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PROGRAM OVERVIEW

ACKNOWLEDGEMENT

The Physical Therapist Assistant Program of Walters State Community College would like to acknowledge the clinical facilities, clinical instructors, and center coordinators of clinical education for their dedication in providing quality clinical educational experiences for the PTA students of Walters State Community College. It is impossible to provide the learning experiences necessary to become a professional physical therapist assistant while only in the classroom. The commitment and contributions of many stakeholders involved in developing the professional behaviors and clinical skills of the PTA students are recognized and appreciated.

This Clinical Education Handbook is designed to provide the Center Coordinators of Clinical Education (CCCE), clinical instructors (CI’s), and students with important information regarding clinical policies and procedures, student supervision, clinical education objectives, academic preparation for each affiliation, and forms used by both the academic institution and the clinical site throughout the clinical education process.

PTA PROGRAM FACULTY

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ACCREDITATION

Walters State Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges. The Tennessee Board of Regents (TBR) is authorized by the state legislature to provide oversight of degree-granting state institutions. TBR has given Walters State Community College the authority to offer the Physical Therapist Assistant program and to award the Associate of Applied Science degree – Physical Therapist Assistant.

The Physical Therapist Assistant program at Walters State Community College was granted initial accreditation in 1990 and reaffirmation in 2015 by the Commission on Physical Therapy Education (CAPTE). As an accredited program, adherence of all of the CAPTE Rules of Practice and Procedures will be followed by the PTA program and supported by the institution. The Walters State Community College Physical Therapist Assistant Program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; e-mail: accreditation@apta.org
PROGRAM VISION AND MISSION

The Physical Therapist Assistant (PTA) Program is integral to the institutional mission and encourages its graduates to practice within the legal, social and ethical context of their careers as physical therapist assistants. The vision and mission of the program are consistent with the vision and mission of the institution as outlined in the table below.

Table 1.1
Comparison of Walters State Community College and PTA Department Vision and Mission

<table>
<thead>
<tr>
<th>Walters State Community College</th>
<th>PTA Department</th>
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<tbody>
<tr>
<td><strong>Vision</strong></td>
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<tr>
<td>Walters State will be a premier community college, committed to increasing educational attainment and workforce preparedness through excellence in teaching and service.</td>
<td>The Walters State Community College Physical Therapist Assistant Program will be a premier program committed to increasing educational attainment and workforce preparedness through excellence in teaching.</td>
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<table>
<thead>
<tr>
<th><strong>Mission</strong></th>
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<tbody>
<tr>
<td>Offers programs of study that lead to associate degrees or certificates</td>
<td>The Walters State PTA program prepares individuals to complete the requirements for an Associate of Applied Science degree – Emphasis: Physical Therapist Assistant</td>
</tr>
<tr>
<td>Delivers public service and non-credit programs in support of workforce development and personal enrichment</td>
<td>The PTA program offers public service and non-credit CEU courses for clinical instructors and other physical therapy professionals</td>
</tr>
<tr>
<td>Employs highly qualified faculty and staff</td>
<td>Core faculty members are Physical Therapists with a combined 40+ years of experience and two hold masters degrees</td>
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<tr>
<td>Fosters and inspires student engagement and success</td>
<td>The use of multiple teaching styles, classroom technology and active learning techniques enhance student engagement, success and inspires excellence</td>
</tr>
<tr>
<td>Provides convenient access through multiple campuses and advanced technology including distance learning through digital means</td>
<td>General education and prerequisite courses are offered on each of Walters State’s four campuses. Technological access include iPads, high-tech collaboration room, smart classrooms and course management system</td>
</tr>
<tr>
<td>Partners with other educational institutions to promote access and facilitate articulation and transfer</td>
<td>East Tennessee State University’s Bachelor of Science degree in Allied Health allows A.A.S graduates the opportunity to receive undergraduate credit for PTA program courses completed at Walters State</td>
</tr>
<tr>
<td>Pursues external sources of support and entrepreneurial initiatives</td>
<td>In addition to clinicals, learning opportunities are arranged/facilitated with clinics, clinicians and hospitals to augment class and lab experiences</td>
</tr>
<tr>
<td>Assesses and responds to community needs</td>
<td>Triangulate data from advisory committee, employer survey, graduates, clinicians and other stakeholders to assess service area needs (CEU courses, job opportunities, etc.)</td>
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<tr>
<td>Provides opportunities for promoting diversity and enhancing cultural awareness</td>
<td>Cultural awareness is integrated throughout the PTA curriculum and enhanced in the classroom and clinical experiences</td>
</tr>
<tr>
<td>Pursues resourcefulness, effectiveness and efficiency through comprehensive accountability and continuous improvement programs</td>
<td>Data is obtained and assessed by PTA faculty from stakeholders and other sources (graduate surveys, FSBPT content reports, employer surveys, students, etc.) to continuously improve the program.</td>
</tr>
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</table>
PHYSICAL THERAPIST ASSISTANT PROGRAM PHILOSOPHY

The purpose of the Physical Therapist Assistant Program is to prepare students to become a licensed Physical Therapist Assistant. As an integral program of the Walters State Community College, the Physical Therapist Assistant program accepts each student as a unique individual. The faculty endeavors to provide learning experiences that will enable each student to develop the knowledge, skills and abilities to function effectively and efficiently as a Physical Therapist Assistant and to contribute to the field of physical therapy.

The curriculum is a combination of general and technical education courses which is designed to provide learning experiences that prepare students to function with professional competence while giving individualized care to patients in a variety of healthcare settings and in collaboration with the healthcare team. The faculty believes that learning takes place within the learner; therefore, self-awareness, self-responsibility and self-evaluation are emphasized. Based on this philosophical belief construct, the faculty set forth the following tenants regarding learning:

- Learning occurs best when the learner is actively engaged
- Embracing multiple learning styles provides opportunities for all learners to be successful
- Using different sensory processes to address/present information
- Integrating information from multiple sources enhances the learning process
- Learning is a multi-factorial process
- Learning is a process and not one single point in time
- Setting high expectations, clear goals, providing feedback and diverse learning experiences are conditions that lead to student success
- Learning occurs across the lifespan

The faculty believes that the personal ethics of the physical therapist assistant and all healthcare workers require certain inherent elements of character which include honesty, loyalty, understanding, and the ability to respect the rights and dignity of others. Personal ethics also requires conscientious preparation during one's academic years for professional duties and responsibilities.

The Physical Therapist Assistant Program at Walters State Community College, upholds the foundational beliefs of the American Physical Therapy Association's Standards of Ethical Conduct for the Physical Therapist Assistant (Appendix D).

PHYSICAL THERAPIST ASSISTANT PROGRAM GOALS/OUTCOMES

1. Graduate students who are proficient in interventions and skills identified on the Physical Therapist Assistant Clinical Performance Instrument (CPI)
   As evidenced by: Final clinical rotation students will achieve entry level on the CPI

2. Provide opportunities for students to develop behavior and skills sought by employers
   As evidenced by: Employer Survey
                     Advisory Committee Feedback

3. Graduate students who demonstrate success on the National Physical Therapy Exam for Physical Therapists Assistants
   As evidenced by: 1st time pass rates
                     Ultimate pass rates
4. Provide a variety of clinical learning experiences to develop PTA skills
   As evidenced by:
   - All students will complete four clinical placements with at least one placement in an out-patient facility and one placement in an in-patient facility during clinicals II, III, and IV.
   - Clinical sites are available in a variety of settings including: skilled nursing, transitional care, home health, pediatric, school systems, acute care, rehabilitation hospitals, outpatient clinics
   - Clinical sites are available in both rural and urban areas

5. Ensure delivery of quality PTA program
   As evidenced by:
   - Qualified faculty (CAPTE standards)
   - Curriculum Review by stakeholders (faculty, students, advisory committee)
   - CAPTE Accreditation
   - Program Evaluations
   - Graduate Survey

**CURRICULUM**

The PTA program is 5 semesters in length, 69 PTA credit hours and computer competency is required (total 72 credit hours if computer course required). Successful completion leads to an Associate of Applied Science Degree (A.A.S.). The curriculum includes general education courses, prerequisites, physical therapy technical courses and supervised clinical practice in approved clinical facilities. Students are responsible for all costs incurred during clinical affiliations which may include: room and board, gas, parking, tolls, uniforms, drug screens, and any incidental expenses such as parking/traffic violations. Students will be required to travel to assigned clinical sites which may be located an hour or more drive from the home location.
WSCC Physical Therapist Assistant Program  
Sample Curriculum Plan (0.5 + 2 academic years - model)

Pre-Requisites
Must be completed before application to PTA program:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>*BIOL 2010/2011</td>
<td>Anatomy and Phys I/Lab I</td>
<td>4</td>
</tr>
<tr>
<td>*BIOL 2020/2021</td>
<td>Anatomy and Phys II/Lab II</td>
<td>4</td>
</tr>
<tr>
<td>*MATH 1530 (or) 1630</td>
<td>Finite Math (or) Probability and Statistics</td>
<td>3</td>
</tr>
<tr>
<td>^ENGL 1010</td>
<td>Composition I</td>
<td>3</td>
</tr>
<tr>
<td>*(INFS 1010)</td>
<td>(Computer Applications)</td>
<td>(3)</td>
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<td><strong>14 (17)</strong></td>
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Apply to PTA Program by April 15. If accepted:

PTA Program - 1st Year  
Fall Semester
- PSYC 2130  Lifespan Psychology  3
- PTA 1010  Intro to Physical Therapy  2
- PTA 1040/1041  Kinesiology/Lab  4
- PTA 1100/1101  Modalities/Lab  4
  **13**

Spring Semester
- SPCH 1010  Fundamentals of Speech  3
- PTA 1200/1201  Orthopedic Conditions/Lab  6
- PTA 1300/1301  Neurological Conditions I/Lab  3
- PTA 1331  Clinical I  2
  **14**

PTA Program – 2nd Year  
Fall Semester
- HUM ELECTIVE  Humanities/Fine Arts Elective  3
- PTA 2120/2121  Medical Surgical Conditions/Lab  5
- PTA 2300/2301  Neurological Conditions II/Lab  4
- PTA 2331  Clinical II  3
  **15**

Spring Semester
- PTA 2500/2501  Correlative PTA Procedures  3
- PTA 2431  Clinical III  4
- PTA 2531  Clinical IV  6
  **13**

**TOTAL:** **69 (72)**

*This course is a pre-requisite for the PTA Program and must be completed prior to application.

^This course does not have to be taken prior to admission to the program. However, completion of all general education requirements with grades of C or better prior to application will result in additional ranking points. All general education courses excluding prerequisites can be taken in any order, but must be completed prior to beginning the semester of graduation.

*The college requires all degree-seeking students to demonstrate computer competency either by passing an examination or by successfully completing a designated computer course. Students are required to meet computer competency during the first 30 hours of coursework.
NONDISCRIMINATION POLICY

Walters State Community College does not discriminate on the basis of race, sex, sexual orientation, gender identity, color, religion, national origin, age, disability or veteran status in provision of educational programs and services or employment opportunities and benefits pursuant to the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the Age Discrimination in Employment Act of 1967 (ADEA). Inquiries and charges of violations of any of the above referenced policies should be directed to the Assistant Vice President for Human Resources/Affirmative Action Officer, 500 S. Davy Crockett Pkwy., Morristown, TN 37813-6899, 423-585-6845 or email: tammy.goode@ws.edu. Requests for accommodation of a disability should be directed to Office of Disability Services at Walters State, 500 S. Davy Crockett Pkwy., Morristown, TN 37813-6899.

ESSENTIAL FUNCTIONS/CORE PERFORMANCE STANDARDS
(HEALTH AND PHYSICAL CONSIDERATIONS
FOR PHYSICAL THERAPIST ASSISTANT STUDENTS)

Because the College seeks to provide, in as much as possible, a reasonably safe environment for its health career students and their patients, a student may be required during the course of the program, to demonstrate their physical and/or emotional fitness to meet the essential requirements of the program. Such essential requirements may include the ability to perform certain physical tasks, and suitable emotional fitness. Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of disability.

The practicing PTA must be capable of long periods of concentration in selecting correct techniques, equipment and safety measures to assure maximum care and safety of the patient. Therefore, the applicant must be able to exercise independent judgment under both routine and emergency conditions. A person abusing alcohol or conscious altering drugs could not meet these criteria. The following core performance standards have been adopted by the PTA program. Admission to and progression in the PTA program is not based on these standards but should be used to assist the student in determining whether accommodations or modifications are necessary. If a student believes that one or more of the standards cannot be met without accommodation or modification, the physical therapist assistant program will determine whether reasonable accommodations or modifications can be made. The student should contact the Director of the Physical Therapist Assistant Program, and/or the Office of Student Support Services.

The standards are:

1. Critical thinking ability sufficient for clinical judgment (i.e. identify cause-effect relationships in clinical situations (and develop and carry out appropriate plan of action, etc.))

2. Interpersonal abilities sufficient to effectively interact with groups from a variety of social, emotional, cultural, and intellectual backgrounds (i.e. establish rapport with patients/clients and colleagues, etc.).

3. Communication abilities sufficient for interaction with others in verbal and written form (i.e. explain treatment procedures, initiate health teaching, document physical therapy treatment, understand medical records and patient/client responses, etc.)

4. Physical abilities sufficient to maneuver in small spaces, move throughout the clinical facility, move patients appropriately. (i.e. moves around in patient’s rooms, work spaces, and treatment areas, administers appropriate patient/client care, etc.)
5. Gross/fine motor, strength and endurance abilities sufficient to provide safe and effective physical therapy care (i.e. calibrate and use equipment; position patients/clients, etc.).

6. Auditory ability sufficient to monitor and assess health needs (i.e. hears monitor alarm, emergency signals, auscultatory sounds, cries for help, etc.)

7. Visual ability sufficient for observation and assessment necessary in physical therapy care (i.e. observes patient/client responses and accurate equipment readings, etc.).

8. Tactile ability sufficient for physical assessment (i.e. perform palpation, functions of physical therapy assessment and/or those related to therapeutic intervention, etc.).

Other essential functions would include:

- Appropriate safety and infection control measures according to OSHA recommendations
- Ability to effectively access and utilize information from a variety of sources including textbooks, medical records, and professional literature
- Ability to identify and manage stress in a mature, healthy manner
- Flexibility in work environment with ability to multitask and prioritize duties
- Ability to learn and apply new information with regard to technology and physical therapy interventions
- Academic ability to maintain at least a "C" (75%) average in all PTA courses

SERVICES FOR INDIVIDUALS WITH DISABILITIES

Students who have a disability which requires special accommodation should promptly notify the director of the PTA program and the Office of Student Support Services so assistance can be provided whenever possible. Students should refer to the “Health and Physical Considerations for Physical Assistant Students” in order to assess personal ability to determine if qualified to meet the physical and mental requirements for the PTA program with or without special accommodations.
CLINICAL OVERVIEW

The clinical education component of the PTA program provides opportunities for each student to work in a clinical environment to develop skills necessary to become a competent physical therapist assistant. The goals of the clinical program are: 1) to attain and maintain sufficient number and diversity of clinical sites to meet needs of students enrolled in the PTA program, and 2) to provide clinical learning experiences in a progressive sequence, with at least one assignment in an inpatient facility and at least one assignment in an outpatient setting between Clinical II, III, and IV for students to develop clinical behaviors and skills of an entry level physical therapist assistant. The clinical experiences provide structured learning opportunities for students to become proficient in physical therapy interventions, data collecting, clinical problem solving skills and professional behaviors.

The clinical education component of the PTA curriculum entails 15 weeks of full time clinical education experiences scheduled in four different clinical courses throughout 3 semesters of the curriculum. The clinical experiences planned for each student totals 600 hours of full time clinical work. Each student is assigned to a clinical facility to work under the direct supervision of a licensed PT or PTA who serves as clinical faculty for the PTA program and clinical instructor for that individual student.

The sequencing of the four clinical experiences across 3 semesters is designed for the student to develop clinical behaviors and clinical skills in a progressive manner, with expectations of the student to understand the role of the PTA and to perform simple tasks demonstrating clinical behaviors of safety and communication in the first clinical experience, and by the end of the final clinical experience the student is expected to demonstrate clinical behaviors and specific skills of an entry level physical therapist assistant.

The course number and sequencing of the four clinical courses are listed below:

| Clinical I | PTA 1331 | 1-week full time clinical during the second semester |
| Clinical II | PTA 2331 | 3-week full time clinical during the third semester |
| Clinical III | PTA 2431 | 4-week full time clinical during the fourth semester |
| Clinical IV | PTA 2531 | 7-week full time clinical during the fourth semester |

PTA students should maintain a good overall fitness level to perform professional duties in the clinical setting, including physical health, mental health, and personal hygiene.

The Academic Coordinator of Clinical Education (ACCE) will meet with the students throughout the program to ensure students are aware of procedures, requirements, expectations, assignments, objectives, and goals.

CLINICAL REQUIREMENTS (See Appendix P)

The requirements for each student to complete in order to participate in clinical program are listed with clarification of each item provided in the section below.

To meet the requirements of the clinical agencies and the Tennessee Department of Health, all students must comply with the following requirements for clinical placement. Failure to provide the required information will result in the student being unable to complete the clinical course.

1. Current Cardiopulmonary Resuscitation Certification (CPR) – must be American Heart Association Basic Life Support for Healthcare Provider
2. Health Examination (completed on specific school form)
3. Initial 2-step TB skin test followed by annual 1-step screening (additional TB screenings may be requested at the discretion of the assigned clinical facility)
4. Record of Immunizations:
   a. Hepatitis B series
b. MMR (measles, mumps, rubella) – applicable to students born on or after January 1, 1957

c. Varicella (chicken pox)
d. Tdap/Td – tetanus shot or booster current within 10 years

5. Health Insurance (strongly encouraged)
6. Annual Professional Liability Insurance
7. Criminal Background Check
8. Drug Testing may be requested
9. Flu testing may be requested by specific clinical facilities
10. Reporting of any change in health status (including medication changes) must be reported to the PTA program faculty immediately.

Submit all required clinical documentation during program orientation, which is held the first day of class every fall semester. All documents and forms are found the Walters State PTA web site. First year student packets are listed as “Information Packet for New Admits.” Second year student packets are listed as “Clinical Passport Update.” Both packets will also list the applicable semester. It is each student’s responsibility to make copies for their own records. To help avoid misplacement of documents, submit all documentation at the same time. **Students are required to submit all required clinical documentation for each clinical experience.** Failure to provide the required information will result in the student not being assigned to a clinical site and therefore unable to complete the clinical requirement of the PTA program. **Please be advised that PTA program secretaries or faculty may **not** copy items for students.**

**Current Cardiopulmonary Resuscitation Certification**
All students must present verification of current CPR certification.

The course must be American Heart Association (AHA) Basic Life Support for Healthcare Provider. This certification includes one- and two-person CPR, infant/child CPR, the choking victim, and AED. Contact area hospitals, American Heart Association, fire departments or EMT services in the community for course offerings. **No other forms of CPR will be accepted.**

**Health Examination**
All students are required to complete a health examination upon admission to the PTA program. Health examinations must be completed by a physician or nurse practitioner and are current for two years of continuous program enrollment.

**Annual Tuberculosis Skin Test Screening**
Initial 2-Step TB Skin Test with placement dates, reading dates, and results is required for students who have never been tested. First test is placed, read with 48-72 hours. Student returns 1-3 weeks later for second placement. Second test is placed, read 48-72 hours later.

After the initial 2-step TB skin test, students will complete an annual 1-step test.

Chest x-ray report required if TB skin test is positive.

Students who are known positive reactors or cannot be tested must meet specific clinical facility requirements.

**Record of Immunizations**
Students enrolled in a health careers program that will have patient contact must provide proof of the following:

a. **Hepatitis B:**
   a complete Hepatitis B vaccine series - need documentation of immunization dates (this series of 3 immunizations will take 7 months to complete)
   OR
b. **MMR (measles, mumps, and rubella)** – applicable to students born on or after January 1, 1957:
   - proof of 2 doses of vaccine
   - laboratory proof of immunity (titers – blood test)

c. **Varicella (chicken pox):**
   - proof of 2 doses of varicella vaccine
   - laboratory proof of immunity (titers – blood test)
   - history of disease verified by physician, advanced practice nurse, physician assistant or health dept.

d. **Tdap or Td** vaccine protecting against tetanus, diphtheria, and pertussis tetanus shot or booster current within 10 years

Students who fail to provide the above information will not be allowed to participate in clinical and will be withdrawn from the program.

**Personal Health Insurance**

*Students are strongly encouraged to maintain a personal health insurance policy throughout the PTA program.* Many clinical affiliations require that students have health insurance during the affiliation. Students who do not plan to have health insurance during the clinical may have limited options for clinical sites and may be required to drive longer distances or be delayed in graduation due to the inability to place the student. Students without health insurance must disclose this to the PTA program’s Academic Coordinator of Clinical Education.

**Professional Liability Insurance (renewed annually)**

The contract between WSCC and the clinical facilities requires the PTA student to carry professional liability insurance prior to entrance into the clinical experience. A student will not be permitted to rotate through the clinical sites until proof of the liability coverage has been received by the Program Director. When a student receives their policy, the student must provide the Health Programs office with a copy and keep a copy for their personal file.

Individual liability insurance can be purchased through the Health Providers Service Organization (HPSO) online at www.hpso.com or by calling 1-800-982-9491. Cost may change without prior notice. Liability policies must be renewed annually.

**Criminal Background Check**

The WSCC Division of Health Programs requires criminal background checks for all students enrolling in the PTA program. This process is designed to meet requirements for an assignment to clinical practice in affiliating healthcare agencies. Students who fail to submit a criminal background check (CBC) prior to the program-specific established deadline may not be eligible for clinical placement and progression in the program. Every student MUST complete the criminal background check. For most clinical agencies, if a student is not cleared, the determination of eligibility to participate in clinical experiences at an affiliated institution is the responsibility of that institution and not of the WSCC Division of Health Programs. As per the clinical facility requirements, only those students with a clear criminal background check will be eligible for clinical placement. A student who is not eligible for clinical placement in a facility will not meet program progression standards. Students in this situation will be assisted to withdraw from the program so that a failing grade is not achieved. This criminal background check is accepted as long as the student is continuously enrolled in the PTA program. Subsequent CBC’s may be required by the clinical agencies and state licensing board. Students are required to notify the Dean of the Health Programs Division/Program Director immediately upon receiving criminal charges or convictions within 5 days of
their occurrence as it may impact student practice. All information included on students’ criminal background checks remains confidential.

Criminal background checks may only be ordered from the vendor chosen by Health Programs. Students may complete this order by following current instructions included in the “Information Packet for New Admits” located on the PTA website.

Results of the background screening are sent to the student via e-mail. The PTA program director is notified of background check completion by students via emails from the vendor. In addition, access to the background results is available to the program director via an online account from the vendor. Students may contact the criminal background check vendor with questions as needed.

**Drug Testing**
Drug testing is recommended for each student as many clinical facilities require drug screening for all students and employees. The Academic Coordinator of Clinical Education will provide the student with information regarding specific clinical facility’s policies for requiring drug testing. Refusal to submit a drug screen and/or a positive test is grounds for immediate dismissal.

**Flu Shot**
Flu shot if required by specific clinical facility. ACCE will inform student if flu shot will be required for specific clinical assignment.

**Reporting of Health Status Change**
Any change in health status (including medication changes) must be reported to the PTA program Director and ACCE immediately.
CLINICAL POLICIES

ATTENDANCE POLICY

Student should attend a 36-40 hour work week in the clinical setting, with the student attending clinical hours determined by the clinical instructor.

CLINICAL ABSENCES

Students are expected to attend every day of each clinical experience with the exception of one excused absence during Clinical IV.

Excused absences during clinical

<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Number of absences allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical I one week clinical</td>
<td>0</td>
</tr>
<tr>
<td>Clinical II three week clinical</td>
<td>0</td>
</tr>
<tr>
<td>Clinical III four week clinical</td>
<td>0</td>
</tr>
<tr>
<td>Clinical IV seven week clinical</td>
<td>1</td>
</tr>
</tbody>
</table>

One excused absence may be approved during Clinical IV (the seven week clinical) provided the student has demonstrated satisfactory performance in the clinical and if student has not had any absences in prior clinical experiences.

If a student is absent due to an emergency, illness or inclement weather, the student is to contact the clinical instructor and the academic coordinator of clinical education for the PTA program by 8:30 AM to provide notification of the absence. Written communication from a physician will be required if a student is absent more than two consecutive days due to illness.

The clinical instructor and academic faculty will determine how time missed from a clinical experience is to be made up. Time made up because of an absence will be scheduled at the convenience of the clinical instructor.

If classes are cancelled at WSCC (for example due to inclement weather), or if the college is closed (for example Thanksgiving, administrative closing, etc.) the student is not required to attend the clinical and is not expected to make up this time.

The PTA clinical program complies with accreditation and curriculum requirements by providing an adequate number of hours for each student to develop the skills required of a physical therapist assistant. Each student and clinical instructor is responsible for complying with the attendance policy.

The academic coordinator of clinical education for the PTA program monitors absences.

Failure to show up for a clinical may result in a failure of the clinical course.

DRESS CODE

A student’s dress must be appropriate as defined by each clinical site. Students must wear their Walters State Health Programs PTA Student photo ID badge at all times.

Students will be expected to:
- Maintain excellent personal hygiene;
- Wear clean/appropriate (dress code of facility) clinical clothes;
- Wear a minimum of makeup, have long hair tied back;
• Wear a minimum of jewelry, which may include a wedding band, no pronged jewelry, conservative earrings (no hoops or dangles), and watch. No jewelry is allowed in any body piercing other than earlobes;
• Cover all visible tattoos during clinical;
• No artificial fingernails (even tips) are allowed in clinical;
• Limit offensive odors such as cigarette smoke or perfume that could be compromising to a patient with respiratory disease;
• Students are responsible for following dress code policies that clinical facilities may require.

In a clinical setting, the Clinical Instructor (CI) has the same obligation to ensure safety, informed consent and quality care for their patients when students are performing treatments. The Clinical instructor should instruct the student to correct any interaction or hygiene problem by the next day. If the problem is not corrected to the CI’s satisfaction, it is their responsibility to notify the CCCE, ACCE/Program Director to resolve the problem. The student may be dismissed from the clinical and ultimately dismissed from the PTA program if satisfactory resolution is not obtained.

**ELECTRONIC DEVICES**

Use of electronic devices including cell phones is prohibited during clinical work hours unless use of the device is relevant and authorized by the clinical instructor.

**DRUG AND ALCOHOL POLICY**

Students enrolled in allied health and/or physical therapist assistant postsecondary educational programs have placed themselves into a relationship where there is a special concern relative to the possession or use of drugs, alcohol or controlled substances. If a student in an allied health and/physical therapist assistant program is exhibiting inappropriate behavior in the classroom or clinical, or demonstrating any unprofessional conduct or negligence, the faculty or clinical affiliate representative responsible for that student, using professional judgment, will remove the student, report the alleged violation immediately to the PTA Program Director or Academic Coordinator of Clinical Education and Vice President of Student Affairs and document the circumstances. Additional details for Allied Health Program Drug and Alcohol Policy can be found in the PTA Student Handbook.

**POLICY ON SMOKING/TOBACCO USE ON CAMPUS**

*Smoking Policy*
Walters State Community College Policy 08:20:00 was created to help promote a healthier environment for all persons on Walters State Community College’s campuses. Smoking in any form will only be permitted in personal vehicles. This policy covers all forms of smoking products, including cigarettes, pipes and cigars. Smokeless electronic cigarettes “vapors” and all similar devices are also banned under the policy.

*Other Tobacco Use*
The use of mouth tobacco (to include dipping, chewing, etc.) is prohibited in all buildings owned or controlled by Walters State.

*Clinical Experience*
Students will comply with clinical facility policies regarding smoking and other tobacco use.

**SITE VISIT**
A faculty member of the WSCC PTA program will perform a site visit, or phone contact to discuss student performance with both the student and clinical instructor during Clinical II, III, and IV. The student will contact the faculty after conferring with the clinical instructor during the first week of the clinical to schedule a time to meet that is convenient for the clinical instructor. The midterm evaluations should be
completed and accessible to the academic faculty at the time of the site visit. During this site visit, it will be determined if additional follow up contacts or interventions by faculty are needed to assure student success. Faculty will complete a site visit form to submit to the ACCE after the site visit. See Walters State Community College PTA Program Contact with Clinical Site (Appendix O)

INSERVICE

During Clinical III and IV each student is required to deliver a 20-30 minute inservice to the therapy staff. The topic of the inservice should be determined based on input from the clinical instructor. The student will provide members of the audience with an evaluation form to provide the student feedback on the presentation. The student will return the completed inservice evaluation forms to the ACCE when returning to campus after completion of the clinical. If the clinical instructor requests the student complete an alternate activity instead of an inservice, the student is to contact the ACCE for approval of the alternate assignment or activity to be completed by the student in lieu of an inservice.

SUPERVISION

The student will be supervised at all times by a clinical instructor who is a licensed PT or PTA with a minimum of one year of clinical experience. It is expected that the student will initially be supervised closely by the clinical instructor within line of sight of student when treating patients, progressing to clinical instructor being immediately available to student when student is treating patients. The supervising therapist must always be on sight when the student is treating patients. The clinical instructor may delegate supervision of the PTA student to another licensed PT or PTA with a minimum of one year of clinical experience if the clinical instructor will be off sight or not immediately available to the student.

Supervision Resources
APTA Supervision of Student Physical Therapist Assistants (Appendix A)
APTA Chart: Supervision of Students Under Medicare (Appendix B)
APTA Use of Students Under Medicare Part B (Appendix C)
Supervision of Students in the Tennessee Practice Act for Physical Therapy

For questions regarding supervision of the student, the CI should contact WSCC PTA Program Academic Coordinator of Clinical Education for clarification.

STUDENT INFORMATION FOR CLINICAL SITE

Each student has liability insurance through Health Providers Service Organization (HPSO), a health and physical by physician, MMR and Hepatitis B vaccinations, TB testing, and current CPR training. The student will bring a copy of these documents on the first day of their clinical. The clinical site can contact Academic Coordinator of Clinical Education (ACCE) if the clinical site needs this student information or specific student contact information prior to the first day of the clinical.

EMERGENCY CARE

The student acknowledges that they will be held responsible for any costs associated with emergency medical care and treatment that may occur for them while on any clinical rotation/affiliation. Student grants permission for emergency medical treatment to occur when necessary.

STUDENT COMPETENCIES PRIOR TO EACH CLINICAL

Evidence is provided to the ACCE to verify that each student has demonstrated identified skill competencies before beginning each clinical. All identified skill competencies must be met prior to each clinical. Students will not attend clinical if skill competencies are not met.
Skill competencies assessed prior to Clinical I (1 week clinical) include:

1. Hand washing
2. Heart rate assessment
3. Blood pressure assessment
4. Cold pack
5. Hot pack
6. Paraffin
7. Ice massage
8. Intermittent pneumatic compression pump
9. Traction - cervical and lumbar mechanical home units
10. Manual Muscle testing
11. Proper body mechanics
12. Boney landmark identification

Skill competencies assessed prior to Clinical II (Three week clinical) include:

1. All competencies listed for Clinical I
2. Recognize common gait deviations
3. Collect data related to gait through observational gait analysis
4. Fit person with ambulation aide/assistive device
5. Gait training with assistive device on level surface and steps
6. Perform UE diagonal Proprioceptive Neuromuscular Facilitation (PNF) patterns
7. Sensory testing
8. Patient transfers (stand pivot, squat pivot, sliding board)
9. Bed mobility in transition from supine to sit
10. Therapeutic exercise selection for children with simple neurological conditions
11. Exercise precautions and contraindications for patients with common orthopedic conditions
12. Goniometry for UE, LE, spine
13. Reflex assessment, GMMT, upper quadrant and lower quadrant screens

Skill competencies prior to Clinical III and IV (Four week and Seven week clinicals) include:

1. All skills listed for Clinical I and II
2. Wheelchair management
3. Positioning to prevent deformity and prevent skin breakdown
4. Data collection for coordination
5. Data collection for balance/fall risk
6. Application of UE Sling
7. Therapeutic exercise selection for adults with common neurological conditions
8. Techniques for neuromuscular facilitation, and reeducation including use of biofeedback
9. Pulses and Grading (arterial, dorsalis pedis and posterior tibialis)
10. FET
11. ACBT
12. Postural Drainage (9 positions, percussion and vibration)
13. Diaphragmatic breathing
14. Pursed-lip breathing
15. Auscultation Heart (aortic, pulmonic, mitral, PMI)
16. Protective sensation (monofilament and vibration)
17. Skin temperature
STUDENT CLINICAL RESPONSIBILITIES

1. All skill competencies must be met prior to each clinical. No student will attend clinical if skill competencies are not met.
2. Student is to formulate a minimum of five objectives specific to the clinical assignment. Submit objectives to faculty for review 2 weeks prior to clinic, and bring copy of these objectives to clinical instructor the first day of each clinical assignment.
3. Student is to keep current copies of Health and physical form, immunization records in addition to those on Health and Physical Form, TB test, HPSO liability insurance certificate, and CPR card. Student to bring copies of these documents on the first day of each clinical assignment.
4. Student to contact clinical site by phone or e-mail 2 weeks prior to clinical to obtain detailed information related to work hours, dress code, parking and policies specific to that clinical site.
5. Student is responsible for obtaining flu shot and drug testing if required by the specific clinical facility.
6. Student to schedule site visit with academic faculty and clinical instructor for Clinical II, III and IV.
7. Student to complete self-evaluations for each clinical including midterm and final for Clinicals II, III, and IV and final evaluation only for Clinical I. The student self-assessments are to be submitted to ACCE first day on campus after completing clinical.
8. Submit all requested documentation including clinical objectives and self-evaluations for midterm and final.
9. Adhere to policies and procedures for each clinical assignment
10. Review clinical objectives with clinical instructor
11. Maintain professional behaviors, follow Standards of Ethical Conduct for the PTA (Appendix D) and Guide for Conduct of the Physical Therapist Assistant (Appendix E)
12. Assume responsibility for own professional growth
13. Maintain open communication with clinical instructor, and academic faculty
14. Contact academic faculty if questions or concerns arise during the clinical experience
15. Take the initiative to maximize his/her learning in each situation through appropriate participation
16. Maintain safety in all interactions and procedures

CLINICAL INSTRUCTOR (CI) RESPONSIBILITIES

1. Facility and department orientation for each student
2. Review clinical objectives from WSCC and specific student clinical objectives, and work to achieve objectives.
3. Maximize student learning, provide frequent feedback to the student, facilitate open communication
4. Provide appropriate level of supervision for student
5. Contact academic faculty immediately if any red flag safety concerns are noted in student's performance
6. Contact academic faculty anytime with any questions, suggestions or need for clarification of expectations for student performance
7. Complete evaluations of student performance. (Electronic completion of CPI for Clinical II, III, IV)
8. Ensure that the student always introduces themselves appropriately as a student to each patient and that the patient provides permission to be treated by the student.
9. Adhere with regulations of Family Educational Right and Privacy Act of 1974 (FERPA) a federal law that protects the privacy of student educational records, including not disclosing any student information without the student's permission.
EVALUATION OF CLINICAL PERFORMANCE BY CLINICAL INSTRUCTOR

The PTA program at WSCC uses the Clinical Performance Instrument (CPI) to assess performance of all students during Clinical II, III, and IV. To ensure that this tool be used correctly and accurately, all Clinical Instructors must successfully complete the APTA web-based training through the APTA learning center prior to using the CPI.

Each student’s performance during clinical experience will be evaluated by the student’s clinical instructor midway through the experience and at the end of the rotation. The Clinical Performance Instrument (CPI) is used to evaluate student performance during Clinical II, II, and IV. Students are required to complete the web based midterm and final evaluations. Students will be familiarized with the evaluation process, clinical objectives, and rating scale prior to each clinical experience.

Although the clinical instructor evaluates and rates the student during the affiliation, the academic institution assigns the final grade (Pass/Fail) that the student receives. Clinical instructors are always encouraged to rate students fairly and objectively, without fear of negative consequences. Clinical Instructors are to comment specifically on any strengths or areas for improvement the student may have. It is in the best interest of the student to receive honest feedback and evaluation in order to maximize their learning.

The performance evaluations address clinical skills and professional behaviors. The clinical instructor should document feedback sessions, discussions with the student concerning issues related to professional behaviors or competencies. The clinical instructor is encouraged to contact program faculty as needed for consultation or guidance.

The PTA Clinical Performance Instrument (PTA CPI) should only be used after completing the APTA web-based training available through the APTA Learning Center.

Information regarding the PTA Student Clinical Performance Instrument (CPI) is accessed through Academic Management Software of Liaison International.

The Academic Coordinator of Clinical Education is available to assist the CI at any time in the process of completing the training for using the PTA CPI, or to assist the CI to complete the student evaluation using the CPI.

Additional documents can be found in the appendix to assist the CI in completing the PTA CPI include:

1. Quick Start Guide for me APTA Learning Center
2. PTA CPI Web Instructions for a CI (Appendix H)
3. PTA CPI Web Instructions for a Student (Appendix I)

PTA faculty are available to assist the clinical instructor and student during the student evaluation process and to determine if modifications need to be made to assure positive learning experiences for the PTA student. Specific Guidelines for evaluation process for each clinical, and links for accessing the online Clinical Performance Instrument is outlined in section below

EVALUATION OF STUDENT:

- **CLINICAL I (ONE WEEK CLINICAL EXPERIENCE):**

The clinical instructor is to complete the Walters State PTA Program two page evaluation specific to the one week clinical rotation (Appendix M). This evaluation requires the CI to rate the student’s clinical behaviors and beginning clinical skills in the clinical setting, as well as provide information on the student’s strengths, areas for improvement and to identify any red flag areas of safety. It is expected that students will demonstrate skills as a beginner level during clinical one.
The CI is to notify WSCC academic faculty immediately if any red flag areas of safety have been identified. The CI is to discuss the written evaluation with student, and the CI and student should both sign the evaluation completed by the CI. The student will also complete a self-evaluation of a similar format as the CI evaluation, and is encouraged to discuss this evaluation with the CI.

The student will return both CI and student evaluations to the ACCE when returning to campus. See (Appendix M) for a copy of the One Week Clinical Evaluation of the Student by the Clinical Instructor

**CLINICAL II (THREE WEEK CLINICAL EXPERIENCE):**

The clinical instructor and student are required to complete both a midterm and final evaluation. Due to the short duration of this three week clinical experience, the clinical instructor and student are to complete a short midterm evaluation after the first 1.5 weeks using a Midterm Evaluation Form specific to WSCC PTA program (Appendix N). This midterm evaluation form will provide documentation of student performance for clinical behaviors, and clinical skills, as well as identify student strengths, areas for improvement, identify goals for student in remaining clinical rotation, and identify if any ‘red flag’ areas related to safety have been identified. The CI is to notify WSCC academic faculty immediately if any red flag areas of safety have been identified.

The CI is to discuss the midterm evaluation with the student and both student and CI are to sign the midterm evaluation. The student will complete a midterm evaluation on his performance using the WSCC specific form and is encouraged to discuss this evaluation with the CI.

The student will return the CI and Student midterm evaluation forms to academic faculty upon returning to campus at the completion of this three week clinical experience. It is strongly encouraged that the CI and student complete the midterm evaluations prior to the site visit by academic faculty. Should goals, objectives or action plans need to be revised for the student’s success, it will be determined through this midterm evaluation and site visit process.

For the final evaluation for the three week clinical experience, the Clinical Instructor (CI) and student are to complete the Clinical Performance Instrument (CPI) for the PTA electronically. The PTA CPI is accessed online. If the clinical instructor has not used the online CPI for PTA before, she/he will need to complete a training session. This training can be completed online through the APTA Learning Center. Refer to Appendix G- quick guide for APTA Learning Center. The Clinical Instructor should contact the Academic Coordinator of Clinical Education for additional information and assistance regarding the training or accessing the online PTA CPI.

It is expected that students will achieve Advanced Beginner rating or higher on CPI performance criteria at the final evaluation for the three week clinical.

The final evaluation using the CPI must be completed and signed off by the CI on or before the student’s last day at the clinical site.

**CLINICAL III (FOUR WEEK CLINICAL EXPERIENCE) AND CLINICAL IV (SEVEN WEEK CLINICAL EXPERIENCE):**

The Clinical Instructor (CI) and student are to complete the Clinical Performance Instrument (CPI) for the PTA electronically for both the midterm and final evaluations.

The PTA CPI is accessed online. If the clinical instructor has not used the online CPI for PTA before, she/he will need to complete a training session. This training can be completed online. Contact the Academic Coordinator of Clinical Education for additional information and assistance regarding the training or accessing the online PTA CPI.

It is expected that students will achieve Intermediate or higher on CPI performance criteria at the final evaluation for the four week clinical. Students are expected to achieve entry level for the seven week clinical.
• **MODIFIED CLINICAL EXPERIENCE:**

The final evaluation using the CPI must be completed and signed off by the CI on or before the student’s last day at the clinical site.

Other modified clinical experiences: Individual student or clinical site needs may require that clinical assignments be made using alternate time frames for the clinical experiences. The format for the midterm and final evaluation process will be designed specific to student needs and monitored by academic faculty.

PTA faculty is available to assist the clinical instructor and student during the student evaluation process and to determine if modifications need to be made to assure positive learning experiences for the PTA student.

**GOALS AND EXPECTED OUTCOMES FOR CLINICAL EDUCATION COURSES**

**CLINICAL I (One Week Clinical Experience)**

**PTA 1331**

**Expected Outcomes for Clinical I (One week)**

Student will successfully complete a one week full time clinical experience demonstrating ability to perform skills of a beginner level in the clinical setting interacting with patients, families, and health care professionals

**Clinical Objectives for Clinical I (One week)**

Listed below are the clinical objectives for this one week clinical experience, realizing that all objectives may not be met and that each clinical site has unique learning opportunities.

Students will:

1. Communicate verbally and nonverbally with the patients, families, the physical therapist, clinical instructor, and other health care providers in an effective, appropriate manner;
2. Demonstrate expected clinical behaviors in a professional manner at all times;
3. Perform in a safe manner that minimizes risk to patient and others;
4. Demonstrate proper body mechanics with all interventions;
5. Demonstrate competence and accuracy in performing components of data collection skills essential for carrying out the plan of care:
   a. Chart review
   b. Vital signs
   c. Manual Muscle Testing
   d. Pain assessment
6. Demonstrate competence with assisting supervising therapist to implement physical therapy intervention within plan of care including:
   a. Effective positioning and draping
   b. Therapeutic soft tissue massage
   c. Therapeutic exercises to increase ROM and functional mobility
   d. Therapeutic exercises to increase strength
   e. Apply electrotherapeutic modalities in a safe competent manner including iontophoresis, electrical stimulation for muscle strengthening, pain management and tissue repair
   f. Apply physical agents and mechanical modalities in a competent manner: cryotherapy, thermotherapy, ultrasound, intermittent, positional and sustained mechanical traction
   g. Demonstrate beginning skills of documentation through chart review, documenting objective findings, use of common abbreviations, and use of the SOAP formal
   h. Recognize what interventions are not within the scope of practice for a physical therapist assistant and should not be provided
i. Relate the role of the PTA and PT in the clinical setting as well as the role of the PTA student.

j. Participate in educating patients and care givers as directed by the physical therapist.

k. Adhere to HIPAA regulations.

l. Follow the Standards of Ethical Conduct for the Physical Therapist Assistant.

Student Preparation for Clinical I (One week)

When the student arrives for Clinical I (One Week Clinical Experience), the student has completed courses in Kinesiology and Modalities receiving instruction in the following areas:

1. Assessment Skills: Vital Signs (HR, BP), Manual Muscle Testing, Pain Assessment
2. Patient Care Interventions: Positioning, Draping, ROM, Soft tissue and cross friction massage, body mechanics
3. Application of modalities/physical agents: Thermal agents (paraffin, most heat, ice packs, ice massage, contract baths), ultrasound, electrical stimulation, compression pump
4. Knowledge of the following areas: Spray and stretch vapocoolant, iontophoresis, diathermy, ultraviolet, biofeedback, laser, mechanical traction
5. Safety/Infection Control: OSHA standards
6. Documentation: SOAP format
7. Overview of professional behaviors: Privacy, confidentiality, HIPPA

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

Evaluation of Student for Clinical I (One week)

The clinical instructor is to complete the Walters State PTA Program two page evaluation specific to the one week clinical rotation (See Appendix M). This evaluation requires the CI to rate the student’s clinical behaviors and beginning clinical skills in the clinical setting, as well as provide information on the student’s strengths, areas for improvement and identify any red flag areas of safety. The CI is to notify WSCC academic faculty immediately if any ‘red flag’ areas of safety have been identified.

CLINICAL II (Three Week Clinical Experience)
PTA 2331

Expected Outcomes for Clinical II (Three week)

Students will successfully complete a three week full time clinical experience demonstrating ability to perform skills at an advanced beginner level (as defined by the clinical performance instrument (CPI) in the clinical setting interacting with patients, families, and health care professionals).

Clinical Objectives for Clinical II (Three week)

Listed below are the clinical objectives for this three week clinical experience, realizing that all objectives may not be met and that each clinical site provides unique learning opportunities.

Student will implement objectives identified in Clinical I, PTA 1331, with the addition of the following objectives:

Student will:
1. Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs;
2. Participate in self-assessment and develops plans to improve knowledge, skills, and behaviors;
3. Demonstrate clinical problem solving skills working with simple and complex patients;
4. Perform the following therapeutic exercises in a competent manner (in addition to exercises listed
in Clinical I):
  a. Aerobic conditioning
  b. Balance, coordination, agility training
  c. Gait and locomotion training
  d. Beginning neuromuscular techniques of PNF
  e. Body position and postural stabilization techniques;

5. Collect and document data collection in a competent manner
   a. Goniometry for LE, UE, spine
   b. Gait and locomotion
   c. Balance
   d. Assistive Devices and adaptive equipment;

6. Apply physical agents and mechanical modalities in a competent manner
   Including compression devices mechanical motion devices (ie CPM);

7. Performs functional training in a competent manner including ADL training, functional mobility, transfer and gait training;

8. Train patient and family in application and adjustment of devices and equipment in a competent manner;

9. Produce quality documentation to support the delivery of physical therapy services.

When student begins Clinical II (Three week clinical experience/PTA 2331), the student has completed courses in Kinesiology, Modalities, Orthopedics, and Neurological Conditions I, receiving instruction in the following areas:

1. Assessment Skills: Normal gait and gait deviations, goniometry, vital signs including BP, RR, HR, MMT, posture, body mechanics, circulatory response, sensation testing, balance and coordination;

2. Patient Care Interventions: Positioning, draping, ROM, soft tissue and cross friction massage, patient stand pivot and sliding board transfers, bed mobility, gait training, locomotion training, wheelchair management, use and care of orthotics;

3. Therapeutic Exercise applied to simple orthopedic, neurological, conditions including stretching, strengthening, developmental positioning, PNF, NDT, techniques for sensory motor facilitation;

4. Application of Modalities/Physical Agents: thermal agents (paraffin, moist heat, ice packs, ice massage, contrast baths), ultrasound, electrical stimulation, compression pump;

5. Knowledge of the following: spray and stretch vapocoolant, iontophoresis, diathermy, ultraviolet, biofeedback, and mechanical traction;

6. Total rehabilitation programs: the student has received instruction in theory and skills necessary to provide interventions related to common pediatric conditions such as cerebral palsy, muscular dystrophy, myelomeningocele;

7. Documentation with SOAP format;

8. Overview of Professional Behaviors: Privacy, confidentiality, HIPPA.

**Skill competencies prior to Clinical II (Three week) include:**

1. All competencies listed for Clinical I
2. Recognize common gait deviations
3. Collect data related to gait through observational gait analysis
4. Fit person with ambulation aide/assistive device
5. Gait training with assistive device on level surface and steps
6. Perform UE diagonal Proprioceptive Neuromuscular Facilitation (PNF) patterns
7. Perform sensory testing
8. Perform safe patient transfers (stand pivot, squat pivot, sliding board)
9. Assist patient for bed mobility in transition from supine to sit.
10. Therapeutic exercise selection for children with simple neurological condition
11. Exercise precautions and contraindications for patients with orthopedic conditions
12. Goniometry for UE, LE, spine
The clinical instructor may teach the student a skill or treatment intervention that has not been presented and practiced in the academic setting. However, the clinical instructor is responsible for determining if the student is safe in applying the procedure to a patient within this clinical setting, and abiding by the appropriate state and federal laws governing the profession.

**Evaluation of Student for Clinical II (Three week)**
The clinical instructor and student are required to complete both a midterm and final evaluation for the three week clinical. Due to the short duration of this three week clinical experience, the clinical instructor and student are to complete a short midterm evaluation after the first 1.5 weeks using a Midterm Evaluation Form specific to WSCC PTA program (Appendix N). This midterm evaluation form will provide documentation of student performance for clinical behaviors, and clinical skills, as well as identify student strengths, areas for improvement, identify goals for student in remaining clinical rotation, and identify if any ‘red flag’ areas related to safety have been identified. The CI is to notify WSCC academic faculty immediately if any ‘red flag’ areas of safety have been identified.

The CI is to discuss the midterm evaluation with the student and both student and CI are to sign the midterm evaluation. The student will complete a midterm evaluation on his performance using the WSCC specific form and is encouraged to discuss this evaluation with the CI.

The student will return the CI and Student midterm evaluation forms to academic faculty upon returning to campus at the completion of this three week clinical experience. It is strongly encouraged that the CI and student complete the midterm evaluations prior to the site visit by academic faculty. Should goals, objectives or action plans need to be revised for the student’s success, it will be determined through this midterm evaluation and site visit process.

The Clinical Instructor (CI) and student are to complete the Clinical Performance Instrument (CPI) for the PTA electronically for the final evaluation for the three week clinical experience. The final evaluation using the CPI must be completed and signed off by the CI on or before the student’s last day at the clinical site. It is expected that students will achieve an average of Advanced Beginner or higher on CPI performance criteria at the final evaluation for the three week clinical.

**Clinical III (Four Week Clinical Experience)**
PTA 2431

When the student begins Clinical III (Four week clinical experience) the student has completed courses Kinesiology, Modalities, Orthopedics, Neurological Conditions I and II, Med Surgical Conditions.

**Expected Outcomes for Clinical III (Four week)**
Student will successfully complete a four week full time clinical experience demonstrating ability to perform skills at an intermediate level as defined by the clinical performance instrument (CPI) when working with patients, families, and health care professionals in the clinical setting.

**Clinical Objectives for Clinical III (Four week)**
Listed below are the clinical objectives for this four week clinical experience realizing that all objectives may not be met and that each clinical site has unique learning opportunities. Student will implement objectives identified in Clinical I and Clinical II with the addition of the following objectives:

1. Student will apply integumentary protection and data collection for wound management;
2. Student will apply airway clearance techniques in a competent manner;
3. Student will train patient and family in self care and home management in a competent manner for patients with SCI;
4. Student will produce quality documentation in a timely manner to support the delivery of physical therapy services;
5. Student will participate in the efficient delivery of physical therapy services including proper billing, standardized testing and functional reporting.
The clinical instructor may teach the student a skill or treatment intervention that has not been presented and practiced in the academic setting. However, the clinical instructor is responsible for determining if the student is safe in applying the procedure to a patient within this clinical setting, and abiding by the appropriate state and federal laws governing the profession.

Skill competencies demonstrated prior to Clinical III (Four week)
1. All skills listed for Clinical I and II
2. Wheelchair management
3. Positioning to prevent deformity and prevent skin breakdown
4. Date collection for coordination
5. Data collection for balance/fall risk
6. Application of UE Sling
7. Therapeutic exercise selection for adults with common neurological condition
8. Facilitation and inhibition techniques in managing abnormal muscle tone
9. Pulses and Grading (arterial, dorsalis pedis and posterior tibialis)
10. FET
11. ACBT
12. Postural Drainage (9 positions, percussion and vibration)
13. Diaphragmatic breathing
14. Pursed-lip breathing
15. Auscultation Heart (aortic, pulmonic, mitral, PMI)
16. Protective sensation (monofilament and vibration)
17. Skin temperature

Evaluation of Student for Clinical III (Four week)
The Clinical Instructor (CI) and student are to complete the Clinical Performance Instrument (CPI) for the PTA electronically for both the midterm and final evaluations. The PTA CPI is accessed online.

It is expected that students will achieve an average of Intermediate or higher on CPI performance criteria at the final evaluation for the four week clinical.

The final evaluation using the CPI must be completed and signed off by the CI on or before the student’s last day at the clinical site.

Clinical IV (Final Seven Week Clinical Experience)
PTA 2531

This is the student’s final clinical and clinical instructors are encouraged to promote responsibility and good clinical judgment in the student. Clinical instructors should serve as role models, and offer the student on-going feedback as they fine-tune their skills and professional behaviors.

Expected Outcomes for Clinical IV (Seven week)
Student to successfully complete a seven week full time clinical experience demonstrating ability to achieve entry level for PTA on the CPI.

Clinical Objectives for Clinical IV (Seven week)
Include all objectives listed in previous clinical courses with the addition of:
1. Improving clinical problem solving for more complex patients
2. Improve student’s efficiency to perform in a cost effective and timely manner
3. To demonstrate the capability of managing 100% of a full time physical therapist assistant’s patient care workload with the direction of the clinical instructor

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

When the student begins Clinical IV (PTA 2531; 7 week final clinical experience) he/she has received instruction in all academic areas completing courses in Kinesiology, Modalities, Orthopedic, Neurological Conditions, and Medical Surgical Conditions. The students are currently taking a course in Correlative Topics where the student is exposed to and build knowledge related to various topics related to physical therapy practice, which may include but not limited to: standardized testing, functional reporting, billing, geriatric therapeutic exercise, women’s health, ASTYM, athletic taping, lymphedema interventions and vestibular techniques. During Clinical IV (PTA 2531) students should further develop and demonstrate competency in all areas relevant to their role as a PTA.

Skill competencies demonstrated prior to Clinical IV (Seven week clinical) include all skills demonstrated prior to Clinical III.

**Evaluation of Student for Clinical IV (Seven week)**

The Clinical Instructor (CI) and student are to complete the Clinical Performance Instrument (CPI) for the PTA electronically for both the midterm and final evaluations. The PTA CPI is accessed online. It is the expectation of the PTA program at WSCC that each student be performing at Entry Level practice for a PTA by the end of Clinical IV (the final clinical experience). The final evaluation using the CPI must be completed and signed off by the clinical instructor on or before the the student’s last day at the clinical site.

**ACADEMIC GRADING OF CLINICAL COURSES**

Final grades for all clinical experiences are determined and assigned by academic faculty. The evaluation process includes several elements, including formative and summative evaluations. Formative evaluations provide feedback to the student during the clinical experience, and summative evaluations consist of a comprehensive performance evaluation which is typically completed at midterm and end of the clinical experience. The performance evaluation, which is designed to paint a picture of the student’s current performance in areas of specific skills or behaviors, is just one piece of the grading process.

Academic Faculty provide a grade of pass or fail for each clinical course (PTA 1331, PTA 2331, PTA 2431,and PTA 2351) based on several factors including assessment relative to expected outcomes for the specific clinical experience, the midterm and final performance evaluations by clinical instructor and student; formative evaluations during the clinical process; information gained during site visits, student completion of all assignments including inservices; and input from clinical and academic faculty. If it were to occur that a student failed to meet entry level performance during the final clinical, core faculty and ACCE will meet to review and recommend action plan for remediation or failure of the course.

**HIPAA**

The Health Insurance Portability and Accountability Act of 1996 is designed to improve the efficiency and effectiveness healthcare by developing a health information system to transfer information while abiding by strict standards and requirements. Medical Privacy is mandatory according to this act. Therefore, on clinical affiliations, students are prohibited by law from discussing patient information with family or friends. Students may not discuss patient information with other healthcare personnel who are not in direct care of the patient. This law must be obeyed as both student and licensed professional. There have been several lawsuits for the violation of HIPAA.

**FERPA**

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy of student education records. Clinical instructors are responsible for adhering to the regulations of FERPA, including not disclosing any student information without the student’s permission. The clinical facility should...
guard against improper disclosure of information in its possession regarding the students who train at the facility.

CHECKLIST FOR CLINICAL EXPERIENCES

This checklist is to make students aware of routine policies and procedures in the clinical setting. Students should realize that these may not be mandatory policies, but considerations that students may be made aware of during clinical experiences. If a student’s assigned clinic has these policies and procedures, the student should ask where they can be found and read them as soon as possible during the first days of each clinical experience.

1. Procedures for emergency situations, including but not limited to codes for fire, internal and external disasters, bomb threats, tornadoes, etc.
2. Policies on confidentiality of records and other personal information, including HIPAA training.
3. Appropriate safety regulations, including OSHA regulations, governing the use of equipment, storage and use of hazardous materials.
4. Policies and procedures regarding standard precautions, including blood borne pathogens.
5. Policies on alcohol and drug abuse.
6. Guidelines and procedures for obtaining consent to use patient data for educational purposes.

COMMUNICATION

WSCC PTA program strives to provide the best clinical education program for our students, which involves the coordination of many parties. Open, timely communication is the foundation for the coordination of all involved in preparing and providing the clinical experiences for the PTA student. It is expected that students and clinical instructors have opportunity for communicating successes and failures during each day. Timely constructive feedback to students is expected throughout the learning experience. Verbal as well as written forms of communication provide the student with the feedback needed for optimal learning. Clinical instructors and students are encouraged to contact the ACCE at any time for additional input, clarification or direction.

PROBLEM REMEDIATION

If clinical instructor identifies a problem working with PTA student, the CI and student should first address the problem, with documentation of the concern. If the problem is not resolved, the center coordinator for clinical education and the WSCC ACCE should be notified. A meeting may be scheduled with the student, CI and program director to identify problems and strategies for resolution. Potential problems that may require intervention could be: evidence of inadequate knowledge and skills, poor communication, unprofessional behaviors or actions that present concern for patient and staff safety. In extreme situations, consideration may be given for a need to remove student from clinical.

If a student identifies a conflict within the clinical setting, or if a student disagrees with the way the clinical experience is progressing, the student should first discuss this with the clinical instructor and or the center coordinator for clinical education, and notify the ACCE. A meeting may be scheduled with the student and the CI to resolve the issues. The ACCE will help formulate a plan to optimize student learning.

TIPS FOR SUCCESS

The clinical supervisors/instructors are not paid by Walters State for assisting the PTA faculty in student training. Student conduct should be above reproach, for without their assistance the program could not exist.
Each clinical supervisor is a licensed physical therapy professional who may have acquired specializations in various treatment techniques. Therefore, students learning experiences will be enriched by these clinicians. Also, students will have the opportunity to learn from other healthcare professionals.

What can students do to ensure positive learning experiences? Students should:

1. Display an attitude of eagerness to learn and gratitude for the clinical instructor’s help; remember, body language conveys a person’s true feelings.
2. Follow the same rules as employees (i.e., be on time, follow the clinic schedule, dress correctly.) Students should not ask for time off unless it is imperative; then they should see attached policy.
3. Understand that every patient situation is unique. It is the student’s responsibility to seek clarification from the clinical instructor when questions concerning appropriate treatment interventions arise.
4. Remember that the patient is the number one priority at all times. If the student does not understand what to do or if does not feel qualified to perform certain treatments, it is imperative that the student consult with the supervising clinical instructor prior to treating a patient.
5. Remember to be sensitive to the patient’s feelings and ask relevant questions at appropriate times. Some questions should be asked after leaving the patient area.
6. Remember that patient education information/advice should be grounded in evidence based practice, academic preparation, and the physical therapist’s plan of care.
7. Utilize time wisely. The student will be assigned in different ways at various clinics. If the student has “down time,” the student should be alert to the possibility of assisting someone else. The student should observe other therapists and assistants as they treat patients and do constructive work such as looking at patient charts, researching items, speaking with other professionals.

CLINICAL SITE INFORMATION

Clinical Site Information Form (CSIF)
The clinical site information form is the instrument used to obtain current information for all clinical sites. WSCC PTA program uses the APTA CSIF Web as an online service to complete and store this survey. The CSIF Web provides one place for clinical sites to update their information online, allowing academic programs to access this information easily. Once the CSIF is initially complete, updates into the online CSIF can be made to provide students and programs with current information of any changes in staffing or resources.

Updated clinical information is a requirement for CAPTE accreditation of PTA programs. Students may help the CI/CCE in entering information to completing this online form if clinical site has not yet completed the online CSIF.

CSIF Resources
Clinical Assessment Suite Inquire Page (PTA CPI Web)

CSIF Form

APTA CSIF Web Instructions for a CCCE (Appendix J)

STUDENT ASSESSMENT OF CLINICAL INSTRUCTOR

After each clinical experience students provide the ACCE with his/her assessment of the clinical instructor. The information gathered from the student assessments is reviewed by the ACCE and assists with future planning for the clinical program. See Student Assessment of Clinical Instructor (Appendix K).
STUDENT ASSESSMENT OF CLINICAL EXPERIENCE

After each clinical experience students provide the ACCE with his/her assessment of the clinical experience. The information gathered from the student assessments is reviewed by the ACCE and assists with future planning for the clinical program. See Student Assessment of Clinical Experience (Appendix L)

CLINICAL AFFILIATION AGREEMENT

A current clinical agreement, signed by the President ofWSCC and signed by the Director of the clinical facility is in place with each facility that a PTA student is assigned. The purpose of these agreements are to guide and direct a working relationship between the academic institution and the clinical facility in providing learning experiences for students of Walters State Community College Physical Therapist Assistant program. Students are not placed at a clinical facility without a current signed clinical agreement.

CLINICAL ASSIGNMENTS

Clinical education includes a variety of clinical education experiences, from working in urban to rural regions; working in regional medical centers, or small community clinics. The PTA program has agreements with clinical facilities including hospital settings, skilled nursing homes, inpatient rehab centers, outpatient clinics, home health agencies, and school systems settings. Each clinical site has unique learning opportunities and it is the goal of the PTA clinical program to match student goals, objectives, and learning styles with clinical environments that will provide learning experiences for each student to develop skills and behaviors to be successful entry level clinicians. It is critical that each student demonstrate competence in foundational skills of a PTA in the clinic. The PTA program strives to attain and maintain sufficient number and variety of clinical sites to meet the needs of students enrolled in the PTA program.

The ACCE is responsible for maintaining accurate clinical site files (including clinical agreements) and for determining site availability for each clinical experience. Relevant information for available clinical sites is assessable to students, through ACCE, and the CSIF web. Information includes type of facility, types of patients typically treated at this facility, location, dress code, work hours, clinical instructors with specialized training. Clinical requests are sent to each clinical site in the spring, asking each site to respond to the request regarding availability to accept students for specific dates for the following academic year. A database is maintained along with responses for clinical site availability to accept PTA students.

Students meet with the ACCE and provide information regarding geographic residence, prior clinical experience, clinical objectives, preferences, and any potential conflicts at specific clinical facilities (such as being a current employee at a specific clinical site). The ACCE, along with PTA faculty determine clinical assignments with priority to selecting clinical sites which will provide each student with appropriate opportunities to progress development of the skills required of an entry level PTA. Each student will be assigned to one inpatient and one outpatient clinical site during clinical II, III, or IV. Factors influencing assignments include clinical site availability, academic performance, previous clinical experience, student preferences, and proximity to home address. ACCE reviews student information, clinical site availability, input from academic faculty to make clinical assignments. Clinical assignment recommendations are reviewed with PTA faculty.

The ACCE will make every effort to assign student clinical sites within a maximum of 80 miles from home address. Driving time is not guaranteed. Student should not expect that every clinical assignment will be in close proximity to home. Each student is responsible for his/her own transportation to and from the clinical site. Inability to arrange child care is not a consideration for clinical placements.
The ACCE will provide the student with the name and contact information for the clinical site at least 4 weeks prior to the assignment. There are situations, which may delay clinical assignments, and situations such as staffing at clinical sites, which may result in a change in clinical assignment.

The ACCE retains the right to modify site selection for any student due to situations such as a change in clinical site availability, or special requirements of the facility that the student does not meet. Additional situations that may require a change in clinical assignment is to meet an individual student need or to ensure that a student is able to have a variety of clinical experiences. There are situations in which there is a conflict of interest between the individual student and a specific clinical facility which would require that the ACCE modify the clinical assignment for a student.

CONFLICTS OF INTEREST

Student will not be assigned to clinical sites that he/she is employed or have been employed in the past. Each student is asked to provide information to ACCE if there are any special circumstances that may need to be considered in making clinical assignments. Transportation or child care needs are not considered as conflicts for clinical assignments.

STUDENT SUPERVISION IN THE EVENT OF CLINICAL INSTRUCTOR ABSENCE

It is the responsibility of the clinical instructor to assign another PT or PTA with at least one year experience to supervise the PTA student in the event that the clinical instructor is absent. The student must be informed of the temporary change of supervising therapist. Students are not allowed to provide patient care in the absence of a supervising PT/PTA. Students may only observe other disciplines at the facility if a PT/PTA is not on site.

INTERUPTION AND/OR DISCONTINUING A CLINICAL AFFILIATION

The ACCE or the clinical facility may determine at any point in a clinical affiliation that it is necessary to interrupt or discontinue the clinical experience. Circumstances that may require a clinical experience be discontinued include but are not limited to: illness; physical limitations; determining that positive learning is not being accomplished due to behaviors or environmental constraints. The ACCE holds the primary responsibility for determining if it is necessary to interrupt or discontinue a clinical experience. The ACCE and academic faculty assign grades for all clinical experiences reviewing information obtained through CI evaluation, student self-evaluation, site visit, and other relevant documentation. Regardless of how the performance evaluation is graded by the CI, if there is evidence through written comments or other assessment and/or communications that the student has not met expectations in regard to either clinical skills or professionalism, the student is subject to failure.

CLINICAL INSTRUCTOR RIGHTS AND PRIVILEGES

Physical therapists and physical therapist assistants who serve as a clinical instructor can earn Class II continuing education competency in the state of Tennessee. At the completion of each clinical the ACCE will send clinical instructors a certificate of clinical recognition which will serve as documentation for their work as a clinical instructor for a PTA student from WSCC. Class II continuing competence credit is 1 hour per sixteen contact hours with the student per The Tennessee Board of Physical Therapy General Rules Governing the Practice of Physical Therapy, Chapter 1150-1. http://www.state.tn.us/sos/rules/1150/1150-01.pdf

WSCC offers clinical instructors access to WSCC library resources. The library offers online data bases such as Med Line, EbscoHost, CINAHL, and others. Clinical Instructors should contact ACCE for instructions on how to access the library resources of Walters State Community College.
PROFESSIONAL DEVELOPMENT FOR CLINICAL EDUCATION FACULTY

WSCC PTA program strives to provide faculty development activities for the clinical faculty. Opportunities for faculty development are presented in different formats such as sponsoring workshops on campus, sharing of information during site visits, or through mailings or e-mails. Clinical faculty development activities are designed to improve the effectiveness of the clinical education faculty, to meet the needs of the program, and to provide opportunities for professional education in response to needs identified by clinical faculty, students or academic faculty.
APPENDIX
SUPERVISION OF STUDENT PHYSICAL THERAPIST ASSISTANTS HOD P06-11-09-17 [Amended HOD P06-00-19-31; HOD 06-96-20-35; HOD 06-96-20-11] [Position]

Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, and when acting in accordance with American Physical Therapy Association policy and applicable state laws and regulations, are qualified to perform selected physical therapy interventions under the direction and supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. When the student physical therapist assistant is participating in the delivery of physical therapy services while being supervised by the physical therapist alone or the physical therapist and physical therapist assistant working as a team, the physical therapist or the physical therapist assistant is physically present and immediately available at all times. The physical therapist or the physical therapist assistant will have direct contact with the patient/client during each visit as visit is defined in the Guide to Physical Therapist Practice. The physical therapist maintains responsibility for patient/client management at all times, including appropriate utilization of the physical therapist assistant as described in Direction and Supervision of the Physical Therapist Assistant, and for interventions performed by the student physical therapist assistant.

Relationship to Vision 2020: Autonomous Practice; Professionalism; (Practice Department, ext 3175)

Explanation of Reference Numbers:
BOD P00-00-00-30 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

### Appendix B

#### 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.

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**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 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).

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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.
Use of Students Under Medicare Part B

The purpose of this document is to provide clarification on the circumstances under which physical therapy students may participate in the provision of outpatient therapy services to Medicare patients, and whether or not such services are billable under Medicare Part B. Specifically, this document addresses student participation in the provision of services in the following settings: private practice physical therapy offices, rehabilitation agencies, comprehensive outpatient rehabilitation facilities (CORFs), skilled nursing facilities (SNFs) (Part B), outpatient hospital departments, and home health agencies (Part B).

Background

CMS issued a program memorandum, (AB-01-56) on the provision of outpatient therapy services by therapy students on April 11, 2001. In this program memorandum (http://www.cms.hhs.gov/Transmittals/downloads/AB0156.pdf), CMS provided answers to frequently asked questions regarding payment for the services of therapy students under Part B of the Medicare program.

In response to inquiries from the American Speech Language Hearing Association (ASHA), CMS issued a follow-up letter dated November 9, 2001, to ASHA in which they further clarified the policy on payment of student services that they outlined in the Q and A program memorandum. On January 10, 2002 CMS also issued a similar letter to AOTA on the subject. The follow-up letters to ASHA and AOTA were not intended to signify a change in the policy issued in the program memorandum; they were merely intended to provide further clarification.

Specifically, in the program memorandum (AB-01-56), CMS stated, in part, that "services performed by a student are not reimbursed under Medicare Part B. Medicare pays for services of physicians and practitioners (e.g. licensed physical therapists) authorized by statute. Students do not meet the definition of practitioners listed in the statute." Regarding whether services provided by the student with the supervising therapist "in the room" can be reimbursed, CMS stated that "Only the services of the therapist can be billed to Medicare and be paid. However, the fact that the student is "in the room" would not make the service unbillable. Medicare would pay for the services of the therapist." In response to another question, CMS stated that "the therapist can bill for the direct services he/she provides to patients under Medicare Part B. Services performed by the therapy student are not payable under Medicare Part B."

In the letter to ASHA, CMS once again restated, in order to be paid, Medicare Part B services must be provided by practitioners who are acting within the scope of their state licensure. CMS further described circumstances, under which they consider the service as being essentially provided directly by the qualified practitioner, even though the student has some involvement. Such services would be billable. Specifically, CMS states:

"The qualified practitioner is recognized by the Medicare Part B beneficiary as the responsible professional within any session when services are delivered."

"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 student is 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 services, not for the student’s services)."
In response to a request from AOTA, CMS issued a summary of their understanding of the typical scenario involving students for which occupational therapists seek payment. The information provided in this letter mirrors what was stated in the letter provided to ASHA.

Acceptable Billing Practices
Based on the information provided by CMS and MedPAC, it is possible for a physical therapist to bill for services only when the services are furnished jointly by the physical therapist and student. APTA recommends that physical therapists consider the following factors in determining whether or not a physical therapist may bill Medicare Part B for a service when the therapy student is participating in the provision of the service.

- Physical therapists should use their professional judgment on whether or not a service is billable, keeping in mind the importance of integrity when billing for services.
- Physical therapists should distinguish between the ability of a student to provide services to a patient/client from the ability to bill for student services provided to Medicare Part B patients. A student may provide services to any patient/client provided it is allowable by state law. This does not mean, however, that the services provided by the student are billable to Medicare, Medicaid, or other private insurance companies.
- As CMS states, only services provided by the licensed physical therapist can be billed to Medicare for payment. Physical therapists should consider whether the service is being essentially provided directly by the physical therapist, even though the student has some involvement in providing the care. In making this determination, the therapist should consider how closely involved he or she is involved in providing the patient's care when a student is participating. The therapist should be completely and actively engaged in providing the care of the patient. As CMS states in their letter, "the qualified practitioner is present in the room guiding the student in service delivery when the student is participating the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time." The therapist should direct the service, make the skilled judgment, and be responsible for the assessment and treatment. There should be checks and balances provided by the physical therapist throughout the entire time the patient/client is being managed.
- The physical therapist should ask himself-or herself whether the billing would be the same whether or not there is a student involved. The therapist should not bill beyond what they would normally bill in the course of managing that patient's care. The individual therapist or the employer should not benefit financially from having the student involved in the clinical experience in the practice or facility.

Conclusion
It is crucial that physical therapists be aware of and comply with Medicare regulations governing the circumstances in which physical therapy students may participate in the provision of physical therapy services. CMS has clearly stated its policy that student services under Part B are not billable, and that only services provided to Medicare beneficiaries by the PT may be billed. APTA will continue to work to ensure that physical therapy students receiving the clinical training they need in order to provide valuable, high-quality physical therapy services to patients/clients.
Appendix D

Standards of Ethical Conduct for the Physical Therapist Assistant
HOD 506-09-26-18 (Amended HOD 506-06-13-24; HOD 06-01-06-07; Initial HOD 06-82-04-08) [Standard]

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

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

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

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

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.
3A. Physical therapist assistants shall make objective decisions in the patient’s/clients’ best interest in all practice settings.
3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.
3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.
3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.
4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.
4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

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

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

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

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

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

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.
7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7D. Physical therapist assistants shall ensure that documentation of their interventions accurately reflects the nature and extent of the services provided.
7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients.

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

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

Purpose

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

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

Interpreting Ethical Standards

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

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

Preamble to the Standards

The Preamble states as follows:

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

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

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

**Standards**

**Respect**

**Standard 1A states as follows:**

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

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

Standard 2A states as follows:

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

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

Sound Decisions

Standard 3C states as follows:

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

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

Supervision

Standard 3E states as follows:

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

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

Standard 4 states as follows:

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

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

Reporting

Standard 4C states as follows:

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

Interpretation: When considering the application of “when appropriate” under Standard 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation’s unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

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

Exploitation

Standard 4E states as follows:

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
**Interpretation:** The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Standard 4 is consistent with Standard 4B, which states:

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

Next, consider this excerpt from the EJC Opinion titled *Topic: Sexual Relationships With Patients/Former Patients* (modified for physical therapist assistants):

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

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

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

....

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

**Colleague Impairment**

**Standard 5D and 5E state as follows:**

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

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

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

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

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

**Clinical Competence**

Standard 6A states as follows:

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

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

Lifelong Learning

Standard 6C states as follows:

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

Interpretation: 6C points out the physical therapist assistant’s obligation to support an environment conducive to career development and learning. The essential idea here is that the physical therapist assistant encourage and contribute to the career development and lifelong learning of himself or herself and others, whether or not the employer provides support.

Organizational and Business Practices

Standard 7 states as follows:

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

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

Documenting Interventions

Standard 7D states as follows:

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

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

Standard 8A states as follows:

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

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

Issued by the Ethics and Judicial Committee
American Physical Therapy Association
October 1981
Last Amended November 2010

Last Updated: 9/4/13
Contact: ejc@apta.org
Implementing MDS 3.0: Use of Therapy Students

As facilities continue to change their current practices to implement the Minimum Data Set Version 3.0 (better known as MDS 3.0), one of the emerging issues is the manner in which they document and utilize therapy students. Under the new rules, in order to record the minutes as individual therapy when a therapy student is involved in the treatment of a resident, only one resident can be treated by the therapy student and the supervising therapist or assistant (for Medicare Part A and Part B). In addition, the supervising therapist or assistant cannot engage in any other activity or treatment when the resident is receiving treatment under Medicare Part B. However, for those residents whose stay is covered under Medicare Part A, the supervising therapist or assistant cannot be treating or supervising other individuals. Beginning on October 1, 2011, the student and resident no longer need to be within the line-of-sight supervision of the supervising therapist. CMS will allow the supervising therapist to determine the appropriate level of supervision for the student. The student is still treated as an extension of the therapist, and the time the student spends with the patient will continue to be billed as if the supervising therapist alone was providing the services.

Under Medicare Part A, 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 or assistant is treating another resident and the therapy student is supervised by the therapist at the appropriate level of supervision as determined by the supervising therapist; or
- The therapy student is treating two residents at the appropriate level of supervision as determined by the supervising therapist 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 or assistant is treating two residents at the same time, regardless of payer source

The student would be precluded from treating the resident and recording the minutes as concurrent therapy under Medicare Part B.

Under Medicare Part A, 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 at the appropriate level of supervision as determined by the supervising therapist and the supervising therapist or 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.

Under Medicare Part B, 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 group treatment and the supervising therapist or assistant is present and in the room and is not engaged in any other activity or treatment; or
- The supervising therapist or assistant is providing group treatment and the therapy student is not providing treatment to any resident.
Recommened Skilled Nursing Facility Therapy Student Supervision Guidelines
Submitted to CMS by the American Physical Therapy Association (APTA)
During the Comment Period for the FY 2012 SNF PPS Final Rule

Please note: These suggested guidelines would be in addition to the student supervision guidelines outlined in the RAI MDS 3.0 Manual and all relevant Federal Regulations.

- The amount of supervision must be appropriate to the student’s level of knowledge, experience, and competence.
- Students who have been approved by the supervising therapist or assistant to practice independently in selected patient/client situations can perform those selected patient/client services specified by the supervising therapist/assistant.
- The supervising therapist/assistant must be physically present in the facility and immediately available to provide observation, guidance, and feedback as needed when the student is providing services.
- When the supervising therapist/assistant has cleared the student to perform medically necessary patient/client services and the student provides the appropriate level of services, the services will be counted on the MDS as skilled therapy minutes.
- The supervising therapist/assistant is required to review and co-sign all students’ patient/client documentation for all levels of clinical experience and retains full responsibility for the care of the patient/client.
- Therapist assistants can provide instruction and supervision to therapy assistant students so long as the therapist assistant is properly supervised by the therapist.

These changes as well as other changes regarding MDS 3.0 will take effect October 1, 2011. If you have questions regarding this provision or other provisions within MDS 3.0, please contact the APTA at advocacy@apta.org or at 800.999.2782 ext. 8533.
Quick Start Guide for the APTA Learning Center

1. Navigate to [http://learningcenter.apta.org](http://learningcenter.apta.org) and click Log in.
   
   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 [Join Now](http://learningcenter.apta.org) or [Create an Account](http://learningcenter.apta.org) 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 PT 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 [Purchase], 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](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 PT CPI”.
   d. Click on [Start] 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](http://learningcenter.apta.org) in order to view the course, learn how on the APTA Learning Center.

   LMS-120: 2012 PT 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](http://learningcenter.apta.org) 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 H

PTA CPI Web Instructions for a CI

Login to PTA CPI Web at https://cpi2.amsapps.com

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

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

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

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

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

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

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

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

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

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

Adding Post-Assessment Comments to the CPI:

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

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

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

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

If you have any questions, comments or run into any issues using PTA CPI Web, please contact Support at ptcpiwebsupport@liaison-intl.com.
PTA CPI Web Instructions for a Student

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

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

Update Information – This needs to be done at least once per year (If your information is up-to-date, please go to Editing the CPI)
1. Click on the ‘My Info’ tab to update your information. You must update the APTA Data Release Statements found in the Data Authorization section.
2. When you are finished editing, hit the ‘Update’ button.

Verify APTA PTA Training – This can only be done if you are assigned to a CI on an Open evaluation (If you’ve previously done this, please go to Editing the CPI)
1. Click on the name of your clinical site in the ‘My Evaluations’ section on your home page or click on the Edit link found in the Actions column in the Evaluations tab.
2. You are prompted to verify if you have completed the APTA PTA CPI Training. If you have completed the training, please click the ‘I have completed the APTA PTA CPI online training and assessment’ button.
   a. If you have not completed the training, please follow the directions on the page to take the APTA PTA CPI Training.
   b. If the email address you took the training with is different than your username, you will be prompted to enter the email address registered with APTA.
   c. If you are having issues verifying you’ve completed the training, please contact PTA CPI Web Support at ptcpiwebsupport@liaison-intl.com. Please provide your name, email address used to take the training, and the date you completed the training so that we can manually verify your training completion.
Editing the CPI

1. Once you have verified you have completed the APTA PTA CPI Training, you will see all 14 sections of the CPI.
   a. You can edit one criterion at a time by clicking on the ‘Edit Now’ link on the right.
   b. You can edit all criteria at the same time by clicking on the ‘Edit All’ column header link.
2. Click on ‘View Essential Skills’, ‘View Introduction’, and ‘View Instructions’ to view the details of how to fill out the CPI.
3. Mouse over any underlined word to view an APTA glossary definition. This is available for the Performance Dimensions and the Anchor Points on the APTA Rating scale.
4. Add comments to the comment box and select the rating for the student on the slider scale. For the Interventions, please make sure to select whether a skill was Perform, Observed, or Not Available.
5. When you are done editing a section, click on the ‘Section Sign Off’ checkbox and hit the ‘Save’ button. Hitting Save will save the work edited on all criteria. Be sure to save your work!! If you leave the page without saving, your comments could be lost!!

Signing off on the CPI

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

Viewing your CPI with your CI and Signing-Off on your CI’s CPI

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

Additional Features/Tips:
Adding Post-Assessment Comments to the CPI:

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

If you have any questions, comments or run into any issues using FTA CPI Web, please contact Support at ptciwebsupport@liaison-intl.com

LIAISON INTERNATIONAL

Last Updated 01/21/14
APTA CSIF Web Instructions for a CCCE

Log into APTA CSIF Web at https://csifweb.amsapps.com

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

Password Reset!

Please check the email address associated with this account.

An email is waiting for you with information regarding the password reset process. The password sent is a temporary password that will only be valid for the next 24 hours. Please login to complete this process before this time expires to change your password.

Click here to return home

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

3. Once you enter and confirm your password and hit the Save button, you’ll be re-directed to the CSIF Web login page. Please use your username and case-sensitive password to login.
4. If you do not recall your username and password, please contact CSIF Web Support at: csifwebsupport@liaisonedu.com

Last Updated 07/05/16
Completing your CSIF for the first time:

1. After first logging into CSIF Web (https://csifweb.amsapps.com), click on the ‘20XX CSIF Web Surveys’ tab on your home page. (Example: In the year 2016, the tab would say ‘2016 CSIF Web Surveys’) It is located near the top of the screen.

2. You will then be connected to the ‘Current Site Surveys’ page. Select your clinical site from the drop-down menu (if you are the CCCE for multiple sites, please select the site you wish to edit).
   i. Once you click on your clinical site, the name of your site will be displayed. You will see the statement: ‘There is no currently active survey for (the name of your specific site). Who do you wish to work on this survey?’ All CCCEs that are registered in CPI Web will default to have access to edit the CSIF and will have a checkmark next to their name. If you would like to designate one or more of your CIs to have access to fill out the CSIF, please check the box next to their name.

   PLEASE NOTE: If you do not see your particular clinical site in the drop-down menu, please contact CSIF Web Support at: csifwebsupport@liaisonedu.com

3. Click on ‘Start New Site Survey’ button to begin completing the CSIF.

4. You will see a screen with an overview of all the topic categories and their associated sections followed by a list of “Clinical Staff working on this CSIF survey;” and “Students available to fill out survey;”. If you wanted to edit the clinical staff or students that would have access to edit the CSIF, you would simply check or uncheck their name and then select the ‘Update Reporters’ button.

   PLEASE NOTE: Students will automatically be checked as having access to edit the CSIF when they are assigned to attend your clinical site for their clinical experience. They will no longer have access to edit/complete the CSIF after they sign-off on their Final CPI in CPI Web.
5. Click on one of the red topic names to access the sections that need to be completed or click directly on one of the sections to edit that particular section.

6. In the ‘Action’ column (the last column on the right), click on ‘Edit Now’ to enter or revise information associated with a particular section (if you clicked directly on a particular section earlier, that section will open and be editable immediately).

7. To complete the CSIF, you will need to type information into the appropriate fields, and select check boxes, radio buttons/circles and options from a drop-down menu.

   PLEASE NOTE: CSIF Web now has an Auto-Save feature! When you enter data or select information from a list or drop-down menu and then move on to the next field, the previous field will have a spinner to indicate that it is saving and it will show ‘Site Survey update is in progress...’ near the top and bottom of the screen. Once that field has been saved, the spinner will change into a green check mark and it will show ‘Site Survey is successfully updated.’ near the top and bottom of the screen. This process will occur for each question that is updated.

   ![Site Survey update is in progress]

8. At the end of each section, look for the ‘Section Sign Off’ message. Click the box that says: ‘This section has been completed.’

   PLEASE NOTE: If you do not click on the ‘This section has been completed’ box for each section, those sections will be considered to be ‘In Progress.’

9. When you are finished editing a section and click the box that says: ‘This section has been completed.’, the red ‘X’ for that section on the topic list page will change to a green ‘check mark ✓’. The Last Update column will show the Date and Time that the section was last updated.

10. Click on another topic tab on the top of the page to continue completing the CSIF or, if you are finished editing the CSIF, log out by clicking on the Log Out button in the upper right hand corner of the page.
New Clinical Instructor section in the Teaching Faculty tab:

1. When editing the Clinical Instructor section, you will see an alphabetical list of all of the CIs at your site.

2. Click on the magnifying glass icon in order to expand the details for a particular CI for viewing. Once selected, the icon will change to a red X which can be selected to collapse the details for that CI.

3. Click on the Edit CI button to access an edit page with the same look and feel as the Edit page in CPI Web. Any updates made here will be reflected in CPI Web and vice versa.

4. When you are finished making edits to the record, click on the Update button near the bottom of the page. If no edits are made, click on the red ‘Return to Survey’ link in the upper right hand corner of the page.

5. If you need to add a new CI, click on the green Add New CI button, fill out the fields for the CI, and then click on the Create button near the bottom of the page. This CI will now appear in your list.

6. If a CI is no longer working at the clinical site, click on the red Remove CI button and click on OK to confirm removal and they will be removed from your site while still maintaining any evaluations that were completed previously.
If you oversee multiple clinical facilities, you may utilize the ‘Copy Existing Site Survey’ feature:
1. After you have completed your first CSIF, click on the drop-down box where it says: ‘Select a Site.’
2. Select a new site whose CSIF you wish to complete from the drop-down box.
3. You will see two buttons at the bottom of the page for the new site you selected. ‘Start New Site Survey’ and ‘Copy Existing Site Survey.’
4. Click on the ‘Copy Existing Site Survey’ button.
5. You will be connected to a Clone Site Survey page.
6. The page will say: ‘Create CSIF for (the site that you selected) as a copy of the CSIF for:’ (a list of all your CSIFs that have been started/completed will be displayed)
7. Select the radio button/circle of the site that you wish to copy your CSIF information from.
8. Click on the ‘Copy Site Survey’ button.
9. The information from your original completed CSIF will copy over into the blank CSIF.

PLEASE NOTE: The information from the ‘Information for the Academic Program’ section in the Site Information tab and the ‘Information about the Clinical Teaching Faculty’ and ‘Clinical Instructor Information’ sections in the Teaching Faculty tab WILL NOT COPY OVER. These sections should be populated based on the information found in CPI Web.

10. Click on each of the section links and make any necessary updates for that particular site.
11. Be sure to check off the Section Sign-Off boxes for each section.

To download, save, or print out a copy of your completed CSIF, please follow the below instructions:
1. Log into CPI Web (https://cpi2.amsapps.com/) using your same username and password for CSIF Web.
2. After you have logged into CPI Web, click on the ‘Sites’ tab.
3. On the ‘Sites’ tab, you will see the name of your site(s) and the corresponding CSIF status in the ‘CSIF Completion Status’ column.
4. Click on the ‘[Export to PDF]’ icon.
5. Click on the ‘Proceed to Downloads Page’ link or go to the Downloads tab. (Please be advised that it could take anywhere from a few seconds or longer to generate your CSIF depending on how much information is contained in your document.)
6. After your CSIF has been generated, click on the ‘Download’ link from the Downloads tab. Once your CSIF downloads, it will display in a PDF format on your system.
7. Please ‘Save’ the PDF to your computer. To do this, drag your mouse to the bottom of the page and click on the ‘Disk’ icon. This will prompt a ‘Save As’ box to appear on your screen. Please ‘Save’ your CSIF to an appropriate file on your computer.
8. Although the system is not designed for a print format since this is a web-based design, should you need to ‘Print’ a copy of your CSIF, drag your mouse to the bottom of the page and click on the ‘Printer’ icon. This will prompt a ‘Print’ box to appear on your screen that you can “Print” to the designated printer connected to your computer.
Verifying Student Changes Made to Your CSIF:

1. You will receive an automated email notification from csifwebsupport@liaisonedu.com informing you that your student has submitted your site’s CSIF and your review/approval verification is required.
2. To complete the verification process, log into CSIF Web. (https://csifweb.amsapps.com/)
3. Click on the ‘20XX CSIF Web Surveys’ tab on your home page. (Example: In the year 2016, the tab would say ‘2016 CSIF Web Surveys’)
4. Select your site from the drop-down menu.
5. Once you have reviewed and approve of your student’s changes, go to the ‘Site Information’ tab.
6. Click on the ‘Edit Now’ link associated with the CCCE Sign Off section.
7. Select the checkbox that says: ‘This survey has been reviewed’.
8. After the spinner icon turns into a green check mark, indicating the sign-off has been saved, you can then logout by clicking on the Log Out button in the upper right hand corner of the page.

Updating Your CSIF:

1. After first logging into CSIF Web (https://csifweb.amsapps.com), click on the ‘20XX CSIF Web Surveys’ tab on your home page. (Example: In the year 2016, the tab would say ‘2016 CSIF Web Surveys’)
2. From the ‘Current Site Surveys’ page, select your clinical site from the drop-down menu.
3. Click on one of the red topic names to access the sections that need to be completed or click directly on one of the sections to edit that particular section.
4. In the ‘Action’ column (the last column on the right), click on ‘Edit Now’ to enter or revise information associated with a particular section (if you clicked directly on a particular section earlier, that section will open and be editable immediately).
5. To complete the CSIF, you will need to type information into the appropriate fields, and select check boxes, radio buttons/circles and options from a drop-down menu.

PLEASE NOTE: CSIF Web now has an Auto-Save feature! When you enter in data or select information from a list or drop-down menu and then move on to the next field, the previous field will have a spinner to indicate that it is saving and it will show ‘Site Survey update is in progress...’ near the top and bottom of the screen. Once that field has been saved, the spinner will change into a green check mark and it will show ‘Site Survey is successfully updated.’ near the top and bottom of the screen. This process will occur for each question that is updated.

6. At the end of each section, look for the ‘Section Sign Off’ message. Click the box that says: ‘This section has been completed.’ unless it has already been checked previously.

PLEASE NOTE: If you do not click on the ‘This section has been completed’ box for each section, those sections will be considered to be ‘In Progress.’

7. When you are finished editing a section and click the box that says: ‘This section has been completed.’, the red ‘X’ for that section on the topic list page will change to a green ‘check mark’. The Last Update column will show the Date and Time that the section was last updated.
8. Click on another topic tab on the top of the page to continue completing the CSIF or, if you are finished editing the CSIF, log out by clicking on the Log Out button in the upper right hand corner of the page.

If you have any questions, comments or run into any issues using APTA CSIF Web, please contact Support at csifwebsupport@liaisonedu.com.

LIAISON INTERNATIONAL

Last Updated 07/05/16
Appendix K

Clinical Duration:

- 1 week
- 3 weeks
- 4 weeks
- 7 weeks

Physical Therapist Assistant Program
Student Assessment of Clinical Instructor

Clinical Instructor: ___________________________ Clinical Instructor Title: ③ PTA ⑤ PT

Clinical Facility: ___________________________

Instructions: Consider each item separately and rate each item independently of all others. Bubble the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please bubble N/A.

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree  6- Not Applicable

1. The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.
2. The clinical education site had written objectives for this learning experience.
3. The clinical education site's objectives for this learning experience were clearly communicated.
4. There was an opportunity for student input into the objectives for this learning experience.
5. The CI provided constructive feedback on student performance.
6. The CI provided timely feedback on student performance.
7. The CI communicated in a non-threatening manner.
8. The CI encouraged clinical problem solving.
9. There was a clear understanding to whom you were directly responsible and accountable.
10. The supervising CI was accessible when needed.
11. The CI provided responsibilities that were within your scope of knowledge and skills.
12. Time was available with the CI to discuss patient/client interventions.
13. The CI served as a positive role model in physical therapy practice.
14. The CI skillfully used the clinical environment for planned and unplanned learning experiences.
15. The CI made the formal evaluation process constructive.
16. The CI encouraged the student to self-assess.

Comments
Appendix L

Distance from home:
- ☐ <30 miles
- ☐ <60 miles
- ☐ >60 miles

Clinical Duration:
- ☐ 1 week
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ 7 weeks

Clinical Facility Information
Select your facility type.
- ☐ Acute Care
- ☐ Outpatient
- ☐ Skilled Nursing Facility
- ☐ Rehab Center
- ☐ School System
- ☐ Other

Facility Name: ____________________________

Clinical Ratings
Instructions: Consider each item separately and rate each item independently of all others. Bubble the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please bubble N/A.

1. I received adequate orientation to the facility
2. I received adequate orientation to the department
3. Staff of the department were helpful and had a supportive role towards me as a student
4. The staff worked well as a team in the clinic/department
5. I was clearly informed of my responsibilities as a student during this clinical rotation

Case Load Diagnosis
During this clinical experience, describe the amount of time spent with patients with the following primary diagnoses.

- ☐ None
- ☐ Rarely
- ☐ Occasionally
- ☐ Often
- ☐ Always (95-100%)

1. Musculoskeletal
2. Neuro muscular
3. Cardiopulmonary
4. Integumentary
5. Other

Learning Experiences
What other learning experiences did you participate in during this clinical rotation? Select all that apply:

- ☐ Attended in-service programs
- ☐ Presented in-service
- ☐ Attended Team Meetings
- ☐ Joined OT or ST for co treatments
- ☐ Observed surgery
- ☐ Utilized Computerized documentation
1. The following information was most helpful during the department and facility orientation.

2. The following information would have been helpful to receive during the orientation to facility and department.

3. List at least 3 areas/skills in which you felt that you were most academically prepared for in this clinical.

4. List at least 3 areas/skills in which you felt that you were LEAST prepared for in this clinical rotation.

Additional Comments:
Walters State Community College  
Physical Therapist Assistant Program  
One Week Clinical Rotation  
CI Evaluation of Student Performance

Student Name: __________________________  Clinical Facility ______________________

Walters State Community College  
Physical Therapist Assistant Program  
One Week Clinical Rotation  
CI Evaluation of Student Performance

Student: __________________________  Clinical Site: ______________________________

Clinical Instructor: __________________

Please complete this evaluation (both sides) at the completion of the one week clinical experience, providing valuable feedback to the student, and the faculty.

Student demonstrated the following **clinical behaviors** appropriate for a first year PTA student:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Below expected level</th>
<th>Expected level</th>
<th>Above expected level</th>
<th>With Distinction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates verbally and non verbally with the patient and others in an effective and appropriate manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctual and dependable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibits caring and compassion in providing service to patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains patient privacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains patient modesty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs in a manner consistent with standards of the physical therapy profession</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs in a safe manner that minimizes risk to patient, self, and others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student had the opportunity to perform/utilize the **following skills** in this clinical setting (realizing that student may not have had the opportunity for all these skills based on the different clinical settings):

<table>
<thead>
<tr>
<th>Skill</th>
<th>Below expected level</th>
<th>Expected Level</th>
<th>Above Expected Level</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart review</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflex testing, sensory testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goniometric measurements of UE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual Muscle testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryotherapy/thermal agents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasound</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical stimulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft tissue massage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient transfers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

67
1. Areas of strength shown in the physical therapy setting:

2. Areas requiring improvement in the physical therapy setting:

3. Were any “red flag” areas of concern noted?

4. Comments:

The student and clinical instructor have discussed the above assessment of the student’s performance.

______________________________    ______________________
Clinical Instructor Signature        Date

______________________________    ______________________
Student Signature                  Date

** Student to return this form upon returning to class/or can be FAXed to 423-585-6955 attention Nancy Clark
Appendix N

Student Name: ___________________________ Clinical Facility ___________________________

WALTERS STATE COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
MIDTERM CLINICAL EVALUATION
Three Week Clinical Rotation

Please complete midterm evaluation and discuss with student. This midterm evaluation provides documentation for the student and faculty regarding student’s performance in the clinical setting.

*Please rate student for skills observed up to this date during the 3 week clinical experience.*

**P - Proficient; S - Satisfactory; NI - Needs Improvement; U - Unsatisfactory**

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>P</th>
<th>S</th>
<th>NI</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student communicates with clinical instructor and other health team members effectively.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Student selects appropriate treatment interventions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Student performs treatment interventions in a safe manner.</td>
<td></td>
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<td>4. Student demonstrates sound academic knowledge related to pathologies for patients encountered in this clinical setting.</td>
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<td>5. Student implements good body mechanics.</td>
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<td>6. Student maintains patient confidentiality and abides by HIPPA regulations</td>
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<td>7. Student follows facility guidelines regarding documentation of patient care, including accuracy and timeliness.</td>
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</table>

1. Have any ‘red flag’ areas related to safety been identified?

2. List student clinical strengths:

3. List recommended areas for student improvement:

4. Identify goals for student for remaining clinical experiences:

5. Additional comments: Please include information on overall performance, and type of treatments student is performing in this clinical setting.

__________________________________________  _______________________________________
Clinical Instructor Signature/Date          Student Signature/ Date

WSCC PTA faculty contact: 423-585-6981 or e-mail Nancy.Clark@ws.edu
Walters State Community College  
PTA Program  
Contact with Clinical Site

Student Name: ___________________________   Clinical Site: __________________________

Date of contact: _______________ Type of contact: At clinical site _____ Phone _____ Other___

CI name: __________________      PTA ____PT ____
Observed student wearing name tag:   Yes _____ No _____        Not applicable__________

1. Midterm evaluation completed and reviewed: __________
   Comment of CI toward student capability to meet the expected outcome of performance

2. Any follow up needed to assure the success for this student?

3. Student comments regarding this clinical experience.

4. Instructor’s comments on student’s performance:

5. Comment on the Academic preparation for this clinical experience
   Student:
   CI:

6. Has Supervision been appropriate?
   Student Comment:

7. **Clinical Faculty development topics presented and discussed**:
   a. Request that CI “edit profile in CPI”: especially any specialty area designations.
      Credentialed CI ______     Advanced Proficiencies____________

   b. Parameters for Evaluating Student Performance using CPI, Definitions of performance
      dimensions and rating scale anchor definitions reviewed.

   c. Any faculty development topic requests:

8. Was material provided by WSCC ACCE received by the CI?
   Was material beneficial to prepare for this student?
   Any suggestions for additional information needed?

9. Has the CI accessed the online Clinical Handbook?

10. Information provided to CI regarding online Clinical Handbook and Access to WSCC online library
    resources:

Form completed by: ________________________________
Walters State is one of 46 institutions in the Tennessee Board of Regents system, the sixth largest system of higher education in the nation. The Tennessee Board of Regents is the governing board for this system which is comprised of six universities, 13 community colleges, and 27 colleges of applied technology, providing programs in 90 of Tennessee’s 95 counties to more than 200,000 students.

Walters State Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (1866 Southern Lane, Decatur, Georgia 30033-4097; telephone number 404-679-4500) to award the associate degree. SACSCOC should be contacted regarding only questions about the accreditation status of the institution, to file a third-party comment at the time of the institution's formal, scheduled review, or to file a complaint against the institution for alleged non-compliance with a standard or requirement. Normal inquiries about Walters State such as admission requirements, financial aid, educational programs, etc. should be addressed directly to the institution and not to SACSCOC.

Walters State Community College does not discriminate on the basis of race, sex, sexual orientation, gender identity, color, religion, national origin, age, disability or veteran status in provision of educational programs and services or employment opportunities and benefits pursuant to the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the Age Discrimination in Employment Act of 1967 (ADEA). Inquiries and charges of violations of any of the above referenced policies should be directed to the Assistant Vice President for Human Resources/Affirmative Action Officer, 500 S. Davy Crockett Pkwy., Morristown, TN 37813-6899, 423-585-6845 or email: tammy.goode@ws.edu. Requests for accommodation of a disability should be directed to Office of Disability Services at Walters State, 500 S. Davy Crockett Pkwy., Morristown, TN 37813-6899.