College Mission
Murray State College Provides Opportunities for Student Learning, Personal Growth, Professional Success, and Community Enhancement

Program Mission
In accordance with the mission of the institution, the mission of the PTA program is to prepare graduates that can successfully enter the physical therapy profession; give client centered physical therapy services as effective and valued team members who understand the role of the PT and the PTA in the provision of high quality physical therapy services; and to be life-long learners with behaviors that support the core values of the profession.

This resource manual is developed to provide information to the clinical faculty of the MSC PTA program. Clinical Education is an integral part of the program providing an opportunity for students to apply clinical decision making using data collection and intervention skills learned during the in-class portion of the program. Clinical educators who provide direction, supervision, and clinical teaching are critical to the development of graduates that fulfill the program mission. The purpose of this resource manual is to provide information regarding the expectation of clinical educators and the resources to better help each clinical educator fulfill the program expectations.

Thank you for sharing your time and talent as Clinical Educators!

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PURPOSE OF CLINICAL EDUCATION

Clinical education is a requirement of all PTA and PT programs and is critical to the curriculum. Clinical faculty are very important and must work with the program core faculty to guide students toward entry level. Students must apply skills learned in the didactic (in-class) portion of the program in the clinical environment under the direct supervision of the clinical instructor. The clinical experiences are provided in a sequential manner and include integrated and terminal experiences to allow students to opportunity to gain clinical exposure.

Clinical education provides the student experience in the “real world” with direct supervision of dedicated and engaged clinical teachers who offer their time and talent to guide, correct, encourage, and teach. The clinical educator is an extension of the program core faculty and has the same authority to provide instruction, correction, and assessment of student learning.

The purpose of the program’s clinical education component of the curriculum is to . . .

1. Identify, recruit, and develop clinical sites/facilities that have the resources, staffing, and patient/client base to support high quality clinical experiences to students.
2. Recognize clinical faculty that are qualified and willing to work with the program to provide high quality opportunities for students to demonstrate knowledge and skills needed of the student progressing toward entry level.
3. Provide clinical faculty with professional development that supports their role as clinical educators.
4. Evaluate student preparation and provide assessment of student performance and provide assessment to the program through the Academic Coordinator of Clinical Education.
5. Support program evaluation and provide information and recommendations to the program regarding curriculum content and methods to contribute to overall program improvement.

QUALIFICATIONS OF CLINICAL FACULTY

Clinical faculty members are licensed physical therapist assistants (PTAs) or physical therapists (PTs) who have demonstrated a desire and willingness to teach and share their knowledge and experience to promote excellence in physical therapy. The terms clinical faculty, clinical instructor, or clinical educator are synonymous and refer to any PT or PTA who are identified as eligible to accept students from the program for clinical assignment.

Determining qualifications of clinical instructors assigned to PTA students is acquired through the clinical center information form (CCIF) and through verbal and e-mail communication with the site. It is necessary to maintain accurate information in the volatile clinical staffing climate.

The qualifications of the MSC PTA Program Clinical Faculty member include:

1. Be a licensed PT or PTA who desires to teach and is willing to provide direct supervision to the PTA student through the duration of the clinical experience.
2. When the clinical faculty member is a PTA the supervising PT should supports clinical education and is willing to provide supervision of the PTA and support the PTA in teaching the PTA student.
3. Professional experience - Five years of experience is recommended however an individual with a minimum of two years of experience may be considered if the individual demonstrates the qualities of an effective clinical teacher.
4. Demonstrate effective communication with patients and members of the healthcare team. Be non-threatening and tactful, provide clear and honest dialogue.
5. Demonstrate strong interpersonal skills; use enthusiastic, friendly, honest, receptive, concerned, interested and encouraging words.
6. Exemplify legal and ethical behavior that adheres to the professional Code of Ethics.
7. Demonstrate sound clinical decision making, problem solving, and effective organizational skills including effective time management skills and the delegation of appropriate tasks to the student. Possess the ability to plan, conduct and evaluate a clinical education experience based on sound educational principles.
8. Possess the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, and effectively supervise students to facilitate learning and clinical reasoning.
9. Serve as a **positive role model** for the student by their interaction with patients and other health care providers. Recognize and follow the principles of adult learning theory.

10. Have a desire for continual improvement and recognize needs for professional development. Communicate development needs to the program and participate in program sponsored professional development activities. The clinical education faculty shows commitment to continuing personal and professional growth through participation in continuing education and self-directed learning.

11. Show interest in developing knowledge and skills to provide clinical teaching. Seek assistance/resources as needed to manage issues of clinical education that is in the best interest of students.

12. Have a willingness to **assess student learning/performance** and complete student assessment following instructions. Share timely performance assessment with students and the program through the ACCE. Provide constructive critique of performance and notify the program (ACCE) whenever a critical incidence or unsatisfactory performance occurs.

Effective clinical faculty members require students to have effective rationale and demonstrate safety for the patient and themselves. They expect students to recognize their strength and weaknesses and to communicate their needs to the clinical instructor. The clinical teacher recognizes that student are learning and are not perfect and they participate in helping the student to develop skill in the delivery of selected physical therapy treatment procedures within the plan-of-care developed by the physical therapist. The clinical education faculty serves as a positive role model for the students by their interaction with patients and other health care providers who are members of the “team”.

The program is to be resource to the clinical faculty and the on-going improvement and development of the clinical faculty is supported by the program by assisting in the identifying needs and then working together to develop training, resources, and other supports to meet those needs. The ACCE interacts with the Coordinator of Clinical Education (CCCE) at each facility and for many facilities the CCCE is also the clinical instructor. The clinical instruction communicates with the ACCE by phone, email, and direct in-person meetings.

Clinical faculty meetings are held in conjunction with CEU training opportunities provided by the program. It is difficult to reach the entire clinical faculty through meetings, clinical instructors are busy people; therefore we strive to reach the clinical instructor with resources that they can easily access and use. The expansion of clinical education opportunities is an ongoing component of the ACCE’s job. The program has sponsored multiple APTA clinical instructor credentialing workshops and there are plans to offer more of these types of programs in the future.

**CLINICAL SITE SELECTION & DEVELOPMENT**

The program seeks to develop active clinical sites to increase the quantity and quality of clinical education experiences. The process of approving the clinical education site includes many factors. When a PT or PTA desires to become a clinical instructor the facility in which they work must have adequate resources to support an effective experience which means that there must be adequate patient loads, personnel, and equipment. Prior to placement of a student the facility and program/college must have a valid clinical agreement. A sample agreement is provided in **Appendix 1**. While this is the agreement used by most faculties, some may have a different form of the agreement. Both the facility and program must review the agreement to ensure understanding prior to placing a student in a facility.

**CLINICAL EDUCATION RESOURCES**

The program desires to be a resource to clinical faculty and staff at facilities with which we have clinical agreements. The following is a short list of recourses and where these can be located:

1. Reference Manual for Center Coordinators of Clinical Education - **Appendix 2**
2. Clinical Performance Instrument and information on access to training – **Appendix 3**
3. Program Clinical Education web site – Link to the [MSC PTA Program Web Site](http://www.mscah.org) at www.mscah.org under academics and then Programs in Applied Sciences.
ROLE OF FACULTY

During any clinical experience the clinical instructor, (CI) is the student’s instructor and has the authority to instruct, assess performance, correct, and determine satisfactory or unsatisfactory performance. During the clinical experience, the ACCE and core faculty remain a part of the experience and are available to assist and support the CI. The ACCE or at times the program director will make contact with the CI and student usually around the mid-point of the experience. Contact is made using a face-to-face visit or a phone interview with the Clinical Instructor and the Student. During this contact information is gathered including:

1) Variety of patients treated;  
2) Quality of care delivered by the student;  
3) Type of supervision required and provided;  
4) Specific skills in the area of safety, note-writing, problem solving skills, assimilation of new skills, and the ability to progress patients.  
5) Professionalism and interpersonal skills are addressed;  
6) Organizational skills, use of free time, and adaptability;  
7) Ability to evaluate self, accepting criticism and input, communication skills;  
8) Additional learning experiences;  
9) Clinical skills (assessment and treatment); and Overall strengths and identified areas needing improvement

RIGHTS AND RESPONSIBILITIES OF CLINICAL FACULTY

Clinical instructors are an extension of the faculty and have the right to establish learning activities and provide experiences within their facility. Clinical Instructors volunteer hours of time to support the program, therefore it is important to respect and appreciation them for their service to MSC. The clinical instructor has the responsibility to know the level of the student within the curriculum and to have appropriate expectations of the student. The CI should consult with ACCE and other program faculty if needed to understand student preparation and expectations.

When the student is assigned to your facility, the CI is their teacher just as the core faculty are their teachers. The program is here to support and help the CI when requested or needed.

Prior to the student participating in the facility, the clinical instructor must be identified and agree to provide appropriate supervision and assessments of the student. The form used to communicate this understanding is located following the sample agreement in Appendix 1. This form is provided by the student on the morning of the first day of the experience.

RESPONSIBILITIES OF STUDENTS

How the student represents MSC is critical to the success of the student and the program. Students are placed according to their past experiences and needs. They will be placed in clinical agencies close to their residence whenever possible, however it must be understood that the need of the student to participate in a wide range of clinical experience is most important. Students are responsible for their transportation to the clinical facilities. Students are also responsible for providing their own housing during clinical that may be too far to drive. Many facilities provide housing support or at least they can assist in finding affordable housing; however it is the responsibility of the student not the facility.

Students must at all times in the clinical environment identify themselves as students. Students must have their MSC student identification name tag on that identifies them as PTA students from MSC.

Patients have the risk-free-right to refuse to participate in the clinical education and it is the responsibility of the student and clinical instructor to ensure that the patient is aware of their right to refuse to participate with the student.

Students must be prepared, on-time, and demonstrate professional behaviors expected by the program. The student must contact the clinical instructor prior to the clinical experience following the instructions of the ACCE for each experience. The student is responsible to provide all required forms and verification that they meet the requirement for the clinical experience. Background checks, immunization records, CPR, and other requirements are maintained using Certified Background: https://www.certifiedbackground.com/
PROGRAM CLINICAL EDUCATION OVERVIEW

The clinical education component of the program is an integral part of the curriculum. The clinical education component of the program is designed and coordinated within and as a dynamic part the curriculum as a whole. The program has three full-time clinical experiences, as follows:

1. PTA 2152 Clinical Practicum I – (4 weeks) – Spring Intersession in early January.
2. PTA 2243 Clinical Practicum II – (6 weeks) – After spring semester in May and June.
3. PTA 2253 Clinical Practicum III – (6 weeks) - After Clinical Practicum II in July and August.

The first full time clinical experience is PTA2152 is a 4-week long integrated experience which means that this experience occurs during the course before they have completed all the in-class content. Students have demonstrated safe and satisfactory performance in the following content and skills:

- Ethical and legal behavior content
- Cultural competency
- Role of the PT and PTA
- Introduction to documentation
- Preparation for patient care including
  - aseptic technique,
  - body mechanics,
  - safety procedures with transfers and assistive devices,
  - vital signs,
  - positioning and draping,
- traction,
- massage,
- heat and cold,
- deep heat modalities,
- hydrotherapy,
- electrotherapy,
- Principles of patient education.
- Content on selected medical and surgical conditions encountered in physical therapy.
- Structure and function of the musculoskeletal system
- Muscle strength and Manual Muscle Testing
- Flexibility testing and goniometry
- Introduction to therapeutic exercise
- Normal gait
- Posture assessment

When students begin PTA 2152, they have completed the following courses:

<table>
<thead>
<tr>
<th>Course</th>
<th>Details regarding these courses and course objectives are provided later in this resource guide.</th>
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<tbody>
<tr>
<td>PTA 2112 – Introduction to Physical Therapy</td>
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<tr>
<td>PTA 2102 – Anatomy and Movement</td>
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<tr>
<td>PTA 2126 – Physical Therapy Principles and Procedures</td>
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<td>PTA 2133 – Medical and Surgical Conditions</td>
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<tr>
<td>PTA 2144 – Functional Anatomy and Kinesiology</td>
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</table>
The final clinical experiences, PTA 2243 and PTA 2253 are considered terminal experiences because these occur following all didactic (classroom) content. Students in Clinical Practicum II and III should demonstrate progress toward entry level skill emphasize essential skill from all courses above classes as well as essential skills from all academic course work.

The student is expected to progress to entry level in all areas of the CPI be the end of PTA 2253. The following definitions are taken from the CPI:

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

Prior to beginning PTA 2243 and PTA 2253, students have completed all course work and should demonstrate safe and effective application of selected interventions and data collection skills progressing toward the entry level performance. Student should demonstrate all activities required in PTA 2152 as well as the following:

- Legal and ethical knowledge and behavior,
- Personal behavior, interpersonal relationships, adaptability,
- Following a plan of care,
- Implementing a therapeutic Exercise program within the POC developed by the PT.
- Data collection skills and documentation.
- Participate in the education and instruction of patients, family members and caregivers as well as members of the health care team.
- Participate in discharge planning and patient follow-up.
- Participate in administrative activities and demonstrate career development skills.
- Students who may not have the opportunity to perform a specific skill, due to patient unavailability, may work with the clinical instructor, ACCE, or both to determine that a satisfactory level is achieved.

**Students should attain ENTERY LEVEL on each CPI item by end of PTA 2253!**

What if a student has not had an opportunity during a clinical experience to demonstrate for the CI entry level performance? If a student has not met ENTRY LEVEL on a skill by PTA 2253 and it appears by the mid-term of PTA 2253 that they may not have an opportunity, it is recommended that the student and CI develop opportunities to allow the student to complete the item. Any student not reaching entry level by end of PTA 2253 on any item may be required to complete additional clinical experience to demonstrate appropriate level performance prior to completion of the program.
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Program Goals

The PTA program at MSC prepares graduates to work within the Plan of Care and under the supervision of the physical therapist and:

1. Communicate effectively in providing and documenting client care.
2. Perform physical therapy measurement/assessment skills required of the entry level PTA.
3. Provide comprehensive physical therapy services to clients from across the life span in a safe and effective way.
4. Function accountably as a member of the physical therapy profession within the ethical and legal framework of the profession of physical therapy, accepting responsibility for high standards of physical therapy care including a commitment to on-going development and life-long learning.

Program Outcomes related to faculty and students:

- The Program, through its faculty, graduates, and students show commitment to on-going program improvement and growth to meet the needs of the private and professional communities.
- Students will demonstrate effective verbal and written communication during each clinical experience.
- Students will complete data collection/assessment that is appropriate to the PTA student during clinical experiences under the supervision of their clinical instructor/supervising physical therapist.
- Students will complete physical therapy interventions that are appropriate to their level in a safe and effective way.
- Students will be student members of the APTA and understand the importance of professional membership.
- Students will demonstrate understanding and apply ethical and legal behavior that is appropriate in their role as a student in class and during clinical experiences.

Outcome data related to these outcomes is derived by student performance during clinical experiences. For information on all program outcomes, refer to the program web site under program information.
As the capabilities and knowledge of the students expand, the students are increasingly able to assume the roles and perform the competencies of the entry level PTA. The faculty believes that the PTA must function in three roles. (See Fig: 1-1) The Program desires to produce graduates capable of functioning in the roles of:

1. **Provider of Physical Therapy Services**: The PTA is an educated health care provider who assists the PT in the provision of physical therapy. This involves application of assessment, measurement, and treatment skills within the plan of care developed and supervised by the physical therapist as prescribed by law. The PTA is an extension of the PT and works directly with patients. This requires the PTA to have good interpersonal and team work skills to address individual patient/client needs.

2. **Member of the Physical Therapy Team**: The PTA is a member of a team which includes: The PT and patient at least. Other members are usually on this team including: other health care providers and family members. The PTA has a responsibility to the team and specifically to the PT whose responsibility it is to develop and supervise the plan of care for each patient/client. The PTA can foster this and be of tremendous value to the team by meeting the role of a team member.

3. **Member within the Profession of Physical Therapy and the Health Care System**: As a member within the discipline of physical therapy, the Program graduate functions as a self-directing, accountable member of the physical therapy profession; practices within the ethical and legal framework of physical therapy; and accepts responsibility for ensuring high standards of physical therapy practice. The practice of a graduate from this program is characterized by a commitment to professional growth, continuous learning, and self-development. The PTA must contribute to the improvement of physical therapy practice through participation on committees of the employing institution, attendance at conferences, and membership in the state chapter (OPTA) of the national professional organizations (APTA). Membership in the professional organization is a duty to the profession. It is through professional membership that positive changes are made that benefit each patient/client.

The focus of the MSC Physical Therapist Assistant Program is on producing graduates who can function in each of three major roles and have demonstrated satisfactory performance in the three domains of learning. The graduate must be able to competently interact directly with the patient in a “one to one” relationship that complements the physical therapist’s plan of care. The graduate must function as a valued team member with the physical therapist and patient. The graduate must recognize the importance of their role within the profession of physical therapy.

Graduates will ultimately be valued members of the community as they grow and recognize the importance of these roles. The value of the graduate within the community comes ultimately from their value to each individual patient/client. From each contact with a patient/client, they have an opportunity to make an impact in a positive way. As they recognize these roles and their responsibilities to each role, they become who this program wants them to become. This process is not completed with graduation from this program, but rather it is just in its early stages at graduation. Lifelong learning is a responsibility and a duty we all have.
The program curriculum summary sheet is provided in Appendix 4. The course descriptions are provided below. The following are content threads run throughout the physical therapist assistant courses. These include:

<table>
<thead>
<tr>
<th>A. Safety</th>
<th>This includes safety for both the patient but the PTA provider as well.</th>
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<tr>
<td>B. Skill</td>
<td>This incorporates both the cognitive aspect of providing a service but also the psychomotor technique required.</td>
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<tr>
<td>C. Communication</td>
<td>Verbal and non-verbal communication and the student's ability to self-assess their communication strengths and weaknesses.</td>
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<tr>
<td>D. Individual &amp; Cultural Diversity</td>
<td>Recognizing the value of every individual and the strength that comes from diversity will be emphasized.</td>
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<tr>
<td>E. Life Span Awareness</td>
<td>Services are provided to individuals across the life-span. During content related to interventions, applications to individuals across the life span are discussed.</td>
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<tr>
<td>F. Life Long Learning</td>
<td>The importance of developing a respect and commitment to learning will be an on-going focus.</td>
</tr>
<tr>
<td>G. Behavior &amp; Conduct</td>
<td>Ethical understanding and responsible behavior across practice environments is emphasized.</td>
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<tr>
<td>H. Clinical Problem Solving</td>
<td>Critical thinking, self-assessment, and solution identification as part of content areas.</td>
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**Physical Therapist Assistant Program Course Descriptions & Objectives**

**PTA 2102 – Anatomy & Movement** - The course will emphasize the skeletal, articular, muscular, and nervous system as they relate to the practice of physical therapy. The course is designed to prepare the student for and to promote success in PTA 2144 and other future classes. A good foundation in anatomy sets the stage for success in the PTA program second year. After being accepted into the PTA technical year, students are evaluated on their knowledge of anatomy related to the motor systems by a course pre-test. This course is required of all students who do not meet satisfactory pre-course knowledge proficiency levels as measured on the course pre-test.

**Objectives:** The student will . . .

1. Demonstrate knowledge of anatomy of the musculoskeletal system through on-line and in-class discussion.
2. Demonstrate proper palpation techniques to identify key landmarks and muscles.
3. Utilize anatomic position and directional terminology to compare and identify key anatomy landmarks that may be deep or superficial.
4. Identify the three cardinal planes of the human body and apply these to normal motions of key joints.
5. Describe basic terminology as it applies to bony landmarks of the skeleton and identify key landmarks through palpation.
6. Identify bones of the axial and appendicular skeleton using models and computer assisted learning tools.
7. Identify key muscles including the origin, insertion, and action at joints they cross in the trunk, upper, and lower extremities.
8. Discuss organization of the nervous system, identifying location and function of key structures.
9. Recognize key nerve innervations of specific muscles groups.
10. Use health informatics to acquire and utilize information related to functional anatomy.
PTA 2112 -- Introduction to Physical Therapy - This course is an orientation to the physical therapy profession. Topics include: history, professional organization, federal/state regulations, interpersonal relationship skills, and an introduction to documentation.

Objectives: The student will . . .
1. Define the Profession of Physical Therapy; discuss who works in Physical Therapy, and the evolution of the profession.
2. Identify the “Preferred Relationship” between the PT and the PTA and current issues that impact the profession.
3. Describe the PTA and PT within the following three roles: 1) provider of physical therapy services; 2) member of physical therapy team; and 3) member with the profession of physical therapy, health care system, and community.
4. Discuss issues and factors that impact PTA student success in their educational program including: financing PTA education, organization and key components of PTA education, student performance evaluation, and self-management strategies.
5. Describe the standard of ethical behavior and conduct including an understanding of key documents, including: Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Standards of Practice for Physical Therapy and the Criteria, Guide to Physical Therapist Practice, and Task Analysis and Division of Responsibility in Physical Therapy by N. Watts.
6. Describe the legal and ethical considerations of the PTA related to the Oklahoma PT Practice Act that governs physical therapy practice.
7. Discuss and demonstrate working knowledge of the following: evidence-based practice in PT, The Guide to Physical Therapy Practice, and the process of goal setting.
8. Demonstrate information competence related to professional literature and the use of health informatics to acquire and utilize information related to key topics.
9. Identify importance of valuing diversity and cultural competence through respect for others.
10. Identify and apply effective interpersonal communication skills including verbal and nonverbal.
11. Discuss teamwork in physical therapy and the role of collaboration within the physical therapy team.
12. Describe the professional organization and the benefits of belonging to the APTA as a student and as an affiliate member upon graduation.
13. Discuss and demonstrate understanding of the physical therapy process and the importance of documentation.
14. Practice proper physical therapy documentation including content, organization, and presentation.

PTA 2126 -- Physical Therapy Principles and Procedures I - This course teaches the principles and techniques of selected physical therapy treatment methods. These include: preparation for patient care, aseptic technique, body mechanics, safety procedures with transfers and assistive devices, vital signs, positioning and draping, transfers, traction, massage, superficial heat and cold, deep heat modalities, ultraviolet radiation, hydrotherapy, electrotherapy, and principles of patient education.

Objectives: The student will . . .
1. Describe and apply skills for safe and effective patient-care, including: asepsis, vital signs, positioning, ROM, and patient mobility with assistive devices.
2. Demonstrate proper documentation of physical therapy procedures taught in this course.
3. Describe and apply skills of wound assessment and management.
4. Describe and apply skills therapeutic massage, edema management, and traction within the plan of care developed by the physical therapist.
5. Describe and apply athermal, cryotherapy, deep thermal, superficial thermal and light therapy modalities within the physical therapy plan-of-care developed by the physical therapist.
6. Describe and apply the use of water in physical therapy and apply principles of hydrotherapy and aquatics as a component of a plan of care.
7. Describe and apply electricity as a therapeutic modality to patients within the physical therapy plan-of-care.
8. Discuss pain and apply the principles of pain management.
9. Use knowledge and comprehension of physical therapy principles and procedures to implement selected components of the physical therapy plan-of-care to individuals from across the life span and who represent various cultural and ethnic backgrounds.
10. Use health informatics to acquire and utilize information related to key topics.

**PTA 2133 -- Medical and Surgical Conditions** - This course is the study of health and disease of all age groups introduced with an emphasis on the etiology, pathology, prevention, and treatment of selected medical and surgical conditions encountered in physical therapy.

**Objectives:** The student will . . .
1. Describe the disease process, cell function, inflammation, and tissue healing.
2. Discuss the body’s response to disease through normal immune system function.
3. Demonstrate knowledge and comprehension of diseases and disorders that are commonly seen in physical therapy including those that impact the musculoskeletal, neurological, cardiopulmonary, and integumentary systems.
4. Discuss the use of the Guide to Physical Therapist Practice and locate key conditions within the preferred practice patterns.
5. Discuss the impact of disease and disorders seen in physical therapy on individuals from across the life span and who represent various cultural and ethnic backgrounds.
6. Identify and discuss characteristics of normal development across the life span and the process of ageing.
7. Demonstrate the use of health informatics to acquire and utilize information to assist in learning and teaching information about disease and disorder seen in physical therapy.
8. Describe common medications used to treat conditions seen in physical therapy and the impact these medications may have on physical therapy treatment.

**PTA 2144 -- Functional Anatomy and Kinesiology** - This course will cover the structure and function of the musculoskeletal system with an emphasis on the mechanical aspect of human action. Muscle strength and flexibility testing, goniometry, introduction to therapeutic exercise and normal gait and posture will be covered.

**Objectives:** The student will . . .
1. Identify terminology and communicate principles basic to the study of structure and movement and apply skills of professional literature review to gain additional knowledge.
2. Use health informatics to acquire and utilize information related to functional anatomy and kinesiology topics.
3. Use knowledge of normal structure and posture to complete postural assessment and functional range of motion assessment to individuals from across the life span.
4. Demonstrate knowledge of anatomy of the musculoskeletal system and apply to functional movement, palpation, and assessment of strength and motion.
5. Demonstrate competency in performing measurement of range of motion using a goniometer as a component of data collection delegated by the physical therapist.
6. Identify and apply principles of strength assessment by manual muscle testing to the trunk and extremities as a component of data collection developed by a physical therapist.
7. Identify and apply principles of therapeutic exercise for strength, flexibility, and endurance as a component of the plan of care developed by the physical therapist.
8. Discuss characteristics of normal gait.
9. Demonstrate proper verbal and nonverbal communication regarding interventions and the documentation of data collection skills including: postural assessment, goniometry/functional ROM, strength, response to therapeutic exercise, and gait assessment.
PTA 2213 -- Physical Therapy Principles and Procedures II - This course teaches additional physical therapy principles, techniques and pathologies and will incorporate information from prior PTA classes. These include: expanded therapeutic exercise, neuromuscular re-education, chest physical therapy, and pathological gait.

Objectives: The student will . . .

1. Identify characteristics of normal and abnormal gait.
2. Apply techniques of gait training as a component of a plan of care developed by a physical therapist.
3. Discuss principles of extremity joint mobility in the role of the PTA including precautions and contraindications and apply skills as a component of a plan of care developed by a physical therapist.
4. Recognize and apply principles of orthopedic management including therapeutic exercise application within a plan of care developed by a physical therapist for individuals with commonly seen pathology in the hip, knee, ankle, foot, shoulder, elbow, hand, and spine.
5. Analyze and compare various exercise techniques to accomplish desired goals in the plan of care.
6. Apply principles and perform pulmonary management techniques as a component of a plan of care developed by a physical therapist.
7. Develop home exercise programs that relate to orthopedic management and apply to the education/instruction of patients and caregivers within the plan of care developed by a physical therapist.
8. Recognize and apply skills with health informatics to acquire and utilize information related to key topics.

PTA 2223 - Seminar in Physical Therapy - This course covers topics to assist the student in the transition to physical therapist assistant. Topics included are trends, specialized practice, patient services, case studies integrating theory and practice, licensure issues, employment process, and professional development.

Objectives: The student will . . .

1. Demonstrate understanding of health care teams and apply effective teamwork principles.
2. Recognize trends in health care related to physical therapy and to the roles of the PT and PTA.
3. Recognize and apply skills with health informatics to acquire and utilize information related to key topics.
4. Identify requirements and procedures for application for PTA license in Oklahoma.
5. Recognize legal aspects of physical therapy care and apply techniques of risk management including documentation and ongoing professional education.
6. Identify characteristics of physical therapy service delivery recognizing individual and cultural differences and demonstrate skills in patient/caregiver education as developed by the supervising physical therapist.
7. Identify characteristics of physical therapy service delivery systems for individuals across the life span.
8. Identify and analyze the role and the impact of the PTA within various physical therapy areas of practice, including: in-patient, outpatient, industrial, sports rehabilitation, home health, school based, SNF, rehabilitation, and private practice.

PTA 2234 -- Rehabilitation Techniques - This course covers rehabilitative procedures, including techniques and procedures, involved in the rehabilitation of individuals of all age groups with disabilities resulting from various congenital or acquired conditions. These conditions include arthritis, brain injury, amputation, spinal cord injury, cardiac conditions, genetic/congenital disorders, and burn rehabilitation. The use of prosthetic, orthotic, and other assistive devices and technology will be addressed.

Objectives: The student will . . .

1. Recognize the psychosocial impact of physical disability, discuss the sequence of functional training, and demonstrate awareness of environmental impact on function.
2. Recognize and apply skills with health informatics to acquire and utilize information related to key topics.
3. Demonstrate knowledge and apply skills in the rehabilitation of individuals with amputation, including prosthetic management within the plan of care developed by a physical therapist.
4. Demonstrate knowledge and apply skills in the rehabilitation of individuals with spinal cord injury within the plan of care developed by a physical therapist.
5. Recognize techniques of a sensory, balance, and coordination assessment and apply data collection skills
essential to role of the role of the PTA.

6. Demonstrate knowledge and apply skills in the rehabilitation of individuals across the life span with brain injury, including orthotic management within the plan of care developed by a physical therapist.

7. Demonstrate knowledge and apply skills in the rehabilitation of individuals with CVA within the plan of care developed by a physical therapist.

8. Demonstrate knowledge and apply skills in the rehabilitation of individuals who have had a burn injury within the plan of care developed by a physical therapist.

9. Demonstrate knowledge and apply skills in the cardiac rehabilitation of individuals with cardiopulmonary dysfunction within the plan of care developed by a physical therapist.

**PTA 2152 - Clinical Practicum I** - This course is clinical observation and application of physical therapy procedures under the direction and supervision of clinical faculty. Knowledge and skills learned in previous general education course work and prerequisite PTA courses are applied. Four weeks (160 hours). Location of clinical practicum will be assigned with transportation and housing being the responsibility of the student.

**PTA 2243 - Clinical Practicum II** - This course is clinical observation, application, and practice of physical therapy procedures under the direction and supervision of clinical faculty. Knowledge from previous general education and PTA courses will be applied. Location of clinical practicum will be assigned with transportation and housing being the responsibility of the student. Six weeks (240 hours). Credit: Three semester hours.

**PTA 2253 - Clinical Practicum III** - This course follows PTA 2243 and is continued clinical observation, application, and practice of physical therapy procedures under the direction and supervision of clinical faculty. Knowledge from previous general education and PTA courses will be applied. Location of clinical practicum will be assigned with transportation and housing being the responsibility of the student. Post-clinical seminar (3 to 4 days) required following the completion of six weeks (240 hours).

**CLINICAL COURSE OBJECTIVES**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>PTA 2152</td>
<td>Clinical Practicum I (*)</td>
<td></td>
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<tr>
<td>PTA 2243</td>
<td>Clinical Practicum II (**)</td>
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<tr>
<td>PTA 2253</td>
<td>Clinical Practicum III (***)</td>
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The PTA Clinical Performance Instrument (CPI) is the tool used to determine the attainment of skills. Each skill has key indicators that should be used to guide performance.

The following objectives are to be completed by the end of the PTA 2253. Students progress through the objectives based on the experiences that each clinical experience provides. The (*, **, or ***) provides the targeted skills for each clinical course, and student are to demonstrate continued competence in an objective identified at an earlier clinical.

**OBJECTIVES:** The student will . . .

1) Work under the supervision of a clinical instructor (PT or PTA) in a legal and ethical manner, demonstrating knowledge of: (*, **, ***)
   a) The rationale and effectiveness of key physical therapy principles and procedures;
   b) Apply the ethical principles set forth in the Standards of Ethical Conduct for the Physical Therapist Assistant and the Guide for Conduct of the Affiliate Member;
   c) Applicable state and federal laws; and
   d) The scope and role of the student in assisting the physical therapist in the delivery of care.

2) Demonstrate proper personal behavior in relation to: (*, **, ***)
   a) Safety consciousness in the clinical setting;
   b) Personal grooming and professional appearance;
   c) Professional conduct;
   d) Accepts responsibility;
   e) Exhibits punctuality and is reliable;
   f) Abides by the policies/regulations of the facility;
   g) Does not allow personal affairs to interfere with duties/obligations;
   h) Seeks our learning experience and is an active learner showing appropriate initiative for the clinical level;
   i) Shows consideration of the attitudes and beliefs of others including respect for individual cultural, religious, and socio-economical differences;
   j) Assists and cooperates willingly with co-workers;
   k) Refers question(s) he/she cannot or should not answer to the proper authority;
   l) Identifies situations that should be reported to the clinical instructor or supervisor;
m) Maintains confidentiality regarding all aspects of patient care;

n) Responds favorably to criticism and suggestions;

o) Recognizes his/her own strengths and limitations in ability and/or experience;

p) Indicates through behavior, attitude, and communication that the role of the PTA in relationship to other members of the physical therapy team, staff, and members of other health fields is understood;

q) Problem solving in terms of the role of the physical therapist assistant;

r) Seeks assistance as necessary to insure safe effective treatment;

s) Completes assignments; and

t) Shows appropriate time management skills.

3) Maintain appropriate interpersonal relationships: (*, **, ***)

a) Reacts appropriately to the mood of others;

b) Masks inappropriate emotional reactions in presence of patients;

c) Contributes to a friendly but professional atmosphere in patient and team interactions;

d) Recognizes his/her own reactions to illness and disability;

e) Recognizes patient’s and family’s reactions to illness and disability;

f) Promotes effective interpersonal relationships in all aspects of professional interactions.

4) Exhibits adaptability: (*, **, ***)

a) Handling emergency situations appropriately;

b) Adjusting to unanticipated changes in schedule or patient load;

c) Adjusting well to different instructors; and

d) Working effectively in varied setting and situations.

5) Provide physical therapy services as specified in the plan of care developed by the physical therapist and delegated by their clinical instructor including: (*, **, ***)

a) Preparation for treatment;

b) Review of patient’s medical record (chart);

c) Review of techniques of selected physical agents (modalities); 

d) Recognition of indications and contraindications to treatment;

e) Checking of equipment prior to use; and

f) Appropriately positioning and draping the patient for treatment.

6) Implement components of a comprehensive treatment plan developed by a physical therapist which may include:

a) Functional Training (*, **, ***)

i) Activities of daily living

ii) Assistive/adaptive devices

b) Body mechanics (*, **, ***)

c) Developmental activities (**, ***, ***)

d) Gait and locomotion training (*, **, ***, ***)

e) Prosthetics and orthotics (**, ***, ***)

f) Wheelchair management skills (**, ***, ***)

g) Infection Control Procedures (*, **, ***, ***)

i) Isolation techniques

ii) Sterile technique

h) Manual Therapy Techniques (*, **, ***, ***)

i) Passive range of motion

ii) Therapeutic massage

i) Physical Agents and Mechanical Agents (*, **, ***, ***)

i) Athermal agents

ii) Biofeedback

iii) Compression therapies

d) Cryotherapy

e) Electrotherapeutic agents

f) Hydrotherapy

vii) Superficial and deep thermal agents

viii) Traction

j) Therapeutic Exercise (*, **, ***, ***)

i) Aerobnic conditioning

ii) Balance and coordination training

iii) Breathing exercises and coughing techniques

iv) Conditioning and reconditioning

v) Posture awareness training

vi) Range of motion exercises

vii) Stretching exercises

viii) Strengthening exercises

k) Wound Management (**, ***, ***)

i) Application and removal of dressing or agents

ii) Identification of precautions for dressing removal

7) Demonstrate competency in performing components of data collection skills including:

a) Aerobic Capacity and Endurance (**, ***, ***)

b) Measures standard vital signs (*, **, ***, ***)

i) Recognizes and monitors responses to positional changes and activities

ii) Observes and monitors thoraco-abdominal movements and breathing patterns with activity

iii) Anthropometrical Characteristics

iv) Measures height, weight, length, and girth

c) Arousal, Mentation, and Cognition (*, **, ***, ***)

i) Recognizes changes in the direction and magnitude of patient’s state of arousal, mentation, and cognition

d) Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic Devices (**, ***, ***)

i) Identifies the individual’s and caregiver’s ability to care for the device

ii) Recognizes changes in skin condition while
using devices and equipment

iii) Recognizes safety factors while using the device

e) Gait, Locomotion, and Balance (*, **, ***)
i) Describes the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility

f) Integumentary Integrity (**, ***)
i) Recognizes absent or altered sensation
ii) Recognizes normal and abnormal integumentary changes
iii) Recognizes activities, positioning and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma
iv) Recognizes viable versus nonviable tissue

g) Joint Integrity and Mobility (**, **)
i) Recognizes normal and abnormal joint movement

h) Muscle Performance (*, **, ***)
i) Measures muscle strength by manual muscle testing
ii) Observes the presence or absence of muscle mass
iii) Recognizes normal and abnormal muscle length
iv) Recognizes changes in muscle tone

i) Neuromotor Development (**, ***)
i) Recognizes gross motor milestones
ii) Recognizes fine motor milestones
iii) Recognizes righting and equilibrium reactions

j) Pain (*, **, ***)
i) Administers standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain
ii) Recognizes activities, positioning, and postures that aggravate or relieve pain or altered sensations

k) Posture (*, **, ***)
i) Describes resting posture in any position
ii) Recognizes alignment of trunk and extremities at rest and during activities

l) Range of Motion (*, **, ***)
i) Measures functional range of motion
ii) Measures range of motion using a goniometer

m) Self-care and Home Management and Community or Work Reintegration (*, **, ***)
i) Inspects the physical environment and measure physical space
ii) Recognizes safety and barriers in home, community, and work environments

n) Recognizes level of functional status
i) Administers standardized questionnaires to patients and others

o) Ventilation, Respiration, and Circulation Examination
i) Recognizes cyanosis

p) Recognizes activities that aggravate or relieve edema, pain, dyspnea, or other symptoms

8) Participates in the education and instruction of patients, family members, caregivers, and other members of health care team as directed by clinical instructor based on plan of care developed by physical therapist. (**, **)

9) Completes thorough, accurate, logical, concise, timely, and legible documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies. (*, **, ***)
a) Recognize and apply skills with health informatics to documentation of patient care.

10) Participates in discharge planning and follow-up as directed by clinical instructor. (**, **)

11) Participates in administrative activities including: (**, **)
a) Interacts with other members of the health care team in patient-care and non-patient-care activities
b) Provide accurate and timely information for billing and reimbursement purposes
c) Demonstrate understanding of organizational planning and operation of the physical therapy service
d) Participate in performance improvement activities

12) Demonstrate career development skills including: (**, **)
a) Identifies career development and lifelong learning opportunities
i) Demonstrates commitment to continuing personal and professional growth through self-directed learning
ii) Participate in review of professional literature
iii) Recognizes the role of the PTA in the clinical education of PTA students.
iv) Recognizes the importance of professional association membership.
Clinical Affiliation Attendance Policy

In learning to function as a contributing member of the physical therapy profession, students must develop responsible, accountable behavior patterns and have an adequate amount of time in which to practice and demonstrate proficiency in the role of the PTA. In order to assist with this process, the following policy has been developed.

a) Students are expected to attend every day of each clinical experience.

b) Any absence from clinical education will require make-up and will necessitate a decision by the clinical instructor, with input from the ACCE for make-up days or additional assignments.

c) **Students must notify the CI if they are going to be absent or tardy that day.** If at all possible, notification must be made at least one hour prior to clinical. Plan for unavoidable situation by having clear expectations between student and CI on the procedures for communication in the event of an unavoidable absence or tardy.

d) If the student is not present when clinical day begins, the student is tardy. Being tardy three times could result in failure of the clinical course. Time missed because of absence or tardy will require make-up at the discretion of the CI with input from the ACCE as requested by the CI.

e) If the student comes to clinical ill, he will be sent from the clinical area and will be given a clinical absence.

f) A student who has been absent due to illness or injury must present, on request of the instructor, a written statement regarding status of health from the attending physician. The CI makes the decision to allow the student to participate in the facility.

Methods of Evaluation

The tool used for student evaluation and communication of performance to the student and program is the PTA CPI web based system. A copy of the instrument is provided in **Appendix 2**. To access the on-line system, the CI must have log in information provided by the ACCE. When the CI or student has difficulty in accessing the on-line CPI tool then they should contact the ACCE for assistance.

The URL for the PTA CPI is: [https://cpi2.amsapps.com/user_session/new](https://cpi2.amsapps.com/user_session/new)

**APTA PTA CPI Web** provides students and clinical instructors a way to assess clinical performance using the web-based, APTA-developed CPI (Clinical Performance Instrument). Once submitted, students, clinical instructors, and academic faculty can view CPI data instantly. PTA CPI Web helps the academic program track the progress of all students in their program online and export the data for further outcomes and curriculum assessment analysis. CPI Web also integrates with CSIF Web to manage clinical site data and with Site Assign to randomize and automate student placements.

**The CPI is a publication of the APTA and is only accessed after proper training.**
CLINICAL TEACHING TOOLS

Diagnosis of readiness: Is the student ready to function at the independence legal and knowledge, judgment or skill level required for the task?

Selection of Clinical problems: What patients, clinical problems, evaluation or treatment situations may be most suitable to achieve the given objectives?

SUPERVISORY TECHNIQUES

Use of time: How can time be used most effectively, using student and instructors resources efficiently? Use slow times for instruction, have the student prepare ahead, save time by having student self-evaluate his or her readiness, have the student keep a list of questions.

Coaching: What techniques can be used to assure that the student reaches the desired level of competence? Observation with instructor demonstration, questioning and coaching the student before, during or after performance, the coach is in a supportive role, helping the student to be successful. This is not the role of an evaluator waiting to catch the student making a mistake.

Pacing: How can student progress most easily in developing skills through progressively more difficult experiences? Control portions of student responsibility according to readiness, gradually progress level of student responsibility.

Shifting Status: When or for what types of task will the student be ready to function in the role of professional? When will the student assume responsibility and when will the instructor assume responsibility? The clinical instructor must clarify this with the student continually. It is confusing and uncomfortable for both the student and clinical instructor when this is not clear. The clinical instructor must role model the professional role. The clinical instruction is a very powerful influence.

ASSESSMENT OF STUDENT PERFORMANCE

Assessment of student performance should be an ongoing process that includes frequent feedback to the student. The student should not be surprised at formal mid-term or final evaluations. The CI should provide frequent daily instruction, correction, and feedback on performance. This frequent feedback may be informal conversations or more formal review of performance. The CI should schedule a daily meeting times with the student at least initially in the clinical experience. Both CI and student should come prepared to discuss concerns and questions.

Formal Evaluation: The evaluation tool used by the program is the APTA CPI Student Assessment tool. (See Appendix 3) The student should demonstrate effective self-evaluation skills and complete a self evaluation prior to the experience and as requested by the CI. The information on the evaluation form should not be new information if effective feedback is provided in an ongoing way. If feedback is provided late or not early enough in the process, then there is less time to improve performance. The formal evaluation is a summary and record of progress, with recommendations for further growth, never a surprise.

EARLY WARNING

The early identification of concerns related to student performance is critical to instruction and allowing time for the student to improve performance. Without early identification of concerns or problem areas, then student are more likely to be surprised when they are provided evaluation at mid-term or final periods. The CI should identify areas of concern early and address these with the student and report to the ACCE any critical incidences. This process is provided in the CPI instructions.
PHYSICAL THERAPIST ASSISTANT DRESS CODE

The following dress code relates to the expectation of the program. When the student is in the clinical facility they must follow the dress code of the facility. The program does expect all students will present themselves in a professional manner.

General Considerations for Clinical Experiences

1) Students will be required to present themselves in an acceptable manner fitting the experience. MSC/PTA uniform shirts, if acquired may be worn at the discretion of the CI and if it fits within facility policy.

2) The student may be required to acquire facility specific clothing such as scrubs or lab coats worn only for clinical experiences that require them and as requested by the faculty for special events.

3) Pant suits/slacks may be worn under the lab coat, but NO jeans, shorts, sandals, immodest shirts or pants, or bare feet.

4) Women must wear bras.

5) Students must identify themselves to patients and facility personnel as students.

Students will have a name badge that identifies them as a student worn in all clinical experiences

Picture ID - Nametags identifying you, as a student PTA from MSC will need to be worn at all clinical experiences

Personal Grooming - Hair should be clean and neatly combed; secured away from the face (no bows); confined further as needed or directed by instructor; moderate in style; close shaves are expected or neatly trimmed mustaches or beards are acceptable.

Accessories –

1. Only one ring may be worn on each hand, smooth wedding band only in clinics;

2. No visible body piercing or tongue rings (jewelry) are allowed;

3. No more than one single pair of small stud pierced or clip earrings is acceptable in clinical setting (only ears);

4. A watch with a sweep second hand is recommended;

5. Any visible tattoo may be required to be covered.

Make-up - May be worn in moderation; no false eye lashes.

Nails - Clean and short-trimmed; no nail polish; no artificial nails or tips may be wore in clinical experiences

Hygiene - Daily bathing and deodorant use is required; no perfume or heavily scented lotion is acceptable. If a CI communicates that the student is showing poor hygiene, then the student will be dismissed from the facility and may fail the clinical experience.

Compliance

Any student not complying with the policy regarding dress code and personal grooming, as determined by the instructor, will be dismissed from the clinical or academic area and regarded as absent for the day. Continued failure to comply can result in dismissal from the program.
Appendices

1. Clinical Agreement – Sample
   a. CI Agreement Form provided by Student on Day #1

2. Reference Manual for Center Coordinator of Clinical Education (CCCE)

3. CPI information
   a. Quick Start Guide
   b. Instructions for CI
   c. Instructions for Student (for your information only)
   d. CPI Manual (to be accessed following training)

4. Program Curriculum Overview Sheet