



# **Mercy College**

**Physical  
Therapist  
Assistant  
Program**

**Clinical Education  
Manual**

**MERCY COLLEGE OF HEALTH SCIENCES**  
**Physical Therapist Assistant Program**  
**Clinical Education Manual**

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## Section I

### **I. PTA Clinical Education Manual Overview**

This manual contains information specific to the Physical Therapist Assistant Program at Mercy College of Health Sciences. It is used in conjunction with the *Mercy College Catalog* which is available online at [www.mchs.edu/catalog](http://www.mchs.edu/catalog) and the *Mercy College Student Handbook* which is available online at [www.mchs.edu/handbook](http://www.mchs.edu/handbook). Two policies that are particularly relevant are listed below.

#### **A. Harassment**

Harassment on the basis of race, age, color, national and ethnic origin, gender, sexual orientation, age, religion, creed, physical or mental disability, status as a disabled veteran or veteran of war, political affiliation, or any other factor protected by law will not be tolerated. Any student engaging in harassment or abuse will be subject to discipline up to and including temporary suspension, suspension, dismissal, or expulsion.

#### **B. Non-discrimination**

It is the Mercy College policy to conduct academic and business activities in a manner that is free from discrimination, and to provide equal opportunity or and equal treatment for students regardless of race, color, national and ethnic origin, age, sexual orientation, gender identity, religion, creed, physical or mental disability, status as a disabled veteran or veteran of war, political affiliation, or any other factor protected by law. Furthermore, Mercy College admits students of any race, color, national and ethnic origin, age, sexual orientation, gender identity, religion, creed, physical or mental disability, status as a disabled veteran or veteran of war, or any other factor protected by law to all the rights, privileges, programs and activities generally made available to students at the school. The College does not discriminate on the basis of race, color, national and ethnic origin, age, sexual orientation, gender identity, religion, creed, physical or mental disability, status as a disabled veteran or veteran of war, or any other factor protected by law in the administration of its educational policies, admissions policies, scholarship and loan programs, or any other school-administered programs.

## Section II

### **Mission:**

The Associate of Science in Physical Therapist Assistant Program is dedicated to providing high-quality educational opportunities where students develop the knowledge, skills, and attitudes necessary for entry-level employment as physical therapist assistants.

### **Program Philosophy:**

The faculty of the Physical Therapist Assistant Program believe:

- The core values of Mercy College and the American Physical Therapy Association's Standards of Ethical Conduct for the Physical Therapist Assistant serve as the foundation for professional behavior.
- Learning is a sequential process that involves integration.
- Learning is a lifelong pursuit.
- Learning is the individual responsibility of each student and faculty serve as facilitators in the process.
- Learning is intended to be enjoyable yet challenging.
- Learning and evaluation expectations are clearly delineated.
- Liberal arts and sciences courses are foundational for student abilities in critical thinking, written communication, oral communication, and appreciation for diversity.
- A curriculum consisting of a variety of teaching methods, clinical settings, and populations enhances a student's knowledge of the profession, strengthens problem solving skills, and allows for growth in cultural competency.
- Technical skills require practice in order to reach competency; time will be provided in the laboratory environment before students perform these skills in a clinical setting.
- All academic and clinical faculty function as role models for students.
- Students are supported personally and academically through available services at the college.
- Faculty and students strive for excellence in personal and professional endeavors.

### **Program Goals:**

The Physical Therapist Assistant Program will:

- Provide an intellectually stimulating curriculum that facilitates student academic achievement and clinical competence.
- Provide competent physical therapist assistant graduates.
- Support other programs in the College.

## **Program Outcomes:**

Upon completion of the PTA Program, the graduate will be able to:

1. Demonstrate competence in psychomotor skills necessary to safely perform data collection procedures and physical therapy interventions under the supervision of a licensed physical therapist.
2. Effectively communicate verbally and nonverbally with patients/clients, families, supervising physical therapists, healthcare practitioners, and others.
3. Accurately document the patient/client encounter in a timely, legible, and concise manner.
4. Implement the established plan of care and make modifications as appropriate; consult with the physical therapist regarding changes in patient status.
5. Provide instruction to patients/clients, families, and caregivers, peers, and others using techniques and materials which match the characteristics of the individual or group.
6. Collaborate with other members of the healthcare team to optimize patient outcomes.
7. Display behaviors which are within the recognized ethical and legal standards for the profession of physical therapy and consistent with the core values of Mercy.
8. Demonstrate a commitment to professional development through participation in self-assessment and lifelong learning activities.

## **Program Accreditation**

The Physical Therapist Assistant Program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085 telephone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call (515) 643-6614 or email [susan.bravard@mchs.edu](mailto:susan.bravard@mchs.edu)

## Section III

### I. Program Policies and Procedures

#### A. Faculty Composition and Number

**Policy:** The core academic faculty of the Physical Therapist Assistant Program consists of at least two full-time members. The core faculty include the Program Chair and the Academic Coordinator of Clinical Education (ACCE).

The Program Chair is a licensed physical therapist or physical therapist assistant, has earned a minimum of a master's degree and has at least five years of clinical practice, has demonstrated experience in a variety of teaching settings, educational theory and instructional design, assessment of student learning including the equivalent of nine credits of coursework in educational foundations, program assessment, administration, academic governance, and fiscal and human resource management, and is actively involved in service to the profession and/or community.

The ACCE is a licensed physical therapist or physical therapist assistant, has at least three years of experience as a center coordinator of clinical education or clinical instructor, has experience in human resource management and teaching in a variety of settings, and is actively involved in service to the profession and/or community.

The Program recognizes the importance of the consistent presence of a physical therapist assistant during the academic portion of the curriculum. If both core faculty members are licensed physical therapists, physical therapist assistant involvement will occur through the addition of a part-time core faculty position or adjunct faculty. Faculty to student ratio during lab sessions will be no greater than 1 to 10. The Fact Sheet Physical Therapist Assistant Education Programs provides guidance in regard to faculty to student ratios.

The number and qualifications of adjunct faculty are based on program needs which are dynamic in nature.

Clinical education faculty number and composition are based on program needs. Clinical faculty must be licensed physical therapists or licensed physical therapist assistants in good standing with the licensing board and with a minimum of one year of clinical experience. Clinical instructors must also be employed at least six months at the facility providing the experience and be in good standing in regard to employment status. A willingness to participate in the education of physical therapist assistant students is a necessary qualification

## **B. Handling of Complaints**

**Policy:** Complaints by a current student regarding PTA courses and/or instructors should be addressed directly with the course coordinator or specific instructor. If resolution is not found, the student may seek guidance from his/her advisor in an effort to explore additional options for resolution. If resolution is still not established, the student may submit a formal complaint in writing to the Program Chair no later than 30 days from the initial meeting with the course coordinator or instructor. The Program Chair will work toward resolution and may consult with the Provost, Vice President Academic Affairs, and/or College President.

Complaints regarding the program from the public, clinical education sites, employers, prospective students or current students that are not related to a specific course or instructor are handled by the Program Chair. The complaint should be submitted in writing with as much detail as possible. The Program Chair will meet with the involved parties and work toward resolution. The Program Chair may consult the Provost, Vice President Academic Affairs, College President and/or other Mercy College personnel as needed. Complaints involving the Program Chair are submitted directly to the Provost.

### **Procedures:**

1. Student complaint regarding course or faculty is received by a Mercy College employee. Employee asks if student has discussed this concern with the specific individual. If not, the employee will redirect student to discuss concern with individual first.
2. If student/employee meeting does not result in resolution, student should contact advisor and receive guidance regarding additional strategies to reach resolution.
3. If second student/employee meeting does not result in resolution, student may present the complaint in writing to the Program Chair.
4. Program Chair meets with involved parties and makes recommendations for resolution.
5. Incidents involving potential harassment or discrimination based on protected class follow College policies and are exempt from steps 1-4 above.
6. External complaints can be submitted through the College's website. Appropriate College personnel forward the written concern to the PTA Program Chair.
7. If an external complaint is received directly by PTA Program, the Program Chair requests the complaint in writing with as much detail as possible.
8. Program Chair meets with involved parties and makes recommendations for resolution.
9. Program Chair consults with College personnel at any time regarding handling of complaints. All conversations are held in confidence.
10. Program Chair maintains file of external complaints and their resolutions for seven years.
11. If an external complaint involves the Program Chair, the Provost or other Administrator meets with the involved parties and makes recommendations for resolution. That administrator is responsible for maintaining those files.



### **C. Faculty Assessment and Development**

**Policy:** The evaluation of faculty performance is a complex construct which requires multiple sources of evidence. The PTA Program follows the college's assessment and development policy and procedures. In addition, the PTA Program has an internal plan which includes all program faculty members. Development plans are linked to program needs identified through program assessment activities and the College's strategic plan. The Program supports the development of strengths and encourages activities which further enhance faculty's individual talents which benefit the organization as a whole.

#### **Procedures:**

1. Core PTA faculty are responsible for gathering evidence regarding performance for inclusion in annual performance review. Core PTA faculty identify at least one area of development each year that is based on program need and/or College need.
2. Each adjunct faculty member is evaluated by students and core PTA faculty. Students complete the Student Evaluation of Teacher Effectiveness following the presentations by the adjunct faculty member. The course coordinator completes an administrative review. Adjunct faculty are expected to score an average of 80% or greater on these assessments. Ratings less than the threshold are discussed at a PTA Program Faculty meeting. Action may include development activities in the identified area(s) or suspension of that individual as an adjunct faculty member. A file is created for each adjunct faculty member and maintained in the office of the Program Chair. Refer to Appendix A for forms.
3. Clinical education faculty are evaluated by students and core PTA faculty. Clinical education faculty are expected to receive a final rating of at least neutral on the PTA Student Assessment of CI completed by students. Individual items are also monitored by the ACCE. A rating of 3 or below on items #8 or #13 are immediately addressed through formal intervention. Faculty are expected to receive an average of 3/5 or greater on the annual administrative review completed by the ACCE. Ratings less than the threshold are discussed at a PTA Program Faculty meeting. Action may include development activities in the identified area(s) or suspension of that individual as a clinical instructor. A file is created for each clinical instructor and maintained in the office of the ACCE. Refer to Appendix A for forms.
4. Faculty development plans are updated annually as part of the annual performance review process.

### **D. Curriculum**

The curriculum consists of 76 credit hours.

A curriculum overview is found in Appendix D.

Information regarding competency is also found in Appendix A.

Skills practiced in the clinical setting not yet covered in the didactic component of the curriculum are the responsibility of the clinical education faculty.

In the didactic component, students must successfully complete written and psychomotor assessments to pass a course. Policies and procedures for skill checks and practical examinations are as follows:

### **Skill Checks**

A skill check is an assessment of a student's ability to demonstrate competency in a specific PTA skill. Criteria for each skill check are provided in class syllabi. In some cases students will be asked to complete peer skill checks prior to completion of a skill check with an instructor. Students who do not achieve the minimum percentage score for a skill check as noted in the syllabus must re-take the skill check until that level is achieved. This standard must be met in order to receive a passing grade in the course.

Critical safety elements are noted on skill check forms. Failure to perform a critical safety element results in automatic failure of the skill check and the student must re-take the skill check. All critical safety elements must be satisfactorily met in order to receive a passing grade for the course. The first score earned is the grade recorded.

Students are expected to maintain all competencies exhibited during a skill check. If a faculty member observes unsafe behaviors after successful completion of a skill check, the student notified in writing regarding the specific skill requiring attention and will re-take the skill check for that specific skill.

### **Practical Examinations**

Practical examinations assess a student's ability to integrate course content and perform physical therapy data collection techniques and interventions given a physical therapist's plan of care. A practical examination will consist of content from current and previous course work. Specific procedures for each practical are provided in class. Students receive detailed written instructions, a score sheet and sample cases at least one week prior to the scheduled practical. Professional attire and behavior are expected during each practical examination. Students who do not achieve the minimum percentage score for a practical examination as noted in the syllabus must re-take the practical. The standard must be met in two trials in order to receive a passing grade in the course.

## Section III

### I. Standards of Conduct for Successful PTA Students

#### A. Professional Behaviors

1. Students are expected to demonstrate professional behaviors at all times. The Program utilizes the core values of Mercy College, the Generic Abilities Assessment, and the Standards of Ethical Conduct for the PTA to guide growth in areas of professionalism.

The core values of Mercy College include: knowledge, reverence, integrity, compassion, and excellence. They are defined as follows:

**Knowledge:** ability to instill in our college community a thirst to continually study, investigate, observe, and experience the world all around for facts and ideas that can improve the health and well-being of humankind and create a love for learning.

**Reverence:** profound spirit of awe and respect for all creation; shaping relationships to self, to one another, and to God; and acknowledging that we hold in trust all that has been given to us.

**Integrity:** moral wholeness, soundness, uprightness, honesty, sincerity, as basis of trustworthiness.

**Compassion:** feeling with others, being one with others in their sorrows and joy, rooted in the sense of solidarity as members of the human community.

**Excellence:** outstanding achievement, merit, virtue; continually surpassing standards to achieve/maintain quality.

The ten specific behaviors assessed by the generic abilities tool include: 1) commitment to learning, 2) interpersonal skills, 3) communication skills, 4) effective use of time and resources, 5) use of constructive feedback, 6) problem solving, 7) professionalism, 8) responsibility, 9) critical thinking, and 10) stress management. Refer to Appendix B for the tool and definitions of each behavior.

2. Expected levels of performance on the Generic Abilities Assessment are as follows:

By the end of Semester I, all abilities at beginning level

By the end of Semester II, at least 50% of the abilities at developing level

By the end of Semester III, all abilities at entry-level

3. Ethics

Conditions of patients should only be discussed with professionals directly involved with the care of those patients. Students are responsible for knowing and maintaining the Standards of Ethical Conduct for the PTA: <https://www.apta.org/your-practice/ethics-and-professionalism>

The Professional and Ethical Conduct section in the *Mercy College Student Handbook* also provides guidance.

4. Conflict resolution will follow biblical principles as outlined in Matthew 18. Also refer to Student Grievances section in the *Mercy College Student Handbook*.
  - a. In the case of conflict, students are expected to discuss the issue first with the person or persons involved.
  - b. If the issue is not resolved, the student should contact his/her advisor to discuss ways to seek resolution.
  - c. If additional attempts do not resolve the issue, the student should contact the Program Chair. At this time the issue should be communicated in a written format.

**B. Professional Appearance**

1. Students are expected to follow the grooming habits listed below (unless otherwise directed) in the interest of safety and professionalism during all lab sessions, skill checks, practical examinations and clinical experiences: a) hair is neatly combed, out of face, and pulled back if exceeding shoulder length, b) no hats, c) clean clothing that provides coverage of chest, stomach and back, d) closed toe shoes of professional nature, e) trimmed, clean nails, f) fragrance free make-up, lotions, etc., g) free of offensive body odor, h) minimal make-up, i) minimal jewelry (watches, small earrings, and/or rings, j) refrain from gum chewing, k) cover visible tattoos that may be offensive to others, and l) name tag visible at all times.
2. Additional grooming habits may be addressed by PTA faculty at any time.

**C. Respect**

1. Based on the core values of Mercy College, students are expected to show respect for faculty, staff and other students. Disruption of class activities is seen as a lack of respect for others. Coming late to class, allowing cell phones to ring, talking at inappropriate times and inappropriate conversations during class are not tolerated. Students who display disrespectful behaviors will be given verbal warnings for the first and second offenses. A written warning is initiated for a third offense and will activate the creation of a Student Success Plan. Refer to Appendix C. Also refer to the Code of Conduct Policies in *Mercy College Student Handbook*.
2. Additional aspects of respectful behavior will be defined in class the first semester. Students will create and sign a class covenant which is displayed in the PTA classroom/laboratory.

**D. Attendance**

1. Regular attendance is expected for all PTA Program activities in order to provide students with the opportunity to achieve the objectives of the Program and develop sound work habits.
2. Students who know they will be absent from class, lab, or any other educational activity must notify the course coordinator ahead of time and arrange in advance to make up work that will be missed.
3. Medical, dental and other appointments should be scheduled at times other than scheduled class hours.
4. Students who miss class, lab, or any other educational activity unexpectedly, such in the case of illness, should contact the course coordinator at least ½ hour prior to the start of class.
5. It is the responsibility of the student to obtain material from a missed class. Faculty will not provide students with faculty lecture notes or transcripts of class discussions.
6. Frequent absences may influence clinical site selection.
7. Students are expected to be present during quizzes, skill checks, written and practical examinations, and scheduled oral presentations. Make-up of assessments is highly discouraged and allowed in emergency situations only. These situations are handled on a case-by-case basis. The course coordinator reserves the right to not allow a make-up if the student fails to provide proper notification.
8. A makeup examination may differ in length and format in order to ensure exam security and validity.
9. Location and time of the makeup is provided in writing to the student by the course coordinator.
10. Attendance expectations for clinical education are found in Section VI.

**E. Learning**

Student learning is defined as knowing content and then demonstrating an ability to apply that content in a given situation. In order to demonstrate knowledge of lecture material and apply it to lab and clinical situations, successful students:

1. attend all scheduled classes in the Program
2. utilize time efficiently in lecture and lab
3. participate in class discussions
4. study material before class
5. discuss content with classmates when deemed appropriate by the instructor
6. utilize open lab sessions to develop skills
7. work with a variety of classmates
8. role play a patient to the best of their ability
9. role play a student PTA to the best of their ability
10. ask questions of the appropriate instructor to clarify class content
11. submit assignments on time

12. utilize resources for learning provided through Mercy College
13. seek assistance from PTA Program faculty and appropriate college personnel at earliest sign of academic difficulty
14. seek assistance from appropriate college personnel at earliest sign of personal problems that interfere with their ability to succeed in the PTA Program.

**F. Communication**

1. Open, two-way communication is essential to the well-being of students and faculty. Faculty endorse an open door policy and encourage student feedback, both positive and constructive.
2. An advisory group meeting is scheduled each month. Constructive, respectful feedback regarding individual faculty's abilities is welcomed and appreciated. Students have the opportunity to voice concerns as well as share what is going well. The advisory group meetings are scheduled by the Program Chair and are reflected on the semester classroom schedule posted on the Program's bulletin board.
3. Faculty request student input regarding courses and teacher effectiveness through formal surveys. It is expected that each student respond to these surveys and provide honest, constructive feedback. Disparaging remarks are viewed as unprofessional and will not be used when considering changes.
4. Faculty utilize the College's email system and the College's learning management system for communication. All Program specific communication is sent to the student via the Mercy College student email account, learning management system email or postings on the learning management system. Students are expected to utilize the above mentioned media for all Program communication. Students are also responsible for checking their Mercy College student email account and the learning management system on a regular basis.
5. Email accounts are the property of Mercy College. Inappropriate use as defined by Mercy College will be handled on an individual basis.
6. It is the student's responsibility to notify the Program Chair and Registrar in writing regarding any changes in personal status to ensure accuracy of student directory information.
7. Each cohort of PTA students may have a phone tree in order to communicate schedule changes. The listing is to be used for PTA Program purposes only.

## Section IV

### I. Academic Standards

#### A. Admissions Requirements

Enrollment is limited. Specific requirements for admission to the PTA Program are found in the *Mercy College Catalog*.

#### B. Academic Advising

A PTA faculty academic advisor is assigned to each student. Students are encouraged to meet with their advisor at least once each semester. It is the responsibility of the student to schedule these meetings. Students are encouraged to utilize the degree audit feature in *MyMercy*. Refer to Academic Advising section of the *Mercy College Student Handbook* for specific advisor and advisee responsibilities.

#### C. Courses and Grades

1. All technical education courses (courses with PTA designation) must be taken in sequence. Clinical courses are pass/no credit courses. Students must meet the predetermined minimum criteria as noted on the course syllabus in order to receive a passing grade for the clinical course. A minimum grade of “C” (not “C-“ or “pass” is required for all technical education courses. Scores are rounded to the nearest percentage point: .5% or higher rounds up. GPA is calculated according to College policy.

#### PTA Program Course Grading Scale:

95-100%	A
92-94%	A-
89-91%	B+
86-88%	B
83-85%	B-
81-82%	C+
78-80%	C
74-77%	C-
70-73%	D+
67-69%	D
64-66%	D-
63% or below	F

2. A minimum grade of “C“ (not “C-“) is required for all liberal arts and science courses in the PTA curriculum plan.

3. Assignments for all courses must be turned in on time. Due dates are noted in each course syllabus. Instructors reserve the right to not accept late assignments or deduct points for late work.
4. Per course syllabi, students may submit assignments via electronic means. Program faculty are not responsible for technical difficulties which may result in a delay. Assignments are considered late if they are not received by the due date/time specified in the syllabus.
5. Assignments must represent college-level work. Points will be deducted for spelling and grammatical errors as well as inappropriate use of abbreviations.
6. The College utilizes an early alert system to identify “at-risk” students. Students who meet the “at-risk” criteria for the alert system and/or who struggle with professionalism as defined by the Generic Abilities Assessment are required to meet with their advisor to develop a Student Success Plan.
7. Students who are receiving a grade less than “C” at the end of the term in one technical education didactic course have the opportunity to re-evaluate the course. The Program Chair utilizes the Student Success Plan form to notify the student in writing of his/her current status in the course and the needed performance level on the re-evaluation examination in order to successfully pass the course. The student is also notified of the timeline for remediation and date of the re-evaluation examination. Course re-evaluation must occur prior to the start of the next semester.
8. Students who do not receive a grade of “pass” in a clinical education course may re-take the course once following remediation provided by PTA faculty. If the course is not passed a second time, the failed course policy is followed.

#### **D. Academic Progress**

1. Courses in the curriculum are sequential. Students must successfully complete prerequisite courses in order to progress through the curriculum. Refer to Appendix D for curriculum overview.
2. Students are expected to maintain a cumulative GPA of at least 2.0 as well as a semester GPA of 2.0 or higher, and they are expected to be promoted to each sequential semester in the program of study. Failure to meet or maintain this standard will result in academic probation, academic dismissal, delayed promotion, or program dismissal. Refer to the Unsatisfactory Academic Progress section in the *Mercy College Catalog* for further information regarding these conditions.



3. In addition to the College policy, PTA clinical courses must be satisfactorily completed (earning a “pass” grade) in order to be promoted to the next semester.

**E. Academic Dishonesty**

Assignments, examinations, quizzes, and skill checks are measures of student learning. They are NOT group efforts unless it is specifically noted in course syllabi. Discussion of any non-group assessment with others before all students have completed the task is considered academic dishonesty.

Refer to the Academic Integrity section of the *Mercy College Student Handbook* for descriptions and consequences of academic dishonesty.

**F. Graduation Requirements**

Specific requirements for graduation from the PTA Program are:

1. Successfully complete all general education and professional education courses in the curriculum plan with a grade of “C” or higher (not “C-”).
2. Complete the College residency requirement of 15 credit hours at the associate level.
3. Successfully complete all skill competency exams.
4. Successfully complete all clinical competencies.
  - a. Demonstrate entry-level clinical performance during clinical education experiences prior to graduation.
5. Satisfactorily complete the College Graduation Requirements.

## Section V

### II. Program Policies and Procedures: Student

#### A. Rescheduling of Classes

Classes may need to be rescheduled due to a variety of factors. Efforts are made to reschedule a class when the majority of the students can be in attendance.

#### B. Classroom/ laboratory

1. All class sessions will begin promptly. Students are expected to be prepared by bringing appropriate materials. Students are also expected to be in lab attire at the start of lab classes.
2. Lab attire is required for lab classes unless otherwise specified. Appropriate lab attire is loose-fitting shorts, t-shirts, shirts, and swimsuit top or sports bras. Students must be prepared to expose the appropriate body part for the lab content. Students are expected to treat their lab partners as patients and utilize draping techniques to ensure privacy and dignity. These skills are taught the first semester of the curriculum in PTA 101 Fundamentals of Physical Therapy.
3. Changing rooms are available in the PTA classroom.
4. Lockers are available in the PTA classroom and secured on a first come basis. Students must provide their own lock.
5. The classroom should be kept clean at all times. All tables, chairs, equipment, and clean laundry should be returned to their designated areas before leaving the classroom. Dirty linen, recycling, and trash should be put in the appropriate receptacles. All students and faculty are expected to clean up after themselves.
6. Food and beverages are allowed during lecture sessions; beverages must be in a container with a lid/cap. No food/beverages are allowed during lab sessions or near equipment.
7. Student absences should be communicated to the appropriate course coordinator as noted in the course syllabus.
8. Learning resources in the classroom including, but not limited to,

textbooks and models are to be used in the classroom only so all students have equal access.

### **C. Safety and Security**

1. All policies and procedures for safety apply to on and off-campus educational experiences.
2. All classroom and lab equipment is the property of Mercy College unless otherwise noted and is intended for educational purposes only. Loaned equipment will be clearly identified and is NOT available for check out.
3. The PTA classroom/laboratory is secured with a digital locking mechanism. Students are informed of the code during PTA Program orientation. This code is confidential and NOT to be shared with others. A violation of this mandate is documented as unprofessional behavior.
4. Equipment and supplies must be returned to their proper storage places. No equipment should leave the classroom/laboratory without approval of a faculty member. A sign-out sheet will be made available if the educational experience requires the equipment to be used outside of the classroom/laboratory. Students are responsible for security of the items checked out to them and may be billed for lost or damaged equipment. Loaned equipment must remain on campus.
5. Equipment user manuals are kept in the classroom/laboratory. Students are expected to use sound judgment when using all equipment.
6. Students must attend safety/infection control training scheduled by the Program. Proof of completion will be maintained in the student's account with the designated vendor.
7. Students exposed to bodily substances and/or hazardous materials during class will notify a faculty member immediately. The situation will be handled according to standard precautions and guidelines from the safety/infection control training. Refer to Standard Precautions in the *Mercy College Student Handbook*.
8. Safety Data Sheets are available in the SDS binder (red in color) in the storage cabinet in the classroom/laboratory. Students and faculty are responsible for knowing where the binder is located and returning it after use.
9. In the event of an emergency, students are expected to follow College policies listed in the *Mercy College Student Handbook*.

10. Due to the need for students to assume the roles of patient and student PTA in lab activities, a Consent and Acknowledgement for PTA Program Lab Participation is presented during PTA Program orientation. Student are responsible for their own bodies.
11. Fingernails must be trimmed for participation in laboratory and clinical activities. According to the Centers for Disease Control, fingernails need to be trimmed to no longer than ¼ inch.
12. Faculty and students are required to maintain current certification in American Heart Association Healthcare Provider Basic Life Support or equivalent. Proof of certification will be maintained in the student's account with the designated vendor.
13. Times when the PTA classroom/laboratory is not in use are considered open lab times. Class schedules will be posted outside the classroom/laboratory.
14. Supervision is required for open labs when the student has not yet successfully completed a skill check. Physical agents/electrotherapy equipment can be manipulated but not plugged in during unsupervised open lab sessions.
15. The last student to leave an open lab is responsible for turning off the lights and securing the doors.
16. Unsafe performance on any skill check or practical examination may result in failure of a course. Consult course syllabi for specifics regarding performance expectations.
17. At least one core PTA faculty member or the faculty's designee accompanies students during off-campus learning experiences in the academic portion of the curriculum.
18. Costs and liability of travel to and from off-campus learning experiences and scheduled clinical experiences are the responsibility of the student.

**E. Written Examinations**

Written examinations are computerized. Students are informed of the specific computer classroom/lab location prior to the examination date. When students arrive, all materials/belongings except for a pen or pencil are left in a designated area at the front of the room. Cell phones, Smart watches, or other electronic devices are not allowed at the testing station and should be turned off or silenced. Students also must NOT access email, websites, or other programs during the testing session. Use of unauthorized resources will result in a score of zero. A success plan addressing professional behavior will be created.

Each student is provided one blank sheet of paper which can serve as scratch paper and/or communication with faculty regarding questions about examination items. The paper must be submitted to the faculty member/exam proctor prior to leaving the examination area. Failure to do so will result in a score of zero.

Students may ask faculty for clarification during the testing session; however, answers that impact the integrity of the examination will not be given. Any communication should not disrupt the quiet testing environment.

Individual exam review is possible immediately following exam submission if all class members are present. Exam review must occur during the scheduled exam time. If one or more classmates are absent, a separate exam review time is scheduled by the course coordinator.

In the event exams are virtual, students should secure an environment free of distractions and resources. In order to preserve exam integrity, proctoring software is used, the blank sheet of paper is not allowed, and an individual exam review does not occur. Faculty will communicate concepts for review based on exam statistics.

**F. Skill Checks**

A skill check is an assessment of a student's ability to demonstrate competency in a specific PTA skill. Criteria for each skill check are provided in course materials posted on learning management system. In some cases students will be asked to complete peer skill checks prior to completion of a skill check with an instructor. Students who do not achieve the minimum percentage score for a skill check as noted in the syllabus must re-take the skill check until that level is achieved. This standard must be met in order to receive a passing grade in the course. The first score earned is the grade recorded.

Critical safety elements are noted in bold on skill check forms. Failure to perform a critical safety element results in automatic failure of the skill check and the student must re-take the skill check. All critical safety elements must be satisfactorily met in order to receive a passing grade for the course. The first score earned is the grade recorded.

Students are expected to maintain all competencies exhibited during a skill check. If a faculty member observes unsafe behaviors after successful completion of a skill check, the student is notified in writing regarding the specific skill requiring attention and will re-take the skill check for that specific skill.

**G. Practical Examinations**

Practical examinations assess a student's ability to integrate course content and perform physical therapy data collection techniques and interventions given a physical therapist's plan of care. A practical examination will consist of content from current and previous course work. Specific procedures for each practical are provided in class. Students receive detailed written instructions, a score sheet and sample cases at least one week prior to the scheduled practical. Professional attire and behavior are expected during each practical examination. Students who do not achieve the minimum percentage score for a practical examination as noted in the syllabus or fail to perform critical safety elements must re-take the practical. The standard must be met in two trials in order to receive a passing grade in the course. The first score earned is the grade recorded. If a re-take is required, two faculty members are present and score the performance.

**H. Equipment Testing**

To ensure safety of students and faculty, all electrical equipment owned and used by the PTA program is annually inspected and labeled by qualified clinical engineers. The procedure is as follows:

1. Equipment is checked and labeled by qualified clinical engineer prior to use according to MercyOne policies and procedures.
2. Testing and calibration results are documented and communicated to Program Chair.
3. If repair is needed, clinical engineer assists Program faculty in obtaining those services.
4. Equipment is added to PTA Program preventive maintenance list.
5. Each year the Program Chair contacts the Clinical Engineering Department to schedule testing/calibration.
6. Wheelchairs, plinths, carts, etc. are inspected annually by the PTA Program faculty. Repairs are arranged by Program faculty in consultation with the Facilities Supervisor.
7. Any safety concern discovered by students should be immediately reported to a PTA Program faculty member. The equipment is labeled and not used until appropriately checked.

**I. Personal Property**

Mercy College and the PTA Program do NOT accept responsibility for loss of personal items. Students should secure their valuables.

**J. Confidentiality of Student Information**

1. Informed consent regarding photographs, videotaping, audiotaping, and imaging is secured by the Admissions Office. Students have the right to restrict use of any of the above in regard to College and Program use.
2. Grades are posted on the password protected learning management system gradebook for each course.
3. Assignments, exams and quizzes will be returned to the individual student without exposing the resulting grade.
4. When immediate feedback is provided following a skill check or practical examination, only the student and instructor will be present.
5. Feedback provided to the class following a skill check or practical examination will be in aggregate and will not identify individual students.

**K. Meetings**

1. Faculty/student advisory group meetings will be held once per month in order to share information about the program. Class meetings with faculty are scheduled as requested. Individual meetings are scheduled on an as needed basis.
2. PTA Program Advisory Committee meets twice per year (May and October). The student body may be represented on this committee by the student representative elected by the class. One graduate will also be selected for the committee.

**L. Program Effectiveness**

Mercy College requires all programs to undergo review by administration and peers. The PTA Program Chair is responsible for submitting these documents. Documents are available to students by request. Information from a variety of sources, including stakeholder feedback, survey data, and student performance, is included in these reports.

## Section VI

### I. Clinical Education

#### A. Mission and Philosophy

1. Mission: The mission of the clinical education portion of the Physical Therapist Assistant Program is to provide direct patient care experiences which prepare the student for safe, competent and efficient entry-level practice as a physical therapist assistant. Clinical education provides students with opportunities for the application of knowledge, skills and attitudes in a dynamic environment.
2. Philosophy: The philosophy of the clinical education portion of the curriculum is consistent with the overall philosophy of the program in that learning involves practice. Integrated clinical experiences allow for practice in the true healthcare environment throughout the curriculum. A variety of experiences allows students to be better prepared for employment. Students are responsible for their own learning and clinical faculty serve as facilitators.

#### B. Clinical Education Curriculum

##### Spring Semester

##### PTA 163 – PTA Clinical I

**Contact hours:** 6 preparation/reflection/evaluation hours; 40 hours at the site

**Location:** various physical therapy settings in Iowa with whom Mercy College has a current clinical affiliation agreement

##### Goals:

- 1) increase familiarity with the role of the physical therapist assistant in the delivery of physical therapy services
- 2) become familiar with the role of other healthcare providers
- 3) practice patient handling skills and beginning data collection techniques
- 4) practice the application of physical agents, basic therapeutic exercise, and functional mobility skills
- 5) increase familiarity with progression of interventions to reach patient goals
- 6) develop time management skills
- 7) develop behaviors that represent professionalism
- 8) develop communication skills with patients, families, supervisors and other health care providers



### **Summer Semester**

**PTA 232 – PTA Clinical II**

**PTA 234 – PTA Clinical III**

**Contact hours:** 3 preparation/evaluation hours, 6 ½ weeks - 40 hour weeks at the site for each clinical course

**Location:** various physical therapy settings in Iowa with whom Mercy College has a current clinical affiliation agreement

**Goals:**

- 1) develop and demonstrate entry-level competency in physical therapy data collection and interventions with patients in acute care, inpatient, and outpatient settings
- 2) develop and demonstrate entry-level competency in physical therapy data collection and interventions with patients in the acute phase of healing and with musculoskeletal and neuromuscular conditions
- 3) exhibit professional behaviors
- 4) effectively communicate with patients, families, supervisors, and other healthcare providers
- 5) produce documentation that supports the delivery of physical therapy services
- 6) collaborate with the supervising physical therapist to support achievement of patient outcomes
- 7) participate in the provision of patient-centered interprofessional collaborative care

The Student Competency Plan further delineates the expected skills to be practiced during each clinical course. See Appendix D for the Curriculum Overview, Competency List and the Student Competency Plan.

#### **C. General Procedures**

1. Student performance expectations increase with each clinical experience.
2. The ACCE is the liaison between the Program and the clinical education sites for all clinical education activities.
3. A current clinical affiliation agreement must be in effect for student placement at a clinical education site.
4. Each clinical education site is given access to a current copy of the *Mercy College PTA Program Clinical Education Manual* prior to student assignment. The manual is available digitally.
5. The PTA Program will notify clinical education sites in writing of substantial changes in clinical education design, policy and/or procedures.
6. Students and clinical education faculty are contacted during each clinical experience.

#### **D. Clinical Site Selection**

**Policy:** Clinical sites for full-time experiences are selected based on the experiences the site can provide physical therapist assistant students, qualifications of the site coordinator of clinical education (SCCE), qualifications of clinical instructors, willingness of staff to work with physical therapist assistant students and availability of a collaborative PT/PTA relationship.

**Qualifications of clinical instructors include:** a minimum of one year since graduation from an accredited physical therapist education or physical therapist assistant education program; license in good standing with the state board; employed at least six months at the facility and is in good standing; willingness to participate in the education of physical therapist assistant students. American Physical Therapy Association (APTA) credentialed clinical instructors are preferred. It is also preferred that clinical instructors possess strong communication skills, are members of the APTA and model lifelong learning.

The ACCE will provide development activities for clinical education faculty. Topics are identified by assessing needs of the clinical education faculty at each facility.

Annually clinical instructors and clinical education sites are recognized by the PTA Program.

#### **Procedures:**

1. ACCE interviews the SCCE of the clinical education site to determine if facility is feasible option for clinical education curriculum.
2. ACCE asks SCCE to complete the Clinical Site Information Form (CSIF), collects relevant data from clinical faculty, and schedules site visit if possible.
3. Site is added to PTA Program Site List once signed clinical affiliation agreement is received.
4. Clinical education site file is developed and available for review by students.

#### **E. Clinical Affiliation Agreements**

**Policy:** Clinical affiliation agreements must be current in order to assign a student to a specific facility. All agreements initiated by Mercy College are reviewed and approved by legal counsel at MercyOne. The Code of Conduct is part of the agreement. If a facility requires a facility contract to be signed, the Code of Conduct is included as an addendum to inform personnel of the policy.

**Procedures:**

1. Agreements are maintained by the Compliance Specialist. Signed original agreements are kept on file in the Compliance Specialist's office.
2. The Compliance Specialist enters agreement information into a tracker as well as uploads the agreement to MediTract, a contract management system. MediTract alerts the Compliance Specialist if a contract is set to expire.
3. The Compliance Specialist is responsible for agreement renewal and informs the ACCE.
4. Annually the ACCE updates the Compliance Specialist on active and discontinued sites.
5. The ACCE is responsible for ensuring all active clinical education sites have current clinical affiliation agreements on file.
6. Content of the clinical affiliation agreement is reviewed and/or revised when college, program, student, or facility needs change.

**F. Student Selection of Full-Time Clinical Education Experiences**

**Policy:** Students must successfully complete all prerequisites in order to begin clinical courses. Full-time clinical experiences are selected by lottery. Students must submit clinical education plan forms to the ACCE by announced deadline. Alternative sites will be assigned if selected site is no longer available. Graduation from the PTA Program may be delayed if a student refuses to attend an alternative site or does not meet clinical facility requirements.

**Procedures:**

1. Students are informed of available sites and types of experiences for each full-time clinical course via the learning management system.
2. Clinical experience requirements include exposure to a variety of patient populations. Each student's overall clinical education plan will reflect opportunities to provide patient care in the acute phase of healing, patients with musculoskeletal conditions, and patients with neuromuscular conditions. Students must also provide evidence of collaboration with the supervising physical therapist and involvement in interprofessional practice.
3. Costs associated with clinical education are the responsibility of the student. Geographical location of clinical sites does not always allow for commuting. Students must plan ahead and be prepared to make arrangements for out of town clinical experiences which may include housing.

**Procedures:**

4. Students currently or recently employed at a facility on the clinical site selection list are not eligible to choose that facility. If the student is employed by a facility with multiple locations, the student cannot select the specific employment location; however, the student is eligible to select another location within that system if conflict of interest is not evident.
5. Students submit their clinical education plan form to ACCE by the posted deadline. This form requires the student to list 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices for each clinical course.
6. For PTA 163, the ACCE randomly draws a student name and assigns that student's first choice. If the first choice is not available, the second choice is assigned.
7. For PTA 232 and PTA 234, a special session is scheduled for the lottery. Each student randomly draws a number to determine the order in which students will select sites. Students may select the site for either PTA 232 or PTA 234. Chronological order is followed for round 1; reverse chronological order is used for selection in round 2.
8. Prior to the lottery for PTA 232 and PTA 234, students complete a clinical education planning form and consult with the ACCE.
9. Students will have one week to negotiate changes. Once the final list is posted, student changes are not allowed.
10. The ACCE reserves the right to revise clinical assignments to assure the best learning opportunity for students.

**G. Clinical Sites Not Currently on PTA Program Site List**

**Policy:** The PTA Program actively recruits clinical education sites on a consistent basis. Students who are aware of potential sites should inform the ACCE. The decision to add a clinical site to the site list is the responsibility of the ACCE following consultation with program faculty. Clinical sites are not set up for one time use only. Identification of a potential clinical site does not guarantee placement at that facility.

**Procedures:**

1. When a student identifies a site that does not have an agreement with Mercy College to provide clinical education, he/she should provide the ACCE with the name and address of the facility, name and phone number of the SCCE and a brief description of the facility.
2. The ACCE will contact the SCCE and follows the procedures for clinical site selection.
3. Once the signed agreement is received, the site is added to the PTA Program Site List.

## **H. Non-Academic Clinical Experience Preparation**

**Policy:** Faculty and students share the responsibility to ensure students have non-academic requirements met prior to starting a clinical course. These requirements include: medical history/ health update, drug testing, clinical standards sign off, immunization and vaccination records, completed background check for child and dependent adult abuse and criminal record with satisfactory results, two-step tuberculin skin test screening, Hepatitis B series, current certification in American Heart Association CPR for the Healthcare Provider, proof of health insurance and liability insurance. Refer to the post-admission requirements in the *College Catalog*.

### **Procedures:**

1. Students submit completed immunizations/vaccinations; completed clinical standards form; completed Iowa Healthcare Facility Record Check, Request for Child Abuse Information, and Request for Dependent Adult Abuse Registry Information; documentation of a two-step tuberculin skin test; negative drug screen; and documentation of completed or beginning the Hepatitis B series to the designated vendor.
2. Proof of current certification in CPR for the Healthcare Provider through the American Heart Association or equivalent is required and uploaded to the student's account with the designated vendor.
3. If a clinical education site has additional requirements, they are noted in the file. Students must comply with those standards in order to be assigned to that site. Failure to comply may delay clinical placement/graduation. The ACCE facilitates obtaining signatures when necessary.
4. Students are required to complete the Student Information Form and submit it to the ACCE with a cover letter at least one month prior to the beginning of the clinical experience. The ACCE sends the forms to the SCCE. This allows the clinical education site time to plan the student learning opportunities. These copies are stored in each student's clinical education file.

## **I. Clinical Coursework Preparation**

Items required for each clinical education experience include:

1. PTA Program Student Handbook
2. Course syllabus
3. Copy of the Student Information Form
4. Clinical Site Contact Information Form
5. Evaluation forms
6. Copies of Clinical Education Weekly Form
7. Select textbooks and class notes

## **J. Attendance**

**Policy:** Attendance is mandatory during all clinical education experiences. There are no unexcused absences. Excused absences (illness, injury and family emergencies) will be made up at the discretion of the clinical instructor, the SCCE and the ACCE.

### **Procedures:**

1. Full-time status is 40 hours per week with specific schedule determined by each facility. The schedule is communicated to the student prior to the start of the clinical course.
2. If the student is absent for any reason, the student must call both the clinical instructor and PTA Program ACCE prior to the start of the shift for that day.
3. Failure to notify the clinical instructor and the ACCE may result in the clinical experience being discontinued.
4. All missed time will be made up at the discretion of the clinical instructor, SCCE and ACCE at a time mutually agreed upon with the student.
5. If the absence is due to illness or injury, the student must follow the facility's policies/procedures for returning to work. Extended absence due to illness or injury will result in an incomplete for the course.
6. If frequent absenteeism is noted, the ACCE has the right to discontinue the clinical course. If the course is discontinued, the grade is no credit and must be repeated.
7. During a clinical experience, the student follows the clinical education site's schedule and holidays. If physical therapy employees are expected to report in inclement weather, the student will also report.

## **K. Professional Behavior**

**Policy:** Professional behavior and appearance are expected during all clinical education experiences. Students must follow the standards of behavior and dress code specific to each facility. Each student must wear the provided Mercy College nametag at all times and introduce oneself as a student physical therapist assistant. The student is responsible for informing patients of their role as a student physical therapist assistant and obtaining permission to work with each patient. Patients have the risk-free right to refuse treatment from a student. Students are expected to use patient first language at all times.

The Generic Abilities Assessment is used as a guide in developing professional behaviors. Refer to Appendix B.

### **Procedures:**

1. For each full-time clinical experience, students provide a self-assessment at the end of the clinical utilizing the Generic Abilities Assessment. That assessment is then shared with the clinical instructor for additional comment and sign-off.

## **L. Expectations of Clinical Instructors and Students**

The clinical instructor is expected to:

- 1) prepare for student arrival by reviewing Program documents and information sent by the student
- 2) offer a receptive, supportive learning environment
- 3) demonstrate APTA core values
- 4) utilize interactive instruction
- 5) plan opportunities to facilitate student learning and assist student in skill acquisition
- 6) encourage open, honest, and timely dialogue regarding psychomotor skills, communication, and professional behaviors
- 7) provide positive performance feedback in the clinical setting and constructive feedback in a private setting

The student is expected to:

- 1) prepare for the clinical experience and bring all needed resources
- 2) demonstrate readiness to learn and initiate opportunities to apply, examine, organize, and assess learning experiences
- 3) communicate in a respectful manner; provide staff with positive and constructive feedback to enhance the learning experience

- 4) practice skills, self-evaluate performance, and seek feedback from all available resources
- 5) utilize clinical education weekly form to ensure goal attainment

**M. Communication between Clinical Site and Program During Student Educational Experience**

**Policy:** PTA Program faculty will contact the student and clinical instructor during each full-time clinical experience. If a problem arises, the clinical instructor and student are encouraged to craft a mutually acceptable resolution. If that is not possible, the SCCE and ACCE may be used as resources. Students are expected to discuss problems or concerns directly with the clinical instructor before contacting the SCCE and/or ACCE. All conversations are held in confidence.

**Procedures:**

1. ACCE creates schedule for contact of students and clinical instructors during each clinical experience.
2. Program faculty complete the clinical contact form following each interaction.
3. ACCE maintains files for all clinical education communication.

**N. Satisfactory Completion of a Clinical Course**

**Policy:** The final decision regarding satisfactory completion of a clinical course resulting in a grade of “pass” is the responsibility of the ACCE. This decision is a professional judgment based on many variables. Specific grading criteria are found in each syllabus.

**Procedures:**

1. Program faculty determine grading criteria for clinical courses.
2. ACCE reviews each course syllabus annually.
3. Recommendations for change are discussed with stakeholders.
4. Program faculty decide upon changes; ACCE updates syllabi.



## Adjunct Faculty Performance Review Form

Review period:

Faculty:  
Courses taught/semester:

Evaluator:

Date:

<b>PERFORMANCE FACTORS</b>	<b>PERFORMANCE RATINGS</b> <i>Rate employee's performance:</i> <b>5: consistently exceptional</b> <b>4: consistently above acceptable</b> <b>3: at an acceptable level</b> <b>2: occasionally below an acceptable level</b> <b>1: consistently below an acceptable level</b>	<b>PERFORMANCE COMMENTS</b> <i>Document specific comments regarding performance during the rating period.</i>
<b>Job Knowledge:</b> To what extent does the employee know and perform elements of the job?	1   2   3   4   5	
<b>Dependability:</b> To what extent does the employee demonstrate reliability and follow-through?	1   2   3   4   5	
<b>Teaching effectiveness:</b> To what extent does the employee's work meet the required quality standards for teaching effectiveness?	1   2   3   4   5	
<b>Communication Skills:</b> To what extent does the employee effectively communicate with core faculty and students?	1   2   3   4   5	

Overall Performance Level:   1   2   3   4   5

Recommendations for development:

## 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.**

## Administrative Review of Clinical Education Faculty Performance Form

Clinical instructor:
Review period:
Date:

Clinical course taught/semester:
Evaluator:

<b>PERFORMANCE FACTORS</b>	<b>PERFORMANCE RATINGS</b> <i>Rate employee's performance:</i> 5: consistently exceptional 4: consistently above acceptable 3: at an acceptable level 2: occasionally below an acceptable level 1: consistently below an acceptable level	<b>PERFORMANCE COMMENTS</b> <i>Document specific comments regarding performance during the rating period.</i>
<b>Knowledge of clinical instructor role:</b> To what extent does the CI know and perform elements of clinical instruction?	1   2   3   4   5	
<b>Teaching effectiveness:</b> To what extent does the CI's work meet the required quality standards for teaching effectiveness?	1   2   3   4   5	
<b>Communication Skills:</b> To what extent does the CI effectively communicate with core faculty and students? Provides constructive feedback to students?	1   2   3   4   5	
<b>Dependability:</b> To what extent does the CI demonstrate reliability and follow-through?	1   2   3   4   5	

Overall Performance Level:   1   2   3   4   5

Recommendations for development:

**Faculty Performance Review Form  
Goals and Objectives**

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**FACULTY DEVELOPMENT PLAN FOR:  
YEAR**

#	TASKS, GOALS, OBJECTIVES (evidence to support goal)	TIMELINE	RESULTS/STATUS
1			
2			

**Mercy College of Health Sciences  
Physical Therapist Assistant Program  
Clinical Education Faculty Development**

**YEAR**

#	TASKS, GOALS, OBJECTIVES (evidence to support goal)	TIMELINE	RESULTS/STATUS
1			

## GENERIC ABILITIES ASSESSMENT

To complete this form, save to your computer first or print form and fill out by hand.

- 1 Read description and definitions of generic abilities – page 1.**
- 2 Become familiar with behavioral criteria for each level – pages 2 & 3.**
- 3 Assess student’s performance at the end of the clinical experience by, highlighting appropriate characteristics on pages 2 and 3.**
- 4 Review the Generic Abilities Assessment with your student upon completion, and email: [athompson2@mercydesmoines.org](mailto:athompson2@mercydesmoines.org) or fax (515-643-6698) to Alissa Thompson, PTA, ACCE.**

### Generic Abilities\*\*

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession’s core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW- Madison in 1991 – 92. The ten abilities and definitions developed are:

Generic Ability	Definition
1. Commitment to Learning	The ability to self-assess, self-corrects, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other healthcare professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
3. Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4. Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5. Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6. Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
7. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8. Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9. Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10. Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

\*\*Developed by the Physical Therapy Program, University of Wisconsin-Madison  
May et al Journal of physical Therapy Education 9-1 Spring 1995

Instructions: **Highlight** or **Underline** all criteria that describe the student's performance.

<b>Generic Abilities</b>	<b><u>Beginning</u> Level Behavioral Criteria</b>	<b><u>Developing</u> Level Behavioral Criteria</b>	<b><u>Entry Level</u> Behavioral Criteria</b>
1. Commitment to Learning	Identifies problems; formulates appropriate questions; identifies and locates appropriate resources; demonstrates a positive attitude (motivation) toward learning; offers own thoughts and ideas; identifies need for further information.	Prioritizes information needs; analyzes and subdivides large questions into components; seeks out professional literature; sets personal and professional goals; identifies own learning needs based on previous experiences; plans and presents an in-service, or research or case studies; welcomes and/or seeks new learning opportunities.	Applies new information and re-evaluates performance; accepts that there may be more than one answer to a problem; recognizes the need to and is able to verify solutions to problems; reads articles critically and understands the limits of application to professional practice; researches and studies areas where knowledge base is lacking.
2. Interpersonal Skills	Maintains professional demeanor in all clinical interactions; demonstrates interest in patients as individuals; respects cultural and personal differences of others; is non-judgmental about patients' lifestyles; communicates with others in a respectful, confident manner; respects personal space of patients and others; maintains confidentiality in all clinical interactions; demonstrates acceptance of limited knowledge and experience.	Recognizes impact of nonverbal communication and modifies accordingly; assumes responsibility for own actions; motivates others to achieve; establishes trust; seeks to gain knowledge and input from others; respects role of support staff.	Listens to patient but reflects back to original concern; works effectively with challenging patients; responds effectively to unexpected experiences; talks about difficult issues with sensitivity and objectivity; delegates to others as needed; approaches others to discuss differences in opinion; accommodates differences in learning styles.
3. Communication Skills	Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression; writes legibly; recognizes impact of nonverbal communication: listens actively; maintains eye contact.	Utilizes non-verbal communication to augment verbal message; restates, reflects and clarifies message; collects necessary information from the patient interview.	Modifies communication (verbal and written) to meet needs of different audiences; presents verbal or written messages with logical organization and sequencing; maintains open and constructive communication; utilizes communication technology effectively; dictates clearly and concisely.
4. Effective Use of Time and Resources	Focuses on tasks at hand without dwelling on past mistakes; recognizes own resource limitations; uses existing resources effectively; uses unscheduled time efficiently; completes assignments in timely fashion.	Sets up own schedule; coordinates schedule with others; demonstrates flexibility; plans ahead.	Sets priorities and reorganizes when needed; considers patient's goals in context of patient, clinic and third party resources; has ability to say "No"; performs multiple tasks simultaneously and delegates when appropriate; uses scheduled time with each patient efficiently.

Instructions: **Highlight** or **Underline** all criteria that describe the student's performance.

<b>Generic Abilities</b>	<b><u>Beginning Level Behavioral Criteria</u></b>	<b><u>Developing Level Behavioral Criteria</u></b>	<b><u>Entry Level Behavioral Criteria</u></b>
5. Use of Constructive Feedback	Demonstrates active listening skills; actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance; maintains two-way information.	Assesses own performance accurately; utilizes feedback when establishing preprofessional goals; provides constructive and timely feedback when establishing pre-professional goals; develops plan of action in response to feedback.	Seeks feedback from clients; modifies feedback given to clients according to their learning styles; reconciles differences with sensitivity; considers multiple approaches when responding to feedback.
6. Problem-Solving	Recognizes problems; states problems clearly; describes known solutions to problem; identifies resources needed to develop solutions; begins to examine multiple solutions to problems.	Prioritizes problems; identifies contributors to problem; considers consequences of possible solutions; consults with others to clarify problem.	Implements solutions; reassesses solutions; evaluates outcomes; updates solutions to problems based on current research; accepts responsibility for implementing of solutions.
7. Professionalism	Abides by APTA Code of Ethics; demonstrates awareness of state licensure regulations; abides by facility policies and procedures; projects professional image; attends professional meetings; demonstrates honesty, compassion, courage and continuous regard for all.	Identifies positive professional role models; discusses societal expectations of the profession; acts on moral commitment; involves other healthcare professionals in decision-making; seeks informed consent from patients.	Demonstrates accountability for professional decision; treats patients within scope of expertise; discusses role of physical therapy in healthcare; keeps patient as priority.
8. Responsibility	Demonstrates dependability; demonstrates punctuality; follows through on commitments; recognizes own limits.	Accepts responsibility for actions and outcomes; provides safe and secure environment for patients; offers and accepts help; completes projects without prompting.	Directs patients to other healthcare professionals when needed; delegates as needed; encourages patient accountability.
9. Critical Thinking	Raises relevant questions; considers all available information; states the results of scientific literature; recognizes "holes" in knowledge base; articulates ideas.	Feels challenged to examine ideas; understands scientific method; formulates new ideas; seeks alternative ideas; formulates alternative hypotheses; critiques hypotheses and ideas.	Exhibits openness to contradictory ideas; assess issues raised by contradictory ideas; justifies solutions selected; determines effectiveness of applied solutions.
10. Stress Management	Recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance as needed; maintains professional demeanor in all situations.	Maintains balance between professional and personal life; demonstrates effective affective responses in all situations; accepts constructive feedback; establishes outlets to cope with stressors.	Prioritizes multiple commitments; responds calmly to urgent situation; tolerates inconsistencies in healthcare environment.



## Generic Abilities ~ Assessment Form

To complete this form, save to your computer first or print form and fill out by hand.

**Instructions:** Assess each ability based on your assessment of the student (highlighted areas – Page 2 & 3) and click the check box to reflect your final rating. Comments and examples are required to justify the level marked. Please sign and date the assessment.

**B – Beginning Level**

**E – Entry Level**

1. Commitment to Learning	<b>B</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>E</b>
Comments & Examples:	
2. Interpersonal Skills:	<b>B</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>E</b>
Comments & Examples:	
3. Communication Skills:	<b>B</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>E</b>
Comments & Examples:	
4. Effective Use of Time and Resources:	<b>B</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>E</b>
Comments & Examples:	
5. Use of Constructive Feedback:	<b>B</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>E</b>
Comments & Examples:	
6. Problem-Solving:	<b>B</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>E</b>
Comments & Examples:	
7. Professionalism:	<b>B</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>E</b>
Comments & Examples:	
8. Responsibility:	<b>B</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>E</b>
Comments & Examples:	
9. Critical Thinking:	<b>B</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>E</b>
Comments & Examples:	
10. Stress Management :	<b>B</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>E</b>
Comments & Examples:	

Student :		Date :	
Clinical Instructor :			

**Mercy College of Health Sciences  
Physical Therapist Assistant  
Student Success Plan to Meet Objectives**

**Course:**

**Student:**

**Date:**

**Instructor:**

**Specific Objectives:**

**Statement of Existing Condition:**

**What do you need to accomplish?**

A. **Goal (state in general terms)**

**Target Dates**

B. **Behavioral objectives to be met**

---

Student Signature

---

Instructor Signature

Inception: 8/91  
Revised: 10/96; 4/98, 7/07

**Mercy College Physical Therapist Assistant Program  
1+1 Curriculum Overview**

**General Education Semester I**

BIO 180	Health Sciences Anatomy (with lab)	4
ENG 101	English Composition I	3
MAT 120	College Algebra or higher (No statistics)	3
MED 101	Medical Terminology	1
PSY 101	General Psychology	3
SPE 105	Small Group Communication	1
	<b>Total</b>	<b>15</b>

**General Education Semester II**

BIO 185	Health Sciences Physiology (with lab)	4
ENG 102	English Composition II	3
	100-level or higher Humanities elective	3
PSY 202	Developmental Psychology	3
SVL 285	Servant Leadership	3
	<b>Total</b>	<b>16</b>

**PTA program Semester I: 15-weeks**

BIO 225 or 302	Pathophysiology	3
PTA 101	Fundamentals of Physical Therapy (with lab)	3
PTA 130	Kinesiology (with lab)	4
PTA 135	Essential Skills in Physical Therapy I (with lab)	2
PTA 137	Essential Skills in Physical Therapy II (with lab)	2
	<b>Total</b>	<b>14</b>

**PTA program Semester II: 8-week term**

PTA 160	Physical Therapy Modalities (with lab)	4
PTA 162	Therapeutic Exercise (with lab)	4
PTA 163	PTA Clinical I	1
	<b>Total</b>	<b>9</b>

**PTA program Semester II: 7-week term**

PTA 201	Physical Therapy Interventions for Musculoskeletal and Integumentary Conditions (with lab)	3
PTA 202	Physical Therapy Interventions for Neuromuscular and Cardiopulmonary Conditions (with lab)	3
PTA 204	Professional Issues	2
	<b>Total</b>	<b>8</b>

**PTA program Semester III: 8-week term**

PTA 230	Issues in Clinical Practice	1
PTA 232	PTA Clinical II	6
	<b>Total</b>	<b>7</b>

**PTA program Semester III: 7-week term**

PTA 234	PTA Clinical III	6
PTA 235	PTA Seminar	1
	<b>Total</b>	<b>7</b>

**Mercy College of Health Sciences  
Physical Therapist Assistant Program**

**Competency List**

Competency is assessed in two domains: knowledge and skill performance. The following table lists expected competencies after completion of the PTA Program. Written examinations are used to test cognitive objectives. Skill checks, practical examinations, and clinical performance are used to determine level of skill. Critical safety elements are noted for each specific procedure in bold on the skill check or practical examination form. Students must satisfactorily pass all critical safety elements to successfully pass each skills competency. Refer to syllabi and rubrics for specific criteria.

<b>Item</b>	<b>Knowledge</b>	<b>Skill</b>	<b>Critical Safety Elements</b>
Effective verbal communication	K	S	Gathers informed consent
Effective non-verbal communication	K	S	
Public speaking	K	S	
Medical terminology	K		
Documentation of clinical encounters	K	S	Accurate information
Role of PTA and PT	K		
Role of healthcare providers	K		
Patient/client management model	K		
Work within established plan of care under direction of PT	K	S	
Professionalism	K	S	
Ethical practice	K	S	
Legal practice	K	S	
Risk management – standard precautions, safety	K	S	Washes hands for 20-30 seconds; dons gloves; maintains sterile field
Privacy, confidentiality	K	S	
Critical thinking	K	S	
Psychosocial aspects of care	K	S	
Interviewing	K	S	
Aerobic conditioning	K	S	Selects appropriate intensity
Balance/coordination/agility training	K	S	Selects appropriate intensity; correct side of body/location
Body mechanics	K	S	Maintains neutral back position
Anthropometrics	K	S	
Arousal/attention/cognition	K	S	
Visual appraisal	K	S	
Goniometry	K	S	Stabilizes proximal segment; correct side of body/location
Manual muscle testing	K	S	Stabilizes proximal segment; appropriate amount of pressure applied; correct side of body/location
Pain scales	K	S	
Sensory testing	K	S	

<b>Item</b>	<b>Knowledge</b>	<b>Skill</b>	<b>Critical Safety Elements</b>
Vital signs	K	S	Cleans stethoscope; inflates cuff to appropriate level
Flexibility exercises (ROM and stretching)	K	S	Selects appropriate intensity; correct side of body/location
Gait/locomotion training	K	S	Uses gait belt; footwear on; checks height of the assistive device; guards pt's movements; safe body mechanics
PNF	K	S	Selects appropriate intensity; correct side of body/location
Barrier accommodations/modifications	K	S	
Application/adjustment of adaptive/assistive devices during ADL	K	S	Checks height
Functional training programs	K		
Injury prevention /reduction	K	S	
Massage	K	S	Inspects area to be treated; adjusts pressure
Posture training	K	S	Selects appropriate intensity
Energy conservation	K	S	Selects appropriate intensity
Relaxation training	K	S	
Strength training	K	S	Selects appropriate intensity; correct side of body/location
Aquatic exercise	K		
Bed mobility/positioning	K	S	
Transfer training	K	S	Uses gait belt; guards pt in sitting; locks wheelchair; controls pt's movement; safe body mechanics
Developmental activities	K	S	Selects appropriate intensity
Instrumental ADL	K		
Application/adjustment of orthotic devices	K	S	
Application/adjustment of prosthetic devices	K	S	
Application/adjustment of protective/supportive devices	K	S	
Breathing/coughing techniques	K	S	Selects appropriate intensity; correct side of body/location
Percussion, vibration, shaking	K	S	Selects appropriate intensity; correct side of body/location
Postural drainage	K	S	
Nonselective debridement	K	S	

<b>Item</b>	<b>Knowledge</b>	<b>Skill</b>	<b>Critical Safety Elements</b>
Selective debridement	K	S	
Topical agents	K		
Supplemental oxygen	K	S	
Electrotherapeutic modalities	K	S	Checks precautions/ contraindications; checks skin integrity and sensation; inspects equipment; re- checks pt and makes adjustments
Physical agents	K	S	Checks precautions/ contraindications; checks skin integrity and sensation; inspects equipment; re- checks pt and makes adjustments
Mechanical traction	K	S	Checks precautions/ contraindications; inspects and assesses area to be treated; inspects equipment; re-checks pt and makes adjustments
Safe patient handling equipment	K	S	
CPM	K		
Compression – bandages and garments	K	S	Checks precautions/ contraindications; inspects and assesses area to be treated; re-checks pt and makes adjustments
Patient-related instruction	K	S	
Peer education	K	S	
Time management	K	S	
Organizational structures	K		
Healthcare delivery models	K		
Career development	K	S	

**Mercy College of Health Sciences  
Physical Therapist Assistant Program**

**Student Competency Plan for Clinical Education**

**PTA 163          PTA Clinical I**

This course occurs in Semester II. Students must successfully complete all general education and technical education courses prior to starting the clinical course. Refer to PTA Curriculum Overview. The student has completed the academic portion of the curriculum pertaining to:

- Standard precautions
- Patient confidentiality
- Body mechanics
- Bed mobility/positioning/draping
- Transfers
- Basic gait training
- Fitting assistive devices
- Beginning documentation skills
- Range of motion: passive, active-assistive, active
- Vital signs including pain scales
- Goniometry
- Manual muscle testing
- Postural analysis
- Gait analysis
- Physical therapy modalities: ultrasound, moist heat, cryotherapy, paraffin, intermittent mechanical compression and associated sensory testing after week 4
- Principles of exercise physiology
- Patient education
- Introduction to professional, ethical, and legal aspects of physical therapy practice

For a more detailed list of topics covered, refer to the course syllabi.

**PTA 232          PTA Clinical II**  
**PTA 234          PTA Clinical III**

These two courses are the terminal clinical experiences. Students must successfully complete all general education and technical education courses through Semester II prior to starting these courses. Students are expected to maintain competence in the skills listed above. In addition, the student has completed the academic portion of the curriculum pertaining to:

- Therapeutic exercise
- Electrotherapy
- Therapeutic massage
- Orthopedic management of the spine and extremities
- Management of neuromuscular conditions
- Management of cardiovascular conditions
- Management of pulmonary conditions
- Management of integumentary conditions
- Introduction to orthotics and prosthetics
- Wheelchair training
- Professional, ethical, and legal aspects of physical therapy practice

For a more detailed list of topics covered, refer to the course syllabi.

## 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. _____ 2. _____ 3. _____ 4. _____ 5. _____
Implementation of Established Plan of Care		
Selected Interventions		
• Coordination, communication, documentation		
• Patient/client related instruction		
• Direct Interventions		



9. During this experience, how frequently did staff (ie, CI, SCCE, 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.**