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INTRODUCTION

Clinical education is an important phase of physical therapy education for it is the clinical setting where students learn to synthesize and apply knowledge, work as a team member and develop clinical judgment. Clinical education provides the avenue for transition from student to practitioner. Clinical education emphasizes analysis of movement impairments and the application of principles of rehabilitation as they learn to manage the patient’s diseases and conditions across the life span and the continuum of care. In the clinical setting, students learn to assess the patient within their environment and to make clinical judgments concerning interventions. A student who functions at this high level of performance not only must have acquired basic knowledge, but must be open to constructive feedback from mentors who guide the student in the application of evidence based practice. Through the clinical education process, students develop attitudes, values, beliefs and behaviors which support their ethical and professional development.
PURPOSES OF CLINICAL EDUCATION (In this section I would revisit what CAPTE elements for clinical education, as well as the divisions handbook, to synthesis your own philosophy about the purpose of clinical education. Again, the resources below are old. I don’t see anything about interprofessional education either.

I. EDUCATIONAL PURPOSES

The clinical education program is a planned, organized, sequential and integrated process designed to facilitate achievement of expected student outcomes which prepare students to provide physical therapy care to individuals with disease/disorders involving the major systems. Students are prepared to manage patients with multiple system disorders and chronic illnesses across the life span and the continuum of care. The Clinical Education program at EPCC provides 720 hours of supervised experience, using Clinical Education Instructors who are employed in physical therapy settings, for both integrated and full time terminal experiences (CAPTE Standard 6D).

While enrolled in the clinical practicum courses students will demonstrate competence in:

a. managing patients/clients with disease and conditions representative of those commonly seen in practice across the life span and the continuum of care.
b. working in a variety of practice settings representative of those in which physical therapy is commonly practiced;
c. be involved in interprofessional practice
d. demonstrates effective participation as a member of the PT and PTA team; and
e. participates in other experiences that lead to the achievement of the programs defined expected student outcomes.

Clinical competence is objectively measured using the most current edition of the Texas Alliance of Physical Therapist Assistant Educators PTA Manual for the Assessment of Clinical Skills. This manual identifies the minimal competencies of the entry level PTA, and is used to evaluate the achievement of data collection skills, intervention skills and professional behaviors expected of the Physical Therapist Assistant upon graduation. Additionally, this manual describes safe and effective clinical treatment, provides a mechanism for students to self-assess, and is a formative and summative assessment of student skills across a variety of clinical practice settings. The “Student Clinical Patient Tracking Form” will be submitted weekly for each patient the student has provided treatment for in each rotation. This will identify the ages, ICD codes, practice patterns and interventions. This will ensure all students are managing patient/clients with diseases and conditions representative of those commonly seen in practice across the life span and continuum of care.

While enrolled in clinical course work, students are formally assessed a minimum of one time at mid-term and again at the end of the clinical experience. The clinical instructor (CI) provides written feedback identifying the student’s strengths and weaknesses related to that specific work environment and the management of interventions provided to patient types within that work environment. It is expected that through frequent and planned CI-Student meetings, the student will gain clinical competence which is documented in the PTA MACs.

As part of this clinical experience students enrolled in the PTA program will also engage in the management of the patient supported by evidence in the literature for the efficacy of selected treatment
interventions. The grade the student receives in each clinical practicum course is a formula outlined in the course syllabus and based on both the clinical instructor and the academic clinical instructor’s objective measures of competency.

DESCRIPTION OF CLINICAL EDUCATION EXPERIENCES

During the 18 months of the didactic education program, the physical therapist assistant student gains competency in the classroom with specific skill sets. These skills are refined during the clinical experience through rotations at different clinical sites and mentorship by different clinical instructors. An attempt is made to assure that all students receive equivalent clinical experiences. In order to best achieve this objective, the formal clinical education component of the curriculum is divided into three (3) phases.

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>COURSE TITLE</th>
<th>SEMESTER</th>
<th>CLINIC HOURS</th>
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<td>Practicum (or Field Experience) Physical Therapist Assistant I</td>
<td>Second Semester (1st Year)</td>
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<td>Practicum (or Field Experience) Physical Therapist Assistant II</td>
<td>Summer Session</td>
<td>320</td>
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<tr>
<td>PTHA 2267</td>
<td>Practicum (or Field Experience) Physical Therapist Assistant III</td>
<td>Second Semester (2nd Year)</td>
<td>272</td>
<td>2</td>
</tr>
</tbody>
</table>

The Physical Therapist Assistant Manual for the Assessment of Clinical Skills is the clinical evaluation tool used to assess mastery of skills at “entry level” competency. This manual can assist the clinical instructor to plan appropriate levels of clinical experience, reassess the competency of previous assessed skills and assess the mastery of new skills within the respective rotation.

The first clinical rotation, PTHA 1166 – Practicum (or Field Experience) Physical Therapist Assistant I, occurs during the second half of the spring semester following the first two (2) academic semesters of the Physical Therapist Assistant coursework. This rotation includes a full time (35-40 hour/week) experience that lasts four (4) weeks for students enrolled in PTHA 1166. Upon entering this first rotation, students will have a satisfactory working knowledge of pathological processes, professional behaviors, effective interpersonal communication, manual and electronic documentation. These skills assess a patient’s response to physiological changes, gait and transfer training, joint range of motion, muscle strength, posture, functional abilities, and balance. They also assess the application of the following interventions: a variety of physical agents/modalities, massage, basic strengthening and stretching program for general debilitation, and orthopedic impairments across the life span. There is instruction in gait training with/without assistive devices, patient transfer education, and personal protection strategies. Students enrolled in this clinical experience are expected to be competent at entry level in the demonstration of professional behavior.

The second clinical rotation: PTHA 2266 – Practicum (or Field Experience) Physical Therapist Assistant II, is a full-time (35-40 hours/week) (8) weeks clinical experience in the summer following
successful completion of the first year in the program. Students entering the second rotation will continue to refine the above behaviors and intervention skills. At the conclusion of the second affiliation, students should continue to progress in competency in professional behaviors and the use of evidence based practice to guide the application of interventions in a variety of practice settings. The clinical syllabi identify three categories in the PTA MACS that students are expected to achieve prior to the end of final clinical experience. Category I: Professional Behaviors, category II: Data Collection and Interventions and category III: Site Specific Skills. Students are expected to achieve a minimum of 80% from both categories I and II. Category III may or may not be available at the facilities they are placed.

Following the summer PTHA 2266 – Practicum (or Field Experience) Physical Therapist Assistant II course, the students are enrolled in the fall for additional coursework in Neurology (PTHA 2305; Management of Neurological Disorders (PTHA 2431) and Special Topics in Clinical Practice for the PTA (PTHA 1491). Content area for these courses include data collection, patient management concepts across the life-span, evidence based practice, and interventions for pediatric, adult and geriatric patients with neurological and selected orthopedic conditions.

Additionally, the Rehabilitation Technique (PTHA 2435) course, students carry out advanced study and review of evidence based practice focusing on patients with vertebral dysfunction, cardiopulmonary impairments, Integumentary system as it relates to wound management, women’s health issues and discharge planning. Students also receive in advanced interventions utilizing aquatic therapy, prosthetic and orthotic rehabilitation, spinal rehabilitation, and myofacial release techniques.

In the final spring semester of the program the students are enrolled in PTHA 1339 Professional Issues and PTHA 2267 – Practicum (or Field Experience) Physical Therapist Assistant III. The professional issues course prepares the student for legal and ethical issues in healthcare, prepare the student for the licensing exam, covers management styles and responsibilities; practice issues associated with health care reimbursement, professional development and responsibilities of the employee in the workplace.

The final clinical rotation, PTHA 2267 – Practicum (or Field Experience) Physical Therapist Assistant III, occurs during the Spring Semester of the second and final academic year. During the last 6 weeks of the semester, the students attend their final full-time clinical experience (35-40 hours per week) in order to demonstrate entry level competency in all identified skills required to work independently under the direction of a supervising Physical Therapist.

By the end of the fifth semester of the program, the graduate Physical Therapist Assistant has completed 720 hours of clinical experiences. The varied experiences help to prepare well-educated, adaptable, and proficient physical therapist assistants to be able to work in a variety of health care settings.
ROLES AND RESPONSIBILITIES OF PARTICIPANTS

ACADEMIC COORDINATOR OF CLINICAL EDUCATION (ACCE)

The following description of the Roles and Responsibilities of the ACCE was developed from the American Physical Therapy Association publication, Model Position Description for the Academic Coordinator/Director of Clinical Education (Rev. 2002) (updated 2/2/2011). It is available online at http://www.apta.org/ModelPositionDescription/ACCE/DCE/PTA/.

The ACCE/DCE holds a faculty (academic or clinical) appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. This individual demonstrates competence in clinical education, teaching, and curriculum development. In addition, the ACCE/DCE primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. These activities include but are not limited to the following:

• developing, monitoring, and refining the clinical education component of the curriculum,

• facilitating quality learning experiences for students during clinical education,

• evaluating students' performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum,

• educating students, clinical and academic faculty about clinical education,

• selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice,

• maximizing available resources for the clinical education program,

• providing documented records and assessment of the clinical education component (includes clinical education sites, clinical educators, etc), and

• actively engaging core faculty clinical education planning, implementation, and assessment.

The ACCE/DCE serves as a liaison between the physical therapy program and the clinical education site as part of his/her responsibilities. The ACCE/DCE, in cooperation with other academic faculty, establishes clinical education site and facility standards, selects and evaluates clinical education sites, and facilitates ongoing development of and communication with clinical education sites and clinical faculty.
The ACCE/DCE is responsible for coordinating and managing the efforts of the academic program and clinical education sites in the education and preparation of PTA students by performing the following activities:

I. **Communicates Between the Academic Institution and Affiliated Clinical Education Sites**

A. Communicates news, and current information (e.g., curriculum, clinical education objectives, staffing changes, and site availability) among all concerned stakeholders (e.g., the academic institution, clinical education sites, clinical faculty and students) to maintain current knowledge of the educational program, the clinical education site, and health care changes affecting clinical practice and education.

B. Provides ongoing communication with clinical educators at each clinical education site to include:
   1. philosophy of the academic program;
   2. academic program curriculum and specific syllabus and learning objectives for each clinical experience and behavioral expectations that may not be addressed by learning objectives;
   3. policy and procedures of the academic program pertaining to clinical education;
   4. current materials related to clinical education that are required for accreditation;
   5. clinical education contractual agreement negotiated and maintained between the academic program and each clinical education site;
   6. dissemination of appropriate student and related information (e.g., health insurance, liability/malpractice insurance, state/federal laws and regulations such as ADA);
   7. collection of information about clinical education sites for use by students in their selection of or assignment to clinical education sites;
   8. provision of dates for each clinical education experience;
   9. academic program requests from clinical education sites regarding the number and type of available student clinical placements;
   10. coordinating student assignments (consideration might be given to items such as patient variety, health care settings and size, types of learning experiences, clinical site and student expectations, strengths/limitations of clinical experiences);
   11. clinical faculty development opportunities including educational seminars and faculty availability as a resource in their areas of expertise, and

C. Communicates and oversees communication with Center Coordinators of Clinical Education (CCCEs), Clinical Instructors (CIs), and students to monitor progress and assess student performance. Provides guidance and support as required to problem solve and discuss pertinent issues with Student(s), CIs and/or CCCEs.

D. Responsible for placement, supervision, and communication with students while on clinical experiences. These responsibilities include, but are not limited to:
   1. informing students of clinical education policies and procedures;
2. supplying relevant clinical education site information to facilitate students' selection of or assignment to clinical education sites (e.g., learning experiences, clinical site prerequisites,)

3. providing a process for students to assess their performance and satisfaction;

4. preparing clinical rotation assignment schedules and coordinating information dissemination to clinical education sites;

5. Assisting with educational planning, behavior/performance modification, remedial education, referral to student support agencies.

6. Arranging for periodic and or impromptu visits/communication to students, clinical education sites and clinical faculty as needed to problem solve, support, and discuss pertinent issues with student(s), CIs and/or CCCEs.

E. Evaluates each clinical education site through student feedback, on-site visits, and ongoing communications and routinely shares this information with academic and clinical faculties. Provides feedback to clinical educators concerning their effectiveness in delivering clinical learning experiences based on student feedback and through direct observations.

II. Clinical Education Program Planning, Implementation and Assessment

A. Performs academic responsibilities consistent with the Commission on Accreditation in Physical Therapy Education (CAPTE), and with institutional policy.

1. Coordinates and teaches clinical education courses and other related course content based on areas of content and clinical expertise.

2. Directs effort and attention to teaching and learning processes used throughout the curriculum (e.g., management and education theory, adult learning).

3. Monitors and documents the academic performance of students to ensure that they successfully achieve the criteria for completing clinical learning experiences.

   a. Reviews and records student evaluations from CIs and the determinations of final grades for all clinical education courses in the curriculum.

   b. Utilizes intervention strategies with CIs, CCCEs, and students who excel or demonstrate difficulties while on clinical education experiences or require learning strategies where a disabling or learning condition is present.

   c. Develops remedial experiences for students, if necessary.

   d. Confers with the appropriate faculty (clinical and academic), Dean, Administration and other individuals (e.g., counseling staff) where applicable.

4. Provides direct input into curriculum design, review, and revision processes by:

   a. Collecting and organizing pertinent information from clinical education sites and students and disseminating this information to faculty during curricular review processes in a timely manner.

   b. Preparing reports and/or engaging in discussions with faculty on student progress in clinical education.

   c. Keeping faculty informed about the clinical education program, pertinent policies and procedures, and changes influenced by accreditation.
5. Coordinates and/or provides leadership for a Clinical Education or Program Advisory Committee consisting of area clinical educators, employers, or other persons, where feasible.

6. Participates in academic program meetings, institutional governance, and/or community service activities as appropriate to the mission of the academic institution.

7. Develops and implements a plan for self-development that includes the participation in and enhancement of teaching, delivery of physical therapy services, and development of scholarly activities (e.g., scholarship of teaching, application, integration and discovery). {Refer to CAPTE Position Paper on Scholarship Expectations [PT Criterion 2.2.4.2], December 2000}

8. Functions as a faculty member in other job responsibilities as delegated by the Program director/Chair or as required by the academic institution, Dean or other Administrator.

9. Monitors the changing health care delivery system and advises the Program Director and/or faculty of changing trends and potential impact on student enrollment, instruction, curriculum design, clinical education and equipment needs.

10. Develops and administers information and education technology systems which support clinical education and the curriculum.

B. Participates in regional, state and/or national clinical education forums, clinical education related activities, and programs designed to foster clinical education. Manages administrative responsibilities consistent with CAPTE, federal/state regulations, institutional policy and practice setting requirements.

1. Administers a system for the academic program's clinical education records which include:
   a. current database of clinical education sites;
   b. current information on clinical education site and clinical faculty;
   c. status of negotiated clinical education agreement between the academic program and clinical education site;
   d. utilization of clinical education sites;
   e. reports on the performance of students in clinical education, and
   f. reports on clinical site/faculty performance in clinical education.

2. Acts as an intermediary among the appropriate parties to:
   a. facilitate the acquisition of clinical education agreements;
   b. administer policies and procedures for immunization, preventive health care practices, and for management of student injury while at clinical sites, and
   c. ensure liability protection of students (and faculty if required) inclusive of professional, governmental, institutional, and current risk management principles.

3. Assists the Program Director in the development of a program budget by providing input on items related to the clinical education program and overall program budget.
5. Develops, implements, and adherence to policy and procedures for the clinical education component of the curriculum.
6. Develops, administers, and monitors the academic program’s evaluation process for the clinical education component, including instruments used for evaluation of student performance, clinical education sites and faculty.
7. Participates in the preparation of accreditation documentation and outcome performance assessment of students in the physical therapy program.

III. Clinical Site Development
A. Develops criteria and procedures for clinical site selection, utilization, and assessment (e.g., APTA Guidelines for Clinical Education).
B. Establishes, develops, and maintains an adequate number of clinical education sites relative to quality, quantity and diversity of learning experiences (i.e., continuum of care, commonly seen diagnoses, across the lifespan, health care delivery systems, payers, cultural competence issues) to meet the educational needs of students and the academic program, the philosophy and outcomes of the program, and evaluative criteria set by CAPTE.
C. Provides clinical education site development opportunities through ongoing evaluation and assessment of strengths and areas needing further development or action (e.g., in service training, discontinue student placements).

IV. Clinical Faculty Development
A. Collaborates with clinical faculty to promote, coordinate, plan, and provide clinical faculty development opportunities using effective instructional methodologies and technologies.
B. Encourages clinical faculty to participate in local, statewide, and national forums designed to foster and discuss issues addressing clinical education.
C. Maintains knowledge of current trends in health care and its effect on clinical education and apprises clinical educators and faculty of any changing trends.
D. Mentors other academic faculty about their role and responsibilities related to clinical education (e.g., clinical site visits, determining readiness for the clinic).
The 1999 version of the American Physical Therapy Association (APTA) Normative Model of Physical Therapist Education, the APTA Board of Directors Guidelines BOD G03-04-22-56, and BOD G03-04-23-57 were used to develop the following descriptions of the roles and responsibilities of the CCCE, Clinical Instructor, and PTA student.

The Center Coordinator of Clinical Education (CCCE) is the licensed physical therapist, physical therapist assistant or non-physical therapy professional employed and designated by the clinical education site, who develops, organizes and coordinates the clinical education program for the site. Responsibilities of the CCCE include:

1. Maintains an active partnership with the ACCE by providing input into the curriculum or other related aspects.
2. Provides mechanism for educating clinical educators about enhancing and improving clinical education experience and ensuring its compatibility.
3. Develops goals and objectives of the clinical site for the clinical education experience.
4. Identifies the depth and breadth of resources available within the site and works with the CI to identify ways to modify experiences based on student needs.
5. Facilitates growth of the CI and provides a mechanism to evaluate the clinical education experience.
6. Meets with a consultant to learn the specific aspects of the legal agreement.
7. Collaborates with the ACCE in the clinical site assessment and selection process and identifies available clinical sites for student placement.
8. Receives information from the program, reviews student information and shares with the CI.
9. Keep the program informed of any changes at the clinical site.
10. Supports the CI in understanding the student and clinical site evaluation tools, curriculum requirements, goals/objectives, clinical education agreement, evaluation instruments, CCIF, policy and procedures and clinical education structure.
11. Provides opportunities for CI training.
12. Identifies the chain of communication for the student, observes the student seeking information, participates in routine communication with the Student/ACCE and notifies the ACCE of student problems.
13. Models behavior that demonstrates respect for diversity.
14. Defines learning objectives for the student to achieve by the end of the experience.
15. Identifies safety issues, provides feedback related to safe performance and identifies emergency procedures related to specific settings.
16. Is familiar with the Clinical Performance Instrument and SECEE.
17. Determines competency level of the CI using an evaluation system.
18. Acts as a resource regarding various learning strategies and counseling needs.
19. Provides documentation justifying reasons for and processes used to terminate the clinical experience.

20. Reinforces the concept of the student being an adult learner and serves as a role model.

21. Promotes effective communication between student, CI, and ACCE and ensures all documentation is complete, objective, and timely.

22. Monitors packet of information provided to academic program and students prior to any clinical experience and revises accordingly.

23. Reviews feedback from students regarding clinical experiences and CIs and collaborates with CI/ACCE on plans to address concerns. Implements changes.

**CLINICAL INSTRUCTOR (CI)**

The Clinical Instructor is the licensed physical therapist or physical therapist assistant employed by the clinical education site and designated by the CCCE, who directly organizes, supervises, and evaluates the individual student’s clinical education experiences during the clinical rotation. Responsibilities of the CI include:

1. Maintain an active partnership with the ACCE by providing input into the curriculum or other related aspects.

2. Understands the clinical education process.

3. Recognizes the need to modify the clinical experience according to the needs of the student and academic objectives.

4. Is familiar with the academic policy and procedures regarding the clinical experience.

5. Identifies the general types of learning opportunities available for the student.

6. Provides opportunities for other clinicians to teach during the clinical education experience.

7. Uses student information profile.

8. Reviews student self-assessment of knowledge, skills and attitudes.

9. Understands the student and clinical site evaluation tools, curriculum requirements, goals/objectives, clinical education agreement, policy and procedure manual and clinical education structure.

10. Participates in training, mentor’s others to become CI’s, and participates in self-assessment.

11. Uses various learning strategies to accommodate the learner’s needs.

12. Provides scheduled times to give students feedback.

13. Provides documentation justifying reasons for and processes used to terminate the clinical experience.

14. Acts as a role model and assess the student’s ability to model demonstrated actions.

15. Aware of sexual harassment, ADA and other workplace issues.
16. Creates opportunities to expose the students to the continuum of care that reflects a typical patient population and changes in health care trends. Also exposes students to non-patient care activities such as continuous performance improvement and administrative issues.

17. During patient care responsibilities, emphasizes the role of the PTA considering the trends in health care.

18. Develops opportunities for the student to achieve goals.

19. Continuously assesses students’ performance, documents feedback of performance and facilitates communication regarding results with student and CCCE.

20. Identifies specific behaviors requiring remediation and informs ACCE when indicated.

21. Monitors safety and encourages supervision which is appropriate to the student’s ability.

22. Provides opportunity for the student to participate in journal article and case study review as well as inservices.

23. Provides opportunity for the student to educate the patient, family, and other personnel.

24. Identifies factors in the clinical environment that interfere with learning experiences and notifies the CCCE.

25. Following a discussion of student and CI performance takes action to address deficiencies.

**STUDENT PHYSICAL THERAPIST ASSISTANT**

The student is responsible for their learning experience. To ensure an optimal experience, the student’s role and responsibility will include:

1. Is an active participant and partner in the planning and preparation for the clinical experience.

2. Identifies specific needs and interests in preparation for collaborative design of learning experiences with the CI.

3. Is aware that a legal and binding contract exists between the academic program and clinical site.

4. Understands information about the structure, philosophy and objectives of the clinical education program.

5. Reviews objectives and resources of available clinical center and determine which are congruent with student’s needs.

6. Completes and maintains student information in a timely manner.

7. Completes self-assessment forms in a timely manner and communicates to CI preferred learning styles.

8. Initiates contact with the clinical site after receiving assignment and maintains contact.

9. Develops an understanding of the clinical site/student evaluation tools, curriculum requirements, clinical education goals/objectives, and reviews the clinical education agreement.
10. Initiates timely communication for optimal problem solving.
11. Demonstrates behavior that acknowledges respect for individual diversity.
12. Participate in establishing learning objectives.
14. Evaluates the clinical teaching of the CI and provides this for his/her review.
15. Communicates with all parties his/her wish to terminate the clinical experience.
16. Accepts responsibility for own learning and assists in the planning of the learning experience.
17. Seeks to learn how the PTA functions as part of the physical therapy team and discusses trends in patient care.
18. Communicates with the CI to develop strategies and modify performance based on CI evaluation and the self-assessment.
19. Seeks learning opportunities outside of direct patient care and participates in all patient care experiences.
20. Sets objectives to progressively increase patient volume, variety and complexity.
21. Act as a bridge between academic program and site.
22. Provides feedback regarding clinical experience to CI/CCCE/ACCE.
23. Following a discussion of student evaluation; takes action to address deficiencies highlighted during the clinical experience.
24. Develops a plan in conjunction with ACCE to ensure readiness for next clinical experience.
CRITERIA FOR CLINICAL FACILITY SELECTION

The ACCE in collaboration with the other members of the academic faculty has developed the criteria for the selection of sites. The Guidelines for Clinical Education Sites (APTA’s GUIDELINES: BOD G03-04-22-55), Guidelines and Self-Assessments for Clinical Education. (Alexandria, VA: American Physical Therapy Association; 2004) and the 1999 and 2006 versions of the American Physical Therapy Association (APTA) Normative Model of Physical Therapist Education were used as resources.

Clinical facilities are carefully evaluated and chosen. Although no one criteria in itself is able to satisfy the overall objectives of attaining qualified clinical settings for our students, we feel that the following criteria are vital to the success of our program. They include:

1. Type of facility, e.g. general hospital, rehabilitation center, school, its accreditation status and compatibility with academic program.
2. Types/varieties of clinical education rotations offered, e.g. acute, orthopedic, general rehabilitation or specialty areas.
3. Diverse patient population in terms of diagnosis, age and life style.
4. Adequate volume and variety of clinical procedures.
5. Clinical competence of staff and quality of physical therapy services, plus a willingness of the staff to share their expertise with students.
6. Adequate numbers of physical therapy staff to meet patient care needs as well as the additional responsibility of carrying a student program.
7. Strong administrative support for all aspects of the clinical education program.
8. Clinical education experience of CCCE and evidence of active staff development through in-services, Continuing Education courses, etc.
9. Stimulating environment and variety of learning opportunities available.
10. Services of sufficient quality to provide a valuable model for students.
11. Adequate departmental physical space and equipment.
12. Convenient geographic proximity to the college.
13. Potential utilization of site by El Paso Community College Physical Therapy Assistant Program students over time.
14. Established clinical education program with prepared materials, e.g. educational philosophy, clinical education objectives, student handbook. References from ACCE’s of other physical therapy programs.
15. Commitment to equal access for student participation in the clinical education program including race, creed, ethnic origin, nationality, sexual orientation, and disability.
16. When considering the development of new sites, all criteria will be assessed. Current and active clinical sites are continuously reassessed through student feedback and site visits.
The following criteria are based on A Normative Model of Physical Therapist Assistant Education: Version 2007 (APTA) and The Guidelines for Clinical Instructors (APTA’s GUIDELINES: BOD G03-04-22-56). These guidelines were reviewed by the Education Committee and felt to be standards guidelines used by the clinical sites.

Students are assigned to area clinical sites by the ACCE. The CCCE of each facility is then responsible for assigning the student to their respective clinical instructor. Each CCCE utilizes criteria to determine whether or not the physical therapy practitioner is qualified to become a clinical instructor.

The preferred clinical educator (PT or PTA) in a PTA education program will give evidence of and/or demonstrate (in no specific order):

1. Licensure as a Physical Therapist or Physical Therapist Assistant
2. A minimum of one (1) year of clinical experience in the practice setting in which the person serves as the clinical educator or significant comparable experience.
3. Competence by demonstrating knowledge, skills, safety and effectiveness in the delivery of care, professional skills and ethical behavior. CCCE’s use a number of methods to assess this, including review of formal performance evaluations, discussions with clinical supervisors and direct observation as well as through self-evaluation by the CI.
4. Effective interpersonal and communication skills with students by clearly articulating expectations, providing and receiving constructive feedback and actively listening.
5. Ethical and legal conduct.
6. Organization and time-management skills by setting priorities, planning student clinical learning experiences for the student.
7. An openness to serve as a clinical educator.
8. An ability to apply teaching methods in the clinical environment (as evidenced by planning, organizing, managing, implementing and assessing) in collaboration with student’s learning experience.
9. Supervisory skills commensurate with the learner’s needs and the patient’s acuity (e.g., illness, impairment, disability).
10. The ability to accurately evaluate students’ performance as it relates to safe and unsafe clinical skills, ethical and legal behaviors and the achievement of specific clinical performance objectives.
RIGHTS AND PRIVILEGES FOR CLINICAL FACULTY

Opportunities available for clinical faculty include:

1. Clinical facility will be notified of any Continued Competency Units (CCU) opportunities available that pertain to clinical education. Emails will be sent to clinical faculty when the CI Credentialing courses are available and CCU certificates will be sent to CI’s at the end of a student’s rotation that have attended 5 or more weeks with them.

2. Continued Competency Units will be awarded at the end of each rotation to all clinical instructors who have taken part in the El Paso Community College student clinical experiences. CCU’s are based on the weeks of student attendance.

INITIATION AND RENEWAL OF CLINICAL SITE CONTRACTS

The standard El Paso Community College affiliation agreement has been acceptable to the majority of program affiliation sites. A few facilities may require their own contract or may wish to modify items in the El Paso standard agreement. These modifications typically involve inclusion of the blanket liability statement or specific health care requirements. The office of the Dean of Health Career & CTE, Math and Science at Rio Grande Campus initiates all contracts for the Physical Therapist Assistant Program. These are reviewed periodically by legal counsel and are signed by the President of the institution and the affiliate.

The standard contract has served the program since its initiation with minor edits. It specifically details the responsibilities of the clinical site in planning and implementing the Physical Therapist Assistant clinical education and delineates the responsibilities of the institution in providing educational resources to these students at their site. It also describes the general role of the “preceptor” or Clinical Instructor.

Contracts are in effect for a minimum of (1) year period, may be ongoing, and are stipulated in the contract. Not all contracts are automatically renewed unless otherwise designated. EPCC is responsible for the initiation of contract renewals with the exceptions of local hospitals who initiate their renewals. Clinical contracts initiated by the college are designed to be inclusive of several disciplines.

POLICY AND PROCEDURE FOR ONGOING REVIEW OF WRITTEN CONTRACTS WITH CLINICAL SITES.

The contracts and student evaluations for all clinical sites to which students will be assigned in the upcoming year will be reviewed by the ACCE at the end of the Spring Semester. This review will assure that these sites have a fully executed written agreement and are in compliance with the standards, policies and procedures of the program, the college and CAPTE guidelines.
EVALUATION OF CLINICAL SITES

Evaluations of clinical sites are shared with clinical faculty in the following ways:

1. **The Clinical Site Information Form** is filled out by the CCCE at the time of initiating a contract and is updated yearly. This is made available to the student for their review.

2. **Student Evaluation of Clinical Education Experiences (SECEE).** Students are encouraged to complete the SECEE Form as part of their evaluation for Physical Therapist Assistant I, II and III assignments. Students are encouraged to share their feedback form with clinical instructors prior to returning it to the academic program. Clinical faculty may retain copies of these reports or may request copies from the academic program at a later date.

3. **Clinical Education Report or Clinical Site Visit Report/Telephone Monitoring Session Reports.** Feedback during on-site visits/telephone sessions is given verbally to clinical faculty regarding the quality of the educational experiences, the quality of clinical instruction and suggestions for modification or change. In addition, updated curricular information about the academic program is distributed.

4. SECEE Forms and ACCE’s reports provide continuous feedback to the academic program regarding the quality/availability of clinical sites. They provide ongoing quality assurance assessment of clinical education programming for both the facility and the students.

5. The SECEE and the ACCE’s reports are reviewed by the ACCE after each clinical rotation has been completed. A determination is made at that time as to whether or not the clinical setting has met the standards and criteria for clinical sites set by the program. If the ACCE feels that the clinical site has not met the program criteria, then a formal investigation is performed by the ACCE. A report is then given to the program director for review and input. A joint decision is then made as to whether or not further action is to be pursued.
CRITERIA FOR ASSIGNING STUDENTS TO CLINICAL FACILITIES

1. Clinical placement throughout the clinical course work will be divided into four (3) categories:
   A. General Acute Care Hospitals
   B. General Out-Patient Clinics
   C. Geriatric Care, Pediatric Care or Sub Acute Facilities
      *Specialty Areas including rehabilitation centers, schools or other facility types as available within the above placements.

   Each Student must complete a clinical rotation in categories A, B and C

2. First clinical assignments are made based on availability of sites.

3. The remaining clinical assignments are also based on site availability and student desired placement. However, achievement of professional skills is considered before the student’s personal needs. For example, when determining assignment for a final clinical rotation, the ACCE will review the skills which need to be mastered in the Student’s PTA MACS. If a student desires placement in an out-patient setting but does not have mastery of clinical skills used in the in-patient setting (i.e., Transfer training, gait training, ability to utilize medical records, etc.) then the student will be placed at the appropriate clinical setting to accomplish such goals. This decision will be discussed with all academic faculty members and the final decision of clinical site placement rests with the ACCE.

4. Assignment of students to the various facility types is based upon satisfactory completion of classroom lecture/laboratory material.

5. Students must pass all prerequisite courses for each clinical prior to entry into the clinical setting, as stated in the course descriptions and course syllabi.

6. An attempt is made not to assign a student to a clinical site where they have previously been employed, are presently employed or have accepted a scholarship for future employment. There will be no stipends paid by either college or clinical affiliates.

7. Clinical site information forms are available containing general information about sites, including number of beds, sizes of physical therapy staff and types of patients treated. All students are given the opportunity to develop priority lists and to define specific clinical education objectives in advising sessions with the ACCE.

8. Since some clinical sites are not located in the El Paso area, each student should expect to drive up to 90 minutes from the Rio Grande campus of EPCC to a clinical site for a maximum of 2 sites. The PTA program at El Paso Community College must compete with PT as well as other PTA programs for CI educational opportunities.
CLINICAL COORDINATION AND COMMUNICATION

The ACCE acts as liaison between the CCCE’s and the academic faculty to facilitate and coordinate communication. This communication is accomplished in a variety of ways.

Communication with the clinical faculty involves:

1. **Mailing and Telephone Calls.** Mailings are sent throughout the year to the CCCE’s with regard to student placements and curricular issues. Telephone calls and email are used as necessary to clarify or update information.

2. **Clinical Site Visits/Telephone Monitoring Sessions.** At least one (1)-scheduled visit by the ACCE or designated faculty member occurs at each clinical site during each clinical rotation and this allows for ongoing dialogue regarding student performance and academic preparation. Telephone monitoring sessions are conducted as well and similar information is exchanged.

3. **Curricular Materials.** The Physical Therapist Assistant Manual for the Assessment of Clinical Skills is available to CCCE’s at sites where students are placed. The Mission and Purpose of the Program, course syllabi, and materials that provide necessary information regarding admission requirements, prerequisites, curriculum structure and sequence of coursework are available to CCCE’s upon request.

4. **PTA Program Committees.** The Advisory Committee and Education Committee provide clinical feedback. Meetings occur at least once each semester. Surveys of CCCE’s are implemented upon recommendation of advisory and education committees.

5. **Academic Faculty Meetings.** Clinical faculty feedback is summarized by the ACCE and presented to the faculty either individually or during regularly scheduled faculty meetings.

6. **Physical Therapist Assistant Manual for the Assessment of Clinical Skills.** The written student evaluation forms contained in the PTA MACS, the Student Evaluation of Clinical Education Experience (SECEE) also provides feedback. These are collected at the end of each clinical assignment and are summarized and presented at faculty meetings.

7. **Informal Channels of direct communication with the director, ACCE or faculty member** are encouraged through an “Open Door” policy.

8. **Academic faculty receive timely feedback through the mechanisms noted which enables them to evaluate course content and teaching methods to accurately prepare students for clinical practice.**
IDENTIFICATION OF STUDENT COMPETENCY

The Academic Coordinator of Clinical Education (ACCE) has the responsibility for placement of the Student. The student must demonstrate to the faculty that he/she has achieved a satisfactory level of competence and has the ability to apply skills competently and safely in a clinical educational facility.

In all Physical Therapist Assistant courses dealing with the application of treatment methods, students practice procedures on lab guests or on one another in a simulated situation in classroom laboratory prior to practical examinations. Competency skill sheets are used in most, but not all PTHA courses, to check that each student can safely perform skills at the level described in clinical course syllabi. If the student is found to be unsafe in the application of a particular skill, the student would not be permitted to apply that skill on a patient in the clinical setting until the student has demonstrated initial competency through additional testing in a simulated situation. Practical examinations are used in lab classes to assess skills and safe practices. If a student fails a practical exam, he/she must pass a make-up exam, per syllabus guidelines, prior to practicing that skill in the clinical setting.

If individual skill weaknesses have been identified, the ACCE will inform the clinical instructor to ensure that the student’s activities are closely monitored. The ACCE and/or other academic faculty may make frequent clinical site visits at the site where a student may be having difficulty. If the Student fails the clinical rotation, he/she will not be allowed to continue on in the program. If the PTA student behaves in an unprofessional manner that is deemed inappropriate by the clinical instructor and facility, the student will be required to leave that clinical site and will be excused from the program. The ACCE is the final judge as to whether the student passes or fails a clinical rotation. The ACCE relies heavily on CI input in order to assess this grade.

CLINICAL SITE VISITS BY ACADEMIC FACULTY

PTHA 1166 Clinical Practicum I, PTHA 2266 Clinical Practicum II and PTHA 2267 Clinical Practicum III require, at a minimum, one telephone and/or on-site visit during the clinical rotation. The purpose of these meetings is to address any concerns related to the mid-term and/or final clinical assessment of the student. Each student has an Exit Meeting with the ACCE at the conclusion of the clinical.

More on-site visits may be needed depending on the clinical instructor and/or the students’ academic needs. A follow-up phone call will be made when circumstances warrant it. For example, if a student is having some difficulty with a particular skill in the PTA MACS, the ACCE from the PTA program may contact the CI to gauge the progress the student is making toward meeting that particular goal. Also, the instructor for the course may elect to call the CI to make sure that a particular student is still doing well and making sufficient progress in the clinical setting.
REPORTING OF COMPLAINTS FROM CLINICAL EDUCATION SITES, EMPLOYERS OF GRADUATES, AND THE PUBLIC

The ACCE, faculty and staff at El Paso Community College are committed to delivering quality education and being held accountable for all aspects of the program. Complaints from clinical education sites, employers of graduates, and the public can report concerns to the El Paso Community College District Board of Trustees per college policy 3.43.03 Processing other types of complaints.
Health Occupations

Student Counseling Form

Program: Physical Therapist Assistant
Student:
Counseling Session Date: _______ Time: _______
Follow-up Session Scheduled Date: _______ Time: _______

Reason for Session:

Summary:

Counseling Recommendations/Contract:

Instructors Signature __________________________ Date: _______
Student’s comments: ____________________________

Student Signature: _____________________________ Date: _______

_________________________________________
Signature of student indicates that student has read information: it does not indicate agreement with information.

Reviewed by Dean/Director __________________________________________________________

Copies to: 1) Division Dean/Student File, 2) Student, 3) Faculty, 4) Counselor/tutor
STANDARDS OF ETHICAL CONDUCT FOR THE PHYSICAL THERAPIST ASSISTANT

PREAMBLE – This document of the American Physical Therapy Association sets forth standards for the ethical conduct of the physical therapist assistant. All physical therapist assistants are responsible for maintaining high standards of conduct while assisting physical therapists. The physical therapist assistant shall act in the best interest of the patient/client. These standards of conduct shall be binding on all physical therapist assistants.

STANDARD 1

A physical therapist assistant shall respect the rights and dignity of all individuals and shall provide compassionate care.

STANDARD 2

The physical therapist assistant shall act in a trustworthy manner toward patient/clients.

STANDARD 3

A physical therapist assistant shall provide selected physical therapy interventions only under the supervision and direction of a physical therapist.

STANDARD 4

The physical therapist assistant shall comply with laws and regulations governing physical therapy.

STANDARD 5

A physical therapist assistant shall achieve and maintain competence in the provision of selected physical therapy interventions.

STANDARD 6

A physical therapist assistant shall make judgments that are commensurate with his or her educational and legal qualifications as a physical therapist assistant.

STANDARD 7

A physical therapist assistant shall protect the public and the profession for unethical, incompetent and illegal acts.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Description</th>
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<tbody>
<tr>
<td>PTHA 1309</td>
<td>Introduction to Physical Therapy</td>
<td>Skills:</td>
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<tr>
<td></td>
<td></td>
<td>1. Body mechanics training</td>
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<tr>
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<td></td>
<td>2. Basic ambulation training with assistive devices</td>
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<td></td>
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<td>3. ADL’s for bed mobility and transfer training</td>
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<td>4. Injury prevention and reduction with the use of devices and equipment</td>
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<td>5. Passive range of motion</td>
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<td>6. Application and adjustment of devices and equipment;</td>
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<tr>
<td></td>
<td></td>
<td>a. Adaptive devices</td>
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<tr>
<td></td>
<td></td>
<td>1. Hospital beds</td>
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<tr>
<td></td>
<td></td>
<td>2. Raised toilet seats</td>
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<tr>
<td></td>
<td></td>
<td>3. Seating systems</td>
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<tr>
<td></td>
<td></td>
<td>b. Assistive devices</td>
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<tr>
<td></td>
<td></td>
<td>1. Canes, crutches, walkers with UE additional supports</td>
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<tr>
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<td>2. Long-handled reachers</td>
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<tr>
<td></td>
<td></td>
<td>3. Power and manual chairs</td>
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<td>7. Vital signs</td>
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<td></td>
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<td>a. Pulses</td>
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<td>b. Blood pressure</td>
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<td>c. Respiratory rate</td>
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<td>d. Pain</td>
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<td>8. Measures height, weight using a standard scale</td>
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<td>9. Recognizes safety factors while using the devices and equipment</td>
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<td>10. Mechanical devices: tilt tables, CPM, CPM</td>
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<td>11. Oxygen therapy: supplemental oxygen lines</td>
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<tr>
<td></td>
<td></td>
<td>12. Standard infection control procedures for personnel and department equipment</td>
</tr>
<tr>
<td>PTHA 1321</td>
<td>Pathophysiology for the PTA</td>
<td>Studies the pathophysiology diseases/conditions encountered in physical therapy.</td>
</tr>
<tr>
<td>PTHA 1225</td>
<td>Communications in Health Care</td>
<td></td>
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<tr>
<td>PTHA 2301</td>
<td>Essentials of Data Collection</td>
<td>1. Oral and non-verbal interpersonal communication skills</td>
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<td></td>
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<td>2. Documentation skills</td>
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</tbody>
</table>
|            |                                      | 3. Recognizes and responds to individual and
### Prior to Practicum (or Field Experience) – Physical Therapist Assistant II

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTHA 1413</td>
<td>Functional Anatomy</td>
<td>Studies the relationship of the musculoskeletal and neuromuscular systems to normal and abnormal movement.</td>
</tr>
</tbody>
</table>
| PTHA 1431   | Physical Agents               | 1. Athermal agents  
2. Compression therapies as it relates to edema control  
3. Cryotherapy  
4. Electrotherapeutic agents (US, E-stim, Russian Stim, etc.)  
5. Superficial and deep thermal agents  
6. Traction (intermittent, positional and sustained)  
7. Connective tissue and therapeutic massage |
| PTHA 2409   | Therapeutic Exercise          | 1. Conditioning and reconditioning  
2. Range of motion exercises  
   a. Passive range of motion  
   b. Active range of motion  
   c. Active assisted range of motion  
3. Stretching exercises  
4. Strengthening exercises  
5. Review of activities of daily living/bed mobility and transfer training  
6. Monitor vitals during exercise  
7. Monitors responses to positional changes and activities  
8. Monitors activities that aggravate or relieve edema, pain, dyspnea |
<p>|             | Falls Risk Clinic             | Pro bono clinic for those at risk for falls in the El Paso community. Students provide treatment under the direct supervision of licensed PTs/PTAs. This clinic provides students hands on experience with patients prior to Clinical Practicum I. |</p>
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Learning Outcomes</th>
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</table>
| PTHA 1491 | Special Topics in Clinical Practice for the Physical Therapist Assistant | 1. Implements developmental activities  
2. Recognizes/monitors changes in the direction and magnitude of patient’s state of arousal, mentation and cognition  
3. Recognizes gross motor milestones  
4. Recognizes fine motor milestones  
5. Recognizes righting and equilibrium reactions  
6. Recognizes level of functional status  
7. Administers standardized questionnaires to patients and others |
| PTHA 2305 | Neurology                                        | 1. Recognizes and measures changes in the direction and magnitude of patient’s state of arousal, mentation and cognition  
2. Recognizes and measures for absent or altered sensation  
3. Recognizes and screens for cranial nerve signs |
| PTHA 2431 | Management of Neurological Disorders             | 1. Interventions and screening tools to assess/ improve Gait and locomotion.  
2. Interventions and screening tools to assess/ improve balance and coordination.  
3. Interventions and screening tools to assess/improve postural awareness, task specific training.  
4. Recognizes and screen for changes in the direction and magnitude of patient’s state of arousal, mentation and cognition.  
5. Recognizes and facilitate-righting and equilibrium reactions.  
6. Recognizes and assess the alignment of trunk and extremities at rest and during activities.  
| PTHA 2435 | Rehabilitation Techniques                       | 1. Gait and locomotion training with orthotic and prosthetic equipment |
2. Prosthetics and orthotics devices: donning, doffing and /or caring for; braces, casts, shoe inserts, splints, upper and lower prosthetic devices
3. Protective and supportive devices; braces, cushions, helmets, compression garments, corsets; elastic wraps; neck collars; slings, supplemental oxygen, and supportive taping
4. Compression therapies; compression bandaging and compression garments
5. Non-selective debridement: wet dressing, wet-to-dry, wet-to-moist dressings
6. Dressings: hydrogels and wound coverings
7. Topical agents: cleaners, creams, moisturizers, ointments, and sealants
8. Breathing strategies: forced expiratory techniques, assisted cough/huff techniques, autogenic drainage, paced breathing, pursed lip breathing
9. Aerobic/capacity conditioning including: task specific aquatic therapy programs, increasing workload over time, energy conversation programs
10. Basic pelvic floor exercises
11. Stretching exercises for chronic back and neck disorders
12. Strengthening exercises for chronic back and neck disorders

| PTHA 2339 | Professional Issues | Provides a discussion of professional issues and behaviors related to clinical practice; preparation for transition into the workforce. |
PHYSICAL THERAPIST ASSISTANT STUDENT AGREEMENT FOR CLINICAL EDUCATION

I have read the Clinical Education Manual in its entirety and I am familiar with its contents. I expect any violations to result in appropriate action.

I understand that it is my responsibility to review the appropriate sections of the manual when confronted with a specific problem or concern and contact the Academic Coordinator/Program Chairman any time I would like clarification of program expectations.

I understand that ALL information regarding a patient or former patient is confidential and is to be used only for educational purposes in the instructional setting.

I understand that I will be a guest in the Clinical Education Center and will conduct myself accordingly. All known rules and regulations will be followed. If rules are violated, I will be excused from the program as outlined in the Disciplinary Action / Grounds for Dismissal policies and procedures.

I understand the Clinical Education Centers vary in location and all students are expected to meet the same requirements: therefore, distance and weather do not change the program schedule unless classes are cancelled. I will be required to drive long distances from the college campus up to a maximum of 3 clinical rotations.

I understand, as a student in the El Paso Community College Physical Therapist Assistant Program, I represent not only the College but also the affiliating site in my contacts with patients, visitors and members of the community. The impression I leave with each person is very important to the facility and all people involved in the health care team as well as my fellow students. I understand the clinical affiliation reserves the right to refuse admission to any student who is involved in any activity not considered professional or conductive to proper patient care.

__________________________________________________________
STUDENT SIGNATURE                        DATE
Clinical Course Name and Number

___ PTHA 1166 - Practicum Physical Therapist Assistant I
___ PTHA 2266 - Practicum Physical Therapist Assistant II
___ PTHA 2267 - Practicum Physical Therapist Assistant III

Student Name _______________________________________
Student Mailing Address ______________________________
City ___________________________________ State ___________ Zip Code ___________
Phone Number: ____________________ Email: ____________________

Courses completed prior to this clinical course (x)

___ PTHA 1309 Introduction to PT    ___ PTHA 2266 Practicum PTA II
___ PTHA 1321 Pathophysiology     ___ PTHA 1491 Special Topics
___ PTHA 2301 Essentials of Data Collection ___ PTHA 2305 Neurology
___ PTHA 1166 Practicum PTA I     ___ PTHA 2435 Rehab Techniques
___ PTHA 1325 Communication in Healthcare ___ PTHA 2339 Professional Issues
___ PTHA 1413 Functional Anatomy   ___ PTHA 2267 Practicum PTA III
___ PTHA 1431 Physical Agents     ___ PTHA 2409 Therapeutic Exercise
___ PTHA 2431 Management of Neurological Disorders

Personal goals for this affiliation:

Prior clinical experience:

Special accommodations required: