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INTRODUCTION

The Physical Therapist Assistant (PTA) Student Handbook was created by the Mount Wachusett Community College physical therapist assistant program faculty. The purpose of the Handbook is to provide PTA students and the clinical staff affiliating with the MWCC PTA program with the updated academic curriculum, clinical education curriculum, and all forms associated with, but not limited to, Clinical Practicum I, II, and III.

The Mount Wachusett Community College administrators and PTA faculty share a commitment with all affiliating institutions to deliver an enriching learning experience for all developing PTA students. A strong clinical education component is essential to providing the necessary and required practical experience for an entry level physical therapist assistant. The MWCC administration and PTA faculty recognize the magnitude of the commitment required of an affiliating institution when accepting students for their clinical practicums. We greatly appreciate this effort and thank you for helping to strengthen our clinical education component.

PTA students are encouraged to review MWCC institutional policies that can be found at the College’s Catalog at: MWCC College Catalog

MWCC Notice of Nondiscrimination:

http://catalog.mwcc.edu/policiesrulesandregulations/affirmativeaction/
I. PTA Program Description

II. CURRENT ACCREDITATION STATUS

The Mount Wachusett Community College PTA program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) which is an accrediting agency that is nationally recognized by the U.S. Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). CAPTE is the functioning body for accrediting educational programs for the preparation of physical therapists and physical therapist assistants. The American Physical Therapy Association (APTA) works closely with CAPTE in the field of physical therapy to ensure that individuals are receiving formal preparation related to current requirements for professional practice. (www.capteonline.org/FAQs)

ACCREDITATION: The Physical Therapist Assistant program at Mount Wachusett Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org. If you need to contact the program/institution directly, please call Dr. Kathleen McGinn at 978-630-9318 or email k_mcginn@mwcc.mass.edu.

III. MWCC PTA PROGRAM MISSION STATEMENT, PHILOSOPHY, AND PROGRAM OUTCOMES

The PTA Program at MWCC was established in 1995 to provide a unique and necessary educational opportunity for the citizens of North Central Massachusetts in the socially relevant and important profession of physical therapy. It is our mission to educate, train, and develop physical therapist assistants who have entry-level competence in the field. Training does not end with the technical aspects of patient care. It is our purpose that our students be exposed to a variety of individuals and practice settings that will enable them to meet the psychological, social, and physical needs of their future patients.

In addition to the above, the College and the PTA program missions are complimentary; that is, “...to meet the education, training and lifelong needs of the educationally, economically and culturally diverse population living and working in North Central Worcester County.”

While entry-level competence, identification of the role of the PTA in working with physical therapists and other health care professionals, sensitivity to a variety of needs of patients and awareness/responsibility to uphold the ethical and moral standards for PTAs are the main goals of the program, we also hope to emphasize the importance of continuing education long beyond their graduation. We hope to encourage our students to recognize the necessity to keep clinical skills updated and current in the field through attendance at continuing education seminars, reading, and practice/interaction with fellow practitioners.
PHYSICAL THERAPIST ASSISTANT PROGRAM OUTCOMES:

Upon graduation from the PTA program at MWCC, students will be able to:

1. Consistently demonstrate appropriate role utilization of the physical therapist assistant in the application of established treatment interventions as directed by the primary physical therapist.
2. Integrate into practice the Guidelines for Ethical Conduct/Standards of Practice for PTAs in an effort to assure safe and proper conduct for all interactions within the profession.
3. Demonstrate entry-level competence and skill in the implementation of a comprehensive treatment plan including appropriate modifications according to patient response, patient practitioner interactions, and participation in discharge planning and follow-up.
4. Report and communicate regularly with supervising physical therapists regarding patient progress and treatment modifications in accordance with changes in patient status.
5. Perform with entry-level competence data collection procedures, integrating the findings of such procedures into the patient’s plan of care.
6. Identify and demonstrate consistent behavior of interactions and teaching with healthcare professionals, patients, and their families while providing the desired psycho-social support among diverse populations.
7. Demonstrate effective and accurate written and verbal communication skills in documenting the relevant aspects of patient care including patient response and progress.
8. Integrate information obtained from professional literature review into clinical practice as evidenced-based practitioners of physical therapy inventions in keeping with the intent of the APTA’s Vision 2020 statement.
9. Demonstrate consistent commitment to lifelong learning through regular participation in continuing education.
10. Demonstrate successful performance on state licensure examination.
11. Obtain employment as entry-level physical therapist assistant.

IV. MWCC PTA CURRICULUM AND COURSE DESCRIPTIONS

http://catalog.mwcc.edu/associateddegreesandcertificatelistandotheroptions/physicaltherapistassistant/
degreetext

V. MWCC PTA PROGRAM ACADEMIC POLICIES/PROCEDURES

A. ACADEMIC EVALUATION PROCEDURE

1. Grading Policy

   The total number of points the student earns in a specific PTA course determines the final letter grade. Points are earned by the student in the following categories:
   a. Lecture: quizzes and tests
   b. Laboratory: quizzes and Practical examinations
   c. Other work assigned in class such as term papers, case studies, clinical diaries, and laboratory reports
   d. Class and laboratory attendance and participation
In those courses that have both a lecture and a laboratory component, the student must pass both components independently to receive a passing grade of "C+" (77%) or better for the final course grade. (NOTE: The grade received from the Record’s Office will be a single average grade from both lecture and lab. If either component is less than 77%, the final grade will be the lowest.)

2. **Grading Scale**

The final letter grade for the course is determined by converting the total number of points earned by the student into a percentage of the total possible points. The percentage is then converted into a letter grade as follows:

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<th>GPA</th>
<th>93 - 100</th>
<th>90 - 92</th>
<th>87 - 89</th>
<th>83 - 86</th>
<th>80 - 82</th>
<th>77 - 79</th>
<th>73 - 76</th>
<th>70 - 72</th>
<th>67 - 69</th>
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<td>C-</td>
<td>D+</td>
<td>D</td>
<td>D-</td>
<td>F</td>
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<td>0.70</td>
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3. **Policy for Contesting a Grade (applicable to PTA courses only)**

Students may question a grade received in a PTA course by adhering to the following policy:

a. Upon receipt of a test, assignment, quiz grade, etc., a student must petition the course instructor in writing. This written petition must include the score/grade in question, the course, and a detailed justification outlining why the student is questioning their current score/grade. If the answer to a test question is being petitioned, the student must provide the reference and documentation which substantiates their petition.

b. Students may submit their written petition within seven (7) school days.

c. Concerned course instructors must submit their response in writing to the involved student and PTA Program Director within seven (7) school days upon the receipt of the petition.
B. QUALITY POINT AVERAGE

The College maintains a record of each student's semester grades as reported by his/her instructors. The Quality Point Average (QPA) is computed from the semester grades. The Cumulative Quality Point Average (CQPA) includes all courses taken in all semesters at the College. A Physical Therapist Assistant student must maintain an overall CQPA of 2.30 to remain in sequence in the PTA Program.

C. ACADEMIC POLICIES/PROCEDURES

1. Attendance

Regular attendance is mandatory in all PTA lectures and laboratories. PTA courses follow a predetermined weekly schedule of topics most of which are not repeated in subsequent class meetings. All missed laboratory sessions must be made up, if possible; and the student is responsible for the materials covered in class, lecture, or laboratory that he/she missed regardless of the reason. Poor attendance/participation/preparation will adversely affect your final grade in a given course as points are deducted from your final average for missed sessions as well as being reflected in the Professional Behaviors Rubric (Appendix Z).

In general, in all PTA courses within the curriculum (refer to PTA120, PTA 121, PTA116, and PTA119 for specific attendance policies), each unexcused absence from a lecture session will result in a 5-point reduction from your final earned lecture point total; each unexcused absence from a lab session will result in a 10-point reduction from your final earned laboratory point total.

Excused absences are issued at the instructor's discretion. Students must contact each course instructor for the classes they will miss due to absences. An unexcused absence will result if a student misses a regularly scheduled lecture, laboratory, clinical education meeting, or clinical practicum day and fails to notify the appropriate PTA faculty (all have voice mail) and clinical instructor (if absence occurs during practicum), within a reasonable timeframe. Students should notify instructors in advance of an absence if possible and in the morning or prior to a scheduled session.

An excessive number of lecture and or laboratory absences will result in automatic failure from any course in the curriculum and subsequent failure from the program. Refer to specific course syllabi for specific policies regarding course attendance.

It is the student's responsibility to initiate make-up work by contacting the instructor following the absence. Private paid tutoring is available should a student miss an entire three-hour skills lab at the rate of $30 per hour.

2. Tardiness

Every student is expected to arrive to class and clinical experiences at the pre-determined scheduled time. Tardiness will not be tolerated. Students who arrive for class after class
begins will not be allowed to enter the room until a break in class occurs. If a student is
tardy twice they will receive a written warning by the instructor. Each written warning will
result in a 3-point reduction in their final grade for that course. (Appendix U)

3. Part-Time Work Recommendations

Because the Physical Therapist Assistant Program is designed as an intensive
paraprofessional preparation, and because it will demand many hours of study and skills
practice by the student, it is strongly advised that students do not hold more than minimal
hours of part-time employment during the semester. Although the College recognizes that
employment may be necessary, a full-time student is expected to put full-time effort into
his/her studies. Please do not ask faculty to arrange classes or clinical experiences around
your outside employment.

4. Missed Examinations, Tests, and Quizzes

If you know in advance that you will be absent, you must discuss your absence with your
instructor. Examinations may be objective, essay, multiple choice, or short answer. Make-
up examinations usually differ from the original. All make up exams will be taken within
one week’s time, in a secure location as determined by the course instructor. It is a student’s
responsibility to discuss their absence with their instructor as close to the actual absence.
Instructors are not responsible for contacting students to discuss make up examination
arrangements. Students who do not meet this requirement should expect a zero (0) for the
missed examination, test, or quiz.

The points assigned for various quizzes, written tests, Practical and other examinations are
left to the discretion of the instructor. Refer to the course syllabus for each course for the
explanation of the point distribution for any individual course.

Final examinations are required in each lecture course and are given at a regularly scheduled
time. Except for emergency circumstances, students may not be excused from these
examinations. If a student is unable to appear, it is his/her responsibility to inform his/her
instructor prior to the scheduled examination. The College schedules a Conflict Examination
session during each final examination period which is used to schedule make up
examinations.

Practical examinations (skills check-offs) are given in laboratory courses. The practical is
based on procedures learned in the course and is given in a problem situation which requires
role-playing. All practicals must be passed with a "C+" (77% or better). If the student
fails to achieve a 77% or better on their first attempt, they may retake one practical per
course, per semester. On the retake, the student can only receive a grade of 77%. Should
the student fail (to obtain a 77%) on the practical retake, they will not be eligible to retake an
additional practical within the same semester and will receive a failure for that course.
Students are then eligible to explore readmission to the PTA program during the next year.
Student may only readmit to the PTA program once.
Any missed practical examination, for any reason, must be made up the next available class day. PTA Faculty may choose to videotape practical exams to enhance learning. (Appendix Q)

Any PTA student can fail a total of two (2) practical examinations total for all PTA courses as they matriculate as PTA students. Upon a third failed Practical, the student will be withdrawn from the program. Students are then eligible to explore readmission to the PTA program during the next year. A student may only readmit to the PTA program once.

5. **Incomplete Grades (I)**

An incomplete grade (I) means that a student has not completed course requirements because of circumstances **JUDGED BY THE INSTRUCTOR** to be beyond the student's control. The student must personally REQUEST AN INCOMPLETE GRADE (I). It is not granted automatically.

Incomplete grades must be removed no later than the fourth week of the next semester. **FAILURE TO DO SO WILL RESULT IN AN "F" (FAILURE) GRADE FOR THE COURSE.**

6. **Professional Behaviors**

In addition to cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success. (May et al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002). The MWCC PTA program professionalism rubric was adapted from the work of the University of Wisconsin-Madison PT faculty (1991) – Generic Abilities; and most recently the research team of May et al (2008-2009) development of the Professional Behaviors for the 21st Century tool. Our professional behaviors rubric is intended to identify and describe the repertoire of professional behaviors deemed necessary for success in the PTA program; to be applied to student growth and development in the classroom. Subsequently student professional behaviors will be assessed in clinical education with the use of the APTA PTA Clinical Performance Instrument (CPI). This rubric will be utilized in all PTA courses and will be reflected in the course syllabi. Students will be required to complete a self-assessment using the rubric at midterm with the course instructor providing feedback to the student. At the end of the class the instructor will complete the final assessment of professional behaviors for the student. If the student’s professional behaviors are assessed below 77%, then he/she will be required to meet with the course instructor and Program Director; to develop a Professional Behavior Action Plan to address the identified deficits (Appendix Z Professional Behavior Rubric/Appendix Z1 Professional Behavior Action Plan). This tool will be utilized in all PTA courses.
7. **Withdrawal (W) from Course(s) or From the Program**

A student may formally withdraw from a course through the end of the ninth week of a full semester or fourth week of a cycle. A grade of “W” will be recorded on the student’s transcript. Students are required to speak to their instructor or assigned advisor before withdrawing from any course. The procedure for course withdrawal includes obtaining the proper form from the Enrollment Center in Gardner, bringing the form to their instructor or assigned adviser, and returning the signed form to the Enrollment Center.

Any student withdrawing from a required course, physical therapy course or otherwise, should first speak with the Program Director. Although the course in question may be offered in a subsequent semester, the class schedule for PTA students usually precludes them from taking it. Failure to check with the Program Director may necessitate additional time at the College since all course work must be completed prior to the full-time clinical placements. Students who wish to withdraw from the physical therapist assistant program should speak initially with the Program Director.

Additional information regarding withdrawal from course can be found in the college catalog at:

[http://catalog.mwcc.edu/academicresources/academicandgradingpolicies/withdrawal/](http://catalog.mwcc.edu/academicresources/academicandgradingpolicies/withdrawal/)

8. **Readmission Policy**

Students are readmitted to the PTA curriculum on a selected basis **only once**. Students who re-apply to the PTA program within one year of their withdrawal (academic or personal) will be re-admitted if there is available space in the cohort of students that they will be joining. Re-accepted students will re-enter the program at the point that they withdrew and will be required to complete all courses in the curriculum with a minimum passing grade of 77% = C+ or better. In addition, each course in the PTA curriculum is sequential and students are personally responsible for maintaining competence in PTA courses previously completed.

Students who re-apply to the PTA program when greater than one academic year has passed will re-enter the program as first semester students and will enter the applicant pool of the current cohort of students that are applying to the program for that year.

a. All students interested in readmission must submit a written letter of intention to the Director of Admissions by March 1st or October 1st based on the semester of the year they intend to readmit.

b. Once received, the letter will be forwarded to the PTA Program Director.

c. A personal interview may be scheduled between the prospective student and an appropriate PTA faculty member. At the time of interview, the faculty will review with the student the student’s prior attempt in the program, progress in non-PTA courses at
the College, related work experience, and career goals. This information is shared with
the PTA faculty, and recommendations are made to the Director of Admissions. Please
note that decisions can often not be made until the end or immediately after the end of a
given semester as we often learn of space availability following the close of a semester.
Students with academic deficiencies are encouraged to complete all non-PTA courses
before reapplying. Students who have had difficulty with clinical PTA experiences are
encouraged to work in a health care setting before reapplying.

d. The faculty member conducting the interview will make a recommendation to the total
PTA faculty.

e. The PTA faculty will make a recommendation to the Director of Admissions regarding
readmission of the prospective student.

f. Re-admittance into the PTA Program is not automatic. It is dependent on the following
factors:

- Space availability within the current class of students which includes an
  adequate number of clinical sites for each student. (Each PTA student must
  participate in three separate practicums at three different clinical facilities.)

- The circumstances surrounding a student’s dismissal/withdrawal from the PTA
  program.

- Prior performance of the student, both academically and clinically, prior to
  his/her dismissal/withdrawal.

g. Students re-applying after 1 year of their original withdrawal/failure from the program
are required to re-apply into the next first year cohort of PTA applications and to restart
classes with the first year/first semester of PTA prefixed courses. Financial aid may not
be available for PTA prefixed courses that have already been taken with a passing grade.
Students who seek re-application after more than one year has passed should consult
with the college’s Financial Aid Office regarding eligibility for Financial Aid.

9. Promotion Policy

To continue in the Physical Therapist Assistant program, the student must meet the
following requirements:

a. The student must have an annual physical examination and any laboratory tests,
immunizations, or x-rays as directed by MWCC Health Services office. The
requirements are based on current institutional regulations for students in the clinical
area.

b. The student must successfully complete all course prerequisites as stated in the physical
therapist assistant course descriptions in the College Academic Catalog.
1. No student may take a PTA course in the program for which another PTA course is a prerequisite unless the student has earned a grade of "C+" or better in the prerequisite course (i.e., PTA103/104 must be passed with a "C+" or better before taking PTA111).

2. If the student does not earn a "C+" or better in BIO 152 Essentials of Anatomy and Physiology and/or BIO 203/204 Anatomy and Physiology I and II either before or during semester I, the student may not register for further PTA courses. BIO 152 or Anatomy and Physiology I and II must be taken prior to or concurrent with semester I PTA coursework.

c. The student must earn a grade of "C+" or better in each of the PTA courses. The grade of "C+" is interpreted as "student meets the minimum standards for competency." A student who does not meet the standards shall be required to retake the course in question before continuing in the PTA program.

Once a student fails a PTA course, he/she will automatically be enrolled in Interdisciplinary Studies—Allied Health (IDSH) for the subsequent semester. He/she is encouraged to enroll in non-PTA required courses and must apply for readmission into the PTA program prior to retaking the failed PTA course. (Refer to previous information on Readmission Policy.)

d. In a course which has both a lecture and laboratory component, the student must earn a grade of "C+" or better in both the lecture and laboratory components to receive a passing grade in the course. Should a student fail either the lecture or lab component of a class, their final course grade will reflect the lower of the two grades.

e. Matriculating PTA students can retake a PTA core course (courses with PTA prefix) one time only. If the course is not passed with a 77% or better on the second attempt, the student will be withdrawn from the PTA program without the opportunity for readmission at a later date. Additionally, PTA students can retake a total one course only as they matriculate through the program.

f. The student's attendance and behavior must be adequate and appropriate. A student may be withdrawn from the program for excessive absences. (See "Attendance" in section C.1.) A student may withdraw or be withdrawn from the program if the faculty identifies a behavioral problem which, in the opinion of the faculty, will interfere with the student's successful, ethical, or legal performance of the duties of a Physical Therapist Assistant. (Refer to previous information on Professional Behavior Rubric.)

g. A PTA student’s overall QPA must be at least a 2.30 (C+) or better.

10. **Degree Requirements**

To graduate from MWCC with an Associate in Science Degree in the Physical Therapist Assistant Program, a student must pass all the courses required in the PTA program (at least
69 credit hours) with a minimum quality point average of 2.30 ("C+"). Twenty-two (22) of the required sixty-nine (69) credits must be in general studies.

11. **Transfer Credits**

Students who transfer into the College may be given up to thirty (30) credits for course work completed at another accredited, postsecondary institution. No transfer credit will be computed in the student's quality point average. Transfer credit must be pre-approved by the Program Director and the Dean of Health Science and Community Service Programs. Do not assume that, if you take a course at another institution, it will automatically be accepted for transfer at MWCC. Additional information regarding transfer credits can be found at:

https://mwcc.edu/enroll/transfer-in/

12. **Financial Aid**

Financial aid in the form of loans, grants, scholarships, and combinations thereof are available. Contact the Financial Aid Office for specific information. Apply EARLY! If you have a particular problem with financial aid that may preclude your continuation in the program, make an appointment to speak with the Program Director as soon as possible. Additional information regarding financial aid can be found at:

https://mwcc.edu/enroll/financial/

13. **Counseling and Advising**

Personal counseling is handled by the College's professional counseling staff. All problems and circumstances, personal and otherwise that affect a student's academic performance can be discussed with the Program Director or faculty advisor. All such discussions are confidential.

A faculty advisor will be assigned to each student at the beginning of each academic year. Plan to see your faculty advisor or the Program Director at least once each semester for assistance and support. Problems, complaints, and concerns should be shared with your faculty advisor. The faculty advisor will confer with his/her assigned students each semester to review academic progress in the classroom and clinic and to offer program advising and career counseling.

Special problems and unforeseen circumstances relative to graduation should be called to the attention of the Program Director. Additional information regarding counseling and advising can be found at:

http://catalog.mwcc.edu/studentresources/studentservices/
14. **Laboratory Dress**

The physical therapist assistant program includes several skills laboratory courses. Unless otherwise instructed, **PROPER LABORATORY DRESS MEANS SHORTS FOR MALES AND BATHING SUIT TOP/HALTER WITH SHORTS FOR FEMALES** to properly expose appropriate body parts. Students may be required to wear name tags to certain laboratory sessions. Students may also be asked to dress professionally (see Dress Code below) for certain designated practical examinations.

15. **Complaints Policy**

Complaints about the PTA Program regarding the general performance of students or staff or the general quality of the curriculum and practical preparation of the student participants should first be addressed to the PTA Program Director. Should the complaints include the behavior or performance of this individual, the complaints should be addressed to the Dean of Health Science and Community Service Programs or alternately, the Vice President of Academic Affairs. The person receiving the complaint will be responsible for conducting a thorough investigation of the complaint and evaluation of the problem as it has been described. Any personnel on campus will be involved in this process to the extent that their input would aid in the resolution of the concern. The complaining party will be kept apprised of the process as it evolves and will be notified of the ultimate resolution of the concern in a timely fashion. A record of the complaint, the ensuing evaluation and investigation process and the ultimate resolution of the complaint will be retained in the Program Director’s files with a copy send to the Dean of Health Science and Community Service Programs.

Additional institutional information regarding the Student Code of Conduct and policies for handling complaints can be found at:

[http://catalog.mwcc.edu/policiesrulesandregulations/studentdisciplinarypoliciesprocedures/](http://catalog.mwcc.edu/policiesrulesandregulations/studentdisciplinarypoliciesprocedures/)

16. **Dress Code**

Students are expected to dress professionally during all college sponsored activities. Professional dress consists of solid color polo top and chino/khaki slacks. Students are expected to have a watch with a second hand. Students are expected to adhere to this dress code when performing practical exams during laboratory sessions, when completing clinical practicum hours and when representing the PTA Department during any school related event. Warm-up pants, sweats, spandex and shorts are not permitted. Caps or hats are not to be worn in the classroom, laboratory or while on practicum. Closed-toe shoes and socks must always be worn when participating in class, lab or a school sponsored event. Sandals are not allowed.

Provocative clothing (as deemed by PTA Faculty) is not allowed. Students must avoid wearing dangling jewelry, wristwatches, rings, and bracelets when providing care. Each individual student is responsible for securing his/her valuables, while at the college. Secure facilities are not provided at the college. Students are expected to maintain the highest standards of hygiene;
clothing worn should be neat and clean. Nails should be clean and trimmed. Excessive body piercings should be removed.

STUDENTS WHO FAIL TO ABIDE BY THE ABOVE POLICIES WILL NOT BE ALLOWED TO PARTICIPATE IN CLASS, PRACTICUM, OR ANY SPONSORED EVENT.

17. APTA Membership

All PTA students enrolled in an accredited PTA program are eligible for student physical therapist assistant membership with the American Physical Therapy Association (APTA). Student membership is required for all students within the MWCC PTA Program. Yearly membership fees are included in course fees for PTA 103 (PTA student’s 1st year) and PTA 114 (PTA student’s cohort 2nd year). Students can see detailed information concerning the APTA, member benefits, and privileges at www.apta.org. APTA member resources will be utilized in PTA courses.

18. Cheating

Cheating will not be tolerated by the College. Both cheating and plagiarism may lead to expulsion from the College. Additional information concerning institutional policies on dishonesty, cheating and plagiarism can be found at:

http://catalog.mwcc.edu/academicresources/academicandgradingpolicies/academichonestypolicy/

19. Plagiarism Policy

Plagiarism is defined as the unauthorized use of another individual’s ideas, thoughts or opinions, and expressing them as one’s own without attribution to the individual as the source of those ideas or expressions. It also includes the use of facts, charts and other graphic representations or information that is not common knowledge and presenting them without acknowledging the source when they are in printed form or in an electronic format. Plagiarism not only includes direct quotes but also paraphrasing. Each course syllabus may address specific procedures and penalties associate with the violation of the plagiarism policy for that course. Plagiarism is a serious breach of academic honesty and is not tolerated at MWCC. If a faculty member suspects that a student has engaged in plagiarism, it is the student’s responsibility to provide the sources the student used in preparing his/her project. The MWCC and PTA Program’s Plagiarism Policy can be found at:

http://catalog.mwcc.edu/academicresources/academicandgradingpolicies/academichonestypolicy/

20. Criminal Background Check/Drug Screening

PTA students will be required to subject to a CORI/SORI check prior to clinical placement. It must be understood that certain convictions in a court of law may prevent them from completing the clinical portion of the PTA program and may prohibit them from being eligible to take the PTA licensure examination. Many clinical sites and/or clinical agencies require drug testing as part of their preclinical requirements. As a result, drug screening will be required of all students prior to clinical placement; at the expense of the student.
21. **Change in Health Status**

Any student who has a change in his/her health status while enrolled in the PTA Program or is returning to the program from a medical absence must provide documentation from a health care provider on the program specific Mount Wachusett Community College-provided form (Appendix W) stating that the student safely meets all technical standard requirements. This form must be submitted to MWCC Health Services prior to the student returning to class or lab or clinical setting. A copy of the form will also be kept on file in the student's PTA file in the ACCE’s office in a locked file cabinet.

**D. INSTRUCTOR’S RESPONSIBILITY TO STUDENTS**

The instructor is expected to:

1. Be on time for all classes and hold classes for the required, scheduled periods of time. Canceled classes are usually made up at a mutually convenient time. You are asked to be flexible in the scheduling of make-up sessions.

2. Be prepared with significant lecture and/or discussion material and well-organized laboratory procedures.

3. Remain in the classroom or laboratory during the scheduled lecture or laboratory session, except in the case of an obvious emergency.

4. Prepare a syllabus for each course, listing office hours, assignments, lecture and laboratory topics, text and related resource materials, and requirements for the course.

5. Be fair and impartial in his/her treatment of students.

6. Be available during scheduled office hours. (It is best to make appointments to schedule office hour time with an instructor.)

7. Be familiar with, and adhere to, all College policies and procedures.

8. Be familiar with, and adhere to, all American Physical Therapy Association accreditation guidelines.

9. Be familiar with, and adhere to, all PTA program policies and procedures.

10. Hold individual conferences with all assigned students each semester to discuss scheduling and student progress in the classroom and in the clinic.

11. Attend all program meetings and other College sponsored meetings.


E. GUIDELINES FOR ADDRESSING STUDENT CONCERNS/APPEAL PROCEDURE

Refer to the MWCC College Catalog for the policy and procedures in place for addressing student concerns/appeals which can be found at:

http://catalog.mwcc.edu/policiesrulesandregulations/studentdisciplinarypoliciesprocedures/

VI. MWCC PTA PROGRAM CLINICAL EDUCATION POLICIES AND PROCEDURES

A. PLACING STUDENT IN A CLINICAL PRACTICUM

Each fall semester, students complete a “Clinical Practicum Preference Information Form” which is submitted to the ACCE prior to determining clinical selections. This form will be used to place students in a variety of clinical settings while taking individual interests and experiences into consideration. The “Clinical Practicum Preference Information Form” (Appendix A) also requires the student to document any potential conflict of interest in affiliating at any specific site.

As the student progresses through the PTA program, it is necessary to be aware of his/her previous experiences to assign the student to a facility that will offer a challenge and variety of new experiences. This information is determined in several ways: (1) meeting with student; (2) observing the student during his/her practicum; (3) reading the evaluation of the student by the clinical instructors and academic faculty; and (4) completion of the “Clinical Practicum Student Introduction Form.” (Appendix B.)

The ACCE will consider a center coordinator’s recommendation for a student to attend a similar clinical affiliation (like the one just attended) for reinforcement of skills.

B. STUDENT REQUIREMENTS TO PARTICIPATE IN CLINICAL PRACTICUMS

1. Grade Point Average
   To qualify for placement in a health care facility, the student must have a cumulative grade point average of 77% ("C+") in all Physical Therapy courses and must have a sophomore standing in the College to participate in PTA116, and PTA119 Clinical Practicums.

2. Health Requirements
   Students are required to have a complete physical examination after acceptance into the Physical Therapist Assistant Program. Details pertaining to health requirements, such as tuberculosis screening, immunizations, and laboratory tests, are available from the College nurse and must be met prior to the first clinical assignment, PTA120. In addition, many clinics now require a medical examination immediately prior to placement in Clinical Practicums II and III (PTA116 and PTA119). (Appendix C)
3. Liability Insurance
Each student is required to carry a $1,000,000 liability insurance policy at the cost of approximately $15.00 per year. This fee is included in the PTA program course fees. Students who fail to pay course tuition/fees will not be allowed to intern in Physical Therapy departments until bill is reconciled.

4. Clinical Education Meetings*
All students are required to attend mandatory meetings held as needed with the Academic Coordinator of Clinical Education (ACCE). Announcements as to time, date, and place of the meetings will be made by the ACCE with advanced notice to students. Attendance will be taken. Attendance and ON-TIME completion or failure of completion of required forms and assignments will render student eligible for clinical placement. Students will be held responsible for all information given during these meetings.

5. Current healthcare provider CPR (No online training accepted)
PTA students are required to provide evidence of successful completion of the American Heart Association Basic Life Support for Healthcare Providers prior to the beginning of the first term in the program.

6. Name tags
Each student must purchase an MWCC student PTA name tag through the ACCE.

7. Criminal Background Check/Drug Screening
PTA students will be required to subject to a CORI/SORI check prior to clinical placement. It must be understood that certain convictions in a court of law may prevent them from completing the clinical portion of the PTA program and may prohibit them from being eligible to take the PTA licensure examination. Many clinical sites and/or clinical agencies require drug testing as part of their preclinical requirements. As a result, drug screening will be required of all students prior to clinical placement; at the expense of the student.

* Excessive absences and/or failure to meet requirements of these clinical education meetings will result in the student being ineligible to participate in clinical practicum and therefore unable to continue in sequence in the program.

C. CLINICAL PRACTICUM EXPERIENCE

1. Purpose
The clinical practicum experience provides the physical therapist assistant student with the opportunity to integrate academic knowledge with the application of skills, attitudes, and interpersonal skills in a physical therapy setting.

2. Levels of Clinical Practicum Experience
a. PTA 120/121 Integrated Clinical Experience I&II:
This integrated clinical experience (ICE) provides students the opportunity for clinical observations and to enhance skill acquisition of the techniques learned in PTA 103, PTA 104, PTA 139 and PTA 111. The students will be exposed to early patient interaction,
physical therapy professionals, and other healthcare professionals. Classroom activities will require student self-reflection on clinical and professional skills. (Appendix D).

b. **PTA116 Clinical Practicum II:**
Clinical Practicum II is the second of three comprehensive clinical experiences in a physical therapy setting. The purpose of this intermediate experience is to apply, integrate, and perform learned clinical skills on patients under the supervision of a licensed Physical Therapist and/or licensed physical therapist assistant. The emphasis of this experience is to integrate previously learned and practiced PTA skills, therapeutic modalities, advanced therapeutic techniques and neurophysiological techniques into an established physical therapy program. Typical practice settings may include acute care hospitals, private practice, sports, developmental centers, skilled nursing facilities, geriatrics, pediatrics, home health agencies, in-patient and out-patient rehabilitation centers. (Appendix E)

c. **PTA119 Clinical Practicum III:**
Clinical Practicum III is the third of three comprehensive clinical experiences in a physical therapy setting. The purpose of this final experience is to apply, integrate, and perform learned clinical skills on patients under the supervision of a licensed physical therapist and/or licensed physical therapist assistant. The emphasis of this experience is to integrate previously learned and practiced PTA skills, special topics, and clinical management and health care issues into the delivery of a comprehensive physical therapy treatment program. Typical practice settings may include acute care hospitals, private practice, sports, developmental centers, skilled nursing facilities, geriatrics, pediatrics, home health agencies, in-patient and out-patient rehabilitation centers. (Appendix F)

3. **Attendance**
   a. **PTA120/121 Integrated Clinical Experience I&II:**
   Students are expected to attend during the clinical settings regular hours for a total of 20 hours each semester. *Missed days for illness/personal reasons must be made up to meet the requirements of the experience.*

   b. **PTA116 Clinical Practicum II:**
   Students are expected to attend daily, during the clinical settings’ regular hours, for 7 consecutive weeks totaling 280 hours. *Missed days for illness and/or personal reasons must be made up to meet the requirements of the experience.*

   c. **PTA119 Clinical Practicum III:**
   Students are expected to attend daily, during the clinical settings’ regular hours, for 7 consecutive weeks totaling 280 hours. *Missed days for illness and/or personal reasons must be made up to meet the requirements of the experience.*
4. Failure/Termination
   If a student fails or is terminated for any reason (academic, health, or other) in either PTA120/121, PTA116, or PTA119, there is NO automatic guarantee that he/she will be allowed to repeat the practicum. To repeat the internship, the student must make a request in writing within 10 days to the Program Director and ACCE.

   If the decision is made to allow the student to be reassigned to a clinic, the placement will depend on several prerequisites:
   a. *Availability of a clinic in the local area.

   b. The student's signing the Student Consent form (Appendix Q) allowing MWCC to share relevant information with the clinic to which the student is reassigned. Upon review of that information, the clinic will have the option to accept or reject that student.

   c. When MWCC feels it is necessary, the student must seek and receive medical clearance and/or psychological counseling, during and/or prior to the student's assignment to the clinic.

   d. Upon failure/termination of PTA120/121, PTA116 or PTA119, a student (with approval as discussed above) will be allowed to repeat a total of one failed clinical. If the student fails to pass at this point, they will be automatically dismissed from the program.

   * Housing and transportation are the responsibility of the student. PTA116 and PTA119 must be taken in sequence. Students may be asked to travel up to (1) hour and 15 minutes to/from their current place of residence to any given clinical location.

5. Clinical Practicum Written/Oral Assignments

   a. Format for Integrated Clinical Experience (ICE) Passport (PTA 120/121): Students come to the facility with an ICE checklist indicating the skills that have been taught in the classroom; updated throughout the semester. The clinical instructor should review the list to determine if an opportunity may be available for the student to observe or practice any of these skills. The student is responsible to maintain all documentation on the checklist. This document is to be updated by the student weekly reflecting skills that have been observed or participated in performing. Upon completion of the ICE, the clinical instructor must sign-off on the passport. This is a cumulative list over the two didactic semesters, not to be accomplished in any one Integrated Clinical Experience.

   b. Format for Case Study (PTA 121): The student is responsible for completing a case study assignment during ICE II. The purpose of this assignment is to present an overview and rationale for the physical therapy treatment provided to a selected patient. The case study needs to conclude with the student developing a clinical question with the use of the PICO format; to determine if the treatment selected provides satisfactory outcomes related to the patient’s established physical therapy goals. (Appendix Z2)
c. **Format for In-Service Presentation (PTA116 and PTA119 only):**
   The student is responsible for a formal oral presentation to the clinical staff during Clinical Practicum II and III. The topic of the presentation and the size of the audience are left up to the discretion of the Clinical Instructor (CI). The student is not allowed to use a previous oral presentation. The CI will be provided with an evaluation form for rating the student’s presentation performance. (Appendix K)

6. **Standards for Clinical Experience**
   American Physical Therapy Association guidelines state that clinical experiences must be consistent with APTA standards of ethical practice and with the philosophy of the College's PTA program. They must be in facilities with measurable objectives to be accomplished by the student under the direction of qualified supervisors.

   A written agreement, which defines the rights and responsibilities of the College, student, and clinical facility, is completed prior to all practicum assignments.

   A licensed Physical Therapist or Physical Therapist Assistant with a minimum of one year of experience in direct service will be appointed by each clinical facility to supervise each affiliating MWCC student. In this supervisory relationship, both student and supervisor assume responsibility for: (1) identifying the student's specific learning needs and goals, and (2) formulating a plan of growth which leads to achievement of technical competencies. This is documented used the Student Weekly Assessment form (Appendix G) and shared with the ACCE.

7. **Information Sent to Clinical Facility Prior to Arrival of Student**
   The following information is sent to each CCCE to be forwarded to the CI for completion during each clinical practicum. Upon completion of the practicum, all forms are to be forwarded immediately to the ACCE so that grading can be done on a timely basis:
   
a. Student Liability Insurance Binder
b. Clinical Practicum Student Introduction Form (Appendix B)
c. Student Requirements to Participate in Clinical Practicum Form (Appendix C)
d. Blood Borne Pathogens Exposure Worksheet (Appendix P)
e. Student Weekly Assessment Form (Appendix G)
f. Appropriate Clinical Practicum Course Syllabus (Appendix D, E, F)
g. PTA CPI Performance Expectations (Appendix X)
h. [APTA PTA Clinical Performance Instrument Web](#)
i. Student Evaluation: Clinical Experience and Clinical Instruction (Appendix I)
j. Evaluation of PTA Program and ACCE (Appendix J)
k. In-Service Presentation Evaluation Form (Appendix K)
   (For Clinical Practicum II and III only)

   The student will contact the CCCE and/or CI two weeks prior to the start of the practicum to confirm dates, dress code, hours of practicum, and/or to request additional information if necessary.
D. EVALUATION POLICIES AND PROCEDURES FOR CLINICAL EDUCATION

1. **Evaluation of the Student**
   Clinical Performance is measured via the APTA’s PTA-CPI (Clinical Performance Instrument). In addition, the program can continually assess student performance and progression toward attainment of entry-level practice through weekly cohort communication with both student and CI (Clinical Instructor). Specifics regarding this communication are outlined in the MWCC PTA Program Student Weekly Assessment form (Appendix G). Students are provided with grading criteria for clinical experiences in the WMCC PTA Program Grading Rubric for the APTA PTA CPI (Appendix X) which is included in each clinical practicum syllabi. Additional written or oral assignments are included in the methods of evaluation for the clinical education courses with corresponding rubrics (Appendices K & Z2).

2. **Evaluation of Each Clinical Facility**
   Regular evaluation of each clinical facility is critical to the success of the clinical education program. During each clinical practicum, affiliating students complete the PTA Student Evaluation: Clinical Experience and Clinical Instruction Form (Appendix I) which will be forwarded to MWCC’s ACCE for review upon completion/termination of the practicum. Each clinical facility will also be evaluated by: regular review of completed Clinical Center Information Forms (Appendix M); during on-site visits performed by the MWCC ACCE during each clinical practicum (Appendix Y); and upon review of Clinical Performance Instrument of student performance. The ACCE and PTA faculty will use the results of these evaluations in planning for future practicums and to provide feedback to individual facilities for future experiences. A clinical facility may request a copy of the student critique of their facility from the student and/or the ACCE.

3. **Evaluation of the MWCC PTA Program and ACCE**
   Regular evaluation of the ACCE and the MWCC PTA Program is critical to the success of the Physical Therapist Assistant Program. After each clinical practicum, the CCCE, CI, and/or other clinical faculty complete the Evaluation of the MWCC PTA Program and ACCE Form (Appendix J) which will be forwarded to the MWCC’s ACCE for review by the PTA faculty. PTA faculty will use the results of these evaluations to update and improve the existing academic and clinical education programs. Clinical faculty are also encouraged to offer feedback during the Clinical Educators’ Meeting held each semester which provides a forum for all MWCC faculty, both academic and clinical, to interact, share ideas, and facilitate program growth and development. Students are also surveyed about the MWCC PTA Program and ACCE at the conclusion of each clinical course through institutional evaluations.

E. RESPONSIBILITIES OF THE MWCC ACADEMIC COORDINATOR OF CLINICAL EDUCATION (ACCE)

1. Assigns all eligible students to clinical education placements, confirms the assignment (in writing) with each clinical supervisor, and notifies each student of his/her placements. (Refer to Criteria for Placing Students on Clinical Practicum)
2. Assures that all written contracts and letters of agreement between the College and the facility are signed and reviewed annually. Forwards all appropriate forms/information on a timely basis.

3. Makes regular contacts, by phone or in person, with each clinical facility in which students are placed. Conducts on-site visits for each student during Clinical Practicum I, II, and III (Appendix Y). Emergency on-site visits by the ACCE can be requested at any time at the discretion of the clinical facility.

4. Maintains a current electronic and/or hard file of information on each facility.

5. Maintains a current file of information on each PTA student in locked cabinet in ACCE locked office.

6. Identifies and investigates new sites for clinical education.

7. Orients students to the purpose of clinical education and provides regularly scheduled meetings.

8. Provides the students with forms needed to plan for clinical placements and reviews their content with each student.

9. Is available at scheduled times to meet with students concerning any of the clinical placements. (Scheduled office hours will be posted prior to the start of each semester.)

10. Assigns a final grade to PTA120/121 Integrated Clinical Experience I&II, PTA116 Clinical Practicum II, and PTA119 Clinical Practicum III.

11. Attends PTA academic faculty meetings.

12. Attends PTA Advisory Board meetings held each semester.

F. RESPONSIBILITIES OF THE MWCC PTA STUDENT

1. Communicates with ACCE through individual interviews, written requests, group presentations, email and/or telephone, as appropriate. The student is expected to actively and cooperatively assist the ACCE in determining his/her specific clinical education objectives.

2. Attends all meetings (individual and group) with the ACCE. Students are notified concerning the dates and times of clinical education meetings in advance. Schedules are also posted on the ACCE’s office door and PTA classrooms. Attendance is mandatory and will be monitored. Participation in each of Clinical Practicums I, II, and III are dependent in part on attendance in these sessions and fulfilling required assignments given during these sessions.
3. Reviews the Clinical Center Information file on a clinical facility once placement has been assigned. Information to be reviewed includes the CCCE, dress code, hours of operation, and any requirements unique to that facility. Files are maintained in the ACCE’s office. Students can review these files during the ACCE’s scheduled office hours.

4. Two weeks prior to the starting date, a student must write or call the clinical supervisor of the facility to which he/she is assigned. The letter is to confirm the clinical experience assignment dates as well as to confirm the student's arrival.

5. Complies with the requirements of the clinical facility to which they have been assigned which includes dress code, hours of operation, confidentiality, etc.

6. Notifies both their clinical instructor and ACCE AS SOON AS FEASIBLY POSSIBLE if they will be absent or tardy. All absences and hours missed must be made up prior to the completion of a clinical practicum at the convenience of the clinical facility.

7. Provides transportation to and from their clinical facility. A student may be required to drive up to one (1) hour and 15 minutes distance to a given clinical site.

8. Incurs all expenses associated with clinical education (in addition to tuition) including, but not limited to: transportation, lodging, parking, meals, liability insurance, clothing/uniform, lab coat, name tag, and CPR certification.

9. Meets all requirements to participate in clinical Practicum (Appendix C).

10. Adheres to APTA Standards of Ethical Conduct for the PTA (Appendix O).

11. Adheres to the Drug and Alcohol Policies applicable to Mount Wachusett Community College*

   * In the event that it is suspected that a PTA student is under the influence of drugs and/or alcohol on a clinical or PTA sponsored event, they will not be permitted to participate in that experience. The PTA Program Director and ACCE will be notified by the involved clinical or academic faculty. Safe transportation from the event and to the student’s place of residence is the responsibility of the student to include any costs associated with said transportation. In addition, the involved clinical or academic faculty has full discretion regarding the safety and adequacy of said transportation arrangements.

12. Occasionally a facility will cancel an affiliation prior to its start because of unforeseen circumstances. In the event of a last-minute cancellation, every effort will be made to secure a comparable clinical replacement, depending on the availability of existing clinical sites.
**VII. SUMMARY OF FORMS, ASSESSMENTS, AND EVALUATION TOOLS UTILIZED IN THE MWCC PTA CLINICAL EDUCATION PROGRAM**

*1. Clinical Practicum Preference Information Form (Appendix A)
   • Completed/updated by student prior to participation in clinical practicums; allows the student to indicate first, second, and third preferences of clinical assignments. Lists potential conflicts of interest a student may encounter with any clinical assignment; allows student to list any special consideration that the ACCE needs to be aware of in assigning the student to a particular facility.

*2. Clinical Practicum Student Introduction Form (Appendix B)
   • Completed by the student prior to participation in each of the three clinical practicums. Allows the student to inform the Clinical Instructor of: the student’s previous clinical experience, areas of strength/weakness, expected learning experiences, potential medical problems encountered, and specific learning styles that the student has identified as being receptive to in previous educational experiences.

*3. Requirements to Participate in Clinical Practicums (Appendix C)
   • Completed/updated by student prior to participation in clinical experiences. This form details MWCC PTA program requirements that the student must meet to become eligible for participation in each of the three clinical practicums.

*4. PTA 120/121 Integrated Clinical Experience Course Syllabi (Appendix D)
   • Details course description, prerequisites, evaluation, attendance policy, and course objectives for Clinical Practicum I (PTA120/121).

*5. PTA 116 Clinical Practicum II Course Syllabus (Appendix E)
   • Details course description, prerequisites, evaluation, attendance policy, and course objectives for Clinical Practicum II (PTA116).

*6. PTA 119 Clinical Practicum III Course Syllabus (Appendix F)
   • Details course description, prerequisites, evaluation, attendance policy, and course objectives for Clinical Practicum III (PTA119).

*7. APTA's Physical Therapist Assistant Clinical Performance Instrument Web (PTA CPI)
   • Completed by the Clinical Instructor (CI) and PTA student at the end of each clinical experience. The student and CI will each complete the form and should arrange an opportunity to sit and discuss scoring. The grade for each clinical is based on the CI’s evaluation, timely completion of the ACCE’s assignments.

*8. Student Weekly Assessment Form (Appendix G)
   • Completed weekly by the student during each of the clinical practicums. This form is designed for the student: to track hours completed or missed, to identify their strengths/weaknesses, to track what they have observed and/or participated in, list last week’s goals that have been met during the practicum, and to define future goals during the remainder of their clinical practicum. The CI will find that this form is a valuable tool in: tracking students’ weekly progress, organizing the student’s learning experiences, and serving as an aid in completing the PTA CPI.
*9. Values-Based Behaviors for the PTA Self-Assessment Tool (Appendix H)
   • Completed by each student during clinical education meetings/seminars with ACCE; in
     preparation for clinical experiences. Copies of the completed forms are kept in each student’s
     MWCC locked file located in the ACCE office. Data can be used by students as part of
     individual’s identification of strengths and weaknesses.

*10. PTA Student Evaluation: Clinical Experience & Clinical Instruction (Appendix I)
    • Completed by the student at the end of each of the three clinical practicums. The student is
      required to discuss this evaluation with the Clinical Instructor. The Clinical Instructor and/or
      Coordinator of Clinical Education can request a copy of this form be sent by the MWCC PTA
      Academic Coordinator of Clinical Education (ACCE) after the conclusion of the clinical
      practicum.

*11. Evaluation of MWCC PTA Program and ACCE (Appendix J)
    • Completed by the Center Coordinator of Clinical Education (CCCE) and/or the Clinical Instructor
      (CI) of the affiliating institution at the end of each of practicum. This form enables the clinical
      staff the opportunity to critique both the MWCC PTA program and the effectiveness of the
      MWCC Academic Coordinator of Clinical Education (ACCE). The MWCC PTA faculty utilizes
      this form to update and prove our existing academic and clinical education curriculum

*12. In-Service Presentation Evaluation Form (Appendix K)
    • Completed by the Clinical Instructor (CI) after completion of the assigned presentation during
      Clinical Practicums II and III. The topic of the presentation is determined by the student with
      approval by the Clinical Instructor. The size and make-up of the audience are determined by the
      CI. The student may not use a presentation from an earlier assignment and must present two (2)
      different topics during Clinical Practicums II and III.

*13. Clinical Practicum Agreement (Appendix L)
    • This is the formal written agreement between Mount Wachusett Community College and the
      clinical facility agreeing to accept PTA students for clinical practicum assignment. This form
      details the facility’s responsibilities, the College’s responsibilities, and both Parties’
      responsibilities. A completed agreement form, signed by the College and the institution, is
      required prior to having a PTA student participate in a clinical practicum(s). It will be renewed on
      an annual basis.

*14. Clinical Site Information Form (Appendix M)

*15. MWCC PTA Program Advisory Board (Appendix N)

*16. APTA Standards of Ethical Conduct for the PTA (Appendix O)

*17. Blood Borne Pathogens Exposure Worksheet (Appendix P)
    • As stated in the clinical practicum agreement, the clinical site agrees to follow the MWCC policy
      regarding student exposure to blood borne pathogens, which requires completion of this worksheet
      and return to MWCC Health Services office.
*18. MWCC PTA Program Student Consent Form (Appendix Q)
   • This form is completed by the student upon entering the PTA program.

*19. Health Requirements Release Form (Appendix S)
   • This form is completed by the student upon entering the PTA program.

*20. Grading Rubric for APTA PTA CPI (Appendix X)
   • This chart illustrates the clinical performance expectations for PTA 116 and PTA 119. This should be reviewed by the student and the CI to help determine weekly performance goals.

*21. MWCC PTA Program Clinical Site Visit Form (Appendix Y)
   • This form is completed by the ACCE during the clinical site visit; documenting meeting with CI, student and tour of facility. Data collected drives decisions for clinical faculty development.

*22. MWCC PTA Program Professional Behaviors Rubric (Appendix Z)
   • This form identifies the 10 behavioral criterion that will be utilized to assess behavioral performance of the PTA student.

*23. MWCC PTA Program Professional Behavior Action Plan (Appendix Z1)
   • In the event substandard professional behavior is exhibited by a student, the PTA program faculty will document the behavior here and initiate an action plan with the student.

*24. MWCC PTA Program PTA 121 Case Study Rubric (Appendix Z2)
   • The rubric used for grading the case study completed during ICE II.

*25. ICE Student Evaluation Form (Appendix Z3)
   • At the conclusion of the ICE, the clinical instructor will complete the ICE student evaluation form. This form requires the CI to provide feedback to the ACCE on the student’s performance in the areas of attendance, professional appearance, initiative to learn, involvement, interest level, ethical conduct and cooperation utilizing a rating scale from 1 (poor/strongly disagree) to 5 (outstanding/strongly agree).

*26. ICE Site Evaluation by Student (Appendix Z4)
   • At the conclusion of the ICE, the student will complete the ICE evaluation of the clinical form. This form requires the student to provide feedback to the ACCE about the clinical site and clinical instructor utilizing a rating scale from 1 (poor/strongly disagree) to 5 (outstanding/strongly agree).

*27. MWCC PTA Program Integrated Clinical Experience Passport (Appendix Z5)
   • Students come to the facility with an ICE checklist indicating the skills that have been taught in the classroom; updated throughout the semester. The clinical instructor should review the list to determine if an opportunity may be available for the student to observe or practice any of these skills.
28. **MWCC PTA Program Student ICE Weekly Assessment Form (Appendix Z6)**
   - Completed weekly by the student during the clinical experience. This form is designed for the student to identify observations or skills participated in, track hours worked, document goal achievement and define future goals.

29. **MWCC PTA Program Professional Service Learning Project (Appendix Z7)**
   - Per academic year, students will self-select activities/events within the Massachusetts chapter to participate in annually; for a minimum of 10 hours. Students will provide evidence of these hours on the professional service tracking sheet along with the signature of event leader. Upon completion of the required hours, students will write a reflection of their professional service reflecting on what was learned and the impact on patients, themselves, and the profession.
APPENDICES
PHYSICAL THERAPIST ASSISTANT PROGRAM
CLINICAL PRACTICUM PREFERENCE INFORMATION FORM

STUDENT NAME ____________________________________________

ADDRESS ________________________________________________

PHONE _________________________________________________

Indicate your first, second, and third preference for a clinical affiliation. An attempt will be made to place a student in at least one affiliation which he/she has expressed as a preference. Since many factors are considered and all affiliations are not active during each semester, a student may not be able to be assigned to his preference. Announced placements are considered tentative and subject to change if the faculty become aware of a low staff and/or low patient load situation, for example. Also, if a previous clinical instructor(s) recommends repetition of basic skill, the student may be placed in a facility similar to the one previously attended.

INDICATE "1ST", "2ND", AND "3RD" CHOICES IN ORDER OF PREFERENCE:

____ Acute Care Hospital
____ Outpatient Center
____ ECF/Nursing Home/SNF
____ Federal/State/County Health (VA, Pediatric/Adult Developmental Center)
____ Home Health Care
____ Other -- Please describe____________________________________

If you wish a specific facility(s) relating to your general preference expressed above, please list:

___________________________________________________________________

I. Do you have any personal relationships, i.e., relative/friend in any of the physical therapy departments that are utilized as clinical affiliations? If so, please name the affiliation(s). This question is asked to avoid the student being assigned an affiliation in which either the student or clinical instructor would feel a conflict of interest.

II. Please list previous experience(s) relating to physical therapy (volunteer and/or employment) naming the facility and function.

III. Do you have any special considerations that the ACCE should be aware of such as housing or transportation difficulties that may impact your clinical placement?
PHYSICAL THERAPIST ASSISTANT PROGRAM
CLINICAL PRACTICUM STUDENT INTRODUCTION FORM

<table>
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<tr>
<th>STUDENT NAME</th>
<th>FACILITY NAME</th>
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<td>STUDENT ADDRESS</td>
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<td>STUDENT PHONE</td>
<td>FACILITY PHONE</td>
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</tbody>
</table>

LEVEL OF THIS CLINICAL PRACTICUM   ICE I/II    II    III
DATES OF CLINICAL PRACTICUM
LENGTH OF CLINICAL PRACTICUM: WEEKS _______/HOURS _______

I. Previous Clinical Practicums
   1. Integrated Clinical Experience I/II (20 hours each semester)

II. Previous professional related experience, if any, such as volunteer work or employment

---

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III. Student’s Self Assessment

1. Describe areas of strength.

2. Describe areas of need.

3. List specific learning experiences you hope will be offered at this affiliation.

4. Indicate any medical problems of which your affiliation should be aware.

IV. Student’s Learning Style

1. Describe learning styles/types of supervision that you predict would be helpful to you.
   ( ) Close supervision during the first part of the affiliation, then gradually decreasing supervision for the remainder of the time
   ( ) Given suggestions/feedback each clinic day
   ( ) Allowed independent performance in areas of strength

2. Describe preferred pattern of assignment of student to professional staff understanding that the staff make the final decisions based on many considerations.
   ( ) One PT/PTA for the entire practicum
   ( ) Alternating between two PT/PTAs throughout the practicum
   ( ) Rotating to a second PT/PTA @ midterm
   ( ) Other, please describe
STUDENT REQUIREMENTS TO PARTICIPATE IN CLINICAL PRACTICUMS

As a student of the PTA program at Mount Wachusett Community College, I am aware and fully understand that the following requirements must be met as prerequisites prior to participating in Clinical Practicum I, II, and III. Failure to meet these requirements will prevent me from participating in any clinical practicum experience.

Physical Exam Date: ____________________ Flu Vaccine Date: ____________________

TST: (Tuberculin Skin Test)
1st step __________ result __________
2nd step __________ result __________
MMR #1 __________ MMR #2 ____________

Or
Rubella Titer: date: __________ immune non-immune (circle one)
Rubeola Titer: date: __________ immune non-immune (circle one)
Mumps Titer: date: __________ immune non-immune (circle one)
Varicella: date: ___/____ or Titer: _____ immune

Hep B dates: #1 _______ #2 _______ #3 _______
Hep B Titer: ______ Immune OR if not immune Negative Antigen: ______
Tdap Booster: _______

☐ Negative Drug Screen (11 panel)
☐ Current Liability Insurance (provided in packet)
☐ AHA Health Care Provider CPR Certification
☐ MWCC Name Tag
☐ Completion of an acceptable CORI evaluation

Print_______________________________ Sign____________________________ Date__________

I certify the health information to be true and accurate in accordance with my records.

_________________________________ ______________________________
Nancy Regan Margaret Jailet, PT, MHA, DPT
Mount Wachusett Community College Mount Wachusett Community College
Health Services Office CORI Coordinator PTA Program
COURSE TITLE: PTA120 Integrated Clinical Experience I
DIVISION: Health Science and Community Service Programs
DEPARTMENT: Physical Therapist Assistant
CREDITS: 1.0
COURSE HOURS: 20 clinic hours over 10 weeks
2 hours on campus for 5 weeks
PREREQUISITES: Enrollment in PTA; RDG098, MAT092, ENG098, FYE101, or placement; Corequisite: PTA 103, PTA 104, BIO 152
INSTRUCTOR(S): Jennifer Gentile, PTA, ACCE
Jgentile3@mwcc.mass.edu
Office #384, Phone number (978) 630-9577
And Clinical site instructor(s)
COURSE DESCRIPTION:
This integrated clinical experience (ICE) provides students the opportunity for clinical observations and to enhance skill acquisition of the techniques learned in PTA 103 and PTA 104. The students will be exposed to early patient interaction, physical therapy professionals, and other healthcare professionals. Classroom activities will require student self-reflection on clinical and professional skills.
TEACHING METHODOLOGY: Students will obtain skill in course materials through the following to encourage problem-solving and/or critical thinking skills:

- observation
- demonstration
- instruction
- discussion
- practice
- performance
- literature review
- assignments

COURSE METHODS OF EVALUATION:
A. Integrated Clinical Experience (ICE) Passport: Students come to the facility with an ICE checklist indicating the skills that have been taught in the classroom; updated throughout the semester. The clinical instructor should review the list to determine if an opportunity may be available for the student to observe or practice any of these skills. The student is responsible to maintain all documentation on the checklist. This document is to be updated by the student weekly reflecting skills that have been observed or participated in performing. Upon completion of the ICE, the clinical instructor must sign-off on the passport. This is a cumulative list over the
two didactic semesters, not to be accomplished in any one Integrated Clinical Experience. This form is due by the last day of class and uploaded through Blackboard.

B. **ICE Student Evaluation Form**: At the conclusion of the ICE, the clinical instructor will complete the ICE student evaluation form. This form requires the CI to provide feedback to the ACCE on the student’s performance in the areas of attendance, professional appearance, initiative to learn, involvement, interest level, ethical conduct and cooperation utilizing a rating scale from 1 (poor/strongly disagree) to 5 (outstanding/strongly agree). This evaluation form will be due by the last day of class and uploaded through Blackboard.

C. **ICE Site Evaluation by Student**: At the conclusion of the ICE, the student will complete the ICE evaluation of the clinical form. This form requires the student to provide feedback to the ACCE about the clinical site and clinical instructor utilizing a rating scale from 1 (poor/strongly disagree) to 5 (outstanding/strongly agree). This evaluation form will be due by the last day of class and uploaded through Blackboard.

D. **Weekly Assessment Assignment**: Completed weekly by the student during the clinical experience. This form is designed for the student to identify observations or skills participated in, track hours worked, document goal achievement and define future goals. Each completed form is to be submitted to the ACCE via Blackboard by assigned due date.

E. **Professional Service Learning Assignment**: This Professional Service Learning Activity, aligned with PTA 121 and PTA 119, is intended to address the standards of ethical conduct and professionalism required of an entry-level PTA. Participation in APTA membership activities can have a “significant influence on professional duty as it relates to membership and participation in APTA”. Additionally, research on APTA student membership has shown that early engagement in membership activities can impact PT/PTA students to continue this membership after graduation. Per academic year, students will self-select activities/events within the Massachusetts chapter to participate in annually; for a minimum of 10 hours. Students will provide evidence of these hours on the professional service tracking sheet along with the signature of event leader (see attachment). Events listed without a corresponding signature will not count toward the 10-hour requirement. Upon completion of the required hours, students will write a reflection of their professional service reflecting on what was learned and the impact on patients, themselves, and the profession. This assignment is aligned with PTA 121 and PTA 119. Submission details for each year will be reflected in the corresponding syllabi. The service learning assignment must be submitted on PTA 121 Bb assignment portal by the due date. Failure to submit this assignment by the due date will be considered “late” and will affect the student’s grade (see Determination of Final Grade).

F. **Classroom Assignments**: During on campus classroom meetings, student reflections on ethics and professional behaviors will be required.
DETERMINATION OF FINAL GRADE

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Successful completion and on-time submission of <strong>all</strong> evaluations and</td>
<td>A</td>
</tr>
<tr>
<td>assignments with no remediation required</td>
<td></td>
</tr>
<tr>
<td>Successful completion of evaluation and assignments, however submitted one</td>
<td>C+</td>
</tr>
<tr>
<td>late and/or with remediation required</td>
<td></td>
</tr>
<tr>
<td>Failure to successfully complete/submit <strong>more than one</strong> evaluation or</td>
<td>I</td>
</tr>
<tr>
<td>assignment on time and/or with remediation required</td>
<td></td>
</tr>
<tr>
<td>Failure to successfully complete/submit any of the evaluations or assignments</td>
<td>F</td>
</tr>
<tr>
<td>and/or remediation required</td>
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</tbody>
</table>

Students will not be allowed to continue in sequence in the PTA program if they fail PTA 120 Integrated Clinical Experience I.
If a student fails or is terminated for any reason (academic, health, or other) in either PTA 120, PTA 121, PTA 116, or PTA 119, there is NO automatic guarantee that he/she will be allowed to repeat the practicum. In order to repeat the clinical experience, the student must make a request in writing within 10 days to the Program Director and ACCE. For further details, please refer to the PTA Program Student Handbook.

ATTENDANCE POLICY:
Students are expected to attend weekly assigned clinical hours previously determined by clinical site and ACCE. Missed days for illness and/or personal reasons must be made up at the convenience of the clinic. Snow days and holidays do not pertain to students on integrated clinical experience. In the event a student needs to miss a day, the student is required to notify the CI prior to the start of the clinical shift, as well as notifying the ACCE via email. The missed hours and plan for make-up is to be as soon as possible.

Attendance in all lecture and laboratory sessions is mandatory within the PTA program. Refer to the PTA Student Handbook for information regarding attendance, excused vs. unexcused absences, and make-up policies.

STUDENT LEARNING OBJECTIVES
During this course, the student will:
1. List a variety of clinical settings, having the opportunity to observe classroom skills integrated into patient care.
2. List the types of diagnosis and problems encountered by Physical Therapists/Physical Therapist Assistants in different settings.
3. Interact with patients on a professional level and observe interactions of other professionals.
4. Review documentation related to patients that have been observed.
5. Apply hands-on skills that are within the skill set learned in the PTA 103/PTA 104.
6. Apply, with direct supervision, any skills the clinical instructor deems appropriate to teach.
7. Demonstrate professional behavior patterns consistent with employer’s expectations and professional association guidelines in course competency areas for physical therapist assistants. These behaviors include, but are not limited to, adhering to designated times for each educational experience, following a dress code, being adequately prepared, displaying appropriate interpersonal dynamics and communication skills.

CELL PHONES
Please store cell phones with volume COMPLETELY OFF in a place where they are not readily visible during all class, laboratory, open lab and study sessions. The use of cell phones during ICE is not allowed.

EMAIL COMMUNICATION
I am happy to communicate with you via email however, the following requirements for email communication must be observed:
1. All emails must be sent via the MWCC email system. Please make sure that your MWCC email account is established by the first week of classes.
2. All emails addressed to me must have a topic stated in the subject line and be addressed “Dear Dr. Shakar/Dr. McGinn/Professor Gentile”.
3. All emails must be written observing the rules of proper grammar, punctuation and capitalization. Text messaging format is unacceptable.
4. We will not read emails, nor should you expect a response if your email does not meet the requirements listed above.

STUDENTS WITH DISABILITIES
Students with documented disabilities have the right to receive reasonable accommodations that will facilitate full participation and inclusion in courses, examinations, and activities related to their educational and co-curricular experience. To receive accommodations at the college, a student must voluntarily disclose a disability and provide professional documentation. Approved accommodations depend upon the particular disability and are granted for the classroom and/or testing setting. Accommodations may include the use of assistive technology, electronic textbooks, audio recording of lectures, note taking, priority seating, reserved parking, ASL interpreting services, extended time for testing, and/or a low distraction setting for testing. A team of qualified professionals is available to every student who voluntarily discloses a disability. To request information and/or for disclosure procedures, students should contact the Coordinator of Disability Services at 978-630-9330. MWCC is committed to complying with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Any information disclosed is confidential.

ACADEMIC HONESTY & PLAGIARISM
Students are responsible for knowing Mount Wachusett Community College’s policy on academic honesty and plagiarism, found at http://catalog.mwcc.edu/academicresources/academicandgradingpolicies/. In sum, it is against policy to submit work with the deliberate intent to deceive or to cheat. Plagiarism is not tolerated at the college.
WITHDRAWAL FROM COURSES
A student may formally withdraw from a course through the last day to withdraw as published in the academic calendar. Students are required to speak to an advisor to withdraw from any course. A grade of “W” will be recorded on the student’s transcript. Please be advised that ceasing to attend a class will be reported to the Records Office by your instructor. This will result in a grade of "F" and may affect your current financial aid award. Course withdrawals will not be processed after the last day to withdraw, noted in the academic calendar for each term/cycle. "F" grades are averaged into the GPA for all students. Any withdrawal may affect progress toward degree and future eligibility for financial aid.

Administrative Action Forms are available for withdrawal after the 60% point of the semester/cycle as a result of extenuating circumstances. A student can obtain an Administrative Action Form from the MWCC Records Office. Documentation of the extenuating circumstances must be submitted with the form for this appeal to be reviewed.

TUTORING
The Academic Support Center offers free tutoring services both in person and online! The Academic Support Center (located in the Gardner campus library) provides walk-in and appointment-based tutoring on the Gardner and Leominster campuses as well as web-based tutoring through a program called ThinkingStorm. Learn more at www.mwcc.edu/tutoring/.

LIBRARY
As an MWCC student you are a member of CWMARS, a resource sharing network of libraries. This allows you to borrow resources from 11 academic libraries and 144 public libraries. Items requested from other libraries by placing a HOLD through the library catalog, can be picked up at the MWCC library. Students can search the library catalog on the library homepage http://library.mwcc.edu for books, movies, music, video games, e-books, and more by clicking on FIND BOOKS & MORE. Students can also access more than 80 databases to search articles from scholarly/academic journals, magazines, newspapers, online videos, reference books, and other formats in all subject areas by clicking on FIND ARTICLES (Databases) on the library homepage http://library.mwcc.edu
In order to access the online research databases from an off-campus location, you will be prompted to log-in with a user name, your library barcode number or student ID number, and a password. Your password is your last name in all CAPITAL LETTERS.

Library Help
For questions about your account, overdue items, Reserves, or general information, call 978-630-9125.
• For Research Help, call 978-630-9338
• By email: library@mwcc.mass.edu
• By chat: Visit the ASK A LIBRARIAN page at: https://library.mwcc.edu/friendly.php?s=ask
• In person, at the LaChance Library (Gardner Campus), or the Leominster Student Success Center. Hours can be found at: http://library.mwcc.edu/about/
The MWCC PTA program mission identifies the need for our graduates to work with physical therapists and other health care professionals and to foster sensitivity to the diverse needs of the patients we serve. The APTA Standards of Ethical Conduct speaks to these issues as well as the mandate for physical therapist assistants to enhance their competence through lifelong acquisition and refinement of knowledge, skills, and abilities as well as to participate in efforts to meet the health needs of people locally, nationally, or globally. As this aligns seamlessly with the mission and vision of the American Physical Therapy Association (APTA), the MWCC PTA program requires student membership in the APTA and APTA of Massachusetts. However, holding a membership is not enough. This professional service learning activity, aligned with PTA 121 and PTA 119, is intended to address the standards of ethical conduct and professionalism required of an entry-level PTA. Participation in APTA membership activities can have a “significant influence on professional duty as it relates to membership and participation in APTA”\(^1\) Additionally, research on APTA student membership has shown that early engagement in membership activities can impact PT/PTA students to continue this membership after graduation\(^2\) Only with strength in numbers can we have a strong professional association; able to meet the needs of the individuals we treat and society as a whole.


**Objectives:**

Upon completion of this activity, students will be able to:

- Demonstrate professional behavior with licensed physical therapist/physical therapist assistants and other health care professionals.
- Integrate information obtained from APTA/Massachusetts chapter that impact the patients we serve and the association as a whole; to include but not limited to the following issues: legislative, payment policy, association/chapter governance, MA chapter/district issues, special interest groups, and professional development.
- Describe the impact volunteering has had on them, our patients we serve and the profession of physical therapy.
Requirements/Task(s):

Per academic year, students will self-select activities/events within the Massachusetts chapter to participate in annually; for a minimum of 10 hours. Students will provide evidence of these hours on the professional service tracking sheet along with the signature of event leader (see attachment). Events listed without a corresponding signature will not count toward the 10-hour requirement. Upon completion of the required hours, students will write a reflection of their professional service reflecting on what was learned and the impact on patients, themselves, and the profession. This assignment is aligned with PTA 121 and PTA 119. Submission details for each year will be reflected in the corresponding syllabi.
Each academic year students are required to complete a minimum of 10 hours of service within APTA of MA and/or APTA. This tracking sheet is to be completed at the time of service by the student. It will be submitted in conjunction with a required reflection paper discussing what was learned and the impact this service has on each participant, our patients, and the profession of physical therapy. Further details will be found in the corresponding syllabi; PTA 121 and PTA 119.

<table>
<thead>
<tr>
<th>DATE</th>
<th>APTA/APTAofMA Activity/Event</th>
<th># Hrs</th>
<th>Category: Legislative Governance, District, SIG, Other (specify)</th>
<th>Event Supervisor’s email address (required)</th>
<th>Event Supervisor’s signature (required)</th>
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**Total**
COURSE TITLE: PTA121 Integrated Clinical Experience II
DIVISION: Health Science and Community Service Programs
DEPARTMENT: Physical Therapist Assistant
CREDITS: 1.0
COURSE HOURS: 20 clinic hours over 10 weeks
2 hours on campus for 5 weeks
PREREQUISITES: Enrollment in PTA; BIO 152; PTA 103; PTA 104
Corequisite: PTA 111, PTA 139
INSTRUCTOR(S): Jennifer Gentile, PTA, ACCE
Jgentile3@mwcc.mass.edu
Office #384, Phone number (978) 630-9577
And Clinical site instructor(s)

COURSE DESCRIPTION: This integrated clinical experience (ICE) provides students the opportunity for clinical observations and to enhance skill acquisition of the techniques learned in PTA 111 and PTA 139. The students will be exposed to early patient interaction, physical therapy professionals, and other healthcare professionals. Classroom activities will require student self-reflection on clinical and professional skills.

TEACHING METHODOLOGY: Students will obtain skill in course materials through the following to encourage problem-solving and/or critical thinking skills:
- observation
- demonstration
- instruction
- discussion
- practice
- performance
- literature review
- assignments

COURSE METHODS OF EVALUATION:
G. Integrated Clinical Experience (ICE) Passport: Students come to the facility with an ICE checklist indicating the skills that have been taught in the classroom; updated throughout the semester. The clinical instructor should review the list to determine if an opportunity may be available for the student to observe or practice any of these skills. The student is responsible to maintain all documentation on the checklist. This document is to be updated by the student weekly reflecting skills that have been observed or participated in performing. Upon completion of the ICE, the clinical instructor must sign-off on the passport. This is a cumulative list over the two didactic semesters, not to be accomplished in any one Integrated
Clinical Experience. This form will be due by the last day of class and uploaded through Blackboard.

H. **ICE Student Evaluation Form**: At the conclusion of the ICE, the clinical instructor will complete the ICE student evaluation form. This form requires the CI to provide feedback to the ACCE on the student’s performance in the areas of attendance, professional appearance, initiative to learn, involvement, interest level, ethical conduct and cooperation utilizing a rating scale from 1 (poor/strongly disagree) to 5 (outstanding/strongly agree). This evaluation form will be due by the last day of class and uploaded through Blackboard.

I. **ICE Site Evaluation by Student**: At the conclusion of the ICE, the student will complete the ICE evaluation of the clinical form. This form requires the student to provide feedback to the ACCE about the clinical site and clinical instructor utilizing a rating scale from 1 (poor/strongly disagree) to 5 (outstanding/strongly agree). This evaluation will be due by the last day of class and uploaded through Blackboard.

J. **Weekly Assessment Assignment**: Completed weekly by the student during the clinical experience. This form is designed for the student to identify observations or skills participated in, track hours worked, document goal achievement and define future goals. Each completed form is to be submitted to the ACCE via Blackboard by assigned due date.

K. **Case Study**: The student is responsible for completing a case study assignment during ICE II. The purpose of this assignment is to present an overview and rationale for the physical therapy treatment provided to a selected patient. The case study needs to conclude with the student developing a clinical question with the use of the PICO format; to determine if the treatment selected provides satisfactory outcomes related to the patient’s established physical therapy goals. The case study must include five sections: PERSONAL HISTORY, INITIAL EVALUATIVE PHYSICAL THERAPY FINDINGS, COURSE OF PHYSICAL THERAPY, CURRENT PHYSICAL THERAPY FINDINGS, and a DISCUSSION including the developed PICO Question section. At this point it is not necessary to complete a search using the PICO question, as that will be addressed in a future class. The case study assignment must be submitted on PTA 121 Bb assignment portal by the due date. Failure to submit this assignment by the due date will result in an “F” and will prevent the student from participating further in the MWCC PTA Program.

L. **Professional Service Learning Assignment**: This Professional Service Learning Activity, aligned with PTA 121 and PTA 119, is intended to address the standards of ethical conduct and professionalism required of an entry-level PTA. Participation in APTA membership activities can have a “significant influence on professional duty as it relates to membership and participation in APTA”. Additionally, research on APTA student membership has shown that early engagement in membership activities can impact PT/PTA students to continue this membership after graduation. Per academic year, students will self-select activities/events within the Massachusetts chapter to participate in annually; for a minimum
of 10 hours. Students will provide evidence of these hours on the professional service tracking sheet along with the signature of event leader (see attachment). Events listed without a corresponding signature will not count toward the 10-hour requirement. Upon completion of the required hours, students will write a reflection of their professional service reflecting on what was learned and the impact on patients, themselves, and the profession. This assignment is aligned with PTA 121 and PTA 119. Submission details for each year will be reflected in the corresponding syllabi. The service learning assignment must be submitted on PTA 121 Bb assignment portal by the due date. Failure to submit this assignment by the due date will be considered “late” and will affect the student’s grade (see Determination of Final Grade).

M. Classroom Assignments: During on campus classroom meetings, student reflections on ethics and professional behaviors will be required.

**DETERMINATION OF FINAL GRADE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful completion and on-time submission of all course methods of evaluation with no remediation required</td>
<td>= A</td>
</tr>
<tr>
<td>Successful completion of course methods of evaluation, however submitted one late and/or with remediation required</td>
<td>= C+</td>
</tr>
<tr>
<td>Failure to successfully complete/submit more than one course method of evaluation on time and/or with remediation required</td>
<td>= I</td>
</tr>
<tr>
<td>Failure to successfully complete/submit any of the evaluations or assignments and/or remediation required</td>
<td>= F</td>
</tr>
</tbody>
</table>

Students will not be allowed to continue in sequence in the PTA program if they fail PTA 121 Integrated Clinical Experience II.
If a student fails or is terminated for any reason (academic, health, or other) in either PTA 120, PTA 121, PTA 116, or PTA 119, there is NO automatic guarantee that he/she will be allowed to repeat the practicum. In order to repeat the clinical experience, the student must make a request in writing within 10 days to the Program Director and ACCE. For further details, please refer to the PTA Program Student Handbook.

**ATTENDANCE POLICY**

Students are expected to attend weekly assigned clinical hours previously determined by clinical site and ACCE. Missed days for illness and/or personal reasons must be made up at the convenience of the clinic. Snow days and holidays do not pertain to students on integrated clinical experience. In the event a student needs to miss a day, the student is required to notify the CI prior to the start of the clinical shift, as well as notifying the ACCE via email. The missed hours and plan for make-up is to be as soon as possible.

Attendance in all lecture and laboratory sessions is mandatory within the PTA program. Refer to the PTA Student Handbook for information regarding attendance, excused vs. unexcused absences, and make-up policies.
STUDENT LEARNING OBJECTIVES

During this course, the student will:

8. Discuss clinical experiences including the types of diagnosis and problems encountered by Physical Therapists/Physical Therapist Assistants observed in patient care during PTA 120.

9. Interact with patients on a professional level and observe interactions of other professionals.

10. Practice documentation related to patients that have been observed.

11. Apply hands-on skills that are within the skill set learned in the PTA 103, PTA 104, PTA 111/PTA 139.

12. Apply, with direct supervision, any skills the clinical instructor deems appropriate to teach.

13. Demonstrate professional behavior patterns consistent with employer’s expectations and professional association guidelines in course competency areas for physical therapist assistants. These behaviors include, but are not limited to, adhering to designated times for each educational experience, following a dress code, being adequately prepared, displaying appropriate interpersonal dynamics and communication skills.

14. Assimilate relevant didactic material and treatment rationale into clinical practice by composing an acceptable case study assignment.

CELL PHONES
Please store cell phones with volume COMPLETELY OFF in a place where they are not readily visible during all class, laboratory, open lab and study sessions. The use of cell phones during ICE is not allowed.

EMAIL COMMUNICATION
I am happy to communicate with you via email however, the following requirements for email communication must be observed:

1. All emails must be sent via the MWCC email system. Please make sure that your MWCC email account is established by the first week of classes.

2. All emails addressed to me must have a topic stated in the subject line and be addressed “Dear Dr. Shakar/Dr. McGinn/Professor Gentile”.

3. All emails must be written observing the rules of proper grammar, punctuation and capitalization. Text messaging format is unacceptable.

4. We will not read emails, nor should you expect a response if your email does not meet the requirements listed above.

STUDENTS WITH DISABILITIES
Students with documented disabilities have the right to receive reasonable accommodations that will facilitate full participation and inclusion in courses, examinations, and activities related to their educational and co-curricular experience. To receive accommodations at the college, a student must voluntarily disclose a disability and provide professional documentation. Approved accommodations
depend upon the particular disability and are granted for the classroom and/or testing setting. Accommodations may include the use of assistive technology, electronic textbooks, audio recording of lectures, note taking, priority seating, reserved parking, ASL interpreting services, extended time for testing, and/or a low distraction setting for testing. A team of qualified professionals is available to every student who voluntarily discloses a disability. To request information and/or for disclosure procedures, students should contact the Coordinator of Disability Services at 978-630-9330. MWCC is committed to complying with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Any information disclosed is confidential.

ACADEMIC HONESTY & PLAGIARISM
Students are responsible for knowing Mount Wachusett Community College’s policy on academic honesty and plagiarism, found at http://catalog.mwcc.edu/academicresources/academicandgradingpolicies/. In sum, it is against policy to submit work with the deliberate intent to deceive or to cheat. Plagiarism is not tolerated at the college.

WITHDRAWAL FROM COURSES
A student may formally withdraw from a course through the last day to withdraw as published in the academic calendar. Students are required to speak to an advisor to withdraw from any course. A grade of “W” will be recorded on the student’s transcript. Please be advised that ceasing to attend a class will be reported to the Records Office by your instructor. This will result in a grade of "F" and may affect your current financial aid award. Course withdrawals will not be processed after the last day to withdraw, noted in the academic calendar for each term/cycle. "F" grades are averaged into the GPA for all students. Any withdrawal may affect progress toward degree and future eligibility for financial aid.

Administrative Action Forms are available for withdrawal after the 60% point of the semester/cycle as a result of extenuating circumstances. A student can obtain an Administrative Action Form from the MWCC Records Office. Documentation of the extenuating circumstances must be submitted with the form for this appeal to be reviewed.

TUTORING
The Academic Support Center offers free tutoring services both in person and online! The Academic Support Center (located in the Gardner campus library) provides walk-in and appointment-based tutoring on the Gardner and Leominster campuses as well as web-based tutoring through a program called ThinkingStorm. Learn more at www.mwcc.edu/tutoring/.

LIBRARY
As an MWCC student you are a member of CWMARS, a resource sharing network of libraries. This allows you to borrow resources from 11 academic libraries and 144 public libraries. Items requested from other libraries by placing a HOLD through the library catalog, can be picked up at the MWCC library. Students can search the library catalog on the library homepage http://library.mwcc.edu for books, movies, music, video games, e-books, and more by clicking on FIND BOOKS & MORE. Students can also access more than 80 databases to search articles from scholarly/academic journals, magazines, newspapers, online videos, reference books, and other formats in all subject areas by clicking on FIND ARTICLES (Databases) on the library homepage http://library.mwcc.edu
In order to access the online research databases from an off-campus location, you will be prompted to log-in with a user name, your library barcode number or student ID number, and a password. Your password is your last name in all CAPITAL LETTERS.

Library Help
For questions about your account, overdue items, Reserves, or general information, call 978-630-9125.
• For Research Help, call 978-630-9338
• By email: library@mwcc.mass.edu
• By chat: Visit the ASK A LIBRARIAN page at: https://library.mwcc.edu/friendly.php?s=ask
• In person, at the LaChance Library (Gardner Campus), or the Leominster Student Success Center. Hours can be found at: http://library.mwcc.edu/about/
PTA 121: Case Study Assignment Formatting

Guidelines & Grading Rubric

[Heading 1] Personal History:
❖ Describe your patient (include diagnosis):
   ○ Explain diagnosis
   ○ Include pertinent subjective & objective (medical history information) information

[Heading 2] Initial Evaluation:
❖ Initial Physical Therapy Findings:
   ○ Use tables for ROM & MMT
   ○ Include STG/LTG’s and selected interventions

[Heading 3] Course of Physical Therapy:
❖ Describe interventions performed and relate them to a goal/functional outcome:
   ○ Do not list exercises performed ex: SLR x 10 reps, bridging x 10 repetitions but describe type of exercise: Open chain, closed chain, balance, neuro re-ed, core/postural strengthening for a few examples. More importantly is to explain “why” they are doing these exercises and relate them to a goal/functional outcome!

[Heading 4] Current Physical Therapy Findings:
❖ Include the present AROM/MMT, progress towards goals

❖ Present functional mobility

[Heading 5] Discussion:
❖ Has the patient progressed well?
   ○ Hypothesis why or why not

❖ Is there anything you would have done differently?
   ○ Create a foreground clinical question regarding this patient using the PICO format.
Other Formatting Details:
-MUST be typed, double-spaced, 10-12-point regular font with one-inch margins. Grammar and spelling will count.

-References must be submitted in AMA format.

Case Study Rubric

<table>
<thead>
<tr>
<th>Case Study Rubric</th>
<th>Meets Standards</th>
<th>Sub-Standard</th>
<th>Unsatisfactory</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Format: 20 points</td>
<td>Paper is neatly typed, doublespaced, 10-12point regular font, one-inch margins. Includes all 5 headings/sections</td>
<td>Paper is neatly typed, doublespaced, 10-12point regular font, one-inch margins. Missing 1 section/heading.</td>
<td>Formatting rules ignored. Missing more than 1 section/heading.</td>
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<tr>
<td>Grammar and Spelling: 10 points</td>
<td>No errors</td>
<td>1-2 minor errors</td>
<td>Lacks basic proofreading or contains major errors.</td>
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<td>Organization: 30 points</td>
<td>Well organized, well written, easy to read and understand.</td>
<td>Well organized but “flow” could be improved.</td>
<td>Organization lacking and patient progress/outcome difficult to follow.</td>
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<td>Completeness: 40 points</td>
<td>Addresses all elements contained within the stated objectives of the assignment and extends beyond.</td>
<td>Addresses all elements contained within the stated objective(s) of assignment.</td>
<td>Fails to address all the elements contained within the stated objective(s) of assignment.</td>
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<td>Total Possible Points: 100 points</td>
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The MWCC PTA program mission identifies the need for our graduates to work with physical therapists and other health care professionals and to foster sensitivity to the diverse needs of the patients we serve. The APTA Standards of Ethical Conduct speaks to these issues as well as the mandate for physical therapist assistants to enhance their competence through lifelong acquisition and refinement of knowledge, skills, and abilities as well as to participate in efforts to meet the health needs of people locally, nationally, or globally. As this aligns seamlessly with the mission and vision of the American Physical Therapy Association (APTA), the MWCC PTA program requires student membership in the APTA and APTA of Massachusetts. However, holding a membership is not enough. This professional service learning activity, aligned with PTA 121 and PTA 119, is intended to address the standards of ethical conduct and professionalism required of an entry-level PTA. Participation in APTA membership activities can have a “significant influence on professional duty as it relates to membership and participation in APTA” ¹ Additionally, research on APTA student membership has shown that early engagement in membership activities can impact PT/PTA students to continue this membership after graduation.² Only with strength in numbers can we have a strong professional association; able to meet the needs of the individuals we treat and society as a whole.


**Objectives:**

Upon completion of this activity, students will be able to:

- Demonstrate professional behavior with licensed physical therapist/physical therapist assistants and other health care professionals.
- Integrate information obtained from APTA/Massachusetts chapter that impact the patients we serve and the association as a whole; to include but not limited to the following
issues: legislative, payment policy, association/chapter governance, MA chapter/district issues, special interest groups, and professional development.

- Describe the impact volunteering has had on them, our patients we serve and the profession of physical therapy.

Requirements/Task(s):

Per academic year, students will self-select activities/events within the Massachusetts chapter to participate in annually; for a minimum of 10 hours. Students will provide evidence of these hours on the professional service tracking sheet along with the signature of event leader (see attachment). Events listed without a corresponding signature will not count toward the 10-hour requirement. Upon completion of the required hours, students will write a reflection of their professional service reflecting on what was learned and the impact on patients, themselves, and the profession. This assignment is aligned with PTA 121 and PTA 119. Submission details for each year will be reflected in the corresponding syllabi.
Each academic year students are required to complete a minimum of 10 hours of service within APTA of MA and/or APTA. This tracking sheet is to be completed at the time of service by the student. It will be submitted in conjunction with a required reflection paper discussing what was learned and the impact this service has on each participant, our patients, and the profession of physical therapy. Further details will be found in the corresponding syllabi; PTA 121 and PTA 119.

<table>
<thead>
<tr>
<th>DATE</th>
<th>APTA/APTAofMA Activity/Event</th>
<th># Hrs</th>
<th>Category: Legislative Governance, District, SIG, Other (specify)</th>
<th>Event Supervisor’s email address (required)</th>
<th>Event Supervisor’s signature (required)</th>
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Total
COURSE SYLLABUS

COURSE TITLE: PTA116 Clinical Practicum II
DIVISION: Health Sciences and Community Services Programs
DEPARTMENT: Physical Therapist Assistant
CREDITS: 5.0
COURSE HOURS: 280 hours/semester
40 hours/week, 7 weeks
PREREQUISITES: PTA112, PTA113, PTA114
INSTRUCTOR(S): Jennifer Gentile, PTA, ACCE
Email: Jgentile3@mwcc.mass.edu
Office #384, Phone number (978) 630-9577
And Clinical Instructor(s) of assigned clinical sites

COURSE DESCRIPTION:
Clinical Practicum II is the second of three comprehensive clinical experiences in a physical therapy setting. The purpose of this intermediate experience is to apply, integrate, and perform learned clinical skills on patients under the supervision of a licensed Physical Therapist and/or licensed Physical Therapist Assistant. The emphasis of this experience is to integrate previously learned and practiced PTA skills, therapeutic modalities, advanced therapeutic techniques, and neurophysiological techniques into an established physical therapy program. Typical practice settings may include acute care hospitals, private practice, sports, developmental centers, skilled nursing centers, geriatrics, pediatrics, in-patient and out-patient rehabilitation centers, V.A. hospitals, and psychiatric centers.

TEACHING METHODOLOGY: Students will obtain skill in course materials through the following to encourage problem-solving and critical thinking skills:

- demonstration
- discussion
- practice
- performance
- instruction
- literature review
- presentation
- assignments

COURSE METHODS OF EVALUATION:

N. APTA PTA Clinical Performance Instrument (CPI) Web: The PTA CPI Web is an electronic, on-line assessment tool developed by the APTA to assess student performance in the clinical environment. The student has worked with this tool previously and should utilize the same username/password he/she used previously to access the tool.

Login to PTA CPI Web 2.0 at https://cpi2.amsapps.com
1. Your username is your email address provided to the school you are working with.
2. If you forgot your password, please click on the 'I forgot or do not have a password' link and follow the instructions to set/reset your password.
PLEASE NOTE: Make sure to close out of any internet browsers containing PTA CPI Web 2.0 prior to accessing the link in your email as this may result in an error when trying to set/reset your password.

If you have any questions, comments or run into any issues using PTA CPI Web, please contact Support at ptcpiwebsupport@academicmanagement.com

Utilizing the PTA CPI Web: The student and CI complete an evaluation of the student’s performance; at midterm and completion of the 7 week clinical experience. The CI and the student are to share and compare these evaluations with each other. The ACCE will be able to access both evaluations for review and will discuss with both individuals during weekly communication. The document, “PTA CPI Web Instructions for a Student”, can be found on Bb.

Supportive comments are critical to validate the vertical marks placed on the rating scale relative to the anchor definitions. When a student is not meeting the minimal requirements on 1 or more items; explanatory comments should be written (by the CI) to assist the ACCE in determining the need for remediation. The summative page should be completed as part of the final evaluation. The student’s final grade is determined by the ACCE.

O. In-service: The student is responsible for presenting a formal oral presentation to the clinical staff during Clinical Practicum II. The topic of the presentation and the size of the audience are left to the discretion of the Clinical Instructor (CI). The student is not allowed to use a previous oral presentation and is responsible for two different oral presentations for Clinical Practicums II and III. The CI will be provided with an evaluation form for rating the student’s presentation performance. This evaluation is to be shared with the ACCE with the student submitting the completed form via the assignment portal in Bb by the due date. The CI should document this in-service in the PTA CPI.

P. Student Weekly Assessment Form: Completed weekly by the student during the practicum. This form is designed for the student to identify strengths/weaknesses, track observations, track hours worked, document goal achievement and define future goals. The clinical instructor is required to review and sign-off on this form weekly. The student must submit the completed form by the due date through the assignment portal. Attendance is mandatory. CE II consists of 280 hours performed over a 7 week full-time (40hrs/wk) clinical experience. If a student is unable to attend the total number of clinical hours, those hours will be made up at the convenience of the clinic. School snow days and holidays do not pertain to students on clinical experience (refer to Attendance Policy).

Q. APTA PTA Student Evaluation: Clinical Experience and Clinical Instruction Form: The student is responsible for electronically completing this APTA developed evaluation of his/her clinical experience for CE II and CE III. The student is responsible for “sharing” this evaluation of their clinical experience with the CI at the midterm performance review and the final performance review. Prior to midterm performance review, the student should download a blank version of this document from PTA 116 Bb site to his/her computer to complete, save and share with the CI. Prior to the final performance review, the student
revisits this same document to complete his/her evaluation of the clinical experience and CI, and shares it again with the CI. After this final review, the student is required to submit this completed form via PTA 116 Bb assignment portal by the due date. This is critical as the PTA program collects data from this tool for CAPTE.

R. Professional Service Learning Assignment: This Professional Service Learning Activity, aligned with PTA 119, is intended to address the standards of ethical conduct and professionalism required of an entry-level PTA. Participation in APTA membership activities can have a “significant influence on professional duty as it relates to membership and participation in APTA”. Additionally, research on APTA student membership has shown that early engagement in membership activities can impact PT/PTA students to continue this membership after graduation. Per academic year, students will self-select activities/events within the Massachusetts chapter to participate in annually; for a minimum of 10 hours. Students will provide evidence of these hours on the professional service tracking sheet along with the signature of event leader (see attachment). Events listed without a corresponding signature will not count toward the 10-hour requirement. Upon completion of the required hours, students will write a reflection of their professional service reflecting on what was learned and the impact on patients, themselves, and the profession. This assignment is aligned with PTA 121 and PTA 119. Submission details for each year will be reflected in the corresponding syllabi. The service learning assignment must be submitted on PTA 119 Bb assignment portal by the due date. Failure to submit this assignment by the due date will be considered “late” and will affect the student’s grade (see Determination of Final Grade).

**DETERMINATION OF FINAL GRADE:**

Clinical Performance Instrument Ratings:

It will be necessary for each student to exhibit a satisfactory level of performance in all 14 categories of the CPI. The required performance level for each category for each clinical experience is listed in the MWCC PTA Program Clinical Education: PTA CPI Performance Expectations (attached to syllabus).

At the conclusion of a clinical experience, grading decisions made by the ACCE, will consider the following:

- clinical setting
- experience with patients in that setting
- expectations for the clinical experience
- expectations of the clinical site
- progression of performance from mid-experience to final evaluations
- whether or not “significant concerns” box or “with distinction” box were checked
- congruence between the CI’s narrative mid-experience and final comments related to the five performance dimensions and the ratings provided
- timely and thoroughness of completion of all course evaluation assignments
- timely and thoroughness of communication with ACCE
| Satisfactory level of performance on Clinical Performance Instrument AND successful completion and on-time submission of all Methods of Evaluation with no remediation required | = A |
| Satisfactory level of performance on Clinical Performance Instrument with or without remediation required AND/OR late submission of any of the successfully completed Methods of Evaluation | = C+ |
| Unsatisfactory level of performance on Clinical Performance Instrument requiring remediation AND/OR failure to successfully complete/submit any of the Methods of Evaluation | = I |
| Unsatisfactory level of performance on Clinical Performance Instrument following remediation of clinical experience AND/OR failure to successfully complete/submit any of the Methods of Evaluation | = F |

Students will not be allowed to continue in sequence in the PTA program if they fail PTA 116 Clinical Practicum II.

If a student fails or is terminated for any reason (academic, health, or other) in either PTA 120/121, PTA 116, or PTA 119, there is NO automatic guarantee that he/she will be allowed to repeat the practicum. In order to repeat the clinical experience, the student must make a request in writing within 10 days to the Program Director and ACCE. For further details, please refer to the PTA Program Student Handbook.

ATTENDANCE POLICY:
Students are expected to attend daily, during the clinical settings’ regular hours for 7 consecutive weeks totaling 280 hours. Missed days for illness and/or personal reasons must be made up at the convenience of the clinic. Snow days and holidays do not pertain to students on clinical experience. It is up to the student to determine if it is safe to travel. In the event a student needs to miss a day, the student is required to notify the CI prior to the start of the clinical shift, as well as notifying the ACCE via email. The missed hours and plan for make-up is to be documented on the Student Weekly Assessment Form.

MEASURABLE PERFORMANCE OUTCOMES:

At the completion of the course, the student will:
1. Perform professional behavior patterns consistent with employer’s expectations and professional association guidelines in course competency areas for physical therapist assistants. These behaviors include, but are not limited to, adhering to designated times for each educational experience, following a dress code, being adequately prepared, displaying appropriate interpersonal dynamics and communication skills.

2. Appropriately demonstrate the role and utilization of the Physical Therapist Assistant in the delivery of a safe and effective plan of care.

3. Safely, ethically, and legally perform the responsibilities of the Physical Therapist Assistant as defined by Mount Wachusett Community College, the facility, the Guide for Conduct of the PTA, Standards of Ethical Conduct for the PTA, and State law.
4. Perform objectives and procedures which met basic competence when performed during PTA 120/121 with appropriate supervision and utilizing various patient populations in order to attain proficiency (higher degree of competence).

5. Demonstrate the initiative to build knowledge, assemble skills, and improve techniques by asking appropriate questions and utilizing available resources.

6. Demonstrate appropriate interaction and teaching through accurate and effective verbal and non-verbal communication with the patient, patient’s family, and fellow health care providers.

7. Regularly and effectively communicate with the supervising Physical Therapist and/or Physical Therapist Assistant regarding patient progress, treatment modifications, changes in patient physiological response, and any observations relevant to the welfare of the patient.

8. Regularly use accurate, concise, and appropriate terminology when documenting aspects of patient care.

9. Regularly demonstrate effective preparation and appropriate modification to changes in physiological response when implementing the plan of care, as directed by a licensed Physical Therapist.

10. Regularly demonstrate the ability to follow instructions given by the supervising Physical Therapist and/or Physical Therapist Assistant when assisting with unfamiliar procedures, tests, and assessments.

11. Integrate the following skills into the patient plan of care as directed by the supervising Physical Therapist/Physical Therapist Assistant safely and competently (to include proper body mechanics and appropriate use of universal precautions):
   a) Implement the following basic patient care skills (to include appropriate safety, communication, and level of assistance):
      1. universal precautions/asepsis
      2. body mechanics (self and patient instruction)
      3. draping
      4. positioning and turning
      5. wheelchair prescription and management (including negotiation of architectural barriers)
      6. transfer training
      7. ambulation with assistive devices (including gait pattern/weight bearing instruction, measurement, and adjustment of assistive devices)
      8. therapeutic massage
      9. wound care/dressing
     10. residual limb bandaging
     11. functional activities
     12. preprosthetic and prosthetic training
     13. donning/doffing orthotics and prostheses
b) Implement the following therapeutic exercise and functional activities into the patient’s plan of care:
1. PROM
2. AAROM/AROM (concentric/eccentric)
3. Progressive resistive exercise (concentric/eccentric; isometric, isotonic, isokinetic; manual and mechanical resistance)
4. Open vs. closed chain exercise
5. Stretching (active and passive; manual and mechanical)
6. Endurance/cardiovascular exercise
7. Selected exercise protocols (ACL, patellofemoral, frozen shoulder, posture and scoliosis, THR, TKR)
8. Pulmonary hygiene (postural drainage, percussion, vibration)
9. Breathing retraining and exercise
10. Cardiac rehabilitation (phase I)
11. Basic amputee management (therapeutic exercise, gait training)
12. Basic therapeutic exercise implementation for burn, SCI, TBI, pediatric, and geriatric patients
13. Neuromuscular facilitation (proprioceptive and exteroceptive)
14. Balance and coordination programs
15. Developmental sequence
16. Neuromuscular re-education
17. Righting and equilibrium reactions

c) Perform the following assessment/measurement procedures integrating the findings into the patient’s plan of care:
1. Vital signs
2. Pain
3. Skin integrity and sensation
4. Posture
5. Segmental length, girth, volume
6. Balance and coordination
7. Functional activities
8. Environmental assessment/architectural barriers
9. Goniometry
10. Manual muscle testing
11. Measurement of assistive devices
12. Normal and pathological gait analysis
13. Righting and equilibrium reactions
14. Auscultation

d) Implement the following treatment modalities and interventions into the patient’s plan of care (to include entry-level safety, knowledge of physiological and therapeutic effects, indications and contraindications):
1. Hydrocollator packs
2. Cryotherapy (ice packs, ice massage, cryocuff)
3. Paraffin
4. infrared lamp
5. hydrotherapy
6. ultraviolet
7. ultrasound (pulsed and continuous)
8. phonophoresis
9. diathermy (shortwave)
10. electrical stimulation
11. iontophoresis
12. biofeedback
13. intermittent compression
14. mechanical traction (cervical, lumbar)
15. wound care (sterile field, dressings)

e) Demonstrate the ability to design a safe and effective home exercise program (including patient instruction) based on goals identified in the physical therapy plan of care.

12. Demonstrate participation in discharge planning and follow-up care.

13. Integrate information from professional literature into clinical practice by researching and presenting an acceptable faculty in-service presentation.

14. Efficiently manage and treat with minimal supervisory input a partial patient case load (case load dependent on clinical facility policy).

15. Participate in a variety of learning activities such as observation of: surgery; other healthcare disciplines; departmental quality assurance; attend in-services, etc. (The performance of this objective is facility, caseload, and time availability dependent.)

* Completion of the preceding objectives is dependent on each clinical site and the availability of patients during the time of Clinical Practicum II.

STATEMENT ON DISABILITIES:
If you have a disability, a medical or emotional issue which might impact on your class performance, please consult with the instructor in the privacy of his/her office so that the College may provide the required and appropriate accommodations for you. It is most beneficial if the disclosure is made early in the semester. This could include learning disabilities, brain injury, attention deficit disorder, epilepsy, diabetes, visual and hearing impairments, etc., just to name a few. For consideration of accommodations schedule a meeting with Amy LaBarge, Coordinator of Student Disability Services where accommodations are discussed on a case by case basis. Her office is located at the Gardner Campus Room # 142 or call 978-630-9330.
The MWCC PTA program mission identifies the need for our graduates to work with physical therapists and other health care professionals and to foster sensitivity to the diverse needs of the patients we serve. The APTA Standards of Ethical Conduct speaks to these issues as well as the mandate for physical therapist assistants to enhance their competence through lifelong acquisition and refinement of knowledge, skills, and abilities as well as to participate in efforts to meet the health needs of people locally, nationally, or globally. As this aligns seamlessly with the mission and vision of the American Physical Therapy Association (APTA), the MWCC PTA program requires student membership in the APTA and APTA of Massachusetts. However, holding a membership is not enough. This professional service learning activity, aligned with PTA 121 and PTA 119, is intended to address the standards of ethical conduct and professionalism required of an entry-level PTA. Participation in APTA membership activities can have a “significant influence on professional duty as it relates to membership and participation in APTA” 1 Additionally, research on APTA student membership has shown that early engagement in membership activities can impact PT/PTA students to continue this membership after graduation. 2 Only with strength in numbers can we have a strong professional association; able to meet the needs of the individuals we treat and society as a whole.


Objectives:

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- Demonstrate professional behavior with licensed physical therapist/physical therapist assistants and other health care professionals.
- Integrate information obtained from APTA/Massachusetts chapter that impact the patients we serve and the association as a whole; to include but not limited to the following issues: legislative, payment policy, association/chapter governance, MA chapter/district issues, special interest groups, and professional development.
- Describe the impact volunteering has had on them, our patients we serve and the profession of physical therapy.

Requirements/Task(s):

Per academic year, students will self-select activities/events within the Massachusetts chapter to participate in annually; for a minimum of 10 hours. Students will provide evidence of these hours on the professional
service tracking sheet along with the signature of event leader (see attachment). Events listed without a corresponding signature will not count toward the 10-hour requirement. Upon completion of the required hours, students will write a reflection of their professional service reflecting on what was learned and the impact on patients, themselves, and the profession. This assignment is aligned with PTA 121 and PTA 119. Submission details for each year will be reflected in the corresponding syllabi.
Each academic year students are required to complete a minimum of 10 hours of service within APTA of MA and/or APTA. This tracking sheet is to be completed at the time of service by the student. It will be submitted in conjunction with a required reflection paper discussing what was learned and the impact this service has on each participant, our patients, and the profession of physical therapy. Further details will be found in the corresponding syllabi; PTA 121 and PTA 119.

<table>
<thead>
<tr>
<th>DATE</th>
<th>APTA/APTAMa Activity/Event</th>
<th># Hrs</th>
<th>Category: Legislative Governance, District, SIG, Other (specify)</th>
<th>Event Supervisor’s email address (required)</th>
<th>Event Supervisor’s signature (required)</th>
</tr>
</thead>
<tbody>
<tr>
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Total
# MWCC PTA Program Clinical Education: PTA CPI Performance Expectations

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<tr>
<th>Criteria (minimum passing in bold)</th>
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<th>Clinical Practicum III (PTA 119)</th>
<th>Comments</th>
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<tbody>
<tr>
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<tr>
<td>#3 Accountability</td>
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<td>Must attain <strong>Entry Level</strong></td>
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<td>#4 Cultural Competence</td>
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<td>Advanced Intermediate to Entry Level **</td>
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<tr>
<td>#5 Communication</td>
<td>Advanced Intermediate to Entry Level</td>
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<td>#6 Self-Assessment &amp; Lifelong Learning</td>
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<tr>
<td>#10 Interventions: Physical Agents and Mechanical Modalities</td>
<td>Beginner to Intermediate (Dependent upon site placement)</td>
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<tr>
<td>#11 Interventions: Electrotherapeutic Modalities</td>
<td>Beginner to Intermediate (Dependent upon site placement)</td>
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<tr>
<td>#12 Interventions: Functional Training and Application of Devices/Equipment</td>
<td>Intermediate to Advanced Intermediate</td>
<td>Advanced Intermediate to Entry Level**</td>
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<tr>
<td>#13 Documentation</td>
<td>Intermediate to Advanced Intermediate</td>
<td>Must attain Entry Level</td>
<td></td>
</tr>
<tr>
<td>#14 Resource Management</td>
<td>Intermediate to Advanced Intermediate</td>
<td>Must attain Entry Level</td>
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</tr>
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**For Criteria # 4, 6, 7, 8, 9, 10, 11, 12 on Clinical Practicum III, a majority (5 out of the 8) must be scored at Entry Level Performance.**

Revised 7/19
COURSE TITLE: PTA119 Clinical Practicum III
DIVISION: Health Professions, Public Service Programs & Social Sciences
DEPARTMENT: Physical Therapist Assistant
CREDITS: 5.0
COURSE HOURS: 280 hours/semester
40 hours/week, 7 weeks
PREREQUISITES: PTA116, PTA117, PTA118
INSTRUCTOR: Jennifer Gentile, PTA, ACCE
Jgentile3@mwcc.mass.edu
Office 384, Phone number (978) 630-9577
and clinical instructor(s) of the assigned clinical site

COURSE DESCRIPTION:
Clinical Practicum III is the third of three comprehensive clinical experiences in a physical therapy setting. The purpose of this final experience is to apply, integrate, and perform learned clinical skills on patients under the supervision of a licensed Physical Therapist and/or licensed Physical Therapist Assistant. The emphasis of this experience is to integrate previously learned and practiced PTA skills, special topics, and clinical management and health care issues into the delivery of a comprehensive physical therapy treatment program. Typical practice settings may include acute care hospitals, private practice, sports, developmental centers, skilled nursing centers, geriatrics, pediatrics, VNA, in-patient and out-patient rehabilitation centers, V.A. hospitals, and psychiatric centers.

TEACHING METHODOLOGY: Students will obtain higher level skills in course materials through the following to encourage problem-solving and/or critical thinking skills:

- demonstration
- discussion
- practice
- performance
- instruction
- literature review
- presentation
- assignments

COURSE METHODS OF EVALUATION:
A. APTA PTA Clinical Performance Instrument (CPI) Web: The PTA CPI Web is an electronic, on-line assessment tool developed by the APTA to assess student performance in the clinical environment. The student has worked with this tool previously and should utilize the same username/password he/she used previously to access the tool.

Login to PTA CPI Web 2.0 at https://cpi2.amsapps.com
1. Your username is your email address provided to the school you are working with.
2. If you forgot your password, please click on the 'I forgot or do not have a password' link and follow the instructions to set/reset your password.
PLEASE NOTE: Make sure to close out of any internet browsers containing PTA CPI Web 2.0 prior to accessing the link in your email as this may result in an error when trying to set/reset your password.

If you have any questions, comments or run into any issues using PTA CPI Web, please contact Support at ptcpiwebsupport@academicmanagement.com

Utilizing the PTA CPI Web: The student and CI complete an evaluation of the student’s performance; at midterm and completion of the 7 week clinical experience. The CI and the student are to share and compare these evaluations with each other. The ACCE will be able to access both evaluations for review and will discuss with both individuals during weekly communication. The document, “PTA CPI Web Instructions for a Student”, can be found on Bb.

Supportive comments are critical to validate the vertical marks placed on the rating scale relative to the anchor definitions. *When a student is not meeting the minimal requirements on 1 or more items; explanatory comments should be written (by the CI) to assist the ACCE in determining the need for remediation.* The summative page should be completed as part of the final evaluation. The student’s final grade is determined by the ACCE.

B. In-service: The student is responsible for presenting a formal oral presentation to the clinical staff during Clinical Practicum III. The topic of the presentation and the size of the audience are left to the discretion of the Clinical Instructor (CI). The student is not allowed to use a previous oral presentation and is responsible for two different oral presentations for Clinical Practicums II and III. The CI will be provided with an evaluation form for rating the student’s presentation performance. This evaluation is to be shared with the ACCE with the student submitting the completed form via the assignment portal in Bb. The CI should document this in-service in the PTA CPI.

C. Student Weekly Assessment Form: Completed weekly by the student during the practicum. This form is designed for the student to identify strengths/weaknesses, track observations, track hours worked, document goal achievement and define future goals. The clinical instructor is required to review and sign-off on this form weekly. Attendance is mandatory. CE III consists of 280 hours performed over a 7 week full-time (40hrs/wk) clinical experience. If a student is unable to attend the total number of clinical hours, those hours will be made up at the convenience of the clinic. School snow days and holidays do not pertain to students on clinical experience.

D. APTA PTA Student Evaluation: Clinical Experience and Clinical Instruction Form: The student is responsible for electronically completing this APTA developed evaluation of his/her clinical experience for CE II and CE III. The student is responsible for "sharing" this evaluation of their clinical experience with the CI at the midterm performance review and the final performance review. Prior to midterm performance review, the student should download a blank version of this document from PTA 119 Bb site to his/her computer to complete, save and share with the CI. Prior to the final performance review, the student revisits this same document to complete his/her evaluation of the clinical experience and CI, and shares it again with the CI. After this final review, the student is required to submit this completed form via PTA 119 Bb assignment portal. This is critical as the PTA program collects data from this tool for CAPTE.
E. **Professional Service Learning Assignment:** This Professional Service Learning Activity, aligned with PTA 119, is intended to address the standards of ethical conduct and professionalism required of an entry-level PTA. Participation in APTA membership activities can have a "significant influence on professional duty as it relates to membership and participation in APTA". Additionally, research on APTA student membership has shown that early engagement in membership activities can impact PT/PTA students to continue this membership after graduation. Per academic year, students will self-select activities/events within the Massachusetts chapter to participate in annually; for a minimum of 10 hours. Students will provide evidence of these hours on the professional service tracking sheet along with the signature of event leader (see attachment). Events listed without a corresponding signature will not count toward the 10-hour requirement. Upon completion of the required hours, students will write a reflection of their professional service reflecting on what was learned and the impact on patients, themselves, and the profession. This assignment is aligned with PTA 121 and PTA 119. Submission details for each year will be reflected in the corresponding syllabi. The service learning assignment must be submitted on PTA 119 Bb assignment portal by the due date. Failure to submit this assignment by the due date will be considered “late” and will affect the student's grade (see Determination of Final Grade).

**DETERMINATION OF FINAL GRADE:**

Clinical Performance Instrument Ratings:

It will be necessary for each student to exhibit a satisfactory level of performance in all 14 categories of the CPI. The required performance level for each category for each clinical experience is listed in the MWCC Rubric for the Web Based PTA CPI (attached to syllabus).

At the conclusion of a clinical experience, grading decisions made by the ACCE, will consider the following:
- clinical setting
- experience with patients in that setting
- expectations for the clinical experience
- expectations of the clinical site
- progression of performance from mid-experience to final evaluations
- whether or not “significant concerns” box or “with distinction” box were checked
- congruence between the CI’s narrative mid-experience and final comments related to the five performance dimensions and the ratings provided
- timely and thoroughness of completion of all course evaluation assignments
- timely and thoroughness of communication with ACCE

| Satisfactory level of performance on Clinical Performance Instrument AND successful completion and on-time submission of all Methods of Evaluation with no remediation required | = A |
| Satisfactory level of performance on Clinical Performance Instrument with or without remediation required AND/OR late submission of any of the successfully completed Methods of Evaluation | = C+ |
Unsatisfactory level of performance on Clinical Performance Instrument requiring remediation AND/OR failure to successfully complete/submit any of the Methods of Evaluation = I

Unsatisfactory level of performance on Clinical Performance Instrument following remediation of clinical experience AND/OR failure to successfully complete/submit any of the Methods of Evaluation = F

If a student fails or is terminated for any reason (academic, health, or other) in either PTA 120/121, PTA 116, or PTA 119, there is NO automatic guarantee that he/she will be allowed to repeat the practicum. In order to repeat the clinical experience, the student must make a request in writing within 10 days to the Program Director and ACCE. For further details, please refer to the PTA Program Student Handbook.

ATTENDANCE POLICY:
Students are expected to attend daily, during the clinical settings’ regular hours for seven (7) consecutive weeks totaling 280 hours. Missed days for illness and/or personal reasons must be made up at the convenience of the clinic. Snow days and holidays do not pertain to students on clinical experience. In the event a student needs to miss a day, the student is required to notify the CI prior to the start of the clinical shift, as well as notifying the ACCE via email. The missed hours and plan for make-up is to be documented on the Student Weekly Assessment Form.

MEASURABLE PERFORMANCE OUTCOMES:
At the completion of the course, the student will:

1. Perform professional behavior patterns consistent with employer’s expectations and professional association guidelines in course competency areas for physical therapist assistants. These behaviors include, but are not limited to, adhering to designated times for each educational experience, following a dress code, being adequately prepared, displaying appropriate interpersonal dynamics and communication skills.

2. Appropriately demonstrate the role and utilization of the Physical Therapist Assistant in the delivery of a safe and effective plan of care.

3. Safely, ethically, and legally perform the responsibilities of the Physical Therapist Assistant as defined by Mount Wachusett Community College, the facility, the Guide for Conduct of the Affiliate Member, Standards of Ethical Conduct for the PTA, and state law.

4. Perform objectives and procedures which met basic competence when performed during PTA 120/121 and PTA 116 with appropriate supervision and utilizing various patient populations in order to attain proficiency (higher degree of competence).

5. Consistently demonstrate the initiative to build knowledge, assemble skills, and improve techniques by asking appropriate questions and utilizing available resources.

6. Consistently demonstrate appropriate interaction and teaching through accurate and effective verbal and non-verbal communication with the patient, patient’s family, and fellow health care providers.
7. Consistently and effectively communicate with the supervising Physical Therapist and/or Physical Therapist Assistant regarding patient progress, treatment modifications, changes in patient physiological response, and any observations relevant to the welfare of the patient.

8. Consistently use accurate, concise, and appropriate terminology when documenting aspects of patient care.

9. Consistently demonstrate effective preparation and appropriate modification to changes in physiological response when implementing the plan of care, as directed by a licensed Physical Therapist.

10. Consistently demonstrate the ability to follow instructions given by the supervising Physical Therapist and/or Physical Therapist Assistant when assisting with unfamiliar procedures, tests, and assessments.

11. Integrate the following skills into the patient plan of care as directed by the supervising Physical Therapist/Physical Therapist Assistant safely and competently (to include proper body mechanics and appropriate use of universal precautions):
   a) Implement the following basic patient care skills (to include appropriate safety, communication, and level of assistance):
      1. universal precautions/asepsis
      2. body mechanics (self and patient instruction)
      3. draping
      4. positioning and turning
      5. wheelchair prescription and management (including negotiation of architectural barriers)
      6. transfer training
      7. ambulation with assistive devices (including gait pattern/weightbearing instruction, measurement, and adjustment of assistive devices)
      8. therapeutic massage
      9. wound care/dressing
      10. residual limb bandaging
      11. functional activities
      12. preprosthetic and prosthetic training
      13. donning/doffing orthotics and prostheses
   
   b) Implement the following therapeutic exercise and functional activities into the patient’s plan of care:
      1. PROM
      2. AAROM/AROM (concentric/eccentric)
      3. Progressive resistive exercise (concentric/eccentric; isometric, isotonic, isokinetic; manual and mechanical resistance)
      4. Open vs. closed chain exercise
      5. Stretching (active and passive; manual and mechanical)
      6. Endurance/cardiovascular exercise
      7. Selected exercise protocols (ACL, patellofemoral, frozen shoulder, posture and scoliosis, THR, TKR)
      8. pulmonary hygiene (postural drainage, percussion, vibration)
      9. breathing retraining and exercise
10. cardiac rehabilitation (phase I)
11. basic amputee management (therapeutic exercise, gait training)
12. basic therapeutic exercise implementation for burn, SCI, TBI, pediatric, and geriatric patients
13. neuromuscular facilitation (proprioceptive and exteroceptive)
14. balance and coordination programs
15. developmental sequence
16. neuromuscular re-education
17. righting and equilibrium reactions

c) Perform the following assessment/measurement procedures integrating the findings into the patient’s plan of care:
   1. vital signs
   2. pain
   3. skin integrity and sensation
   4. posture
   5. segmental length, girth, volume
   6. balance and coordination
   7. functional activities
   8. environmental assessment/architectural barriers
   9. goniometry
   10. manual muscle testing
   11. measurement of assistive devices
   12. normal and pathological gait analysis
   13. righting and equilibrium reactions
   14. auscultation

d) Implement the following treatment modalities and interventions into the patient’s plan of care (to include entry-level safety, knowledge of physiological and therapeutic effects, indications and contraindications):
   1. hydrocollator packs
   2. cryotherapy (ice packs, ice massage, cryocuff)
   3. paraffin
   4. infrared lamp
   5. hydrotherapy
   6. ultraviolet
   7. ultrasound (pulsed and continuous)
   8. phonophoresis
   9. diathermy (shortwave)
   10. electrical stimulation
   11. iontophoresis
   12. biofeedback
   13. intermittent compression
   14. mechanical traction (cervical, lumbar)
   15. wound care (sterile field, dressings)

e) Demonstrate the ability to design a safe and effective home exercise program (including patient instruction) based on goals identified in the physical therapy plan of care.
12. Demonstrate participation in discharge planning and follow-up care.

13. Integrate information from professional literature into clinical practice by researching and presenting an acceptable faculty in-service presentation.

14. Efficiently manage and treat with minimal supervisory input a full patient case load (case load dependent on clinical facility policy).

15. Participate in a variety of learning activities such as observation of: surgery; other healthcare disciplines; departmental quality assurance; attend in-services, etc. (The performance of this objective is facility, caseload, and time availability dependent.)

* Completion of the preceding objectives is dependent on each clinical site and the availability of patients during the time of Clinical Practicum III.

STATEMENT ON DISABILITIES:

If you have a disability, a medical or emotional issue which might impact on your class performance, please consult with the instructor in the privacy of his/her office so that the College may provide the required and appropriate accommodations for you. It is most beneficial if the disclosure is made early in the semester. This could include learning disabilities, brain injury, attention deficit disorder, epilepsy, diabetes, visual and hearing impairments, etc., just to name a few. For consideration of accommodations schedule a meeting with Amy LaBarge, Coordinator of Student Disability Services where accommodations are discussed on a case by case basis. Her office is located at the Gardner Campus Room # 142 or call 978-630-9330.
MWCC PTA PROGRAM  
Professional Service Learning Project

The MWCC PTA program mission identifies the need for our graduates to work with physical therapists and other health care professionals and to foster sensitivity to the diverse needs of the patients we serve. The APTA Standards of Ethical Conduct speaks to these issues as well as the mandate for physical therapist assistants to enhance their competence through lifelong acquisition and refinement of knowledge, skills, and abilities as well as to participate in efforts to meet the health needs of people locally, nationally, or globally. As this aligns seamlessly with the mission and vision of the American Physical Therapy Association (APTA), the MWCC PTA program requires student membership in the APTA and APTA of Massachusetts. However, holding a membership is not enough. This professional service learning activity, aligned with PTA 121 and PTA 119, is intended to address the standards of ethical conduct and professionalism required of an entry-level PTA. Participation in APTA membership activities can have a “significant influence on professional duty as it relates to membership and participation in APTA.” Additionally, research on APTA student membership has shown that early engagement in membership activities can impact PT/PTA students to continue this membership after graduation. Only with strength in numbers can we have a strong professional association; able to meet the needs of the individuals we treat and society as a whole.


Objectives:

Upon completion of this activity, students will be able to:

- Demonstrate professional behavior with licensed physical therapist/physical therapist assistants and other health care professionals.
- Integrate information obtained from APTA/Massachusetts chapter that impact the patients we serve and the association as a whole; to include but not limited to the following issues: legislative, payment policy, association/chapter governance, MA chapter/district issues, special interest groups, and professional development.
- Describe the impact volunteering has had on them, our patients we serve and the profession of physical therapy.
Requirements/Task(s):

Per academic year, students will self-select activities/events within the Massachusetts chapter to participate in annually; for a minimum of 10 hours. Students will provide evidence of these hours on the professional service tracking sheet along with the signature of event leader (see attachment). Events listed without a corresponding signature will not count toward the 10-hour requirement. Upon completion of the required hours, students will write a reflection of their professional service reflecting on what was learned and the impact on patients, themselves, and the profession. This assignment is aligned with PTA 121 and PTA 119. Submission details for each year will be reflected in the corresponding syllabi.
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**For Criteria # 4, 6, 7, 8, 9, 10, 11, 12 on Clinical Practicum III, a majority (5 out of the 8) must be scored at Entry Level Performance.

Revised 7/19
MWCC PTA PROGRAM STUDENT WEEKLY ASSESSMENT FORM
(Completed by student/reviewed by CI)

STUDENT NAME_________________________________________ DATE ________________

CLINICAL INSTRUCTOR ____________________________ WEEK # ________________

CLINICAL FACILITY ________________________________ LEVEL OF PRACTICUM  I  II  III

HOURS COMPLETED THIS WEEK: _____________ MISSED HOURS: _____________

REASON: ______________________________________________________________________________

STUDENT SIGNATURE: ___________________________________________________________________

CLINICAL INSTRUCTOR SIGNATURE: _________________________________________________

1. List special experiences observed/participated in, such as in-services, surgeries, lectures/seminars:

2. Student’s review of the week: (including an example of one occasion when you performed well and one example of when you were less effective than you wanted to be)

3. Clinical Instructor’s review of the week:

4. Goals/objectives met this week:

5. Goals/objectives for next week:
Appendix H

VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT
SELF-ASSESSMENT TOOL

The Values-Based Behaviors is a concise document that describes those values that most significantly influence PTAs providing patient/client care as a member of the physical therapy team. The Values-Based Behaviors were developed in 2010 by the Advisory Panel of PTAs, reviewed and adapted by numerous stakeholder groups, and approved by APTA’s Board of Directors in January 2011. A complete history on the development and approval of this document is included in the introduction section of the Values-Based Behaviors document.

This self-assessment tool accompanies the Values-Based Behaviors and is intended to increase the physical therapist assistant’s (PTA’s) awareness of the Values-Based Behaviors for the PTA and to self-assess the frequency with which he or she demonstrates the eight values listed and defined in the first column. The second column provides sample indicators or examples of actions that a PTA who has adopted the Values-Based Behaviors would choose to take in a variety of situations. And the third column is for scoring the frequency with which one chooses to demonstrate the described behavior or action.

Complete the Self-Assessment
Review each sample indicator and rate the frequency with which you display that behavior on a daily basis. It is not expected that one will rate himself or herself as 5 (always) or 1 (never) on every item. Be candid in your response as this is a self-assessment process with an opportunity for identification of areas of strength and opportunities for growth.

Analyze the Completed Self-Assessment
Once you have completed the Self-Assessment, you may want to reflect as an individual or group on the following questions:

- On what sample indicators did you or the group consistently score yourself/themselves on the scale at the 4 (frequent) or 5 (always) levels?
- Why did you or the group rate yourself/themselves higher in frequency for demonstrating these sample behaviors?
- On what sample indicators did you or the group score yourself/themselves on the scale at level 3 or below?
- Why did you or the group rate yourself/themselves lower in frequency for demonstrating these sample behaviors?
- Identify, develop, and implement approaches to strengthening the integration of the values-based behaviors within your clinical environment. Seek out mentoring in this area from your supervising physical therapist or other experienced clinicians.
- Establish personal goals for increasing the frequency with which you demonstrate specific sample behaviors with specific values-based behaviors.
- Conduct periodic re-assessment of your values-based behaviors to determine the degree to which your performance has changed in your growth personally and as a PTA.

Questions about the self assessment tool or the Values-Based Behaviors should be directed to APTA’s PTA Services Department at pta@apta.org.
VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT (PTA)

For each values-based behavior listed, a definition is provided and a set of sample indicators that describe what one would see if the PTA were demonstrating that behavior in his/her daily work. For each of the sample indicators listed, check the box that best represents the frequency with which you demonstrate the behavior where: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Frequently; and 5 = Always.

<table>
<thead>
<tr>
<th>Values-Based Behavior with Definition</th>
<th>Sample Indicators</th>
<th>Self-Assessment Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Altruism</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the PTA’s self interest.</td>
<td>1. Providing patient/client-centered interventions.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>2. Readily offering to assist the physical therapist in providing patient/client interventions.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>3. Generously providing the necessary time and effort to meet patient/client needs.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>4. Placing the patient/client’s needs ahead of one’s own, as evidenced by willingness to alter one’s schedule, delay other projects or tasks, etc.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>5. Contributing, as able, to the provision of physical therapy services to underserved and underrepresented populations.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>Caring and Compassion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring.</td>
<td>1. Actively listening to the patient/client and considering the patient/client’s needs and preferences.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>2. Exhibiting compassion, caring, and empathy in providing services to patients/clients.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>3. Demonstrating respect for others and considering others as unique and of value.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>4. Considering social, emotional, cultural, psychological, environmental, and economic influences of the patient/client (eg, learning styles, language abilities, cognitive abilities and adapting approach accordingly.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>5. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases; i.e. demonstrate a nonjudgmental attitude.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Continuing Competence

Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

1. Identifying strengths and limitations in knowledge, skills, and behaviors through self-assessment and feedback from physical therapists and others, and developing and implementing strategies to address the limitations.

2. Maintaining continuing competence using a variety of lifelong learning strategies (e.g., continuing education, reflective journals, journal clubs, and working with a mentor).

3. Seeking further education in the use and delivery of interventions based on new evidence as it becomes available.

4. Developing and implementing a career advancement plan based on interests, opportunities, and career aspirations.

Duty

Duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.

1. Demonstrating behaviors, conduct, actions, attitudes, and values consistent with the roles, responsibilities, and tasks of the PTA.

2. Facilitating each patient/client’s achievement of goals for function, health, and wellness, as directed in the plan of care.

3. Preserving the safety, security, and confidentiality of individuals in all patient/client contexts.

4. Participating in quality assurance/quality improvement activities in physical therapy care.

5. Promoting the profession of physical therapy.

6. Providing student instruction and mentoring other PTAs.

Integrity

1. Adhering to applicable laws regarding scope of work, payment policies and guidelines, institutional policies and procedures, and APTA policies, positions, and guidelines to ensure optimal patient/client care and fiscal management.

2. Adhering to the highest standards of the profession for the PTA, including the Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Conduct of the Physical Therapist Assistant, state practice acts, and payment requirements.
### Integrity (cont.)

3. Demonstrating the ideals of the values-based behaviors of the PTA.

4. Demonstrating honesty and trustworthiness in all interactions and relationships.

5. Choosing employment situations that are congruent with ethical principles and work standards.

6. Identifying ethical and legal concerns and initiating actions to address the concern, when appropriate.

### PT/PTA Collaboration

The PT/PTA team works together, within each partner’s respective role, to achieve optimal patient/client care and to enhance the overall delivery of physical therapy services.

1. Educating the PT as needed about the roles, responsibilities, and appropriate utilization of the PTA in the PT/PTA team using available resources (eg, state licensure/practice rules and regulations, PTA clinical problem-solving algorithm, PTA direction and supervision algorithms, Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level).

2. Promoting a positive working relationship within the PT/PTA team.

3. Demonstrating respect for the roles and contributions of both the PT and PTA in achieving optimal patient/client care, including the PT’s responsibility for the PTA’s performance in patient/client interventions.

4. Seeking out opportunities to collaborate with the PT to improve outcomes in patient/client care.

5. Working with the PT in educating consumers and other health care providers about physical therapy.

### Responsibility

Responsibility is the active acceptance of the roles, obligations, and actions of the PTA, including behaviors that positively influence patient/client outcomes, the

1. Identifying strengths and limitations in knowledge and skill, and working within limitations of personal ability.

2. Completing patient/client care and other tasks in a timely and efficient manner.

3. Identifying, acknowledging, and accepting responsibility for actions and, when errors occur, following error reporting processes.
profession, and the health needs of society.

| 4. | Communicating in a timely manner with others (e.g., PTs, patients/clients, and others). |

<table>
<thead>
<tr>
<th>1</th>
<th>Social Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Advocating for patient/client needs in the clinical setting.</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrating behaviors that positively represent the profession to the public.</td>
</tr>
<tr>
<td>3.</td>
<td>Promoting a healthy lifestyle, wellness, and injury prevention strategies in the community.</td>
</tr>
<tr>
<td>4.</td>
<td>Serving the profession and the community, including activities occurring in conjunction with work or outside of work (e.g., community health fairs, National Physical Therapy Month events, APTA service).</td>
</tr>
<tr>
<td>5.</td>
<td>Advocating for changes in laws, regulations, standards, and guidelines that positively affect physical therapy and patient/client services.</td>
</tr>
</tbody>
</table>

**Date Completed:**

**Comments:**

**References/Related Reading**


[Contact: pta@apta.org | Updated: 5/17/12]
PHYSICAL THERAPIST ASSISTANT
STUDENT EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION

June 10, 2003

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

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

Key Assumptions

The tool is intended to provide the student’s assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience. The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s). The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.

Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students. The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.

The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

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

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

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**GENERAL INFORMATION AND SIGNATURES**

*General Information*

Student Name

Academic Institution

Name of Clinical Education Site

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

Clinical Experience Number  
Clinical Experience Dates

*Signatures*

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

<table>
<thead>
<tr>
<th>Student Name (Provide signature)</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Clinical Instructor Name (Print name)</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Clinical Instructor Name (Provide signature)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Entry-level PT/PTA degree earned</th>
<th>Degree area</th>
<th>Years experience as a CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest degree earned</td>
<td>Degree area</td>
<td>Years experience as a CI</td>
</tr>
<tr>
<td>Years experience as a clinician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas of expertise</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Certification, specify area</th>
</tr>
</thead>
<tbody>
<tr>
<td>APTA Credentialed CI</td>
</tr>
<tr>
<td>Other CI Credential</td>
</tr>
<tr>
<td>Professional organization memberships</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Clinical Instructor Name (Print name)</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Additional Clinical Instructor Name (Provide signature)</th>
</tr>
</thead>
</table>

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<tr>
<th>Entry-level PT/PTA degree earned</th>
<th>Degree area</th>
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</thead>
<tbody>
<tr>
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<td>Degree area</td>
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<tr>
<td>Years experience as a CI</td>
<td></td>
</tr>
<tr>
<td>Years experience as a clinician</td>
<td></td>
</tr>
<tr>
<td>Areas of expertise</td>
<td></td>
</tr>
<tr>
<td>Clinical Certification, specify area</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td></td>
</tr>
<tr>
<td>APTA Credentialed CI</td>
<td>Yes</td>
</tr>
<tr>
<td>Other CI Credential</td>
<td>State</td>
</tr>
<tr>
<td>Professional organization memberships</td>
<td>APTA</td>
</tr>
</tbody>
</table>
SECTION 1: PTA STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site

   Address       City       State

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.

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

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No

5. Did the on-site orientation provide you with an awareness of the Yes No information and resources that you would need for the experience?

6. What else could have been provided during the orientation? __________

Patient/Client Management and the Practice Environment

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

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

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

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

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

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Five Most Common Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection</td>
<td></td>
<td>1.</td>
</tr>
<tr>
<td>Implementation of Established Plan of Care</td>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Selected Interventions</td>
<td></td>
<td>3.</td>
</tr>
<tr>
<td>Coordination, communication, documentation</td>
<td></td>
<td>4.</td>
</tr>
<tr>
<td>Patient/client related instruction</td>
<td></td>
<td>5.</td>
</tr>
<tr>
<td>Direct Interventions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. During this experience, how frequently did staff (i.e., CI, CCCE, and clinicians) maintain an environment conducive to your work and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

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

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

Clinical Experience

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

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

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

1 student to 1 CI
1 student to greater than 1 CI
1 CI to greater than 1 student; Describe ________

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

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

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

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

16. Overall, how would you assess this clinical experience? (Check only one)

____ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.

____ Time well spent; would recommend this clinical education site to another student.

____ Some good learning experiences; student program needs further development. Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist assistant student should have to function successfully at this clinical education site?

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist assistant academic preparation, describe those subject areas not addressed.

19. What suggestions would you offer to future physical therapist assistant students to improve this clinical education experience?

20. What do you feel were the strengths of your physical therapist assistant academic preparation and/or coursework for this clinical experience?

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?
**SECTION 2: PTA STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR**

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

**Assessment of Clinical Instruction**

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

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

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>objectives and expectations for this experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site’s objectives for this learning experience were</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clearly communicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was an opportunity for student input into the objectives for this</td>
<td></td>
<td></td>
</tr>
<tr>
<td>learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided constructive feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided timely feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI demonstrated skill in active listening.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided clear and concise communication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI communicated in an open and non-threatening manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI taught in an interactive manner that encouraged problem solving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was a clear understanding to whom you were directly responsible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and accountable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The supervising CI was accessible when needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI clearly explained your student responsibilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided responsibilities that were within your scope of knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time was available with the CI to discuss patient/client interventions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>learning experiences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI integrated knowledge of various learning styles into student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clinical teaching.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI made the formal evaluation process constructive.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI encouraged the student to self-assess.</td>
<td></td>
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</tr>
</tbody>
</table>

23. Was your CI(’s) evaluation of your level of performance in agreement with your self-assessment?  Yes  No

24. Midterm Evaluation  Yes  No  Final Evaluation  Yes  No

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

   Midterm Evaluation

   Final Evaluation
26. What did your CI(s) do well to contribute to your learning?

Midterm Comments

Final Comments

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

Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary mid-course corrections can be made to modify and further enhance your learning experience.
**MWCC PTA PROGRAM**  
**EVALUATION OF MWCC PTA PROGRAM AND ACCE**  
(To be completed by clinical faculty/clinical coordinator at completion of Clinical Practicum I, II, III)

<table>
<thead>
<tr>
<th>CLINICAL FACULTY COMPLETING FORM</th>
<th>CLINICAL FACILITY</th>
<th>CLINICAL PRACTICUM I II III</th>
<th>DATES</th>
<th>SCORE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

5  = Strongly agree  
4  = Agree  
3  = Neither agree/disagree  
2  = Disagree  
1  = Strongly disagree  
NA = Not applicable

<table>
<thead>
<tr>
<th>I.</th>
<th>PTA PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>You/your institution has up-to-date information regarding the MWCC curriculum.</td>
</tr>
<tr>
<td>2.</td>
<td>The MWCC PTA curriculum provides adequate entry-level instruction for a PTA at your facility. Please comment on the following:</td>
</tr>
<tr>
<td>a.</td>
<td>Basic patient skills (positioning, draping, transfers)</td>
</tr>
<tr>
<td>b.</td>
<td>Palpation and background anatomy</td>
</tr>
<tr>
<td>c.</td>
<td>APTA Code of Ethics and professionalism</td>
</tr>
<tr>
<td>d.</td>
<td>Documentation (written communication skills)</td>
</tr>
<tr>
<td>e.</td>
<td>Gait training (with assistive devices)</td>
</tr>
<tr>
<td>f.</td>
<td>Cardiopulmonary Techniques</td>
</tr>
<tr>
<td>g.</td>
<td>Therapeutic Modalities</td>
</tr>
<tr>
<td>h.</td>
<td>Background in the etiology and manifestations of various diseases</td>
</tr>
<tr>
<td>i.</td>
<td>Therapeutic exercise</td>
</tr>
</tbody>
</table>

Appendix J
### Physical therapy assessment skills
(vital signs, goniometry, MMT, sensation, pain, girth/edema)

### Knowledge and application of Universal Precautions

### Verbal communication skills

<table>
<thead>
<tr>
<th>SCORE</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>

## MWCC ACCE

1. Is readily available for communication between facilities (returns phone messages promptly).

2. Is knowledgeable concerning all aspects of the curriculum.

3. Assures that all clinical forms (i.e., evaluations, medical information, agreements, liability insurance vouchers, etc.) are prepared, sent to your facility, and completed on a timely basis.

4. Communicates effectively with you and other staff members.

5. Was available and effective in provide clinical education professional development through communications (mailings, email, phone conversations).

### MWCC's ACCE was sensitive to the needs of your facility and the MWCC PTA student.

### He/she attended the visit on time and was courteous to all staff.

### He/she was knowledgeable concerning the reason for the visit and was able to resolve any areas of problem/concern.

---

**OPTIONAL:** Complete this section only if an on-site visit occurred by MWCC's ACCE.
4. Was available and effective in provide clinical education professional development while on site visit.

III.

a. Please discuss your perceptions of the **STRENGTHS** of the MWCC PTA program.

b. Please discuss your perceptions of the **WEAKNESSES** of the MWCC PTA program.
   (Feel free to include your suggestions on how we may correct any deficiencies in our program/curriculum.)

IV. I am/am not interested in attending the next Clinical Educators' Annual meeting (held annually each fall at MWCC).

Please list any agenda items that you would like to discuss at next fall's Clinical Educators' meeting.
PHYSICAL THERAPIST ASSISTANT PROGRAM
IN-SERVICE PRESENTATION EVALUATION

Student: _____________________________________

Topic: _____________________________________

Date: _____________________________________

Rating:

4 - Outstanding
3 - Satisfactory
2 - Questionable
1 - Unsatisfactory

I. Content

A. Choice of topic:
   1. Interesting Subject ______
   2. Pertinent Subject ______
   3. Timely Subject ______
   4. Level of Difficulty ______
   5. Geared to Audience ______

B. Organization:
   1. Was the presentation well organized? ______
   2. Did presentation demonstrate thorough preparation? ______
   3. Was the presentation understandable and logical? ______
   4. Was the presentation complete? ______
   5. Did the student demonstrate thorough knowledge of the subject? ______
   6. Was the information correct and up-to-date? ______
   7. Did the student use appropriate references? ______

II. Presentation

A. Appearance: ______

B. Speaking Ability:
   1. Voice Volume ______
   2. Poise ______
   3. Eye Contact ______
   4. Nervous Habits ______

C. Did the student demonstrate confidence? ______

D. Did the student demonstrate enthusiasm? ______

E. Did the presentation hold the interest of the audience? ______
F. Audio-visuals:
   1. Clear and Effective
   2. Enhance Presentation

III. Discussion
   A. Student's ability to respond to questions in appropriate manner.
   B. Did the student respond to questions with appropriate information or referral to references?

IV. Comments
   A. Identify strong points of the presentation.
   B. Suggestions for future presentations.
   C. Additional Comments:

Signature Clinical Instructor: ____________________________________________
Signature Student: ____________________________________________________
MASSACHUSETTS COMMUNITY COLLEGE
UNIFORM CLINICAL TRAINING AFFILIATION AGREEMENT

This AGREEMENT is made and entered into by and between MOUNT WACHUSETT COMMUNITY COLLEGE, located at 444 Green Street, Gardner, MA 01440, hereinafter referred to as the COLLEGE, and the hospital, clinic, office of other healthcare or medical facility noted below, hereinafter referred to as the HOST AGENCY, on the effective date noted below.

Host Agency:

Address:

Effective Date:

Health Programs/Concentrations to which this AGREEMENT is applicable:

- Dental Assisting (DAC)
- Dental Hygiene (DHY)
- Health Information Management (HIM)
- Medical Assistant (MAS)
- Medical Lab Technician (MLT)
- Nursing (NU, NUE, NUP, PN)
- Paramedic (PAC)
- Phlebotomy (PLB)
- Physical Therapist Assistant (PTA)
- Substance Abuse Counseling (SACC)

WHEREAS, the purpose of this AGREEMENT is to guide and direct the parties respecting their affiliation, working arrangements, and agreements in furtherance thereof to provide high-quality clinical learning experiences for students in the COLLEGE.

WHEREAS, this AGREEMENT is intended and shall be interpreted to meet the COLLEGE’S accreditation standards related to affiliation agreements with clinical affiliates which require at a minimum:

- The HOST AGENCY will provide students, and faculty if applicable, access to appropriate resources for student education.
- The COLLEGE is ultimately responsible for the education program, academic affairs, and the assessment of students.
- The COLLEGE is primarily responsible for the appointment and assignment of faculty members with responsibility for student teaching.
- Specification of the responsibility for treatment and follow-up when a student is exposed to an infectious or environmental hazard or other occupational injury.
- The shared responsibility of the COLLEGE and HOST AGENCY for creating and maintaining an appropriate learning environment.

WHEREAS, neither party intends for this AGREEMENT to alter in any way its respective legal rights or its legal obligations to any third party.
NOW, THEREFORE, in consideration thereof, the COLLEGE and HOST AGENCY, functioning collaboratively, herein agree to carry out the responsibilities as set forth in this AGREEMENT.

A. Responsibilities of the COLLEGE

1. The COLLEGE will plan and determine the adequacy of the educational experience of the students in theoretical background, basic skill, professional ethics, attitude and behavior and shall assign to the HOST AGENCY only those students who have satisfactorily completed the prerequisite didactic portions of the COLLEGE’s curriculum.

2. The COLLEGE will retain ultimate responsibility for the education and assessment of its students. The COLLEGE shall designate a clinical liaison who will communicate and cooperate with the HOST AGENCY’s identified site coordinator.

3. The COLLEGE will advise all students assigned to the HOST AGENCY facilities regarding the Health Insurance Portability and Accountability Act (HIPAA) and the confidentiality of patient/client records and patient/client information imparted during the training experience. The COLLEGE will also advise all students that the confidentiality requirements survive the termination or expiration of this AGREEMENT.

4. The COLLEGE will require all participating students to maintain health insurance and provide proof of health insurance to the COLLEGE. The HOST AGENCY may request the student provide proof of health insurance prior to beginning of the training experience.

5. The COLLEGE will ensure that faculty and students who participate in the program(s) have undergone a check for Criminal Offender Record Information (“CORI”) and are eligible to participate consistent with Massachusetts Executive Office of Health and Human Services (EOHHS) Regulations and COLLEGE policy. The COLLEGE will inform students that they may be required to undergo additional background checks pursuant to Host Agency's policies and practices.

6. The COLLEGE will ensure that faculty and students who participate in the program(s) have documentation of immunizations consistent with Massachusetts Department of Public Health regulations, 105 CMR 220.600.

7. The COLLEGE will inform faculty and students that they may be required to undergo a drug test or other similar screening tests pursuant to the HOST AGENCY’S policies and practices, and that the cost of any such test will be paid by the student, if not the HOST AGENCY.

8. The COLLEGE will advise faculty and students that they are required to comply with the HOST AGENCY’s applicable rules, regulations, policies, and procedures.

9. If requested by the HOST AGENCY, the COLLEGE will provide instruction to the HOST AGENCY’S staff with respect to the COLLEGE’s expectations regarding assessment of the COLLEGE’S students at the HOST AGENCY.

10. The COLLEGE warrants and represents that it provides General Liability and Professional Liability insurance for its students and faculty with limits of at least $1,000,000 per occurrence and $3,000,000 annual aggregate. If requested by the HOST AGENCY, the COLLEGE shall provide a certificate of insurance demonstrating coverage.
B. **Responsibilities of the HOST AGENCY**

1. The HOST AGENCY has a responsibility to maintain a positive, respectful, and adequately resourced learning environment so that sound educational experiences can occur. Therefore, the HOST AGENCY will provide students and faculty with access to appropriate resources for student education including: a) access to patients at HOST AGENCY facilities in an appropriately supervised environment, in which the students can complete the COLLEGE’s curriculum; b) student security badges or other means of secure access to patient care areas if required; c) access to electronic medical records or paper charts, as applicable; d) computer access; e) secure storage space for students’ personal items when at the HOST AGENCY.

2. The HOST AGENCY will retain full authority and responsibility for patient care and quality standards, and will maintain a level of care that meets generally accepted standards conducive to satisfactory instruction. Will provide clinical instruction at all time by a Licensed Physical Therapist or Physical Therapist Assistant. While in HOST AGENCY’s facilities, students will have the status of trainees; are not to replace HOST AGENCY staff; and, are not to render unsupervised patient care and/or services. All services rendered by students must have educational value and meet the goals of the education program. HOST AGENCY and its staff will provide such supervision of the educational and clinical activities as is reasonable and appropriate to the circumstances and to the student’s level of training.

3. The HOST AGENCY staff will, as applicable to the specific program, assist the COLLEGE in the assessment of the learning and performance of participating students by completing assessment forms provided by the COLLEGE and returned to the COLLEGE in a timely fashion.

4. The HOST AGENCY will provide for the orientation of COLLEGE’s participating faculty and/or students as to the HOST AGENCY’s applicable rules, regulations, policies, and procedures.

5. The HOST AGENCY agrees to provide first aid treatment to students needing such care, but shall not be obligated to furnish any other non-emergency medical or surgical services.

6. To the extent the HOST AGENCY, generates or maintains educational records related to the participating student, the HOST AGENCY agrees to comply with the Family Educational Rights and Privacy Act (FERPA), to the same extent as such laws and regulations apply to the COLLEGE, including limiting access to only those employees or agents with a need to know.

7. Upon request, the HOST AGENCY will provide proof that it maintains liability insurance in an amount that is commercially reasonable.

8. The HOST AGENCY shall identify a site coordinator from among its staff who will communicate and cooperate with the COLLEGE’s clinical liaison to ensure faculty and student access to appropriate resources for the clinical training experience.

C. **Mutual Responsibilities**

1. The parties will work together to maintain an environment of high quality patient care. At the request of either party, a meeting or conference will promptly be held between COLLEGE and HOST AGENCY representatives to resolve any problems or develop any improvements in the operation of the clinical training program.
2. The parties will not discriminate against any employee, applicant or student enrolled in their respective programs because of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, national origin, or any other basis protected by law.

3. HOST AGENCY will notify the COLLEGE in writing if it seeks to have any faculty member or student withdrawn from the HOST AGENCY for reasonable cause, including, but not limited to, reasons of health, unsatisfactory clinical performance, or behavior that is disruptive or detrimental. The HOST AGENCY shall also provide a written explanation of the reasons for requiring withdrawal.

D. Employment Disclaimer

The students participating in the program will not be considered employees or agents of the HOST AGENCY or COLLEGE for any purpose. Students will not be entitled to receive any compensation from HOST AGENCY or COLLEGE or any benefits of employment from HOST AGENCY or COLLEGE, including but not limited to, health care or workers’ compensation benefits, vacation, sick time, or any other benefit of employment, direct or indirect. HOST AGENCY will not be required to purchase any form of insurance for the benefit or protection of any student of the COLLEGE.

E. HIPAA

Faculty and students participating in clinical training pursuant to this Agreement are members of the HOST AGENCY’s workforce for purposes of HIPAA within the definition of “health care operations” and therefore may have access to patient medical information as provided for in the Privacy Rule of HIPAA. Therefore, additional agreements are not necessary for HIPAA compliance purposes. This paragraph applies solely to HIPAA privacy and security regulations applicable to the HOST AGENCY and, as stated in paragraphs D and F, does not establish an employment relationship.

F. No Agency Relationship Between the Parties

Nothing in this Agreement is intended to or shall be construed to constitute or establish an agency, employer/employee, partnership, franchise, or fiduciary relationship between the parties; and neither party shall have the right or authority or shall hold itself out to have the right or authority to bind the other party, nor shall either party be responsible for the acts or omissions of the other except as provided specifically to the contrary herein.

G. Assignment

This AGREEMENT will not be assigned by either party without the prior written consent of the other.

H. Indemnification

As a public agency and political subdivision of the Commonwealth of Massachusetts, the College is prohibited from indemnifying or holding harmless, in any manner, any individual, or any private association, or any corporation that is privately owned and managed pursuant to amended Article 62, §1, of the Massachusetts Constitution and applicable Massachusetts case law. Where the party to a contract with the College is not an individual, private association, or privately owned and managed corporation, state law requires a two-thirds vote of each house of the Massachusetts Legislature is order to indemnify and hold harmless such party. In the event of the repeal of amended Article 62, §1, AND the enactment of statutory
authority authorizing the Commonwealth, its agencies and political subdivisions, including the College, to enter into an indemnification and hold harmless agreement, the College agrees to indemnify and hold harmless said party consistent with such statutory authority.

I. No Special Damages

In no event shall either party be liable hereunder (whether in an action in negligence, contract or tort or based on a warranty or otherwise) for any indirect, incidental, special or consequential damages incurred by the other party or any third party, even if the party has been advised of the possibility of such damages.

J. Notices

All notices provided by either party to the other will be in writing, and will be deemed to have been duly given when delivered personally or when deposited in the United States mail, First Class, postage prepaid, with copies to all signatories.

K. No Payments

No payments shall be made to the students in connection with this AGREEMENT.

L. Severability

The invalidity of any provision of this AGREEMENT will not affect the validity of any other provisions.

M. Headlines

Headlines in this AGREEMENT are for convenience only.

N. Entire Agreement

This AGREEMENT contains the entire AGREEMENT of the parties as it relates to this subject matter and may be modified only by additional addenda agreed upon and signed by both parties.
O. Term and Termination

This AGREEMENT shall automatically renew itself on a yearly basis from the effective date until terminated. This AGREEMENT may be terminated at any time and for any reason by either party upon not less than ninety (90) days prior written notice to the other party. Should notice of termination be given under this Section, students already scheduled to train at HOST AGENCY will be permitted to complete any previously scheduled clinical assignment at HOST AGENCY.

**HOST**

<table>
<thead>
<tr>
<th>Signature</th>
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<tbody>
<tr>
<td>Print Name</td>
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<tr>
<td>Title</td>
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<tr>
<td>Date</td>
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</table>

**MOUNT WACHUSETT COMMUNITY COLLEGE**

<table>
<thead>
<tr>
<th>Signature</th>
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<tbody>
<tr>
<td>James L. Vander Hooven, Ed.D.</td>
</tr>
<tr>
<td>Print Name</td>
</tr>
<tr>
<td>President</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>
INTRODUCTION:

The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:

Facilitate clinical site selection,

Assist in student placements,

Assess the learning experiences and clinical practice opportunities available to students; and

Provide assistance with completion of documentation required for accreditation.

The CSIF is divided into two sections:

- Part I: Information for Academic Programs (pages 4-16)
  - Information About the Clinical Site (pages 4-6)
  - Information About the Clinical Teaching Faculty (pages 7-10)
  - Information About the Physical Therapy Service (pages 10-12)
    - Information About the Clinical Education Experience (pages 13-16)

- Part II: Information for Students (pages 17-20)

Duplication of requested information is kept to a minimum except when separation of Part I and Part II of the CSIF would omit critical information needed by both students and the academic program. The CSIF is also designed using a check-off format wherever possible to reduce the amount of time required for completion.
DIRECTIONS FOR COMPLETION:

To complete the CSIF go to APTA's website at under “Education Programs,” click on “Clinical” and choose “Clinical Site Information Form.” This document is available as a Word document.

1. **Save the CSIF on your computer** before entering your facility’s information. The title should be the clinical site’s zip code, clinical site’s name, and the date (e.g., 90210BevHillsRehab 10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.

2. **Complete the CSIF thoroughly and accurately.** Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide additional information as needed.

3. **Save the completed CSIF.**

4. **E-mail** the completed CSIF to each academic program with whom the clinic affiliates (accepts students).

5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, **e-mail** a copy of the completed CSIF Word document to the Department of Physical Therapy Education at kristinestoneley@apta.org.

6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

**What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?**

If your physical therapy service is associated with multiple satellite sites that offer a variety of clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, provide information regarding the primary clinical site for the clinical experience on page 4. Complete page 4, to provide essential information on all additional clinical sites or satellites associated with the primary clinical site. Please note that if the satellite site(s) offering a clinical experience differs from the primary clinical site, a separate CSIF must be completed for each satellite site. Additionally, if any of the satellite sites have a different CCCE, an abbreviated resume must be completed for each individual serving as CCCE.

**What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?**

If specific items on the CSIF do not apply to your clinical education site at the time you are completing the form, please leave the item(s) blank. Provide additional information and/or comments in the Comment box associated with the item.
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## CLINICAL SITE INFORMATION FORM

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</tr>
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<tbody>
<tr>
<td>Initial Date</td>
<td></td>
</tr>
<tr>
<td>Revision Date</td>
<td></td>
</tr>
<tr>
<td>Person Completing CSIF</td>
<td></td>
</tr>
<tr>
<td>E-mail address of person completing CSIF</td>
<td></td>
</tr>
<tr>
<td>Name of Clinical Center</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State, Zip, Ext., Ext.</td>
</tr>
<tr>
<td>Facility Phone</td>
<td></td>
</tr>
<tr>
<td>PT Department Phone</td>
<td></td>
</tr>
<tr>
<td>Department Fax</td>
<td></td>
</tr>
<tr>
<td>PT Department E-mail</td>
<td></td>
</tr>
<tr>
<td>Clinical Center Web Address</td>
<td>Director of Physical Therapy</td>
</tr>
<tr>
<td>Clinical Center Web Address</td>
<td>Director of Physical Therapy E-mail</td>
</tr>
<tr>
<td>Center Coordinator of Clinical Education (CCCE) / Contact Person</td>
<td>CCCE / Contact Person Phone</td>
</tr>
<tr>
<td>CCCE / Contact Person E-mail</td>
<td></td>
</tr>
<tr>
<td>APTA Credentialed Clinical Instructors (CI)</td>
<td>(List name and credentials)</td>
</tr>
<tr>
<td>Other Credentialed CIs (List name and credentials)</td>
<td></td>
</tr>
<tr>
<td>Indicate which of the following are required</td>
<td>Proof of student health clearance</td>
</tr>
<tr>
<td>by your facility prior to the clinical</td>
<td>Criminal background check</td>
</tr>
<tr>
<td>education experience:</td>
<td>Child clearance</td>
</tr>
<tr>
<td></td>
<td>Drug screening</td>
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<td></td>
<td>First Aid and CPR</td>
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<td></td>
<td>HIPAA education</td>
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<td></td>
<td>OSHA education</td>
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<tr>
<td></td>
<td>Other: Please list</td>
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</table>

City, State, Ext., Zip, E-mail, Phone.
**Information about Multi-Center Facilities**

If your health care system or practice has multiple sites or clinical centers, complete the following table(s) for each of the sites. Where information is the same as the primary clinical site, indicate “SAME.” If more than three sites, copy, and paste additional sections of this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

<table>
<thead>
<tr>
<th>Name of Clinical Site</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Facility Phone</th>
<th>Ext.</th>
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<tbody>
<tr>
<td>PT Department Phone</td>
<td>Ext.</td>
</tr>
<tr>
<td>Fax Number</td>
<td>Facility E-mail</td>
</tr>
<tr>
<td>Director of Physical Therapy</td>
<td>E-mail</td>
</tr>
<tr>
<td>CCCE</td>
<td>E-mail</td>
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</table>

<table>
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<th>Street Address</th>
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</tr>
<tr>
<td>Director of Physical Therapy</td>
<td>E-mail</td>
</tr>
<tr>
<td>CCCE</td>
<td>E-mail</td>
</tr>
</tbody>
</table>
### Clinical Site Accreditation/Ownership

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Date of Last Accreditation/Certification</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Is your clinical site certified/ accredited? If no, go to #3.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If yes, has your clinical site been certified/accredited by:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>JCAHO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CARF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Government Agency (e.g., CORF, PTIP, rehab agency, state, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Which of the following best describes the ownership category for your clinical site? (check all that apply)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corporate/Privately Owned</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Government Agency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital/Medical Center Owned</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nonprofit Agency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physician/Physician Group Owned</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PT Owned</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PT/PTA Owned</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

### Clinical Site Primary Classification

To complete this section, please:
A. Place the number 1 (1) beside the category that best describes how your facility functions the majority (> 50%) of the time. Click on the drop down box to the left to select the number 1.
B. Next, if appropriate, check (✓) up to four additional categories that describe the other clinical centers associated with your facility.

<table>
<thead>
<tr>
<th>Acute Care/Inpatient Hospital Facility</th>
<th>Industrial/Occupational Health Facility</th>
<th>School/Preschool Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care/Outpatient</td>
<td>Multiple Level Medical Center</td>
<td>Wellness/Prevention/Fitness Program</td>
</tr>
</tbody>
</table>

Which of the following best describes your clinical site’s location?
- Rural
- Suburban
- Urban

<table>
<thead>
<tr>
<th>ECF/ Nursing Home/SNF</th>
<th>Private Practice</th>
<th>Other: Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal/State/County Health</td>
<td>Rehabilitation/Sub-acute Rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Site Location
### Information about the Clinical Teaching Faculty

**ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION**
*Please update as each new CCCE assumes this position.*

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Length of time as the CCCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE: (mm/dd/yy)</td>
<td>Length of time as a CI:</td>
</tr>
<tr>
<td>PRESENT POSITION: (Title, Name of Facility)</td>
<td>Mark (X) all that apply:</td>
</tr>
<tr>
<td></td>
<td>PT</td>
</tr>
<tr>
<td></td>
<td>PTA</td>
</tr>
<tr>
<td></td>
<td>Other, specify</td>
</tr>
<tr>
<td></td>
<td>Length of time in clinical practice:</td>
</tr>
<tr>
<td>LICENSURE: (State/Numbers)</td>
<td>APTA Credentialed CI</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Other CI Credentialing</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible for Licensure:</td>
<td>Yes</td>
</tr>
<tr>
<td>Certified Clinical Specialist:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Area of Clinical Specialization:**

**Other credentials:**

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>PERIOD OF STUDY</th>
<th>MAJOR</th>
<th>DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM</td>
<td>TO</td>
<td></td>
</tr>
</tbody>
</table>

**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION** (Start with most current): Tab to add additional rows.

**SUMMARY OF PRIMARY EMPLOYMENT** (For current and previous four positions since graduation from college; start with most current): Tab to add additional rows.
<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>POSITION</th>
<th>PERIOD OF EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

CONTINUING PROFESSIONAL PREPARATION RELATED DIRECTLY TO CLINICAL TEACHING RESPONSIBILITIES (for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years): Tab to add additional rows.

<table>
<thead>
<tr>
<th>Course</th>
<th>Provider/Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs. For clinical sites with multiple locations, use one form for each location and identify the location here. Tab to add additional rows.

<table>
<thead>
<tr>
<th>Name followed by credentials (e.g., Joe Therapist, DPT, OCS Jane Assistant, PTA, BS)</th>
<th>PT/PTA Program from Which CI Graduated</th>
<th>Year of Graduation</th>
<th>Highest Earned Physical Therapy Degree</th>
<th>No. of Years of Clinical Practice</th>
<th>No. of Years of Clinical Teaching</th>
<th>List Certifications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**KEY:**
A = APTA credentialed. CI
B = Other CI credentialing

<table>
<thead>
<tr>
<th>APTA Member Yes/No</th>
<th>L= Licensed, E= Eligible, T= Temporary</th>
<th>Number</th>
<th>State of Licensure</th>
</tr>
</thead>
</table>
**Clinical Instructors**

What criteria do you use to select clinical instructors? (Mark (X) all that apply):

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Selection Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>APTA Clinical Instructor Credentialing</td>
<td>No criteria</td>
</tr>
<tr>
<td>Career ladder opportunity</td>
<td>Other (not APTA) clinical instructor credentialing</td>
</tr>
<tr>
<td>Certification/training course</td>
<td>Therapist initiative/volunteer</td>
</tr>
<tr>
<td>Clinical competence</td>
<td>Years of experience: Number:</td>
</tr>
<tr>
<td>Delegated in job description</td>
<td>Other (please specify):</td>
</tr>
<tr>
<td>Demonstrated strength in clinical teaching</td>
<td></td>
</tr>
</tbody>
</table>

How are clinical instructors trained? (Mark (X) all that apply)

<table>
<thead>
<tr>
<th>Training Method</th>
<th>Selection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:1 individual training (CCCE:CI)</td>
<td>Continuing education by consortia</td>
</tr>
<tr>
<td>Academic for-credit coursework</td>
<td>No training</td>
</tr>
<tr>
<td>APTA Clinical Instructor Education and Credentialing Program</td>
<td>Other (not APTA) clinical instructor credentialing program</td>
</tr>
<tr>
<td>Clinical center in-services</td>
<td>Professional continuing education (e.g., chapter, CEU course)</td>
</tr>
<tr>
<td>Continuing education by academic program</td>
<td>Other (please specify):</td>
</tr>
</tbody>
</table>

**Information About the Physical Therapy**

**Service Number of Inpatient Beds**

For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care</td>
<td>Psychiatric center</td>
</tr>
<tr>
<td>Intensive care</td>
<td>Rehabilitation center</td>
</tr>
<tr>
<td>Step down</td>
<td>Other specialty centers: Specify</td>
</tr>
<tr>
<td>Subacute/transitional care unit</td>
<td></td>
</tr>
<tr>
<td>Extended care</td>
<td>Total Number of Beds</td>
</tr>
</tbody>
</table>

**Number of Patients/ Clients**

Estimate the average number of patient/client visits per day:

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual PT</td>
<td>Individual PT</td>
</tr>
<tr>
<td>Student PT</td>
<td>Student PT</td>
</tr>
<tr>
<td>Individual PTA</td>
<td>Individual PTA</td>
</tr>
<tr>
<td>Student PTA</td>
<td>Student PTA</td>
</tr>
<tr>
<td>PT/PTA Team</td>
<td>PT/PTA Team</td>
</tr>
<tr>
<td><strong>Total</strong> patient/client visits per day</td>
<td><strong>Total</strong> patient/client visits per day</td>
</tr>
</tbody>
</table>
### Patient/Client Lifespan and Continuum of Care

Indicate the frequency of time typically spent with patients/clients in each of the categories using the key below:

- 1 = (0%)  
- 2 = (1-25%)  
- 3 = (26-50%)  
- 4 = (51-75%)  
- 5 = (76-100%)

Click on the ꧂ray bar under rating to select from the drop down box.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Critical care, ICU, acute</td>
</tr>
<tr>
<td>0-12 years</td>
<td></td>
<td>13-21 years</td>
<td>SNF/ECF/sub-acute</td>
</tr>
<tr>
<td>22-65 years</td>
<td></td>
<td>Over 65 years</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ambulatory/outpatient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Home health/hospice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wellness/fitness/industry</td>
</tr>
</tbody>
</table>

### Patient/Client Diagnoses

1. Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:

- 1 = (0%)  
- 2 = (1-25%)  
- 3 = (26-50%)  
- 4 = (51-75%)  
- 5 = (76-100%)

2. Check (¥) those patient/client diagnostic sub-categories available to the student. Click on the ꧂ray bar under rating to select from the drop down box.

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Musculoskeletal</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute injury</td>
<td>Muscle disease/dysfunction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amputation</td>
<td>Musculoskeletal degenerative disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>Orthopedic surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bone disease/dysfunction</td>
<td>Other: (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Connective tissue disease/dysfunction</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Neuro-muscular</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brain injury</td>
<td>Peripheral nerve injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cerebral vascular accident</td>
<td>Spinal cord injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic pain</td>
<td>Vestibular disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Congenital/developmental</td>
<td>Other: (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neuromuscular degenerative disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Cardiovascular-pulmonary</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cardiac dysfunction/disease</td>
<td>Peripheral vascular dysfunction/disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fitness</td>
<td>Other: (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lymphedema</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pulmonary dysfunction/disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Integumentary</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Burns</td>
<td>Other: (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Open wounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scar formation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Other (May cross a number of diagnostic groups)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cognitive impairment</td>
<td>Organ transplant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>General medical conditions</td>
<td>Wellness/Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>General surgery</td>
<td>Other: (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oncologic conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Hours of Operation**
Facilities with multiple sites with different hours must complete this section for each clinical center.

<table>
<thead>
<tr>
<th>Days of the Week</th>
<th>From: (a.m.)</th>
<th>To: (p.m.)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Schedule**
Indicate which of the following best describes the typical student work schedule:
Standard 8 hour day

<table>
<thead>
<tr>
<th></th>
<th>Full-time budgeted</th>
<th>Part-time budgeted</th>
<th>Current Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTAs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aides/Techs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others: Specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Varied schedules

Describe the schedule(s) the student is expected to follow during the clinical experience:


Staffing

Indicate the number of full-time and part-time budgeted and filled positions:
Information about the Clinical Education Experience

**Special Programs/Activities/Learning Opportunities**

Please mark (X) all special programs/activities/learning opportunities available to students.

<table>
<thead>
<tr>
<th>Administration</th>
<th>Industrial/ergonomic PT</th>
<th>Quality Assurance/CQI/TQM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aquatic therapy</td>
<td>Inservice training/lectures</td>
<td>Radiology</td>
</tr>
<tr>
<td>Athletic venue coverage</td>
<td>Neonatal care</td>
<td>Research experience</td>
</tr>
<tr>
<td>Back school</td>
<td>Nursing home/ECF/SNF</td>
<td>Screening/prevention</td>
</tr>
<tr>
<td>Biomechanics lab</td>
<td>Orthotic/Prosthetic fabrication</td>
<td>Sports physical therapy</td>
</tr>
<tr>
<td>Cardiac rehabilitation</td>
<td>Pain management program</td>
<td>Surgery (observation)</td>
</tr>
<tr>
<td>Community/re-entry activities</td>
<td>Pediatric-general (emphasis on):</td>
<td>Team meetings/rounds</td>
</tr>
<tr>
<td>Critical care/intensive care</td>
<td>Classroom consultation</td>
<td>Vestibular rehab</td>
</tr>
<tr>
<td>Departmental administration</td>
<td>Developmental program</td>
<td>Women’s Health/OB-GYN</td>
</tr>
<tr>
<td>Early intervention</td>
<td>Cognitive impairment</td>
<td>Work Hardening/conditioning</td>
</tr>
<tr>
<td>Employee intervention</td>
<td>Musculoskeletal</td>
<td>Wound care</td>
</tr>
<tr>
<td>Employee wellness program</td>
<td>Neurological</td>
<td>Other (specify below)</td>
</tr>
<tr>
<td>Group programs/classes</td>
<td>Prevention/wellness</td>
<td></td>
</tr>
<tr>
<td>Home health program</td>
<td>Pulmonary rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

**Specialty Clinics**

Please mark (X) all specialty clinics available as student learning experiences

<table>
<thead>
<tr>
<th>Arthritis</th>
<th>Orthopedic clinic</th>
<th>Screening clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance</td>
<td>Pain clinic</td>
<td>Developmental</td>
</tr>
<tr>
<td>Feeding clinic</td>
<td>Prosthetic/orthotic clinic</td>
<td>Scoliosis</td>
</tr>
<tr>
<td>Hand clinic</td>
<td>Seating/mobility clinic</td>
<td>Preparticipation sports</td>
</tr>
<tr>
<td>Hemophilia clinic</td>
<td>Sports medicine clinic</td>
<td>Wellness</td>
</tr>
<tr>
<td>Industry</td>
<td>Women’s health</td>
<td>Other (specify below)</td>
</tr>
<tr>
<td>Neurology clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Health and Educational Providers at the Clinical Site**

Please mark (X) all health care and educational providers at your clinical site students typically observe and/or with whom they interact.

<table>
<thead>
<tr>
<th>Administrators</th>
<th>Massage therapists</th>
<th>Speech/language pathologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative therapies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List:</td>
<td>Nurses</td>
<td>Social workers</td>
</tr>
<tr>
<td>Athletic trainers</td>
<td>Occupational therapists</td>
<td>Special education teachers</td>
</tr>
<tr>
<td>Audiologists</td>
<td>Physicians (list specialties)</td>
<td>Students from other disciplines</td>
</tr>
<tr>
<td>Dietitians</td>
<td>Physician assistants</td>
<td>Students from other physical therapy education programs</td>
</tr>
<tr>
<td>Enterostomal/wound specialists</td>
<td>Podiatrists</td>
<td>Therapeutic recreation therapists</td>
</tr>
<tr>
<td>Exercise physiologists</td>
<td>Prosthetists/orthotists</td>
<td>Vocational rehabilitation counselors</td>
</tr>
<tr>
<td>Fitness professionals</td>
<td>Psychologists</td>
<td>Others (specify below)</td>
</tr>
<tr>
<td>Health information technologists</td>
<td>Respiratory therapists</td>
<td></td>
</tr>
</tbody>
</table>
**Affiliated PT and PTA Educational Programs**
List all PT and PTA education programs with which you currently affiliate. Tab to add additional rows

<table>
<thead>
<tr>
<th>Program Name</th>
<th>City and State</th>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Availability of the Clinical Education Experience**

Indicate educational levels at which you accept PT and PTA students for clinical experiences (Mark (X) all that apply).
<table>
<thead>
<tr>
<th>Physical Therapist</th>
<th>Physical Therapist Assistant</th>
</tr>
</thead>
</table>
| First experience: Check all that apply.  
Half days  
Full days  
Other: (Specify) | First experience: Check all that apply.  
Half days  
Full days  
Other: (Specify) |
| Intermediate experiences: Check all that apply.  
Half days  
Full days  
Other: (Specify) | Intermediate experiences: Check all that apply.  
Half days  
Full days  
Other: (Specify) |
| Final experience | Final experience |
| Internship (6 months or longer) | | 
| Specialty experience | | 

<table>
<thead>
<tr>
<th></th>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td>From</td>
</tr>
</tbody>
</table>

Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.

Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.

<table>
<thead>
<tr>
<th></th>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Average number of PT and PTA students affiliating per year. Clarify if multiple sites.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
</table>

Is your clinical site willing to offer reasonable accommodations for students under ADA?

What is the procedure for managing students whose performance is below expectations or unsafe?

Box will expand to accommodate response.

**Answer if the clinical center employs only one PT or PTA.**

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Box will expand to accommodate response.
**Clinical Site’s Learning Objectives and Assessment**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 1. Does your clinical site provide written clinical education objectives to students?  
   If no, go to # 3. | |
| 2. Do these objectives accommodate:  
   - The student’s objectives?  
   - Students prepared at different levels within the academic curriculum?  
   - The academic program's objectives for specific learning experiences?  
   - Students with disabilities? | |
| 3. Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives? | |

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Mark (X) all that apply)

<table>
<thead>
<tr>
<th>Beginning of the clinical experience</th>
<th>At mid-clinical experience</th>
<th>At end of clinical experience</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Mark (X) all that apply)

- ____Written and oral mid-evaluation
- ____Written and oral summative final evaluation
- ____Student self-assessment throughout the clinical
- ____Ongoing feedback throughout the clinical
- ____As per student request in addition to formal and ongoing written & oral feedback

**OPTIONAL:** Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

Box will expand to accommodate response.
**Part I. Information for Students**

Use the check (X) boxes provided for Yes/No responses. **For all other responses or to provide additional detail please use the Comment box.**

**Arranging the Experience**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td>Do students need to contact the clinical site for specific work hours related to the clinical experience?</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Do students receive the same official holidays as staff?</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Does your clinical site require a student interview?</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>Indicate the time the student should report to the clinical site on the first day of the experience.</td>
</tr>
<tr>
<td>5.</td>
<td>a)</td>
<td>Is a Mantoux TB test (PPD) required?</td>
</tr>
<tr>
<td></td>
<td>b)</td>
<td>one step (¥ check)</td>
</tr>
<tr>
<td></td>
<td>b)</td>
<td>two step (¥ check)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If yes, within what time frame?</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>Is a Rubella Titer Test or immunization required?</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Are any other health tests/immunizations required prior to the clinical experience?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If yes, please specify:</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td>How is this information communicated to the clinic? Provide fax number if required.</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td>How current are student physical exam records required to be?</td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td>Are any other health tests or immunizations required on-site?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If yes, please specify:</td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td>Is the student required to provide proof of OSHA training?</td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td>Is the student required to provide proof of HIPAA training?</td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td>Is the student required to provide proof of any other training prior to orientation at your facility?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If yes, please list.</td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td>Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?</td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td>Is the student required to have proof of health insurance?</td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td>Is emergency health care available for students?</td>
</tr>
<tr>
<td></td>
<td>a)</td>
<td>Is the student responsible for emergency health care costs?</td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td>Is other non-emergency medical care available to students?</td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td>Is the student required to be CPR certified?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Please note if a specific course is required).</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
</tr>
<tr>
<td>-----</td>
<td>----</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Can the student receive CPR certification while on-site?</td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td>Is the student required to be certified in First Aid?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Can the student receive First Aid certification on-site?</td>
</tr>
</tbody>
</table>
| 20. |    | Is a criminal background check required (e.g., Criminal Offender Record Information)?  
If yes, please indicate which background check is required and time frame. |
| 21. |    | Is a child abuse clearance required? |
| 22. |    | Is the student responsible for the cost or required clearances? |
| 23. |    | Is the student required to submit to a drug test?  
If yes, please describe parameters. |
| 24. |    | Is medical testing available on-site for students? |
| 25. |    | Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.) |

**Housing**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>26. Is housing provided for male students? (If no, go to #32)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27. Is housing provided for female students? (If no, go to #32)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28. What is the average cost of housing?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>29. Description of the type of housing provided:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30. How far is the housing from the facility?</td>
</tr>
</tbody>
</table>
|     |    | 31. Person to contact to obtain/confirm housing:  
Name:  
Address:  
City:  
State:  
Zip:  
Phone:  
E-mail: |
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.</td>
<td>If housing is <strong>not</strong> provided for either gender:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.</td>
<td></td>
</tr>
</tbody>
</table>

**Transportation**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.</td>
<td>Will a student need a car to complete the clinical experience?</td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Is parking available at the clinical center?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) What is the cost for parking?</td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Is public transportation available?</td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>How close is the nearest transportation (in miles) to your site?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Train station? miles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Subway station? miles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) Bus station? miles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) Airport? miles</td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.</td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td>Please enclose a map of your facility, specifically the location of the department and parking. <strong>Travel directions can be obtained from several travel directories on the internet.</strong> (e.g., Google Maps, Yahoo, MapQuest, Expedia).</td>
<td></td>
</tr>
</tbody>
</table>

**Meals**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.</td>
<td>Are meals available for students on-site? (If no, go to #40)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>approximate cost</td>
<td>Breakfast (if yes, indicate)</td>
</tr>
<tr>
<td></td>
<td>approximate cost</td>
<td>Lunch (if yes, indicate)</td>
</tr>
<tr>
<td></td>
<td>approximate cost</td>
<td>Dinner (if yes, indicate)</td>
</tr>
<tr>
<td>40.</td>
<td>Are facilities available for the storage and preparation of food?</td>
<td></td>
</tr>
</tbody>
</table>
### Stipend/Scholarship

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>41. Is a stipend/salary provided for students? If no, go to #43.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) How much is the stipend/salary? ($ / week)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>42. Is this stipend/salary in lieu of meals or housing?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>43. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?</td>
</tr>
</tbody>
</table>

### Special Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>44. Is there a facility/student dress code? If no, go to # 45. If yes, please describe or attach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Specify dress code for men:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Specify dress code for women:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>45. Do you require a case study or inservice from all students (part-time and full-time)?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>46. Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>48. Will the student have access to the Internet at the clinical site?</td>
</tr>
</tbody>
</table>

### Other Student Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>49. Do you provide the student with an on-site orientation to your clinical site?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(mark X below) a) Please indicate the typical orientation content by marking an X by all items that are included.</td>
</tr>
</tbody>
</table>

- Documentation/billing: Review of goals/objectives of clinical experience
- Facility-wide or volunteer orientation: Student expectations
- Learning style inventory: Supplemental readings
- Patient information/assignments: Tour of facility/department
- Policies and procedures (specifically outlined plan for emergency responses): Other (specify below – e.g., blood borne pathogens, hazardous materials, etc.)
- Quality assurance
- Reimbursement issues
- Required assignments (e.g., case study, diary/log, inservice)
In appreciation...

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical mentors and role models. Your contributions to learners’ professional growth and development ensure that patients/clients today and tomorrow receive high-quality patient/client care services.
## PHYSICAL THERAPIST ASSISTANT PROGRAM
### ADVISORY BOARD

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy</td>
<td>Ahrabi-Nejad</td>
<td>Assabet Valley Collaborative</td>
</tr>
<tr>
<td>Karen</td>
<td>Hewitt</td>
<td>Apple Valley Continuing Care Center</td>
</tr>
<tr>
<td>Kim</td>
<td>Salmon</td>
<td>Beaumont Nursing Home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Beaumont Skilled Nursing &amp; Rehabilitation Center</td>
</tr>
<tr>
<td>Joan</td>
<td>Drevins</td>
<td>Beth Israel Deaconess Medical Center</td>
</tr>
<tr>
<td>Margaret</td>
<td>Jaillet</td>
<td>Dean, HPPSSS</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>Brennan</td>
<td>Gardner VNA Healthcare, Inc.</td>
</tr>
<tr>
<td>Ross</td>
<td>Beaudette</td>
<td>Greendale Physical Therapy</td>
</tr>
<tr>
<td>Paul</td>
<td>Koval</td>
<td>HealthAlliance</td>
</tr>
<tr>
<td>Kim</td>
<td>Schofield</td>
<td>HealthAlliance</td>
</tr>
<tr>
<td>Lauren</td>
<td>Thomas</td>
<td>Heywood Rehabilitation</td>
</tr>
<tr>
<td>Maria</td>
<td>Pappas</td>
<td>Holden Rehabilitation -Physical Therapy</td>
</tr>
<tr>
<td>Cheryl</td>
<td>Babin</td>
<td>Life Care of America</td>
</tr>
<tr>
<td>Jana</td>
<td>Kucharski Howard</td>
<td>MCPHS University - School of Physical Therapy</td>
</tr>
<tr>
<td>Kathie</td>
<td>McGinn</td>
<td>Mount Wachusett Community College</td>
</tr>
<tr>
<td>Jennifer</td>
<td>Gentile</td>
<td>Mount Wachusett Community College</td>
</tr>
<tr>
<td>Theresa</td>
<td>Sarrette</td>
<td>4820 South County Trail Charlestown, RI 02813</td>
</tr>
<tr>
<td>Jackie</td>
<td>Shakar</td>
<td>Mount Wachusett Community College</td>
</tr>
<tr>
<td>Lisa</td>
<td>Stejskal</td>
<td>Mount Wachusett Community College</td>
</tr>
<tr>
<td>Heather</td>
<td>Brooks</td>
<td>Orthopedic Physical Therapy</td>
</tr>
<tr>
<td>Julie</td>
<td>Flaherty</td>
<td>Reliant Medical Group-Physical Therapy</td>
</tr>
<tr>
<td>Jennifer</td>
<td>Baer</td>
<td>St. Vincent Hospital- Rehabilitation Services</td>
</tr>
<tr>
<td>Diana</td>
<td>Couillard</td>
<td>Wachusett Regional School District</td>
</tr>
<tr>
<td>Alex</td>
<td>Williams</td>
<td>Westview Sports Medicine</td>
</tr>
<tr>
<td>Brad</td>
<td>Pike</td>
<td>Westview Sports Medicine</td>
</tr>
<tr>
<td>Lisa</td>
<td>Alstrom</td>
<td>Worcester Physical Therapy</td>
</tr>
<tr>
<td>Isa</td>
<td>Silva</td>
<td></td>
</tr>
<tr>
<td>Tracy</td>
<td>Wirtanen</td>
<td></td>
</tr>
</tbody>
</table>
Appendix O

Standards of Ethical Conduct for the Physical Therapist Assistant
HOD S06-09-20-18 [Amended HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

Preamble
The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life. No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.
1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.
2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.
2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.
3A. Physical therapist assistants shall make objective decisions in the patient’s/client’s best interest in all practice settings.
3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.
3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.
3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.
4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.
4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

**Standard #5:** Physical therapist assistants shall fulfill their legal and ethical obligations.
5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.
5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

**Standard #6:** Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.
6A. Physical therapist assistants shall achieve and maintain clinical competence.
6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.
6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

**Standard #7:** Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.
7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.
7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients.

**Standard #8:** Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.
8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.
8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.
MWCC BLOOD BOURNE PATHOGENS EXPOSURE WORKSHEET

Employee ( )  Student ( )

Last Name  First Name  MI  SS#  Sex (Male/Female)

Address  City  State  Zip

Telephone  Student Academic Program  Employee Title

Physicians’ Name  Address  Telephone Number

SECTION A. EXPOSURE: To be completed by clinical supervisor and student employee

* Clinical facility where exposure occurred: ___________________________

* Date/Time of exposure ___________  Type: Needlestick ___  Mucus Membrane ___  Other _____  Splash

* Describe event ________________________________________________________________

* Reported to clinical supervisor/Program Coordinator: ___________________________

* If exposure occurred at a clinical rotation site, report incident to their Infection control/Occupational Health:
  Name/Title of individual reported to: ___________________________

  Name/Title

  Telephone Number ___________________________

* Exposure on campus: Report to MWCC Health Nurse. (978-630-9136)
  Date __________  Time _________

* Employee Exposure: also reports to supervisor:  Date ________  Time ________
  and Human Resource Department:  Date ________  Time ________

* Report ALL exposure incidents to MWCC Health Nurse:  Date __________
SECTION B. INITIAL EVALUATION: To be completed by student/employee and health care professionals.

* Date of last tetanus-diphtheria vaccine (within ten years) _______________________

* Hepatitis B vaccine status: Never had _____ Date of Series 1 ______  2 ______  3 ________
(Vaccine history may be obtained from MWCC Health Services: 978-630-9136)

* Hepatitis B surface antibody status: Date Drawn: ________
(Verify within 72 hours)
   Positive ________ Date ________
   Negative ________ Date ________

Signature of person who ordered this test: ___________________________ Date ________

* HIV status:
   HIV counseling: Yes____ No____ Date/Signature of counselor ________________
   Initial HIV testing: Yes____ No____
                       M.D._______________________; Local HIV Test Site____________

* Source Patient: Known_____ Unknown_____
   Serological Testing_________________________ Results ___________________
   No Testing/Explain_____________________________________________________
   Source Patients’ attending physician: _________________________________
   How will source patients’ test results be communicated to the exposed? ________
   _____________________________________________________________________

Signature of Student/Employee ___________________________ Date __________

Signatures and titles of people completing section B:
_____________________________________________ Date __________
_____________________________________________ Date __________
SECTION C. TREATMENT:

* **Students**: Section C is to be completed by the students’ primary care provider in compliance to their individual health insurance/HMO. (Students are not covered under workman’s compensation)

* **Students must contact their primary care provider immediately to assure prompt medical intervention.**

* **Employees**: Section C to be completed at the facility of affiliation or by their primary care provider. Employee exposures are considered workman’s compensation issues. Submit medical bills to the MWCC Human Resource Department.

* **Treatment**: Treatment will be in accordance with primary care provider and or affiliating facilities policy. -Treatment should be initiated within 72 hours.

**TREATMENT** (guidelines only)

STUDENT/EMPLOYEE HBSAB +
SOURCE HBSAG - NO TREATMENT

STUDENT/EMPLOYEE HBSAB -
SOURCE HBSAG - CHOOSE ONE:
1) OFFER VACCINE IF NEVER HAD ________
2) BOOSTER VACCINE IF WEANED IMMUNITY ___
3) NOTIFY EHD IF DECLINES VACCINE ________

STUDENT/EMPLOYEE HBSAB +
SOURCE HBSAG + NO TREATMENT

STUDENT/EMPLOYEE HBSAB –
SOURCE HBSAG + GIVE HBIG .06 mg/kg IM WITHIN 72-96 HRS
AND CHOOSE ONE:
1) BEGIN HB VACCINE IF NEVER HAD __________
2) BOOSTER IF HAD VACCINE IN PAST ________

**SOURCE HCP +**

OPTIONAL: IMMUNE GLOBULIN .02 ML/KG IM

Signature Student/Employee__________________________________________ Date_______

Signature of Primary Care Provider____________________________________ Date_______

FORWARD WORKSHEET TO MWCC HEALTH OFFICE
SECTION D. POST EXPOSURE FOLLOW-UP CARE:
(To be completed by student/employee and health care providers.)

Six Week: Date_________________ Tests Performed________________________________________
Results______________________ by Whom______________________________________________

Three Months: Date_________________ Tests Performed____________________________________
Results______________________ by Whom______________________________________________

Six Months: Date_________________ Tests Performed______________________________________
Results______________________ by Whom______________________________________________

One Year Date_________________ Tests Performed_______________________________________
(Fifty-two weeks) Results___________________ by Whom__________________________________

DECLINATION OF TESTING and/or FOLLOW-UP PROCEDURES

I have been informed and understand that it is in my best interest to receive initial baseline testing for Hepatitis B and HIV after an accidental exposure to blood and body fluids. The importance of receiving future follow-up testing at six weeks, three months, six months, and fifty-two weeks from the date of the exposure has also been discussed with me, however, I decline to have:

( ) initial serological testing for Hepatitis B
( ) Initial serological testing for HIV
( ) Six weeks from the date of exposure – follow-up testing for HIV
( ) Three months from the date of exposure – follow-up testing for HIV
( ) Six months from the date of exposure – follow-up testing for HIV
( ) Fifty-two weeks from the date of exposure – follow-up testing for HIV

Signature__________________________________________ Date____________________

RELEASE OF INFORMATION

I GIVE PERMISSION TO THE Director of Health Services or Health Service designee to release information to the clinical site__________________________that will provide follow-up testing after my exposure to blood and body fluids.

If I change the site where I am receiving my follow-up testing, I shall request that the testing results be sent to my confidential medical file at MWCC Health Service.

Signature__________________________________________ Date____________________

COPEY OF EXPOSURE WORKSHEET GIVEN TO STUDENT/EMPLOYEE PER PROTOCOL.
STUDENT/EMPLOYEE AWARE THAT ALL CONTACTS MUST REMAIN CONFIDENTIAL.

Signature Student/Employee: ___________________________ Date________________

FORWARD WORKSHEET TO MWCC HEALTH OFFICE
I, as a student in the Physical Therapist Assistant Program at Mount Wachusett Community College, consent to participate in all laboratory and classroom activities. In doing so, I acknowledge the fact that such activities in the PTA program include skills and techniques which involve physical activity, the use of massage, heat, cold, electricity, traction, and all forms of therapeutic exercise. In agreeing to participate, I also release the College, including academic and clinical faculty and fellow students, from any injuries that I may incur from my participation in all activities involved with the program. I also agree to the following: (initial each line)

_____ I have received, reviewed and understand the PTA Student Handbook and the MWCC Student Handbook.

_____ I have received proper explanation and fully understand the PTA Program Attendance and Tardiness Policies.

_____ I have received proper orientation to the MWCC PTA program to include the academic and clinical education policies/procedures as well as MWCC policies.

_____ I understand my responsibilities as a student.

_____ I have been notified of the identification of my faculty advisor.

_____ I agree to participate in any videotapes, photos, or any other media productions to be used for educational purposes.

_____ I have been informed of and understand the current accreditation status of the PTA program.

_____ I have been informed of and understand MWCC’s Statement on Disabilities.

_____ I give my permission for the release of academic information to PTA faculty and clinical facilities under contract with MWCC.

_____ Laboratory participation. (As described above.)

_____ I have been informed of and understand the MWCC PTA program technical standards; I acknowledge the ability to perform/demonstrate each in a safe, efficient and correct manner.

_____ Statement of Confidentiality: I acknowledge my responsibility, under applicable state and federal laws and the Student Agreement between the school and the clinical facility where I do my clinical training, to keep confidential any information regarding the facility’s patients, as well as all confidential patient information. I agree not to reveal to any person(s), except authorized clinical staff and associated personnel any specific information regarding any patient.

________________________________________________________________________  
Student Signature                      Date

________________________________________________________________________  
Print Faculty Name ________________________________

________________________________________________________________________  
Faculty Signature                      Date
Students entering the Physical Therapist Assistant Program must be able to demonstrate the ability to:

1. Comprehend textbook material at the 11th grade level.
2. Communicate and assimilate information either in spoken, printed, signed, or computer voice format.
3. Gather, analyze, and draw conclusions from data.
4. Stand for a minimum of two hours.
5. Walk for a minimum of six hours, without device or apparatus, not necessarily consecutively.
6. Stoop, bend and twist for a minimum of 30 minutes at a time and be able to repeat this activity at frequent intervals.
7. Lift a 40-pound person or assist with a larger person and transfer the person from one location to another.
9. Use the small muscle dexterity necessary to do such tasks as gloving, gowning, and operating controls on machinery.
10. Read measurement units with or without corrective lenses.
11. Respond to spoken words, monitor signals, call bells, and vital sign assessment equipment.
12. Identify behaviors that would endanger a person’s life or safety and intervene quickly in a crisis situation with an appropriate solution.
13. Remain calm, rational, decisive, and in control always, especially during emergency situations.
14. Exhibit social skills appropriate to professional interactions.
15. Maintain cleanliness and personal grooming consistent with close personal contact.
16. Function without causing harm to self or others if under the influence of prescription or over-the-counter medications.
HEALTH REQUIREMENTS RELEASE FORM

Required for all Allied Health Students

INSTRUCTIONS TO STUDENT

1. Please clearly print the information needed to release your immunization records to your clinical site.
2. Sign and date from.

AUTHORIZATION FORM RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE Mount Wachusett Community College to forward my immunization records to my clinical site(s) for the duration of my enrollment in this Allied Health Program: Please print clearly.

((Student’s Name)

(Student’s Address)

(City)       (State)       (Zip)

(Program)        (Student’s Signature)

(Student’s ID#)       (Date)
Physical therapist practice and the practice of physical therapy are synonymous. Both phrases are inclusive of patient and client management, and direction and supervision. Direction and supervision apply to the physical therapist assistant, who is the only individual who assists a physical therapist in practice. The utilization of other support personnel, whether in the performance of tasks or clerical activities, relates to the efficient operation of the physical therapy service.

Physical therapists are responsible for providing safe, accessible, cost-effective, and evidence-based services. Services are rendered directly by the physical therapist and with responsible utilization of physical therapist assistants. The physical therapist’s practice responsibility for patient and client management includes examination, evaluation, diagnosis, prognosis, intervention, and outcomes. Physical therapist assistants may be appropriately utilized in components of intervention and in collection of selected examination and outcomes data.

Direction and supervision are essential in the provision of quality physical therapy services. The degree of direction and supervision necessary for assuring quality physical therapy services is dependent upon many factors, including the education, experiences, and responsibilities of the parties involved, as well as the organizational structure in which the physical therapy services are provided.

Regardless of the setting in which the physical therapy service is provided, the following responsibilities must be borne solely by the physical therapist:

1. Interpretation of referrals when available.
2. Evaluation, diagnosis, and prognosis.
3. Development or modification of a plan of care which is based on the initial examination or reexamination and which includes the physical therapy goals and outcomes.
4. Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render services and when it may be appropriate to utilize the physical therapist assistant.
5. Revision of the plan of care when indicated.
6. Conclusion of an episode of care.
7. Oversight of all documentation for services rendered to each patient/client.

Only the physical therapist performs the initial examination and re-examination of the patient and may utilize the physical therapist assistant in collection of selected examination and outcomes data.

The physical therapist is responsible for services provided when the physical therapist’s plan of care involves the physical therapist assistant. Regardless of the setting in which the service is provided, the determination to utilize physical therapist assistants requires the education, expertise, and professional judgment of a physical therapist as described by the Standards of Practice, Guide to Professional Conduct, and Code of Ethics.

In determining the appropriate extent of assistance from the physical therapist assistant (PTA), the physical therapist considers:

- The PTA’s education, training, experience, and skill level.
- Patient client criticality, acuity, stability, and complexity.
- The predictability of the consequences.
- The setting in which the care is being delivered.
- Federal and state statutes.
• Liability and risk management concerns
• The mission of physical therapy services for the setting.
• The needed frequency of reexamination

Physical Therapist Assistant

Definition
The physical therapist assistant assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Utilization
The physical therapist is directly responsible for the actions of the physical therapist assistant in all practice settings. The physical therapist assistant may provide services under the direction and at least general supervision of the physical therapist. In general supervision, the physical therapist is not required to be on-site for direction and supervision, but must be available at least by telecommunications. The ability of the physical therapist assistant to provide services shall be assessed on an ongoing basis by the supervising physical therapist.

Services provided by the physical therapist assistant must be consistent with safe and legal physical therapist practice, and shall be predicated on the following factors: complexity and acuity of the patient’s/client’s needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided. The physical therapist assistant makes modifications to elements of the intervention either to progress the patient or client as directed by the physical therapist or to ensure patient or client safety and comfort.

When supervising the physical therapist assistant in any off-site setting, the following requirements must be observed:

1. A physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is providing services to patients and clients.
2. There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients/clients, the frequency of which is determined by the needs of the patient/client and the needs of the physical therapist assistant.
3. In situations in which a physical therapist assistant is involved in the care of a patient/client, a supervisory visit by the physical therapist shall be made:
   a. Upon the physical therapist assistant’s request for a reexamination, when a change in the plan of care is needed, prior to any planned conclusion of the episode of care, and in response to a change in the patient’s or client’s medical status.
   b. At least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient or client.
   c. A supervisory visit shall include:
      i. An on-site reexamination of the patient/client.
      ii. On-site review of the plan of care with appropriate revision or termination.
      iii. Evaluation of need and recommendation for utilization of outside resources.

Relationship to Vision 2020: Professionalism
DRAFT of Post-HOD 2018
http://communities.apta.org/p/fo/st/thread=9713
DATE:

TO:

FROM:

COURSE NAME AND COURSE NUMBER:

THIS IS WRITTEN WARNING TO INFORM YOU THAT ON TWO OCCASIONS THIS SEMESTER YOU HAVE BEEN TARDY IN ARRIVAL TO THIS CLASS. THIS IS UNACCEPTABLE AND IS NOW OFFICIALLY NOTED BY THIS INSTRUCTOR.

PLEASE BE AWARE THAT RECEIVING THIS NOTICE WILL RESULT IN A 3 POINT REDUCTION IN YOUR FINAL GRADE FOR THIS COURSE.
AMA GUIDELINES FOR WRITING AND REFERENCING

The MWCC PTA Program uses the American Medical Association Guidelines for all professional writing assignments including research papers and any assignment that requires referencing. Specific guidelines for all writing assignments are provided in PTA prefixed classes in the curriculum.

Additional information regarding guidelines for writing can be found at:

http://subjectguides.mwcc.edu/home

http://research.wou.edu/amaguide
Any student who has a change in his/her health status while enrolled in the PTA Program or is returning to the program from a medical absence must provide documentation from a health care provider on the program specific Mount Wachusett Community College-provided form stating that the student meets all technical standard requirements. This form must be submitted to MWCC Health Services prior to the student returning to class or lab or clinical setting.

TECHNICAL STANDARDS

Students entering the Mount Wachusett Community College PTA Program must be able to demonstrate the ability to:

1. Comprehend textbook material at the 11th grade level.
2. Communicate and assimilate information either in spoken, printed, signed, or computer voice format.
3. Gather, analyze, and draw conclusions from data.
4. Stand for a minimum of two hours.
5. Walk for a minimum of six hours without device or apparatus, not necessarily consecutively.
6. Stoop, bend, and twist for a minimum of 30 minutes at a time and be able to repeat this activity at frequent intervals.
7. Lift a 40-pound person or assist with a larger person and transfer the person from one location to another.
9. Use the small muscle dexterity necessary to do such tasks as gloving, gowning, and operating controls on machinery.
10. Read measurement units with or without corrective lenses.
11. Respond to spoken words, monitor signals, call bells, and vital sign assessment equipment.
12. Identify behaviors that would endanger a person’s life or safety and intervene quickly in a crisis situation with an appropriate solution.
13. Remain calm, rational, decisive, and in control at all times, especially during emergency situations.
14. Exhibit social skills appropriate to professional interactions.
15. Maintain cleanliness and personal grooming consistent with close personal contact.
16. Function without causing harm to self or others if under the influence of prescription or over-the-counter medications.

Student’s Name ________________________________

I _______________________________ certify in my professional opinion that the above-named (Physician’s Name)

Student can satisfy the Technical Standards for the PTA Program as outlined above.

_________________________________________    _____________________
Health Care Provider’s Signature                     Date
# MWCC PTA Program Clinical Education: PTA CPI Performance Expectations

<table>
<thead>
<tr>
<th>Criteria (minimum passing in bold)</th>
<th>Clinical Practicum II (PTA 116)</th>
<th>Clinical Practicum III (PTA 119)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Safety</td>
<td>Advanced Intermediate to Entry Level</td>
<td>Must attain Entry Level Performance</td>
<td>*As a “red flag”, student may “fail” clinical for not achieving the scoring range on only this criterion.</td>
</tr>
<tr>
<td>#2 Clinical Behaviors</td>
<td>Advanced Intermediate to Entry Level</td>
<td>Must attain Entry Level</td>
<td>*As a “red flag”, student may “fail” clinical for not achieving the scoring range on only this criterion.</td>
</tr>
<tr>
<td>#3 Accountability</td>
<td>Advanced Intermediate to Entry Level</td>
<td>Must attain Entry Level</td>
<td>*As a “red flag”, student may “fail” clinical for not achieving the scoring range on only this criterion.</td>
</tr>
<tr>
<td>#4 Cultural Competence</td>
<td>Intermediate to Advanced Intermediate</td>
<td>Advanced Intermediate to Entry Level **</td>
<td></td>
</tr>
<tr>
<td>#5 Communication</td>
<td>Advanced Intermediate to Entry Level</td>
<td>Must attain Entry Level</td>
<td>*As a “red flag”, student may “fail” clinical for not achieving the scoring range on only this criterion.</td>
</tr>
<tr>
<td>#6 Self-Assessment &amp; Lifelong Learning</td>
<td>Intermediate to Advanced Intermediate</td>
<td>Advanced Intermediate to Entry Level **</td>
<td></td>
</tr>
<tr>
<td>#7 Clinical Problem Solving</td>
<td>Intermediate to Advanced Intermediate</td>
<td>Advanced Intermediate to Entry Level **</td>
<td>*As a “red flag”, student may “fail” clinical for not achieving the scoring range on only this criterion.</td>
</tr>
<tr>
<td>#8 Interventions: Therapeutic Ex</td>
<td>Intermediate to Advanced Intermediate</td>
<td>Advanced Intermediate to Entry Level **</td>
<td></td>
</tr>
<tr>
<td>#9 Interventions: Therapeutic Tech.</td>
<td>Intermediate to Advanced Intermediate</td>
<td>Advanced Intermediate to Entry Level **</td>
<td></td>
</tr>
<tr>
<td>#10 Interventions: Physical Agents and Mechanical Modalities</td>
<td><strong>Beginner</strong> to <strong>Intermediate</strong> (Dependent upon site placement)</td>
<td><strong>Intermediate</strong> to <strong>Entry Level</strong>**</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>#11 Interventions: Electrotherapeutic Modalities</td>
<td><strong>Beginner</strong> to <strong>Intermediate</strong> (Dependent upon site placement)</td>
<td><strong>Intermediate</strong> to <strong>Entry Level</strong>**</td>
<td></td>
</tr>
<tr>
<td>#12 Interventions: Functional Training and Application of Devices/Equipment</td>
<td><strong>Intermediate</strong> to <strong>Advanced</strong> Intermediate</td>
<td><strong>Advanced Intermediate</strong> to <strong>Entry Level</strong>**</td>
<td></td>
</tr>
<tr>
<td>#13 Documentation</td>
<td><strong>Intermediate</strong> to <strong>Advanced</strong> Intermediate</td>
<td>Must attain <strong>Entry Level</strong></td>
<td></td>
</tr>
<tr>
<td>#14 Resource Management</td>
<td><strong>Intermediate</strong> to <strong>Advanced</strong> Intermediate</td>
<td>Must attain <strong>Entry Level</strong></td>
<td></td>
</tr>
</tbody>
</table>

**For Criteria # 4, 6, 7, 8, 9, 10, 11, 12 on Clinical Practicum III, a majority (5 out of the 8) must be scored at Entry Level Performance.

Revised July, 2019
MWCC PTA Site Visit Summary Form

Name of Clinical Facility:
Students Name:
Clinical Practicum I, II, III (circle one)
Date of Visit:
Clinical Instructor/CCCE:

<table>
<thead>
<tr>
<th>Student Performance</th>
<th>Student Comments</th>
<th>CI Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas of Need</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ ACCE reviewed the PTA CPI midterm CI evaluation and student self-assessment, upon completion. Provided feedback to CI and/or student in the comments section of the PTA CPI.

☐ During site visit discussed the following student performance concerns based on CCCE/CI/student meeting at site visit related to specific PTA CPI criteria:

<table>
<thead>
<tr>
<th>Check if any of concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety (personal and with patient/clients)</td>
</tr>
<tr>
<td>Clinical Behaviors</td>
</tr>
<tr>
<td>Accountability</td>
</tr>
<tr>
<td>Cultural Competence</td>
</tr>
<tr>
<td>Communication</td>
</tr>
<tr>
<td>Self Assessment and Lifelong Learning</td>
</tr>
<tr>
<td>Clinical Problem solving</td>
</tr>
<tr>
<td>Interventions: Therapeutic Exercise</td>
</tr>
<tr>
<td>Interventions: Therapeutic Techniques</td>
</tr>
<tr>
<td>Interventions: Physical Agents and Mechanical Modalities</td>
</tr>
<tr>
<td>Interventions: Electrotherapeutic Modalities</td>
</tr>
<tr>
<td>Interventions: Functional Training and Application of Devices and Equipment</td>
</tr>
<tr>
<td>Documentation</td>
</tr>
<tr>
<td>Resource Management</td>
</tr>
</tbody>
</table>

☐ No issues noted or discussed during site visit.
Clinical Site Assessment

As a Clinical education site dedicated to the development of student clinical skills, is there anyway MWCC PTA program can assist you? How can we be of help in developing your clinical education program?

Written Summary of ACCE’s Discussion with Clinical Faculty:

Student Signature:
CI’s/CCCE’s Signature:
ACCE (or designee):
MWCC PTA Program
Professional Behaviors Rubric
Appendix Z

Student Name: _________________________________________________________                      Date: ____________________

As PTA students, the following behavioral criterion will be utilized to assess your behavioral performance. There are three performance levels, each with sample behaviors for each criterion. These sample behaviors are not exhaustive but are representative of behaviors at that level. The student will be issued points in each of the 10 categories below. If the student is found to have behaviors that “exceed expectations” then he/she will achieve 10 points in that category. Likewise, if the student displays behaviors that “meet expectations” then he/she will achieve 8 points in that category. Lastly, if the student demonstrates behaviors that are “below expectations” then he/she will receive 6 points in that category. Thus, the maximum points a student can achieve is 100 and the minimum is 60.

As future PTAs, excelling in these areas will make you a better PTA; receiving higher performance appraisals, being viewed as a “team-player”, allowing you to advance in your career, and most importantly, facilitating your relationships with patients.

1. **Critical Thinking**: the ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions and hidden assumptions; and to distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

2. **Communication**: the ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

3. **Problem-Solving**: the ability to recognize and define problems, analyze data, and develop and implement solutions, and evaluate outcomes.

4. **Interpersonal Skills**: the ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

5. **Responsibility**: the ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

6. **Professionalism**: the ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

7. **Constructive Use of Feedback**: the ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

8. **Effective Use of Time and Resources**: the ability to manage time and resources effectively to obtain the maximum possible benefit.

9. **Stress Management**: the ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

10. **Commitment to Learning**: the ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

*If the student’s professional behaviors are assessed below 77%, then, he/she will be required to meet with the course instructor and Program Director; to develop an “Action Plan” addressing the identified behavioral deficits.

**Grading Scale**: Exceeds Expectations = 10 points, Meets Expectations = 8 points, Below Expectations = 6 points for each criterion
“Exceeds Expectations” performance level- consistently demonstrates **exemplary professional behaviors:**

- **Critical Thinking**
  - Distinguishes relevant from irrelevant data
  - Recognizes own biases and suspends judgmental thinking
  - Identifies appropriate measures and determines effectiveness of applied solutions efficiently

- **Communication**
  - Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
  - Utilizes communication technology effectively and efficiently
  - Maintains open and constructive communication

- **Problem-Solving**
  - Independently develops solutions to problem or conflict
  - Accepts responsibility for implementing solution
  - Evaluates outcomes, and modifies if needed

- **Interpersonal Skills**
  - Independently responds effectively to unexpected situations
  - Demonstrates ability to build partnerships
  - Independently serves as mentor to peers/coworkers

- **Responsibility**
  - Demonstrates punctuality (to class and clinic)
  - Abides by all policies of academic program and clinical facility
  - Demonstrates accountability for all decisions and behavior in academic and clinical settings

- **Professionalism**
  - Identifies positive professional role models with the academic and clinical setting
  - Pursues leadership roles
  - Actively promotes and advocates for the profession

- **Constructive Use of Feedback**
  - Critiques own performance accurately
  - Seeks feedback from instructors, peers and/or patients/clients
  - Modifies feedback given to others according to their learning styles

- **Effective Use of Time and Resources**
  - Organizes and prioritizes responsibilities effectively
  - Demonstrates flexibility when situations arise on a given day
  - Mentors peers in time and resource management

- **Stress Management**
  - Recognizes when problems are unsolvable
  - Establishes support networks for self and others
  - Models work/life balance through health/wellness behaviors in professional and personal life

- **Commitment to Learning**
  - Establishes short-term and long-term career goals
  - Seeks new learning opportunities, to fulfill career goals
  - Demonstrates confidence in sharing new knowledge with others
“Meets Expectations” performance level - demonstrates **appropriate** professional behaviors:

- **Critical Thinking**
  - Raises relevant questions in a timely manner
  - Exhibits openness to contradictory ideas
  - Seeks alternative ideas

- **Communication**
  - Recognizes impact of non-verbal communication in self and others
  - Utilizes electronic communication appropriately
  - Demonstrates use of English language (verbal and written): correct grammar, accurate spelling, expression, legible handwriting

- **Problem-Solving**
  - Recognizes problem or conflict
  - Identifies and seeks out appropriate resources/guidance needed to solve problem or conflict
  - Requires minimal to no guidance to develop possible solutions to problem or conflict

- **Interpersonal Skills**
  - Maintains professional demeanor in all interactions
  - Consistently communicates with others in a respectful and confident manner
  - Respects role of others and establishes trust

- **Responsibility**
  - Legitimate absence and/or tardiness noted with proper notification, prior to class session or lack of follow-up contact with instructor to find out what was missed
  - Homework/assignments completed and/or turned in by designated due date
  - Assumes responsibility for actions, completing projects without prompting

- **Professionalism**
  - Independently abides by institution honor code and/or the APTA Standards of Ethical Conduct for the Physical Therapist Assistant
  - Projects a professional image i.e. clothing, hygiene, appropriate use of cell phone, etc.
  - Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academics and clinical faculty/staff, patients, families and other healthcare providers.

- **Constructive Use of Feedback**
  - Assesses own performance
  - Responds effectively to constructive feedback without defensiveness
  - Develops and implements a plan of action in response to feedback

- **Effective Use of Time and Resources**
  - Comes prepared for the day’s activities/responsibilities
  - Utilizes learning opportunities during unscheduled time
  - Successfully implements strategies for meeting program performance expectations

- **Stress Management**
  - Demonstrates ability to recognize own stressors
  - Actively employs stress management techniques
  - Recognizes distress or problems with others, maintaining professional demeanor in all situations

- **Commitment to Learning**
  - Effectively identify own learning needs based on previous experience
  - Welcomes new learning opportunities
  - Accepts that there may be more than one answer to a problem/question
"Below Expectations" performance level: Inconsistently or unsatisfactorily demonstrates appropriate professional behaviors:

- **Critical Thinking**
  - Raises questions, however not relevant or well thought out
  - Unable to recognize holes in knowledge base
  - Inconsistently able to articulate ideas

- **Communication**
  - Unsatisfactorily recognizes impact of non-verbal communication in self and others
  - Utilizes electronic communication inappropriately
  - Inconsistently demonstrates use of English language (verbal and written): correct grammar, accurate spelling, expression, legible handwriting

- **Problem-Solving**
  - Unable to recognize problem or conflict
  - Ineffectively identifies resources needed to solve problem or conflict
  - Requires maximal guidance to develop possible solutions to problem or conflict

- **Interpersonal Skills**
  - Unable to maintain professional demeanor in all interactions
  - Inconsistently communicates with others in a respectful and confident manner
  - May be perceived as disinterested or ambivalent during interactions with others

- **Responsibility**
  - Frequently absence and/or tardy without proper notification, prior to class session or lack of follow-up contact with instructor to find out what was missed
  - Homework/assignments inconsistently completed or not turned in by designated due date
  - Does not assume responsibility for actions, requiring prompting to complete projects

- **Professionalism**
  - Requires guidance to abide by institution honor code and/or the APTA Standards of Ethical Conduct for the Physical Therapist Assistant
  - Requires guidance to project a professional image i.e. clothing, hygiene, appropriate use of cell phone, etc.
  - Inconsistently demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academics and clinical faculty/staff, patients, families and other healthcare providers.

- **Constructive Use of Feedback**
  - Infrequently assesses own performance or seeks feedback from appropriate sources
  - Exhibits unreceptive behavior and/or negative attitude toward feedback
  - Unable to maintain two-way communication without defensiveness

- **Effective Use of Time and Resources**
  - Inconsistently prepared for the day’s activities/responsibilities
  - Ineffectively utilizes learning opportunities during unscheduled time
  - Unable to determine when and how much help/assistance needed

- **Stress Management**
  - Demonstrates difficulty recognizing own stressors
  - Requires assistance recognizing stress management techniques
  - Unable to effectively maintain balance between professional and personal life

- **Commitment to Learning**
  - Unable to effectively identify own learning needs based on previous experience
  - Avoids new learning opportunities
  - Inability to accept that there may be more than one answer to a problem/question
**PTA Program: Professional Behaviors Rubric**

**Instructions:** Student please assess each ability by circling the appropriate level below. Comment as needed. Please total, sign and date the assessment.

<table>
<thead>
<tr>
<th>Ability</th>
<th>Exceeds Expectations = 10</th>
<th>Meets Expectations = 8</th>
<th>Below Expectations = 6</th>
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<td>Faculty: 10 8 6</td>
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<td>Comments:</td>
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<tr>
<td>2. Communication</td>
<td>Student: 10 8 6</td>
<td>Faculty: 10 8 6</td>
<td></td>
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<tr>
<td>Comments:</td>
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<td>3. Problem Solving</td>
<td>Student: 10 8 6</td>
<td>Faculty: 10 8 6</td>
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<td>Comments:</td>
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<tr>
<td>4. Interpersonal Skills</td>
<td>Student: 10 8 6</td>
<td>Faculty: 10 8 6</td>
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<td>Comments:</td>
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<td>5. Responsibility</td>
<td>Student: 10 8 6</td>
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<td>Comments:</td>
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<tr>
<td>6. Professionalism</td>
<td>Student: 10 8 6</td>
<td>Faculty: 10 8 6</td>
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<td>Comments:</td>
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<tr>
<td>7. Constructive Use of Feedback</td>
<td>Student: 10 8 6</td>
<td>Faculty: 10 8 6</td>
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<td>Comments:</td>
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<tr>
<td>8. Effective Use of Time and Resources</td>
<td>Student: 10 8 6</td>
<td>Faculty: 10 8 6</td>
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<td>Comments:</td>
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<td>9. Stress Management</td>
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<td>Faculty: 10 8 6</td>
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<td>Comments:</td>
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<tr>
<td>10. Commitment to Learning</td>
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<td>Faculty: 10 8 6</td>
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<tr>
<td>Comments:</td>
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</table>

**STUDENT TOTAL:** ______  **FACULTY TOTAL:** ______

Student: Print Name: __________________________  Signature: __________________________  Date: ______

Professor: Print Name: __________________________  Signature: __________________________  Date: ______
MOUNT WACHUSETT COMMUNITY COLLEGE PTA PROGRAM

**Professionalism Behavior Action Plan for [Client Name]**

<table>
<thead>
<tr>
<th>PROFESSIONAL BEHAVIORS FOR PHYSICAL THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Critical-thinking</td>
</tr>
<tr>
<td>2) Communication</td>
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<tr>
<td>3) Problem-solving</td>
</tr>
<tr>
<td>4) Interpersonal Skills</td>
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<td>5) Responsibility</td>
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<tr>
<td>6) Professionalism</td>
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<tr>
<td>9) Stress Management</td>
</tr>
<tr>
<td>10) Commitment to Learning</td>
</tr>
</tbody>
</table>

The Physical Therapist Assistant Program at Mount Wachusett Community College is committed to fostering professionalism in our students and graduates. To that end, we utilize these behaviors throughout their academic and clinical education to serve as a framework for expected behaviors in clinical practice. The identification of these Professional Behaviors was the culmination of a research project conducted by Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA which was built on the work of other researchers.

In the event substandard professional behavior is exhibited by a student the PTA program faculty will document the behavior here and initiate an action plan with the student. The action plan will include behavioral expectations and possible consequences if the behaviors are not met within the prescribed timeframe. This action plan is to be developed jointly, between the program faculty and the student.

**Description of behavior observed:** (to be completed by faculty) (identify the PT professional behavior needing modification)

Click here to enter text.

**Student's response to faculty:** (to be completed by student)

Click here to enter text.

**Action(s) and Timeline for remediation:** (agreed upon expected behaviors)

Click here to enter text.
Student Indicators of Success: (How will the student know his/her actions are having a positive impact?)

Click here to enter text.

Student Resources needed: (Identify resources needed to implement the plan. Include people to contact.)

Click here to enter text.

Consequences: (when the identified criteria are successfully achieved and the consequences when the identified criteria are not achieved)

Click here to enter text.

By signing below, the student agrees to abide by the program policies and procedures and the agreed upon expected professional behaviors as stated in the above listed action plan:

[Client Name]  Date:  MWCC  Date:
Student Name:  Faculty Signature:
(Printed)  Student  Faculty Signature:
Student Signature:
# MWCC PTA Program
## PTA 121 Case Study Rubric

<table>
<thead>
<tr>
<th>Case Study Rubric</th>
<th>Meets Standards</th>
<th>Sub-Standard</th>
<th>Unsatisfactory</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>Format: 20 points</td>
<td>Paper is neatly typed, double-spaced, 10-12-point regular font, one-inch margins. Includes all 5 headings/sections.</td>
<td>Paper is neatly typed, double-spaced, 10-12-point regular font, one-inch margins. Missing 1 section/heading.</td>
<td>Formatting rules ignored. Missing more than 1 section/heading.</td>
<td></td>
</tr>
<tr>
<td>Grammar and Spelling: 10 points</td>
<td>No errors</td>
<td>1-2 minor errors</td>
<td>Lacks basic proofreading or contains major errors.</td>
<td></td>
</tr>
<tr>
<td>Organization: 30 points</td>
<td>Well organized, well written, easy to read and understand.</td>
<td>Well organized but “flow” could be improved.</td>
<td>Organization lacking and patient progress/outcomes difficult to follow.</td>
<td></td>
</tr>
<tr>
<td>Completeness: 40 points</td>
<td>Addresses all elements contained within the stated objectives of the assignment and extends beyond.</td>
<td>Addresses all elements contained within the stated objective(s) of assignment.</td>
<td>Fails to address all the elements contained within the stated objective(s) of assignment.</td>
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</tr>
<tr>
<td>Total Possible Points: 100 points</td>
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</tbody>
</table>
MWCC PTA Program
Integrated Clinical Experience
Student Evaluation Form

Clinic Site: __________________________________________ Day/time: _______________

Student’s Clinical Supervisor: _______________________________________________________

Clinical Instructor email: __________________________________ phone: ______________

Student: ____________________________________________________________

Please rate the student in each category and make appropriate comments in the space provided.

NA = not applicable 1 = poor / strongly disagree 2 = below average/ disagree 3 = average 4 = above average / agree 5 = outstanding / strongly agree

Attendance: 1 2 3 4 5 NA
Student reported on the agreed upon days and was punctual. Fulfilled the 3-hour minimum requirement.

Professional Appearance 1 2 3 4 5 NA
Student displayed appropriate, neat attire and was well groomed.

Initiative to learn 1 2 3 4 5 NA
Student sought out and took advantage of learning opportunities; inquisitive.

Involvement 1 2 3 4 5 NA
Student was involved at the appropriate level.

Interest level 1 2 3 4 5 NA
Student has a genuine interest in the program and field

Ethical conduct 1 2 3 4 5 NA
Exhibited professional; maintained professional relationship with others during rotation.

Cooperation 1 2 3 4 5 NA
Established a good rapport with patients and staff: Worked well with peers; demonstrated willingness to help.

Comments: (comments are required for scores of 0, 1, 2, or NA)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Did you have an opportunity to share this feedback with the student?

Clinical Supervisor: ________________________________ Date: ______________
MWCC PTA Program

Integrated Clinical Experience
Clinic Site Evaluation Form

Student: ____________________________________________
Clinic Site: ____________________________________________
Clinical Instructor: ___________________________ Day/time: ______________
Clinical Instructor email: ___________________________ phone: ______________

Please rate your experience, in the following categories, as it relates to your ICE. Your comments are confidential and used only to improve the program.

NA = not applicable  1 = poor / strongly disagree  2 = below average / disagree
3 = average  4 = above average / agree  5 = outstanding / strongly agree

Interaction with CI  

Value of this experience as an educational opportunity  

The amount of material you learned or were taught  

The education experience provided by my CI  

Did you have any hands-on opportunities?  

Please elaborate: ____________________________________________________________

__________________________________________________________________________

What were the strengths of this integrated clinical rotation?

__________________________________________________________________________

Suggestions about areas that could be improved upon to make this a better experience and learning atmosphere for future ICE’s:

__________________________________________________________________________

__________________________________________________________________________

Please rate your overall experience at this site.

_ Excellent clinical learning experience, would not hesitate to recommend this site to another student
_ Time well spent, would recommend this site to another student
_ Some good learning experiences
_ Clinical experience not adequately developed at this time

Other Comments?

__________________________________________________________________________

Student’s Signature: ___________________________ Date: ______________
Mount Wachusett Community College  
PTA Program  
Integrated Clinical Experiences Passport

Student: _______________________________  PTA 120 ICE I  ____ PTA 121 ICE II ____
Clinical Site: _______________________________  Clinical Instructor: _______________________
Clinical Site: _______________________________  Clinical Instructor: _______________________

**INSTRUCTIONS:**
- Student should check all that apply ‘classroom exposure’ (update throughout semester)
- On-going during ICE Placement, check ‘observation and/or participation’ as applicable (regardless of whether have had classroom exposure)
- Add items as appropriate
- To be updated by the student on a weekly basis
- Upon completion of ICE, to be signed by CI
- Note: This is a cumulative list over the two didactic years, not to be accomplished in any one ICE experience

**KEY:**  
- **C** = Classroom  
- **O** = Observation  
- **P** = Participation

<table>
<thead>
<tr>
<th>Skill</th>
<th>C</th>
<th>O</th>
<th>P</th>
<th>Skill</th>
<th>C</th>
<th>O</th>
<th>P</th>
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<tbody>
<tr>
<td>Documentation</td>
<td>Hip Screen</td>
<td>T.Spine/Ribs Screen</td>
<td>T.Spine/Ribs Screen</td>
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<td>History – Chart Review</td>
<td>ROM/Flexibility</td>
<td>MMT/Motor Control/Endurance</td>
<td>MMT/Motor Control/Endurance</td>
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<td>History - Interview</td>
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<td>HR/RR/BP</td>
<td>Posture/Palpation</td>
<td>Special Tests</td>
<td>Special Tests</td>
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<td>Pain</td>
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<td>Sensory Testing</td>
<td>Knee Screen</td>
<td>Lumbopelvic Screen</td>
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<td><strong>Shoulder/Scap Screen</strong></td>
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<td>Posture/Palpation</td>
<td>Posture/Palpation</td>
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<td>Special Tests</td>
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<td>Special Tests</td>
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<td>Special Tests</td>
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Student Signature (ICE I): _____________________________ Date: __________

Student Signature (ICE II): _____________________________ Date: __________

ICE I CI Signature: _____________________________ Date: __________
ICE II CI Signature: _____________________________ Date: __________

To the clinical supervisor: Please comment if there have been any safety issues identified:
1. Student’s review of the week; what you observed or participated in at the facility.

2. Goals/objectives met this week.

3. Goals/objectives for next week.

4. List any special experiences you observed/participated in (lectures, in-services etc.)
The MWCC PTA program mission identifies the need for our graduates to work with physical therapists and other health care professionals and to foster sensitivity to the diverse needs of the patients we serve. The APTA Standards of Ethical Conduct speaks to these issues as well as the mandate for physical therapist assistants to enhance their competence through lifelong acquisition and refinement of knowledge, skills, and abilities as well as to participate in efforts to meet the health needs of people locally, nationally, or globally. As this aligns seamlessly with the mission and vision of the American Physical Therapy Association (APTA), the MWCC PTA program requires student membership in the APTA and APTA of Massachusetts. However, holding a membership is not enough. This professional service learning activity, aligned with PTA 121 and PTA 119, is intended to address the standards of ethical conduct and professionalism required of an entry-level PTA. Participation in APTA membership activities can have a “significant influence on professional duty as it relates to membership and participation in APTA.” Additionally, research on APTA student membership has shown that early engagement in membership activities can impact PT/PTA students to continue this membership after graduation. Only with strength in numbers can we have a strong professional association; able to meet the needs of the individuals we treat and society as a whole.


Objectives:
Upon completion of this activity, students will be able to:
- Demonstrate professional behavior with licensed physical therapist/physical therapist assistants and other health care professionals.
- Integrate information obtained from APTA/Massachusetts chapter that impact the patients we serve and the association as a whole; to include but not limited to the following issues: legislative, payment policy, association/chapter governance, MA chapter/district issues, special interest groups, and professional development.
- Describe the impact volunteering has had on them, our patients we serve and the profession of physical therapy.

Requirements/Task(s):
Per academic year, students will self-select activities/events within the Massachusetts chapter to participate in annually; for a minimum of 10 hours. Students will provide evidence of these hours on the professional service tracking sheet along with the signature of event leader (see attachment). Events listed without a corresponding signature will not count toward the 10-hour requirement. Upon completion of the required hours, students will write a reflection of their professional service reflecting on what was learned and the impact on patients, themselves, and the profession. This assignment is aligned with PTA 121 and PTA 119. Submission details for each year will be reflected in the corresponding syllabi.
Each academic year students are required to complete a minimum of 10 hours of service within APTA of MA and/or APTA. This tracking sheet is to be completed at the time of service by the student. It will be submitted in conjunction with a required reflection paper discussing what was learned and the impact this service has on each participant, our patients, and the profession of physical therapy. Further details will be found in the corresponding syllabi; PTA 121 and PTA 119.

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