.org.
VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT (PTA)

For each values-based behavior listed, a definition is provided and a set of sample indicators that describe what one would see if the PTA were demonstrating that behavior in his/her daily work. For each of the sample indicators listed, check the box that best represents the frequency with which you demonstrate the behavior where: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Frequently; and 5 = Always.

<table>
<thead>
<tr>
<th>Values-Based Behavior with Definition</th>
<th>Sample Indicators</th>
<th>Self-Assessment Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Altruism</strong></td>
<td>1. Providing patient/client-centered interventions.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td></td>
<td>2. Readily offering to assist the physical therapist in providing patient/client</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td></td>
<td>interventions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Generously providing the necessary time and effort to meet patient/client needs.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td></td>
<td>4. Placing the patient/client’s needs ahead of one’s own, as evidenced by</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td></td>
<td>willingness to alter one’s schedule, delay other projects or tasks, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Contributing, as able, to the provision of physical therapy services to</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td></td>
<td>underserved and underrepresented populations.</td>
<td></td>
</tr>
<tr>
<td><strong>Caring and Compassion</strong></td>
<td>1. Actively listening to the patient/client and considering the patient/client’s</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td></td>
<td>needs and preferences.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Exhibiting compassion, caring, and empathy in providing services to patients/</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td></td>
<td>clients.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Demonstrating respect for others and considering others as unique and of value.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td></td>
<td>4. Considering social, emotional, cultural, psychological, environmental, and</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td></td>
<td>economic influences of the patient/client (eg, learning styles, language abilities,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>cognitive abilities and adapting approach accordingly.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Recognizing and refraining from acting on one’s social, cultural, gender, and</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td></td>
<td>sexual biases; i.e. demonstrate a nonjudgmental attitude.</td>
<td></td>
</tr>
</tbody>
</table>
### Continuing Competence

Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

1. Identifying strengths and limitations in knowledge, skills, and behaviors through self-assessment and feedback from physical therapists and others, and developing and implementing strategies to address the limitations.

2. Maintaining continuing competence using a variety of lifelong learning strategies (eg, continuing education, reflective journals, journal clubs, and working with a mentor).

3. Seeking further education in the use and delivery of interventions based on new evidence as it becomes available.

4. Developing and implementing a career advancement plan based on interests, opportunities, and career aspirations.

### Duty

Duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.

1. Demonstrating behaviors, conduct, actions, attitudes, and values consistent with the roles, responsibilities, and tasks of the PTA.

2. Facilitating each patient/client’s achievement of goals for function, health, and wellness, as directed in the plan of care.

3. Preserving the safety, security, and confidentiality of individuals in all patient/client contexts.

4. Participating in quality assurance/quality improvement activities in physical therapy care.

5. Promoting the profession of physical therapy.

6. Providing student instruction and mentoring other PTAs.

### Integrity

1. Adhering to applicable laws regarding scope of work, payment policies and guidelines, institutional policies and procedures, and APTA policies, positions, and guidelines to ensure optimal patient/client care and fiscal management.

2. Adhering to the highest standards of the profession for the PTA, including the Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Conduct of the Physical Therapist Assistant, state practice acts, and payment requirements.

### Integrity (cont.)

3. Demonstrating the ideals of the values-based behaviors of the PTA.

4. Demonstrating honesty and trustworthiness in all interactions and relationships.
5. Choosing employment situations that are congruent with ethical principles and work standards.  1  2  3  4  5

6. Identifying ethical and legal concerns and initiating actions to address the concern, when appropriate.  1  2  3  4  5

**PT/PTA Collaboration**

The PT/PTA team works together, within each partner’s respective role, to achieve optimal patient/client care and to enhance the overall delivery of physical therapy services.

1. Educating the PT as needed about the roles, responsibilities, and appropriate utilization of the PTA in the PT/PTA team using available resources (e.g., state licensure/practice rules and regulations, PTA clinical problem-solving algorithm, PTA direction and supervision algorithms, Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level).  1  2  3  4  5

2. Promoting a positive working relationship within the PT/PTA team.  1  2  3  4  5

3. Demonstrating respect for the roles and contributions of both the PT and PTA in achieving optimal patient/client care, including the PT’s responsibility for the PTA’s performance in patient/client interventions.  1  2  3  4  5

4. Seeking out opportunities to collaborate with the PT to improve outcomes in patient/client care.  1  2  3  4  5

5. Working with the PT in educating consumers and other health care providers about physical therapy.  1  2  3  4  5

**Responsibility**

Responsibility is the active acceptance of the roles, obligations, and actions of the PTA, including behaviors that positively influence patient/client outcomes, the profession, and the health needs of society.

1. Identifying strengths and limitations in knowledge and skill, and working within limitations of personal ability.  1  2  3  4  5

2. Completing patient/client care and other tasks in a timely and efficient manner.  1  2  3  4  5

3. Identifying, acknowledging, and accepting responsibility for actions and, when errors occur, following error reporting processes.  1  2  3  4  5

4. Communicating in a timely manner with others (e.g., PTs, patients/clients, and others).  1  2  3  4  5

**Social Responsibility**

Social responsibility is the promotion of a mutual trust between the PTA, as a

1. Advocating for patient/client needs in the clinical setting.  1  2  3  4  5

2. Demonstrating behaviors that positively represent the profession to the public.  1  2  3  4  5

3. Promoting a healthy lifestyle, wellness, and injury prevention strategies in the community.  1  2  3  4  5
<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Serving the profession and the community, including activities occurring in conjunction with work or outside of work (e.g., community health fairs, National Physical Therapy Month events, APTA service).</td>
<td>1☐</td>
<td>2☐</td>
<td>3☐</td>
</tr>
<tr>
<td>5.</td>
<td>Advocating for changes in laws, regulations, standards, and guidelines that positively affect physical therapy and patient/client services.</td>
<td>1☐</td>
<td>2☐</td>
<td>3☐</td>
</tr>
</tbody>
</table>

Date Completed:

Comments:
References/Related Reading


[Contact: pta@apta.org | Updated: 5/17/12]
For each values-based behavior listed, a definition is provided and a set of sample indicators that describe what one would see if the PTA were demonstra
For each values-based behavior listed, a definition is provided and a set of sample indicators that describe what one would see if the PTA were demonstrating that behavior in his/her daily life and work as a student in the Physical Therapist Assistant Technology program at Kent State University. For each of the sample indicators listed, check the box that best represents the frequency with which you demonstrate the behavior where: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Frequently; and 5 = Always.
Appendix B: Student Supervision

All PTA program students and clinical instructors are responsible for knowing and following all state laws and regulations governing supervision in a physical therapy setting.

The following information is provided as a reference for states that are commonly used for clinical education.

Ohio

According to Ohio Laws and Rules Regulating the Practice of Physical Therapy as of May 1, 2010: http://otptat.ohio.gov

4755-27-04 Supervision.

(A) The supervising physical therapist is accountable and responsible at all times for the direction of the actions of the persons supervised, including the:

1. Physical therapist assistant;
2. Student physical therapist;
3. Student physical therapist assistant;
4. Other licensed personnel; and
5. Unlicensed personnel......

(E) Supervision of the student physical therapist assistant.

1. A student physical therapist assistant may only be supervised by a physical therapist or physical therapist assistant licensed pursuant to Chapter 4755. of the Revised Code.

2. The supervising physical therapist or supervising physical therapist assistant is required to be on-site and available to immediately respond to the needs of the patient whenever the student physical therapist assistant is performing patient intervention......

(G) Supervision of unlicensed personnel.

Unlicensed personnel may be supervised by the student physical therapist or student physical therapist assistant who are being supervised in accordance with the laws and rules governing the practice of physical therapy.

Effective 5/1/09 119.032 Review Date 4/1/14

Licensing Authority

When a clinical education experience is in any state other than those listed above, it is the student’s responsibility to research, understand and adhere to the laws governing that state. Current law, board and contact information is available at Licensing Authority.

A.P.T.A. Position Statements

The American Physical Therapy Association (A.P.T.A) House of Delegates has recently established several positions regarding supervision of PTA’s, students and aides. These positions, although not law, identify the professions expectations for “best practice” procedures, and support the state laws identification of the Physical Therapist as being ultimately responsible for the direction and supervision of all patient care.

“The physical therapist assistant student is qualified to perform selected physical therapy interventions under the direction and direct supervision of either the physical therapist alone, or the physical therapist and physical therapist assistant.” (RC 31-00)
**Direct Supervision:** The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient during each visit (defined in APTA’s Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period). Telecommunications does not meet the requirement of direct supervision. (RC 25-00)

- This level of supervision does not exclude a licensed Physical Therapist Assistant (PTA) from acting as the clinical instructor (CI) to provide ongoing guidance and feedback to the student.
- When a PTA serves as the primary CI, the PT should be clearly identified as responsible for patient care, and immediately available for consultation.
- The PT should have direct contact with the patient every 24 hours. Direct contact can be as simple as a moment of discussion with the patient.
- The PT should co-sign all student documentation.
- This level of supervision allows the student to work with patients independently, as long as the PT is immediately available.

**Direct Personal Supervision:** The physical therapist or, where allowable by law, physical therapist assistant, is physically present and immediately available to directly supervise tasks that are related to patient/client management. The direction and supervision are continuous throughout the time these tasks are performed. The physical therapist or physical therapist assistant must have direct contact with the patient/client during each session. Telecommunications does not meet the requirements of direct personal supervision. (RC 25-00)

- Students who participate in clinical experiences early in their academic career should be under the more stringent supervision of “Direct Personal Supervision.”
- The PT or PTA must be physically present to provide continuous direction, supervision, and assistance.
- Supervision at this level requires the PT or PTA to have direct contact with the patient during each therapy session.
Chart: Supervision of Students Under Medicare

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>PT Student Part A</th>
<th>PT Student Part B</th>
<th>PTA Student Part A</th>
<th>PTA Student Part B</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT in Private Practice</td>
<td>N/A</td>
<td>X1</td>
<td>N/A</td>
<td>X1</td>
</tr>
<tr>
<td>Certified Rehabilitation Agency</td>
<td>N/A</td>
<td>X1</td>
<td>N/A</td>
<td>X1</td>
</tr>
<tr>
<td>Comprehensive Outpatient Rehabilitation Facility</td>
<td>N/A</td>
<td>X1</td>
<td>N/A</td>
<td>X1</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>Y1</td>
<td>X1</td>
<td>Y2</td>
<td>X1</td>
</tr>
<tr>
<td>Hospital</td>
<td>Y3</td>
<td>X1</td>
<td>Y3</td>
<td>X1</td>
</tr>
<tr>
<td>Home Health Agency</td>
<td>NAR</td>
<td>X1</td>
<td>NAR</td>
<td>X1</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Agency</td>
<td>Y4</td>
<td>N/A</td>
<td>Y4</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Key**

**Y:** Reimbursable

**X:** Not Reimbursable

**N/A:** Not Applicable

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

**Y1:** Reimbursable: Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (Federal Register, August 8, 2011). Within individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally all state and professional practice guidelines for student supervision must be followed. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented. There are distinctions with regard to how minutes are counted on the MDS (e.g. individual, concurrent, group) when a student is involved in providing care. These are described below:
**Individual Therapy:**
When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant. The supervising therapist/assistant shall not be treating or supervising other individuals and he/she is able to immediately intervene/assist the student as needed.

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

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

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

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

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

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

- The therapy student is providing the group treatment and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.
• Documentation: APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient’s care.

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

Documentation: APTA recommends that the physical therapist and assistant should co-sign the note of physical therapist assistant student and state the level of appropriate supervision used. Also, the documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy in **Y1**.

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

Documentation: Please refer to documentation guidance provided under **Y1**

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

**X1: B. Therapy Students**

1. **General**

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

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

• The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.

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

2. **Therapy Assistants as Clinical Instructors**

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

Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.
Appendix C: CPI-Web Training

Quick Start Guide for the APTA Learning Center

1. Navigate to http://learningcenter.apta.org and click
   a. Enter your APTA username and password.
   b. Select "Click here to Continue:"

FORGOTTEN PASSWORD:
Do not purchase or register for courses in the APTA Learning Center using more than one account number. If you’ve forgotten your password, use the “Forgot your password?” link on the login page to have it emailed to your email address on file.

NEW USER:
Use the buttons or on the APTA login page to set up an account prior to purchasing the course. Once you have set up an account as a New User, please logout and then continue from Step #1 to search and access the PT CPI or PTA CPI online course.

2. Find and "Purchase" the free PT CPI or PTA CPI online course.
   a. Enter “PT CPI” or “PTA CPI” in the top right Search courses box to find the course.
   b. Locate LMS-120: 2012 PTA CPI or LMS-521: 2013 PT CPI to purchase the correct course on the right side of the page or by scrolling down the page past the filters to view your search results.
   c. Once you find the correct course, click, click “Add to Cart”, click “Shopping Cart”, click “Proceed”, and then click “OK” to enroll in the free course through the online shopping cart.
   d. You will be required to login to the APTA website with your username and password prior to being able to purchase the course.

3. Take the PT CPI or PTA CPI online course
   a. After purchasing the CPI course, return to http://learningcenter.apta.org and locate the heading “My Learning Activities” on the top of the APTA Learning Center Home page.
   b. Click on “My Learning Activities” and then click on the drop down menu “My Courses” page.
   c. Locate the course purchased “2013 PT CPI” or “2012 PTA CPI”.
   d. Click on to take the course by reviewing the power point slides and resource attachments.
   e. Complete the posttest assessment with a score of 70% or higher to pass the course.
   f. Once you have passed the posttest assessment you can print your CEU certificate.

POP-UPS:
You may need to enable pop-ups for http://learningcenter.apta.org, in order to view the course, learn how on the APTA Learning Center.

LMS-120: 2012 PTA CPI contains material that uses Flash player. Chrome and Internet Explorer still natively play Flash. Firefox requires an add-in. You can find a link to download Flash play on the System Specs page.

4. Access the PT CPI or PTA CPI Web site
   a. The academic program with whom you affiliate can provide you with your username (the email address provided to them) to login to CPI Web. If you do not have a password, you will need to use the ‘I forgot or do not have a password” link to establish a password. The password to login to CPI Web is NOT the same as the password used to login to the APTA Web site.
Appendix D: PTA CPI Guidelines and Instructions

The content in Appendix D is available in the online CPI, and in the printable version used for CPI training. It is reprinted with permission in its entirety for clinical instructor convenience.

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COPYRIGHT, DISCLAIMER, AND VALIDITY AND RELIABILITY IN USING THE INSTRUMENT

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VALIDITY AND RELIABILITY

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

Introduction

This instrument should only be used after completing the APTA web-based training for the Physical Therapist Assistant Clinical Performance Instrument (PTACPI) at www.apta.org/education (TBD).

Terms used in this instrument that can be found in the Glossary are denoted by an asterisk (*) when they first appear in the document.

The PTA CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical education experiences*.

Every performance criterion* in this instrument is important to the overall assessment of clinical competence*, and the criteria are observable in every clinical education experience.

All performance criteria should be rated based on observation of student performance relative to entry-level.*

To avoid rater bias, the PTA CPI from any previous student clinical education experience should not be shared with any subsequent clinical education experiences.

The PTA CPI consists of fourteen (14) performance criteria.

Each performance criterion includes a list of essential skills*, a section for mid- experience and final comments for each performance dimension*, a rating scale consisting of a line with five (5) defined anchors, and a significant concerns box for mid- experience and final evaluations.

Summative mid-experience and final comments and recommendations are provided at the end of the PTA CPI.

Altering this instrument is a violation of copyright law.
Instructions for the Clinical Instructor

Sources of information to complete the PTA CPI may include, but are not limited to, clinical instructors (CIs)*, other physical therapist assistants*, physical therapists*, other healthcare providers*, patients*, and students. Methods of data collection may include direct observation, videotapes, documentation review, role playing, interviews, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome surveys. Prior to beginning to use the instrument in your clinical setting, it would be helpful to discuss and reach agreement on how the performance criteria will be specifically demonstrated at entry-level by PTA students in your clinical setting.

The CI(s) will assess a student’s performance and complete the instrument, including the rating scale and comments, at mid-experience and final evaluation periods. Additionally, the instrument may be used on a daily basis to document observations.

The CI(s) will document the procedural interventions* and related data collection skills* performed by, observed by, or not available to the student using the drop down boxes in the left column of the procedural interventions and data collection skills tables.

The CI(s) reviews the completed instrument formally with the PTA student at a minimum at the mid-experience evaluation and at the end of the clinical experience and signs the signature pages following each evaluation. The summative page should be completed as part of the final evaluation.

Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades, it is essential for them to rate student performance based only on their direct observations.

Rating Scale

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

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

The student is expected to perform self-assessment at mid-experience and final evaluation based on formal and informal feedback from others, including CI*, other healthcare providers, student peer assessments, and patient* assessments. The student self-assesses his/her performance on a separate copy of the instrument. The student documents the procedural interventions* and related data collection skills* that have been performed, observed, or are not available at the clinical site using the provided drop down boxes.

The student reviews the completed instrument with the CI at the mid-experience evaluation and at the end of the clinical experience and signs the signature page following each evaluation. Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations.

Rating Scale

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

The rating scale is NOT a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of -intermediate performance however the student has yet to satisfy the definition associated with -advanced intermediate performance. In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 5 anchors.
Instructions for the Academic Coordinator/Director of Clinical Education (ACCE/DCE*)

An effective system for evaluating the knowledge, skills, and behaviors of the physical therapist assistant (PTA) student incorporates multiple sources of information to make decisions about readiness for entry-level work*.

Sources of information may include clinical performance evaluations of students, classroom performance evaluations, students’ self-assessments, peer assessments, and patient assessments. The system is intended to enable clinical educators and academic faculty to obtain a comprehensive perspective of students’ progress through the curriculum and competence to work at entry-level. The uniform adoption and consistent use of this instrument will ensure that all physical therapist assistants entering the clinical environment have demonstrated competence in the requisite knowledge, skills, and behaviors.

The ACCE/DCE* reviews the completed form at the end of the clinical education experience* and assigns a grade or pass/fail according to institution policy. Additionally, the ACCE/DCE reviews the procedural interventions* and related data collection skills* performed by the student to identify areas that have not yet been addressed in the clinical education* component of the curriculum.

Rating Scale

The rating scale was designed to reflect a continuum of performance ranging from

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

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

Attempts to quantify a rating on the scale in millimeters or as a percentage would be considered an invalid use of the instrument. For example, a given academic institution may require their students to achieve a minimum student rating of -intermediate performance by the conclusion of an initial clinical experience. It was not the intention of the developers to establish uniform grading criteria given the unique curricular design of each academic institution.

Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since clinical instructors* (CIs) are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations. It would be inappropriate for the ACCE/DCE to provide a pre-marked PTA CPI with minimum performance expectations, send an additional page of information that identify specific marked expectations, or add/delete items from the PTA CPI.
Determining a Grade

Each academic institution determines what constitutes satisfactory performance. The guide below is provided to assist the program in identifying what is expected for the student’s performance depending upon their level of education* and clinical education experience within the program.

First clinical experience: Depending upon the academic curriculum, ratings of student performance may be expected in the first two intervals between beginning performance, advanced beginner performance, and intermediate clinical performance.

Intermediate clinical experiences: Depending upon the academic curriculum, student performance ratings are expected to progress along the continuum ranging from a minimum of advanced beginner clinical performance (interval 2) to advanced intermediate clinical performance (interval 4). The ratings on the performance criteria will be dependent upon the clinical setting, level of didactic and clinical education experience within the curriculum, and expectations of the clinical site and the academic program.

Final clinical experience: Students should achieve ratings of entry-level for all 14 performance criteria.

At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:

- clinical setting
- experience with patients in that setting
- relative weighting or importance of each performance criterion
- expectations for the clinical experience
- expectations of the clinical site
- progression of performance from mid-experience to final evaluations level
- of experience within the didactic and clinical components
- whether or not -significant concerns box or -with distinction box were checked congruence between the CI’s narrative mid-experience and final comments related to the five performance dimensions and the ratings provided additional assignments (eg, journal, in-service education provided) site visit information
COMPONENTS OF THE FORM

Performance Criteria
The 14 performance criteria describe the essential aspects of the clinical work of a physical therapist assistant performing at entry-level.

The performance criteria are grouped by the aspects of clinical work that they represent. Items 1-6 are related to behavioral expectations, items 7-13 address patient interventions*, and item 14 addresses resource management*.

Red Flag Item

A flag ( ) to the left of a performance criterion indicates a -red-flag item. The five -red-flag items (numbered 1, 2, 3, 5, and 7) are considered foundational elements in clinical work.

Students may progress more rapidly in the -red flag areas than other performance criteria.

A significant concern related to a -red-flag performance criterion item warrants immediate attention, more expansive documentation*, and a telephone call to the ACCE/DCE*. Actions taken to address these concerns may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical education experience.

Procedural Interventions and Related Data Collection Techniques
Performance criteria 8 – 12 address categories of procedural interventions commonly performed by the entry-level PTA.

Common procedural interventions associated with each category are provided. Given the diversity and complexity of the clinical environment, it must be emphasized that the procedural intervention skills provided are not meant to be an exhaustive list.

Those data collection skills most commonly utilized to measure patient progress relative to the performance of the procedural interventions are provided. Given the diversity and complexity of the clinical environment, it must be emphasized that the associated data collection skills provided are not meant to be an exhaustive list.

Drop down boxes provide the following options for documenting the student’s exposure to the listed skills:

- Student performed skill
- Student observed skill
- Skill not available at this setting

Documentation of skill competence should be summarized using the rating scale and in the mid-experience and final comment sections.

Essential Skills

The essential skills (denoted with bullets in shaded boxes) for each criterion are used to guide the evaluation of students’ competence relative to the performance criteria. Given the diversity and complexity of the clinical environment, it must be emphasized that the essential skills provided are not meant to be an exhaustive list.

There may be additional or alternative skills relevant and critical to a given clinical setting and all listed essential skills need not be present to rate student performance at the various levels. Essential skills are not listed in order of priority, but most are presented in logical order.
Mid-experience and Final Comments

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

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

Performance Dimensions

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

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

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

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

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

Rating Student Performance

Each performance criterion is rated relative to entry-level work as a physical therapist assistant.

The rating scale consists of a horizontal line with 5 vertical lines that serve as defined anchors and identify the borders of four intervals.

Rating marks may be placed on the horizontal line, including on the 5 anchor lines or anywhere within the four intervals.

The same rating scale is used for mid-experience evaluations and final evaluations. Place one vertical line on the rating scale at the appropriate point indicating the mid-experience evaluation rating and label it with an -M.

Place one vertical line on the rating scale at the appropriate point indicating the final evaluation rating and label it with an -F.

Placing a rating mark on an anchor line indicates the student’s performance matches the corresponding definition.

Placing a rating mark in an interval indicates that the student’s performance is somewhere between the anchor definitions for that interval.
Anchor Definitions

Beginning performance*:
A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions.
At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner.
Performance reflects little or no experience in application of essential skills with patients.
The student does not carry a patient care workload with the clinical instructor (a PTA directed and supervised by a physical therapist or a physical therapist).

Advanced beginner performance*:
A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions.
At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance.
The student may begin to share the patient care workload with the clinical instructor.

Intermediate performance*:
A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions.
At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection.
The student is capable of maintaining 50% of a full-time physical therapist assistant’s patient care workload.

Advanced intermediate performance*:
A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions.
At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection.
The student is capable of maintaining 75% of a full-time physical therapist assistant’s patient care workload with direction and supervision from the physical therapist.

Entry-level performance*:
A student who is capable of completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist.
At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection.
The student consults with others to resolve unfamiliar or ambiguous situations.
The student is capable of maintaining 100% of a full-time physical therapist assistant’s patient care workload in a cost effective* manner with direction and supervision from the physical therapist.

**Significant Concerns Box**

Checking this box (□) indicates that the student’s performance on this criterion is unacceptable for this clinical experience.

When the Significant Concerns Box is checked, written comments to substantiate the concern, additional documentation such as a critical incident form and learning contract are required with a phone call (☎) placed to the ACCE/DCE.

The significant concerns box provides an early warning system to identify student performance problems thereby enabling the CI, student, and ACCE/DCE to determine a mechanism for remediation, if appropriate.

The CI should not wait until the mid-experience or final evaluation* to contact the ACCE/DCE regarding student performance.

**With Distinction Box**

Checking this box (☑) indicates that the student’s performance on this criterion is beyond that expected of entry-level performance. The marking on the rating scale must indicate entry-level performance.

The student may have additional degrees or experiences that contribute to the advanced performance of the specific criterion.

The rationale for checking this box must be provided in the mid-experience or final comment section.

**Summative Comments**

Summative comments should be used to provide a global perspective of the student’s performance across all 14 criteria at mid-experience and final evaluations.

The summative comments, located after the last performance criterion on pages 34 and 35, provide a section for the rater to comment on the overall strengths, areas requiring further development, other general comments, and any specific recommendations with respect to the learner’s needs, interests, planning, or performance.

Comments should be based on the student’s performance relative to stated objectives* for the clinical experience.
Appendix E: Kent State University Policies

The Kent State University Policy Register is available at www.kent.edu/policyreg

- Appeals / Complaint Process, KSU Policy Register 8-01.4
- Equal Opportunity, Non-Discrimination and Harassment, KSU Policy Register 5-16
- Complaints of Unlawful Discrimination, KSU Policy Register 5-16.1
- Documented Disabilities, KSU Policy Register 3-01.2
- Confidentiality, Student Records, Directory Information, KSU Policy Register 5-08.101
- Protected Health Information, KSU Policy Register 6-21.4
## Appendix F: Learning Domain

### Cognitive Domain

<table>
<thead>
<tr>
<th>Level</th>
<th>Knowledge</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Knowledge</td>
<td>Remembering by recognition or recall facts, ideas, material or phenomena.</td>
</tr>
<tr>
<td>2</td>
<td>Comprehension</td>
<td>Understanding the literal message contained in a communication by translation, interpretation, or extrapolation</td>
</tr>
<tr>
<td>3</td>
<td>Application</td>
<td>Selecting and using technical principles, ideas, or theories in a problem-solving situation.</td>
</tr>
<tr>
<td>4</td>
<td>Analysis</td>
<td>Breaking down material into constituent parts and relating how the parts are organized.</td>
</tr>
<tr>
<td>5</td>
<td>Synthesis</td>
<td>Putting together elements and parts to form a whole that constitutes a new structure or pattern.</td>
</tr>
<tr>
<td>6</td>
<td>Evaluation</td>
<td>Making qualitative judgments in terms of meeting criteria.</td>
</tr>
</tbody>
</table>

### Psychomotor Domain

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Imitation</td>
</tr>
<tr>
<td>2</td>
<td>Manipulation</td>
</tr>
<tr>
<td>3</td>
<td>Precision</td>
</tr>
<tr>
<td>4</td>
<td>Articulation</td>
</tr>
<tr>
<td>5</td>
<td>Naturalization</td>
</tr>
</tbody>
</table>

### Affective Domain

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Receiving</td>
</tr>
<tr>
<td>2</td>
<td>Responding</td>
</tr>
<tr>
<td>3</td>
<td>Valuing</td>
</tr>
<tr>
<td>4</td>
<td>Organization</td>
</tr>
<tr>
<td>4</td>
<td>Characterization by a value or value set</td>
</tr>
</tbody>
</table>

## Appendix G: Curriculum Objectives

### 1.0 Intervention: Provide appropriate and effective physical therapy interventions within the plan of care established by the Physical Therapist.

<table>
<thead>
<tr>
<th>1.1</th>
<th>Review the plan of care established by the physical therapist prior to initiating patient/client intervention.</th>
</tr>
</thead>
</table>
| **The graduate:** | • Reviews the physical therapy plan of care and current patient/client status with the physical therapist.  
• Reviews pertinent indications, contraindications, precautions, and safety considerations for intervention(s) described in the plan of care.  
• Applies knowledge from the literature to guide understanding of the plan of care.  
• Relates the implementation of interventions to goals established in the plan of care.  
• Describes desired responses to intervention techniques.  
• Identifies when the intervention, or components of the intervention, is beyond the education, ability, experience, or scope of work of the physical therapist assistant.  
• Identifies when the criticality or complexity of the patient/client condition is beyond the scope of work of the physical therapist assistant.  
• Communicates with the physical therapist prior to providing an intervention when the intervention or patient condition is beyond the scope of work of the physical therapist assistant. |

<table>
<thead>
<tr>
<th>1.2</th>
<th>Provide safe interventions as directed in the plan of care and supervised by the physical therapist.</th>
</tr>
</thead>
</table>
| **The graduate:** | • Performs interventions only under the direction and supervision of a physical therapist.  
• Complies with appropriate jurisdictional law, practice guidelines, codes of ethics, and facility policies.  
• Utilizes risk management strategies and safety procedures in the provision of interventions.  
• Identifies issues related to healthy lifestyles, wellness, and injury prevention in implementation of interventions within the plan of care.  
• Seeks assistance for safe implementation of interventions when needed. |

<table>
<thead>
<tr>
<th>1.3</th>
<th>Provide effective instruction to the patient/client and others to achieve the goals and outcomes as described in the plan of care.</th>
</tr>
</thead>
</table>
| **The graduate:** | • Instructs the patient/client and others regarding specific interventions, functional skills, and expected outcomes.  
• Instructs the patient/client and others in healthy lifestyles, wellness, and injury prevention.  
• Adapts instruction to the needs of the learner.  
• Determines patient achievement of learning (cognitive or psychomotor) and modifies teaching strategies appropriately. |

| 1.4 | Collect data to quantify the patient’s/client’s response to | **The graduate:** | • Collects data and related information (e.g., chart review, patient/client and family information) that quantifies the patient’s progress within the plan of care. |
| Interventions as directed and supervised by the physical therapist. | - Modifies data collection techniques based on the patient/client response, individual considerations, and cultural issues.  
- Documents and communicates the results of data collection to the physical therapist |
| --- | --- |
| 1.5 Progress the patient/client interventions through the plan of care. | **The graduate:**  
- Performs an organized and ongoing review of the patient record to identify pertinent information.  
- Observes and identifies change in patient status/performance.  
- Describes patient response/progress with expectations based on the plan of care.  
- Modifies the intervention(s) in a manner that fosters the patient’s/client’s progression within the plan of care and documents and reports those changes to the physical therapist. |
| 1.6 Complete documentation that follows professional guidelines, health care system, and physical therapy setting policies. | **The graduate:**  
- Documents relevant information about the intervention(s) and corresponding data collection.  
- Provides accurate, concise, legible documentation of all patient/client care.  
- Documents adjustment or with holding of the interventions(s) and communicates this to the physical therapist.  
- Documents according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies. |
| 1.7 Respond effectively to patient/client and environmental emergencies in the work setting. | **The graduate:**  
- Complies with policies and procedures for emergencies in the work setting.  
- Identifies that an emergency exists and takes action consistent with the facility’s emergency policies and procedures.  
- Uses emergency management principles to protect and save patients/clients and others.  
- Provides emergency care including, but not limited to, cardiopulmonary resuscitation (CPR) and basic first aid.  
- Reports an emergency to the physical therapist in a timely manner. |
| **2.0 Communication:** Effectively communicate with others, teaching or instructing when appropriate. | **The graduate:**  
- Communicates in a confidential and timely manner.  
- Listens to, clearly informs, and educates the patient/client using language that patient/client understands.  
- Demonstrates ongoing, active communication with the physical therapist, other health care practitioners and interdisciplinary team members.  
- Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status. Selects a method for communicating that is effective in a particular situation, including with family members, caregivers, and consumers. |
providers, students, interdisciplinary team members, administrators, payers, and consumers.

- Consults with the physical therapist to establish with whom and when to initiate interaction regarding health care services.
- Uses information technology such as word processing and presentation software, e-mail, and electronic records to improve clarity and efficiency of communication.
- Assesses the effectiveness of his/her communication (e.g., observing patient/client performance, interpreting nonverbal and verbal response) and adapts communication accordingly.
- Accurately communicates actions to others (physical therapist, patient/client, other health care providers, and payers).

### 2.2 Effectively educate others using teaching methods commensurate with the needs of the learner.

**The graduate:**
- Demonstrates his or her role as an educator.
- Instructs aids, volunteers, peers, and coworkers using established techniques and instructional materials commensurate with the learning characteristics of the audience.
- Implements, assesses, and modifies instructional strategies based on learner needs.
- Identifies situations that require that instruction and training be deferred to the physical therapist.

### 2.3 Educate others about the role of the physical therapist assistant.

**The graduate:**
- Describes the role of the physical therapist assistant in the health care delivery system.
- Describes the relationship between the physical therapist and the physical therapist assistant.
- Describes the role of the physical therapist assistant in promotion of healthy lifestyles, wellness, and injury prevention.
- Demonstrates behavior consistent with the role of the physical therapist assistant.

### 3.0 Resource Management: Ethically manage fiscal and human resources to provide high-quality, efficient and cost-effective PT services.

### 3.1 Utilize human and material institution-based resources and services to provide high-quality, efficient and cost-effective physical therapy services.

**The graduate:**
- Manages time efficiently and appropriately.
- Utilizes supportive personnel appropriately.
- Encourages the contributions of other interdisciplinary team members.
- Differentiates and explains the roles of the physical therapist, physical therapist assistant, and other members of the interdisciplinary team and accepts their contributions.
- Participates as a member of the interdisciplinary team.
- Describes organizational structures and chain of command within a given structure.
- Utilizes physical therapy equipment effectively and ensures equipment safety.
3.2 Comply with facility procedures and payer regulations consistent with the health care delivery system and the practice setting.  

The graduate:
- Describes different health care settings and impact on reimbursement.
- Demonstrates compliance with documentation, billing, and reimbursement requirements in the practice setting.
- Describes the relationship of documentation and billing coding to obtain reimbursement in the practice setting.
- Preserves the security, privacy, and confidentiality (eg, HIPAA) of individuals.

4.0 Value-based Behaviors: Consistently demonstrate the value-based behaviors associated with a Physical Therapist Assistant.

4.1 Altruism 
Demonstrates regard for the interests of the patient/client.  

The graduate:
- Provides patient/client-centered interventions
- Readily offers to assist the PT in providing patient/client interventions
- Provides the necessary time and effort to meet patient/client needs.
- Places the patient/client’s needs ahead of one’s own.
- Contribute, as able, to the provision of PT services to underserved and underrepresented populations.

4.2 Caring and Compassion 
Exhibit compassion, caring and empathy in providing services to patients/clients.  

The graduate:
- Actively listens to the patient/client and consider the patient/client’s needs and preferences
- Demonstrates respect for others as unique and of value
- Considers social, emotional, cultural, psychological, environmental, and economic influences on the patient/client.
- Recognizes and refrains from acting on one’s social, cultural, gender, and sexual biases.

4.3 Continuing Competence 
Engage in ongoing self-assessment, development, and implementation of a personal learning plan.  

The graduate:
- Identifies strengths and limitations in knowledge, skills, and behaviors through self-assessment and feedback from PTs and others.
- Develops and implements strategies to address identified limitations.
- Seeks further education in the use and delivery of interventions based on new evidence as it becomes available.
- Develops a career advancement plan based on interests, and career aspirations.

4.4 Duty 
Demonstrate a commitment to meeting ones obligations.  

The graduate:
- Demonstrates behaviors, conduct, actions, attitudes and values consistent with the roles, responsibilities, and tasks of the PTA
- Facilitates each patient/client’s achievement of goals for function, health, and wellness, as directed in the plan of care
- Preserves the safety, security, and confidentiality of individuals in all patient/client contexts.
- Participates in quality assurance/quality improvement activities in PT care.
- Promotes the profession of physical therapy.
- Provides student instruction and mentoring for other PTA students.
<table>
<thead>
<tr>
<th>4.5 Integrity</th>
<th>The graduate:</th>
</tr>
</thead>
</table>
| Adhere to high ethical principles, including truthfulness, fairness, and doing what you say you will do. | - Adheres to applicable laws regarding scope of work, payment policies and guidelines, institutional policies and procedures, and practice guidelines to ensure optimal patient/client care and fiscal management.  
- Adheres to the highest standard of the profession for the PTA, including the Standards of Ethical Conduct for the PTA, Guide for Conduct of the PTA, state practice acts, and payment requirements.  
- Demonstrates the ideals of the values-based behaviors of the PTA  
- Demonstrates honesty and trustworthiness in all interactions and relationships  
- Chooses employment situations that are congruent with ethical principles and work standards.  
- Identifies ethical and legal concerns and initiate appropriate actions to address the concern. |

<table>
<thead>
<tr>
<th>4.6 PT/PTA Collaboration</th>
<th>The graduate:</th>
</tr>
</thead>
</table>
| Works with mutual respect within the PT/PTA team. | - Educates the PT as needed about the roles, responsibilities, and appropriate utilization of the PTA in the PT/PTA team.  
- Promotes a positive working relationship within the PT/PTA team  
- Demonstrate respect for the roles and contributions of both the PT and PTA  
- Seeks out opportunities to collaborate with the PT to improve outcomes in patient/client care.  
- Works with the PT in educating consumers and other health care providers about physical therapy. |

| 4.7 Responsibility | - Identifies strengths and limitations in knowledge and skill, and works within limitations of personal ability.  
- Completes patient/client care and other tasks in a timely and efficient manner  
- Identifies, acknowledges and accepts responsibility for actions and errors when they occur.  
- Communicates in a timely manner with others. |

| 4.8 Social Responsibility | - Advocates for patient/client needs in the clinical setting  
- Demonstrates behaviors that positively represent the profession to the public.  
- Promotes a healthy lifestyle, wellness, and injury prevention strategies in the community.  
- Serves the profession and the community, including activities occurring in conjunction with work or outside of work.  
- Advocates for changes in laws, regulations, standards, and guidelines that positively affect physical therapy and patient/client services. |
## Appendix H: Classroom Content & Skill Proficiencies

**Medical Terminology-AHS 24010:** Terminology utilized by the medical profession. Emphasis is on definition, spelling, pronunciation and correct usage of terms.

<table>
<thead>
<tr>
<th>Introduction to medical terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directional terms, integumentary systems, colors</td>
</tr>
<tr>
<td>Respiratory</td>
</tr>
<tr>
<td>Urinary</td>
</tr>
<tr>
<td>Special Senses</td>
</tr>
<tr>
<td>Plural endings</td>
</tr>
<tr>
<td>Musculoskeletal system</td>
</tr>
<tr>
<td>Nervous system</td>
</tr>
<tr>
<td>Endocrine</td>
</tr>
<tr>
<td>Cardiovascular system</td>
</tr>
</tbody>
</table>

**Introduction to Physical Therapist Assistant- PTST 10000:** Orientation to the field of physical therapy history. Functions and responsibilities. Legal and ethical accountability. Patient rights. Safety. Health care delivery system.

<table>
<thead>
<tr>
<th>History and Development of the PT Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy Practice Acts (Settings, Practice Patterns)</td>
</tr>
<tr>
<td>Role of the PTA</td>
</tr>
<tr>
<td>PTA Essential Functions &amp; Value-based Behaviors</td>
</tr>
<tr>
<td>Learning Styles</td>
</tr>
<tr>
<td>The Healthcare Team</td>
</tr>
<tr>
<td>Career Outlook and Development</td>
</tr>
<tr>
<td>The APTA</td>
</tr>
<tr>
<td>Introduction to Laws and Ethics</td>
</tr>
<tr>
<td>Introduction to the Health Record/Documentation</td>
</tr>
<tr>
<td>Introduction to evidence-based Practice and Healthcare Literature</td>
</tr>
<tr>
<td>Elements of Research/Statistics</td>
</tr>
<tr>
<td>Risk Management</td>
</tr>
<tr>
<td>Patients’ Rights (HIPPA/Informed Consent)</td>
</tr>
<tr>
<td>Reporting Standards, Signs of Child/Elder Abuse</td>
</tr>
<tr>
<td>Culture and its impact on Health Decisions</td>
</tr>
</tbody>
</table>

**Professionalism in Healthcare- AHS 12010:** Focus on understanding human behavior. Emotional needs of individuals. Therapeutic use of self. Development of communication skills and interpersonal relationships.

<table>
<thead>
<tr>
<th>Communication Theories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Elements</td>
</tr>
<tr>
<td>Personal vs. Professional Values</td>
</tr>
<tr>
<td>Ethics and The Influence of Culture</td>
</tr>
<tr>
<td>Stress Management</td>
</tr>
<tr>
<td>Elements of the Patient Interview</td>
</tr>
</tbody>
</table>
**Principles of Patient Care- PTST 10001:** Students develop an understanding of the underlying principles of basic physical therapy procedures and the applications of these concepts in the physical therapy setting.

<table>
<thead>
<tr>
<th>Topics covered in this course</th>
<th>Skills Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to safety in Patient Care</td>
<td>Gait</td>
</tr>
<tr>
<td>Vital Signs</td>
<td>Hand Washing</td>
</tr>
<tr>
<td>Cleanliness, Standard Precautions, Infection Control, Sterile Field</td>
<td>Body Mechanics</td>
</tr>
<tr>
<td>Positioning and Draping/Tilt Table</td>
<td>Donning and Doffing PPE</td>
</tr>
<tr>
<td>Transfers and Bed Mobility</td>
<td>Positioning – seated, supine, sidelying, prone</td>
</tr>
<tr>
<td>Documentation: Introduction to SOAP</td>
<td>Bed mobility</td>
</tr>
<tr>
<td>Special Care Environments</td>
<td>Transfers – squat pivot, hoyer, slide board, stand pivot</td>
</tr>
<tr>
<td>Wheelchair Management</td>
<td>Tilt Table</td>
</tr>
<tr>
<td>Gait and Assistive Devices</td>
<td>Vital signs – HR, RR, BP, pulse ox and pain</td>
</tr>
<tr>
<td>PROM and Goniometry</td>
<td>Bandaging – spiral, reverse spiral, AK, BK, figure 8</td>
</tr>
<tr>
<td>Wounds and Wound Care</td>
<td>Assistive Device Training</td>
</tr>
<tr>
<td>Emergency Responses and Bandaging</td>
<td>Gait</td>
</tr>
<tr>
<td></td>
<td>WC Management</td>
</tr>
<tr>
<td></td>
<td>PROM</td>
</tr>
<tr>
<td></td>
<td>Goniometry – shoulder, elbow, forearm, wrist, hip, knee, ankle</td>
</tr>
</tbody>
</table>

**Physical Therapy Procedures I- PTST 10004:** Theory and techniques of treatment procedures with emphasis on modalities. Maintenance of equipment and supplies.

<table>
<thead>
<tr>
<th>Topics covered in course</th>
<th>Skills Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positioning (Healing vs. Comfort)</td>
<td>Massage</td>
</tr>
<tr>
<td>Pain and Inflammation</td>
<td>Intermittent Compression</td>
</tr>
<tr>
<td>Electrophysiology</td>
<td>Thermal Therapies: Superficial Heat</td>
</tr>
<tr>
<td>NMES</td>
<td>Thermal Therapies: Cryotherapy</td>
</tr>
<tr>
<td>TENS/Interferential</td>
<td>Ultrasound: Thermal &amp; Athermal</td>
</tr>
<tr>
<td>ES Devices</td>
<td>Traction: Cervical</td>
</tr>
<tr>
<td>ES Devices for Wound Healing/Edema</td>
<td>Traction: Lumbar</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Electrotherapy: TENS</td>
</tr>
<tr>
<td>Massage</td>
<td>Electrotherapy: HVPC/Wound Healing</td>
</tr>
<tr>
<td>Hot and Cold Modalities</td>
<td>Electrotherapy: NMES</td>
</tr>
<tr>
<td>Compression Therapy</td>
<td>Iontophoresis</td>
</tr>
<tr>
<td>Traction</td>
<td>Light Therapy</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td></td>
</tr>
<tr>
<td>Diathermy, Laser and Light Therapy</td>
<td></td>
</tr>
</tbody>
</table>
**Clinical Kinesiology-AHS 22002/Lab AHS 22003:** Function of the human body with emphasis on the musculoskeletal system. Gross body measurements.

<table>
<thead>
<tr>
<th>Topics covered in course</th>
<th>Skill Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biomechanical Concepts in Kinesiology</td>
<td>Palpation</td>
</tr>
<tr>
<td>Bony Skeleton Landmarks (Review Lab)</td>
<td>Positioning: Gravity resisted, assisted and</td>
</tr>
<tr>
<td>Joint Structure</td>
<td>Muscle Function: Eccentric, concentric,</td>
</tr>
<tr>
<td>Muscle Structure</td>
<td>MMT: Scapular</td>
</tr>
<tr>
<td>Introduction to the Nervous System</td>
<td>MMT: Shoulder</td>
</tr>
<tr>
<td>Concepts of MMT</td>
<td></td>
</tr>
<tr>
<td>The Shoulder Joint- Kinesiology and MMT</td>
<td>MMT: Wrist</td>
</tr>
<tr>
<td>The Elbow Joint- Kinesiology and MMT</td>
<td>MMT: Hand</td>
</tr>
<tr>
<td>The Wrist and Hand- Kinesiology and MMT</td>
<td>MMT: Hip</td>
</tr>
<tr>
<td>The Hip- Kinesiology and MMT</td>
<td>MMT: Knee</td>
</tr>
<tr>
<td>The Knee- Kinesiology and MMT</td>
<td>MMT: Ankle</td>
</tr>
<tr>
<td>The Ankle- Kinesiology and MMT</td>
<td>MMT: Cervical</td>
</tr>
<tr>
<td>The Spine- Kinesiology and MMT</td>
<td>MMT: Thoracolumbar</td>
</tr>
<tr>
<td>Posture Assessment</td>
<td>Goniometry: Cervical spine</td>
</tr>
<tr>
<td>Gait Assessment</td>
<td>Goniometry: Thoracolumbar spine</td>
</tr>
<tr>
<td>Thorax and TMJ</td>
<td>Posture Assessment</td>
</tr>
</tbody>
</table>

**Clinical Conditions I- PTST 10003:** Introduction to the pathology, treatment and clinical implications for medical conditions commonly encountered in PT practice: Integumentary, cardiovascular, pulmonary, endocrine and digestive systems.

- Inflammation and Healing
- Immune System and Disorders
- Infection
- Fluid and Electrolyte Imbalances
- Digestive System Disorders
- Urinary System Disorders
- Respiratory Disorders
- Blood and Lymphatic Disorders
- Cardiovascular Disorders
- Skin Disorders
- Common Medical Tests
- Endocrine Disorders
- Neoplasms
- Alternative Medicine
**Physical Therapy Practice - PTST 11005:** Learn the essentials of safe, ethical, legal, and value-based behaviors in patient care. Acquire documentation skills and prepare for clinical education.

- Self-assessment and Goal Setting
- Clinical Decision Making with the Plan of Care
- Communicating with Supervisors
- EBP: Understanding and Assessing Research Materials
- Legal and Regulatory Differences between Clinical Settings (HIPPA, informed consent, risk management, supervision, etc.)
- Billing and Reimbursement (Productivity, Settings, Codes)
- Documentation for Rehab Services
- Policies and Procedures for Clinical Education

**Clinical Conditions II - PTST 20003:** Introduction to the pathology, treatment and clinical implications for medical conditions commonly encountered in PT practice: Integumentary, cardiovascular, pulmonary, endocrine and digestive systems.

- Connective Tissue Disorders
- Osteoarthritis and Rheumatoid Arthritis
- Fractures and Fracture Healing
- Total Joint Arthroplasty
- Pharmacology
- Psychiatric Disorders
- Normal Aging
- Pathological Disorders
- Fall Risk Assessment and Prevention
- Geriatric Nutrition
- End of Life Planning
- Cervical and Thoracic Spine Pathologies
- Lumbar Pathologies
- Shoulder Pathologies
- Elbow Pathologies
- Wrist and Hand Pathologies
- Hip Pathologies
- Knee Pathologies
- Ankle and Foot Pathologies
Physical Therapy Procedure II - PTST 20004: Basic principles, therapeutic effects and techniques of therapeutic exercises used in Physical Therapy practice.

<table>
<thead>
<tr>
<th>Topics covered in course</th>
<th>Skill Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamentals of Therapeutic Exercise</td>
<td>Diagonal Patterns and two joint excursions</td>
</tr>
<tr>
<td>Wheelchair Exercise and Safety</td>
<td>Manual stretching – muscle</td>
</tr>
<tr>
<td>Wellness and Prevention</td>
<td>Manual Stretching - joint</td>
</tr>
<tr>
<td>ROM Exercises</td>
<td>Joint mobilization: Grade 1 &amp; 2</td>
</tr>
<tr>
<td>Exercise Using the Swiss Ball</td>
<td>Manual resistance exercise: Straight planes</td>
</tr>
<tr>
<td>Peripheral Joint Stretching and Mobilization: Principles and Tech.</td>
<td>Radicular Symptom Centralization and Management</td>
</tr>
<tr>
<td>Aquatic Exercise</td>
<td>Exercise Instruction with or without equipment</td>
</tr>
<tr>
<td>Strengthening Exercise: Principles and Techniques</td>
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<tr>
<td>Soft Tissue Injury Management</td>
<td></td>
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<tr>
<td>Post-Surgical Management</td>
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<tr>
<td>The Spine</td>
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<tr>
<td>The Shoulder</td>
<td></td>
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<tr>
<td>The Elbow</td>
<td></td>
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<tr>
<td>The Wrist and Hand</td>
<td></td>
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<tr>
<td>The Hip</td>
<td></td>
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<tr>
<td>The Knee</td>
<td></td>
</tr>
<tr>
<td>The Ankle/Foot Complex and Balance Activities</td>
<td></td>
</tr>
<tr>
<td>Pre and Post-Partum Patients</td>
<td></td>
</tr>
</tbody>
</table>

Physical Therapy Practice II - PTST 22005: Understand the current professional, legal, and regulatory implications in the provision of PT services.

<table>
<thead>
<tr>
<th>Topics covered in course</th>
<th>Skill Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Models and Governing Influences (ACA, ADA)</td>
<td></td>
</tr>
<tr>
<td>In-service Research and Development</td>
<td></td>
</tr>
<tr>
<td>Documentation: PTA Assessment and Planning</td>
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<tr>
<td>State Practice Acts</td>
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<tr>
<td>Organizational Planning and Fiscal Management</td>
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<tr>
<td>Critical Thinking and Problem Solving in the Clinic</td>
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<tr>
<td>Community Resources</td>
<td></td>
</tr>
<tr>
<td>Quality Assurance and Risk Management</td>
<td></td>
</tr>
<tr>
<td>Influence of Culture Differences on Patient Care and Outcomes</td>
<td></td>
</tr>
</tbody>
</table>
**Rehabilitation Procedures - PTST 20006:** Principles and techniques of therapeutic interventions for rehabilitation in physical therapy practice.

<table>
<thead>
<tr>
<th>Topics covered in course</th>
<th>Skill Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Rehabilitation and Normal Adult Movement</td>
<td>Sensory, Coordination &amp; Balance Assessment</td>
</tr>
<tr>
<td>Sensory, Motor, Coordination and Balance Examinations</td>
<td>Neuromuscular re-education facilitate and inhibit tone and functional activities</td>
</tr>
<tr>
<td>Cerebral Vascular Accident Pathology: Clinical Presentations and Treatment Variables</td>
<td>Therapeutic positioning, functional patterns and motor learning</td>
</tr>
<tr>
<td>Facilitation and Inhibition Techniques</td>
<td>Functional Training</td>
</tr>
<tr>
<td>Pediatric Development and treatment</td>
<td>Neurological Interventions for the Pediatric Patient</td>
</tr>
<tr>
<td>Parkinson’s, TBI, and MS Pathology: Clinical Presentations and Treatment Variables</td>
<td>Interventions for the LE amputee patient</td>
</tr>
<tr>
<td>Functional Rehab Post SCI</td>
<td>Acute and Chronic Treatment Interventions for Cardiopulmonary P.T.</td>
</tr>
<tr>
<td>LE Amputee presentation and treatment variables</td>
<td>Interventions for the Medically Complex Patient</td>
</tr>
<tr>
<td>Environment and Home Assessments</td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary PT</td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Conditions III - PTST 20008:** Discussion of neurological pathologies across the lifespan, treatment of the medically complex patient and functional testing for the geriatric patient.

- Overview of the CNS
- CVA vs. L Hemiplegia
- Parkinson’s Disease
- TBI, MS, SCI
- Pediatric Primitive Reflexes
- Abnormal vs. Normal Pediatric Milestones
- Post-Polio, Guillain-Barre, ALS, Myasthenia Gravis, Huntington’s Disease, Epilepsy
- Congenital and Traumatic Amputations
- Orthotics and Their Effects on Gait
- Dementia/Alzheimer’s Disease
- Functional Testing/Geriatric Assessment Tools
- Care Integration for the Medically Complex/Geriatric Patient

**Physical Therapy Practice III - PTST 22007:** Preparation for licensure, employment and career development as a physical therapist assistant.

- Societal Needs for Wellness Education
- Service Based Learning Project
- NPTE Content Review, Licensure Process
- Techniques for Job Acquisition
- APTA, PTA Caucus, and Current Topics in PT Profession
- Self-Awareness, Life-long Learning and PTA Career Development
**Appendix I: CPI Rubric**

Scoring Rubric for PTA CPI Web
Kent State University Minimum Expectations for Final Evaluations

<table>
<thead>
<tr>
<th>Criteria</th>
<th>PTST 11092 Practicum 1</th>
<th>PTST 22092 Practicum 2</th>
<th>PTST 23092 Practicum 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Safety* [Red Flag]</td>
<td>Advanced Beginner</td>
<td>Intermediate</td>
<td>Entry Level</td>
</tr>
<tr>
<td>2. Clinical Behaviors* [Red Flag]</td>
<td>Advanced Beginner</td>
<td>Intermediate</td>
<td>Entry Level</td>
</tr>
<tr>
<td>3. Accountability* [Red Flag]</td>
<td>Advanced Beginner</td>
<td>Intermediate</td>
<td>Entry Level</td>
</tr>
<tr>
<td>4. Cultural Competence</td>
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<td>Entry Level</td>
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<tr>
<td>5. Communication* [Red Flag]</td>
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<tr>
<td>6. Self-Assessment and Lifelong Learning</td>
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<tr>
<td>8. Interventions: Therapeutic Exercise</td>
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<td>9. Interventions: Therapeutic Techniques</td>
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<td>10. Interventions: Physical Agents and Mechanical Modalities</td>
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<td>11. Interventions: Electrotherapeutic Modalities</td>
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<td>13. Documentation</td>
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<tr>
<td>14. Resource Management</td>
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<td>Entry Level</td>
</tr>
</tbody>
</table>

*Any concern in one or more of the Red Flag [Red Flag] areas, warrants an immediate phone call to the ACCE