



WALTERS STATE

COMMUNITY COLLEGE

Physical Therapist Assistant Program

Clinical Education Handbook

2025-2026

CAPTE

Commission on Accreditation
in Physical Therapy Education

Current Accreditation Status :: Accreditation

Date of Initial Accreditation :: 04/90

Five-Year History :: Accreditation

Degree Conferred :: Associate of Applied Science

The policies contained within this manual may be revised at any time after notifying the student

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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 Site Coordinators of Clinical Education (SCCE), 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

Marisa Miller, MA,
PT Program Director
Associate Professor
Technical Education Building,
Room 242 Phone: 423-318-2722
E-mail: Marisa.Miller@ws.edu

Donna Cox, AAS PTA
Assistant Professor
Technical Education Building,
Room 146 423-585-6854
Donna.Cox@ws.edu

Tye M. Ponder, BS, PTA
Assistant Professor and Director of Clinical Education
Technical Education Building,
Room 144 Phone: 423-585-2657
E-mail: tye.ponder@ws.edu

ACCREDITATION

Walters State Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate degrees. Questions about the accreditation of Walters State Community College may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using

information available on SACSCOC's website (www.sacscoc.org).

The Tennessee Board of Regents (TBR) is Tennessee's largest higher education system, governing 40 post-secondary educational institutions with over 200 teaching locations. The TBR system includes 13 community colleges and 27 colleges of applied technology, providing programs to students across the state, country and world.

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). 3030 Potomac Ave., Suite 100 | Alexandria, VA | 22305-3085 | 800-999-2782; e-mail: accreditation@apta.org. CAPTE website: www.capteonline.org

PROGRAM VISION AND MISSION

Physical Therapist Assistant Program

Vision

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 academic and clinical education.

Mission

The Walters State PTA program, through the use of multiple teaching styles, evidence-based practice and active learning techniques enhance student engagement, promotes success and inspires excellence. Students are equipped to enter the workforce exhibiting professional behaviors, values and inclusivity. The curriculum prepares students to complete the requirements for an Associate of Applied Science (AAS) degree – Emphasis: Physical Therapist Assistant.

Alignment of WS Expanded Mission Statement with PTA Expanded Mission Statements

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 congruent with the vision and mission of the institution as outlined in the following table.

Walters State Community College	PTA Department
Vision	Vision
Walters State will be the leader in transforming our community through education.	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 academic and clinical education.
Mission	Mission
Through a focus on student success and innovative teaching, Walters State enriches the lives of our students and our community.	The Walters State PTA program, through the use of multiple teaching styles, use of evidence-based practice and active learning techniques enhances student engagement, promotes success and inspires excellence. Students are equipped to enter the workforce exhibiting professional behaviors, values and inclusivity. The curriculum prepares students to complete the requirements for an Associate of Applied Science (AAS) degree – Emphasis: Physical Therapist Assistant.
Provides affordable, convenient access through multiple campuses, innovative technology, and distance education.	General education and prerequisite courses are offered on each of Walters State's four campuses. Technological access includes high-tech collaboration rooms, smart classrooms and use of course management system
Collaborates with other educational institutions to promote access, completion, and transfer.	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
Partners with community businesses and organizations to meet specific educational and workforce needs.	<p>Data is triangulated from the advisory board committee, employer surveys, graduates, clinicians and other stakeholders to assess service area needs and curricular modifications (CEU courses, job opportunities, etc.)</p> <p>The Clinical Education program offers diverse experiences across multiple practice settings, in both rural and urban areas to prepare the student to function as an entry-level PTA upon graduation.</p>
Offers programs of study leading to associate degrees or certificates.	Upon completion of the WS PTA program, students will earn an AAS in Physical Therapist Assistant.
Provides pathways to institutional support services that improve student engagement and success.	Convenient access to student support services allow for students to frequently meet and engage with needed services.

Fosters an inclusive campus community through cultural awareness, diversity and open dialogue.	Concepts related to diversity, cultural humility, social determinants of health, inclusivity, belonging, and exploring one's identity are taught throughout the PTA curriculum and are enhanced by clinical experiences and outreach activities.
Delivers public service and non-credit programs in support of workforce training and personal development.	The PTA program offers public service and non-credit CEU courses for clinical instructors and other physical therapy professionals.
Invests in highly qualified faculty and staff.	Core faculty includes one Physical Therapist and two Physical Therapist Assistants. The core faculty have a combined 43 years of experience. Faculty meet CAPTE requirements, are engaged in career growth and development and participate in promotion/tenure at WS.
Creates a culture of continuous improvement and accountability.	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.
Seeks external sources of support and funding to further educational opportunities.	In addition to clinical experiences, learning opportunities are arranged/facilitated with healthcare professionals from local clinics and hospitals to augment course materials.
Provides resources to support community engagement and initiatives.	Program faculty develop opportunities for students to interact with the community through professional meetings and activities, wellness advocacy, outreach and interprofessional collaboration.

PTA Program Strategic Plan

The PTA program maintains a strategic plan that is composed of college and program mission and vision, program goals and outcomes, core values and statement of philosophy. This plan is monitored closely by all core faculty throughout the academic year to ensure that the program meets its goals and outcomes. The current strategic plan is in place from 2023-2028 and will be adjusted as needed with consultation from multiple stakeholders.

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 Walters State Community College, the Physical Therapist Assistant program accepts each student as a unique individual who can bring their lived experiences, perspectives and knowledge to the program to share with students and faculty.

The faculty endeavor to provide learning experiences through didactic instruction, clinical experiences and community service that allow each student opportunities develop the knowledge, skills, professional behaviors, and abilities to successfully fulfill

the role of a Physical Therapist Assistant and to contribute to the field of physical therapy.

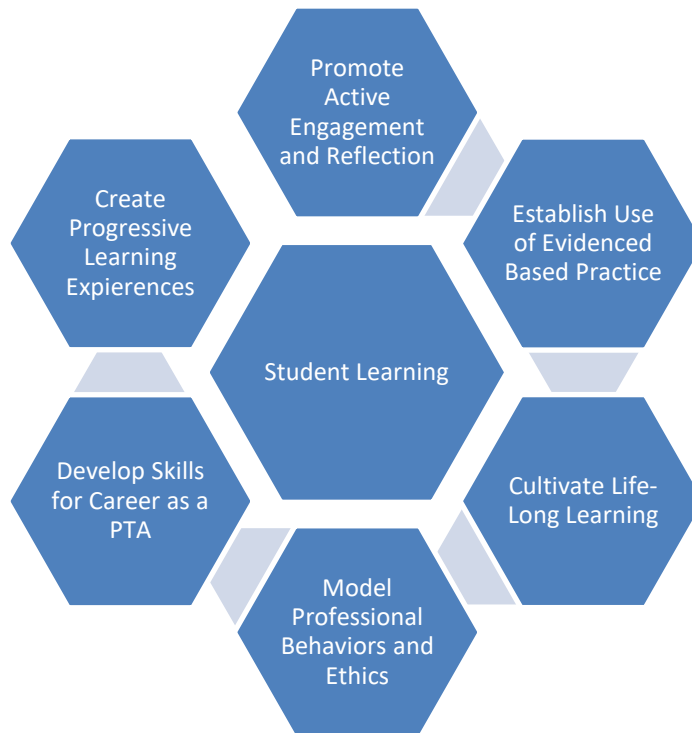
The PTA program curriculum is a combination of general and technical education courses designed to provide learning experiences that prepare students to function with professional competence, demonstrate compassion, inclusion and promote social responsibility while providing team-based individualized care to patients in a variety of healthcare settings where physical therapy is commonly practiced.

The faculty believe that learning takes place within the learner; therefore, self-awareness, self-responsibility and self-evaluation are emphasized throughout the program. Based on this philosophical belief construct, the faculty set forth the following tenants regarding teaching and learning:

- Occurs best when the learner is actively engaged, understands the benefit learning provides to professional development and incorporates active reflection
- Allow faculty to embrace multiple teaching and learning styles in effort for all learners to be successful
- Faculty integrate information from multiple sources including the use of current evidenced based research to enhance the learning process, promote contemporary physical therapy skills and prepare students for entry-level practice
- Learning is a multi-factorial process and not one single point in time
- Students are encouraged to be life-long learners
- Faculty design the curriculum to be progressive in nature to allow learners to develop critical thinking skills and demonstrate competency for entry level practice
- Setting high expectations, stating clear goals, providing frequent feedback, maintaining an atmosphere of inclusion and respect and participating in experiential learning are conditions that lead to student success
- Creates a culture of continuous improvement and accountability
- Professional behaviors and attitudes are modeled for learners by all program faculty and staff

The faculty believe that the personal ethics of the physical therapist assistant and all healthcare workers require certain inherent elements of character which include integrity, accountability, collaboration, compassion, inclusion, excellence and the responsibility 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 and the Core Values for the Physical Therapist and Therapist Assistant.



PHYSICAL THERAPIST ASSISTANT PROGRAM GOALS/OUTCOMES

1. Graduates are proficient in interventions and skills required for entry level PTA practice and use evidenced based practice to guide treatment interventions.

Evidenced by:

- Feedback from the PTA Graduate Survey
- Feedback from PTA Employer Survey

2. The program provides opportunities for students to participate with interprofessional and intraprofessional collaborative care, provide inclusive physical therapy interventions to patients/clients and promote health and wellness.

Evidenced by:

- PTA Collaborative Pediatric Health and Wellness Event
- PTA Collaborative Fall Prevention Event
- PTA Assessment of Clinical Experience Survey
- PTA Intraprofessional Collaborative Care Reflective Essay

3. Graduates demonstrate success on the National Physical Therapy Exam for Physical Therapists Assistants

Evidenced by:

- Annual Ultimate Pass Rate will be 85% or better
- Two-year Ultimate pass Rate will be 85% or better

4. The program will provide a variety of clinical learning experiences to develop essential PTA skills required for physical therapy practice.

Evidenced by:

- a. Each student will complete three clinical placements with at least a minimum of one placement in an out-patient facility and one placement in an in-patient facility.
- b. Students will have exposure to a variety of patient populations during clinical placements (adult, geriatric and pediatric)
- c. Students will have opportunities to work with patients/clients who have conditions/diseases/injuries of the cardiopulmonary system, neuromuscular system, musculoskeletal system and integumentary system.
- d. Clinical sites are available in urbanized and urban cluster areas
- e. Students have opportunities to develop and refine professional behaviors required to provide patient centered care that is inclusive, equitable and socially responsible.

5. Ensure delivery of quality PTA program.

Evidenced by:

- a. Qualified faculty meet program and curriculum needs (CAPTE standards)
- b. Curriculum Review is performed by Stakeholders
 - 1. Student Opinion of Teaching and Learning
 - 2. PTA Program Survey
 - 3. PTA Graduate Survey
 - 4. PTA Employer Survey
 - 5. Advisory Board Review of Curriculum
 - 6. Faculty Review of Curriculum
 - 7. FSBPT Content Score Report Analysis by Core Faculty
- c. CAPTE Accredited through 2025
- d. Complete Annual Accreditation Report for CAPTE
- e. Pay all CAPTE and APTA fees as required for program accreditation and clinical education.
- f. PTA Program meets goals related to student retention and graduate employment.

6. PTA program faculty will have opportunities for career growth, advancement of knowledge and expertise in primary areas of instruction and promotion of contemporary physical therapy practice.

Evidenced by:

- a. Faculty will participate in the Promotion process
- b. Qualified faculty will be placed on Tenure-track
- c. Faculty will utilize a faculty development plan to track goals/career development
- d. Faculty will be assessed annually by Program Director
- e. The Program Director will be assessed annually by the Dean of Health Programs
- f. Faculty members have opportunities to engage in clinical practice
- g. Faculty have opportunity to participate with professional development focused on education and contemporary physical therapy
- h. The PTA program will be assessed annually by the Dean of Health Programs

Nondiscrimination Notice

Walters State Community College does not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, sexual orientation, gender identity/expression, disability,

age (as applicable), status as a covered veteran, genetic information, and any other category protected by federal or state civil rights law; and by Tennessee Board of Regents policies with respect to employment, programs, and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Jarvis Jennings, Executive Director of Human Resources, jarvis.jennings@ws.edu, Walters State Community College, 500 S. Davy Crockett Pkwy Morristown, TN 37813, 423.585.6845.

Withdrawals and Honorable Dismissals

Students finding it necessary to withdraw from college should do so officially in order to maintain good standing and to assure readmission or honorable dismissal. Withdrawal procedures are as follows:

1. Students should secure a withdrawal form from the Student Records Department of the Morristown campus or the administration offices at any of the other campuses or may also withdraw online via MyWs.
2. Students should check with their advisor, Library, Financial Aid, Student Records, and Cashiering before dropping courses to be advised of possible consequences of current and future aid and to ensure all financial obligations are met.
3. All equipment belonging to the college must be accounted for or paid for and all financial obligations met. If it is impossible for the student to take these steps in person, they should be taken by a parent or person acting as an agent for the student. Up to the date given in the academic calendar, a student may withdraw from the college with a grade of "W".

After the date listed in the academic calendar (last day to drop a course or withdraw from college), a student may, in emergency situations, withdraw by the recommendation of the instructor and the approval of the vice president for Academic Affairs. In cases such as this, the student will be assigned a grade of "W".

A student who stops attending classes and fails to follow the proper withdrawal procedures, will be carried on the roll until the end of the semester and grades will be reported as "F" or "FA."

Grades, transcript information, drop/adds, withdrawals and other data perceived by the student to be in error must be protested by the student during the subsequent semester. **Protests made after this time will not be reviewed unless approval is received from the vice president for Academic Affairs.**

04:30:00 Student Complaints

Revision Responsibility: Vice President for Student Services

Responsible Executive Officer: Vice President for Student Services

Purpose

To provide procedural information for student complaints.

Policy

Student Complaints

Related to Accreditation or Violations of State Law

Students or prospective students who wish to file a complaint related to accreditation or regarding violations of state law not resolved at the institution may submit a Student Complaint Form to the Tennessee Board of Regents at 1 Bridgestone Park, Nashville, TN 37214, or by going online and filing out the form electronically at (<https://www.tbr.edu/contacts/submitted-comment-complaint-or-request>). Under Tennessee's open records law, all or parts of complaints - except confidential reports of fraud, waste or abuse - will generally be available for review upon request from a member of the public.

Complaints regarding accreditation can also be made by contacting the Southern Association of Colleges and Schools Commission on Colleges, 1866 Southern Lane, Decatur, GA 30033, telephone: 404-679-4500, web: (<http://www.sacscoc.org/>).

Complaints of fraud, waste or abuse may be made by email at reportfraud@tbr.edu or by calling the Tennessee Comptroller's Hotline for Fraud, Waste and Abuse at 800-232-5454.

Related to Non-Tennessee Resident Students in State Authorization Reciprocity Agreement States, commonly known as SARA

Student complaints relating to consumer protection laws that involve distance learning education offered under the terms and conditions of the State Authorization Reciprocity Agreement (SARA), must first be filed with the institution to seek resolution (see section entitled Related to Student Issues for procedures for filing student complaints with Walters State Community College).

Complainants not satisfied with the outcome of the Institution's internal process may appeal, within two years of the incident about which the complaint is made, to the [Tennessee Higher Education Commission](https://www.tn.gov/thec/bureaus/student-aid-and-compliance/postsecondary-state-authorization/request-for-complaint-review.html) (<https://www.tn.gov/thec/bureaus/student-aid-and-compliance/postsecondary-state-authorization/request-for-complaint-review.html>).

For purposes of this process, a complaint shall be defined as a formal assertion in writing that the terms of SARA or the laws, standards or regulations incorporated by the SARA Policies and Standards (<http://www.nc-sara.org/content/sara-manual>) have been violated by the institution operating under the terms of SARA.

For a list of SARA member States, please visit the [NC-SARA website](https://www.nc-sara.org/sara-states-institutions) (<https://www.nc-sara.org/sara-states-institutions>). Students residing in non-SARA states should consult their respective State of residence for further instruction for filing a complaint.

Related to Student Issues

Walters State has established procedures for receiving and responding to student's issues and complaints. Grade appeals are resolved through the vice president for Academic Affairs. Academic integrity violations are reviewed jointly by the vice presidents for Academic Affairs and Student Services. All other student complaints including: student discipline, disclosure of student records, and disability accommodations are resolved through the vice president for Student Services. Sexual harassment complaints and complaints of racial harassment and discrimination are handled by the vice president for Student Services and the College's Executive Director of Human Resources, following TBR Guideline P-080. If a student has any question about the applicable procedure to follow for a particular complaint, they should consult with the vice president for Student Services. In particular, the vice president for Student

Services should advise a student if some other procedure is applicable to the type of complaint a student has expressed.

Initially, students are encouraged to attempt to resolve complaints informally with the appropriate faculty or staff member, director, department head, dean, or vice president to facilitate an informal resolution. If informal resolution is unsuccessful, or if the student does not pursue information resolution, the student may file a written complaint to the vice president for Student Services.

- A. The written complaint to the vice president for Student Services shall be filed within 30 calendar days of the alleged issue unless there is good cause shown for delay, including but not limited to delay caused by an attempt at informal resolution. The written complaint shall be specific as possible in describing the issue of complaint.
- B. The vice president for Student Services shall promptly notify the individual(s) of the complaint filed against him/her/them, with emphasis on stating that the filing of the complaint does not imply any wrongdoing has occurred and that he/she/they (the defendant) must not retaliate in any way against the student who has filed the complaint.
- C. Once the written complaint is received and reviewed, the vice president for Student Services will consult with the appropriate vice presidents, dean, directors, department heads, faculty and/or staff.
- D. The vice president for Student Services shall separately interview the complaining student, the alleged perpetrator and other persons to the extent necessary to conduct the investigation. If the vice president believes it would be helpful, he or she may meet again with the student and the alleged perpetrator after completing the investigation in an effort to resolve the matter. The complainant and the defendant have the right to have a representative (student government representative or attorney) present during the initial meeting, the interview and any post-investigation meeting.
- E. At the conclusion of the investigation, the vice president for Student Services shall issue a written report setting forth his or her findings and recommendations. In ordinary cases, it is expected that the investigation and written report should be completed within 30 days of the date the complaint was filed.
- F. If either the student or the alleged perpetrator is not satisfied with the report of the vice president for Student Services, the student or defendant may file a written appeal to the college president within 10 calendar days of receiving the report. The president may choose to establish an Appeals Committee to review the findings of the report by the vice president for Student Services. The Appeals Committee may or may not choose to conduct another investigation following the review of the written report. The Appeals Committee shall make their recommendation to the president within 20 calendar days of receiving the appeal.
- G. After the president's review, if the complaint is still not resolved, the student will be advised that he/she can contact the State Postsecondary Program Review office at the Tennessee Higher Education Commission at 615-741-3605.

- H. In the event the complaint filed by the student relates to a Family Educational Rights and Privacy Act (FERPA) issue, complaints of violation by the institution may be filed with the Office of the Secretary, United States Department of Education. 05/16; 11/16, 05/19; 03/23

Student Due Process Procedure: 3.02.01.00

Purpose

The purpose of this policy is to establish student due process procedures for Tennessee Board of Regents institutions.

Policy/Guideline

I. Due Process

- A. Institutions governed by the State Board of Regents, in the implementation of Board approved policies and regulations pertaining to discipline and conduct of students, shall ensure the constitutional rights of students by affording a system of constitutionally and legally sound procedures which provide the protection of due process of law.
- B. If, in accordance with the institution regulations governing discipline in cases of student social misconduct, a hearing is requested, the following minimal procedures will be observed:
1. The student shall be advised of the time and place of the hearing.
 2. The student shall be advised of the breach of regulations of which or she he is charged.
 3. The student shall be advised of the following rights:
 - a) The right to present their case.
 - b) The right to be accompanied by an advisor.
 - c) The right to call witnesses on their behalf.
 - d) The right to confront witnesses against them.
 4. The student shall be advised of the method of appeal.

Hazardous Materials

Student could be exposed to chemical hazards such as those found in cleaning products used in the academic or clinical settings. When on campus, the SDS are located under the sink in Tech 142 and on the top shelf of the cabinet in Tech 108. Students should notify faculty immediately if they have been exposed to any chemical based product in the classroom. Faculty work to minimize risks to students and ensure that all products are stored properly per manufactures guidelines. Products that contain hazardous chemicals are cataloged by program faculty and submitted to WS facility maintenance supervisors annually. The health and safety manual developed by facility management can be found on the WS webpage. This manual is updated by facilities management. Other data related to safety can be found on this webpage.
<https://ws.edu/about/offices/facilities-management/index.aspx>

When on clinical, the students should ask their CI for policies/instructions related to exposure to chemicals. Student to follow facility policy/guidelines.

Safety

Safety is one of the most important aspects of providing good patient care and maintaining a safe work environment. It is imperative students act in a safe manner in all academic settings including lecture and labs as well as any clinical and off campus learning opportunities. In order to promote a safe learning environment, the student must:

- Follow all lab rules - posted and stated
- Make sure equipment is in good operating condition before using
- Understand correct and appropriate manner in which to operate equipment
- Utilize proper body mechanics and posture
- Communicate clearly with classmates, instructors, clinical instructors and patients
- Update appropriate academic or clinical faculty with any change in your health status

If in doubt, always ask an instructor academic or clinical before proceeding with any activity

Emergency Procedures

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 or on campus for lecture class, lab session or other college activity. Student grants permission for emergency medical treatment to occur when necessary.

Students are also responsible for following directions from faculty member when on campus for lockdown, relocation and evacuation procedures.

Calibration and Maintenance of Equipment

The majority of academic courses require the use of physical therapy equipment. All equipment used, has been deemed safe via calibration by a trained and certified professional and/or visual inspection by faculty members. Physical therapy equipment must be used under supervision and direction of a faculty member after classroom instruction has occurred. When students wish to use lab space to practice skills outside of class and/or open lab time, practice may not occur with any equipment that requires power without the presence of a PTA faculty member.

All clinical experiences will require the use of physical therapy equipment. Students are to receive orientation to equipment at each clinical site by their Clinical Instructor or another qualified member of the faculty healthcare team. Students are to ask for clarification with any use of new or unfamiliar equipment while on clinical prior to use with patients. Student's should check equipment tags prior to use to ensure calibration is current.

CURRICULUM

The PTA program is 5 semesters in length and 70 PTA credit hours. Successful completion leads to an Associate of Applied Science Degree (A.A.S.). The curriculum includes general education courses, prerequisites, physical therapist assistant 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 with a *must be completed before application to PTA program:

Course Number	Course Title	Credit Hours
*BIOL 2010/2011	Human Anat/Phys I/Lab I	4
*BIOL 2020/2021	Human Anat/Phys II/Lab II	4
*MATH 1530 (or) 1630	Introductory Statistics or Finite Mathematics	3
^ENGL 1010	English Composition I	3
^COMM 2025	Fundamentals of Communication	3
		Credit Hours 17

Apply to PTA Program by April 15. If accepted:

Fall Semester 1

Course	Credit Hours	Contact Hours
PTAT 2410 Kinesiology for the PTA	4	3 lec 3 lab
PTAT 2440 Biophysical Agents for the PTA	4	2 lec 6 lab
PTAT 2250 Patient Care Skills for the PTA I	2	1 lec 3 lab
HIMT 1300 Medical Terminology	3	3
		Credit Hours 13

Spring Semester 1

Course	Credit Hours	Contact Hours
PTAT 2260 Patient Care Skills for the PTA II	2	1 lec 3 lab
PTAT 2510 Musculoskeletal Conditions and Treatment for the PTA	5	4 lec 3 lab
PTAT 2520 Neuromuscular Conditions and Treatment for the PTA	5	4 lec 3 lab
PSYC 2130 Lifespan Development Psychology	3	3
		Credit Hours 15

Fall Semester 2

Course	Credit Hours	Contact Hours
PTAT 2530 Medical Surgical Conditions and Treatment for the PTA	5	4 lec 3 lab
PTAT 2370 Professional Development for the PTA	3	3 lec
PTAT 2390 Integrated Clinical Education I	3	160 clinical hours
Humanities/Fine Arts Elective	3	
		14 hours

Spring Semester 2

Course	Credit Hours	Contact hours
PTAT 2320 Special Topics for the PTA	3	3 lec
PTAT 2391 Integrated Clinical Education II	3	160 clinical hours
PTAT 2590 Terminal Clinical Education I	5	280 clinical hours
		Credit Hours 11

Course	Credit Hours
[^] ENGL 1010 English Composition I	3
[^] Humanities/Fine Arts elective	3
[*] BIOL 2010 Anatomy & Physiology I	4
[*] BIOL 2020 Anatomy & Physiology II	4
[^] PSYC 2130 Life Span Psychology	3
[*] MATH 1530 or MATH 1630	3
[^] COMM 2025- Fundamentals of Speech Communication	3
HIMT 1300 Medical Terminology	3

Total of 70 hours

^{*}This course is a pre-requisite for the PTA Program and must be completed by the end of spring semester the student applies to the PTA program.

[^]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 completed by the end of spring semester the student applies to the PTA program 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.

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 consciously altering drugs could not meet these criteria. The PTA program has adopted the following core performance standards. 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 student should notify the Director of the Physical Therapist Assistant Program. The Program Director will refer the student to the Office of Disability Services and await for recommendations related to reasonable accommodations or modifications.

The standards are:

1. Critical thinking ability sufficient for clinical judgment
 - Meet course standards for retention, progression and completion of PTA courses
 - Identify cause-effect relationships in clinical situations, develop and carry out appropriate plan of action
 - Read, comprehend and apply materials from textbooks, website, videos, professional journals and medical records
 - Observe and monitor patient response to treatment interventions, adjust as needed for safety and to meet goals for POC.
 - Perform concurrent tasks within established time constraints
 - Think independently
2. Interpersonal abilities sufficient to effectively interact with groups from a variety of social, emotional, cultural, and intellectual backgrounds.
 - Establish rapport with patients/clients, colleagues, faculty and staff
 - Recognize and respond appropriately to psychosocial, personal and cultural impacts of dysfunction/ disability
 - Recognize and respond appropriately to individuals of all ages, genders, races, sexual orientation, religions, culture and socio-economic backgrounds
 - Work collaboratively with other students regardless of age, gender, sexual

- orientation, race, religious or social background.
 - Respond appropriately to stress of heavy workloads, deadlines, demanding patients and life-threatening clinical situations
 - Display maturity, emotional stability and sensitivity in academic, professional and clinical settings
 - Demonstrate the ability to set priorities, concentrate on assigned duties and perform all aspects of therapy services in fast paced, highly stimulating environments
3. Communication abilities sufficient for interaction with others in verbal and written form.
 - Clearly and accurately explain treatment procedures
 - Initiate health teaching, written and oral
 - Document physical therapy treatment in a succinct, accurate and timely fashion to meet standards of the health care settings.
 - Review and understand medical records and patient/client responses
 - Utilize active listening
 - Appropriately accept feedback from others
 - Meet health literacy level of patients/clients
 4. Physical abilities sufficient to provide safe and effective physical therapy treatment interventions.
 - Maneuver in small/tight spaces
 - Move throughout the clinical facility (parking lots, hallways, stairs, elevators, etc)
 - Move patients appropriately (move around in patient's rooms, work spaces, and treatment areas, administers appropriate patient/client care, etc.)
 - Sit, stand, walk up to 2 hours without a break
 - Ability to perform lifting, carrying, pulling, pushing, crouching, reaching, crawling, kneeling, climbing and walking using proper body mechanics
 - Move, adjust & position patients or equipment which involves bending, stooping to the floor, reaching overhead, lifting, pulling or pushing up to 250 lbs.
 - Perform CPR & emergency care
 - Use equipment that emits electrical, ultrasonic, thermal energy
 - Demonstrate & perform exercise programs without injury to self or patients
 5. Gross/fine motor, strength and endurance abilities sufficient to provide safe and effective physical therapy care
 - Calibrate and use equipment- electrical, thermal, mechanical
 - Position patients/clients
 - Safely grasp and manipulate small objects and dials
 - Demonstrate bi-manual dexterity sufficient to manipulate equipment used in therapy
 6. Auditory ability sufficient to monitor and assess health needs
 - Hears alarms, emergency signals, auscultatory sounds, cries for help
 7. Visual ability sufficient for observation and assessment necessary in physical therapy care
 - Observes patient/client responses
 - Perform accurate equipment readings
 - Read pertinent materials, medical records, equipment specifications for patient care
 - Respond to warning lights, alarms

8. Tactile ability sufficient for physical assessment
 - Perform palpation and physical assessment (pulses, palpation of bony structures/landmarks, apply manual resistance)
 - Perform functions of physical therapy assessment and/or those related to therapeutic intervention using hands
9. Professionalism is present for all interactions with patients, clinicians, colleagues, faculty, staff and other students.
 - Abide by the *American Physical Therapy Standards of Ethical Conduct for the Physical Therapist Assistant* which includes respect, compassion, integrity, pursuit of lifelong learning and observation of legal obligations
 - Demonstrate a work ethic consistent with professional standards
 - Demonstrate respect for self, patients, fellow students, faculty, administration and other health care professionals
 - Maintain personal hygiene and professional appearance
 - Model core values for the PT and PTA

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 Director of Office of Disability Services at WSCC 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 accommodations

COMPLAINT POLICY

CAPTE will take action only when it believes that practices or conditions indicate that the program may not be in compliance with the Evaluative Criteria for Accreditation, CAPTE’s Statement on Academic Integrity Related to Program Closure, or CAPTE’s Statement on Academic Integrity in Accreditation. A copy of these documents may be attained by contacting the Department of Accreditation.

A formal written, complaint may be filed with CAPTE in the format provided by the Department of Accreditation. Complaints may not be submitted anonymously.

The Commission on Accreditation in Physical Therapy Education Department of Accreditation American Physical Therapy Association **3030 Potomac Ave., Suite 100 | Alexandria, VA | 22305-3085**
800-999-2782 E-mail: accreditation@apta.org CAPTE website: www.capteonline.org

Physical Therapist Assistant Program Complaint Which Falls Outside the Realm of Due Process Policy

The public or any other stakeholder of the Walters State Community College Physical

Therapist Assistant Program has the right to file a complaint and receive due process. According to Commission on Accreditation in Physical Therapy Education (CAPTE) standards, this is referred to as a “complaint which falls outside the realm of due process.”

The Program and the Division of Health Programs encourages any individual who is unhappy with their experience or encounter with any student, faculty or staff member of the program to file a written complaint. The school takes all program-related complaints seriously and will act upon any complaint in an expedient manner. Once a complaint has been made, the PTA Program Director will gather information and address the complaint.

The College, its officers, employees, or agents are strictly prohibited from retaliating, intimidating, threatening, coercing, or otherwise discriminating against any individual for exercising their rights or responsibilities under any provision of this policy

1. "Complaints Which Fall Outside the Realm of Due Process" should be submitted in writing to the PTA Program Director and signed by the author. Anonymous comments will not be considered. Submissions may be sent to:

PTA Program Director
Walters State Community College
500 S. Davy Crockett Pkwy.
Morristown, TN 37813

2. Comments will be discussed with the Dean of Health Programs and other appropriate administrators/personnel to determine a course of action.

3. The PTA Program Director will acknowledge all comments made

4. Records will be kept confidential and maintained by the Program Director for five years. These records are not accessible to the public.

5. If dissatisfied with the action or decision made by the Program Director, or if the complaint is against the Program Director, the involved party may submit a written complaint or appeal to the Dean of the College of Health Programs. A letter outlining the resolution by the Dean shall be filed with the complaint in the Program Director's office for a period of 5 years.

Submissions may be sent to: Dean of Health Programs Walters State Community College 500 S. Davy Crockett Pkwy. Morristown, TN 37813

6. If the complainant believes that additional review is necessary, then the last line of complaint is with the Vice-President of Academic Affairs

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, entry-level 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 for students to develop clinical behaviors and skills of an entry level physical therapist assistant. Faculty also work to place students in urban and urban cluster communities. 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 skills are identified on the Clinical Performance Instrument for the PTA.

The clinical education component of the PTA curriculum entails 15 weeks of full time clinical education experiences. 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 three clinical experiences across 2 semesters is designed for the PTA student to develop clinical behaviors and clinical skills in a progressive manner, with expectations of the student to demonstrate growth of behaviors and skills as the clinical experiences occur. Clear benchmarks are set for each clinical with the goal of every student demonstrating clinical behaviors and required skills at entry level performance by the end of the terminal clinical experience. Clinical Courses for PTA Students

Clinical I	PTAT 2390 Integrated Clinical Education I	4 week full time clinical during Fall 3 rd semester
Clinical II	PTAT 2391 Integrated Clinical Education II	4 week full time clinical during Spring 4 th semester
Clinical III	PTAT 2590 Terminal Clinical Education I	7 week full time clinical during Spring 4 th 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 Director of Clinical Education (DCE) and Program faculty will meet with the students throughout the program to ensure students are aware of procedures, requirements, expectations, assignments, objectives, and goals.

PROGRAM/CLINICAL REQUIREMENTS

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. 2-Step TB Skin Test with placement dates, reading dates, and results. 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 required if TB skin test is positive.
4. Record of Immunizations:
 - a. Hepatitis B series
 - b. MMR (measles, mumps, rubella)
 - c. Varicella (chicken pox)
 - d. Tdap (Tetanus, Diphtheria, Pertussis) or booster current within 10 years
5. Flu vaccination in the third semester. Flu vaccination record; must include date received, name of pharmacy, and vaccination expiration date.
6. Health Insurance (strongly recommended)
7. Annual Professional Liability Insurance
8. Annual Criminal Background Check
9. Drug testing
10. Any change in health status (including medication changes) must be reported to the Program Director or Director of Clinical Education.

Submit all required clinical documentation during program orientation. All documents and forms are found on the WS PTA Website. First year student packets are listed as “New Student Information Packet”. Second year student packets are listed as “Clinical Passport Update.” **It is each student’s responsibility to make copies for their own records.** Please be advised that PTA program Administrative Assistants or faculty may not copy items for students. 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 may result in the student not being assigned to a clinical site and therefore unable to complete the clinical requirement of the PTA program.

A student may be exempt from the immunization requirement under one of the following circumstances:

1. The is vaccine contraindicated for the individual based on guidelines established by manufacturer or CDC.

2. Physician judgment based on the individual's medical condition and history
3. Religious belief or practice. Individual must provide written statement affirmed under penalty of perjury.

If a student would like to request exemption forms, they should notify the Program Director or Director of Clinical Education.

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 are 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. Changes in health status may require evaluation by a healthcare provider.

Annual Tuberculosis Skin Test Screening

2-Step TB skin test is required for first year of program. Annual TB skin test is required for second year of program.
Chest x-ray (less than 3 months old) required if TB positive.

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 2 or 3 immunizations will take 7 months to complete) or laboratory proof of immunity or infection (titer – blood test)
- b. MMR (measles, mumps, and rubella):
Documentation of two shot dates or titers showing immunity status to Rubella, and Rubeola, Mumps.
- c. Varicella (chicken pox):
proof of 2 doses of varicella vaccine or
laboratory proof of immunity (titer – blood test) or history of disease verified by physician, advanced practice nurse, physician assistant or health dept.
- d. Tdap:
Tetanus, Diphtheria, Pertussis or booster current within 10 years

Students who fail to provide the above information may not be allowed to participate in clinical and may 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 Director of Clinical Education.

TBR Student Health Insurance Exchange

Professional Liability Insurance (renewed annually)

The agreements between WSCC and the clinical facilities require 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 is to 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.

Criminal Background Check

The WSCC Division of Health Programs requires criminal background checks for all students enrolled 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. If a student is not cleared, the determination of eligibility for that student to be placed in that facility, is determined by the clinical facility, not WS. Students in this situation will be advised by PTA program faculty.

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. Upon completion, the results of the background screening will be sent to the student via e-mail and a statement about the student's clearance will be sent to the director of the PTA program. If any information is found that is not accurate and that would negatively affect a student's eligibility for clinical placement in the PTA Program, the student will be given an opportunity to challenge the information through the Adverse Action process associated with the assigned criminal background check vendor. Students may contact the assigned criminal background check vendor with questions as needed.

Drug Testing

Drug testing is required in the third semester of the program. The Director of Clinical Education will provide the student with information on the process to obtain drug testing through the approved vendor. Refusal to submit a drug screen and/or a positive test is grounds for immediate dismissal.

Flu Shot

Flu shot is required during the third semester of the PTA Program. Documentation is required to be submitted to the Director of Clinical Education. Please speak with DCE to obtain needed documentation form. Documentation must include:

- date received
- name of pharmacy
- vaccination expiration date.

Reporting of Health Status Change

Any change in health status (including medication changes) must be reported to the PTA Program Director and the Director of Clinical Education.

CLINICAL POLICIES**ATTENDANCE POLICY**

Student should attend a 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 experiences, unless the college is closed. Students are not to attend clinical if the college is closed.

If a student is absent due to an emergency or illness the student is to contact the clinical instructor and the Director of Clinical Education by 8:30 AM to provide notification of absence.

It is the student's responsibility to complete the Clinical Absence Form and email to the Director of Clinical Education within 24 hours of absence. A Doctor's excuse is required if absent more than one day due to illness. The Clinical Absence Form can be found in Appendix K.

Academic Faculty will determine if clinical absence will need to be made up to ensure student's successful completion of the Clinical Course. 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 or if the college is closed, the student is not to attend the clinical and is not expected to make up this time. Examples when this may happen would be due to inclement weather, or scheduled college closings.

Students who plan to take the PTA Licensing Exam during the Final clinical experience are excused from attending clinical on the date of the exam and are not required to make up this day.

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

The Director 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. **Weekend Policy**

WS PTA program faculty understand that occasionally the Clinical Instructor assigned to a WS PTA student may be required to work on a weekend. It is essential that whenever a WS PTA student is at a clinical site, they are under the supervision and direction of an assigned clinical faculty member (Clinical Instructor) and a WS PTA faculty member be readily available if an emergency situation were to arise. Therefore, if a PTA student is asked by their Clinical Instructor to attend clinical on a weekend, a WS PTA Faculty member MUST first approve the dates/hours. The WS PTA Student must contact the PTA faculty member to ask for permission to provide weekend coverage.

If a WS PTA Faculty member is not available for coverage, the WS PTA student is NOT allowed to work the weekend. The WS PTA student is able to attend regularly scheduled clinical hours and if the Clinical Instructor is not present (as they are working the weekend) the Clinical Instructor has the responsibility to assign the WS PTA student to another PT/PTA during their absence from the clinical site.

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 or facility specific student photo ID 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 SCCE, DCE/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.

Walters State Community College DRUG AND ALCOHOL POLICY

The Walters State Community College Policy on Alcohol and Other Drugs is published in the Catalog and Student Handbook. The abuse of alcohol and the use of illegal drugs by members of the Walters States Community College community are incompatible with the college Campus Compact. In order to further the college's commitment to provide a healthy and productive educational environment, and in compliance with the Drug-Free Schools and Communities Act Amendments of 1989, the college has established a policy on alcohol and other drugs. The college's student conduct regulations prohibit the unlawful possession, use, or distribution of alcohol and other drugs by students and student organizations. Other alcohol-related misconduct is also prohibited. Misconduct related to alcohol or other drug abuse goes against the values expressed in the college Campus Compact. Sanctions are detailed for students and staff who violate this policy. The Walters State Community College Drug and Alcohol Policy may be found on the web at: https://catalog.ws.edu/content.php?catoid=14&navoid=813&pk_vid=ed7f48639e9eb94317152814757f471 .

Additional information may be obtained by contacting the Vice President for Student Services, Library 303.

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, zoom call or phone contact to discuss student performance with both the student and clinical instructor during each clinical experience. 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 DCE after the site visit. See Walters State Community College PTA Program Contact with Clinical Site (Appendix J).

INSERVICE

The PTA student is required to deliver a 20-30 minute inservice to therapy staff during each clinical experience. Developing and presenting a professional inservice allows the student to build critical skills related to public speaking, finding and reading professional literature, creating an educational presentation, advancing the use of evidence-based practice for treatment interventions and contributing to contemporary physical therapy practice. Each clinical will have a different topic that is required for the inservice. These topics include, diseases/conditions commonly seen in physical therapy, the value of quality assurance in physical therapy and the role of the PTA in promotion of health and wellness.

On the day of the presentation, the student will provide members of the audience with an evaluation form. Each person present for the inservice will complete the form and return to the student. This will provide immediate feedback to the student on the presentation.

The student will return all completed inservice evaluation forms to the DCE during debriefing meeting on campus and provide the DCE an electronic copy of the inservice. Each student must complete the inservice as a part of the clinical experience. If the clinical instructor requests the student complete an alternate activity instead of an inservice, the student is to contact the DCE for approval of the alternate assignment or activity.

SUPERVISION and CI QUALIFICATIONS

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 site 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 site or not immediately available to the student.

Each student will complete CI Information Form (Appendix O) and submit to DCE on day 1 of each clinical. DCE will use this information to verify that CI's meet minimum requirements.

Supervision Resources

[APTA Student Physical Therapist and Physical Therapist Assistant Provision of Services](#) (Appendix A)

APTA Chart: APTA Supervision of Students Under Medicare

(Appendix B)

[Tennessee Practice Act for Physical Therapy](#)

For questions regarding supervision of the student, the CI should contact WSCC PTA Director 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 performed by a qualified medical provider, MMR and Hepatitis B vaccinations, TB testing, flu shot immunization 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 Director of Clinical Education (DCE) if the clinical site needs this student information before the first day of clinical. The DCE will provide the clinical site information specific to the student assigned to site and student contact information 2-4 weeks prior to first day of clinical. The DCE will not share information regarding background checks or drug screens with clinical site via email, text or fax. Students can log into their Truescreen accounts to access background checks and drug screens and present this information to clinical site when requested.

Information is provided to CI via the CI packet that discusses skills each student has demonstrated competency with prior to the start of each clinical. List of skills are also found in each clinical syllabi and within the PTA Clinical Handbook. A student will not be sent to any clinical unless they are in good academic standing.

STUDENT COMPETENCIES PRIOR TO EACH CLINICAL

Evidence is provided to the DCE 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 that must be met are outlined under each clinical course description.

PERMISSION to TREAT PATIENTS

As a PTA student, you must introduce yourself to each patient clearly and identify that you are a student PTA. Patients have the right to refuse treatment provided by a student PTA. If a patient refuses to be treated by a student PTA, you should promptly inform your CI of the patient request.

General Health Risks for the PTA Student

Students should be advised that some potential health risks exist for PTA students in the academic and clinical setting. These risks may include: physical injury, cognitive strain, emotional stress, exposure risks, and equipment hazards.

Common physical injuries may include injuries to the upper back, lumbar spine, neck/shoulders wrist/hands, knees and thumbs.

Cognitive complaints may consist of long periods of concentration, reading, and comprehension from various medical resources along with thinking critically in emergent situations.

Emotional stressors may include exposure to individuals who are angry and/or violent, ability to deliver unpleasant news to patients and/or family members and accepting feedback from others that may be critical.

Exposure hazards may include infectious agents such as HEP A, B, C, HIV, Covid 19, TB, and MRSA. Student may be exposed to hazardous chemicals, skin infections and infectious disease through airborne, droplet, and/or contact transmission.

Equipment hazards include the use of different types of electrical equipment, the improper use of equipment, or the use of equipment not in good working condition.

Students are encouraged to seek out additional information on general risks for the occupation of physical therapy on the OSHA website. This website is maintained by the United States Dept of Labor and can be found at this link.

<https://www.osha.gov/etools/hospitals/clinical-services/physical-therapy/>

Walters State Community College Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their educational records. They include the right to: 1) inspect and review these records; 2) request an amendment to the records; 3) consent to or restrict disclosures of personally identifiable information in the records; and 4) file a complaint with the U.S. Department of Education concerning the College's alleged failure to comply with FERPA. You can review the FERPA policy at web site

https://catalog.ws.edu/content.php?catoid=14&navoid=665&pk_vid=ed7f48639e9eb943

[17152836515c69c3](#) or stop by the office of Vice President for Student Services, Library 303, for a copy or to address any concerns.

Walters State Community College Suicide Prevention Plan

Walters State Community College is committed to the mental health wellness of our students, faculty and staff. As such, and in compliance with the requirements of T.C.A. § 49-7-1, Walters State Community College has developed a suicide prevention plan that engages in a variety of initiatives to improve and provide crisis services.

Walters State Community College's Suicide Prevention Plan will be disseminated to faculty, staff, and students each academic term. The plan will be included in the student handbook and emailed to faculty, staff and students on a yearly basis.

Prevention

Walters State has developed a comprehensive approach to increase mental health awareness through efforts of prevention.

Contact

Walters State's contact for suicide prevention is the Counseling Office on each campus
Morristown 423-585-6800; Greeneville 423-798-1962; Claiborne 423-585-6802; Sevierville 865-774-5812

Prevention Components & Resources

Key components of Walters State's suicide prevention work include:

A suicide or mental health wellness syllabus statement included on Faculty Syllabi for all courses:

Walters State is committed to and cares about all students. Support services are available for any person at Walters State who is experiencing feelings of: being overwhelmed, hopelessness, depression, thinking about dying by suicide, or is otherwise in need of assistance. For immediate help contact the National Suicide Lifeline Number 1-800-273-TALK(8255) or Text "TN" to 741741 or the Trevor Lifeline at 1-866-488-7386. Veterans may also wish to contact the Veterans Crisis Line at 1-800-273-8255 (press 1) or Text 838255.

- Promotion of the National Suicide Prevention Lifeline, Crisis Text Line, and campus/community resources are made available through the WSCC counseling office on each campus.

Walters State has established relationships with the following local Mental Health facilities for the purpose of providing prevention education, training and/or prevention screenings:

- Cherokee Health Systems 423-586-5032
- Frontier Health 423-467-3600

Additional Information

Information regarding such relationships at Walters State Community College is available in the counseling office on each campus. The counseling office will have a comprehensive list of partners and services available to members of the Walters State

community which may include crisis referral services, prevention screenings, training programs, etc. Any campus member interested in accessing the services/agencies and training noted above, or for more information about Walters State's suicide prevention efforts should contact the counseling office.

Intervention

There is no typical suicidal person. No age group, ethnicity, or background is immune. Fortunately, many troubled individuals display behaviors, deliberately or inadvertently that signal their suicidal intent. Recognizing the [warning signs](http://tspn.org/warning-signs) (<http://tspn.org/warning-signs>) and learning what to do next may help save a life.

Contact

If someone exhibits behavioral patterns that may indicate possible risk for suicide, they should be watched closely. If these behaviors appear numerous or severe, seek professional help at once. **The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) provides access to trained telephone counselors, 24 hours a day, 7 days a week or the Crisis Text Line by texting TN to 741 741.**

If a student, faculty, or staff member encounters a suicidal student, faculty, or staff member, the following office should be contacted immediately: The Counseling Office **Morristown 423-585-6800, Greeneville 423-798-1962 Claiborne 423-585-6802, Sevierville 865-774-5812**

Should the incident occur after hours, or the above noted office is not available, the following should be contacted immediately:

Campus Police Morristown 423-585-6752

Campus Police Claiborne 423-851-4778

Campus Police Greeneville 423-798-7961

Campus Police Sevierville 865-774-5813

If the suicidal person has plans and access to a lethal means, is planning to make an attempt very soon, or is currently in the process of making an attempt, this individual is in imminent danger and should not be left alone. Get the person help immediately. Determine who can get there quickly and keep the individual safe.

Should you have this concern, you should immediately call 9-1-1.

Intervention Resources

Walters State has established relationships with the following local Mental Health facilities for the purpose of crisis referral services:

- Cherokee Health Systems 423-586-5032
- Frontier Health 423-467-3600

The safety and wellbeing of our students, faculty, and staff is of the utmost importance. In situations that require immediate action because of safety or other concerns, Walters State will take any reasonable administrative action or accommodation protocols that are appropriate. Such interim actions may include, but are not limited to: adjustments to schedules, ADA accommodations, adjustments of course, exams, schedules, facilitation of hold harmless voluntary withdrawals, incompletes, etc.

Additional Information

Information regarding such relationships at Walters State is available in the counseling office on each campus. The counselors will have available a comprehensive list of partners and services available to members of the Walters State community. Any campus member interested in more information about Walters State's suicide intervention protocol should contact the counseling office.

Postvention

Because all student/faculty/staff deaths affect our community, whether that death is accidental, due to illness, or the result of self-inflicted injury, it is important for Walters State to respond to and recognize all deaths in a consistent manner. Campus leadership and the communications department has developed a protocol that includes a campus response to a student/faculty/staff suicide to decrease the trauma experienced by the students and other campus community members left behind and to help prevent further suicides through contagion.

Contact

If a student, staff, or faculty member death occurs by suicide, the following person, or their designee, should be notified immediately:

The Vice President of Student Affairs 423-585-2680

Postvention Components & Resources

Walters State has established relationships with the following local Mental Health facilities for the purpose of working to decrease community trauma.

- Cherokee Health Systems 423-586-5032
- Frontier Health 423-467-3600

Information regarding such relationships at Walters State is available in the counseling office on each campus. The counseling office will have available a comprehensive list of partners and services available. Any campus member interested in more information about Walters State's suicide prevention protocol should contact the counseling office.

Comprehensive Response Protocol

Walters State's comprehensive suicide prevention, intervention and postvention protocol is available. For more information, please contact the Counseling Office **Morristown 423-585-6800, Greeneville 423-798-1962 Claiborne 423-585-6802, Sevierville 865-774-5812**

EXPOSURE POLICY

Policy Regarding Exposure of a WSCC Health Programs' Student during a Clinical Experience

Students should be familiar with all pertinent policies and procedures of the assigned clinic. If an exposure incident occurs during a clinical experience, the student will follow the clinical site's policies and procedures. Any medical procedures required will be at the student's expense.

Policy Regarding Student Exposure on Campus

If an exposure incident occurs on campus, the campus police will be contacted and WSCC post exposure policies and procedures will be initiated.

See Appendix G

PRIVACY

Management of PTA Student Personal Identifiable Information (PII) – written:

1. PTA applications, student records, etc. which contains PII are maintained, filed and secured in Room of the TECH Building. This room is occupied, has close surveillance or is locked 24/7
2. Records of applicants not admitted to the PTA program are destroyed after one year – Records Disposal Authorization
3. Records of graduates/unsuccessful students are filed in a secured room for 5 years – after 5 years all records are destroyed – Records Disposal Authorization

Management of PTA Student Personal Identifiable Information (PII) – electronic:

1. Select information from written records (immunizations, CPR, liability insurance, etc.) is placed in an excel spreadsheet to facilitate requirement checks for clinical – information stored on secretary and Director of Clinical Education (DCE)
2. Computers which are password protected – after students graduate information is deleted
3. Background checks and drug screens are stored in a password and pin protected website managed by vendor. Access to this information is provided to the Dean of Health Programs and PTA Program Director. Each student has access to their account through the vendor website.
4. Access to student PII information via Star Net and INB are password protected and maintained by WSCC
5. eLearn course management PII is password protected

3rd party providers who supply WSCC with information collected from students:

1. Truescreen – background checks and drug screens
2. Clinical Instructors – APTA's Clinical Performance Instrument

3rd party provided information collected by WSCC:

1. Clinical sites are provided name of student, email address, some require last 4 or 5 of SS#, some require proof of immunization, date of last fit testing, date that CBC or DS were verified by program director.

STUDENT CLINICAL RESPONSIBILITIES

1. Prior to each clinical experience, students must demonstrate competency in all required skills presented in PTA courses to date. Competency is demonstrated to PTA faculty during scheduled skill check-offs, laboratory

practical, and lecture exams.

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, TB test, HPSO liability insurance certificate, and CPR card. Student to bring copies of these documents on the first day of each clinical assignment and resources to access CBC and drug test.
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. Student is responsible for meeting flu shot, drug testing, and CBC deadlines.
5. Student to schedule site visit with academic faculty and clinical instructor for each clinical experience (midterm and final evaluations)
6. Student to complete self-evaluations for each clinical including midterm, final and evaluations.
7. Adhere to policies and procedures for each clinical assignment
8. Review clinical objectives with clinical instructor.
9. Maintain professional behaviors, follow Standards of Ethical Conduct for the PTA (Appendix C) and Guide for Conduct of the Physical Therapist Assistant (Appendix D).
10. Assume responsibility for own professional growth.
11. Maintain open communication with clinical instructor, and academic faculty.
12. Contact academic faculty if questions or concerns arise during the clinical experience.
13. Take the initiative to maximize his/her learning in each situation through appropriate participation
14. Maintain safety in all interactions and procedures.
15. Adhere to Attendance Policy.
16. Complete clinical de-briefing with assigned Core Faculty member.
17. Complete all assessment forms/surveys- PTA Assessment of Clinical Instructor Survey (Appendix H), PTA Assessment of Clinical Experience Survey (Appendix I) and complete Clinical Site Information Sheet (Appendix M)

STUDENT SUPERVISION and CI QUALIFICATIONS

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. The DCE will verify that each CI meets these minimum expectations prior to student placement. It is expected that the CI exhibit a desire to be a clinical instructor, uses critical thinking for clinical decisions, is effective with time management, follows legal and ethical practice guidelines and is an effective communicator.

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 site 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 site or not immediately available to the student.

CLINICAL INSTRUCTOR (CI) RESPONSIBILITIES

1. Provide 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 with any questions, suggestions or need for clarification of expectations for student performance.
7. Complete midterm and final evaluations of student performance. (Electronic completion of CPI)
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.
10. Adhere to WSCC PTA Program Attendance Policy.

EVALUATION OF STUDENT PERFORMANCE BY CLINICAL INSTRUCTOR

The PTA program at WSCC uses the Clinical Performance Instrument (CPI) to assess performance of each student. To ensure that this tool be used correctly and accurately, all Clinical Instructors must successfully complete the web-based training through CPI New User Training Modules on CPI website.

The student will be evaluated on all CPI performance dimensions. These criteria include:

Professionalism:

- Ethical Practice
- Legal Practice
- Professional Growth

Interpersonal:

- Communication
- Inclusivity

Technical Procedural:

Clinical Reasoning
Interventions: Therapeutic Exercise and Techniques
Interventions: Mechanical and Electrotherapeutic Modifies
Interventions: Functional Training and Application of Devices and Equipment
Business: Documentation
Business: Resource Management

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. Students are also 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 by the DCE.

The performance evaluations address both clinical skills as well as professional behaviors. Please document feedback sessions, discussions with the student concerning issues related to professional behaviors or competencies. The clinical instructor is to notify WSCC PTA program academic faculty immediately if any 'red flag' areas of concern have been identified. Please contact program faculty as needed for consultation or guidance. 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.

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. The CPI is the primary tool used for grading. Please refer to "Academic Grading of Clinical Courses" for full grading policy. 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 Director 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. PTA CPI Web Instructions for a CI (Appendix E)
2. PTA CPI Web Instructions for a Student (Appendix F)

The WS PTA Program recognizes that each student graduating from the PTA program must demonstrate the required skills, professional behaviors and knowledge to perform

as an entry-level PTA.

The Program defines **Clinical Entry-Level Performance** as:

How a new graduate would perform on the initial days of their first job following graduation/licensure without any previous employment experience. When considering entry-level, clinical instructors are asked to reflect up on the following:

1. Patient Complexity
2. Clinical Environment
3. Productivity Standards
4. Additional Training/Mentorship Required for New Employees
5. Level of Supervision Required for New Employees

Walters State, as an academic institution, is responsible for determining the minimum performance expectation for successful completion of a clinical experience. The APTA's clinical performance instrument (CPI) is the primary mechanism used to determine entry-level performance of students prior to graduation. Entry-level will be assessed by the Director of Clinical Education in consultation with all core faculty.

CLINICAL COURSES

Clinical I: PTAT 2390 Integrated Clinical I

Course Description:

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

Student Preparation:

Student has completed first two semesters of PTA curriculum prior to Clinical I. Student has demonstrated success in didactic material and skills for the following courses: Bio Physical Agents for the PTA, Kinesiology for the PTA, Patient Care Skills for the PTA I and II, Musculoskeletal Conditions and Treatment for the PTA, and Neuromuscular Conditions and Treatment for the PTA.

Student is currently enrolled in PTA courses and per course faculty have made satisfactory progress to date. Progress is determined in part by, written exam scores, homework assignments, class discussion/participation, lab activities, Kahoot quizzes, meeting with course faculty for exam review and clinical case studies. Course faculty report academic readiness to DCE prior to clinical start.

Student Learning Outcomes for Clinical I:

Students will be able to:

1. Demonstrate expected professional and ethical clinical behaviors including cultural humility, in a health care setting in patient-care and non-patient care activities that are reflective of the physical therapy profession (Advanced Beginner level per student's Clinical Performance Instrument).
2. Demonstrate safe and competent clinical problem solving skills, critical thinking skills, and organizational skills for the implementation of the physical therapy plan of care (Advanced Beginner Level per student's Clinical Performance Instrument).
3. Exhibit safe and competent practice throughout the performance and application of all specified physical therapy interventions (Advanced Beginner Level per student's Clinical Performance Instrument).
4. Communicate with patients, physical therapy personnel, health care members and others in ways that are congruent with situational needs, including the production of quality documentation that support the physical therapy services (Advanced Beginner Level per student's Clinical Performance Instrument).

Course Objectives Clinical I:

1. Student will perform all patient interventions ensuring the safety of patient, self and others.
2. Student will recognize and report any changes of the patients' status to the PT.
3. Student will perform all duties in a professional manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA), Standards of Ethical Conduct for the PTA, Core Values for the PT and PTA.
4. Student will abide by all policies and procedures of the assigned clinical facility.
5. Student will maintain patient confidentiality.
6. Student will adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs.
7. Student will act in a manner that demonstrates professionalism, integrity and values the dignity of all patients.
8. Student will communicate verbally and nonverbally in an effective, respectful and timely manner with all stakeholders including patients, family members, interprofessional team members at advanced beginner level.
9. Student will research and seek current knowledge on an assigned topic and present inservice education to healthcare team to promote patient care and best practices.
10. Student will apply knowledge, theory and clinical reasoning skills to determine correct intervention based on the PT plan of care at an advanced beginner level.
11. Student will perform therapeutic exercises including endurance conditioning, balance, coordination, flexibility, gait and locomotion training, strength training at advanced beginner level.

12. Student will perform accurate data collection for muscle performance, pain, range of motion, sensory response and vital signs to report patient response to therapeutic technique.
13. Student will perform selected therapeutic techniques of PROM, soft tissue massage, patient positioning and draping at advanced beginner level.
14. Student will apply physical agents and electro therapeutic modalities in a safe and competent manner as indicated.
15. Student will perform functional training in a safe competent manner.
16. Student will produce documentation that is accurate, concise, timely, legible, grammatically and technically correct.
17. Student will produce documentation that is consistent with guidelines, format, and requirements of the facility, regulatory agencies, and third-party payors.
18. Student will accurately gather information from patient/clients, caregivers, and family to determine patient's readiness before initiating interventions.
19. Student will provide accurate education and instruction to patient, family and caregivers regarding disease/condition.
20. Student will communicate an understanding of plan of care developed by the physical therapist
21. Student will review patient's health record and gather essential information to carry out physical therapy plan of care safely.
22. Student will modify therapeutic exercises/interventions based on patient's status and response to maximize patient safety.
23. Student will identify personal strengths and limitations in clinical performance.
24. Student will demonstrate effective use of time and space.
25. Student will utilize supportive personal as allowed by law and clinical agency.

Student Competencies assessed prior to Clinical I

Evidence is provided to the DCE 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. Competency is demonstrated to PTA faculty during scheduled skill check-offs, laboratory practical exams, and lecture exams. Students will not attend clinical if skill competencies are not met.

Skill Competencies assessed prior to Clinical I

Handwashing, Vital signs (Heart Rate, Blood Pressure, Respiratory Rate), Proper body mechanics, transfers/advanced transfers, fitting of assistive device, gait training with assistive device on level surface and stairs, gait training progression, sensory testing, continuous passive motion equipment, ROM, girth measurements, myotome testing, reflex testing, joint mobilization (Grade 1 and Grade II on peripheral joints-shoulder, knee, ankle), PNF diagonal pattern for UE/LE, postural assessment, balance assessment, selection and application of neuromuscular facilitation techniques, sling application, hot pack, cold pack, ice massage, paraffin application, compression,

traction, soft tissue massage, electrical stimulation, ultrasound, manual muscle testing UE/LE, palpation of common bony landmarks, goniometric measurements for UE, LE and spine.

Active Cycle Breathing Technique, Forced Expiratory Technique, Postural Drainage, Monofilament testing, vibration testing, diaphragmatic and pursed lip breathing, don and doffing sterile gloves, don/doff Personal Protective Equipment, body composition lab, lines, tubes and drain identification.

Therapeutic exercise selection, instruction and progression for common musculoskeletal conditions, neuromuscular conditions, pulmonary conditions, cardiac conditions and other general medical surgical conditions. Documentation in SOAP note format.

Instructional Methods

1. Observing professional behaviors and treatment skills of clinical faculty at clinical site.
2. Performing physical therapy skills for treatment intervention, data collection and documentation with verbal and written feedback from on-site clinical instructors.
3. Review of evidenced based literature for intervention selection.
4. Developing and delivering an in-service to the staff at the clinical facility.
5. Participating in site visit with academic faculty.
6. Participating in post clinical debriefing with academic faculty.

Testing Procedures and Grading Policy

1. Student will be evaluated by the clinical instructor at the midterm and final period of the clinical experience using the electronic Clinical Performance Instrument for the physical therapist assistant evaluation tool.
2. Student will perform self- assessments at midterm and final evaluation periods of the clinical experience using the electronic Clinical Performance Instrument for the physical therapist assistant evaluation tool.
3. Student will meet with CI and core faculty to review CPI at midterm site visit.
4. Student will meet with core faculty post clinical for review of final CPI.
5. Core faculty will determine final grade for clinical course.

Evaluation of student for Clinical I:

Student and Clinical Instructor are to complete the Clinical Performance Instrument (CPI) electronically at midterm and final assessing student's performance and discuss.

Student and Clinical Instructor (CI) are to complete the midterm evaluations prior to site visits by academic faculty. Core faculty will complete site visit in person, via zoom or by phone call and complete Clinical Site Visit Form.

Core faculty use this site visit as an opportunity to monitor student progress, discuss goals for clinical, collect data on student performances and learning opportunities and determine if any areas of deficiency are noted.

Core faculty will communicate with DCE if any area of concerns are noted during the site visit. Should goals, objectives or action plans need to be revised for student's success it will be determined through communication with the CI, student communication, site visit, or the midterm evaluation. Follow-up telephone visits with the student and/or the clinical instructor may also occur as a part of this assessment process and will be documented.

The final evaluation must be completed and signed off by CI and Student on or before the student's last day at the clinical site. It is expected that students will achieve Advanced Beginner or higher on the CPI performance criteria at the Final Evaluation for Clinical I. Some students may rate at entry-level on the use of Mechanical and Electrotherapeutic Modalities.

Clinical II: PTAT 2391 Integrated Clinical Education II

Course Description:

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

Student Preparation:

Student has completed first three semesters of PTA curriculum prior to Clinical II. Student has demonstrated success in didactic material and skills for the following courses: Bio Physical Agents for the PTA, Kinesiology for the PTA, Patient Care Skills for the PTA I and II, Musculoskeletal Conditions and Treatment for the PTA, and Neuromuscular Conditions and Treatment for the PTA, Medical Surgical Conditions and Treatment for the PTA, and Professional Development for the PTA. Student has successfully completed PTAT 2390, Integrated Clinical Education I

Student is currently enrolled in PTA courses and per course faculty have made satisfactory progress to date. Progress is determined in part by, written exam scores, homework assignments, class discussion/participation, lab activities, Kahoot quizzes, meeting with course faculty for exam review and clinical case studies. Course faculty report academic readiness DCE prior to clinical start.

Student Learning Outcomes for Clinical II:

Students will be able to:

1. Demonstrate expected professional and ethical Clinical behaviors including cultural humility, in a health care setting in patient-care and non-patient care activities that are reflective of the physical therapy profession (Intermediate Level per student's Clinical Performance Instrument).

2.Demonstrate safe and competent clinical problem solving skills, critical thinking skills, and organizational skills for the implementation of the physical therapy plan of care (Intermediate Level per student's Clinical Performance Instrument).

3.Exhibit safe and competent practice throughout the performance and application of all specified physical therapy interventions (Intermediate Level per student's Clinical Performance Instrument).

4.Communicate with patients, physical therapy personnel, health care members and others in ways that are congruent with situational needs, including the production of quality documentation that support the physical therapy services (Intermediate Level per student's Clinical Performance Instrument).

Course Objectives Clinical II:

1.Student will perform in a safe manner that minimizes risk to patient, self and others.

2.Student will demonstrate professional clinical behaviors that are consistent with the APTA's value-based behaviors for the physical therapist assistant.

3.Student adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.

4. Student will perform all duties in a professional manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA), Standards of Ethical Conduct (APTA) Core Values for the PT and PTA.

5.Students will demonstrate the ability to report suspected cases of abuse of vulnerable populations.

6.Students will demonstrate the ability to report suspected cases of fraud related to utilization of payment for physical therapy and other health care services.

7.Student will adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs

8.Student will communicate verbally and nonverbally in an effective, respectful and timely manner with all stakeholders including patients, family members, and interprofessional team members.

9.Student will participate in self-assessment and develop plans to improve knowledge, skills and behaviors.

10.Student will demonstrate sound clinical problem-solving skills functioning at the intermediate level or above.

11.Student will perform therapeutic exercises and techniques.

12.Student will perform accurate data collection to make effective clinical judgements at an intermediate level or above.

13.Student will apply mechanical and/or electro therapeutic modalities in a safe and effective manner at intermediate level or above.

14.Student will perform functional training in a competent manner at intermediate level or above.

15.Student will accurately complete documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies in a timely manner.

16. Student will effectively educate patients/caregivers based on the needs of the individual.
17. Student will communicate an understanding of plan of care developed by physical therapist to achieve short- and long-term goals and intended outcomes.
18. Student will gather patient's health information and essential data required to safely provide physical therapy interventions within the PT plan of care.
19. Student will monitor and adjust interventions in the plan of care in response to patient status.
20. Student will recognize and report any changes of the patient's status to the PT.
21. Student will determine when an intervention should not be performed per clinical contraindications or when the intervention is not within scope of practice for the physical therapist assistant and respond appropriately.
22. Student will respond effectively to patient/client and environmental emergencies that occur in a clinical setting.
23. Student will respect patient/client differences in all work-related activities.
24. Student will participate in discharge planning by documenting and communicating to the PT patient's progress/status towards meeting goals.
25. Student will participate in patient-centered interprofessional collaborative care to improve patient outcomes and meet goals.
26. Student will abide by all policies and procedures of the assigned clinical facility.
27. Student will research and seek current knowledge on quality assurance and present inservice education to healthcare team to promote patient care and best practices
28. Student will maintain patient confidentiality.
29. Student will demonstrate effective use of time and space.
30. Student will utilize supportive personnel as allowed by law and clinical agency.
31. Student will act in a manner that demonstrates professionalism, integrity and values the dignity of all patients.
32. Student will use research and examine best practices to select treatment interventions.
33. Student will participate in quality assurance activities.

Student Competencies assessed prior to Clinical II

Evidence is provided to the DCE 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. Competency is demonstrated to PTA faculty during scheduled skill check-offs, laboratory practical exams, and lecture exams. Students will not attend clinical if skill competencies are not met.

Skill Competencies assessed prior to Clinical II

Handwashing, Vital signs (Heart Rate, Blood Pressure, Respiratory Rate), proper body mechanics, transfers/advanced transfers, fitting of assistive device, gait training with assistive device on level surface and stairs, gait training progression, sensory testing, continuous passive motion equipment, ROM, girth measurements, myotome testing, reflex testing, joint mobilization (Grade 1 and Grade II on peripheral joints-shoulder, knee, ankle), PNF diagonal pattern for UE/LE, postural assessment, balance

assessment, selection and application of neuromuscular facilitation techniques, sling application, hot pack, cold pack, ice massage, paraffin application, compression, traction, soft tissue massage, electrical stimulation, ultrasound, manual muscle testing UE/LE, palpation of common bony landmarks, goniometric measurements for UE, LE and spine.

Active Cycle Breathing Technique, Forced Expiratory Technique, Postural Drainage, Monofilament testing, vibration testing, diaphragmatic and pursed lip breathing, don and doffing sterile gloves, don/doff Personal Protective Equipment, body composition lab, lines, tubes and drain identification, lung and heart auscultation, wound care measurement, wound care description, wound cleansing, application and removal of dressing, LE amputation residual limb wrapping.

Therapeutic exercise selection, instruction and progression for common musculoskeletal conditions, neuromuscular conditions, pulmonary conditions, cardiac conditions and other general medical surgical conditions. Documentation in SOAP note format.

Instructional Methods

1. Observing professional behaviors and treatment skills of clinical faculty at clinical site.
2. Performing physical therapy skills for treatment intervention, data collection and documentation with verbal and written feedback from on-site clinical instructors.
3. Review of evidenced based literature for intervention selection.
4. Developing and delivering an in-service to the staff at the clinical facility.
5. Participating in site visit with academic faculty.
6. Participating in post clinical debriefing with academic faculty.

Testing Procedures and Grading Policy

1. Student will be evaluated by the clinical instructor at the midterm and final period of the clinical experience using the electronic Clinical Performance Instrument for the physical therapist assistant evaluation tool.
2. Student will perform self- assessments at midterm and final evaluation periods of the clinical experience using the electronic Clinical Performance Instrument for the physical therapist assistant evaluation tool.
3. Student will meet with CI and core faculty to review CPI at midterm site visit.
4. Student will meet with core faculty post clinical for review of final CPI and to perform debriefing.
5. Core faculty will determine final grade for clinical course.

Evaluation of student for Clinical II:

Student and Clinical Instructor are to complete the Clinical Performance Instrument (CPI) electronically at midterm and final assessing student's performance and discuss.

Student and Clinical Instructor (CI) are to complete the midterm evaluations prior to site visits by academic faculty. Core faculty will complete site visit in person, via zoom or by phone call and complete Clinical Site Visit Form. Core faculty use this site visit as an opportunity to monitor student progress, discuss goals for clinical, collect data on student

performances and learning opportunities and determine if any areas of deficiency are noted.

Core faculty will communicate with DCE if any area of concerns are noted during the site visit. Should goals, objectives or action plans need to be revised for student's success it will be determined through communication with the CI, student communication, site visit, or the midterm evaluation. Follow-up telephone visits with the student and/or the clinical instructor may also occur as a part of this assessment process and will be documented.

The Final evaluation must be completed and signed off by CI and Student on or before the student's last day at the clinical site. It is expected that students will achieve Intermediate Performance or higher on the CPI performance criteria at the Final Evaluation for Clinical II. Some students may rate at entry-level on the use of Mechanical and Electrotherapeutic Modalities.

Clinical III: PTAT 2590 Terminal Clinical Education

Course Description:

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

Student Preparation:

Student has completed first three semesters of PTA curriculum prior to Clinical III. Student has demonstrated success in didactic material and skills for the following courses: Biophysical Agents for the PTA, Kinesiology for the PTA, Patient Care Skills for the PTA I and II, Musculoskeletal Conditions and Treatment for the PTA, Neuromuscular Conditions and Treatment for the PTA, Medical Surgical Conditions and Treatment for the PTA, Professional Development for the PTA, and Special Topics for the PTA. Student has passed PTAT 2390 and PTAT 2391, Integrated Clinical Education I and II.

Student is currently enrolled in PTA courses and per course faculty have made satisfactory progress to date. Progress is determined in part by, written exam scores, homework assignments, class discussion/participation, lab activities, Kahoot quizzes, meeting with course faculty for exam review and clinical case studies. Course faculty report academic readiness to DCE prior to clinical start.

Student Learning Outcomes for Clinical III:

Students will be able to:

1. Demonstrate expected professional and ethical Clinical behaviors including cultural humility, in a health care setting in patient-care and non-patient care activities that are reflective of the physical therapy profession (Entry Level per student's Clinical Performance Instrument).
2. Demonstrate safe and competent clinical problem solving skills, critical thinking skills, and organizational skills for the implementation of the physical therapy plan of care (Entry Level per student's Clinical Performance Instrument).
3. Exhibit safe and competent practice throughout the performance and application of all specified physical therapy interventions (Entry Level per student's Clinical Performance Instrument).
4. Communicate with patients, physical therapy personnel, health care members and others in ways that are congruent with situational needs, including the production of quality documentation that support the physical therapy services (Entry Level per student's Clinical Performance Instrument).

Course Objectives Clinical III

1. Student will perform in a safe manner that minimizes risk to patient, self and others throughout the clinical.
2. Student will demonstrate clinical behaviors in a professional manner.
3. Student will perform in a manner consistent with established legal standards regarding delivery of patient care and billing payment for physical therapy.
4. Student will abide by all policies and procedures of the assigned clinical facility
5. Student will perform duties in a manner consistent with established ethical guidelines as described in the Guide for Conduct for the Physical Therapist Assistant (APTA), Standards of Ethical conduct (APTA), and Core Values for the PT and PTA.
6. Student will act in a manner that demonstrates professionalism, integrity and values the dignity of all patients.
7. Student will demonstrate caring, compassion and empathy when providing services to all patients.
8. Student will maintain patient confidentiality.
9. Student will maintain productive working relationship with clinical instructor, supervising physical therapist, and other team members as it relates to patient care.
10. Student will adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs.
11. Students will communicate verbally and nonverbally in an effective, respectful manner with patients, family members and interprofessional team members.
12. Student will apply entry level PTA knowledge, theory and clinical reasoning skills to determine correct intervention based on the PT plan of care.
13. Student will demonstrate clinical problem solving and sound clinical decision making within the plan of care to maximize outcomes, monitor progression and modify interventions as indicated.
14. Student will produce documentation consistent with guidelines, format, and requirements of the facility, regulatory agencies, and third party payors.

15. Student will participate in self-assessment and develop plans to promote life-long learning.
16. Student will be punctual and will wear attire consistent with expectations of the work setting and PTA program.
17. Student will perform therapeutic exercises and techniques in a safe and effective manner at entry level performance.
18. Student will perform accurate data collection to make effective clinical judgement at entry level.
19. Student will apply mechanical and/or electrotherapy modalities within the plan of care to maximize patient's response to the intervention at entry level.
20. Student will perform functional training safely, effectively, and efficiently consistent with the physical therapist plan of care.
21. Student will provide accurate and timely information for documentation, billing and payment purposes.
22. Student will provide effective education to patient, caregiver, or other healthcare personnel to minimize risk of injury and enhance function as described in the plan of care.
23. Student will collect and compare data from multiple sources to determine patients readiness before initiating interventions.
24. Student will communicate an understanding of the plan of care developed by the physical therapist to achieve short- and long-term goals and intended outcomes.
25. Student will participate in the efficient delivery of physical therapy services by effectively using time, space and resources of the facility.
26. Student will recognize changes in patient status and report changes of status or progress to supervising physical therapist.
27. Student will utilize supportive personnel as allowed by law and clinical agency.
28. Student will participate in discharge planning by documenting and communicating to the PT patient's progress/status towards meeting goals.
29. Student will participate in patient-centered interprofessional collaborative care to improve patient outcomes and meet goals.
30. Students will use research and examine best practices to select treatment interventions.
31. Student will participate in efforts to educate others (patients/clients/members of the healthcare team/community members) on the role of physical therapy in the promotion of health, wellness, prevention of health conditions and education.
32. Students will provide a professional in-service to staff.

Student Competencies assessed prior to Clinical III

Evidence is provided to the DCE to verify that each student has demonstrated identified skill competencies before beginning each clinical. Competency is demonstrated to PTA faculty during scheduled skill check-offs, laboratory practical, and lecture exams. Students will not attend clinical if skill competencies are not met.

Skill Competencies assessed prior to Terminal Clinical Education III

Handwashing, Vital signs (Heart Rate, Blood Pressure, Respiratory Rate), Proper body mechanics, transfers/advanced transfers, fitting of assistive device, gait training with assistive

device on level surface and stairs, gait training progression, sensory testing, continuous passive motion equipment, ROM, girth measurements, myotome testing, reflex testing, joint mobilization (Grade 1 and Grade II on peripheral joints-shoulder, knee, ankle), PNF diagonal pattern for UE/LE, postural assessment, balance assessment, selection and application of neuromuscular facilitation techniques, sling application, hot pack, cold pack, ice massage, paraffin application, compression, traction, soft tissue massage, electrical stimulation, ultrasound, manual muscle testing UE/LE, palpation of common bony landmarks, goniometric measurements for UE, LE and spine.

Active Cycle Breathing Technique, Forced Expiratory Technique, Postural Drainage, Monofilament testing, vibration testing, diaphragmatic and pursed lip breathing, don and doffing sterile gloves, lower extremity residual limb wrapping, don/doff Personal Protective Equipment, body composition lab, lines, tubes and drain identification, lung and heart auscultation, wound care measurement, wound care description, wound cleansing, application and removal of dressing.

Therapeutic exercise selection, instruction and progression for common musculoskeletal conditions, neuromuscular conditions, pulmonary conditions, cardiac conditions and other general medical surgical conditions. Documentation in SOAP note format.

Evaluation of student for Clinical III:

Student and Clinical Instructor are to complete the Clinical Performance Instrument (CPI) electronically at midterm and final assessing student's performance and discuss.

Student and Clinical Instructor (CI) are to complete the midterm evaluations prior to site visits by academic faculty. Core faculty will complete site visit in person, via zoom or by phone call and complete Clinical Site Visit Form.

Core faculty use this site visit as an opportunity to monitor student progress, discuss goals for clinical, collect data on student performances and learning opportunities and determine if any areas of deficiency are noted.

Core faculty will communicate with DCE if any area of concerns are noted during the site visit. Should goals, objectives or action plans need to be revised for student's success it will be determined through communication with the CI, student communication, site visit, or the midterm evaluation. Follow-up telephone visits with the student and/or the clinical instructor may also occur as a part of this assessment process and will be documented.

The Final evaluation must be completed and signed off by CI and Student on or before the student's last day at the clinical site. It is expected that students will achieve Entry Performance or higher on the CPI performance criteria at the Final Evaluation for Clinical III.

Instructional Methods

1. Observing professional behaviors and treatment skills of clinical faculty at clinical site.
2. Performing physical therapy skills for treatment intervention, data collection and

documentation with verbal and written feedback from on-site clinical instructors.
Review of evidenced based literature for intervention selection.

3. Developing and delivering an in-service to the staff at the clinical facility.
4. Review of evidence base literature for intervention selection.
5. Participating in site visit with academic faculty.
6. Participating in post clinical debriefing with academic faculty.

Testing Procedures and Grading Policy

1. Student will be evaluated by the clinical instructor at the midterm and final period of the clinical experience using the electronic Clinical Performance Instrument for the physical therapist assistant evaluation tool.
2. Student will perform self- assessments at midterm and final evaluation periods of the clinical experience using the electronic Clinical Performance Instrument for the physical therapist assistant evaluation tool.
3. Student will meet with CI and core faculty to review CPI at midterm site visit.
4. Student will meet with core faculty post clinical for review of final CPI to perform debriefing.
5. Core faculty will determine final grade for clinical course.

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 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 and debriefing; student completion of all assignments including inservices; summative comments from CI and student and input from clinical and academic faculty.

If it were to occur that a student failed to meet expected threshold for clinical course including entry level performance during the final clinical, core faculty and DCE will meet to review and recommend an action plan for remediation or failure of the course. Remediation plans will be tailored to focus on areas that student has not met established benchmarks. Remediation activities will vary. Examples include, evaluation of PTA program course work including skill checks, lab exams, and professional activities. Faculty may consider extension of clinical experience to allow students additional time to meet goals for the clinical experience, student to demonstrate interventions/skills with PTA core faculty on campus and/or student to engage in learning activities designed by PTA Core Faculty to meet deficiencies. In rare circumstances, if the student needs to repeat the clinical experience, the DCE will make all efforts to arrange a new clinical experience in a similar healthcare environment.

UNSATISFACTORY GRADE/PROGRAM DISMISSAL

The criteria for an unsatisfactory grade or program dismissal include:

1. Failure to comply with safe standards of practice in the care of patients and in regard to co-workers and self.
2. Noncompliance with the clinical facilities' departmental policies, institutional/program policies, legal or ethical standards or demonstration of professional behaviors.
3. Inability to effectively and safely apply procedural theories and perform procedural skills and interventions in the clinical setting as determined by the CPI performance ratings. This pertains to all skills, techniques, and procedures covered in the classroom prior to a given clinical course.
4. Excessive absenteeism.

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.

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 maybe 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

WSSC 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 DCE 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 site coordinator for clinical education and the WSCC DCE 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. When determined appropriate, consideration may be given for a need to remove student from clinical.

Remediation plans will be tailored to focus on areas that student has not met established benchmarks. Remediation activities will vary. Examples include, evaluation of PTA program course work including skill checks, lab exams, and professional activities. Faculty may consider extension of clinical experience to allow students additional time to meet goals for the clinical experience, student to demonstrate interventions/skills with PTA core faculty on campus and/or student to engage in learning activities designed by PTA Core Faculty to meet deficiencies. In rare circumstances, if the student needs to repeat the clinical experience, the DCE will make all efforts to arrange a new clinical experience in a similar healthcare environment.

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 site coordinator for clinical education, and notify the DCE. A meeting may be scheduled with the student and the CI to resolve the issues. The DCE 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.

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 attendance 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 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.

STUDENT ASSESSMENT OF CLINICAL INSTRUCTOR

After each clinical experience students provide the DCE with his/her assessment of the clinical instructor. The information gathered from the student assessments is reviewed by the DCE and PTA Core Faculty. This data assists with future planning for the clinical program. See Student Assessment of Clinical Instructor (Appendix H).

The program has collectively established benchmarks for the Student Assessment of Clinical Instructor Survey. The DCE will review survey results to determine if clinical instructors (CI) meet the established benchmarks. If a CI is rated below a "3" on any of the 12 selected criteria, a review will take place by the DCE. The review can include documentation of meetings with students to gather further data and meetings with core faculty and program director to determine if follow up action is needed. If follow up is required, the DCE will reach out to clinical faculty and document discussion and meeting outcome.

STUDENT ASSESSMENT OF CLINICAL EXPERIENCE

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

The program has collectively established benchmarks for the Student Assessment of Clinical Experience Survey. The DCE will review survey results to determine if the clinical meets the established benchmarks. If a student's clinical experience is rated below a "4" on the two select criteria, or the threshold percentage of students were not able to participate in five select activities, a review will take place by the DCE. The review can include documentation of meetings with students to gather further data and meetings with core faculty and program director to determine if follow up action is needed. If follow up is required, the DCE will reach out to the clinical site and document discussion and meeting outcome.

CLINICAL AFFILIATION AGREEMENT

A current clinical agreement, signed by the President of WSCC 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, 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 clinical environment. 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 DCE 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 accessible to students, through DCE. Information includes type of facility, types of patients typically treated at this facility, location, dress code, and work hours. 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 DCE 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 DCE, 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. Factors influencing assignments include clinical site availability, academic performance, previous clinical experience, student preferences, and proximity to home address. DCE reviews student information, clinical site availability, input from academic faculty to make clinical assignments. Clinical assignment recommendations are reviewed with PTA faculty.

The DCE 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 DCE 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 DCE 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 DCE 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 DCE 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.

INTERRUPTION AND/OR DISCONTINUING A CLINICAL AFFILIATION

The DCE 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 DCE holds the primary responsibility for determining if it is necessary to interrupt or discontinue a clinical experience. The DCE 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 DCE 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.

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 DCE 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.

APPENDICES



Last Updated: 09/20/19
Contact: nationalgovernance@apta.org

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

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

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

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

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

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

Explanation of Reference Numbers:

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

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

Wednesday, May 22, 2019

The purpose of this article 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 such services are billable under Medicare Part B.

Background

On April 11, 2001, CMS issued a program memorandum, (AB-01-56) on the provision of outpatient therapy services by therapy students. In this [program memorandum \[cms.hhs.gov\]](https://www.cms.gov/medicare/coverage/policies/2001s/ab01-56/), CMS provided answers to frequently asked questions regarding payment for the services of therapy students under Part B of the Medicare program.

Acceptable Billing Practices

Per [CMS' Medicare Benefit Policy Manual Chapter 15 Section 230 \[cms.gov\]](https://www.cms.gov/medicare/coverage/policies/2001s/ab01-56/):

Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under “line of sight” supervision of the therapist; however, the presence of the student “in the room” does not make the service unbillable. Pay for the direct (one-to-one) patient contact services of the physician or therapist provided to Medicare Part B patients. Group therapy services performed by a therapist or physician may be billed when a student is also present “in the room”.

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

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

For additional guidance on the use of therapy students in SNFs under Part B, please refer to CMS' [MDS RAI Manual \[cms.gov\]](https://www.cms.gov/medicare/coverage/policies/2001s/ab01-56/).

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.

Standards of Ethical Conduct for the Physical Therapist Assistant



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

Preamble

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

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

Standards

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

(Core Values: Compassion and Caring, Integrity)

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

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

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

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

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

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

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

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

(Core Value: Integrity)

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

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

(Core Values: Accountability, Duty, Social Responsibility)

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

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

(Core Value: Excellence)

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

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

(Core Values: Integrity, Accountability)

- 7A. Physical therapist assistants shall promote work environments that support ethical and accountable

decision-making.

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

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

(Core Value: Social Responsibility)

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

Explanation of Reference Numbers:

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

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

Last Updated: 8/12/2020

Contact: nationalgovernance@apta.org

APTA Guide for Conduct of the Physical Therapist Assistant



Purpose

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

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

Interpreting the Standards of Ethical Conduct

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

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

Preamble to the Standards of Ethical Conduct

The Preamble states as follows:

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

Interpretation: Upon the Standards of Ethical Conduct for the Physical Therapist Assistant being amended effective July 1, 2010, all the lettered standards contain the word “shall” and are mandatory ethical obligations. The language contained in the Standards of Ethical Conduct is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Standards of Ethical Conduct.

Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the

Standards of Ethical Conduct were revised was to provide physical therapist assistants with a document that was clear enough to be read on its own without the need to seek extensive additional interpretation.

The Preamble states that “[n]o document that delineates ethical standards can address every situation.” The Preamble also states that physical therapist assistants “are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.”

Potential sources for advice or counsel include third parties and the myriad resources available on the APTA website. Inherent in a physical therapist assistant's ethical decision-making process is the examination of his or her unique set of facts relative to the Standards of Ethical Conduct.

Topics

Respect

Standard 1A states as follows:

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

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

Altruism

Standard 2A states as follows:

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

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

Sound Decisions

Standard 3C states as follows:

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

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

Supervision

Standard 3E states as follows:

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

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

Integrity in Relationships Standard 4 states as follows:

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

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

Reporting

Standard 4C states as follows:

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

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

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

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

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

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

If the physical therapist assistant has determined that it is appropriate to report, the ethical obligation requires him or her to consider what entity or person is the "relevant authority." Relevant authority can be a supervisor, human resources, an attorney, the Equal Employment Opportunities Commission, the licensing board, the Better Business Bureau, Office of the Insurance Commissioner, the Medicare hotline, the Office of the Inspector General hotline, the US Department of Health and Human

Services, an institution using their internal grievance procedures, the Office of Civil Rights, or another federal, state, city, or local agency, or a state or federal court, among others.

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

Sexual Harassment

Standard 4F states as follows:

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

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

Exploitation

Standard 4E states as follows:

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

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

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

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

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

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

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

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

Colleague Impairment

Standard 5D and 5E state as follows:

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

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

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

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

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

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

Clinical Competence

Standard 6A states as follows:

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

Interpretation: 6A should cause physical therapist assistants to reflect on their current level of clinical competence, to identify and address gaps in clinical competence, and to commit to the maintenance of clinical competence throughout their career. The supervising physical therapist can be a valuable partner in identifying areas of knowledge and skill that the physical therapist assistant needs for clinical competence and to meet the needs of the individual physical therapist, which may vary according to areas of interest and expertise.

Further, the physical therapist assistant may request that the physical therapist serve as a mentor to assist him or her in acquiring the needed knowledge and skills. Additional resources on Continuing Competence are available on the APTA website.

Lifelong Learning

Standard 6C states as follows:

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

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

Organizational and Business Practices Standard 7

states as follows:

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

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

Documenting Interventions Standard 7D states as follows:

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

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

Support - Health Needs Standard 8A states as follows:

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

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

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

Last Amended: March 2019

Contact: ejc@apta.org

Walters State Community College
Division of Health Programs
APTA CPI 3.0 – CI Training

The Clinical Performance Instrument is a tool used to provide standardized assessment of the PTA student when participating in clinical experiences. In order for the PTA student to use the CPI, they must complete the APTA training prior to attending any clinical experience. Participants have multiple attempts to pass the post-test and it is recommended to print the CPI benchmark definitions.

The free online course you must complete provides a standardized training program and assessment designed to educate physical therapist assistant students, clinical instructors, center coordinators of clinical education, academic coordinators of clinical education/directors of clinical education and faculty about the appropriate, valid, and reliable use of the APTA Clinical Performance Instrument 3.0.

Instructions to access the training

Visit <https://learningcenter.apta.org/products/apta-cpi-30-ciscce-training>

Register for the course (you will need to log in to your APTA account or create one if you do not have one)

APTA CPI 3.0 – CI/SCCE Training

Register

Already registered? Log in now.

Overview

Instructions

Contents (5)

PT and PTA Clinical Performance Instrument (CPI) 3.0
Training module and Assessment for CIs and SCCEs (addresses both PT and PTA CPI)

The goal of the training module is to equip CIs and SCCEs to accurately assess both PT and PTA student's performance using the CPI 3.0. The assessment includes 21 questions and a passing score for successful completion of this training is 100%. You may take this assessment as many times as you need to achieve a passing score.

Follow the Course Instructions outlined in the “Instructions” tab

Course Instructions

1. Click on the **Contents** tab to see the training components. Click the 1st component to access the training video.
 - a. Click **View Video** to launch a popup window with the video training.
 - b. While viewing the narrated training:
 - i. You can adjust the volume of the narration as needed.
 - ii. You can also use "pause" to spend more time on a slide.
2. The **Acknowledgment of Copyright** will display after watching the training and must be accepted before continuing.
3. The **Training Assessment** will display after accepting the copyright notice. Learners will have unlimited attempts to pass and must answer 100% of questions correctly.
 - a. You can adjust the width of the quiz popup window by hovering the mouse over the right edge of the popup window to reveal a horizontal double arrow. Click the double arrow and drag to the right to enlarge the popup window. (Note: If you close and reopen the window you will need to resize it again.)
 - b. After choosing an answer for a question, click "Next" for immediate feedback on your answer.
 - c. Click "Next" again to move to the next question.
 - d. If you are unable to complete your assessment in one setting, you can "Save and Close" the quiz by clicking the "X" in the upper right corner of the quiz popup window. Then click "Save and Close." Your answers will be saved so you can resume the assessment later.
4. The **View/Print Your Certificate** will be available after completing the assessment. You can view/print your certificate at any time by visiting the APTA Learning Center and clicking the **CEU Certificate/Transcript** link on the left-hand side of the page.

Need Assistance?

For assistance logging in, accessing activities, claiming credit, or for other questions or concerns, please e-mail learningcenter@apta.org.

Walters State Community College
Division of Health Programs
APTA CPI 3.0 – PTA Student Training

The Clinical Performance Instrument is a tool used to provide standardized assessment of the PTA student when participating in clinical experiences. In order for the PTA student to use the CPI, they must complete the APTA training prior to attending any clinical experience. Participants have multiple attempts to pass the post-test and it is recommended to print the CPI benchmark definitions.

The free online course you must complete provides a standardized training program and assessment designed to educate physical therapist assistant students, clinical instructors, center coordinators of clinical education, academic coordinators of clinical education/directors of clinical education and faculty about the appropriate, valid, and reliable use of the APTA Clinical Performance Instrument 3.0.

Instructions to access the training

Visit <https://learningcenter.apta.org/products/apta-cpi-30-pta-student-training>

Register for the course (you will need to log in to your APTA account or create one if you do not have one)

☆ APTA CPI 3.0 – PTA Student Training

Register (Free!)

Overview

Instructions

Contents (5)

PTA Clinical Performance Instrument (CPI) 3.0
Training module and Assessment for PTA Students

The goal of the training module is to equip PTA Students to accurately assess a student's performance using the CPI 3.0. The assessment includes 16 questions and a passing score for successful completion of this training is 100%. You may take this assessment as many times as you need to achieve a passing score.

Follow the Course Instructions outlined in the “Instructions” tab

Course Instructions

1. Click on the **Contents** tab to see the training components. Click the 1st component to access the training video.
 - a. Click **View Video** to launch a popup window with the video training.
 - b. While viewing the narrated training:
 - i. You can adjust the volume of the narration as needed.
 - ii. You can also use "pause" to spend more time on a slide.
2. The **Acknowledgment of Copyright** will display after watching the training and must be accepted before continuing.
3. The **Training Assessment** will display after accepting the copyright notice. Learners will have unlimited attempts to pass and must answer 100% of questions correctly.
 - a. You can adjust the width of the quiz popup window by hovering the mouse over the right edge of the popup window to reveal a horizontal double arrow. Click the double arrow and drag to the right to enlarge the popup window. (Note: If you close and reopen the window you will need to resize it again.)
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Need Assistance?

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EXPOSURE POLICY

Policy Regarding Exposure of a WSCC Health Programs' Student During a Clinical Experience

Students should be familiar with all pertinent policies and procedures of the assigned clinic. If an exposure incident occurs during a clinical experience, the student will follow the clinical site's policies and procedures. Any medical procedures required will be at the student's expense.

Policy Regarding Student Exposure on Campus

If an exposure incident occurs on campus, the campus police will be contacted and WSCC post exposure policies and procedures will be initiated.



PTA Student Assessment of Clinical Instructor

1. Choose Clinical

- ☐ PTAT 2390 Fall Semester 4 week Integrated Clinical
☐ PTAT 2391 Spring Semester 4 week Integrated Clinical
☐ PTAT 2590 Spring Semester 7 week Terminal Clinical

2. Clinical Instructor:

3. Clinical Instructor Title:

- ☐ PTA
☐ PT

4. Name of Clinical Facility:

5. 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- Agree	4- Strongly Agree	N- Not Applicable
	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinical education site had written	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
objectives for this learning experience					
The clinical education site's objectives were clearly communicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was an opportunity for student input into the objectives for this learning experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CI provided constructive feedback on student performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CI provided timely feedback on student performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CI communicated with effective verbal and non-verbal methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CI encouraged clinical problem solving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was a clear understanding to whom you were directly responsible and accountable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
The supervising CI was accessible when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CI provided opportunities for the student to perform skills and interventions within their scope of knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time was available with the CI to discuss patient/client interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CI served as a positive role model in physical therapy practice setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CI skillfully used the clinical environment for planned and unplanned learning experiences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CI participated with informal and formal evaluation of my clinical experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CI encouraged the student to self-assess.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Comments:



PTA Student Assessment of Clinical Experience

1. Distance from home:

- ☐ <30 miles
☐ <60 miles
☐ >60 miles

2. Clinical Duration

- ☐ PTAT 2390 Fall 4 Week Integrated Clinical
☐ PTAT 2391 Spring 4 Week Integrated Clinical
☐ PTAT 2590 Spring 7 Week Terminal Clinical

Clinical Facility Information

3. Select your facility type:

- | | |
|--|-------------------------------------|
| <input type="radio"/> Acute Care | <input type="radio"/> Rehab Center |
| <input type="radio"/> Outpatient | <input type="radio"/> School System |
| <input type="radio"/> Outpatient Pediatrics | <input type="radio"/> Other |
| <input type="radio"/> Skilled Nursing Facility | |

4. Facility Name:

Clinical Ratings

Instructions for the following: 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 N— Not Applicable

5. Rate each statement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
I received adequate orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I presented my clinical objectives to my CI during the first week of this experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff worked well as a team in the clinic/facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was clearly informed of my responsibilities as a student during this clinical experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Case Load Diagnosis

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

1- None (95-100%) 2- Rarely 3- Occasionally 4- Often 5- Always

6. Rate the Following on a scale of 1-5

	None (95-100%)	Rarely	Occasionally	Often	Always
Musculoskeletal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuromuscular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integumentary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Learning Experiences

7. What other learning experiences did you participate in during this clinical rotation?

Select all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Attended in-service presentations by others | <input type="checkbox"/> Observed/participated with Splinting/casting |
| <input type="checkbox"/> Presented in-service | <input type="checkbox"/> Observed/participated with Sports Med |
| <input type="checkbox"/> Attended Team Meetings | <input type="checkbox"/> Participated with collaborative care |
| <input type="checkbox"/> Observed/participated with Wound Care | <input type="checkbox"/> Observed collaborative care |
| <input type="checkbox"/> Observed FCE | <input type="checkbox"/> Observed surgery |
| <input type="checkbox"/> Observed/participated with Aquatic Therapy | <input type="checkbox"/> Observed PT evaluation process |

8. What information was most helpful during facility orientation?

9. List at least 3 areas or skills in which you felt that you were **most** academically prepared for in this clinical rotation.

10. List at least 3 areas or skills in which you felt that you were **least** prepared for in this clinical rotation. How could you have been more **prepared** for these skills/areas?

11. During this clinical experience, did you have the opportunity to participate in discharge planning?

☐ Yes

☐ No

12. During this clinical experience, did you feel you functioned as part of the PT/PTA team to accomplish the goals of the patient?

☐ Yes

☐ No

13. During this clinical experience, did you participate in interdisciplinary care of the patient?

☐ Yes

☐ No

14. During this clinical experience, did you have the opportunity to participate with billing/patient charges?

☐ Yes

☐ No

15. During this clinical experience, did you have the opportunity to provide health/wellness education or promotion?

☐ Yes

☐ No

16. During this clinical experience, did you have the opportunity to develop and refine professional behaviors required to provide patient centered care that is inclusive, equitable, and socially responsible?

☐ Yes

☐ No

17. What age groups of patients did you treat during this clinical experience?

Select all that apply:

☐ Infants

☐ Adults

☐ Children

☐ Geriatrics

☐ Adolescents

18. Additional Comments:

Appendix J

Walters State Community College
Division of Health Programs
Physical Therapist Assistant Program

Clinical Site Visit Form

Student Name: _____ Clinical Site/Location: _____ Practice Setting _____
Date of contact: _____ Type of contact: On site _____ Phone _____ Other _____
CI name: _____

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

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

3. Types of patients seen:

☐ Pediatric

☐ Geriatric

4. Conditions treated:

☐ Orthopedic
☐ Neuromuscular

☐ Cardiopulmonary
☐ Integumentary

☐ Other:

Student comments regarding this clinical experience:

5. Unique experiences

☐
☐
☐

Surgery
Wound Care
FCE/Work Hardening

☐
☐
☐

Splinting/casting
Aquatic Therapy
Sports Medicine

☐
☐
☐

Vestibular
Lymphedema
Orthotics/Prosthetics

6. Instructor's comments on student's performance:

7. Comment on the Academic preparation for this clinical experience:

Student:

CI:

8. Has Supervision been appropriate?

Student Comment:

9. Did the student have an opportunity to participate in interprofessional/collaborative care?

☐

Yes

☐

No

Description of experience:

10. Did the student have an opportunity to participate as part of the PT/PTA team?

☐

Yes

☐

No

Description of experience:

11. Did the student have an opportunity to participate in any of the following experiences?

☐

Inservice Presentation

☐

Discharge Planning

☐

Equipment Recommendation

☐

Billing/Coding

☐

Documentation

☐

Participated w/ health and wellness education

Description of Experience:

12. Clinical Faculty development topic:

What types of courses would you like to see offered at WSCC?

13. Did the material provided by WSCC DCE meet the needs of the CI to prepare for the student?

Yes ☐

No ☐

14. What is the topic for the students inservice presentation?

15. Has the student had opportunities to develop and refine professional behaviors required to provide patient-centered care that is inclusive, equitable, and socially responsible?

Student Comments:

CI Comments:

17. Any other comments?

Form completed by:

--

Walters State Community College
Division of Health Programs Physical
Therapist Assistant Program

CLINICAL ABSENCE POLICY FORM

Student Name: _____
Date of Absence: _____
Clinical Experience ☐ Clinical I ☐ Clinical II ☐ Clinical III
Name of Clinical Instructor: _____
Clinical Site: _____

Please check the reason for absence:

- ☐ Death of a family member
☐ Personal illness
☐ Personal or family emergency
☐ PTA Board Exam
☐ Other

Details/Additional Comments: _____

Clinical Instructor notified:

Yes ☐ No ☐

Name of Instructor notified _____

Date & Time: _____

PTA Faculty notified:

Yes ☐ No ☐

Name of Instructor notified _____

Date & Time: _____

It is the student's responsibility to complete this Clinical Absence Form and submit to the Director of Clinical Education within 24 hours of absence.

Email to tye.ponder@ws.edu or Fax to 423-585-6955

A doctor's excuse is required is an absence exceeding more than one day due to illness.

Academic Faculty will determine if clinical absence will need to be made up to ensure student's successful completion of Clinical Course.

WSCC HP office complete only:

Faculty received and reviewed excuse: Yes ☐ No ☐

**Consent to Drug/Alcohol Testing
Statement of Acknowledgment and
Understanding
Release of Liability**

I, _____ am enrolled in the Allied Health and/or Nursing program at Walters State Community College. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the Walters State Community College Student Handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff; and property. Accordingly, I understand that prior to participation in the clinical experience, I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from Walters State Community College.

If I am a licensed health profession, I understand that the state licensing agency will be contacted if I refuse to submit to testing or if my test results is positive. Full reinstatement of my license would be required for unrestricted return to the Walters State Community College Allied Health and/or Nursing Program.

My signature below indicates that:

- 1.) I consent to drug/alcohol testing as required by clinical agencies or as directed by the Office of Student Affairs.
- 2.) I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the Office of Student Affairs, the Dean of the Allied Health and/or Nursing Program, and others deemed to have a need to know.
- 3.) I understand that I am subject to the terms of the general regulation on student conduct and disciplinary sanctions of Walters State Community College, and the Drug-Free Campus/Workplace Policy of Walters State Community College, as well as, federal, state and local laws regarding drugs and alcohol.
- 4.) I hereby release and agree to hold harmless Walters State Community College and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicates that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the Allied Health and/or Nursing Program at Walters State Community College.

Student's Signature

Date

Appendix M

Walters State Community College
Division of Health Programs
Physical Therapist Assistant Program
Clinical Site Info Sheet

This information will be shared with future students who will be assigned to this clinical site.
Please share any information that would be helpful to future students.

Clinical Site:

Dress Code:

Types of patients treated:

Any topics to study to prepare for this clinical site:

Number of therapists at this clinic:

Any specialty areas or specialized equipment
(ie aquatics, vestibular, lymphedema treatment, BWSS)

Other information that would be helpful for future students to prepare for a clinical at this site:

Core Values for the Physical Therapist and Physical Therapist Assistant



HOD P09-21-21-09 [Amended: HOD P06-19-48-55; HOD P06-18-25-33; Initial HOD P05-07-19-19] [Previously Titled: Core Values: for the Physical Therapist] [Position]

The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist. The core values are defined as follows:

- **Accountability**
Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
- **Altruism**
Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.
- **Collaboration**
Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.
- **Compassion and Caring**
Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.
- **Duty**
Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.
- **Excellence**
Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.
- **Inclusion**
Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.
- **Integrity**
Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

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- **Social Responsibility**

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

Explanation of Reference Numbers:

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

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

Last Updated: 12/14/2021

Contact: governancehouse@apta.org

Walters State Community College
Division of Health Programs
Physical Therapist Assistant Program

Clinical Instructor Information Form

Clinical Site/Location:

Practice Setting:

Clinical Instructor Name:

Preferred email address:

PT/PTA:

Number of years of experience:

Do you hold any type of Certification or Advanced Proficiency, if so, what?

Credentialed CI (can be any type of credentialing course):	yes	no
--	-----	----

Did you receive the CI packet (including syllabus, expectations, etc):	yes	no
--	-----	----

Have you completed the APTA CPI 3.0 training for use of the CPI tool?	yes	no
---	-----	----

Appendix P

Walters State Community College
Division of Health Programs
Physical Therapist Assistant Program
Clinical Feedback Form

Student Name:

Week:

Facility:

Clinical Instructor Name:

Self-Assessment Guiding Questions	Responses—When answering, consider 3-4 CPI performance criteria per week
Performance Reflection Which CPI performance criteria do you feel you performed the best? Which needed most improvement? Why?	
Caseload Reflection	What is considered a full caseload for a new grad? (Patients per day or patients per hour) How many patients were you primarily responsible for treating this week? (patients per day or patients per hour) How much guidance or input from your CI did you need for the patients you were primarily responsible for this week?
Next Week's Goals Write 2-3 goals related to CPI performance criteria targeted for next week.	Goals from previous week: <input type="checkbox"/> Met <input type="checkbox"/> In progress <input type="checkbox"/> Not Met Goals for next week:
Plan for Improvement What patient experiences and learning activities will help you accomplish your goals for next week?	
Communication with CI What were your positive experiences from this week? Were there any challenging experiences from this week? How could your CI best support you next week?	Supervision Rating: <input type="checkbox"/> too little <input type="checkbox"/> adequate <input type="checkbox"/> too much Comments:

Student please mark if any of the following is/are true:

- ☐ I would not change anything ☐ I am overwhelmed ☐ I can take on more challenge
☐ I am unclear about expectations ☐ I am worried I am not on track

STUDENT Signature:

Date:

SEE PAGE 2 for CI Portion

Walters State Community College
Division of Health Programs
Physical Therapist Assistant Program
PTAT 2590 Terminal Clinical Education I
Clinical Feedback Form

CI TO COMPLETE: Student **is** ☐ or **is not** ☐ progressing as expected for this experience.
* If student IS NOT progressing as expected, please contact either the SCCE (facility) or the DCE (College)

Comments for the week—Please note at least one area of student success and one area where the student can continue to grow:

CI Signature:

Date:

Handbook Revised 5/2025

The Tennessee Board of Regents (TBR) is Tennessee's largest higher education system, governing 40 post-secondary educational institutions with over 200 teaching locations. The TBR system includes 13 community colleges and 27 colleges of applied technology, providing programs to students across the state, country and world

Walters State Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate degrees. Walters State Community College also may offer credentials such as certificates and diplomas at approved degree levels. Questions about the accreditation of Walters State Community College may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

Walters State Community College does not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, sexual orientation, gender identity/expression, disability, age (as applicable), status as a covered veteran, genetic information, and any other category protected by federal or state civil rights law and by Tennessee Board of Regents policies with respect to employment, programs, and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Jarvis Jennings, Executive Director of Human Resources, jarvis.jennings@ws.edu, Walters State Community College, 500 S. Davy Crockett Pkwy Morristown, TN 37813, 423.585.6845.