Lane Community College

Physical Therapist Assistant

Clinical Education Manual

Section 1 – Program and Curriculum Information

Accreditation

The Physical Therapist Assistant program at Lane Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). CAPTE Address: 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085. Telephone: 703-706-3245 Email: accreditation@apta.org. Website: https://www.capteonline.org/.

The Program Coordinator is responsible for following CAPTE Rules of Practice and Procedures.

Lane Community College Vision

Transforming lives through learning.

Lane Community College Mission

Lane is the Community's college. We provide quality, comprehensive, accessible, inclusive, learning-centered educational opportunities that promote equitable student success.

Program Mission

The Lane PTA program provides comprehensive, accessible, quality, learning-centered and patient-centered education that promotes student and graduate success in working effectively under the direction and supervision of physical therapists.

Goals

1. Graduates demonstrate reliability, accountability, and cultural humility in academic, clinical, and public service contexts.
2. Graduates demonstrate the knowledge, skills, and abilities to work effectively under the supervision of a physical therapist to meet the needs of diverse patients.
3. The program offers authentic learning experiences consistent with contemporary practice that is responsive to the needs of diverse patient populations.
4. The program is committed to continuous improvement through thoughtful planning, collaborative decision-making, and data-driven assessment, all guided by an equity lens.

Outcomes

Student knowledge and technical and behavioral skills competency are assessed throughout the program. Knowledge, skills, and abilities build on each other so that

each graduate is prepared to meet program outcomes. Graduate outcomes are published in the Lane catalog: https://lanecc.smartcatalogiq.com/current/lcc-catalog/

Program outcomes:

1) Cohort academic progression rates year-to-year meet or exceed 85% (Goal 1).
2) 100% of students demonstrate entry level clinical performance before graduation (Goals 1, 2 & 3).
3) Graduation rates meet or exceed 80% averaged over two years (Goal 1).
4) Program graduates meet or exceed 85% ultimate pass rates for the National Physical Therapist Assistant Examination, averaged over two years (Goal 1).
5) 90% of program graduates seeking employment as a Physical Therapist Assistant are successful within one year of graduation (Goal 1).
6) Students model a deep understanding of:
    a) critical thinking and problem-solving through completion of a symposium presentation to peers and faculty (Goal 2);
    b) APTA Code of Ethics for the Physical Therapy Profession through a service learning project presentation to faculty and the community (Goal 3);
    c) professionalism through meeting workplace conduct expectations in academic and clinical courses (Goal 3).
7) Program graduates reflect the diversity of Lane's credit students, averaged over a two-year period (Goal 4).
8) Faculty engage in scholarship and leadership, professional development, and service to support curricular and programmatic continuous improvement (Goal 4).

One Cohort - Two Lab Locations

Students are in a single cohort, with some taking lab classes at the LCC - Eugene campus, and others taking lab classes at our Southern Oregon campus, currently housed at Rogue Community College (RCC) – Table Rock. **All PTA students are Lane Community College students.** All program students complete the same curriculum, learning assessments, and clinical skills evaluations. Faculty coordinate closely across campuses to help all students succeed.

Program Webpage

Home Page Website: http://lanecc.edu/hp/pta.

Contacts

Name	Contact Information	Program role
Christina Howard, PT, MPT, Ed.D.	howardc@lanecc.edu 541-463-5764, Building 30/124	Program Coordinator; Core Faculty
Larry Williams	williamsla@lanecc.edu 541-463-5618 Building 30, 110	Interim Dean - Health PE, Health Professions, and Athletics
Kristen Morales	KMorales@roguecc.edu 541-956-7067	Rogue Community College - Assistant Director Healthcare Programs
Sarah Naumann, MLIS	naumanns@lanecc.edu 541-463-5672 Building 30/107	Administrative program specialist
Beth Thorpe, MS, PTA, CSCS	thorpeb@lanecc.edu 541-632-6650 Building 30, Room 126	Academic Coordinator of Clinical Education; Core Faculty

General PTA Program Outcomes

Academic preparation provides a foundation for continued learning and preparation for entry-level PTA practice. Knowledge, skills and abilities in year 1 are assessed for minimum competency prior to initiating clinical education. Year 2 competencies are concurrently assessed with clinical education. Competencies in communication with the patient, supervising PT, and interprofessional team, documentation, patient education, safety, and scope of practice, and clinical decision-making are integrated throughout all PTA courses, increase in complexity based on course sequence, and are frequently assessed for growth and progress toward entry-level practice.

Curriculum

The program curriculum is available to the public in our online catalog: https://lanecc.smartcatalogiq.com/current/lcc-catalog/programs-of-study/health-professions/physical-therapist-assistant-aas/

Students progressively gain knowledge and skills before and during clinical education during lecture and laboratory classes. The table below provides an overview of student learning experiences throughout the curriculum.

Fall Year 1

Course	KNOWLEDGE, SKILLS AND ABILITIES
PTA 100 Introduction to PT	Communication with diverse populations, healthcare financing for various tiers and types of health insurance, and goal setting skills, accountability, written and electronic communication, problem-solving, and the role of PT/PTA/PT Aide reflecting current physical therapy practice, service learning for the underserved. Competencies demonstrated: Working under PT supervision, APTA Code of Ethics for the PT Profession, Guide to PT Practice, reimbursement, State PT Practice Act, Americans with Disabilities Act.
PTA 101 Intro to Clinical Practice 1	Physiological data collection, bed mobility, transfers, wheelchairs, biophysical agents, basic exercise, pressure relief, motor learning and task classification, and evidence-based practice, aquatics. Includes documentation practices.

Course	KNOWLEDGE, SKILLS AND ABILITIES
PTA 101L_LR Intro to Clinical Practice 1 Lab	Competencies demonstrated: Vital signs, standard precautions, informed consent, body mechanics, positioning, transfers, application of heat, ultrasound, electrical stimulation, TENS, massage, wheelchair management and propulsion, PROM, and documentation principles.
HP 152 Human Body Systems 2	Knowledge in basic anatomy and physiology for all human systems. May be satisfied with BI 232 & BI 233 or BI 105
MTH 65 College Algebra	Knowledge of basic algebra (may meet by testing out).

Winter Year 1

Course	KNOWLEDGE, SKILLS AND ABILITIES
COMM 115 or COMM 218	Knowledge in verbal and non-verbal communication strategies for a diverse population. Competencies demonstrated: Appropriate verbal and non-verbal communication across diverse groups.
PTA 132 Applied Kinesiology 1	Lower body kinesiology knowledge including gait analysis and training, injury prevention of lower extremity issues, manual therapy techniques, therapeutic exercises.
PTA 132L_132 LR Applied Kinesiology 1 Lab	Competencies demonstrated: lower quarter goniometry, MMT, PROM, exercise prescription and progression, PNF and palpation, leg length measurement, and gait analysis.
PTA 103 Intro to Clinical Practice 2	Introduction to single body system health conditions and effects on the movement system across the lifespan. Integration of ICF in discharge planning and psychosocial impacts of disease. Introduction to standardized instruments for measuring and documenting functional change.

PTA 103L_103 LR Intro to Clinical Practice 2 Lab	Competencies demonstrated: Occupational Safety for Health Professions (HIPAA, PPE, OSHA, BBP), data collection and standardized measures for pain and pain experiences, cognition, and neuromuscular and cardiopulmonary systems, physical space accessibility, functional training for reconditioning (bed mobility, transfers, therex, basic gait), energy conservation, interprofessional roles and responsibilities, ankle-foot orthoses.

Spring Year 1

Course	**KNOWLEDGE, SKILLS AND ABILITIES**
PTA 104 MSK Conditions	Musculoskeletal conditions affecting the spine, pelvis, and extremities and PT plan of care implementation integrating knowledge of rehabilitation stage, tissue healing phase, and conditions specific precautions, contraindications and protocols.
PTA 104L_104LR PT Interventions MSK Conditions Lab	Competencies demonstrated: Assistive device fit, gait training, traction, spinal orthoses, joint mobilization, therapeutic exercises and exercise protocols for the spine and extremities.
PTA 133 Applied Kinesiology 2	Upper body kinesiology knowledge including body mechanics and postural awareness, therapeutic exercise, injury prevention and manual therapy techniques, joint mobilization, and movement analysis.
PTA 133L_133LR Applied Kinesiology 2 Lab	Competencies demonstrated: upper quarter goniometry, MMT, PROM, exercise prescription and progression, PNF and palpation, posture analysis, and movement analysis presentation.
PTA 206 Co-Op (PT) Seminar	Orientation to the physical therapy clinical environment and success strategies for clinical experiences. Includes administrative compliance with Oregon Administrative Rules for health profession student clinical training.

Fall Year 2

Course	**KNOWLEDGE, SKILLS AND ABILITIES**

HIM 153 Intro to Pharmacology	Overview of medications and pharmacokinetics of drugs encountered in the medical and physical therapy service Competencies demonstrated: General drug classifications, drug interactions, usage and dosage.
PTA 204 Neuromuscular Conditions	Applying knowledge of neuromuscular conditions on the movement system in implementing the physical therapy plan of care, including pediatric conditions, SCI, TBI, CVA, MS, ALS, GBS, Parkinson's, Developmental Delay, specific complex mental health challenges and dementia.
PTA 204L_LR PT Interventions NM Conditions	Competencies demonstrated: neuromuscular tests and measures, balance measures and interventions, gait, coordination, and neuromuscular re-ed interventions, functional training and functional training/positioning equipment, basic interventions for pediatric gross motor development, effective intra and interprofessional communication skills for patient care.
PTA 280A First Clinical Experience	Competencies demonstrated: Advanced Beginner performance on all Clinical Performance Instrument (CPI) criteria.

Winter Year 2

Course	**KNOWLEDGE, SKILLS AND ABILITIES**
PTA 201 PT and the Older Adult	Aging and its effects on clinical reasoning, selecting interventions from the plan of care, and interprofessional roles and responsibilities. Competencies demonstrated: health promotion and safety, fall screening and prevention, pharmacology, and advocacy.
PTA 205 Complex Health Conditions	Case study and clinical problem solving for complex medical conditions that affect the movement system in the acute, skilled nursing, and outpatient/home health settings.

PTA 205L_LR PT Interventions Complex Health Conditions Lab	Competencies demonstrated: assessment of pertinent lab values prior to exercise, wound/burn care, complex health condition simulation, prosthetics and gait patterns, instruction in ADL, task-specific facilitation and training, professional presentations on complex medical cases.
PTA 280B Second Clinical Experience	Competencies demonstrated: Advanced Intermediate performance on all Clinical Performance Instrument (CPI) criteria.

Clinical Experience Calendar

Spring Year 2

Course	KNOWLEDGE, SKILLS AND ABILITIES
PTA 200 Professionalism, Ethics, and Exam Preparation	Case study and clinical problem-solving for complex ethical and clinical decision-making scenarios integrating knowledge of Oregon administrative rules for PT practice, appreciation of the richness of workplace diversity, continuous development of a professional and therapeutic presence, resume-building, and PTA examination preparation. Competencies demonstrated: synthesis of clinical reasoning and critical appraisal of simulated workplace situations for the PTA using ethical problem-solving algorithms.
PTA 203 Contemporary Topics in Physical Therapy	Finalize and present service-learning topic. Competencies demonstrated: educating others about the role of the PTA, developing and completing a professional presentation.
PTA 280C Third Clinical Experience	Competencies demonstrated: Entry-Level performance on all Clinical Performance Instrument (CPI) criteria.

Assessed PTA Student Skills in the Curriculum

The following is a summary of basic patient care, modalities, exercise, and motor learning skills directly observed and evaluated by faculty in a skills assessment or practical examination:

Course	Skills Assessed	Course	Skills Assessed
PTA 101L Fall Year 1	Vital signs Body mechanics Posture Positioning Hot Pack application Cryotherapy Ultrasound application Electrical stimulation application TENS application Massage Transfers Wheelchair positioning and propulsion Passive range of motion	PTA 104L Spring Year 1	Mechanical and manual traction (cervical/lumbar) Extremity exercise (LE and UE ROM, strengthening, exercise equipment) Spinal stabilization exercise Post-surgical protocols Assistive devices for gait Gait training Manual therapy
PTA 103L Winter Year 1	Airway clearance Asepsis Arousal and attention Anthropomorphic characteristics Breathing education/re-education Deep tendon reflexes Light touch sensation Wheelchair seating and safety Skin integrity Pacing and energy conservation Assessing exertion Gait safety	PTA 132L/133L Winter Year 1 Spring Year 1	Data Collection (MMT, PROM, Goniometry) Palpation Gait analysis, Exercise (flexibility and strengthening) Postural awareness Proprioceptive Neuromuscular Facilitation

Course	Skills Assessed	Course	Skills Assessed
PTA 204L Fall Year 2	Balance interventions Functional Activities Locomotion Assistive devices and equipment for ADLs Neuromuscular re-education Interventions for pediatric motor skill development	PTA 205L Winter Year 2	Topical agents Wound care Compression therapies Diabetes and amputation Lower extremity prosthetics Oncology rehab Cardiac rehab Line management

Section 2 - Clinical Education Policies

Clinical Education Definitions

Academic Coordinator of Clinical Education (ACCE) is an academic program faculty. The ACCE is responsible for planning, coordinating, facilitating, administering, monitoring, and evaluating the clinical education program. The ACCE provides formative and summative feedback to students during clinical experiences, including course grades. The ACCE and the Program Coordinator are responsible for keeping students informed of their program status.

Clinical Sites are off-campus educational facilities where students apply previously learned knowledge and skills in a patient care setting under the supervision of the physical therapist. The ACCE has carefully evaluated each site to ensure an acceptable learning environment for our students. Active clinical sites designated are facilities that have a current cooperative education agreement with the program. Written cooperative education agreements with active clinical sites delineate the roles and responsibilities of the student, clinical site and faculty throughout the clinical experience.

Site Coordinator of Clinical Education (SCCE) is a clinical site representative who coordinates student clinical placements at the clinical site. The SCCE facilitates student orientation to clinical site policies and procedures and provides resources and support for effective clinical teaching. The SCCE may participate in student evaluations and communicate questions or concerns with the ACCE and the clinical instructor (CI). The SCCE identifies CIs who are prepared to work effectively with students and demonstrate a high level of competence in their area of practice. SCCEs model effective communication for teaching and learning.

Clinical Instructors (CIs) are licensed PTs or PTAs who are employed by the clinical site and provide supervised clinical instruction. CIs confirm readiness to supervise a clinical experience by meeting criteria developed by the program and the SCCE. CIs have at least one year of physical therapy work experience.

Clinical Experiences (PTA 280 courses) are clinical experiences. The PTA 280 course sequence provides students the opportunity to demonstrate progress over time and ultimately demonstrate entry-level PTA readiness. PTA 280 syllabi provide specific course descriptions, outcomes, prerequisites, and procedures for a successful experience. SCCEs, CIs, and students receive a relevant PTA 280 syllabus before starting the experience. Typical second-year student progression is completing three, six-week, full-time experiences. Student employment during PTA 280 enrollment is highly discouraged.

Entry-Level describes when a student has demonstrated skills and behaviors consistent with readiness for employment as a PTA. The ACCE evaluates performance data and feedback from multiple sources and determines when students are performing at entry-level.

Clinical Performance Instrument (CPI) is an online assessment tool that students and CIs use during the experience to provide feedback and to assess progress toward entry-level. The ACCE evaluates CPI outcomes per the course syllabus in determining the final grade in PTA 280 courses.

Policy on Clinical Site Agreements

Active clinical sites are sites that have a current, fully executed Cooperative Education Agreement or faculty specific agreement for health professions students to participate in worksite learning. The Cooperative Education Agreement identifies roles and responsibilities for the College and the Worksite. Students shall only be placed at active clinical sites. The ACCE is responsible for verifying active clinical sites.

Policy on Clinical Site Placement

Students shall be at least 18 years old before clinical site placement. Students shall be placed in a variety of clinical sites. The student shall have opportunities to work with a range of patients who have health conditions that affect the movement system. Clinical experiences shall provide students with opportunities to treat individuals across a variety of ages, life stages, and acuity levels.

The ACCE makes student placement decisions based on a number of factors, including student requests, student profiles, site and CI availability, student learning needs, and other program requirements. General information about clinical sites and the clinical education program, including an inventory of active clinical sites is available to students once they are enrolled in PTA courses.

The ACCE notifies students when they can submit requests for clinical sites. The ACCE typically accepts student requests for clinical sites in the first year, winter term.

Students shall not contact active or prospective clinical sites to request a clinical placement without ACCE consent.

Students are responsible for any expenses associated with clinical experiences, including completing all pre-clinical placement requirements, maintaining, health insurance, health care services, lodging, transportation, parking, food and beverages.

Reasonable Accommodations

Students with disabilities are encouraged to consult with the ACCE to discuss Technical Standards applied in the clinical learning setting. Reasonable accommodations for clinical experiences is a collaborative process between the student, the ACCE, the Clinical Site, and the Center for Accessible Resources.

Clinical Placement Eligibility

The Oregon Health Authority (OHA) and program cooperative education agreements require that students demonstrate non-infectious states prior to direct contact with

patients. The program follows requirements set by OHA for standards that health professions students must meet before clinical placements (OR 409-030). Personal health insurance is required while enrolled in clinical experiences.

All OHA standards and relevant clinical documentation information, including drug screen and criminal background checks is tracked through DISA Healthcare Technology at https://disahealthcare.com/.

Clinical sites review criminal background checks and drug-screen results and determine student eligibility for a clinical experience. A clinical site may refuse to accept a student based on criminal background or drug screen results.

Insurance

Students are required to carry personal (health/accident) medical insurance beginning and throughout the second year of the PTA program. The College provides general liability, professional liability, and Worker's Compensation while students are enrolled in clinical experiences.

Workplace Behaviors during Clinical Experiences Policy

Students are evaluated on their ability to meet course outcomes established in PTA 280 syllabi. Clinical Instructors should completed CPI 3.0 training and familiarize themselves with CPI benchmarks before starting a clinical experience. CIs are encouraged to give regular feedback to the student, and seek student feedback on learning needs. Students expect to receive informal and formal (midterm and final) CI feedback throughout the clinical experience.

Behaviors that demonstrate responsibility, competency, integrity, and meeting time commitments are indicators of workforce readiness. Students must demonstrate these behaviors, with and without reasonable accommodations consistently across the curriculum. Communicate any evidence of unsatisfactory student behavior(s) with the ACCE to promote effective communication and problem-solving during the clinical experience.

Attendance

Clinical experience attendance is mandatory. Communicate the work schedule to teh student and confirm scheduled days and times with the ACCE. Students are expected to follow the schedule of the assigned CI(s), which may include weekends and/or holidays. Excused absences will be made up at the discretion of the CI and the ACCE.

Students are responsible for tracking daily attendance. The total contact hours needed to complete each PTA 280 course is in the syllabus. Worker's Compensation coverage through SAIF is in effect while students complete course hours.

Students must communicate an absence with the ACCE and the CI ***before scheduled***

start time.

Clinical Experience Dress Policy

Students must wear an LCC “Student Physical Therapist Assistant” or site-issued name tag. Students who use a name other than their legal name shall consult with the ACCE for clinical site-specific policies related to using a preferred name during clinical education. Acceptable, professional clothing is to be worn whenever engaged in learning activities at a clinical site, and during simulation activities unless directed otherwise by the CI.

Employment

Under no circumstances will employment supersede assigned hours and days at the clinical site. Under special circumstances, students who are an employee, or who have a history of employment at a clinical site, may be assigned as a PTA student to that site to meet program requirements.

Policy on Safety for All Individuals Involved In Clinical Education

The program promotes the safety of all individuals involved in clinical education. Students demonstrate safety by successfully meeting skill check and practical exam standards, and by meeting clinical placement eligibility requirements. Workplace behaviors and physical therapy profession ethics are integrated throughout the curriculum.

Students shall abide by the policies, procedures, rules and regulations of the clinical site throughout the experience, including protecting patient confidentiality.

The CI must supervise any patient contact with the student. CIs are responsible for obtaining patient permission for treatment by a student. Patients have the right to refuse supervised treatment and may do so without prejudice.

Every patient has the right to the same standard of care that they would receive from a licensed PTA performing similar activities. This includes protection from unsafe behavior.

Unsafe practice is defined as any behavior that threatens, or has the potential to threaten, the safety of a patient, another student, a faculty member, or other healthcare provider in a clinical site that is part of a student's academic program.

Any investigation of unsafe practice allegations or occurrences shall seek to protect the confidentiality of the parties and be conducted according to procedures approved by LCC.

Exclusion or Removal from Clinical Experiences

The program and the clinical site have the right to withdraw a student from the clinical

site based on cooperative education agreements between the LCC and the clinical site. Students may be removed from the clinical site for reasons unrelated to the student's performance (e.g., concerns about appropriate safety and supervision at the clinical site). Any decision to remove a student unrelated to the student's performance is an excused absence.

CIs have the authority and the responsibility to remove any student from the clinical site who is demonstrating behaviors that are a safety risk to the student, self, or others. These decisions may be based on suspected or observed behaviors that may indicate the student is not adequately prepared and/or is unable to provide patient care safely. Any CI decision to remove a student results in an unexcused absence.

Drug and Alcohol Policy

Any student exhibiting signs of intoxication will be sent, by taxi, for urine and drug testing at the student's expense. The clinical site selects the testing location.

Illness

Students who are experiencing illness symptoms are expected to call the clinical facility and the ACCE and not endanger patients with additional microbial threats.

Exposures and other Accidents/Incidents During Clinical

All exposures and accidents shall be reported immediately to the ACCE and clinical site. Examples include body fluid splashes, needle sticks, accidents, injuries, and other events that could endanger the health of students and others. LCC is not responsible for medical care. The ACCE or designee is responsible for reporting student accidents during clinical to LCC.

Students are covered by SAIF for costs associated with exposures, accidents, or injuries experienced at a clinical site during a clinical experience. If an injury occurs during a clinical experience, the coordinator must complete an Employee Accident/Incident Report and an Employee Accident/Incident Report and a SAIF Workmen's Compensation 801 Form and submitted them LCC Human Resources within five (5) days.

Clinical Progression Policy

Students must complete clinical experiences in sequence. CIs evaluate students throughout the clinical experience based on established performance, skills and behavior expectations described in the course syllabus. The ACCE is responsible for determining clinical progression eligibility.

Safety and Significant Concerns

When a CI determines that student performance on one or more CPI criterion may represent risk to meeting PTA 280 learning outcomes, this is a "Significant Concern". The CI documents any Significant Concerns in the CPI and engages in follow-up

communication with the ACCE. The CI is responsible for communicating Significant Concerns in a timely manner to the ACCE and the student. The CI will consult with the ACCE to determine student readiness and eligibility to continue the clinical experience.

The ACCE communicates all Significant Concerns to the Program Coordinator. Program responses may include corrective action planning, program probation, or dismissal. Corrective action plans include regular meetings between the student and the ACCE to evaluate the student progress in skills and behaviors.

Skill Competency Responsibility

If the CI teaches the student a skill that was not taught in the program, the CI is responsible for determining the expected level of student competence when performing the skill with patients. If the skill was taught in the program, the program is responsible for determining student competence.

Student Midterm Progress Evaluation

The CI will meet with the student no later than the end of week four of the clinical experience to review midterm CPI results and discuss progress toward successful course completion. The discussion will include comparisons between student self-assessment of performance and the CI assessment of performance. The ACCE is notified of the midterm assessment outcomes upon its completion.

Student Final Evaluation

The ACCE determines if the student has met the learning outcomes of the clinical experience. Final evaluation includes an assessment of CPI outcomes, quality of additional assignments, the uniqueness or complexity of the clinical site, documented student behaviors, and outcomes of any corrective action planning or Significant Concern. Students must demonstrate progress from midterm to final. The ACCE consults with the CI and Program Coordinator as needed to inform the evaluation.

The ACCE may consider patterns of student behaviors that reflect insufficient progress in workplace behaviors or are considered LCC Code of Conduct violations. The ACCE consults with the Program Coordinator and the Dean as needed and utilizes an equity lens framework to determine if the student is eligible for a corrective action plan, clinical probation, or recommends program dismissal.

Clinical Probation

Students who do not successfully complete a clinical experience may be placed on clinical probation. Program clinical probation plans shall include written criteria based on a case-by-case assessment of program progression requirements. Students may not repeat any clinical experience more than once.

Selection of Clinical Instructor Policy

CIs are physical therapists or physical therapist assistants who have an active, unencumbered Oregon license and at least one year of clinical experience. CIs confirm their readiness for their clinical faculty role by signing and returning the Criteria for Selection of Clinical Instuructors to the ACCE.

CIs are responsible for directly instructing and supervising students at the clinical site, following clinical site policy related to clinical education, and following program polciies related to safety, supervision, and program notifications. CIs maintain full responsiblity for patient care and medical record management. CIs shall confirm their ability to provide constructive direct and indirect feedback to students on their progress toward meeting the course outcomes, including midterm and final assessments using the CPI 3.0.

Clinical Orientation Policy

CIs are responsible for completing a day one orientation with the student. The ACCE sends the Student Orientation to the Clincal Site document to the CI as guidance for orientation activities, and the CI is responsible for returning the form to the ACCE

Section 3 - Clinical Education Administrative Operations

March Mailing

The ACCE will send out requests for clinical experiences on March 1, either directly to the site or through a designated regional administrator. Thank you for your timely responses to support clinical education planning and success. The ACCE will directly confirm the decision to accept a student with the clinical site.

Letter of Good Standing

Approximately six weeks before the clinical experience begins, the ACCE will send a Letter of Good Standing confirming the student has met all statutory and program requirements for clinically-based learning (See Appendix for Example).

Student Profile Packet

Students email their CI to introduce themselves appropriately six weeks before the start of the experience. They will include an informative packet that provides evidence they have met the statutory requirements for health professions students and some personal background information to support their success.

ACCE Memo

Several weeks before the start of the experience, CIs will receive an outlines from the ACCE with additional information and resources to support student success and faculty development. Reminders about the CPI 3.0 assessment tool and links to CPI training are available. Reminders about federal student and patient privacy laws, CI rights and responsibilities, and emerging clinical education trends and changes support understanding of contemporary practice patterns affecting clinical education and students. The ACCE Memo is a quick reference guide that refreshes understanding of relevant policies and CI responsibilites

Flow of Clinical Forms

This document includes pre-clinical, day one of clinical, during clinical, and after clinical administrative tasks related to clinical education. There are also linked resources to support clinical teaching effectiveness, sample progressions for the internship, and examples for supplemental learning. Contact the ACCE if you have questions or would like additional teaching resources.

Instructional Mentoring

The ACCE is available to meet and discuss instructional strategies and resources throughout the experience. Mentoring can be offered before, during, or after the clinical internship.

Program Feedback and Complaints.

The program welcomes feedback as part of our continuous improvement process. Feedback may be provided directly to the ACCE or the Program Coordinator, Christina Howard, howardc@lanecc.edu.

If there is an issue that is either unresolved with the program faculty, anyone may report a concern directly to Lane Community College. To learn more about how to report a concern, visit https://www.lanecc.edu/administration/report-concern

If there is a concern that the program is not meeting the accreditation standards, you may submit that informatino to CAPTE through their complaint process: https://www.capteonline.org/faculty-and-program-resources/complaints

Section 4 – Appendix

Physical Therapy Profession Web References

American Physical Therapy Association (APTA)

- Vision Statement for the Physical Therapy Profession
- Code of Ethics for the Physical Therapy Profession
- Core Values for the PT and the PTA

- Minimum Required Skills of PTA Graduates at Entry-Level
- Medicare Student Supervision Chart
- Direction and Supervision of the Physical Therapist Assistant
- PTA Direction Algorithm
- PTA Supervision Algorithm
- Supervision and Team Work
- PTA Clinical Decicions Making Algorithm
- Clinical Performance Instrument 3.0 Expected Outcomes

- APTA - Oregon Chapter
- APTA Learning Center
  - CPI 3.0 Log In

Oregon Board of Physical Therapy

Federation of State Boards of Physical Therapy

Family Education Rights and Privacy Act (FERPA)

Sample Letter of Good Standing

COOPERATIVE EDUCATION *Internships*	**Lane Community College** **Physical Therapist Assistant** **Program Letter of Good Standing** **[Date]**

Student Name:

Student Email Contact:
Confirmed Clinical Site: Asante Rogue Regional Medical Center
Rotation Dates: 04/21/2025 – 05/30/2025
Year/Clinical Experience: Second Year, Third (Final) Clinical Experience

This letter is to confirm clinical placement and verify the above student is in good standing in the Lane Community College Physical Therapist Assistant Program. This student has successfully completed all first year coursework and has met all programmatic pre-clinical requirements as per Oregon Health Authority Administrative Requirements for Health Profession Student Clinical Training OAR 409-030.

- Health Insurance: CONFIRMED
- TB negative 2-step skin test, chest x-ray, or quantiFERON gold:: CONFIRMED
- MMR vaccination or immunity: CONFIRMED
- Tdap (tetanus, pertussis, diphtheria) vaccination or immunity: CONFIRMED
- Varicella (chicken pox) vaccination or immunity: CONFIRMED
- Hepatitis B series: CONFIRMED
- COVID-19 Vaccination: CONFIRMED
- Seasonal influenza vaccination: CONFIRMED
- American Heart Association CPR Certification: CONFIRMED
- National Criminal Background Check (OIG, SS#, Sex Offender): CONFIRMED - CLEAR
- 10 Panel Urine Drug Screen: CONFIRMED - CLEAR
- OSHAA Safety, Bloodborne Pathogen, HIPAA, and Mandatory Reporter Training: CONFIRMED

Liability Insurance: Student is covered by *Property and Accident Coverage for Education*, Policy # 30P60254416 General liability and professional liability insurance coverage of $1 million per occurrence and $3 million in aggregate for all authorized activities performed within the course and scope of the student's educational duties on approved rotations.

Contract: The clinical/cooperative education agreement between the college and clinical site is currently in place through **EXP DATE:** 10/1/2026

Please advise the student of any additional site-specific training to be completed prior to clinical.

Sincerely,

Beth Ann Thorpe, LPTA, MS, CSCS
Academic Coordinator of Clinical Education
Lane Community College Physical Therapist Assistant Program
E-mail: ThorpeB@lanecc.edu
Phone (Google Voice): 541-632-6650

PTA Program Flow of Clinical Forms

Name of Document (hyperlinks in blue)	Timeline
Before Clinical	
Student Profile Packet • Introduction letter • Compliance verification of requirements • Personality Color Profile • Student Profile Form	Students e-mail packet to SCCE/CI ~6 weeks before clinical
ACCE Memo E-mail • Notes on clinical, general college policies, dates, site visit, syllabus – objectives, coursework, evaluation, Letter of Good Standing	ACCE email to SCCE/CI ~4-6 weeks before clinical
APTA Learning Center - CPI 3.0 online training*** **New training required for all users of the online CPI 3.0 tool; send name and email used with the APTA once completed to ACCE thorpeb@lanecc.edu**	CI and student to complete prior to student arrival
• APTA CPI 3.0 - CI/SCCE Training Link	
• APTA CPI 3.0 - PTA Student Training Link	
Accessing the APTA CPI 3.0 - Website login*** • https://cpi.apta.org/login Link	
• APTA CPI 3.0 Clinical Instructor User Guide*** (pdf)	
• APTA CPI 3.0 PT-PTA Student User Guide (pdf)	
• APTA CPI 3.0 - Technical Brief (pdf)	
• CPI 2.0 v CPI 3.0 Crosswalk (pdf)	
• APTA CPI 3.0 PT-PTA Paper version for reference (pdf)	
• Lane PTA CPI 3.0 Expected Outcomes (pdf)	
Reference Documents to Keep/Review	
• LCC PTA Curriculum – Coursework Completed (pdf)	
• PTA Decision Making Algorithm (pdf)	
• PTA Direction Algorithm (pdf)	
• PTA Supervision Algorithm (pdf)	
• Standards of Ethical Conduct for the Physical Therapist Assistant (pdf)	
• Values-Based Behaviors for the PTA (pdf)	
• Oregon Board of Physical Therapy	
• Oregon Administrative Rules for Physical Therapy	
• Medicare Supervision Chart (pdf)	

• Minimum Required Skills of PTA Graduate (pdf)	
• Cooperative Education Employer Information	
• Family Education Rights and Privacy Act (FERPA)	
During Clinical	
Week 1 Documents	
• *Clinical Agreement of Understanding* – Moodle "quiz" over clinical policies	Students complete prior to first day
• *Cooperative Education Internship Agreement* *** Included in electronic envelope sent the week prior to clinical to be completed and signed by student, CI, and ACCE	Day 1 of clinical signed by student, CI, and ACCE
• *Criteria for Selection of CIs* *** Included in electronic envelope sent the week prior to clinical to be completed and signed by primary CI	Day 1 of clinical signed by CI
• *Student Orientation to Clinical Site* - *** Included in electronic envelope sent the week prior to clinical to be completed day 1 of clinical by student and CI	Day 1 of clinical signed by CI
Optional Use References: • Sample Weekly Progression – 280A 1st Clinical Rotation • Sample Weekly Progression – 280B 2nd Clinical Rotation • Sample Weekly Progression – 280C 3rd Clinical Rotation • Learning Objectives Planning Chart – for goal writing • Supplemental Learning Activities – for make-up time • Co-op/Clinical Internships and Accommodations – for students with documented disabilities • Co-op and Clinical Internship Accommodation Planning: roles and responsibilities	All Sample Weekly Progressions updated to align with new PTA CPI 3.0 Optional for use during clinical
End of Experience Documents	
• *Patient Surveys* (2) – Students survey 2 patients for feedback. Link to Google form: https://goo.gl/forms/YoXbFXa5pxhkue0f2	Students complete Google form by Thurs after clinical.
• *Co-op Attendance* - writable pdf calculates hours; **CI signature NOT required unless ACCE requested**	Student upload in Moodle Assignment by Thurs after clinical
• *Student Evaluation of Clinical Experience "SECE"* – Required of student to share information about clinical experience. Link to Goggle form: https://forms.gle/kXbSu2dZMHV7igMU9	Students complete Google form by Thurs after clinical
After Clinical	

• ACCE Evaluation by SCCE/CI – optional but encouraged • ACCE Evaluation by Student – optional but encouraged	At earliest convenience

*****Documents or activities require direct action by Clinical Instructor**

Documents in Italics are required to be turned into ACCE.

Sample Weekly Progression Guidelines

COOPERATIVE EDUCATION *Internships*

Lane Community College
Physical Therapist Assistant Program
PTA 280A Sample Weekly Progression Guidelines

This is a general sample progression for the Student Physical Therapist Assistant in the first full-time clinical experience. Each clinical setting is unique, thus not all skills are applicable to every clinical setting. Students will not be penalized for inability to meet related expectations.

Week 1 – first clinical experience, full direct personal supervision

Interpersonal/Communication

- Orientation to facility including CI, other staff, safety and emergency procedures, policies and procedures, equipment, etc. using LCC Student Orientation to Clinical Site Checklist or facility checklist.
- Introduction of Student PTA to current patient caseload
- Initial goal setting and planning relative to PTA CPI performance level criteria

Technical/Procedural Interventions

- Observe PT initial evaluation of new patient and reassessment of current patient for context
- Vital sign, pain, and/or skin checks on a patient
- Basic ROM/MMT and sensory data collection
- Demonstrate basic therapeutic exercise to patient with monitoring of patient performance and response
- General positioning and transfers and body mechanics with assistance from CI
- Supervised modality use (US, heat/cold)

Business/Documentation

- Introduction to facility medical record system, paperwork, and software
- Observe CI completing documentation
- Student provides some information for selected portions of treatment observed or performed as CI completed documentation

Other

- Discuss other available learning opportunities such as co-treatment with other disciplines, surgery observation, special equipment fitting, medical tests, research study involvement, journal club, etc.

Week 2 – building on previous week

Interpersonal/Communication

- Verbalize purpose of basic treatment components to patient with CI guidance/supervision
- Begin initial subjective patient information gathering with previously seen patient with CI guidance
- Discuss patient progress/response to treatment with CI (and supervising PT if applicable) using appropriate clinical language

Technical/Procedural Interventions

- Basic posture and gait analysis with CI guidance
- Low level assist gait training and transfers
- Basic manual therapy (soft tissue mobilization, joint mobilization, traction, etc.) with CI guidance
- Progression of therapeutic exercise/activities after conference with CI

Business/Documentation

- Write S and O portion of SOAP note for interventions performed by student with CI review and correction
- Write A and P portion of SOAP note with significant CI guidance for patients with SPTA direct contact

Other

- Begin planning date for Student Inservice
- 2 current topics in Physical Therapy for journal forum post, find peer-reviewed related articles

Week 3 – building on previous week

Interpersonal/Communication

- Student initiates chart review with verbalization of plans for treatment with CI
- Mostly student-driven meet and interview of known patients
- Verbalize treatment explanation to patient and family with CI assist only by request

Technical/Procedural Intervention

- Follow basic protocols for known patients with non-complex conditions
- Carry out 50% of full treatment with known patients with non-complex conditions
- Involved in components of HEP recommendation

Business/Documentation

- Write S-O-A portion of SOAP note with some guidance from CI

Other

- Prepare for mid-term PTA CPI assessment (student and CI individually) and schedule meeting by end of week 3 to Thursday of week 4 to review feedback and adjust goals as needed

Week 4 – building on previous week, working towards Advanced Beginner Performance Level

Interpersonal/Communication

- Student initiates occasional delegation of tasks, requests to other staff
- Verbally compare/contrast treatment options within plan of care including justification

Technical/Procedural Intervention

- Begins to take minimal patient load 15-20% of normal CI responsibility
- More consistently independent with modalities after consultation and clarification
- Direct personal supervision 75-100% with patients with non-complex conditions, still 100% with complex conditions
- Able to create full HEP for patient based on performance and data collection

Business/Documentation

- Full SOAP note with CI input and guidance for completeness and correctness

Other

- Confirm Staff Inservice topic/project and timeline
- ACCE site visits week 4 or 5

Week 5 – building on previous week

Interpersonal/Communication

- Student modifies communication style based on verbal and non-verbal feedback of audience, ties treatment concepts with patient motivating ideas/activities
- Able to recognize progress towards goals and suggest appropriate modification to PT

Technical/Procedural Intervention

- Full treatment with appropriate but minimal CI supervision

Business/Documentation

- Full SOAP/Chart notes with CI review afterwards, fewer CI corrections needed
- Clear thread of A and P relating back to S and O in chart notes, P within plan of care and scope of practice

Other

- Student inservice completion suggested by end of this week due to short holiday week 6
- Awareness of time management, cost effectiveness, and payer differences evident.

Week 6 – building on previous week to minimum Advanced Beginner Performance Level

Interpersonal/Communication

- Student initiates discussion and seeks clarification of information gathered from chart review
- Demonstrates professionalism with all members of staff, patient, family with patient-centered language
- Student seeks out additional learning opportunities

Technical/Procedural Intervention

- Direct personal supervision >50% with patients with non-complex conditions and >75% with complex conditions
- Proficient with simple tasks, clinical problem solving, and interventions/data collection and beginning to take on moderately complex patients.
- Capable of maintaining at least 30% of a full-time PTA caseload for the setting

Business/Documentation

- Completes full chart note in no more than double the time it takes CI, minor corrections from CI

Other

- Final PTA CPI assessment and review

COOPERATIVE EDUCATION *Internships*

Lane Community College
Physical Therapist Assistant Program
PTA 280B Sample Weekly Progression Guidelines

This is a general sample progression for the Student Physical Therapist Assistant in the second full-time clinical experience. Each clinical setting is unique, thus not all skills are applicable to every clinical setting. Students will not be penalized for inability to meet related expectations.

Week 1 – second clinical experience, full direct personal supervision initially

Interpersonal/Communication

- Orientation to facility including CI, other staff, safety and emergency procedures, policies and procedures, equipment, etc. using LCC Student Orientation to Clinical Site Checklist or facility checklist.
- Introduction of Student PTA to current patient caseload
- Initial goal setting and planning relative to PTA CPI performance level criteria

Technical/Procedural Interventions

- Observe PT initial evaluation of new patient and reassessment of current patient for context
- Vital sign, pain, and/or skin checks for appropriate patients
- Basic ROM/MMT and sensory data collection
- Demonstrate basic therapeutic exercise to patient with monitoring of patient performance and response
- General positioning and transfers and body mechanics with assistance from CI
- Supervised modality use (US, heat/cold) after verbalized parameters, contraindication/precautions, and rationale

Business/Documentation

- Introduction to facility medical record system, paperwork, and software
- Observe CI completing documentation
- Student provides some information for selected portions of treatment observed or performed as CI completed documentation

Other

- Discuss other available learning opportunities such as co-treatment with other disciplines, surgery observation, special equipment fitting, medical tests, research study involvement, journal club, etc.

Week 2 – building on previous week

Interpersonal/Communication

- Student performs chart review, verbalizing purpose of basic treatment components with CI guidance/supervision
- Begin initial subjective information gathering with previously seen patient with CI input as needed
- Discuss patient progress/response to treatment and plan of care with CI (and/or supervising PT if applicable) using appropriate clinical language

Technical/Procedural Intervention

- Basic posture and gait analysis and correction/training, assistive device selection, fitting, and instruction using appropriate patient cues with minimal CI guidance
- Progression of therapeutic exercise/activities after conference with CI
- Basic manual therapy (soft tissue mobilization, joint mobilization, traction, etc.) with CI guidance and practice
- Working toward 50% or more participation in individual treatments

Business/Documentation

- Write portion of SOAP note for interventions performed by student with CI review and correction

Other

- Begin planning date for Student Inservice – discuss topic/project ideas beneficial to site/staff and timeline
- Set date for mid-term CPI review

Week 3 – building on previous week

Interpersonal/Communication

- Student initiates chart review independently with verbalization of plans for treatment with CI
- Mostly student-driven patient greeting and interview of known patients
- Accepts feedback from CI in professional manner and applies immediately

Technical/Procedural Intervention

- Follow basic protocols for known patients with non-complex to moderately complex conditions
- Carry out full treatments with known patients with non-complex conditions with CI supervision and components of treatments with patients with complex conditions
- Working towards 25% or greater caseload/workload of a PTA in the setting
- Prescribe appropriate HEP and self-care recommendations including caregiver education

Business/Documentation

- Write full SOAP notes for all involved patient treatments with some guidance from CI for content and accuracy, increased focus on timeliness

Other

- Prepare for mid-term PTA CPI assessment (student and CI individually) and schedule meeting by end of week 3 to Thursday of week 4 to review feedback and adjust goals as needed
- Student researching diagnoses and/or treatment interventions for preparation for patients on caseload

Week 4 – building on previous week, approximately Intermediate Performance Level

Interpersonal/Communication

- Student initiates delegation of appropriate tasks, requests to other support staff
- Verbally compare/contrast treatment options within plan of care with rationale, connecting similar patient care experiences
- Student provides feedback to CI on effectiveness of teaching/learning structure

Technical/Procedural Intervention

- More consistently independent with modalities, transfers, and protocol progressions after only consultation and clarification with CI
- Able to create and modify full HEP for patient based on performance and data collection
- Focus on clinical problem solving with more complex patient diagnoses
- Building manual therapy techniques with CI guidance
- Direct personal supervision <50% of the time with patients with simple conditions, 75% with complex conditions
- Capable of maintaining approximately 50% of a an Entry-level PTA caseload

Business/Documentation

- Full SOAP notes with minor CI corrections in no more than twice the time it takes the CI

Other

- ACCE site visits week 4 or 5

Week 5 – building on previous week

Interpersonal/Communication

- Student readily modifies communication style based on verbal and non-verbal feedback of audience, ties treatment concepts with patient motivating ideas/activities
- Patient education is robust and accurate, providing prompt answers to patient questions
- Able to recognize progress towards goals and suggest appropriate modification to supervising PT

Technical/Procedural Intervention

- Full treatments with known patients with appropriate but minimal CI supervision
- Student able to identify functional activities related to goals and interests

- Choosing appropriate assistive devises/equipment/modalities based on patient presentation.

Business/Documentation

- Full SOAP/Chart notes with CI review afterwards, limited CI corrections needed
- Strong and defensible A and P relating back to S and O in chart notes, thoughtful and appropriate P within plan of care and scope of practice
- Demonstrating understanding of time management, cost effectiveness, and payer differences.

Other

- Confirm inservice schedule or additional needs (space, equipment, copies, etc) by end of this week
- Confirm final CPI review plans

Week 6 –Intermediate to Advanced Intermediate Performance Level

Interpersonal/Communication

- Student consistently initiates discussion and seeks clarification of plan of care after chart review, suggesting treatment progression and rationale
- Demonstrates professionalism with all members of staff, patient, and family with non-biased patient-centered language, responsive to verbal and non-verbal cues
- Capable of initial patient interview for subjective data collection with appropriate follow-up questioning throughout the treatment.
- Student regularly seeks out additional learning opportunities and identifies ethical or legal themes of contemporary practice

Technical/Procedural Intervention

- Requires clinical supervision <50% of the time working with non-complex patients and 25 – 75% of the time with new patients or complex conditions.
- Proficient and consistent with simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex diagnoses
- Capable of maintaining at least 50 - 75% of a full-time PTA caseload for the setting

Business/Documentation

- Complete full chart note in no more than 25% more time than CI, self-identifies errors with only minor corrections from CI for content and skilled language
- Participates in quality assurance, effective billing/scheduling, resource management and delegation to maximize efficacy

Other

- Final PTA CPI assessment and review
- Student self-assessment of goals for final clinical experience

- Student consistently on time and prepared

COOPERATIVE EDUCATION *Internships*

Lane Community College
Physical Therapist Assistant Program
PTA 280C Sample Weekly Progression Guidelines

This is a general sample progression for the Student Physical Therapist Assistant in the second full-time clinical experience. Each clinical setting is unique, thus not all skills are applicable to every clinical setting. Students will not be penalized for inability to meet related expectations.

Week 1 – third clinical experience, full direct personal supervision initially

Interpersonal/Communication

- Orientation to facility including CI, other staff, safety and emergency procedures, policies and procedures, equipment, etc. using LCC Student Orientation to Clinical Site Checklist or facility checklist.
- Introduction of Student PTA to current patient caseload
- Initial goal setting and planning relative to PTA CPI performance level criteria

Technical/Procedural Interventions

- Observe PT initial evaluation of new patient and reassessment of current patient.
- Student performs chart review, verbalizing purpose of basic treatment components with CI guidance/supervision
- Vital sign checks, general positioning and transfers, modality use with CI supervision.
- Demonstrate basic therapeutic exercise to patient with monitoring of patient performance and physical status and modifying with cues from CI
- Participation in up to 50% of individual treatments with simple to moderately complex diagnosis

Business/Documentation

- Introduction to facility medical record system, paperwork, and software
- Observe CI completing documentation with student providing some information for selected portions of treatment observed or performed as CI completed documentation

Other

- Discuss other available learning opportunities such as co-treatment with other disciplines, surgery observation, special equipment fitting, medical tests, research study involvement, journal club, etc.

Week 2 – building on previous week

Interpersonal/Communication

- Student initiates chart review independently with verbalization of plans for treatment with CI

- Discuss patient progress/response to treatment and plan of care with CI (and supervising PT if applicable) using appropriate clinical language
- Mostly student-driven patient greeting and interview of selected known patients
- Accepts feedback from CI in professional manner and responds accordingly

Technical/Procedural Intervention

- Follow basic protocols for known patients with non-complex to somewhat complex conditions
- Carry out full treatment with selected known patients with simple conditions with CI supervision only, 50% or more of treatment with patients with complex conditions
- Working towards 25% or greater caseload of an Entry-Level PTA in the setting
- Involved in components of HEP recommendation including patient-family education

Business/Documentation

- Write partial to full SOAP/daily note with some guidance from CI for completeness and correctness
- Correctly bill for services rendered

Other

- Begin planning date for Student Inservice – discuss topic/project ideas beneficial to site/staff and timeline
- Student researching diagnoses and/or treatment interventions for preparation for patients on caseload
- Set date for mid-term CPI review

Week 3 – building on previous week

Interpersonal/Communication

- Student initiates delegation of appropriate tasks, requests to other staff
- Verbally compare/contrast treatment options within plan of care including justification

Technical/Procedural Intervention

- More consistently independent with modalities, transfers, gait, and protocol progressions after only consultation and clarification with CI prn
- Able to create and modify full HEP for patient based on performance and data collection
- Focus on clinical problem solving with more complex patient diagnoses
- Direct personal supervision <50% of the time with patients with simple conditions, 75% with complex conditions
- Capable of maintaining 30-50% of a caseload of an Entry Level PTA

Business/Documentation

- Full SOAP/daily note with minor CI input and guidance for completeness and correctness in no more than twice the time it takes the CI

Other

- Prepare for mid-term PTA CPI assessment (student and CI individually) and schedule meeting by end of week 3 to Thursday of week 4 to review feedback and adjust goals as needed
- Student researching diagnoses and/or treatment interventions for preparation for patients on caseload

Week 4 – building on previous week, approximately Intermediate Performance Level

Interpersonal/Communication

- Student readily modifies communication style based on verbal and non-verbal feedback of audience, ties treatment concepts with patient motivating ideas/activities
- Able to recognize progress towards goals and suggest appropriate modification to PT

Technical/Procedural Intervention

- Full treatments with appropriate but minimal CI supervision
- Student able to identify functional activities related to goals
- Focus on clinical problem solving with more complex patient diagnoses
- Building manual therapy techniques with CI and patient feedback
- Student requires supervision <50% of the time managing patients with simple conditions and 25 - 75% with complex conditions
- Capable of maintaining at least 50% of an Entry-level PTA caseload

Business/Documentation

- Full SOAP notes with self-identified errors and minor corrections in no more than 25% more time than the CI

Other

- ACCE site visits week 4 or 5
- Demonstrating understanding of time management, cost effectiveness, and payer differences.
- More frequently delegating tasks to appropriate staff as able

Week 5 – building on previous week, approximately Advanced Intermediate Performance

Interpersonal/Communication

- Student readily modifies communication style based on verbal and non-verbal feedback of audience, ties treatment concepts with patient motivating ideas/activities
- Patient education is robust and accurate, providing prompt answers to patient questions
- Able to recognize progress towards goals and suggest appropriate modification to supervising PT

- Student consistently initiates discussion and seeks clarification of information gathered from chart review
- Demonstrates professionalism with all members of staff, patient, family with patient-centered language

Technical/Procedural Intervention

- Requires clinical supervision 25 – 50% managing new patients or patients with complex conditions and <25% managing patients with non-complex conditions
- Proficient and consistent with simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex demands.
- Capable of maintaining 75% of an Entry-Level PTA caseload for the setting

Business/Documentation

- Strong and defensible chart notes completed in approximately the same amount of time as the CI, more suggestions than corrections made by CI
- Demonstrating clear understanding of time management, cost effectiveness, and payer differences.

Other

- Student regularly and independently seeks out additional learning opportunities
- Confirm inservice schedule or additional needs (space, equipment, copies, etc) by end of this week
- Confirm final CPI review plans

Week 6 –Intermediate to Advanced Intermediate Performance Level

Interpersonal/Communication

- Student consults with others to resolve unfamiliar or ambiguous situations
- Demonstrates professionalism with all members of staff, patient, and family with non-biased patient-centered language, responsive to verbal and non-verbal cues
- Capable of initial patient interview for subjective data collection with appropriate follow-up questioning throughout the treatment.
- Student regularly seeks out additional learning opportunities and identifies ethical or legal themes of contemporary practice

Technical/Procedural Intervention

- Student is capable of completing tasks, clinical problem solving, and interventions/data collection for patients with non-complex or complex conditions under general supervision.
- Student is consistently proficient and skilled in non-complex or complex tasks, clinical problem solving, and interventions/data collection.

- Student is capable of maintaining 100% of a full caseload of an Entry-Level PTA in a cost effective manner with the direction and supervision of the physical therapist.

Business/Documentation

- Complete full chart notes in approximately the same time as the CI.
- Participates in quality assurance, effective billing/scheduling, resource management and delegation to maximize efficacy

Other

- Final PTA CPI assessment and review
- Student self identifies areas for continued professional growth