Notice to Students

Madison Area Technical 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: www.capteonline.org
INTRODUCTION

Please accept our sincere appreciation for your commitment to the profession of Physical Therapy.

The purpose of this manual is to provide both our Clinical Faculty members and Madison College Physical Therapist Assistant students with the information and guidelines necessary to fully integrate program classroom and laboratory coursework with the clinical education curriculum.

The clinical education component is critical to the education, graduation, licensure, and career employment of the Physical Therapist Assistant. We hope this manual will provide you with the framework to deliver excellence in your clinical education experience. If you have any questions or concerns, you may contact us at your convenience.

Thank you,

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*Clinical Education Manual*
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PTA Program Information

1.1 Accreditation
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1.2 Program Summary
The Physical Therapist Assistant (PTA) program at Madison College is a two-year program involving three 15-week trimesters, one 9-week summer session, and one final 15-weeks summer trimester. Graduates will receive an Associate of Applied Science in Physical Therapist Assistant degree. The Program curriculum includes courses in general education and basic science as well as technical physical therapy coursework. Students will be introduced to direct patient care through a three week full time clinical experience in the first semester of the second year, and will be enrolled in two clinical education experiences during the last semester of the program.

1.3 Statement of Nondiscrimination
Madison College commits to providing all services to students in a nondiscriminatory manner, and an educational climate that is conducive to and supportive of cultural and ethnic diversity. Madison College and the Physical Therapist Assistant program are committed to the policy that all persons shall have access to its programs, facilities, and employment without discrimination based upon political affiliation, age, race, creed, color, handicap (disability), marital status, sex, national origin, ancestry, sexual orientation, arrest or conviction record, and/or service in the armed forces. A detailed explanation of Madison College’s nondiscrimination policies and procedures can be found in the Student Planner & Handbook under “Harassment/Discrimination” and on the school website at https://madisoncollege.edu/harassment-discrimination

1.4 Madison College Core Values
- Excellence
- Respect
- Commitment to students and diverse communities
- Making higher education available to all

1.5 Mission
The mission of the Physical Therapist Assistant program at Madison College is to serve the healthcare community by producing safe, effective, and competent physical therapist assistants. The program is committed to high quality learning experiences and provides a variety of integrated classroom, laboratory, and clinical learning opportunities. Graduates will meet the needs of employers and the healthcare community while providing physical therapy services under the supervision of a physical therapist.
1.6 **Philosophy**

The Madison College Physical Therapist Assistant Program was developed to meet the needs of the people in the Madison Area, the State of Wisconsin, and the healthcare community in general. Consistent with the mission, values, and vision of the greater college, the PTA program is committed to preparing students to enter the profession of physical therapy with the knowledge and essential skills necessary to succeed and serve the community.

The Physical Therapist Assistant Program is dedicated to following the statewide curriculum which incorporates academic and clinical education experiences. We provide an integrated progression of educational opportunities that foster learning through a variety of teaching methods including technical innovation, hands on learning and work simulated clinical education.

The faculty believes that learning is the responsibility of the student and is a lifelong process that is facilitated by instructors, peers, and life experiences. We believe that students must be actively engaged in order to learn and that repetition and multiple approach learning opportunities build confidence and competency.

The Physical Therapist Assistant Program recognizes that students come from a variety of age groups, cultural backgrounds, and value systems. We are committed to providing all students with opportunities for personal and professional growth while gaining the skills necessary for a career as a physical therapist assistant working under the supervision of a physical therapist.

1.7 **Goals**

1. Develop the highest level of professional education by maintaining compliance with all criteria set forth by the Commission on Accreditation in Physical Therapy Education (CAPTE).

2. To produce Physical Therapist Assistants who:
   a. Demonstrate competence in cognitive, psychomotor and affective processes necessary to provide physical therapy services under the supervision of a physical therapist.
   b. Adhere to the American Physical Therapy Association’s ethical standards of practice
   c. Demonstrate safe and effective clinical practices
   d. Participate in activities for improving their skills as a physical therapist assistant.
   e. Achieve an effective transition from this program to a physical therapist assistant career.
   f. Demonstrate competency through their ability to pass the National Licensing Examination.

3. To have access to state-of-the-art equipment and technology to appropriately train students in current physical therapy practices

4. To provide clinical education sites that provides the student with the appropriate environment for attainment of competence in the day-to-day work of the physical therapist assistant.
1.8 Outcomes

The graduates of the Physical Therapist Assistant Program will be able to:

1. Demonstrate effective communication with patients, families, and health care team.
2. Exhibit behaviors and conduct that reflect respect and sensitivity according to physical therapy practice standards.
3. Function under the supervision of a physical therapist in a safe, legal, and ethical manner.
4. Produce documentation to support the delivery of physical therapy services.
5. Demonstrate critical thinking skills to implement and adjust a plan of care under the direction and supervision of a physical therapist.
6. Perform technically competent data collection under the direction and supervision of the physical therapist.
7. Perform technically competent physical therapy interventions under the direction and supervision of the physical therapist.
8. Educate patients, families, and other health providers.
9. Integrate components of administrative, operational, and fiscal practices of physical therapy service in a variety of settings.
10. Implement a self-directed plan for career development, credentialing, and lifelong learning.

1.9 Knowledge of Program and College Policies and Procedures

The PTA program abides by the Madison College policies. Madison College policies pertaining to students can be found in the Student Planner/Handbook that is distributed each fall, and is also located on the Madison College public website at:
https://madisoncollege.edu/search/google/Madison%20College%20Administrative%20Policies

Students are expected to have a working knowledge and understanding of the content of the Madison College Physical Therapist Assistant Program Student Handbook, which is provided annually to all program students. After reviewing the student handbook, students will sign and date the “Statement of Acknowledgement/Agreement/Understanding” at the end of this packet, which includes an agreement where the student states they understand the content of the handbook and agree to abide by the policies and procedures set forth during their tenure as a Physical Therapist Assistant student.

The PTA Program Student Handbook is reviewed and revised annually by program faculty. Program faculty will consider input for manual revisions from students, college administration, PTA program advisory committee members, and college staff. When changes are made after the initial publication of each year’s Student Handbook, PTA Program students and Madison College administration will be notified of the updates.

1.10 Program Curriculum

PTA program courses follow a specific sequence, and are intended to be taken in sequential order. The curricular plan has been developed to allow students to complete the program in five terms of study. The first year consists of two, 15 week trimesters that incorporate essential knowledge and skills to prepare you for clinical education experiences. The 2nd term is a summer session of general education courses that may also be taken prior to admission to the program. The second year consists of classroom, laboratory, and clinical education experiences broken up into two, 15-week trimesters. The following is the current curriculum/course sequence for the PTA program.
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<tr>
<th>First Year, Spring Trimester</th>
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<td>PTA Applied Kinesiology 1</td>
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<tr>
<td>10-524-156</td>
<td>PTA Patient Interventions</td>
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<td>10-524-139</td>
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<td>Developmental Psychology*</td>
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<tr>
<td>10-809-188 OR 20-809-233</td>
<td>PTA Applied Kinesiology 2</td>
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<td>10-524-157</td>
<td>PTA Therapeutic Exercise</td>
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<tr>
<td>10-524-142</td>
<td>PTA Therapeutic Modalities</td>
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<td>PTA Principles of Musculoskeletal Rehab</td>
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<td>10-524-145</td>
<td>PTA Cardio &amp; Integumentary Management</td>
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<td>10-524-147</td>
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*Courses which may be taken prior to entering the program. These courses may also be taken at the College-Transfer level. You must have a “C” or better to transfer.

Course sequence is subject to change. Program students will be notified of any potential changes by program faculty prior to registration each semester.
PTA Course Descriptions:

10-524-156 PTA Applied Kinesiology 1, 4 credits
An introduction of the basic principles of musculoskeletal anatomy, kinematics, and clinical assessment. Students locate and identify muscles, joints, and other landmarks of the lower quadrant in addition to assessing range of motion and strength.

10-524-139 PTA Patient Interventions, 4 credits
An introduction to the basic skills and physical therapy interventions performed by the physical therapist assistant.

10-524-140 PTA Professional Issues 1, 2 credits
Introduces the history and development of the physical therapy program; legal and ethical issues; the interdisciplinary health care team; and professional communication skills.

10-524-157 PTA Applied Kinesiology 2, 3 credits
Applies basic principles from PTA Kinesiology 1 to the axial skeleton and upper quadrant including location and identification of muscles, joints and other landmarks. Assess range of motion and strength of the axial skeleton and upper quadrant. Integrate analysis of posture and gait.

10-524-142 PTA Therapeutic Exercise, 3 credits
Provides instruction on the implementation of a variety of therapeutic exercise principles. Learners implement, educate, adapt, and assess responses to therapeutic exercises.

10-524-143 PTA Therapeutic Modalities, 4 credits
Develops the knowledge and technical skills necessary to perform numerous therapeutic modalities likely to be utilized as a PTA.

10-524-144 PTA Principles of Neurologic Rehab, 4 credits
Integrates concepts of neuromuscular pathologies, physical therapy interventions, and data collection in patient treatment.

10-524-145 PTA Principles of Musculoskeletal Rehab, 4 credits
Integrates concepts of musculoskeletal pathologies, physical therapy interventions, and data collection in patient treatment.

10-524-146 PTA Cardio & Integumentary Management, 3 credits
Integrates concepts of cardiopulmonary and Integumentary pathologies, physical therapy interventions, and data collection in patient treatment.

10-524-147 PTA Clinical Practice 1, 2 credits
Provides a part-time clinical experience to apply foundational elements, knowledge, and technical skills pertinent to physical therapy practice.

10-524-148 PTA Clinical Practice 2, 3 credits
Provides another part-time clinical experience to apply foundational elements, knowledge, and technical skills required of the entry level physical therapist assistant in various practice settings.

10-524-149 PTA Rehabilitation Across the Lifespan, 2 credits
A capstone course that integrates concepts of pathology, physical therapy interventions and data collection across the lifespan. In addition the PTA’s role in health, wellness and prevention; reintegration, and physical therapy interventions for special patient populations will be addressed.

10-524-150 PTA Professional Issues 2, 2 credits
Incorporates professional development, advanced legal and ethical issues, healthcare management and administration, and further development of professional communication strategies.

10-524-151 PTA Clinical Practice 3, 5 credits
Provides a full-time clinical experience to apply foundational elements, knowledge, and technical skills required of the entry level physical therapist assistant in various practice settings.
Policies and Procedures for Clinical Education Faculty

The following policies and procedures are provided to outline the specific roles of the ACCE, CCCE, CI, and student during the clinical education experiences. Please refer to the signed memorandum of agreement specific to your facility for any additional responsibilities. This manual will be reviewed annually for accuracy and updated as needed. Clinical facilities, faculty, and students will have access to this manual on the Madison College Physical Therapist Assistant Program webpage. Electronic and hard copies will be provided for students, and electronic copies for clinical facilities and faculty with hard copies upon request.

2.1 Responsibilities of Academic Coordinator of Clinical Education (ACCE)

1. Development of clinical education sites
2. Coordinate and provide clinical instructor development activities
3. Assessment and determination of student readiness for clinical experience in collaboration with program faculty
4. Coordinate all clinical education experiences
5. Maintain and update Contract database
6. Develop and maintain the Clinical Education Manual
7. Provide updated Clinical Education Manual to all clinical sites and students.
8. Provide all forms and information to clinical site and clinical instructor.
9. Contact clinical site by phone mid-way through clinical experiences
10. Schedule site visits.
11. Compete and/or coordinate site visits for Clinical Practice 1, 2, and 3.
12. Serve as a resource for the clinical instructors.
13. Confer with clinical instructors regarding student learning needs and progress towards meeting objectives
14. Keep clinical instructors informed on APTA and state specific regulations and rules that guide clinical practice.
15. Facilitate conflict resolution and problem-solving strategies.
16. Contact and secure new clinical sites and complete all appropriate paperwork.
17. Ensure that contracts between Madison Area Technical College and clinical sites are reviewed annually by academic and clinical faculty.
18. Ensure that Clinical Instructors meet selection criteria.
19. Maintain updated and current Clinical Site Information Form on active clinical sites.
20. Addresses complaints regarding students at clinical education sites.

2.2 Responsibilities of the Center Coordinator of Clinical Education (CCCE)

Each clinical site with three or more PT’s and PTA’s should have a designated CCCE who is responsible for coordinating the clinical education assignments and student activities. The CCCE is responsible for the following:

1. Coordinate and schedule potential clinical experiences for affiliating schools
2. Provide orientation materials on the day of student arrival
3. Delegate actual clinical supervision of students to staff PT’s or PTA’s
4. Serve as a resource for the CI for establishing goals and objectives, setting up learning experiences and evaluating student performance
5. Inform the CI of all pertinent information from the affiliating schools
6. Monitor the supervision and learning experiences of students. Provide communication and problem-solving strategies for the student and CI, if needed
7. Provide necessary documentation to the schools (clinical agreements, completed student CPIs)
8. The CCCE should contact the PTA Program Director with any complaints involving the PTA Program. The CCCE should contact the Dean of the School of Health Education with any complaints regarding the ACCE or PTA Program Director.

*Note: If there is no designated CCCE, then the departmental director is responsible for the items listed above.

*The Dean of School of Health Education is Dr. Mark Lausch, phone number is (608) 246-4508

### 2.3 Responsibilities of the Clinical Instructor (CI)

CI’s are individuals who provide clinical instruction and supervision when students are engaged in the clinical education portion of the curriculum. CI’s are considered PTA Program clinical faculty members, but are not employed by Madison College. The CI demonstrates clinical competence and a willingness to share his/her insights and rationales related to patient care. The responsibilities of the CI are as follows:

1. Demonstrate an interest in teaching and in continuing education
2. Orientate the student to the facility
3. Facilitate student accomplishment of goals and objectives; assist with planning learning experiences with the student.
4. Supervise the student or arrange supervision by another qualified person
5. Serve as a resource to the student
6. Serve as a role model of professional behavior
7. Encourage the student to take advantage of unique resources and learning experiences of the clinical setting and its staff
8. Provide an opportunity for regularly scheduled review and discussion of student clinical performance and progress
9. Confer and consult with the ACCE regarding student learning needs and progress toward meeting objectives
10. Consult with the ACCE regarding unsatisfactory progress of the student
11. Assess and evaluate the student clinical experience. Set clear expectations and provide ongoing verbal and written feedback
12. Problem-solving needs are to be addressed through open communication between the student and CI. If problems cannot be solved to the satisfaction of the CI and the student, the CCCE and ACCE should be contacted.
13. The CI is responsible for being aware of which assessment or intervention techniques the student has demonstrated competence on during the PTA Program prior to the clinical experience (See skill list located in the Appendix). If a CI teaches a student an assessment or treatment technique that has not been presented or practiced in the academic setting, the CI is responsible for determining if the student is safe in applying the procedure to the patient in the clinical setting. The student cannot be evaluated on that skill.
14. The CI is expected to act in an ethical manner and maintain student confidentiality
15. The CI may contact the Dean of Academic Affairs with any complaints regarding the ACCE or PTA Program Director.* The CI should contact the PTA Program Director with any complaints involving the Madison College PTA Program.
16. When a patient or member of the public has a complaint or concern regarding a PTA student or the Madison College PTA Program, the CI is responsible to give the individual the name, title, and phone number of the Madison College Dean of the School of Health Education.*

*The Dean is Dr. Mark Lausch, and his phone number is (608) 246-4508

2.4 Expected Qualifications for Clinical Sites and Clinical Instructors

The “Guidelines for Clinical Education” endorsed by the APTA’s House of Delegates was used as a resource to select the following criteria for selection of clinical education sites and clinical instructors.

Criteria for Selection of Clinical Education Sites

1. The clinical site’s philosophy regarding clinical education is compatible with the Madison College PTA Program philosophy
2. The clinical site’s clinical education program is planned to meet the specific objectives of the academic program, the physical therapy service, and the individual student
3. The physical therapy staff practices ethically and legally
4. The clinical site demonstrates administrative support for physical therapy clinical education
5. The clinical site has a variety of learning experiences, appropriate to the setting, available to students
6. The clinical site provides an active, stimulating environment appropriate for the learning needs of the student
7. The physical therapy staff is adequate in number to provide an educational program for students
8. Clinical sites with more than three physical therapists have a designated Clinical Coordinator of Clinical Education
9. There is an active staff development program at the clinical site
10. The clinical education site is committed to the principle of equal opportunity and affirmative action as required by Federal law

Criteria for Selection of Clinical Instructors (CI):

1. The CI is either a PT or PTA
2. The CI graduated from an accredited program
3. The CI is licensed, registered, or certified in those states where applicable
4. The CI has at least one year of clinical experience
5. The CI demonstrates clinical competence, professional skills, and ethical behavior
6. The CI demonstrates effective communication skills
7. The CI demonstrates effective instructional skills
8. The CI demonstrates performance evaluation and supervisory skills

The PTA program at Madison College will rely on the expertise of the CCCE to determine which CI’s are qualified to serve as Clinical Instructors for the PTA program at their given facility. It is also strongly encouraged for any Clinical Instructor that is not certified by the APTA to seek this certification within three years of affiliations with the college and thus provide consistency of qualifications.
2.5 Privileges and Rights of the Clinical Education Faculty

Madison College believes strongly in the value of clinical education and acknowledges the work put forth by the Clinical Education Faculty in assisting with the preparation of each student for a career as a physical therapist assistant. As with most institutions, there are budget constraints that preclude us from offering monetary assistance to our Clinical Education Faculty. However, the following privileges and rights have been established.

Privileges of the Clinical Education Faculty
1. Use of Madison Area Technical College facilities for programs offered jointly by Madison Area Technical College and the clinical facility.
2. Clinical Education Faculty workshops presented by Madison Area Technical College and information regarding other clinical educator workshops in the state provided.
3. Availability of the Madison Area Technical College PTA Faculty as a resource.
4. Opportunity to request to audit PTA classes where topics of interest are being discussed.

Rights of the Clinical Education Faculty
1. To have creative freedom in designing the clinical education experience at your facility.
2. To expect the PTA faculty to provide remedial work with students who demonstrate inadequate preparation in a given area.
3. To provide input to PTA faculty regarding PTA curriculum and clinical education components.
4. To refuse education access to any school personnel, or student who does not meet the employee standards for safety, health, ethical behavior, or policy procedure standards.
5. To resolve any problem situation in favor of patients’ welfare and may restrict the student involved to the observer role until the incident has been resolved.

2.6 Memorandum of Agreement

A Memorandum of agreement must be signed by the both the clinical facility and Madison College prior to a student’s starting actively at the facility. This agreement includes a statement regarding general and professional liability insurance and responsibility for patient safety. This agreement automatically rolls over from year to year within the agreement’s timeline. Either Madison College or clinical sites can terminate this agreement with a notice. Students will only be assigned to clinical sites with properly executed and unexpired written agreements in place.

2.7 Supervision during Clinical Education

All clinical facilities are expected to provide direct supervision of students to ensure patient safety and to enable the successful completion of the program’s educational objectives. All students require on-site supervision by a licensed physical therapist or a physical therapist/physical therapist assistant team. Preferably, this should be the student’s assigned clinical instructor. If the clinical instructor is unavailable on-site, another licensed person who is on-site must be assigned to that student for that time period. The clinical instructor should have adequate release time to adequately supervise the student and be available for questions, assistance, and mentoring. All supervisory clinical faculties are expected to demonstrate positive role modeling for the students. If there is no clinical supervision in the building for part of a day when the student is on their clinical experience, the student may perform non-patient care clinic duties such as chart reviews, assignments on reference
materials, documentation, in-service preparation, and observation of other health care practitioners. Students should contact the ACCE immediately if supervision does not follow these guidelines.

* Refer to Appendix B for Supervision Guidelines

2.8 Equipment and Facility Safety
All clinical facilities are expected to have policies concerning safety regulations governing the use of equipment and the storage and use of any hazardous materials. These policies should be reviewed with students affiliating at that facility. Equipment should be inspected regularly and safety regulations should be posted and reviewed periodically.

2.9 Privacy & Confidentiality
All clinical facilities are expected to have policies on the confidentiality of records and other personal information. Additionally, there should be facility policies concerning the informed consent of patients seen by the student. Facility guidelines on the use of human subjects for educational purposes should also exist at each facility. These policies should be reviewed with the students affiliating at that facility.

2.10 Informed Consent
Patients will be informed by the CI, or by the student under the direction of the CI, when a student is involved in patient care. Students are required to identify themselves as a physical therapist assistant student, and should obtain consent for treatment from the patient. Patients may decline to receive care from a student participating in the clinical education program by informing either the student or the CI.

2.11 Complaints
If you have questions or problems with a student arise, you are encouraged to contact the ACCE for assistance immediately.

1. Contact Jane Stroede, PTA, CCI, ACCE to discuss your concerns. Don’t be afraid to ask for help. Jane can be contacted at (608)258-2307 or email at jlstroede@madisoncollege.edu
2. If you still have concerns that are not being addressed, please feel free to contact Wendy McNall, Physical Therapist Assistant Program Director at (608)258-2362 or email at wmcnall@madisoncollege.edu.
3. The final step if there are still concerns not being met; contact the Dean of the School of Health Education.

Complaints regarding the program or the program graduates should be first addressed to the PTA Program Director. Unresolved complaints or complaints about the Program Director should be directed to Dr. Mark Lausch, Dean of the School of Health Education. Dr. Lausch’s e-mail address is mlausch@madisoncollege.edu and his phone number is (608)243-4508. All complaints will be documented, including the projected outcome, and kept on file at the program facility. Complaints regarding Accreditation of this program should be addressed to the Commission on Accreditation in Physical Therapy Education. This Commission is located at 111 North Fairfax Street, Alexandria, Virginia, 22314.
Complaints outside of due process are handled in a variety of ways depending on the situation or complaint. The following is a basic guideline for the channels of directing complaints:

<table>
<thead>
<tr>
<th>Source of Complaint</th>
<th>Example</th>
<th>Person to manage complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employers</td>
<td>An employer has a complaint about the PTA program, a student within the program, or a graduate of the PTA program</td>
<td>PTA Program Director</td>
</tr>
<tr>
<td>Clinical Education</td>
<td>A Clinical Education Site has a complaint about a student’s performance or behaviors during or in a past clinical site rotation.</td>
<td>PTA Academic Coordinator of Clinical Education</td>
</tr>
<tr>
<td>General Public</td>
<td>A citizen of the Madison Area district has a complaint about the PTA program, faculty within the PTA program, a student in the PTA program, or a graduate of the PTA program.</td>
<td>Dean of the School of Health Education; that Dean will then contact the PTA Program Director</td>
</tr>
</tbody>
</table>
Student Policies for Clinical Education

3.1 Student Responsibilities

1. The student shall carry adequate health insurance.
2. The student shall comply with health examination and immunization requirements of the College's Health and Safety Education Learning Center as well as health regulations and proof of documentation for the Clinical Facility, including release of health information that may affect functioning in the clinical setting.
3. While on duty the student shall wear attire as required by the Clinical Facility. (See Policy 3.6 for Dress and Appearance at Clinical Sites)
4. The student shall follow the policies and procedures found on the Madison College website, PTA Student Handbook, and those within the Clinical Facility.
5. The student shall follow the work schedule of the Clinical Facility staff and clinical students shall be expected to make up any absences in excess of two days, unless the College and Facility agree upon other arrangements.
6. The student gives permission to the College to release pertinent academic, professional development, caregiver background check and health information to the Clinical Facility upon request.
7. While on assignment to the Clinical Facility and throughout the length of the entire clinical program, the student will provide room, board and transportation.
8. The student will provide for any medical and/or dental expenses incurred during assignment to the Clinical Facility and throughout the length of the entire clinical program.
9. The student is responsible for completing all required forms.

3.2 Attendance and Absenteeism

1. ATTENDANCE OF THE ENTIRE CLINICAL ROTATION IS MANDATORY.
2. Schedule changes
   Students are not to make any schedule change requests.
3. Excused Clinical Absence
   The clinical site or instructor cancels a session.
4. Temporarily excused absence:
   a. Illness of a family emergency: Situations in which illness or family emergencies prevent a student from attending clinical will be considered on an individual basis. Providing that the student notifies the clinic, the instructor, and the ACCE the absences may be temporarily excused. The student is required to make up the lost clinic time if it fits into the facilities schedule.
   b. Inclement weather: Consideration is made in that if conditions are such that the student feels his/her safety would be jeopardized if he/she attempted to reach a clinical site. Providing that the student notifies the clinic, the instructor, and ACCE, this absence may be temporarily excused with the provision that the student makes the effort to make up the lost time if is fits into the facility schedule.
5. Missed Clinical Days: All missed days should be made up if it fits into the facility schedule. This will be up to the discretion of the CI and ACCE. Students absent for more than 15% of the days for the clinical rotation, will not be allowed to continue with the rotation and will fail the rotation according to the criteria for passing clinical education. At that time, the student must petition the faculty for
reinstatement into the program. Alternative make up clinical arrangements may be made on a case by case, emergency basis only (emergency surgery, accident, family emergency, severe illness, etc.)

6. **Unexcused absence**: If the student fails to show up for a clinical or shows up late or leaves early without notifying the clinical site, it is considered an unexcused absence and is considered a breach of conduct. A breach of conduct is considered grounds for dismissal from the program.

### 3.3 Professional Behaviors

The following are the newly adopted Professional Behaviors for the 21st Century:

<table>
<thead>
<tr>
<th>Professional Behavior</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>The ability to question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and 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.</td>
</tr>
<tr>
<td>Communication</td>
<td>The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</td>
</tr>
<tr>
<td>Problem-Solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.</td>
</tr>
<tr>
<td>Responsibility</td>
<td>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.</td>
</tr>
<tr>
<td>Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.</td>
</tr>
<tr>
<td>Use of Constructive Feedback</td>
<td>The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.</td>
</tr>
<tr>
<td>Effective Use of Time and Resources</td>
<td>The ability to manage time and resources effectively to obtain the maximum benefit possible.</td>
</tr>
<tr>
<td>Stress Management</td>
<td>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.</td>
</tr>
<tr>
<td>Commitment to Learning</td>
<td>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.</td>
</tr>
</tbody>
</table>
3.4 Professional Behaviors Guidelines

1. The Professional Behaviors (see criteria in Appendix D)
   a. Ten specific Professional Behaviors are assessed throughout the PTA program curriculum. PTA program faculty will assess the Professional Behaviors once per trimester with students performing a Professional Behaviors self-assessment.
   b. Expected Professional Behavior levels are:
      i. End of Trimester I: All Professional Behaviors at least beginning level
      ii. End of Trimester III: 50% of Professional Behaviors at intermediate level or higher
      iii. End of Trimester IV: all Professional Behaviors at least intermediate level
      iv. End of Trimester V: all Professional Behaviors at entry level or higher.
   c. Faculty provides oral and/or written feedback regarding professional behaviors each trimester. Students are expected to change unsatisfactory behaviors after receiving feedback. If a student is not demonstrating professional behaviors at an appropriate level, students must develop a plan for improvement. Serious deficits in professional behavior with no improvement may result in probation or dismissal.


3.5 Professional Behaviors Identified:

1. Demonstrate dependability, time management skills
   a. Dependability
      1. Arrives for class, lab and clinical prepared to start on time
      2. Leaves class or lab at stated time or when dismissed
      3. Schedules and keeps appointments
      4. Contacts instructor in advance of scheduled activities when unable to attend
   b. Time Management
      1. Completes and turns in assignments on time *
      2. Actively involved in group work: scheduling, attending, participating*
      3. Takes full advantage of time available by staying on task
      4. Initiates study and review activities with peers and instructors

2. Work effectively and respectfully with others
   a. Communicates in respectful manner
      1. Initiates communication at appropriate time and place
      2. Responds with appropriate verbal and nonverbal style
      3. Takes complaint or feedback directly to person involved or to instructor or counselor when necessary*
   b. Maintains professional demeanor*
      1. Receives feedback graciously
      2. Maintains calm tone in conversation; avoids offensive statements
      3. Dresses appropriately
      4. Uses correct terminology and expression in communication
      5. Maintains appropriate eye contact
   c. Establishes trust in relationships
      1. Shares fully with project partner(s) in completing assignment *
2. Respects personal differences of others
3. Avoids gossip
4. Accepts limits to own knowledge on subject matter

3. Assume responsibility for self-assessment
   a. Self-assessment and Feedback
      1. Recognizes need; actively seeks feedback and help *
      2. Demonstrates improvement based on self-assessment or feedback *
      3. Maintains open communication with individual offering feedback
   b. Develops plan of action
      1. States components of problem clearly
      2. Identifies potential resources
      3. Analyzes potential solutions
      4. Determines best options for solutions
   c. Follows through to implement plan of action *

* Indicates behavioral issues that may trigger immediate “step two” intervention

Additionally, see Appendix C for Guide for Conduct of the Physical Therapist Assistants

3.6 Dress and Appearance at Clinical Sites

Professional standards of appearance are important to the overall quality of patient care. Therefore, a high level of personal cleanliness must be maintained. Poor personal and oral hygiene will not be tolerated. Students must abide by any specific dress code requirements the Clinical Facility may have in place. Clinical name badges must be worn at all times.

The following general standards will be required at clinical sites in addition to any requirements of the clinical facility.

<table>
<thead>
<tr>
<th>Attire</th>
<th>Appropriate</th>
<th>Inappropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirts</td>
<td>Professional appearing button-down or pull-over shirts</td>
<td>Faded, torn, or ripped. Spandex, gauze, sheer, lacy, T-shirts, or leather material. Sleeveless, low-cut, or tight fitting. Crop tops, sweat shirts, tank tops, halter tops.</td>
</tr>
<tr>
<td>Pants</td>
<td>Professional appearing pants, ankle length</td>
<td>Blue jeans, parachute pants, crop pants, harem pants, leggings, stirrup pants, form fitting pants/stirrups, shorts</td>
</tr>
<tr>
<td>Skirts and Dresses</td>
<td>Professional style and length</td>
<td>Low-cut or sheer sundresses, dresses with excessive slits on the sides or back, short skirts well above the knee, tight fitting or revealing skirts</td>
</tr>
<tr>
<td>Shoes</td>
<td>Professional style appropriate to clothing, clean</td>
<td>No open toe shoes, sport sandals, high heels or clogs.</td>
</tr>
<tr>
<td>Underwear</td>
<td>Discreet</td>
<td>Bright and/or noticeable colors, patterns or lines such as thongs.</td>
</tr>
<tr>
<td>Fingernails</td>
<td>Must be short and neat</td>
<td>Artificial nails, bright nail polish or designs.</td>
</tr>
<tr>
<td>Hair</td>
<td>Must be clean, combed away from the eyes/face and tied</td>
<td>Dirty, in the face, brightly colored (i.e. orange, purple, green, etc.), untrimmed facial hair.</td>
</tr>
</tbody>
</table>
back if shoulder length or longer. Must be in naturally occurring colors. Mustaches and beards must be neat and trimmed.

<table>
<thead>
<tr>
<th>Perfumes</th>
<th>None</th>
<th>None allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jewelry</td>
<td>Conservative and discrete. Only engagement/wedding rings</td>
<td>Rings that interfere with gloving, large chains, dangling or hoop jewelry.</td>
</tr>
<tr>
<td>Body Piercing</td>
<td>Pierced earrings are acceptable in small numbers</td>
<td>Visible body piercings including facial and tongue jewelry, multiple ear piercings.</td>
</tr>
<tr>
<td>Tattoos</td>
<td>All tattoos must be covered or not easily visible</td>
<td>Uncovered tattoos on arms, hands, legs, face or other visible areas.</td>
</tr>
<tr>
<td>Gum/Candy</td>
<td>Discrete use in non-patient areas</td>
<td>Bubble gum, chewy candies and other food should be avoided in area where patients have direct contact with staff.</td>
</tr>
</tbody>
</table>

3.7 **Informed Consent**

Patients will be informed by the CI, or by the student under the direction of the CI, when a student is involved in patient care. Students are required to identify themselves as a physical therapist assistant student, and should obtain consent for treatment from the patient. Patients may decline to receive care from a student participating in the clinical education program by informing either the student or the CI.

3.8 **Due Process/Grievance Procedure**

It is the policy of the Madison College Physical Therapist Assistant Program to work with students in finding a fair and just solution to problems that may arise, including grievances, questions, misunderstandings, or discrimination. At all steps of the grievance procedure students should feel free to discuss the matters fully with clinical faculty, PTA program faculty, and Madison Area Technical College administration. Students are urged to first take their problems to their clinical instructor. Usually the CI will have direct knowledge about the subject and is best qualified to work with the student in resolving the manner.

If the student and CI are unable to find a solution, the student should then bring up the situation to the CCCE, who may consult with the program’s ACCE. If the student, CI, and CCCE are unable to find a solution, the student should then bring up the matter to the PTA program ACCE. Should the student feel an unsatisfactory solution was achieved after involving the ACCE; the student should then bring up the matter to the PTA program director. If the student still feels an unsatisfactory solution was achieved, the student should bring up the matter with the Dean of the School of Health Education.

Student complaints involving clinical faculty or clinical facilities should be directed to the PTA Program ACCE.
3.9 Name Tags
A Madison College name tag is to be worn by all students at all times while in clinical education sites. Wearing of the name tag assures proper identification for security purposes and entitles the student access to the premises. The name tag is also a necessary communication tool as the student meets a variety of people, including patients and staff. The facility may require that the student wear a facility name tag as well.

3.10 Student Preparedness
Students are expected to come to the clinic prepared for that day. Preparedness includes reading any assigned material, researching expected skills or diagnoses, preparing assignments on time and bringing necessary books and materials to clinic.

3.11 Confidentiality
Students are expected to maintain confidentiality standards at all times in the clinical setting. It is not ethical to share information with other individuals regarding patients/clients, facilities, clinical instructors, or classmates. This includes placing the patient’s name or other identifying item on case study reports, class presentations; etc.; failing to obtain written permission to utilize pictures or videos of a patient in presentations, or talking about patients to your classmates. Violation of this policy may result in probation or dismissal from the PTA Program.

During the first trimester of the PTA program, students are instructed in basic HIPPA (Health Insurance Portability and Accountability Act) policies and procedures for proper use and handling of confidential patient/client information. They are also required to view an online instructional module and pass a Knowledge Assessment at 70% proficiency, prior to their first clinical education course. The CI should give the student instruction in site-specific HIPPA procedures at the start of the clinical experience.

Prior to the start of Clinical Practice 1, students are required to sign a Confidentiality Agreement, this Agreement will be considered in force for the rest of the student's tenure in the PTA Program.

3.12 CPR Certification
Students are required to be certified in Cardiopulmonary resuscitation (CPR), Infant through Adult with AED training, prior to the beginning of the first Physical Therapist Assistant Program course, and to maintain current certification at all times. It is the responsibility of the student to arrange for this training and certification outside of the Physical Therapist Assistant Program. Accepted certifications are the American Heart Association certification for Health Care Providers or the American Red Cross – CPR for the Professional Rescuer. Students who do not have current CPR certification will not be able to go to clinical education experiences.
3.13 Health Requirements

Students are required to have the following physical examinations, tests, and immunizations:

1. Physical examination on file prior to entering core PTA courses.

2. Tuberculosis testing:
   a. Student is required to have a two-step TB skin test within six months prior to Clinical Laboratory Experience. The two-step test involves being re-tested one week after the initial TB test. If the TB skin test is positive, chest x-ray is required. If chest x-ray is positive, proof of treatment is required.
   b. Students who have an annual TB skin test need only one TB skin test within 45 days of starting the program.
   c. The date of the TB skin tests, results in millimeters (i.e. “negative” is not acceptable), and name of the provider must be documented on the form.
   d. A student who has previously tested positive must have documentation from a physician indication that the student does not have TB. A chest x-ray is required for confirmation.
   e. All students are required to have an annual TB skin test while in the program; however those students who have previously tested positive for TB are required to fill out a questionnaire regarding current symptom status.

3. Immunizations:
   a. Student is required to have written evidence of two MMR (mumps, measles, rubella) immunizations or written documentation of titers drawn that show immunity to mumps, measles, and rubella (lab test results). Make sure laboratory results show immunity to all three diseases. If immunization is necessary, keep in mind that there is a series of two required immunizations and you must wait at least one month between immunizations.
   b. Student is required to have written evidence of two varicella immunizations or written documentation of titer drawn to show immunity to varicella (lab test result).
   c. Student is required to have a tetanus/diphtheria immunization within the last 10 years.
   d. Student is required to be immunized for hepatitis B or sign a waiver declining. This is a series of three immunizations with a one month wait for the second and a six month wait for the third immunization. The first is required by the first week of school with the documentation for the remainder due when immunizations are complete. If a student decides to waive this immunization, it is the responsibility of the student to inform any potential clinical site and present the signed waiver.
   e. Student may be required to be immunized for influenza depending upon dates and clinical settings requirements.
Guidelines/Criteria for Passing Clinical Education

4.1 Student Competence prior to Clinical Assignment

The ACCE in consultation with other PTA program faculty will assess each student’s readiness prior to each clinical experience. The ACCE makes the final decision. The student will either be placed or not be placed in the clinic based on this assessment. Considerations will include, but not be limited to the following areas:

1. Skill competency demonstrated on practical exams
2. Professional Behaviors status
3. Prior or current probationary status
4. Clinical evaluations and performance from completed affiliations
5. Ability to perform in a safe manner

Ability to participate in the clinical portion of your educational experience assumes:

- You have fully participated in and demonstrated competency in the skills identified as components of the present and past semesters.
- You will utilize professional dress and behavior to present yourself well as a student
- All previous academic and clinical work has been completed successfully.
- You are in good standing in all core courses (minimum grade of at least a “C”)

An important aspect of this readiness assessment is determining if the student is safe for clinical practice. Safety in regards to patient care is a priority of this program. In order to insure that the student will be able to perform in a safe manner that minimizes risk to patient, self, and others, the PTA faculty will consider all of the areas listed above. In addition, all practical exams will be monitored in regards to safety criteria, including retakes. The student will be notified in writing if they are placed on program probation or if they are denied a clinical placement.

4.2 Guidelines Clinical Practice 1

What to expect of the student…

- Students are expected to have filled out and mailed to you:
  1. Clinical Objectives Form
  2. Introductory letter
- Students are expected to be familiar with:
  1. Expectations in relation to use of the CPI as a guide as instructed by the ACCE
  2. Dress code
  3. Criteria for passing the rotation and course syllabus as instructed by the ACCE
- Students can be expected to perform with minimal guidance on the first day(s):
  1. Goniometric measurements
  2. ROM (passive, active assisted and active)
  3. MMT
  4. Anthropometrical measures
  5. Modalities (after reviewing facilities specific machines with clinic staff)
  6. Basic exercise interventions with and without equipment (students may request review of equipment specific to the facility)
  7. Vitals
  8. Subjective pain scale information
9. Palpation of extremities
10. Shoulder Mobilizations Grade 1 thru 3

- Students are expected to be performing at a minimal of the 70% mark on the VAS scale on indicators 1-6 in the CPI by the end of the rotation.

**Tips for Clinical Instructors:**
- Setting weekly goals may help facilitate communication and assist the student and CI in tracking progress.
- Please, be specific in your expectations early in the rotation.
- You are encouraged to be creative and may assign homework for exercise progressions or information gathering. You may ask the student to do an in-service or project. (These are suggestions and not requirements)
- The CPI is used as a guide only during Clinical Practice 1 and we ask that you use the VAS scale and comment specifically on the 1-6 indicators 100%, with the expectation of a 70% minimum score on all others.
- **Contact the ACCE immediately to address any issues or concerns as described in the Clinical Manual.**

We sincerely appreciate the time and energy you are investing in the profession and each student. Our program could not be complete without your effort and valuable expertise. Please contact us with any questions or concerns that you may have.

Jane L Stroede: 608-258-2307 or jlstroede@madisoncollege.edu
Wendy McNall: 608-258-2362 or wmcnall@madisoncollege.edu

### 4.3 Criteria for Passing Clinical Education-Clinical Practice 1

In order to successfully pass the clinical education component of Clinical Practice 1, the student must meet the following requirements:

**NOTE:** A student that is currently in poor academic standing (below 78%) and is unable to score enough points to pass the course will not be allowed to attend the clinical rotation.

1. **Prepares** self prior to attending the clinical experience. *(5 points 1a,b,c; 10 points 1d,e)*
   - a. Completes Health and Safety Training
   - b. Completes and keeps up to date all immunization and CPR information
   - c. Checks clinical site information on file in the ACCE office and/or discusses with ACCE
   - d. Makes a rough draft of 4 learning objectives for the clinical rotation that must be shared with the ACCE prior to the start of the rotation. (Completes the final draft of these objectives after meeting with the ACCE and mails these, along with an introductory letter to the CI a minimum of 3 weeks prior to the rotation start date)
e. Contacts the CI by phone or e-mail 3 weeks prior to starting clinical rotations

2. **Attends (10 pts)** the clinical rotation as outlined in the Clinical Education Attendance Policy. (If a day needs to be missed, student must follow all steps outlined in the course syllabus and Clinical Education Manual) All missed clinical days should be made up (if it fits into the facility schedule) or an alternative assignment may be given.

3. **Demonstrates (20pts)** appropriate communication skills and professional conduct as indicated by satisfactory progress being shown on all items on CPI items 1-6. Clinical Practice 1 does not require completion of the CPI, however; the CI and student in preparation for Clinical Practice 2 and 3 use it as a guide. Satisfactory progress is defined as scoring at least 70% on the VAS scale in the CPI. Professional Behaviors 100% Intermediate level.

4. **Participates (10pts)** in the assigned clinical rotation while following all program, facility, profession policies, including but not limited to: dress code, professional behaviors, attendance, standard of ethics, and any information covered in the program student handbook, clinical manual, and/or PTA course syllabi.

5. **Participates** in the clinical rotation with no breaches of conduct. A breach of conduct will result in immediate dismissal from the program. Breaches of conduct include any of the following: failure to notify CI and ACCE of an absence or late arrival to the clinic; endangering the safety of patients, staff or self; lack of follow through of homework, research or treatment requests by CI or other clinical faculty (lack of initiative); not keeping CPR, TB and other records up to date; inappropriate communication skills with patients, staff or faculty.

6. **Meets (5pts)** with the program faculty within 1 week of your return to campus if an onsite faculty visit was not completed during the rotation. It is the student’s responsibility to arrange a meeting time with the ACCE or designated faculty member.

7. **Progresses (10pts)** towards entry-level in all CPI items by graduation by seeking learning opportunities.

8. **Participates (10pts)** in the evaluation process by doing a self-evaluation, using the CPI as a guide. The self-evaluation is shared with the CI for comment and signature. Completes a self-assessment reflection form and turns it in by designated date.

9. **Participates (5pts)** in the evaluation process by meeting with the CI to review the CI comments section of the student’s self-evaluation form and signs.

10. **Evaluates (10pts)** the clinical experience and shares the evaluation with the ACCE or designated instructor.

11. **Completes (5pts)** the evaluation of the experience to share with peers in the clinical site information files in the ACCE office.

12. **Completes (20pts)** any and all appropriate forms and turns them into the ACCE by set deadline

   These forms include:
   a. CPI-student copy and instructor copy
b. Evaluation of the clinical experience
c. Evaluation to share with peers in clinical site information files in ACCE office
d. Self assessment reflection form

The clinical education component of Clinical Practice 1 is graded on criteria found in the course syllabi. Failure to practice in a safe, legal or ethical manner as described in CPI items 1-6 may be grounds for failing the clinical education component of the course. Inappropriate, non-professional behaviors actions or words also outlined in CPI items 1-6, Professional Behaviors Criteria and in the course syllabus may also be grounds for failing clinical education. Comments and feedback of concern on the above listed items will trigger a review by the ACCE and other faculty if needed. Failure to follow all of the “Criteria for Passing Clinical Education” will result in a review as well. The decision regarding passing or failing clinical education will be made after reviewing all aspects of the student’s clinical education. A committee of all PTA faculty members completes the review. The final decision is made by the ACCE.

4.4 Guideline for Clinical Practice 2
What to expect of the student…

- Students are expected to have filled out and mailed to you:
  1. Clinical Objectives Form
  2. Introductory letter

- Students are expected to be familiar with:
  1. Expectations in relation to filling out the CPI as instructed by the ACCE
  2. Dress code
  3. Criteria for passing the rotation and course syllabus as instructed by the ACCE

- Students can be expected to perform with minimal guidance on the first day(s):
  1. Goniometric measurements
  2. ROM (passive, active assisted and active)
  3. MMT
  4. Anthropometrical measures
  5. Modalities (after reviewing facilities specific machines with clinic staff)
  6. Basic exercise interventions with and without equipment (students may request review of equipment specific to the facility)
  7. Vitals
  8. Subjective pain scale information
  9. Palpation of extremities
  10. Basic documentation (subjective, objective, assessment and plan information)
  11. Fitting of assistive devices
  12. Ambulation training with patients with non-complex diagnoses
  13. Transfers with patients with non-complex diagnoses
  14. Basic postural assessment
  15. Shoulder Mobilizations Grades 1 thru 3

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• Students are expected to be performing at a minimal of the 75% mark on the VAS scale on indicators 1-6 in the CPI by the end of the rotation.
• The student should be able to monitor a small caseload with patients with non-complex diagnoses by the end of the rotation.

**Tips for Clinical Instructors:**
• Setting weekly goals may help facilitate communication and assist the student and CI in tracking progress.
• Please, be specific in your expectations early in the rotation.
• You are encouraged to be creative and may assign homework for exercise progressions or information gathering. You may ask the student to do an in-service or project. (These are suggestions and not requirements)
• **Contact the ACCE immediately to address any issues or concerns as described in the Clinical Manual.**

We sincerely appreciate the time and energy you are investing in the profession and each student. Our program could not be complete without your effort and valuable expertise. Please contact us with any questions or concerns that you may have.

Jane Stroede: 608-258-2307 or jlstroede@matcmadison.edu
Wendy McNall: 608-258-2362 or wmcnall@matcmadison.edu

### 4.5 Guidelines for Clinical Practice 3

**What to expect of the student…**
• Students are expected to have filled out and mailed to you:
  1. Clinical Objectives Form
  2. Introductory letter
• Students are expected to be familiar with:
  1. Expectations in relation to filling out the CPI as instructed by the ACCE
  2. Dress code
  3. Criteria for passing the rotation and course syllabus as instructed by the ACCE
• Students can be expected to perform with minimal guidance on the first day(s):
  1. Goniometric measurements
  2. ROM (passive, active assisted and active)
  3. MMT
  4. Anthropometrical measures
  5. Modalities (after reviewing facilities specific machines with clinic staff)
  6. Basic exercise interventions with and without equipment (students may request review of equipment specific to the facility) Choosing appropriate exercise/stretching options.
  7. Vitals
  8. Subjective pain scale information
  9. Palpation of extremities
  10. Basic documentation (subjective, objective, assessment and plan information)
  11. Fitting of assistive devices
  12. Ambulation training with patients (patient complexity level per CI)
13. Transfers with patients (patient complexity level per CI)
14. Basic postural assessment
15. Shoulder Mobilizations Grades 1 thru 3

- Students are expected to be performing at a minimal of the 100% mark on the VAS scale on indicators 1-6 in the CPI by the end of the rotation. Students are expected to be at entry level at 18/20 indicators. Items 1-8 and 12 must be entry level.
- The student should be able to monitor a small caseload by the end of the rotation.

Tips for Clinical Instructors:
- Contact the ACCE immediately to address any issues or concerns as described in the Clinical Manual.
- Students may demonstrate the ability beyond entry level and may be assigned patient intervention at the discretion of the CI as described in the WI Practice Act PTA Supervision Section 5. (Delegation based on PT’s assessment of the PTA’s experience, skills and training).

We sincerely appreciate the time and energy you are investing in the profession and each student. Our program could not be complete without your effort and valuable expertise. Please contact us with any questions or concerns that you may have.

Jane Stroede: 608-258-2307 or jlstroede@madisoncollege.edu
Wendy McNall: 608-258-2362 or wmcnall@madisoncollege.edu

4.6 Criteria for Passing Clinical Practice 2 & 3

Criteria for Passing Clinical Practice 2

In order to successfully pass the clinical education component of Clinical Practice 2, the student must meet the following requirements:

NOTE: A student that is currently in poor academic standing (below 78%) and is unable to score enough points to pass the course will not be allowed to attend the clinical rotation.

13. **Prepares** self prior to attending the clinical experience.
   a. Checks clinical site information on file in the ACCE office and/or discusses with ACCE
   b. Makes a rough draft of 4 learning objectives for the clinical rotation that must be shared with the ACCE prior to the start of the rotation. (Completes the final draft of these objectives after meeting with the ACCE and mails these, along with an introductory letter to the CI a minimum of 2 weeks prior to the rotation start date)
   c. Contacts the CI by phone or e-mail 2 weeks prior to starting clinical rotations

14. **Attends** the clinical rotation as outlined in the Clinical Education Attendance Policy. (If a day needs to be missed, student must follow all steps outlined in the course syllabus and Clinical Education Manual) All missed clinical days should be made up (if it fits into the facility schedule) or an alternative assignment may be given.

15. **Demonstrates** appropriate communication skills and professional conduct as indicated by satisfactory scoring of 100% on VAS scale shown on all items on CPI
Satisfactory progress is defined as scoring at least 75% on the VAS scale in the CPI items 7 thru 20 for Clinical Practice 2.

16. **Participates** in the assigned clinical rotation while following program, facility, profession policies, including but not limited to: dress code, professional behaviors, attendance, standard of ethics, and any information covered in the program student handbook, clinical manual, and/or PTA course syllabi.

17. **Participates** in the clinical rotation with no breaches of conduct. A breach of conduct will result in **immediate dismissal from the program**. Breaches of conduct include any of the following: failure to notify CI and ACCE of an absence or late arrival to the clinic; endangering the safety of patients, staff or self; lack of follow through of homework, research or treatment requests by CI or other clinical faculty (lack of initiative); not keeping CPR, TB and other records up to date; inappropriate communication skills with patients, staff or faculty.

18. **Progresses** towards entry-level (100% VAS scale) in all and meets a minimum of 18/20 CPI items by graduation by seeking learning opportunities. (Items 1-8 and 12 (9) must be included in entry level 18/20 at 100% for graduation).

19. **Participates** in the evaluation process by doing a self-evaluation, in the CPI during midterm and final evaluations. The final self-evaluation must be shared with the supervising CI and signed by both the student and the supervising CI.

20. **Participates** in the evaluation process by discussing the clinical instructor copy of the CPI. This must be signed by both the CI and the student.

21. **Evaluates** the clinical experience and shares the evaluation with the ACCE or designated instructor.

22. **Completes** the evaluation of the experience to share with peers in the clinical site information files in the ACCE office.

23. **Completes** any and all appropriate forms and turns them into the ACCE within 5 days of the rotation or on the mandatory date noticed by the instructor. These forms include:
   a. CPI-student copy and instructor copy (signed)
   b. Evaluation of the clinical experience
   c. Evaluation to share with peers in clinical site information files in ACCE office

The clinical education component of Clinical Practice 2 and 3 is graded on criteria found in the course syllabi. Failure to practice in a safe, legal or ethical manner as described in CPI items 1-6 may be grounds for failing the clinical education component of the course. Inappropriate, non-professional behaviors actions or words also outlined in CPI items 1-6 and in the course syllabus may also be grounds for failing clinical education. Comments and feedback of concern on the above listed items will trigger a review by the ACCE and other faculty if needed. Failure to follow all of the “Criteria for Passing Clinical Education” will result in a review as well. The decision regarding passing or failing clinical education will be made after reviewing all aspects of the student’s clinical education. A committee of all available PTA faculty members completes the review. The final decision is made by the ACCE. THERE WILL BE NO OPPORTUNITY FOR RE-MEDIATION IF AN INTERNSHIP IS TERMINATED OR IF THE INTERNSHIP IS NOT PASSED.
Criteria for Passing Clinical Internships 3

In order to successfully pass the clinical education component of Clinical Practice 2 and 3, the student must meet the following requirements: NOTE: A student that is currently in poor academic standing (below 78%) and is unable to score enough points to pass the course will not be allowed to attend the clinical rotation.

24. **Prepares** self prior to attending the clinical experience.
   a. Checks clinical site information on file in the ACCE office and/or discusses with ACCE
   b. Makes a rough draft of 4 learning objectives for the clinical rotation that must be shared with the ACCE prior to the start of the rotation. (Completes the final draft of these objectives after meeting with the ACCE and mails these, along with an introductory letter to the CI a minimum of 2 weeks prior to the rotation start date)
   c. Contacts the CI by phone or e-mail 2 weeks prior to starting clinical rotations

25. **Attends** the clinical rotation as outlined in the Clinical Education Attendance Policy. (If a day needs to be missed, student must follow all steps outlined in the course syllabus and Clinical Education Manual) All missed clinical days should be made up (if it fits into the facility schedule) or an alternative assignment may be given.

26. **Demonstrates** appropriate communication skills and professional conduct as indicated by satisfactory progress being shown on all items on CPI items 1-6. Satisfactory progress is defined as scoring at least 100% on the VAS scale in the CPI for Clinical Practice 3 internship.

27. **Participates** in the assigned clinical rotation while following program, facility, profession policies, including but not limited to: dress code, professional behaviors, attendance, standard of ethics, and any information covered in the program student handbook, clinical manual, and/or PTA course syllabi.

28. **Participates** in the clinical rotation with no breaches of conduct. A breach of conduct will result in immediate dismissal from the program. Breaches of conduct include any of the following: failure to notify CI and ACCE of an absence or late arrival to the clinic; endangering the safety of patients, staff or self; lack of follow through of homework, research or treatment requests by CI or other clinical faculty (lack of initiative); not keeping CPR, TB and other records up to date; inappropriate communication skills with patients, staff or faculty.

29. **Progresses** towards entry-level in all and meets a minimum of 18/20 CPI items by graduation by seeking learning opportunities. Items 1-8 and 12 must be entry level of the 18/20.

30. **Participates** in the evaluation process by doing a self-evaluation, in the CPI during midterm and final evaluations. The final self-evaluation must be shared with the supervising CI and signed by both the student and the supervising CI.

31. **Participates** in the evaluation process by discussing the clinical instructor copy of the CPI. This must be signed by both the CI and the student.

32. **Evaluates** the clinical experience and shares the evaluation with the ACCE or designated instructor.
33. **Completes** the evaluation of the experience to share with peers in the clinical site information files in the ACCE office.

34. **Completes** any and all appropriate forms and turns them into the ACCE within 5 days of the rotation.  
   These forms include:
   a. CPI-student copy and instructor copy (signed)  
   b. Evaluation of the clinical experience  
   c. Evaluation to share with peers in clinical site information files in ACCE office

The clinical education component of Clinical Practice 3 is graded on criteria found in the course syllabi. Failure to practice in a safe, legal or ethical manner as described in CPI items 1-6 may be grounds for failing the clinical education component of the course. Inappropriate, non-professional behaviors actions or words also outlined in CPI items 1-6 and in the course syllabus may also be grounds for failing clinical education. Comments and feedback of concern on the above listed items will trigger a review by the ACCE and other available faculty if needed. Failure to follow all of the “Criteria for Passing Clinical Education” will result in a review as well. The decision regarding passing or failing clinical education will be made after reviewing all aspects of the student’s clinical education. A committee of available PTA faculty members completes the review. The final decision is made by the ACCE. THERE WILL BE NO OPPORTUNITY FOR REMEDIATION IF AN INTERNSHIP IS TERMINATED OR IF THE INTERNSHIP IS NOT PASSED.
### 4.8 CPI Grading Criteria Minimums Clinical Practice 1, 2 & 3

**Madison College CPI Criterion Expectations for clinical at MidTerm (M) and at Final (F)**

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*patient, family, caregivers, staff, students, and other health care practitioners*
APPENDIX A

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT

HOD P06-05-18-26 [Amended HOD 06-00-16-27; HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11-06; HOD 06-93-08-09; HOD 06-85-20-41; Initial HOD 06-84-16-72/HOD 06-78-22-61/HOD 06-77-19-37] [Position]

Physical therapists have a responsibility to deliver services in ways that protect the public safety and maximize the availability of their services. They do this through direct delivery of services in conjunction with responsible utilization of physical therapist assistants who assist with selected components of intervention. The physical therapist assistant is the only individual permitted to assist a physical therapist in selected interventions under the direction and supervision of a physical therapist.

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. Initial examination, 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 physical therapy interventions and when it may be appropriate to utilize the physical therapist assistant. A physical therapist shall determine the most appropriate utilization of the physical therapist assistant that provides for the delivery of service that is safe, effective, and efficient.
5. Reexamination of the patient/client in light of their goals, and revision of the plan of care when indicated.
6. Establishment of the discharge plan and documentation of discharge summary/status.
7. Oversight of all documentation for services rendered to each patient/client.

The physical therapist remains responsible for the physical therapy services provided when the physical therapist’s plan of care involves the physical therapist assistant to assist with selected interventions. Regardless of the setting in which the service is provided, the determination to utilize physical therapist assistants for selected interventions 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 is a technically educated health care provider who assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant associate degree 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 related to patient/client management. The physical therapist assistant may perform selected physical therapy interventions 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 perform the selected interventions as directed shall be assessed on an ongoing basis by the supervising physical therapist. The physical therapist assistant makes modifications to selected interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort.

The physical therapist assistant must work under the direction and at least general supervision of the physical therapist. In all practice settings, the performance of selected interventions 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.

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 treating patients/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 those situations in which a physical therapist assistant is involved in the care of a patient/client, a supervisory visit by the physical therapist will 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 discharge, and in response to a change in the patient’s/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/client.
   c. A supervisory visit should 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; (Practice Department, ext 3176)
[Document updated: 12/14/2009]

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

Guide for Conduct of the Physical Therapist Assistant

Purpose
This Guide for Conduct of the Physical Therapist Assistant (Guide) is intended to serve physical therapist assistants in interpreting the Standards of Ethical Conduct for the Physical Therapist Assistant (Standards) of the American Physical Therapy Association (APTA). The APTA House of Delegates in June of 2009 adopted the revised Standards, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapist assistants may determine the propriety of their conduct. It is also intended to guide the development of physical therapist assistant students. The Standards and the Guide apply to all physical therapist assistants. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting the Ethical Standards
The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist assistant in applying general ethical standards to specific situations. They address some but not all topics addressed in the Standards and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Standards when necessary and as needed.

Preamble to the Standards
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.

Interpretation:
Upon the Standards of Ethical Conduct for the Physical Therapist Assistant being amended effective July 1, 2010; all the lettered standards contain the word “shall” and are mandatory ethical obligations. The language contained in the Standards is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Standards. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the Standards were revised was to provide physical therapist assistants with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.
The Preamble states that “[n]o document that delineates ethical standards can address every situation.” The Preamble also states that 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.” Potential sources for advice or counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist assistant’s ethical decision-making process is the examination of his or her unique set of facts relative to the Standards.

**STANDARD 1:** Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

**Respect**

Standard 1A states as follows:

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.

**Interpretation:** Standard 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

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

**Altruism**

Standard 2A states as follows:

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

**Interpretation:** Standard 2A addresses acting in the best interest of patients/clients over the interests of the physical therapist assistant. Often this is done without thought, but sometimes, especially at the end of the day when the clinician is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist assistant may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

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.

Sound Decisions: Standard 3C states as follows:

3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

Interpretation: To fulfill 3C, the physical therapist assistant must be knowledgeable about his or her legal scope of work as well as level of competence. As a physical therapist assistant gains experience and additional knowledge, there may be areas of physical therapy interventions in which he or she displays advanced skills. At the same time, other previously gained knowledge and skill may be lost due to lack of use. To make sound decisions, the physical therapist assistant must be able to self-reflect on his or her current level of competence.

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.

Supervision: Standard 3E states as follows:

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.

Interpretation: Standard 3E goes beyond simply stating that the physical therapist assistants under the supervision of the physical therapist. Although a physical therapist retains responsibility for the patient/client throughout the episode of care, this standard and requires the physical therapist assistant to take action by communicating with the supervising physical therapist when changes in the patient/client status indicate that modifications to the plan of care may be needed. Further information on supervision via APTA policies and resources is available on the APTA Web site.

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. A physical therapist assistant shall comply with laws and regulations governing physical therapy.
Integrity in Relationships: Standard 4

**Interpretation:** Standard 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapist assistants come into contact with in the normal provision of physical therapy services. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one’s role as a member of that team.

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).

**Reporting:**

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

**Interpretation:** When considering the application of “when appropriate” under Standard 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation’s unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation with Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

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.

**Exploitation:**

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

**Interpretation:** The statement is fairly clear — sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Standard 4 is consistent with Standard 4B, which states:
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).

Next, consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients/Former Patients (modified for physical therapist assistants):

A physical therapist [as assistant] stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist [assistant] has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.

One’s ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

.....

The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

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.

Colleague Impairment: Standard 5D and 5E states as follows:

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.

**Interpretation:** The central tenet of Standard 5D and 5E is that inaction is not an option for a physical therapist assistant when faced with the circumstances described. Standard 5D states that a physical therapist assistant shall encourage colleagues to seek assistance or counsel while Standard 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on the physical therapist assistant’s part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting someone’s work responsibilities.

Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

**STANDARD 6:** Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

**Clinical Competence:**

6A. Physical therapist assistants shall achieve and maintain clinical competence.

**Interpretation:** 6A should cause physical therapist assistants to reflect on their current level of clinical competence, to identify and address gaps in clinical competence, and to commit to the maintenance of clinical competence throughout their career. The supervising physical therapist can be a valuable partner in identifying areas of knowledge and skill that the physical therapist assistant needs for clinical competence and to meet the needs of the individual physical therapist, which may vary according to areas of interest and expertise. Further, the physical therapist assistant may request that the physical therapist serve as a mentor to assist him or her in acquiring the needed knowledge and skills. Additional resources on Continuing Competence are available on the APTA Web site.

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.
Lifelong Learning:

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

**Interpretation:** 6C points out the physical therapist assistant’s obligation to support an environment conducive to career development and learning. The essential idea here is that the physical therapist assistant encourage and contribute to the career development and lifelong learning of himself or herself and others, whether or not the employer provides support.

**STANDARD 7: Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.**

**Interpretation:** Standard 7 reflects a shift in the Standards. One criticism of the former version was that it addressed primarily face-to-face clinical practice settings. Accordingly, Standard 7 addresses ethical obligations in organizational and business practices on a patient/client and societal level.

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.

**Documenting Interventions:**

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

**Interpretation:** 7D addresses the need for physical therapist assistants to make sure that they thoroughly and accurately document the interventions they provide to patients/clients and document related data collected from the patient/client. The focus of this Standard is on ensuring documentation of the services rendered, including the nature and extent of such services.

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.**

**Support Health Needs:**

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
Interpretation: 8A addresses the issue of support for those least likely to be able to afford physical therapy services. The Standard does not specify the type of support that is required. Physical therapist assistants may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues. When providing such services, including pro bono services, physical therapist assistants must comply with applicable laws, and as such work under the direction and supervision of a physical therapist. Additional resources on pro bono physical therapy services are available on the APTA Web site.

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.
## APPENDIX C

**Professional Behavior Criteria**
(adopted and adapted from Professional Behaviors for the 21st Century)

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<tbody>
<tr>
<td></td>
<td>✤ Raises relevant questions</td>
<td>✤ Feels challenged to examine ideas</td>
<td>✤ Distinguishes relevant from irrelevant patient data</td>
<td>✤ Develops new knowledge through research, professional writing and/or professional presentations</td>
<td>✤ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting</td>
<td>✤ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</td>
<td>✤ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups</td>
</tr>
<tr>
<td></td>
<td>✤ Considers all available information</td>
<td>✤ Critically analyzes the literature and applies it to patient management</td>
<td>✤ Readily formulates and critiques alternative hypotheses and ideas</td>
<td>✤ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process</td>
<td>✤ Recognizes impact of non-verbal communication in self and others</td>
<td>✤ Restates, reflects and clarifies message(s)</td>
<td>✤ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups</td>
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<tr>
<td></td>
<td>✤ Articulates ideas</td>
<td>✤ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas</td>
<td>✤ Infers applicability of information across populations</td>
<td>✤ Weighs information value based on source and level of evidence</td>
<td>✤ Recognizes the verbal and non-verbal characteristics that portray confidence</td>
<td>✤ Communicates collaboratively with both individuals and groups</td>
<td>✤ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing</td>
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<tr>
<td></td>
<td>✤ Understands the scientific method</td>
<td>✤ Seeks alternative ideas</td>
<td>✤ Exhibits openness to contradictory ideas</td>
<td>✤ Identifies complex patterns of associations</td>
<td>✤ Distinguishes when to think intuitively vs. analytically</td>
<td>✤ Collects necessary information from all pertinent individuals in the patient/client management process</td>
<td>✤ Provides effective education (verbal, non-verbal, written and electronic)</td>
</tr>
<tr>
<td></td>
<td>✤ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)</td>
<td>✤ Formulates alternative hypotheses</td>
<td>✤ Identifies appropriate measures and determines effectiveness of applied solutions efficiently</td>
<td>✤ Distinguishes when to think intuitively vs. analytically</td>
<td>✤ Recognizes own biases and suspends judgmental thinking</td>
<td>✤ Challenges others to think critically</td>
<td>✤ Provides effective education (verbal, non-verbal, written and electronic)</td>
</tr>
<tr>
<td></td>
<td>✤ Recognizes holes in knowledge base</td>
<td>✤ Critiques hypotheses and ideas at a level consistent with knowledge base</td>
<td>✤ Acknowledges presence of contradictions</td>
<td>✤ Demonstrates acceptance of limited knowledge and experience</td>
<td>✤ Challenges others to think critically</td>
<td>✤ Challenges others to think critically</td>
<td>✤ Provides effective education (verbal, non-verbal, written and electronic)</td>
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<td></td>
<td>✤ Demonstrates acceptance of limited knowledge and experience</td>
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<tr>
<td>Interpersonal Skills</td>
<td>Behavioral Criteria</td>
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<tr>
<td><strong>Entry Level</strong></td>
<td>Maintains professional demeanor in all interactions</td>
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<td></td>
<td>Demonstrates interest in patients as individuals</td>
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<td></td>
<td>Communicates with others in a respectful and confident manner</td>
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<td></td>
<td>Respects differences in personality, lifestyle and learning styles during interactions with all persons</td>
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<td></td>
<td>Maintains confidentiality in all interactions</td>
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<td></td>
<td>Recognizes the emotions and bias that one brings to all professional interactions</td>
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<tr>
<td><strong>Intermediate</strong></td>
<td>Recognizes the non-verbal communication and emotions that others bring to professional interactions</td>
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<td></td>
<td>Establishes trust</td>
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<td></td>
<td>Seeks to gain input from others</td>
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<tr>
<td></td>
<td>Respects role of others</td>
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<tr>
<td></td>
<td>Accommodates differences in learning styles as appropriate</td>
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<tr>
<td><strong>Post Entry</strong></td>
<td>Demonstrates active listening skills and reflects back to original concern to determine course of action</td>
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<td></td>
<td>Responds effectively to unexpected situations</td>
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<tr>
<td></td>
<td>Demonstrates ability to build partnerships</td>
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<td></td>
<td>Applies conflict management strategies when dealing with challenging interactions</td>
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<td></td>
<td>Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</td>
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<td></td>
<td>Establishes mentor relationships</td>
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<td></td>
<td>Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction</td>
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<table>
<thead>
<tr>
<th>Problem Solving</th>
<th>Behavioral Criteria</th>
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<tbody>
<tr>
<td><strong>Beginning</strong></td>
<td>Recognizes problems</td>
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<tr>
<td></td>
<td>States problems clearly</td>
</tr>
<tr>
<td></td>
<td>Describes known solutions to problems</td>
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<td></td>
<td>Identifies resources needed to develop solutions</td>
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<tr>
<td></td>
<td>Uses technology to search for and locate resources</td>
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<tr>
<td></td>
<td>Identifies possible solutions and probable outcomes</td>
</tr>
<tr>
<td><strong>Intermediate</strong></td>
<td>Prioritizes problems</td>
</tr>
<tr>
<td></td>
<td>Identifies contributors to problems</td>
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<tr>
<td></td>
<td>Consults with others to clarify problems</td>
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<tr>
<td></td>
<td>Appropriately seeks input or guidance</td>
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<tr>
<td></td>
<td>Prioritizes resources (analysis and critique of resources)</td>
</tr>
<tr>
<td></td>
<td>Considers consequences of possible solutions</td>
</tr>
<tr>
<td><strong>Entry Level</strong></td>
<td>Independently locates, prioritizes and uses resources to solve problems</td>
</tr>
<tr>
<td></td>
<td>Accepts responsibility for implementing solutions</td>
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<tr>
<td></td>
<td>Implements solutions</td>
</tr>
<tr>
<td></td>
<td>Reassesses solutions</td>
</tr>
<tr>
<td></td>
<td>Evaluates outcomes</td>
</tr>
<tr>
<td></td>
<td>Modifies solutions based on the outcome and current evidence</td>
</tr>
<tr>
<td></td>
<td>Evaluates generalizability of current evidence to a particular problem</td>
</tr>
<tr>
<td><strong>Post Entry</strong></td>
<td>Weighs advantages and disadvantages of a solution to a problem</td>
</tr>
<tr>
<td></td>
<td>Participates in outcome studies</td>
</tr>
<tr>
<td></td>
<td>Participates in formal quality assessment in work environment</td>
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<tr>
<td></td>
<td>Seeks solutions to community health-related problems</td>
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<tr>
<td></td>
<td>Considers second and third order effects of solutions chosen</td>
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</tbody>
</table>

<p>| Post Entry Level Behavioral Criteria | Maintains open and constructive communication |
|--------------------------------------| Utilizes communication technology effectively and efficiently |
|                                       | Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning |
|                                       | Effectively delivers messages capable of influencing patients, the community and society |
|                                       | Provides education locally, regionally and/or nationally |
|                                       | Mediates conflict |</p>
<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Beginning Level Behavioral Criteria</th>
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<tbody>
<tr>
<td></td>
<td>Demonstrates punctuality</td>
</tr>
<tr>
<td></td>
<td>Provides a safe and secure environment for patients</td>
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<td>Assumes responsibility for actions</td>
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<td></td>
<td>Follows through on commitments</td>
</tr>
<tr>
<td></td>
<td>Articulates limitations and readiness to learn</td>
</tr>
<tr>
<td></td>
<td>Abides by all policies of academic program and clinical facility</td>
</tr>
<tr>
<td>Intermediate Level Behavioral Criteria</td>
<td>Displays awareness of and sensitivity to diverse populations</td>
</tr>
<tr>
<td></td>
<td>Completes projects without prompting</td>
</tr>
<tr>
<td></td>
<td>Delegates tasks as needed</td>
</tr>
<tr>
<td></td>
<td>Collaborates with team members, patients and families</td>
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<tr>
<td></td>
<td>Provides evidence-based patient care</td>
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<table>
<thead>
<tr>
<th>Entry Level Behavioral Criteria</th>
<th>Educates patients as consumers of health care services</th>
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<tbody>
<tr>
<td></td>
<td>Encourages patient accountability</td>
</tr>
<tr>
<td></td>
<td>Directs patients to other health care professionals as needed</td>
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<tr>
<td></td>
<td>Acts as a patient advocate</td>
</tr>
<tr>
<td></td>
<td>Promotes evidence-based practice in health care settings</td>
</tr>
<tr>
<td></td>
<td>Accepts responsibility for implementing solutions</td>
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<tr>
<td></td>
<td>Demonstrates accountability for all decisions and behaviors in academic and clinical settings</td>
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<tr>
<th>Post Entry Level Behavioral Criteria</th>
<th>Recognizes role as a leader</th>
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<tbody>
<tr>
<td></td>
<td>Encourages and displays leadership</td>
</tr>
<tr>
<td></td>
<td>Facilitates program development and modification</td>
</tr>
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<td></td>
<td>Promotes clinical training for students and coworkers</td>
</tr>
<tr>
<td></td>
<td>Monitors and adapts to changes in the health care system</td>
</tr>
<tr>
<td></td>
<td>Promotes service to the community</td>
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<thead>
<tr>
<th>Professionalism</th>
<th>Beginning Level Behavioral Criteria</th>
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<tbody>
<tr>
<td></td>
<td>Abides by all aspects of the academic program honor code and the APTA Code of Ethics</td>
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<tr>
<td></td>
<td>Demonstrates awareness of state licensure regulations</td>
</tr>
<tr>
<td></td>
<td>Projects professional image</td>
</tr>
<tr>
<td></td>
<td>Attends professional meetings</td>
</tr>
<tr>
<td></td>
<td>Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</td>
</tr>
<tr>
<td>Intermediate Level Behavioral Criteria</td>
<td>Identifies positive professional role models within the academic and clinical settings</td>
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<tr>
<td></td>
<td>Acts on moral commitment during all academic and clinical activities</td>
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<tr>
<td></td>
<td>Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making</td>
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<tr>
<td></td>
<td>Discusses societal expectations of the profession</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Entry Level Behavioral Criteria</th>
<th>Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity</td>
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<tr>
<td></td>
<td>Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development</td>
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<tr>
<td></td>
<td>Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices</td>
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<tr>
<td></td>
<td>Discusses role of physical therapy within the healthcare system and in population health</td>
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<td></td>
<td>Demonstrates leadership in collaboration with both individuals and groups</td>
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<thead>
<tr>
<th>Post Entry Level Behavioral Criteria</th>
<th>Actively promotes and advocates for the profession</th>
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<tbody>
<tr>
<td></td>
<td>Pursues leadership roles</td>
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<td></td>
<td>Supports research</td>
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<td></td>
<td>Participates in program development</td>
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</table>

Madison College
Clinical Education Manual
Use of Constructive Feedback

<table>
<thead>
<tr>
<th>Level</th>
<th>Behavioral Criteria</th>
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</thead>
<tbody>
<tr>
<td><strong>Beginning</strong></td>
<td>Demonstrates active listening skills</td>
</tr>
<tr>
<td>Level Behavioral Criteria</td>
<td>Assesses own performance</td>
</tr>
<tr>
<td></td>
<td>Actively seeks feedback from appropriate sources</td>
</tr>
<tr>
<td></td>
<td>Demonstrates receptive behavior and positive attitude toward feedback</td>
</tr>
<tr>
<td></td>
<td>Incorporates specific feedback into behaviors</td>
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<tr>
<td></td>
<td>Maintains two-way communication without defensiveness</td>
</tr>
<tr>
<td><strong>Intermediate</strong></td>
<td>Critiques own performance accurately</td>
</tr>
<tr>
<td>Level Behavioral Criteria</td>
<td>Responds effectively to constructive feedback</td>
</tr>
<tr>
<td></td>
<td>Utilizes feedback when establishing professional and patient related goals</td>
</tr>
<tr>
<td></td>
<td>Develops and implements a plan of action in response to feedback</td>
</tr>
<tr>
<td></td>
<td>Provides constructive and timely feedback</td>
</tr>
<tr>
<td><strong>Entry Level</strong></td>
<td>Independently engages in a continual process of self evaluation of skills, knowledge and abilities</td>
</tr>
<tr>
<td>Behavioral Criteria</td>
<td>Seeks feedback from patients/clients and peers/mentors</td>
</tr>
<tr>
<td></td>
<td>Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</td>
</tr>
<tr>
<td></td>
<td>Uses multiple approaches when responding to feedback</td>
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<tr>
<td></td>
<td>Reconciles differences with sensitivity</td>
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<tr>
<td></td>
<td>Modifies feedback given to patients/clients according to their learning styles</td>
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Effective use of Time and Resources

<table>
<thead>
<tr>
<th>Level</th>
<th>Behavioral Criteria</th>
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<tbody>
<tr>
<td><strong>Beginning</strong></td>
<td>Comes prepared for the day’s activities/responsibilities</td>
</tr>
<tr>
<td>Level Behavioral Criteria</td>
<td>Identifies resource limitations (i.e. information, time, experience)</td>
</tr>
<tr>
<td></td>
<td>Determines when and how much help/assistance is needed</td>
</tr>
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<td></td>
<td>Accesses current evidence in a timely manner</td>
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<td></td>
<td>Verbalizes productivity standards and identifies barriers to meeting productivity standards</td>
</tr>
<tr>
<td></td>
<td>Self-identifies and initiates learning opportunities during unscheduled time</td>
</tr>
<tr>
<td><strong>Intermediate</strong></td>
<td>Utilizes effective methods of searching for evidence for practice decisions</td>
</tr>
<tr>
<td>Level Behavioral Criteria</td>
<td>Recognizes own resource contributions</td>
</tr>
<tr>
<td></td>
<td>Shares knowledge and collaborates with staff to utilize best current evidence</td>
</tr>
<tr>
<td></td>
<td>Discusses and implements strategies for meeting productivity standards</td>
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<tr>
<td></td>
<td>Identifies need for and seeks referrals to other disciplines</td>
</tr>
<tr>
<td><strong>Entry Level</strong></td>
<td>Uses current best evidence</td>
</tr>
<tr>
<td>Behavioral Criteria</td>
<td>Collaborates with members of the team to maximize the impact of treatment available</td>
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<tr>
<td></td>
<td>Has the ability to set boundaries, negotiate, compromise, and set realistic expectations</td>
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<td></td>
<td>Gathers data and effectively interprets and assimilates the data to determine plan of care</td>
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<td></td>
<td>Utilizes community resources in discharge planning</td>
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<tr>
<td></td>
<td>Adjusts plans, schedule etc. as patient needs and circumstances dictate</td>
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<tr>
<td></td>
<td>Meets productivity standards of facility while providing quality care and completing non-productive work activities</td>
</tr>
<tr>
<td><strong>Post Entry</strong></td>
<td>Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)</td>
</tr>
<tr>
<td>Level Behavioral Criteria</td>
<td>Applies best evidence considering available resources and constraints</td>
</tr>
<tr>
<td></td>
<td>Organizes and prioritizes effectively</td>
</tr>
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<td></td>
<td>Prioritizes multiple demands and situations that arise on a given day</td>
</tr>
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<td></td>
<td>Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care</td>
</tr>
<tr>
<td>Stage</td>
<td>Level</td>
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</tbody>
</table>
| Stress Management | Beginning Level | • Recognizes own stressors  
• Recognizes distress or problems in others  
• Seeks assistance as needed  
• Maintains professional demeanor in all situations |
|  | Intermediate Level | • Actively employs stress management techniques  
• Reconciles inconsistencies in the educational process  
• Maintains balance between professional and personal life  
• Accepts constructive feedback and clarifies expectations  
• Establishes outlets to cope with stressors |
|  | Entry Level Behavioral Criteria | • Demonstrates appropriate affective responses in all situations  
• Responds calmly to urgent situations with reflection and debriefing as needed  
• Prioritizes multiple commitments  
• Reconciles inconsistencies within professional, personal and work/life environments  
• Demonstrates ability to defuse potential stressors with self and others |
|  | Post Entry Level Behavioral Criteria | • Recognizes when problems are unsolvable  
• Assists others in recognizing and managing stressors  
• Demonstrates preventative approach to stress management  
• Establishes support networks for self and others  
• Offers solutions to the reduction of stress  
• Models work/life balance through health/wellness behaviors in professional and personal life |
| Commitment to Learning | Beginning Level | • Prioritizes information needs  
• Analyzes and subdivides large questions into components  
• Identifies own learning needs based on previous experiences  
• Welcomes and/or seeks new learning opportunities  
• Seeks out professional literature  
• Plans and presents an in-service, research or cases studies |
|  | Intermediate Level Behavioral Criteria | • Researches and studies areas where own knowledge base is lacking in order to augment learning and practice  
• Applies new information and re-evaluates performance  
• Accepts that there may be more than one answer to a problem  
• Recognizes the need to and is able to verify solutions to problems  
• Reads articles critically and understands limits of application to professional practice |
|  | Entry Level Behavioral Criteria | • Respectfully questions conventional wisdom  
• Formulates and re-evaluates position based on available evidence  
• Demonstrates confidence in sharing new knowledge with all staff levels  
• Modifies programs and treatments based on newly-learned skills and considerations  
• Consults with other health professionals and physical therapists for treatment ideas |
|  | Post Entry Level Behavioral Criteria | • Acts as a mentor not only to other PTA’s, but to other health professionals  
• Utilizes mentors who have knowledge available to them  
• Continues to seek and review relevant literature  
• Works towards clinical specialty certifications  
• Seeks specialty training  
• Is committed to understanding the PTA’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)  
• Pursues participation in clinical education as an educational opportunity |
Latex Sensitivity Acknowledgement

I have reviewed the Latex Sensitivity material in my program handbook. I understand that Latex Allergy is a significant problem for some health care workers and may become life threatening for individuals with severe hypersensitivity. I understand that if I develop any reactions to latex, I am to report this to my academic or clinical instructor immediately.

While Madison College has made every effort to provide a latex reduced environment, it is not possible to guarantee a completely latex free environment. We cannot ensure that latex will not be encountered in laboratories, or outside clinical rotations required in the program.

Signed: ____________________________________________________________

Date: _____________________________________________________________________

Student Name: __________________________________________________________

Program: Physical Therapist Assistant
Madison College
Physical Therapist Assistant Program

Confidentiality Agreement

The faculty at Madison College acknowledges the extreme importance of confidentiality with respect to the affairs of all patients in all clinical agencies. In light of this acknowledgment, each student agrees to keep confidential all information acquired pertaining to any clinical agency and any related activities in the course of clinical education. This commitment to confidentiality includes:

• Any information regarding the patient, the patient’s family, or health issues related to the patient
• Information regarding the strategic plan, programs, and process toward meeting goals in the agency plan
• Issues related to legal, moral, and regulatory responsibility for the oversight of patient quality. This includes information regarding appointment and reappointment of professionals to the medical staff; information included in quality reports and statistical data regarding the agency’s clinical services and patient care; risk management and malpractice information; and individual professional performance and reviews of attitudes and opinions from those who work for the agency
• Financial information including annual budgets, revenues, expenses, long-term capital expenditure plans and equipment purchases, and information regarding the agency’s financial condition such as debt, liquidity, return on investment, profitability, and other financial data
• Employment information including employee salaries, employment agreements, and terms and conditions of employment

It is particularly important that the student recognizes the sensitivity of information regarding medical recruitment plans, capital decisions, real estate purchases, decisions regarding closures, mergers, and other strategic plans that may have impact on the agency’s competitive position relative to other health care providers (both institutional and individual) in the service area.

__________________________  __________________
Signature                  Date

__________________________
Print Name
Statement of Acknowledgement/Agreement/Understanding

After reading the PTA Program Clinical Education Manual, please initial before each statement if you are in agreement with it.

_________ I have read and agree to abide by the terms of the Madison College policy regarding confidentiality. (initials)

_________ I acknowledge receipt of the Madison College Physical Therapist Assistant Program Clinical Education Manual. I understand that Physical Therapist Assistant Program policies concerning academic performance apply to classes I have taken before I enter the Physical Therapist Assistant Program. (initials)

_________ I have read, understand, and agree to abide by the guidelines outlined in the Madison College PTA Program Clinical Education Manual. (initials)

_________ I acknowledge that I will be in an environment that contains latex products. I can function around equipment/supplies that contain latex and do not have an allergy to latex. (initials)

_________ I have read the Madison College’s Policies and Procedures regarding Standard Precautions and Blood Borne Pathogen Exposure. I understand my responsibilities and agree to abide by the terms of the policy and procedure. (initials)

_________ I have read and understand the Policy of Informed Consent specific to the student in the Clinical Education courses of the physical therapist assistant program. (initials)

________________________________________________________________________
Print Student’s Full Name

________________________________________________________________________
Student’s Signature Date

**Student’s Copy**
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## Statement of Acknowledgement/Agreement/Understanding

After reading the PTA Program Clinical Education Manual and the, please initial before each statement if you are in agreement with it.

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Date

**Program Copy**