

Nash Community College
Physical Therapist Assistant Program

Clinical Education Handbook

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Nash Community College
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Clinical Education Handbook

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Introduction

Clinical Education, comprised of three clinical rotations, is a vital portion of the PTA Program. These experiences take the student out of the classroom and into a patient setting. The student learns to apply his or her newly acquired knowledge and skills to patient care. During these clinical affiliations, students will learn and practice interventions carried out by a physical therapist assistant, follow a plan of care developed by a physical therapist, and learn responsibilities associated with working as part of a health care team.

Formal documentation indicating the successful completion of the three clinicals and indication of entry level competencies in all areas being evaluated is required prior to graduation from the program.

This manual contains information about the Nash Community College Physical Therapist Assistant (PTA) Program, including the mission, philosophy, goals, outcomes, curriculum, evaluation tools, and clinical information pertaining to policies, procedures and expectations of clinical staff and students.

General Information

Nash Community College (NCC) is located off U.S. Highway 64 in Nash County, between Rocky Mount and Nashville, North Carolina. The College is accredited by the Southern Association of Colleges and Schools. The PTA program graduated its first class in 1989, and is accredited by the Commission of Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association.

The NCC PTA program is a five-semester curriculum (Appendix A) that awards its graduates with an Associate of Applied Science degree. Our graduates are eligible to take the National Physical Therapist Assistant licensing examination required by the North Carolina Board of Physical Therapy Examiners to practice as a physical therapist assistant.

The program involves a core of professional courses that are complemented by related courses such as English, Mathematics, Biology, Computers and Psychology.

Contact Information

Program Director, Academic Coordinator of
Clinical Education (ACCE), Faculty Instructor

Andrea Milks, PT, MS

(252) 451-8481

almilks594@nashcc.edu

Health Sciences Admissions Coordinator

Nicole Lawrence

(252) 451-8390

nlawrence@nashcc.edu

Faculty Instructor

Jocelyn Hardee, PT, MPT

(252) 451-8281

jwhardee216@nashcc.edu

Faculty Instructor, Co-ACCE

Stephen Tart, PTA, BS

(252) 451-8338

sdtart261@nashcc.edu

Nondiscrimination and Equal Opportunity Statement

Nash Community College does not unlawfully discriminate in offering equal access to its educational programs and activities or with respect to employment terms and conditions on the basis of an individual's race, color, national origin, sex, sexual orientation, gender, gender expression, gender identity, genetic information, disability, age, religion, or veteran status

--Nash Community College Catalog

PTA Program Mission

The Physical Therapist Assistant program at Nash Community College provides an affordable opportunity for students to gain the knowledge and skills, and develop the professional behaviors necessary to earn the Associate of Applied Science degree in Physical Therapist Assistant. The program is dedicated to developing graduates with an awareness of diversity who are competent and caring entry-level physical therapist assistants who will provide evidence-based physical therapy services under the direction and supervision of a physical therapist and are committed to lifelong learning.

PTA Program Philosophy

The Physical Therapist Assistant program supports the mission and goals of Nash Community College. The faculty promote high standards of ethics and professionalism as it strives to meet the following commitments to students, community partners, the public and the College:

1. To assist qualified students to meet their individual goal of becoming a Physical Therapist Assistant.
2. To prepare individuals to competently practice physical therapy at the Associate Degree level.
3. To serve the needs of the public by providing skilled, licensed physical therapy personnel.
4. To contribute to fulfillment of the College mission by meeting the needs of its students and the surrounding communities.

PTA Program Goals

The PTA program at Nash Community College will:

1. Function as an integral part of the College by faculty participation in committee assignments, professional development, and recruitment activities.
2. Identify, recruit, and accept qualified applicants by providing accurate information to students and the public that is sufficient to make informed decisions.
3. Provide an organized and comprehensive curriculum integrating academic and clinical education experiences to prepare students as entry-level physical therapist assistants.
4. Promote high academic, clinical and professional standards that foster the development of problem solving, critical thinking, and effective communication.
5. Graduate entry-level physical therapist assistants capable of gaining licensure and prepared to work safely and effectively in the best interest of the public under the direction and supervision of a physical therapist as part of a dynamic healthcare team.

PTA Graduate Outcomes

Graduates of the Nash Community College Physical Therapist Assistant program will be able to:

1. Gain licensure and employment as an entry-level physical therapist assistant.
2. Work under the direction and supervision of a physical therapist while providing physical therapy services.
3. Work collaboratively with physical therapy professionals and other healthcare providers in a variety of clinical settings in the best interest of the public.
4. Demonstrate professional behaviors and clinical competence through effective communication, problem-solving and critical thinking in the delivery of physical therapy services.
5. Uphold the ethical and legal standards of the profession by complying with national and state regulations regarding the practice of physical therapy in all practice settings.
6. Recognize the need for continued personal and professional growth through self-assessment and a commitment to lifelong learning to remain current in physical therapy practice.

Clinical Eligibility

Students are assigned to facilities that have a current clinical education agreement with the PTA program at Nash Community College. If an assigned clinical facility prohibits a student in the PTA program from participating in or completing the clinical learning experience, no alternative clinical experience will be arranged on behalf of the student. This will result in the student being unable to meet the curriculum requirements of the PTA program and, ultimately, being dismissed from the program. Examples (not inclusive) of situations which may lead to a clinical facility's decision to prohibit or terminate a student's clinical experience are:

1. Results of a background check or drug screen (including all forms listed in the Criminal Background Check and Drug Screen policy);
2. Inability to demonstrate current American Heart Association (AHA) BLS Provider CPR, physical examination, health insurance and immunizations (including annual influenza immunization);
3. Issues surrounding a student's previous employment at the facility;
4. Significant concerns or issues identified by representatives of the clinical facility relating to unsafe, unethical, illegal, or generally unprofessional conduct of the student;
5. Non-adherence to the facility's personnel and dress code policies, which includes the appearance or visibility of body art and piercings.

Clinical Placement

When possible, students will not be placed in clinical sites where they have previously observed, been employed, or have a contractual agreement for future employment. Students may not complete more than one clinical at any one facility or affiliated group, unless there are no other alternatives.

Faculty will determine the placement of the student based on site availability, consideration of student preference, learning opportunities available, student goals, and geographical location. Information is obtained from the student responses collected by ACCE during first technical semester. ***Assignment to a clinical site is final, and may not be changed by the student.*** Failure to accept a clinical placement will result in removal from the PTA program.

Transportation

Transportation to the clinical site is the responsibility of the student. The student (or Parent/guardian) is responsible for the appropriate registration and insurance for the vehicle.

Role of the Site Coordinator of Clinical Education

The site coordinator of clinical education (SCCE) coordinates and manages the student learning experience at the clinical site, including facility orientation and safety policies or procedures. The SCCE may be involved in the supervision of the student as a clinical instructor (CI) or assign the student learning experience to another qualified clinical instructor. The SCCE should be available to the student, the CI and the ACCE to promote a quality clinical learning experience.

The SCCE accepts the responsibilities described in the APTA's *Guidelines and Self-Assessment for Clinical Education, Revision 2004*, and corresponds with the ACCE to:

1. Determine the availability for clinical rotations. The ACCE will distribute clinical slot reservation forms in March for the next calendar year clinical placements. The SCCE will confirm the number of students and area of experience reserved at their facility for student education experiences.
2. Develop, renew or update clinical agreements. The SCCE and ACCE work collaboratively to ensure clinical education agreements or contracts are in place for student clinical learning experiences.
3. Complete the Clinical Site Information Form (CSIF). The CSIF is available from the ACCE, in hard copy or electronic format, or at www.apta.org. The recommendation is for annual completion of this form by the SCCE, however, based on the type of facility or frequency of changes, updated forms can occur more or less frequently. The SCCE and ACCE will negotiate the expectations for the CCCE to complete this form.
4. Provide specific facility policies required for student participation. The SCCE will provide specific policies or procedures that may restrict student participation. For example, required criminal background checks, drug screens, or immunizations policies that may differ from the North Carolina Community College System general guidelines.
5. Promote staff development for quality clinical learning experiences. The SCCE and ACCE will work collaboratively to determine and provide adequate staff development for clinical instructors. The PTA program encourages and financially supports (on a limited basis) participation in the APTA Credentialed Clinical Instructor Program (CCIP). The SCCE will assist the ACCE in identifying clinical instructors that will benefit from this credentialing program or other professional development activities.

The PTA program recommends the completion of the Self-Assessments for Clinical Education Sites and Self-Assessments for Site Coordinators of Clinical Education, both available at www.apta.org (from APTA's *Guidelines and Self-Assessment for Clinical Education, Revision 2004*).

The Role of the Clinical Instructor

The clinical instructor (CI) provides direct supervision and instruction for the PTA student, and may be a licensed physical therapist or PTA. If the CI is a PTA, the supervision and direction must occur within state and national regulations regarding the PT-PTA relationship, as well as other agency regulations such as insurance companies.

Clinical Instructors accept the responsibilities described in the APTA's *Guidelines and Self-Assessment for Clinical Education, Revision 2004*. These are summarized below.

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The clinical instructor:

1. has a minimum of one year of clinical experience and demonstrated clinical competence.
2. has a desire to work with students and willingness to develop the knowledge and skills needed for clinical teaching.
3. is responsible for ensuring the patient's informed consent when a student is involved in services.
4. plans and evaluates the clinical education experience based on the site and academic objectives.
5. promotes the PT-PTA relationship as a good role model for students.
6. demonstrates effective time management skills, APTA core values and ethical behaviors.
7. demonstrates effective communication skills in relation to performance expectations, goals and objectives, verbal and written feedback, active listening, student and/or public privacy, and is capable of being clear and concise in difficult or confrontational situations.
8. is approachable by students and other clinical and academic colleagues.
9. collects information through direct observation and discussion with students, review of the student documentation, observations made by others, and student self-assessments.
10. provides frequent, positive, constructive, and timely feedback.
11. is familiar with the CPI prior to the clinical education experience and provides evaluations at least at midterm and at the completion of the clinical education experience, including student self-assessments.
12. recognizes and documents student progress, identifies area of entry-level competence, areas of distinction, and areas of performance that are unsafe or ineffective.
13. is aware of the relationship between the academic program and clinical education site concerning student performance evaluations, grading, remedial activities, and due process in the case of student failure.

The PTA program encourages the completion of the APTA Self-Assessments for Clinical Instructors available at www.apta.org (from APTA's *Guidelines and Self-Assessment for Clinical Education, Revision 2004*).

Providing Feedback

During affiliations, frequent feedback to students is important. Allow students time to correct weaknesses by bringing deficiencies out into the open as early as possible.

Students exhibiting major deficiencies should be brought to the attention of the ACCE as early as possible. This is very important for everyone involved. Clinical staff feedback is needed to identify major deficits in technical or interpersonal skills that suggest the need for consideration of remedial measures. Failure to address weaknesses early on, or allowing a poor or irresponsible student to "slide" through an affiliation, may result in more significant issues developing at later points in the curriculum or upon the graduate entering the profession.

Rights and Privileges of Clinical Faculty

Clinical Faculty are entitled to:

1. use of resources available through Nash Community College's library.
2. use of PTA program facilities when not in conflict with ongoing didactic or laboratory activities.
3. use of PTA program instructional resources when not in conflict with ongoing didactic or laboratory activities.
4. professional development activities developed and/or presented by the program faculty for the development of clinical education knowledge and skills. The PTA program will sponsor (on a limited annual basis) clinical instructor participation in the Credentialed Clinical Instructor Program (CCIP) based on CI interest, identified professional development needs, and fund availability.

The SCCE or CI should contact the ACCE for specific procedure or process information, or for scheduling any of the above activities.

The ACCE encourages a supportive and collaborative relationship between clinical agencies and Nash Community College. Please contact the ACCE to request professional development activities that you believe may benefit the clinical education learning experience at the facility. The ACCE will work with clinical staff individually or in group settings.

The Evaluation Process

NCC has adopted the Clinical Performance Instrument (PTA CPI Web), developed by the APTA, as its clinical education evaluation instrument. The SCCE and CI should become familiar with this tool, including terminology and criteria by completing the online training and assessment program. Please contact the ACCE with any questions regarding the CPI. The ACCE and Program Director will be gladly assist with the clinical staff regarding its use.

Please complete the evaluation form at the halfway point and at the conclusion of all the affiliations over two weeks in length. This provides a helpful status report for the student. It also allows the CI and the student to best measure progress made during the affiliation. Keep in mind that it is often the supportive comments—especially when citing specific examples—that prove most helpful to the student and the ACCE.

Students will complete an evaluation of their experience that will be reviewed with the CI at midterm and affiliation completion.

Clinical Site Visits

Communication between the CI, SCCE, and ACCE is essential to a strong clinical education program. Clinical site visits are one important part of this communication process.

The Academic Faculty benefits from the site visit through:

1. familiarization with the physical setting of the facility; and
2. observation of the student in patient treatment situations.

Both Academic and Clinical Faculty benefit through:

1. discussions of philosophy, procedures, and program content;
2. exchange of information concerning clinical practice and clinical education; and
3. review of student performance.

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The ACCE makes every attempt to visit a student during a minimum of two of their three scheduled clinical affiliations; however, the SCCE or CI should not hesitate to contact the ACCE or Program Director at any point they feel a clinical site visit would benefit the clinical experience.

Privacy and Confidentiality of Student Information

It is the responsibility of the SCCE and CI to ensure that any information that the College provides the clinical site shall be treated according to the following guidelines. The clinical agency must also comply with student privacy and confidentiality in the sharing of information to any individuals not directly involved in the educational learning experience.

"In compliance with the Family Educational Rights and Privacy Act of 1974 as amended, Nash Community College may release public directory information relating to a student. Directory information at NCC includes the name, address, telephone number, email, major field of study, dates of attendance, and degrees and awards received. A student may request in writing the Registrar not release directory information.

A student's record, other than directory information, shall not be made available without the written consent of the student except in certain cases noted in the Family Educational Rights and Privacy Act Procedures of Nash Community College. This document may be obtained from the Registrar.

A student at NCC shall have the right to inspect his individual educational records upon request to the Registrar. The procedure for inspecting records and for requesting amendment of records is published in the Family Educational Rights and Privacy Act Procedures of Nash Community College.

A student who feels the College has failed to comply with the requirements of the in the Family Educational Rights and Privacy Act may file a complaint with the U.S. Department of Education."

-- Nash Community College Catalog

Photographic and Video Release

In accordance with College policy, a photographic release form must be signed by a student in the Physical Therapist Assistant program who is photographed for College or clinical affiliate publications, videos, and Web pages. During College sponsored activities, faculty or College representatives will secure the appropriate student signatures on the Photograph and Video Release Form, to be held on file in the Public Relations Office. During activities associated with the clinical component of the program, the student will sign a photo and/or video release form approved by the facility, and a copy will be submitted to the ACCE.

Protected Health Information Policy

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates that any information regarding a patient is private and only entities directly involved in the care of the patient has access to this information. This includes all verbal and written communications. Students in the PTA program are required to adhere to HIPAA regulations during all clinical learning experiences or observations. Clinical facilities will provide students with their specific policies regarding protected health information (PHI) and security of that information. More information regarding HIPAA and PHI is available at <http://www.hipaa.com>.

Responsibility for Student Safety

Academic Faculty are responsible for evaluating student safety and competence prior to clinical assignment, using appropriate assessment tools. Academic Faculty are ultimately responsible for determining student competence in clinical skills, based on information provided by clinical instructors through the CPI.

The CI is responsible for determining that the student is safe when he/she instructs a student in a data collection skill or an intervention technique that has not been presented and practiced in the academic setting.

The facility is responsible for student safety by confirming to facility and equipment safety standards (JCAHO, CARF, OSHA, e.g.), and by ensuring the student practices in accordance with the same safety guidelines mandated for employees.

Criminal Background Checks and Drug Screens

Criminal background checks and drug screens are not required for admissions to the Physical Therapist Assistant (PTA) program. Once admitted to the program, however, students can expect to submit to criminal background checks (state and/or federal, which may also include fingerprint, national sex offender search, social security verification/trace, and health care fraud and abuse) and drug screens in order to meet regulatory criteria of facilities participating in the clinical education component of the PTA program. The PTA faculty recognizes and is fully supportive of clinical facilities mandating criminal background checks and/or drug screens on students in the program.

If a clinical facility prohibits a student in the PTA program from participating at the facility based on the results of the criminal background check and/or drug screen, the student will be dismissed from the PTA program. No alternative clinical experience will be arranged on behalf of the student, resulting in the inability of the student to meet the curriculum requirements of the PTA program. Students are encouraged to follow the due process procedures outlined in the *PTA Student Handbook* and *Clinical Education Handbook* should they feel ineligibility was determined as a result of false or inaccurate information.

Students can expect to absorb all costs related to criminal background checks and/or drug screens. Specific procedures will be provided to students in the PTA program upon acceptance and enrollment. Students should also expect to submit to a FBI criminal background check and fingerprinting when seeking eligibility for licensure in North Carolina at the cost of the student.

Criminal Background and Drug Screen Due Process

The following procedures have been established for students who feel information contained on the criminal background check or drug screen is false or inaccurate which results in the inability to participate in a clinical education experience, and therefore dismissal from the program due to failure to progress:

1. Students will notify the Program Director, in writing, of their intent to initiate an investigation into the information they believe to be false or inaccurate within 24 hours of being notified of the dismissal.
2. The student will provide the Program Director with evidence that supports the information contained was false or inaccurate within one week (7 days) and which supports dismissal is not warranted based on the new information.

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3. Students will sign a consent form to release this new information to a clinical agency for their determination of eligibility to complete the clinical learning experience. Students must understand that the timeframe for the learning experience may be adjusted to reflect the contact hours needed to complete the experience.
4. Students who fail to provide this evidence within one week can follow the College's due process as stated in the *College Catalog*.

Student Policies/Expectations

Clinical education involves travel to health care facilities for instruction. Affiliations are full-time, forty hours/week experiences. A CI is designated to evaluate students during clinical affiliations using criteria established by the Program. The course grade is based on knowledge of basic sciences, patient treatment skills, and effectiveness of interaction with patients, their families, and other health care personnel. For a complete list of criteria and anticipated levels of performance, refer to the evaluation instrument (provided to the student prior to your first clinical affiliation).

Clinics may have their own requirements for affiliations, including medical examinations, vaccinations (including influenza and Hepatitis B), drug testing and background investigations. Unwillingness or inability to conform to these expectations will jeopardize the student's status in the Program.

Absence (or tardiness) during clinical assignments leads to serious repercussions. Students are to contact the CI **and** ACCE if an absence is unavoidable. Students should expect to make up any absence from clinical experiences. It is the student's responsibility to confer with the CI and the ACCE if longer absences occur. Unexcused absences or failure to meet the contact hour requirements may result in unsatisfactory clinical performance.

Students are required to follow the schedule of the assigned clinical instructor, which may include Saturday, Sunday, College recognized holidays, or student breaks. College recognized breaks and holidays that occur within the scheduled clinical affiliation have been re-scheduled for PTA students at different times. Students should contact the Program Director for specific dates holidays and breaks are observed for PTA students should scheduling issues be of concern.

Students are expected to wear a name tag clearly stating the name of the student and their title as a "student physical therapist assistant". Students are to introduce themselves by their name and title as a student physical therapist assistant to patients, families, and other healthcare workers. Please remember that a patient or family may refuse to have a student participate in services provided. The student should not take offense or in any way demonstrate unprofessional behavior to a patient or family who makes such a request.

Clinical Policies: The student affiliate will...

1. adhere to all legal and ethical regulations regarding the physical therapy profession (i.e.: state scope of practice, patient confidentiality, Code of Ethics and Standards of Ethical Conduct for the PTA).
2. adhere to facility policies and procedures (dress, billing, emergency/fire, tobacco use, food/beverages, etc.).
3. avoid personal, non-emergency phone calls or texting (made or received) during clinical hours. Personal cell phones should not be present during patient interactions.
4. identify yourself by name and title during all interactions.

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5. report to assigned area on time. It is recommended that students plan to arrive 15 minutes early to avoid situations which could result in tardiness.
6. avoid chewing gum during all interactions within the clinical facility.
7. accept assigned responsibilities within the physical therapy scope of practice. Students must use sound judgment regarding their ability to carry out a procedure or treatment they are unfamiliar with, and openly discuss concerns with the clinical instructor. A student shall never perform a procedure they are unsure of.

Personal Policies

The following guidelines are summarized from the PTA Program *Student Handbook*. These are our policies as presented to the students. Students are instructed that policies of the clinical facility may differ from, and supersede, these policies.

1. Sleeved dress or casual blouse or shirt with no cleavage or midriff exposure. Shirt tail should be long enough to tuck in pants. Polo and Oxford style shirts are generally accepted in all clinical environments.
2. Dress or casual slacks (earth-tone colors) with waist no lower than the ASIS. A belt to secure the position on the waist is recommended due to excessive bending, squatting and reaching activities during clinical learning experiences.
3. A college nametag with identification of name and student physical therapist status.
4. Shoes are to be rubber-soled with full foot enclosure (no open-heels or open-toes), conservative in appearance, and in good repair. Athletic (walking or running) shoes are generally accepted but should not be garish in design. Avoid bright, non-traditional color combinations.
5. Rings should be limited to a wedding ring set. It is recommended stones are not worn when possible. Dangling earrings and necklaces are not allowed. No exposed body art or piercings (other than a stud in the lower ear lobe) is allowed.
6. Students are encouraged to wear watches identifying minutes and seconds but care should be taken for a snug fit around the wrist.
7. Fingernails should not extend past the fingertips. Nails should be smooth and clean. Acrylic nails are not allowed in any circumstance. Painted nails are discouraged.
8. Hair should be of natural colors and should be secured in such a way that it does not fall over the shoulder or into the eyes during interactions with healthcare colleagues or the public.
9. Daily hygiene includes wearing clean, wrinkle-free clothes, antiperspirant or deodorant, and washing body and hair. Perfume, cologne, and scented lotions are not allowed. The face should be freshly shaved or facial hair trimmed and groomed neatly.

The student should review the CSIF for specific facility dress code policies. The CCCE or CI are encouraged to detail expected dress code policy to the student prior to the clinical affiliation, especially if requirements significantly differ from those mentioned above, or require the student to purchase specific color combinations or uniforms.

Clinical faculty who have suggestions about these or any other program policies and procedures should feel free to contact the ACCE or program director.

Clinical Agreements

The Program's ACCE is responsible for maintaining current contractual arrangements between the College and the clinical facility. Please contact the ACCE with concerns regarding the contract. Other documentation, such as the standardized Clinical Site Information Form (CSIF), must also be kept up to date.

Liability Insurance

The PTA students are covered for professional liability under the College's blanket liability enrollment administered by Healthcare Providers Service Organization (HPSO). This plan covers all students and faculty in the allied healthcare curricula. A copy of the Certificate of Insurance will accompany all student clinical education packets sent prior to the start of the clinical affiliation.

Student Accident Insurance

The NCC *College Catalog* states that all students registered in "curriculum classes are insured for accidental injuries occurring in class or on college sponsored activities". This includes clinical education experiences for the PTA program. Injuries during commute to and from the clinical site are not included.

If a student is injured during the clinical affiliation, the CI and student should notify the CCCE, who will notify the ACCE. An incident report must be filed immediately and forwarded to the ACCE. If facility policy prohibits the release of the incident report, the ACCE will complete the NCC incident report. The incident report will be forwarded to Student and Enrollment Services. The student is responsible to maintain and provide all documents needed that relate to services and costs for care received as a result of an injury.

Should the injury include exposure to an infectious disease, the student should follow the facilities infectious/communicable disease exposure policies, in addition to the College's accidental health insurance policy, for emergent and follow-up care.

Health Forms/Immunizations

The College requires that all students who will be involved in patient care activities receive a comprehensive medical examination prior to enrollment in the PTA program and on an annual basis thereafter. The student, ACCE, and Health Sciences Admissions Coordinator are responsible for maintaining current health and immunization documentation. Specific requirements on the part of the clinical facility should be included in the clinical education contract. The program utilizes the requirements identified by the North Carolina Community College System (NCCCS) unless otherwise specified by the clinical facility. Documentation is available upon request.

Student Disciplinary Due Process

Clinical faculty should be aware that the *College Catalog* and the *PTA Student Handbook* describes specific procedures to be followed by students in the event of conflicts related to grades, dismissal or expulsion, and readmission to the program. Academic Faculty are also bound to these guidelines in determining the student's status.

Complaints

The Program has established policies and procedures to deal with complaints regarding the Program that fall outside the scope of due process. Clinical faculty should feel free to communicate any complaints to the ACCE or Program Director.

Policies and Procedures for Processing Complaints

Where institutional policies and procedures exist to cover a particular complaint, those policies and procedures take priority over Program policies and procedures. Written complaints should be submitted to the Program Director or ACCE as described in policies. The Program Director or ACCE is responsible for consulting with appropriate individuals to develop a response to the complaint. A written response will be made to a signed written complaint within 15 working days of receiving the complaint. If the response is unsatisfactory, the complainant may contact the Health Sciences Department Chair or the Dean of Health and Related Sciences. Records of complaints will be maintained in the Director's office for a period of five years from the time of receipt.

1. Complaints regarding the PTA curriculum or its policies and procedures should be presented to the Program Director.
2. Complaints regarding the actions of a PTA program faculty member should be directed to the faculty member involved. If the complainant feels uncomfortable with this, the Program Director should be contacted. If the complaint concerns the Program Director, the student should contact the Dean of Health and Related Sciences.
3. Complaints regarding the actions of another student should be presented to the Program Director.
4. Complaints regarding clinical affiliations should be presented to the ACCE.
5. Complaints from individuals outside the Program should be presented to the Program Director or refer to the Student and Public Grievance/Complaint Procedure in the *College Catalog*.

Fall Semester

Course Prefix and Number: PTA 245

Course Title: Clinical Education III (first full-time clinical experience)

Course Hours: Lecture: 0, Lab: 0, Clinic: 12, Credits: 4

Course Schedule: Monday-Sunday 7:00am – 6:59pm

Note to Students: Students are required to follow the schedule of the assigned clinical instructor, which may include Saturday, Sunday, College recognized holidays, or student breaks.

Course Prerequisites: PTA 145 and PTA 235

Required Materials

Clinical attire to include Nash CC student name tag

Medical immunization/ vaccination records and other onboarding forms as requested

Texts: None required; It is recommended that students review and have access to texts from PTA 110, 125, 135, 145, 222, 225, 235.

Course Description: This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation.

Student Learning Outcomes:

Upon completion of this affiliation the student should meet the following Clinical Performance Instrument (CPI) criteria with a performance that **approaches entry-level**

Objectives 1-5 correspond to the CPI "red flag" items. Please contact the ACCE Immediately if a student is having difficulty achieving any of these objectives:

1. Performs in a safe manner that minimizes risk to patient, self, and others (CPI 1)
2. Demonstrates expected clinical behaviors in a professional manner in all situations (CPI 2).

Upon completion of this affiliation the student should be able to meet the following CPI criteria, with **minimal supervision/guidance and which may approach entry-level:**

3. Performs in a competent manner consistent with established legal standards, standards of the profession, and ethical guidelines (CPI 3).
4. Communicates in ways that are congruent with situational needs (CPI 5).
5. Demonstrates clinical problem solving (CPI 7).
6. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. (CPI 4).
7. Participates in self-assessment and develops plans to improve knowledge, skills, and behaviors(CPI 6)

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Upon completion of this affiliation the student should be able to meet the following CPI criteria, with **moderate supervision/guidance**:

8. Performs selected physical therapy therapeutic exercise interventions in a technically competent manner (CPI 8).
9. Applies with simple conditions manual therapy, airway clearance, and integumentary repair and protection techniques in a competent manner with less than 50% of CI direct supervision (CPI 9)
10. Applies selected physical agents and mechanical modalities (CPI 10).
11. Applies selected electrotherapeutic modalities in a competent manner (CPI 11).
12. Performs functional training in self-care and home management and application and adjustment of devices and equipment in a competent manner (CPI 12).
13. Produces quality documentation in a timely manner to support the delivery of physical therapy services (CPI 13).
14. Participates in the efficient delivery of physical therapy services (CPI 14).

Entry-Level Physical Therapist Assistant Data Collection Skills (adopted from APTA's *A Normative Model of Physical Therapist Assistant Education: Version 2007*)

The ability of the student to measure, recognize, identify, describe, observe, administer, and/or inspect:

Aerobic Capacity and Endurance	<ul style="list-style-type: none"> • standard vital signs • response to positional changes or activities • thoracoabdominal movements and breathing pattern
Anthropometric Characteristics	<ul style="list-style-type: none"> • height, weight, length • edema
Arousal, Mentation, Cognition	<ul style="list-style-type: none"> • changes in arousal, mentation, and cognition
Assistive, Adaptive, Orthotic, Prosthetic Supportive, Protective Devices	<ul style="list-style-type: none"> • patient/caregiver ability to care for device • patient/caregiver ability to don/doff device • changes in skin condition associated with device • measurement, alignment and fit of device • safety factors when using
Gait, Locomotion, Balance	<ul style="list-style-type: none"> • safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management, and mobility • gait deviation description and effects on locomotion
Integumentary Integrity, Sensation, and Pain	<ul style="list-style-type: none"> • absent or altered sensation • normal and abnormal skin changes • standardized questionnaires, graphs, and scales • activities, positions, postures, devices and equipment aggravating or relieving pain, or altered sensations • activities, positions, postures, devices and equipment that can produce associated skin trauma • viable versus nonviable tissue
Joint Integrity and Range of Motion	<ul style="list-style-type: none"> • normal and abnormal joint movement • functional range of motion • goniometric range of motion
Muscle Performance	<ul style="list-style-type: none"> • manual muscle testing, muscle mass, muscle length, muscle tone
Neuromotor Development	<ul style="list-style-type: none"> • gross and fine motor milestones • developmental reflexes, righting and equilibrium reactions

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Posture	<ul style="list-style-type: none"> • alignment of trunk and extremities during static postures and dynamic activities
Self-care, Home Management, Community/Work Re-integration	<ul style="list-style-type: none"> • physical space/environment • safety and barriers in home, community or work environments • functional level in home, community or work environments • standardized questionnaires
Ventilation, Respiration, Circulation	<ul style="list-style-type: none"> • activities aggravating or relieving edema, pain, dyspnea, cyanosis, or other symptoms • chest wall expansion and excursion • cough and sputum characteristics

Entry-level Physical Therapist Assistant Intervention Skills (adopted from APTA's *A Normative Model of Physical Therapist Assistant Education: Version 2007*)

The ability of the student to demonstrate competence in selected procedural interventions including:

Functional Training	<ul style="list-style-type: none"> • Activities of daily living • Assistive/adaptive devices • Body mechanics • Developmental activities • Gait and locomotion training • Injury prevention and reduction • Prosthetics and orthotics • Wheelchair management skills
Infection Control Procedures	<ul style="list-style-type: none"> • Isolation techniques • Sterile technique
Manual Therapy Techniques	<ul style="list-style-type: none"> • Passive range of motion • Soft tissue mobilization • Therapeutic massage
Physical and Mechanical Agents	<ul style="list-style-type: none"> • Athermal agents • Biofeedback • Compression therapies • Cryotherapy • Electrotherapeutic agents • Hydrotherapy • Thermal agents (superficial and deep) • Traction
Therapeutic Exercise	<ul style="list-style-type: none"> • Aerobic conditioning • Balance and coordination training • Breathing, coughing and relaxation techniques • Conditioning/reconditioning • Neuromuscular education or reeducation • Posture awareness training • Range of motion exercises (assisted, active, resisted) • Stretching exercises • Strengthening exercises
Wound management	<ul style="list-style-type: none"> • Application and removal of dressings or agents (including precautions dressing removal)

Course Grade:

Clinical education performance is evaluated by the clinical instructor (CI), using the CPI. The CI will complete the CPI rater assessment at midterm and final. The PTA Program ACCE will review the completed CPI following the affiliation and the ACCE will determine a grade based on the following criteria:

1. The CPI "Red Flag" items. Difficulty satisfying these criteria may necessitate remediation or produce a grade of U for the course, regardless of the quality of performance on other criteria:
 - Safety
 - Clinical Behaviors
 - Accountability
 - Communication
 - Clinical Problem Solving
2. The CPI final CI assessment rating of each 14 performance criteria.
3. Each marked "with distinction" checkbox is considered in overall student performance.
4. The cumulative balance of positive and negative comments from the CI is considered in the overall student performance.
5. Meeting the minimum required clinical hours. Failure to meet the minimum required clinical hours or frequency of absences is considered in the overall student performance
6. If a student did not participate in a specific activity or section of the criteria outlined in CPI Web, it is permitted to not score that activity or section, and it will not negatively impact the student's progression.

The final course grade is determined by the following:

S (Satisfactory):

CPI criteria:

Student performance satisfactory ratings between "Advanced Beginner Performance and Intermediate Level Performance" in all 14 CPI criteria and have no areas of significant concern or deficiency, and satisfactory submission of all required paperwork at the end of the affiliation. Failure to meet the above criteria will be considered unsatisfactory and may result in failure to pass the course and progress within the program.

Rating Scale Anchors

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

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

U (Unsatisfactory):

Failure to meet the performance expectation described for satisfactory clinical performance results in the grade of unsatisfactory (U) for PTA 245. Students are unable to progress in the PTA program with an unsatisfactory grade for clinical learning experiences.

Terminal Competency: Upon completion of this course the student will, in accord with ethical and legal guidelines and to a degree appropriate for an initial clinical experience, demonstrate appropriate professional attitudes and behaviors; safely execute selected components of physical therapy interventions; accurately execute selected physical therapy data collection skills; and demonstrate the ability to provide required documentation.

Course/Program Policies:

Academic Policy:

1. The student must maintain a 2.000 cumulative quality point average to remain in satisfactory academic standing for progression through the program.

Attendance:

1. Students are to contact the CI and ACCE if an absence is unavoidable.
2. Students must make up hours or days missed, at a mutually agreed upon time and day by the CI, CCCE, and ACCE.
3. Unexcused absences or failure to meet the contact hours may result in a failing (unsatisfactory) course grade.

Policies: Students must adhere to all policies and procedures as explained in the PTA program's *Student Handbook* and *Clinical Education Handbook*.

Student Conduct Statement:

Students at Nash Community College are expected to conduct themselves as responsible adults in accordance with generally accepted standards of morality and decency at all times. The Conduct Code and Internet Use policies are printed in the NCC *General Catalog*. A violation of any of the listed behaviors will warrant immediate disciplinary action and may result in dismissal from the program, as well as suspension from the College.

For more information, please review the Attendance Policy and Withdrawal Policy in the [College Catalog](#).

[Nash Community College Policies](#)

[Nash Community College Resources](#)

Other:

This course utilizes Moodle for communications and sharing course related materials

Instructor: Andrea Milks, M.S., P.T.
B-2131
(252) 451-8481
almilks594@nashcc.edu

Spring Semester

Course Prefix and Number: PTA 255

Course Title: Clinical Education IV (second full-time clinical experience)

Course Hours: Lecture: 0, Lab: 0, Clinic: 12, Credits: 4

Course Schedule: Monday-Sunday 7:00am – 6:59pm

Note to Students: Students are required to follow the schedule of the assigned clinical instructor, which may include Saturday, Sunday, College recognized holidays, or student breaks.

Course Prerequisites: PTA 212 and PTA 215

Required Materials

Clinical attire to include Nash CC student name tag

Medical immunization/ vaccination records and other onboarding forms as requested

Texts: None required; It is recommended that students review and have access to texts from PTA 110, 125, 135, 145, 222, 225, 235.

Course Description: This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation.

Student Learning Outcomes:

Upon completion of this affiliation the student should meet the following Clinical Performance Instrument (CPI) criteria with a performance that **approaches entry-level**.

Objectives 1-5 correspond to the CPI "red flag" items. Please contact the ACCE immediately if a student is having difficulty achieving any of these objectives:

1. Performs in a safe manner that minimizes risk to patient, self, and others (CPI 1).
2. Demonstrates expected clinical behaviors in a professional manner in all situations (CPI 2).
3. Performs in a competent manner consistent with established legal standards, standards of the profession, and ethical guidelines (CPI 3).
4. Communicates in ways that are congruent with situational needs (CPI 5).
5. Demonstrates clinical problem solving (CPI 7).
6. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. (CPI 4).
7. Participates in self-assessment and develops plans to improve knowledge, skills, and behaviors(CPI 6)

Upon completion of this affiliation the student should meet the following Clinical Performance Instrument (CPI) criteria with **minimal supervision/guidance and which may approach entry- level:**

8. Performs selected physical therapy therapeutic exercise interventions in a technically competent manner (CPI 8).

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9. Applies selected manual therapy, airway clearance, and integumentary repair and protection techniques in a competent manner with less than 25% of CI direct supervision with new patients or patients with complex conditions and is independent working with patient with simple conditions (CPI 9).
10. Applies selected physical agents and mechanical modalities (CPI 10).
11. Applies selected electrotherapeutic modalities in a competent manner (CPI 11).
12. Performs functional training in self-care and home management and application and adjustment of devices and equipment in a competent manner (CPI 12).
13. Produces quality documentation in a timely manner to support the delivery of physical therapy services (CPI 13).
14. Participates in the efficient delivery of physical therapy services (CPI 14).

Entry-Level Physical Therapist Assistant Data Collection Skills (adopted from APTA's *A Normative Model of Physical Therapist Assistant Education: Version 2007*)

The ability of the student to measure, recognize, identify, describe, observe, administer, and/or inspect:

Aerobic Capacity and Endurance	<ul style="list-style-type: none"> • standard vital signs • response to positional changes or activities • thoracoabdominal movements and breathing pattern
Anthropometric Characteristics	<ul style="list-style-type: none"> • height, weight, length • edema
Arousal, Mentation, Cognition	<ul style="list-style-type: none"> • changes in arousal, mentation, and cognition
Assistive, Adaptive, Orthotic, Prosthetic, Supportive, Protective Devices	<ul style="list-style-type: none"> • patient/caregiver ability to care for device • patient/caregiver ability to don/doff device • changes in skin condition associated with device • measurement, alignment and fit of device • safety factors when using
Gait, Locomotion, Balance	<ul style="list-style-type: none"> • safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management, and mobility • gait deviation description and effects on locomotion
Integumentary Integrity, Sensation, and Pain	<ul style="list-style-type: none"> • absent or altered sensation • normal and abnormal skin changes • standardized questionnaires, graphs, and scales • activities, positions, postures, devices and equipment aggravating or relieving pain or altered sensations • activities, positions, postures, devices and equipment that can produce associated skin trauma • viable versus nonviable tissue
Joint Integrity and Range of Motion	<ul style="list-style-type: none"> • normal and abnormal joint movement • functional range of motion • goniometric range of motion
Muscle Performance	<ul style="list-style-type: none"> • manual muscle testing, muscle mass, muscle length, muscle tone
Neuromotor Development	<ul style="list-style-type: none"> • gross and fine motor milestones • developmental reflexes, righting and equilibrium reactions

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Posture	<ul style="list-style-type: none"> • alignment of trunk and extremities during static postures and dynamic activities
Self-care, Home Management, Community/Work Re-integration	<ul style="list-style-type: none"> • physical space/environment • safety and barriers in home, community or work environments • functional level in home, community or work environments • standardized questionnaires
Ventilation, Respiration, Circulation	<ul style="list-style-type: none"> • activities aggravating or relieving edema, pain, dyspnea, cyanosis, or other symptoms • chest wall expansion and excursion • cough and sputum characteristics

Entry-level Physical Therapist Assistant Intervention Skills (adopted from APTA's *A Normative Model of Physical Therapist Assistant Education: Version 2007*)

The ability of the student to demonstrate competence in selected procedural interventions including:

Functional Training	<ul style="list-style-type: none"> • Activities of daily living • Assistive/adaptive devices • Body mechanics • Developmental activities • Gait and locomotion training • Injury prevention and reduction • Prosthetics and orthotics • Wheelchair management skills
Infection Control Procedures	<ul style="list-style-type: none"> • Isolation techniques • Sterile technique
Manual Therapy Techniques	<ul style="list-style-type: none"> • Passive range of motion • Soft tissue mobilization • Therapeutic massage
Physical and Mechanical Agents	<ul style="list-style-type: none"> • Athermal agents • Biofeedback • Compression therapies • Cryotherapy • Electrotherapeutic agents • Hydrotherapy • Thermal agents (superficial and deep) • Traction
Therapeutic Exercise	<ul style="list-style-type: none"> • Aerobic conditioning • Balance and coordination training • Breathing, coughing and relaxation techniques • Conditioning/reconditioning • Neuromuscular education and reeducation • Posture awareness training • Range of motion exercises (assisted, active, resisted) • Stretching exercises • Strengthening exercises
Wound management	<ul style="list-style-type: none"> • Application and removal of dressings or agents (including precautions dressing removal)

Course Grade:

Clinical education performance is evaluated by the clinical instructor (CI), using the CPI. The CI will complete the CPI rater assessment at midterm and final. The PTA Program ACCE will review the completed following the affiliation and the ACCE will determine a grade based on the following criteria:

1. The CPI "Red Flag" items. Difficulty satisfying these criteria may necessitate remediation or produce a grade of U for the course, regardless of the quality of performance on other criteria:
 - Safety
 - Clinical Behaviors
 - Accountability
 - Communication
 - Clinical Problem Solving
2. The CPI final CI assessment rating of each 14 performance criteria.
3. Each marked "with distinction" checkbox is considered in overall student performance.
4. The cumulative balance of positive and negative comments from the CI is considered in the overall student performance.
5. Meeting the minimum required clinical hours. Failure to meet the minimum required clinical hours or frequency of absences is considered in the overall student performance
6. If a student did not participate in a specific activity or section of the criteria outlined in CPI Web, it is permitted to not score that activity or section, and it will not negatively impact the student's progression.

The final course grade is determined by the following:

S (Satisfactory):

CPI criteria:

Student performance satisfactory ratings between "Advanced Beginner Performance and Intermediate Level Performance" in all 14 CPI criteria and have no areas of significant concern or deficiency, and satisfactory submission of all required paperwork at the end of the affiliation. Failure to meet the above criteria will be considered unsatisfactory and may result in failure to pass the course and progress within the program.

Rating Scale Anchors

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

Advanced intermediate performance

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

U (Unsatisfactory):

Failure to meet the performance expectation described for satisfactory clinical performance results in the grade of unsatisfactory (U) for PTA 155/185. Students are unable to progress in the PTA program with an unsatisfactory grade for clinical learning experiences.

Terminal Competency: Upon completion of this course the student will, in accord with ethical and legal guidelines and to a degree appropriate for an intermediate clinical experience, demonstrate appropriate professional attitudes and behaviors; safely execute selected components of physical therapy interventions; accurately execute selected physical therapy data collection skills; and demonstrate the ability to provide required documentation.

Academic Policy:

1. The student must maintain a 2.000 cumulative quality point average to remain in satisfactory academic standing for progression through the program.

Attendance:

1. Students are to contact the CI and ACCE if an absence is unavoidable.
2. Students must make up hours or days missed, at a mutually agreed upon time and day by the CI, CCCE, and ACCE.
3. Unexcused absences or failure to meet the contact hours may result in a failing (unsatisfactory) course grade.

Policies: Students must adhere to all policies and procedures as explained in the PTA program's *Student Handbook* and *Clinical Education Handbook*.

Student Conduct Statement:

Students at Nash Community College are expected to conduct themselves as responsible adults in accordance with generally accepted standards of morality and decency at all times. The Conduct Code and Internet Use policies are printed in the NCC *General Catalog*. A violation of any of the listed behaviors will warrant immediate disciplinary action and may result in dismissal from the program, as well as suspension from the College.

For more information, please review the Attendance Policy and Withdrawal Policy in the [College Catalog](#).

[Nash Community College Policies](#)

[Nash Community College Resources](#)

Other:

This course utilizes Moodle for communications and sharing course related materials

Instructor: Andrea Milks, M.S., P.T.
B-2131
(252) 451-8481
almilks594@nashcc.edu

Spring Semester

Course Prefix and Number: PTA 155/185

Course Title: Clinical Education I/II (final full-time clinical experience)

Course Hours: Lecture: 0, Lab: 0, Clinic: 15 (6/9), Credits: 5 (2/3)

Course Schedule: Monday-Sunday 7:00am – 6:59pm

Note to Students: Students are required to follow the schedule of the assigned clinical instructor, which may include Saturday, Sunday, College recognized holidays, or student breaks.

Course Prerequisites: PTA 255

Required Materials

Clinical attire to include Nash CC student name tag

Medical immunization/ vaccination records and other onboarding forms as requested

Texts: None required; It is recommended that students review and have access to texts from PTA 110, 125, 135, 145, 222, 225, 235.

Course Description: This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation.

Student Learning Outcomes:

Upon completion of this affiliation the student should meet the following Clinical Performance Instrument (CPI) criteria with a performance that **approaches entry-level**.

Objectives 1-5 correspond to the CPI "red flag" items. Please contact the ACCE immediately if a student is having difficulty achieving any of these objectives:

1. Performs in a safe manner that minimizes risk to patient, self, and others (CPI 1).
2. Demonstrates expected clinical behaviors in a professional manner in all situations (CPI 2).
3. Performs in a competent manner consistent with established legal standards, standards of the profession, and ethical guidelines (CPI 3).
4. Communicates in ways that are congruent with situational needs (CPI 5).
5. Demonstrates clinical problem solving (CPI 7).
6. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. (CPI 4).
7. Participates in self-assessment and develops plans to improve knowledge, skills, and behaviors(CPI 6)
8. Performs selected physical therapy therapeutic exercise interventions in a technically competent manner (CPI 8).
9. Applies selected manual therapy, airway clearance, and integumentary repair and protection techniques in a competent manner with less than 25% of CI direct supervision with new patients or patients with complex conditions and is independent working with simple patient conditions (CPI 9).
10. Applies selected physical agents and mechanical modalities (CPI 10).

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11. Applies selected electrotherapeutic modalities in a competent manner (CPI 11).
12. Performs functional training in self-care and home management and application and adjustment of devices and equipment in a competent manner (CPI 12).
13. Produces quality documentation in a timely manner to support the delivery of physical therapy services (CPI 13).
14. Participates in the efficient delivery of physical therapy services (CPI 14).

Entry-Level Physical Therapist Assistant Data Collection Skills (adopted from APTA's *A Normative Model of Physical Therapist Assistant Education: Version 2007*)

The ability of the student to measure, recognize, identify, describe, observe, administer, and/or inspect:

Aerobic Capacity and Endurance	<ul style="list-style-type: none"> • standard vital signs • response to positional changes or activities • thoracoabdominal movements and breathing pattern
Anthropometric Characteristics	<ul style="list-style-type: none"> • height, weight, length • edema
Arousal, Mentation, Cognition	<ul style="list-style-type: none"> • changes in arousal, mentation, and cognition
Assistive, Adaptive, Orthotic, Prosthetic, Supportive, Protective Devices	<ul style="list-style-type: none"> • patient/caregiver ability to care for device • patient/caregiver ability to don/doff device • changes in skin condition associated with device • measurement, alignment and fit of device • safety factors when using
Gait, Locomotion, Balance	<ul style="list-style-type: none"> • safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management, and mobility • gait deviation description and effects on locomotion
Integumentary Integrity, Sensation, and Pain	<ul style="list-style-type: none"> • absent or altered sensation • normal and abnormal skin changes • standardized questionnaires, graphs, and scales • activities, positions, postures, devices and equipment aggravating or relieving pain or altered sensations • activities, positions, postures, devices and equipment that can produce associated skin trauma • viable versus nonviable tissue
Joint Integrity and Range of Motion	<ul style="list-style-type: none"> • normal and abnormal joint movement • functional range of motion • goniometric range of motion
Muscle Performance	<ul style="list-style-type: none"> • manual muscle testing, muscle mass, muscle length, muscle tone
Neuromotor Development	<ul style="list-style-type: none"> • gross and fine motor milestones • developmental reflexes, righting and equilibrium reactions
Posture	<ul style="list-style-type: none"> • alignment of trunk and extremities during static postures and dynamic activities
Self-care, Home Management, Community/Work Re-integration	<ul style="list-style-type: none"> • physical space/environment • safety and barriers in home, community or work environments • functional level in home, community or work environments • standardized questionnaires

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Ventilation, Respiration, Circulation	<ul style="list-style-type: none"> • activities aggravating or relieving edema, pain, dyspnea, cyanosis, or other symptoms • chest wall expansion and excursion • cough and sputum characteristics
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Entry-level Physical Therapist Assistant Intervention Skills (adopted from APTA's *A Normative Model of Physical Therapist Assistant Education: Version 2007*)

The ability of the student to demonstrate competence in selected procedural interventions including:

Functional Training	<ul style="list-style-type: none"> • Activities of daily living • Assistive/adaptive devices • Body mechanics • Developmental activities • Gait and locomotion training • Injury prevention and reduction • Prosthetics and orthotics • Wheelchair management skills
Infection Control Procedures	<ul style="list-style-type: none"> • Isolation techniques • Sterile technique
Manual Therapy Techniques	<ul style="list-style-type: none"> • Passive range of motion • Soft tissue mobilization • Therapeutic massage
Physical and Mechanical Agents	<ul style="list-style-type: none"> • Athermal agents • Biofeedback • Compression therapies • Cryotherapy • Electrotherapeutic agents • Hydrotherapy • Thermal agents (superficial and deep) • Traction
Therapeutic Exercise	<ul style="list-style-type: none"> • Aerobic conditioning • Balance and coordination training • Breathing, coughing and relaxation techniques • Conditioning/reconditioning • Neuromuscular education and reeducation • Posture awareness training • Range of motion exercises (assisted, active, resisted) • Stretching exercises • Strengthening exercises
Wound management	<ul style="list-style-type: none"> • Application and removal of dressings or agents (including precautions dressing removal)

Course Grade:

Clinical education performance is evaluated by the clinical instructor (CI), using the CPI. The CI will complete the CPI rater assessment at midterm and final. The PTA Program ACCE will review the completed following the affiliation and the ACCE will determine a grade based on the following criteria:

1. The CPI "Red Flag" items. Difficulty satisfying these criteria may necessitate remediation or produce a grade of U for the course, regardless of the quality of performance on other criteria:
 - Safety
 - Clinical Behaviors
 - Accountability
 - Communication
 - Clinical Problem Solving
2. The CPI final CI assessment rating of each 14 performance criteria.
3. Each marked "with distinction" checkbox is considered in overall student performance.
4. The cumulative balance of positive and negative comments from the CI is considered in the overall student performance.
5. Meeting the minimum required clinical hours. Failure to meet the minimum required clinical hours or frequency of absences is considered in the overall student performance
6. If a student did not participate in a specific activity or section of the criteria outlined in CPI Web, it is permitted to not score that activity or section, and it will not negatively impact the student's progression.

The final course grade is determined by the following:

S (Satisfactory):

CPI criteria:

Student performance satisfactory ratings at or approaching Entry-level performance in all 14 CPI criteria and have no areas of significant concern or deficiency, and satisfactory submission of all required paperwork at the end of the affiliation. Failure to meet the above criteria will be considered unsatisfactory and may result in failure to pass the course and progress within the program.

Rating Scale Anchors

Entry-level performance

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

U (Unsatisfactory):

Failure to meet the performance expectation described for satisfactory clinical performance results in the grade of unsatisfactory (U) for PTA 155/185. Students are unable to progress in the PTA program with an unsatisfactory grade for clinical learning experiences.

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Terminal Competency: Upon completion of this course the student will, in accord with ethical and legal guidelines and to a degree appropriate for an intermediate clinical experience, demonstrate appropriate professional attitudes and behaviors; safely execute selected components of physical therapy interventions; accurately execute selected physical therapy data collection skills; and demonstrate the ability to provide required documentation.

Academic Policy:

1. The student must maintain a 2.000 cumulative quality point average to remain in satisfactory academic standing for progression through the program.

Attendance:

1. Students are to contact the CI and ACCE if an absence is unavoidable.
2. Students must make up hours or days missed, at a mutually agreed upon time and day by the CI, CCCE, and ACCE.
3. Unexcused absences or failure to meet the contact hours may result in a failing (unsatisfactory) course grade.

Policies: Students must adhere to all policies and procedures as explained in the PTA program's *Student Handbook* and *Clinical Education Handbook*.

Student Conduct Statement:

Students at Nash Community College are expected to conduct themselves as responsible adults in accordance with generally accepted standards of morality and decency at all times. The Conduct Code and Internet Use policies are printed in the NCC *General Catalog*. A violation of any of the listed behaviors will warrant immediate disciplinary action and may result in dismissal from the program, as well as suspension from the College.

For more information, please review the Attendance Policy and Withdrawal Policy in the [College Catalog](#).

[Nash Community College Policies](#)

[Nash Community College Resources](#)

Other:

This course utilizes Moodle for communications and sharing course related materials

Instructor: Andrea Milks, M.S., P.T.
B-2131
(252) 451-8481
almilks594@nashcc.edu

Appendix A

PTA Course Sequence and Technical Course Summaries

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**Curriculum Sequence Checklist
Physical Therapist Assistant – A45640**

Course and Hour Requirements:

			<u>Class</u>	<u>Lab</u>	<u>Clin/Exp</u>	<u>Credit</u>
First Semester (Fall)						
ACA	115	Success & Study Skills	0	2	0	1
BIO	168	Anatomy & Physiology I	3	3	0	4
CIS	110	Intro. to Computers	2	2	0	3
ENG	111	Expository Writing	3	0	0	3
MAT	171	Precalculus Algebra	3	2	0	4
PSY	150	General Psychology	3	0	0	<u>3</u>
Semester Total						18
Second Semester (Spring)						
BIO	169	Anatomy & Physiology II	3	3	0	4
HUM/FA		Hum/Fine Arts Elective	3	0	0	3
COM	231	Public Speaking	3	0	0	3
ENG	111	Expository Writing	3	0	0	3
PTA	110	Intro to Physical Therapy	2	3	0	3
PTA	125	Gross & Functional Anatomy	3	6	0	<u>5</u>
Semester Total						18
Third Semester (Summer)						
PTA	135	Pathology	4	0	0	4
PTA	222	Professional Interactions	2	0	0	2
PTA	225	Intro to Rehabilitation	3	3	0	<u>4</u>
Semester Total						10
Fourth Semester (Fall)						
PTA	145	Therapeutic Procedures	2	6	0	4
PTA	235	Neurological Rehab	3	6	0	5
PTA	245	PTA Clinical III	0	0	12	<u>4</u>
Semester Total						13
Fifth Semester (Spring)						
PTA	212	Health Care Resources	2	0	0	2
PTA	215	Therapeutic Exercise	2	3	0	3
PTA	255	PTA Clinical IV	0	0	12	4
PTA	155*	PTA Clinical I	0	0	6	2
PTA	185*	PTA Clinical II	0	0	9	<u>3</u>
Semester Total						14
Total Hours for Graduation						73

*PTA 155 and PTA 185 are combined into one clinical experience the final six weeks of the semester

Advisors: Stephen Tart Jocelyn Hardee Andrea Milks, Program Director /ACCE
252-451-8338 252-451-8281 252-451-8481
sdstart261@nashcc.edu jwhardee216@nashcc.edu amilks@nashcc.edu

Academic Program Course Summaries

PTA 110 Introduction to Physical Therapy:

History, standard of practices, basic treatment techniques (draping, bed mobility, positioning, wheelchair fitting/equipment, transfers, gait training, gait patterns, assistive devices, infection control, isolation precautions), medical equipment commonly encountered, basic postural assessment.

PTA 125 Gross & Functional Anatomy:

In-depth, clinical orientation to gross and functional anatomy, concentrating on musculoskeletal, nervous, and circulatory system structures and clinical biomechanics. Skills demonstrated are goniometric measurement, basic manual muscle testing, and observation/description of normal gait, posture and function.

PTA 135 Pathology:

Principles of pathology, process of diseases, inflammation, aging, common disease processes seen by PT including cancer, genetic and developmental disorders, circulatory diseases, respiratory diseases, bone and joint diseases, neuromuscular diseases, mental illness, endocrine disorders, and infectious diseases

PTA 145 Therapeutic Procedures:

Specific treatment procedures, physiological responses to treatment. Treatment procedures include superficial modalities, ultrasound, e-stim, ROM, stretching, massage, diathermy, traction, Intermittent Pneumatic Compression, ultraviolet, infrared, wound care and hydrotherapy, biofeedback

PTA 155 Clinical Education I: (combined with PTA 185 into final 6 week affiliation)

This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation.

PTA 185 Clinical Education II: (combined with PTA 155 into final 6 week affiliation)

This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation.

PTA 212 Health Care Resources:

This course provides an overview of various aspects of health care delivery systems and the interrelationships of health care team members. Topics include health agencies and their functions, health care team member roles, management, and other health care issues. Upon completion, students should be able to discuss the functions of health organizations and team members and aspects of health care affecting physical therapy delivery.

PTA 215 Therapeutic Exercise:

This course introduces basic concepts of strengthening, endurance and flexibility exercise and balance, gait, and posture training. Emphasis is placed on applying techniques to the treatment of orthopedic conditions. Upon completion, the student should be able to safely and effectively execute basic exercise programs, balance, gait, and posture training.

PTA 222 Professional Interactions:

Students develop baseline for effective interpersonal skills when dealing with patients, families, the public, and other health care provider. Students are expected to demonstrate positive helping and communication skills, appropriate assertiveness, and respectful, legal, and ethical professional interactions.

PTA 225 Introduction to Rehabilitation:

General rehab techniques and disease processes including cardiopulmonary rehab, burn rehab, amputee, prosthetics and orthotics, arthritis and allied conditions (gout, SLE), aquatic therapy, peripheral neuromuscular diseases, common gait deviations (and possible causes), PVD, obstetrics.

PTA 235 Neurological Rehabilitation:

General overview of neurological and neuromuscular disorders across the lifespan (pediatric to adult), emphasizing pathologies/prognoses and treatment rationales. Topics include normal development, normal and abnormal muscle tone, common adult neurological disorders (CVA, TBI, SCI, MS, PD) and common pediatric neurological/neuromuscular disorders (High Risk Infant, CP, SB, MD, Down Syndrome, JRA, CF).

PTA 245 Clinical Education III:

This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation. (first clinical experience for 2nd year students)

PTA 255 Clinical Education IV:

This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation. (second clinical experience for 2nd year students)

Appendix B

PHYSICAL THERAPIST ASSISTANT CLINICAL PERFORMANCE INSTRUMENT

August 2009

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



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Appendix C

Student Evaluation of Clinical Learning Experience (APTA – 2003)

PHYSICAL THERAPIST ASSISTANT STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003



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

Nash Community College
Physical Therapist Assistant Program
Clinical Education Handbook

PREAMBLE

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

Key Assumptions

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

Acknowledgement

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

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

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Signatures

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

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI

Yes

No

Other CI Credential _____ State

Yes

No

Professional organization memberships

APTA

Other _____

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI

Yes No

Other CI Credential _____ State

Yes No

Professional organization memberships

APTA Other _____

SECTION 1: PTA STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site _____
Address _____ City _____ State _____
2. Clinical Experience Number _____
3. Specify the number of weeks for each applicable clinical experience/rotation.

_____ Acute Care/Inpatient Hospital Facility	_____ Private Practice
_____ Ambulatory Care/Outpatient	_____ Rehabilitation/Sub-acute Rehabilitation
_____ ECF/Nursing Home/SNF	_____ School/Preschool Program
_____ Federal/State/County Health	_____ Wellness/Prevention/Fitness Program
_____ Industrial/Occupational Health Facility	_____ Other _____

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No
6. What else could have been provided during the orientation? _____

Patient/Client Management and the Practice Environment

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

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

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

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

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

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

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

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

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

Clinical Experience

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

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify _____)

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

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe _____

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

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

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

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

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Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
 - Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
 - Time well spent; would recommend this clinical education site to another student.
 - Some good learning experiences; student program needs further development.
 - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist assistant student should have to function successfully at this clinical education site? _____
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist assistant academic preparation, describe those subject areas not addressed. _____
19. What suggestions would you offer to future physical therapist assistant students to improve this clinical education experience? _____
20. What do you believe were the strengths of your physical therapist assistant academic preparation and/or coursework for *this clinical experience*? _____
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? _____

SECTION 2: PTA STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR

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

Assessment of Clinical Instruction

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

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

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		

There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client interventions.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

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

Midterm Evaluation Yes No Final Evaluation Yes No

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

Midterm Evaluation _____

Final Evaluation _____

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

Midterm Comments _____

Final Comments _____

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

Midterm Comments _____

Final Comments _____

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

Appendix D

Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level

Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level
 Re-formatted from APTA's BOD G11-08-09-18, 12/5/08, last updated 8/01/12

PTA Skill Category	Description of Minimum Skills for PTA
<p>Plan of Care Review</p> <ul style="list-style-type: none"> • Review of physical therapy documents • Review of medical records • Identification of pertinent information • Identification of indications, contraindications, precautions, safety considerations, and expected outcomes • Access to related literature • Match patient goals to selected interventions • Identification of the role in patient care • Identification of items to be communicated to the physical therapist 	<ol style="list-style-type: none"> 1. Read all physical therapy documentation, including initial examination and plan of care. <ol style="list-style-type: none"> A. Note indications, contraindications, precautions and safety considerations for the patient. B. Note goals and expected outcomes. C. Seek clarification from physical therapist, as needed. 2. Review information in the medical record at each visit, including: <ol style="list-style-type: none"> A. Monitor medical record for changes in medical status and/or medical procedures. B. Collect data on patient's current condition, compare results to previously collected data and safety parameters established by the physical therapist, and determine if the safety parameters have been met. C. Seek clarification from appropriate health professions' staff for unfamiliar or ambiguous information. 3. Identify when the directed interventions are either beyond the scope of work or personal scope of work of the PTA. 4. Communicate to the physical therapist when there are significant changes in the patient's medical status, physician referral, or when the criticality and complexity of the patient is beyond the knowledge, skills and abilities of the PTA. 5. Explain the rationale for selected interventions to achieve patient goals as identified in the plan of care.
<p>Provision of Procedural Interventions</p> <ul style="list-style-type: none"> • Compliance with policies, procedures, ethical standards, etc. • Risk management strategies • Protection of patient privacy, rights, and dignity • Competent provision of interventions, including: <ul style="list-style-type: none"> ▪ Therapeutic exercise ▪ Functional training ▪ Manual therapy techniques ▪ Application and adjustments of devices and equipment ▪ Airway clearance techniques ▪ Integumentary repair and protection techniques ▪ Electrotherapeutic modalities 	<ol style="list-style-type: none"> 1. Provide interventions compliant with federal and state licensing requirements, APTA standards documents (e.g., Guide for Conduct for the PTA, Code of Ethics), and facility policies and procedures. 2. Assure safety of patient and self throughout patient care. <ol style="list-style-type: none"> A. Identify the need for and take action when safety of patient or self may be at risk or has been compromised. B. Utilize risk management strategies (e.g., universal precautions, body mechanics). 3. Assure patient privacy, rights, and dignity. <ol style="list-style-type: none"> A. Follow HIPAA requirements and observe Patient Bill of Rights. B. Position/drape to protect patient modesty. 4. Provide competent provision of physical therapy interventions, including: <u>Therapeutic exercise</u>

<ul style="list-style-type: none"> ▪ Physical agents and mechanical modalities ▪ Assessment of patient response ▪ Clinical problem solving ▪ Ability to modify techniques 	<ul style="list-style-type: none"> A. Aerobic Capacity/Endurance Conditioning or Reconditioning <ul style="list-style-type: none"> 1. Increase workload over time 2. Movement efficiency and energy conservation training 3. Walking/wheelchair propulsion programs B. Balance, coordination, and agility training <ul style="list-style-type: none"> 1. Developmental activities training 2. Neuromuscular education or reeducation 3. Postural awareness training 4. Standardized, programmatic, complementary exercise approaches (protocols) 5. Task-Specific Performance Training (e.g. transfer training, mobility exercises, functional reaching) C. Body mechanics and postural stabilization <ul style="list-style-type: none"> 1. Body mechanics training 2. Postural stabilization activities 3. Postural awareness training D. Flexibility exercises <ul style="list-style-type: none"> 1. Range of motion 2. Stretching (e.g., Passive, Active, Mechanical) E. Gait and locomotor training <ul style="list-style-type: none"> 1. Developmental activities training 2. Gait training (with and without devices) 3. Standardized, programmatic, complementary exercise approaches 4. Wheelchair propulsion and safety F. Neuromotor development training <ul style="list-style-type: none"> 1. Developmental activities training 2. Movement pattern training 3. Neuromuscular education or reeducation G. Relaxation <ul style="list-style-type: none"> 1. Breathing strategies (with respect to delivery of an intervention) 2. Relaxation techniques (with respect to delivery of an intervention) H. Strength, power, and endurance training for head, neck, limb, trunk, and ventilatory muscles <ul style="list-style-type: none"> 1. Active assistive, active, and resistive exercises, including concentric, dynamic/isotonic, eccentric, isometric, diaphragmatic breathing, and low-level plyometrics (e.g., kicking a ball, throwing a ball) <p><u>Functional training in self-care and home management</u></p> <ul style="list-style-type: none"> A. Activities of daily living (ADL) training <ul style="list-style-type: none"> 1. Bed mobility and transfer training 2. Activity specific performance training B. Device and equipment use and training <ul style="list-style-type: none"> 1. Assistive and adaptive device or equipment training during ADL C. Injury Prevention or reduction <ul style="list-style-type: none"> 1. Injury prevention education during self-care and home management 2. Injury prevention or reduction with use of devices and equipment 3. Safety awareness training during self-care and home management
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Manual therapy techniques

- A. Therapeutic Massage
- B. Soft Tissue mobilization
- C. Passive range of motion

Application and adjustment of devices and equipment

- A. Adaptive devices
 - 1. Hospital Beds
 - 2. Raised Toilet Seats
- B. Assistive devices
 - 1. Canes
 - 2. Crutches
 - 3. Long-handled reachers
 - 4. Walkers
 - 5. Wheelchairs
- C. Orthotic and prosthetic devices
 - 1. Braces
- D. Protective devices
 - 1. Braces
- E. Supportive devices, such as:
 - 1. Compression garments
 - 2. Elastic wraps
 - 3. Soft neck collars
 - 4. Slings
 - 5. Supplemental oxygen

Breathing strategies/oxygenation

- 1. Identify patient in respiratory distress
- 2. Reposition patient to improve respiratory function
- 3. Instruct patient in a variety of breathing techniques (pursed lip breathing, paced breathing, etc.)
- 4. Administration of prescribed oxygen during interventions

Integumentary protection

- 1. Recognize interruptions in Integumentary integrity
- 2. Repositioning
- 3. Patient education
- 4. Edema management

Electrotherapeutic modalities, such as:

- 1. Electrotherapeutic delivery of medications
- 2. Electrical muscle stimulation
- 3. Electrical stimulation for tissue repair
- 4. Functional electrical stimulation
- 5. High-voltage pulsed current
- 6. Neuromuscular electrical stimulation
- 7. Transcutaneous electrical nerve stimulation

Physical agents

- 1. Cryotherapy (e.g., cold pack, ice massage, vapocoolant spray, hydrotherapy)
- 2. Ultrasound
- 3. Thermotherapy (e.g., dry heat, hot packs, paraffin baths, hydrotherapy)

	<p><u>Mechanical modalities</u></p> <ol style="list-style-type: none"> 1. Compression therapies 2. Mechanical motion devices 3. Traction devices <p>5. Determine patient’s response to the intervention:</p> <ol style="list-style-type: none"> A. Interview patient and accurately interpret verbal and nonverbal responses B. Identify secondary effects or complications caused by the intervention C. Determine outcome of intervention (positive or negative), including data collection and functional measures <p>6. Use clinical problem solving skills in patient care.</p> <ol style="list-style-type: none"> A. Determine if patient is safe and comfortable with the intervention, and, if not, determine appropriate modifications B. Compare results of interventions to previously collected data and determine if there is progress toward the expectations established by the PT or if the expectations have been met C. Determine if modifications to the interventions are needed to improve patient response <p>7. Modify interventions to improve patient response.</p> <ol style="list-style-type: none"> A. Determine modifications that can be made to the intervention within the plan of care B. Communicate with physical therapist when modifications are outside the scope of work or personal scope of work of PTA C. Select and implement modification D. Determine patient outcomes from the modification
<p>.Patient Instruction</p> <ul style="list-style-type: none"> • Application of principles of learning • Use of variety of teaching strategies • Methods to enhance compliance • Clarity in instructions • Assessment of patient response 	<ol style="list-style-type: none"> 1. Apply principles of learning using a variety of teaching strategies during patient instruction. 2. Provide clear instructions (e.g., verbal, visual). 3. Apply methods to enhance compliance (e.g., handouts, reporting forms). 4. Determine patient response/understanding of instruction.
<p>Patient Progression</p> <ul style="list-style-type: none"> • Competent patient progression • Communication of pertinent information • Relationships of psychosocial factors to progress • Clinical problem solving 	<ol style="list-style-type: none"> 1. Implement competent patient progression. <ol style="list-style-type: none"> A. Identify the need to progress via data collection. B. Determine what progression can be made within the plan of care. C. Identify possible progressions that will continue to advance patient response. D. Select and implement the progression of the intervention. E. Determine outcomes of the intervention.

	<ol style="list-style-type: none"> 2. Communicate pertinent information. <ol style="list-style-type: none"> A. Identify changes in patient response due to intervention. B. Describe adjustments to intervention within plan of care. C. Describe response to change in intervention. 3. Recognize when other variables (psychosocial, social, cultural, etc.) appear to be affecting the patient’s progression with the intervention. 4. Determine if patient is progressing toward goals in plan of care. If no, determine if modifications made to the intervention are required to improve patient response.
<p>Data Collection</p> <ul style="list-style-type: none"> • Competent data collection • Interview skills • Accurate and timely • Clinical problem solving • Ability to modify techniques • Documentation and communication 	<ol style="list-style-type: none"> 1. Provide accurate, reproducible, safe, valid, and timely collection and documentation of data to measure the patient’s medical status and/or progress within the intervention as indicated in the following categories: <ul style="list-style-type: none"> <u>Anthropometric characteristics</u> <ol style="list-style-type: none"> 1. Measure body dimensions (e.g., height, weight, girth, limb length). <u>Arousal, attention, and cognition</u> <ol style="list-style-type: none"> 1. Determine level of orientation to situation, time, place, and person. 2. Determine patient’s ability to process commands. 3. Determine level of arousal (lethargic, alert, agitated). 4. Test patient’s recall ability (e.g., short term and long term memory). <u>Assistive and adaptive devices</u> <ol style="list-style-type: none"> 1. Measure for assistive or adaptive devices and equipment. 2. Determine components, alignments and fit of device and equipment. 3. Determine patient’s safety while using the device. 4. Monitor patient’s response to the use of the device. 5. Check patient or caregiver’s ability to care for device and equipment (maintenance, adjustment, cleaning). <u>Body mechanics</u> <ol style="list-style-type: none"> 1. Determine patient’s ability to use proper body mechanics during functional activity. <u>Environmental barriers, self-care, and home management</u> <ol style="list-style-type: none"> 1. Identify potential safety barriers. 2. Identify potential environmental barriers. 3. Identify potential physical barriers 4. Determine ability to perform bed mobility and transfers safely in the context of self-care home management. <u>Gait, locomotion, and balance</u> <ol style="list-style-type: none"> 1. Determine patient’s safety while engaged in gait, locomotion, balance, and mobility. 2. Measure patient’s progress with gait, locomotion, balance, and mobility, including use of standard tests.

3. Describes gait deviations and their effect on gait and locomotion.

Integumentary integrity

1. Identify activities, positioning, and postures that may produce or relieve trauma to the skin.
2. Identify devices and equipment that may produce or relieve trauma to the skin.
3. Observe and describe skin characteristics (e.g., blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture, and turgor).
4. Observe and describe changes in skin integrity, such as presence of wound, blister, incision, hematoma, etc.
5. Test for skin sensation and describe absent or altered sensation.

Muscle function

1. Perform manual muscle testing.
2. Observe the presence or absence of muscle mass.
3. Describe changes in muscle tone.

Neuromotor function

1. Identify the presence or absence of developmental reflexes, associated reactions, or abnormal tone.
2. Identify performance of gross and fine motor skills.

Orthotic and prosthetic devices and equipment

1. Check components, ensure alignment and fit of orthotic devices, braces, and/or splints.
2. Determine effectiveness of components (Is it working or not?), alignment, and fit of orthotic devices, braces, and splints during functional activities.
3. Determine patient/caregiver's ability to don/doff orthotic device, brace, and/or splint.
4. Determine patient/caregiver's ability to care for orthotic device, brace, or splint (e.g., maintenance, adjustments, and cleaning).

Pain

1. Define location and intensity of pain.

Posture

1. Determine postural alignment and position (static and dynamic, symmetry, deviation from midline).

Range of motion

1. Perform tests of joint active and passive movement, muscle length, soft tissue extensibility, tone and flexibility (goniometry, tape measure).
2. Describe functional range of motion.

Sensory response

1. Perform tests of superficial sensation (course touch, light touch, cold, heat, pain, pressure, and/or vibration).
2. Check peripheral nerve integrity (sensation, strength).

	<p><u>Vital Signs</u></p> <ol style="list-style-type: none"> 1. Monitor and determine cardiovascular function (e.g., peripheral pulses, blood pressure, heart rate). 2. Monitor and determine physiological responses to position change (e.g., orthostatic hypotension, skin color, blood pressure, and heart rate). 3. Monitor and determine respiratory status (e.g., pulse oximetry, rate, and rhythm, pattern). <ol style="list-style-type: none"> 2. Provide timely communication to the physical therapist regarding findings of data collection techniques. 3. Recognize when intervention should not be provided or should be modified due to change in patient status.
<p>Documentation</p> <ul style="list-style-type: none"> • Select relevant information • Accuracy • Ability to adapt 	<ol style="list-style-type: none"> 1. Document in writing/electronically patient care using language that is accurate, complete, legible, timely, and consistent with institutional, legal, and billing requirements. 2. Use appropriate grammar, syntax, and punctuation in communication. 3. Use appropriate terminology and institutionally approved abbreviations. 4. Use an organized and logical framework to document care. 5. Identify and communicate with physical therapist when further documentation is required.
<p>Safety, CPR, and Emergency Procedures</p> <ul style="list-style-type: none"> • Safety • Initiate emergency response system • CPR 	<ol style="list-style-type: none"> 1. Ensure safety of self and others in the provision of care in all situations. 2. Initiate and/or participate in emergency life support procedures (simulated or actual). 3. Initiate and/or participate in emergency response system (simulated or actual). 4. Maintain competency in CPR. 5. Prepare and maintain a safe working environment for performing interventions (e.g., clear walkways, equipment checks, etc.).
<p>Healthcare Literature</p>	<ol style="list-style-type: none"> 1. Reads and understands healthcare literature.
<p>Education</p> <ul style="list-style-type: none"> • Colleagues • Aides, volunteers, peers, coworkers • Students • Community 	<ol style="list-style-type: none"> 1. Instruct other members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience. 2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation and scope of work of the PTA.

<p>Resource Management</p> <ul style="list-style-type: none"> • Human • Fiscal • Systems 	<ol style="list-style-type: none"> 1. Follow legal and ethical requirements for direction and supervision of other support personnel. 2. Select appropriate non-patient care activities to be directed to support personnel. 3. Identify and eliminate obstacles to completing patient related duties. 4. Demonstrate efficient time management 5. Provide accurate and timely information for billing and reimbursement purposes. 6. Adhere to legal/ethical requirements, including billing. 7. Maintain and use physical therapy equipment effectively.
<p>Behavioral Expectations</p> <ul style="list-style-type: none"> • Accountability • Altruism • Compassion and Caring • Cultural Competence • Duty • Integrity • Social Responsibility 	<p><u>Accountability</u></p> <ol style="list-style-type: none"> 1. Adhere to federal and state legal practice standards and institutional regulations related to patient care and fiscal management. 2. Act in a manner consistent with the <i>Standards of Ethical Conduct for the Physical Therapist Assistant</i> and <i>Guide of Conduct of the Physical Therapist Assistant</i>. 3. Change behavior in response to understanding the consequences (positive and negative) of the physical therapist assistant’s actions. <p><u>Altruism</u></p> <ol style="list-style-type: none"> 1. Place the patient/client’s needs above the physical therapist assistant’s self-interests. <p><u>Compassion and Caring</u></p> <ol style="list-style-type: none"> 1. Exhibit compassion, caring, and empathy in providing services to patients; promote active involvement of the patient in his or her care. <p><u>Cultural Competence</u></p> <ol style="list-style-type: none"> 1. Identify, respect, and act with consideration for the patient’s differences, values, preferences, and expressed needs in all physical therapy activities. <p><u>Duty</u></p> <ol style="list-style-type: none"> 1. Describe and respect the physical therapists’ and other team members’ expertise, background, knowledge, and values. 2. Demonstrate reliability in meeting normal job responsibilities (egg, attendance, punctuality, following direction). 3. Preserve the safety, security, privacy, and confidentiality of individuals. 4. Recognize and report when signs of abuse/neglect are present.

	<p>5. Actively promote physical therapy.</p> <p><u>Integrity</u></p> <ol style="list-style-type: none"> 1. Demonstrate integrity in all interactions. 2. Maintain professional relationships with all persons. <p><u>Social Responsibility</u></p> <ol style="list-style-type: none"> 1. Analyze work performance and behaviors and seek assistance for improvement as needed.
Communication	<p><u>Interpersonal Communication</u></p> <ol style="list-style-type: none"> 1. Develop rapport with patients/clients and others to promote confidence. 2. Actively listen and display sensitivity to the needs of others. 3. Ask questions in a manner to meet the needs of the audience, demonstrating respect for the knowledge and experience of others. 4. Modify communication to meet the needs of the audience, demonstrating respect for the knowledge and experience of others. 5. Demonstrate congruence between verbal and non-verbal messages. 6. Recognize when communication with the physical therapist is indicated. 7. Initiate and complete verbal and written communication with the physical therapist in a timely manner. 8. Ensure ongoing communication with the physical therapist for optimal patient care. 9. Recognize role and participate appropriately in communicating patient status and progress with the health care team. <p><u>Conflict Management/Negotiation</u></p> <ol style="list-style-type: none"> 1. Recognize potential for conflict. 2. Implement strategies to prevent and/or resolve conflict. 3. Seek resources to resolve conflict when necessary.
Promotion of Health, Wellness, and Prevention	<ol style="list-style-type: none"> 1. Demonstrate health promoting behaviors. 2. Recognize opportunities to educate the public or patients about issues of health, wellness, and prevention (e.g., benefits of exercise, prevention of falls, etc.) and communicate opportunity to the physical therapist.

	<ol style="list-style-type: none"> 3. Educate the public or patients about issues of health, wellness, and prevention (e.g., benefits of exercise, prevention of falls, etc.). 4. Recognize patient indicators of willingness to change health behaviors and communicate to the physical therapist.
Career Development	<ol style="list-style-type: none"> 1. Engage in self-assessment. 2. Identify individual learning needs to enhance role in the profession. 3. Identify and obtain resources to increase knowledge and skill. 4. Engage in learning activities (e.g., clinical experience, mentoring, skill development). 5. Incorporate new knowledge and skill into clinical performance.