**Mercy College of Health Sciences**

**Physical Therapist Assistant Program**

**PTA 163: PTA Clinical I**

**Clinical Experience Reflection**

**Student Name**: Click or tap here to enter text.

**Week**: Choose a number.

**Site**: Click or tap here to enter text.

**Clinical Instructor**: Click or tap here to enter text.

**Number of patient encounters**: Click or tap here to enter text.

**Diagnoses**: Click or tap here to enter text. Be as specific as possible.

**List any data collection and/or interventions you provided**: Click or tap here to enter text. Be specific. Example: if performing goniometry, which joints/motions were measured?

1. **Mercy core values observed: (Check all that apply):**

[ ]  **Knowledge** [ ]  **Reverence** [ ]  **Integrity** [ ]  **Compassion** [ ]  **Excellence**

**2.** **Did you observe collaboration between the PT and PTA?** [ ]  Yes [ ]  No

**3. Did you interact with the supervising PT?**  [ ]  Yes [ ]  No

**4. Did you observe collaboration between physical therapy personnel and other healthcare providers?** [ ]  Yes [ ]  No

**5. Did you collaborate with other healthcare providers?** [ ]  Yes [ ]  No

**Reflection**

**1. Provide examples of the Mercy Core Values that were observed during your session.**

Click or tap here to enter text.

**2. Describe any collaboration observed between the PT and PTA.**

Click or tap here to enter text.

**3. Describe any interaction you had with the supervising PT.**

Click or tap here to enter text.

**4. Describe the collaboration between PT personnel and other healthcare providers.**

Click or tap here to enter text.

**5. Describe any collaboration you participated in with other healthcare providers.**

Click or tap here to enter text.

**6. Reflect on what you learned about the delivery of physical therapy services.**

Click or tap here to enter text.

**7. Reflect on what knowledge, skills, and attitudes a competent PTA possesses.**

Click or tap here to enter text.

**8. Reflect on your performance for the interventions you provided. What went well? What areas of improvement did you identify?**

Click or tap here to enter text.

**Goal for the Next Session**

**List one goal for the next clinical session. Goal must be written utilizing SMART goal principles.**

Click or tap here to enter text.

**Student E-Signature:** Type your name here to e-sign this document.

**Date:** Click or tap to enter a date.