

MURRAY STATE COLLEGE

PHYSICAL THERAPIST ASSISTANT PROGRAM

CLINICAL INSTRUCTOR RESOURCE MANUAL

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 students 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.
4. APTA Clinical Education Resource page: <http://www.apta.org/Educators/Clinical/>

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

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 Block in 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.

PTA 2152 Clinical Practicum I – (4 weeks)

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:	
PTA 2112 – Introduction to Physical Therapy PTA 2103 – Anatomy and Movement I PTA 2126 – Physical Therapy Principles and Procedures PTA 2145 – Anatomy and Movement II PTA 2134 Pathology for the PTA	Details regarding these courses and course objectives are provided later in this resource guide.

A passing grade for **PTA 2152** is determined by the student demonstrating the following Clinical Performance Instrument (CPI) activities, behaviors, and skills to at least **Advanced Beginner Performance** level as appropriate to the clinical environment.

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

PTA 2243 Clinical Practicum II – (6 weeks)

The second clinical experience is PTA 2243 and is considered a terminal experience because it occurs following all didactic (classroom) content. Students in Clinical Practicum II (PTA 2243) 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.

Prior to beginning PTA 2243, 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.

A passing grade for **PTA 2243** is determined by the student demonstrating the following Clinical Performance Instrument (CPI) activities, behaviors, and skills to at least **Advanced Intermediate Performance** level as appropriate to the clinical environment.

Advanced Intermediate performance:

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

Entry-level performance: (Red Flag Items)  (Including items: 1, 2, 3, 5, & 7)

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

PTA 2253 Clinical Practicum III – (6 weeks)

The final clinical experience is PTA 2253 and is considered a terminal experience because it occurs following all didactic (classroom) content and prior clinical experiences. Students in Clinical Practicum III (PTA 2253) should demonstrate entry level skill emphasize essential skill from all courses above classes as well as essential skills from all academic course work.

Prior to beginning PTA 2253, students have completed all course work as well as clinical experience and should demonstrate safe and effective application of selected interventions and data collection skills at entry level performance by end of PTA 2253. Student should demonstrate all activities required in PTA 2152 and PTA 2243

A passing grade for **PTA 2253** is determined by the student demonstrating the following Clinical Performance Instrument (CPI) activities, behaviors, and skills to **Entry Level Performance** level.

Entry-level performance:

- A student who is **capable of** completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist.
- At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection.
- The student consults with others to resolve unfamiliar or ambiguous situations.

The student is **capable of** maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective manner with direction and supervision from the physical therapist.

Students should attain ENTRY 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.

Program Key Contact Information

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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:

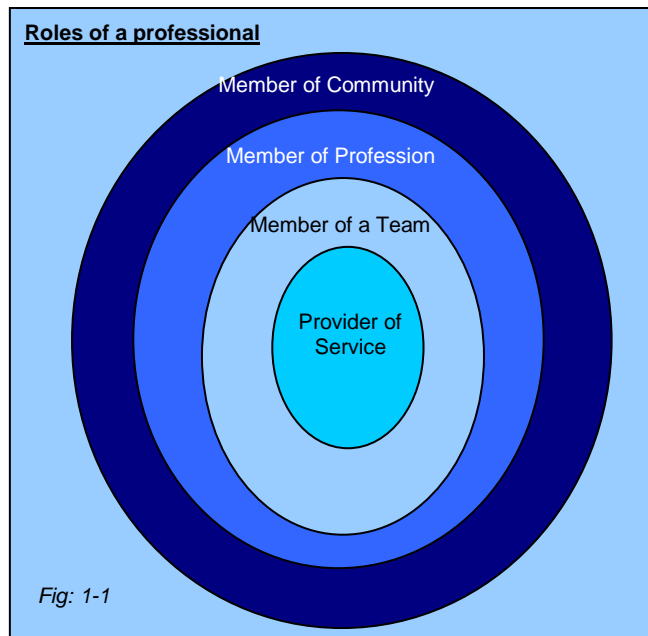
- The Program, through its faculty, graduates, and students show commitment to on-going program improvement and growth to meet the needs of the private and professional communities.
- Students will demonstrate effective verbal and written communication during each clinical experience.

- 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:

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

Physical Therapist Assistant Program Course Objectives

PTA 281(1, 2, or 3) - Special Problem in Physical Therapy

Course Objectives

Upon completion of this course: The student will . . .

1. Acquire new and/or further develop knowledge of topics specific to physical therapy.
2. Demonstrate self-directed and critical thinking to develop a program of learning to meet an identified need.
3. Demonstrate responsible behavior in the completion of assigned activities. (Individual learning contract will be developed for each course.)
4. Use health informatics to acquire and utilize information related to key topics.

PTA 2103 - Anatomy & Movement I)

Course Objectives

Upon completion of this course: The student will . . .

1. Demonstrate knowledge of anatomy of the musculoskeletal system through palpation to identify key surface anatomy landmarks and structures.
2. Demonstrate competence in using palpation to locate key landmarks, structures, and tissues on peers.
3. Define and utilize anatomic position and directional terminology to identify and compare key anatomy landmarks and structures.
4. Discuss organization of body systems using planes of motion, directional terminology, positions, and motions.
5. Identify bones of the axial and appendicular skeleton using models and computer assisted learning tools.
6. Identify key muscles including the action, origin, insertion, and nerve in the trunk and extremities.
7. Identify prime movers of the actions at key joints in the trunk and extremities and give example of a prime mover for each action on muscle worksheet.
8. Identify structures and functions of the central and peripheral nervous system and discuss the implications of these structures and functions on the movement system.

9. Identify structures and functions of the circulatory system and discuss the implications of these structures and functions on the movement system.
10. Discuss basic biomechanics and how force, torque, stability, and the laws of motion impact movement.
11. Use health informatics to acquire and utilize information related to functional anatomy and human movement.

PTA 2112 – Introduction to Physical Therapy

Course Objectives

Upon completion of this course: The student will . . .

1. Identify and discuss important attitudes and actions for success in the MSC PTA program including: financing PTA education, organization/key components of PTA education, student performance evaluation, and self-management strategies.
2. Discuss the history of the profession of physical therapy and identify key events that have occurred during the professions five cycles of growth and development.
3. Demonstrate understanding of the various definitions of Physical Therapy and the roles of individuals who works in Physical Therapy.
4. Discuss major physical therapy practice areas including key components of each area.
5. Describe the professional organization and the benefits of belonging to the APTA as a student and as an affiliate member upon graduation.
6. Identify the “Preferred Relationship” between the PT and the PTA and current issues that impact the profession and the role of collaboration within the physical therapy team.
7. Describe the PTA and PT within the following three roles: 1) provider of physical therapy services and the relationship with the patient; 2) member of physical therapy team and the relationship with the supervising therapist; and 3) member with the profession of physical therapy, health care system, and community.
8. Identify and discuss the five elements of patient/client management included in the Guide to Physical Therapy Practice and the role of the PTA related to these elements.
9. Differentiate between legal and ethical issues and discuss laws that impact physical therapy practice and discuss the regulatory requirements for Direction and Supervision of the PTA.
10. Discuss basic ethical concepts/principles and the role of these concepts in health care and a decision making model (RIPS) that can be used to determine appropriate action when encountering ethical dilemmas.
11. Identify elements required to establish a therapeutic relationship with the patient and apply effective interpersonal communication skills including verbal and nonverbal communication.

12. Identify importance of valuing diversity and cultural competence through respect for others.
13. Discuss and demonstrate understanding of the physical therapy process and the purpose of documentation.
14. List the basic principles of proper physical therapy documentation and describe the content included in each section of the SOAP (subjective, objective, assessment, and plan) note and practice proper physical therapy documentation within an electronic health record (EHR).
15. Give examples of components of documentation that can and cannot be performed by the PTA, according to APTA and/or third-party payer guidelines including the reasons for payment denials.
16. Discuss common errors in documentation and identify resources for improving documentation skills.
17. Define evidence-based practice (EBP) including principles on which EBP is based and describe the role of the PTA in EBP and identify various resources for obtaining and using clinical evidence.
18. Compare and contrast the various levels of evidence and the purpose of various types of physical therapy literature including describing basic techniques for critically appraising a research article.
19. Use health informatics to acquire and utilize information related to the profession of Physical Therapy and to topics in this class.

PTA 2126 – Physical Therapy Principles & Procedures I

Course Objectives

Upon completion of this course: The student will . . .

1. Review communication and documentation from PTA 2112 and demonstrate the following:
 - a. Identify and formulate each of the four components in a SOAP note.
 - b. Use correct terminology related to modality settings, wound measurement, circumferential measurement and pain rating.
 - c. Verbal communication, written communication, and physical therapy documentation related to patient education and physical therapy interventions.
2. Demonstrates competence implementing selected components of interventions identified in the plan of care established by the physical therapist including recognizing key safety elements in the following:
 - a. Patient positioning and draping for treatment including PROM.
 - b. Functional training with assistive/adaptive devices in various home and community environments.
 - c. PTA and patient body mechanics in interventions and transfers.
3. Demonstrates competence implementing selected components of interventions identified in the plan of care established by the physical therapist including recognizing key safety elements in the following:

- a. Infection Control Procedures including isolation techniques
 - b. Sterile technique
4. Describe the indications, contraindications and precaution for selected components of interventions identified in the plan of care established by the physical therapist including recognizing key safety elements in the following:
 - a. Various forms of external compression utilized in the treatment of lymphedema.
 - b. Compression wraps and dressings for wound care
5. Demonstrates competence implementing selected components of interventions identified in the plan of care established by the physical therapist including recognizing key safety elements in the following:
 - a. Athermal agents,
 - b. Cryotherapy,
 - c. Electrotherapeutic agents,
 - d. Hydrotherapy and aquatics,
 - e. Superficial and deep thermal agents,
 - f. Traction
 - g. Therapeutic massage
6. Demonstrates competence implementing selected components of interventions identified in the plan of care established by the physical therapist related to wound management including recognizing key safety elements in the following:
 - a. Including application and removal of dressing or agents
7. Demonstrates competency in performing components of data collection skills essential for carrying out the plan of care including recognizing key safety elements in the following:
 - a. Measures standard vital signs
 - b. Anthropometrical characteristics Including measurement of height, weight, length and girth
 - c. Determining the patients readiness to participate recognizes changes in the direction and magnitude of patient's state of arousal, mentation, and cognition
8. Demonstrates competency in performing components of data collection skills essential for carrying out the plan of care related to integumentary integrity including recognizing key safety elements in the following:
 - a. Recognizes absent or altered sensation related to application of modalities.
 - b. Recognizes normal and abnormal integumentary changes.

- c. Recognizes activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma.
 - d. Recognizes viable versus nonviable tissue within the role of the PTA.
9. Demonstrates competency in performing components of data collection skills essential for carrying out the plan of care including recognizing key safety elements related to pain including:
- a. Administers standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain
 - b. Recognizes activities, positioning, and postures that aggravate or relieve pain or altered sensations
10. Recognizes and respects diversity in cultural/ethnic backgrounds and the across the life span related to assessment and intervention skills discussed in this course.
11. Use health informatics to acquire and utilize information to assist in learning and teaching regarding in areas addressed in course.

PTA 2134 – Pathology for the PTA

Course Objectives

Upon completion of this course: The student will . . .

1. Explain the disease process, inflammation, and tissue healing related to select conditions seen in physical therapy.
2. Describe the body's response to disease through normal immune system function and factors that impact 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. Describe and use of the Guide to Physical Therapist Practice and locate key conditions within the preferred practice patterns with a focus on the implications to the PTA of these conditions.
5. Describe the impact of disease and disorders in the following areas seen in physical therapy on individuals from across the life span and who represent various cultural and/or ethnic backgrounds.
 - a. Musculoskeletal
 - b. Neurological
 - c. Integumentary
 - d. Cardiovascular

6. Describe the impact of surgical procedures that are common to patients served by physical therapy and the implications to the PTA of these procedures.
7. Identify and discuss characteristics of normal development across the life span and the impact of disease and conditions related to individuals across the life span.
8. Demonstrate the use of health informatics to acquire and utilize information to assist in learning and teaching about disease and disorders seen in physical therapy.
9. Demonstrate knowledge of gathering information regarding common medications used to treat conditions seen in physical therapy and the impact these medications may have on physical therapy treatment.

PTA 2145 – Anatomy & Movement II

Course Objectives

Upon completion of this course: The student will . . .

1. Apply the terminology and principles basic to the study of structure and movement from PTA 2102 Anatomy & Movement.
2. Demonstrate knowledge of anatomy and kinesiology of the musculoskeletal system and apply to functional movement, palpation, and assessment of strength and motion. (Upper Extremity, Trunk, and Lower Extremity)
3. Describe normal structure, motion, mobility, and posture across the life span in individuals with musculoskeletal pathology and identify key safety elements associated with application of assessment and interventions.
4. Demonstrates competence implementing selected components of interventions identified in the plan of care established by the physical therapist including recognizing key safety elements in the following:
 - a. Assessment and measurement of joint motion.
 - b. Assessment of strength,
 - c. Posture and gait assessment.
5. Demonstrates competence implementing selected components of the application of therapeutic exercise, (Upper Extremity, Trunk, and Lower Extremity) interventions identified in the plan of care established by the physical therapist including recognizing key safety elements in the following:
 - a. Progression of passive, active assistive, active, and manual resistive motion.
 - b. Manual and facilitated stretching to improve joint mobility
 - c. Progressive resistive exercise (PRE)
 - d. Gait assessment and training
 - e. Endurance training

6. Demonstrate competency in performing posture and gait assessment to develop problem list within the plan of care developed by a physical therapist.
7. Describe and demonstrate proper verbal and nonverbal communication regarding interventions and the documentation of data collection and intervention skills in the electronic health record (EHR) including: goniometry/functional ROM, strength assessment, therapeutic exercise, postural and gait assessment.
8. Describe and complete an effective review physical therapy literature related to assessment and interventions identified in this class and prepare a literature review project identifying PTA role in awareness of evidence based practice (EBP).
9. Use health informatics to acquire and utilize information related to anatomy and function of the movement system and discuss evidence based physical therapy interventions and assessments discussed in this class.

PTA 2213 – Physical Therapy Principles II

Course Objectives

Upon completion of this course: The student will . . .

1. Identify characteristics of normal and abnormal gait and apply techniques of gait training for selected gait deviations as a component of a plan of care developed by a physical therapist expanding on knowledge gained in previous classes.
2. Describe and compare orthotic applications, identifying the role of the PTA in the assessment and use of orthotic applications in selected conditions seen in physical therapy.
3. Describe principles of extremity joint mobilization within the role of the PTA including precautions and contraindications and apply interventions as a component of a plan of care developed by a physical therapist.
4. Identify, explain, and apply therapeutic exercise interventions for select conditions of the hip, knee, ankle, foot, shoulder, elbow, hand, and spine within a plan of care developed by a physical therapist expanding on knowledge gained in previous classes.
5. Contrast and compare various exercise techniques to accomplish desired goals for select conditions of the hip, knee, ankle, foot, shoulder, elbow, hand, and spine within a plan of care developed by a physical therapist.
6. Demonstrates competence implementing selected components of the application of therapeutic exercise, (Upper Extremity, Trunk, and Lower Extremity) interventions identified in the plan of care established by the physical therapist including recognizing key safety elements in the following:
 - a. Progressive PNF patterns in UE, Trunk, and LE.
 - b. Direct and indirect soft tissue and joint mobilization appropriate to the role of the PTA
 - c. Relaxation techniques - biofeedback

7. Recognize and apply principles of pulmonary management techniques including breathing exercise and airway clearance techniques for select conditions as a component of a plan of care developed by the physical therapist.
8. 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.
9. Use health informatics to acquire and utilize information related to therapeutic exercise applications and discuss evidence based interventions and assessments appropriate to this class.

PTA 2234 – Rehabilitation Techniques

Course Objectives

Upon completion of this course: The student will . . .

1. Recognize and discuss the psychosocial impact of physical disability and the role of the PTA in rehabilitation.
2. Identifies and discuss the sequence of functional training and identify PNF procedures for facilitation of functional movement.
3. Describes motor function related to the interaction between the Task, Individual, and Environment understanding the importance of each.
4. Demonstrates competence implementing selected components of the application of functional training interventions identified in the plan of care established by the physical therapist including recognizing key safety elements in the following:
 - a. Residual Limb assessment & wrapping
 - b. Sensory, Balance, & Coordination Assessment and Interventions
 - c. Recognizes and monitors responses to positional changes and activities (including changes in position, tilt table)
 - d. Recognizes changes in the direction and magnitude of patient's state of arousal, mentation, and cognition
 - e. Therapeutic Handling & Functional Training – Tone inhibition/facilitation and mat progression
 - f. Aerobic conditioning and assessment in Cardiac Rehabilitation
5. Demonstrates competency in performing components of data collection skills essential for carrying out the plan of care including recognizing key safety elements in Self-care and Home Management and Community or Work Reintegration including the following:
 - a. Inspects the physical environment and measures physical space
 - b. Recognizes safety and barriers in home, community and work environments

- c. Recognizes level of functional status
 - d. Administers standardized questionnaires to patients and others
6. Identify and describe the rehabilitation of individuals with amputation, including prosthetic management within the plan of care developed by a physical therapist.
 7. Identify and describe rehabilitation of individuals with spinal cord injury within the plan of care developed by a physical therapist.
 8. Identify and describe the rehabilitation of individuals across the life span with brain injury, including orthotic management within the plan of care developed by a physical therapist.
 9. Identify and describe the rehabilitation of individuals with CVA within the plan of care developed by a physical therapist.
 10. Identify and describe the rehabilitation of individuals who have had a burn injury within the plan of care developed by a physical therapist.
 11. Recognize and describe assessment and exercise interventions related to the obstetric patient within the plan of care developed by a physical therapist.
 12. Identify and describe assessment and exercise interventions used at various stages during the cardiac rehabilitation of individuals with cardiopulmonary dysfunction within the plan of care developed by a physical therapist.

PTA 2223 – Seminar in Physical Therapy

Course Objectives

Upon completion of this course: The student will . . .

1. Understand the importance of health care teams and apply effective teamwork principles in project based learning.
2. Recognize trends in health care related to the profession of physical therapy and discuss the roles of the PT and PTA in enhancing the profession.
3. Identify requirements and procedures for application for PTA license
4. Understand and further discuss the ethical and legal requirements of the physical therapy provider and apply techniques of risk management including documentation and ongoing professional education, building upon content provided in prior classes.
5. Recognizes and respects diversity related to cultural/ethnic backgrounds of all individuals building upon content provided in prior classes.
6. Demonstrate appropriate and effective interactions for individuals across the life span, identifying characteristics of physical therapy delivery systems that focus on age related populations building upon content provided in prior classes.

7. **Identify and analyze the role and impact of the PTA within various physical therapy areas of practice such as in-patient, outpatient, home health, school based, private practice, industrial, and sports rehabilitation.**
8. **Demonstrate responsibility in preparation for and interactions with guest presenters.**
9. **Understand and demonstrate professional behaviors in the completion of assignments and preparation for clinical experiences (PTA 2243 & PTA 2253).**

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

<p>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.</p>
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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

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 sub-mitted, 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 available after proper training.

CLINICAL TEACHING TOOLS

Diagnosis of readiness: Is the student ready to function at the independence level 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 –Sample (provided by Student on Day #1)
2. Clinical Education Development Guidebook for CCCE
3. CPI information
 - a. PTA CPI Instructions for CI
 - b. PTA CPI Instructions for Student
 - c. PTA CPI online training course
 - d. CPI Manual
 - e. APTA CSIF instructions for CCCE
4. Program Curriculum Overview Sheet
5. APTA PT/PTA Toolkit
6. The 5-minute Clinical Instructor Power Point
7. PTA Direction Algorithm Chart
8. PTA Problem Solving Algorithm
9. Student Supervision Chart