INDIAN RIVER STATE COLLEGE
Physical Therapist Assistant Program

PHT 2820  Clinical Practice II

Faculty:  Wendy L. Smith, PT, DPT, OCS, CLT-LANA
Academic Coordinator of Clinical Education
772-462-7772
wsmith@irsc.edu

Office Hours:  By Appointment

Hours:  40 hours per week for 7 weeks (280 hours)

Location:  Affiliated clinical facility located in either Brevard, Indian River, Okeechobee, St. Lucie, Martin or Palm Beach County, FL

Credits:  5 credits

Prerequisites:  PHT1121, 1121L, PHT1213, 1213L, PHT1020, 1020L, PHT1132, 1132L, PHT1080, 1080L, PHT2081, 2081L, PHT1801, PHT2255, 2255L

Co-Requisite:  PHT2288, 2288L

Course Description:  This course constitutes the final clinical education experience for the student physical therapist assistant. Each student is assigned to a clinical facility and performs various physical therapy interventions under the direct supervision of a physical therapist and/or physical therapist assistant under the general supervision of a physical therapist. Expected performance is at the entry level of competence. Scheduled clinical conferences are included to review their assignments including 1) a small group critical review of the literature including a presentation to the IRSC faculty and first year students and 2) a presentation of the critical review process to the staff at the clinical facility. Students must continue to maintain a clinical notebook containing required forms as well as records of daily, weekly and optional experiences.

*Note: Clinical facility may separate requirements for student in-service

Teaching Methods:  Learning opportunities are presented using diverse methodologies that include: experiential learning, discussion, collaborative problem-based learning in a small group, and learning by teaching.

Recommended Texts:  Textbooks required for all prerequisites and co-requisites.

Grading:  The final grade for PTH 2810 is SATISFACTORY/UNSATISFACTORY. A minimal competency level must be achieved on each required activity in order to attain a satisfactory grade for the course. Failure to complete a requirement on schedule or as assigned may result in an unsatisfactory grade and withdrawal from the program.

Course Requirements:  The student will demonstrate competence by completing the following requirements:
1. The APTA web-based Clinical Performance Instrument (CPI) will be used to evaluate student competence at the beginning skill level. The Clinical Instructor (CI) will complete the evaluation at the mid-point (midterm) and at the end of the clinical experience. The Clinical Instructor will also verify the student has completed a presentation to their satisfaction during the clinical experience in the comment section of the CPI. Each student will use the CPI to complete a self-assessment of clinical performance to share with the CI at mid-term and final clinical conferences. A student who receives one or more red flags on the final CPI will be given an unsatisfactory grade and will be withdrawn from the program.

2. The student will be responsible for presenting an overview of the method used to define a clinical question and the strategy needed to answer the question by critically reviewing the evidence. The presentation will not necessarily include the final results of the project but rather focus on the process of using the literature to assist with clinical decision making.

3. The student will use the data collected in the previous semester to determine the quality of the articles found during their search and categorize them. This evidence will be summarized and conclusions will be drawn to determine if the evidence answers the clinical question. This information will be presented to the faculty, other class members and first year students at the end of the semester.

4. Student will maintain a clinical notebook consisting of specific items outlined in detail in the assignments section of the syllabus.

5. All students will use the CPI to complete an evaluation of the clinical facility and CI that will be shared with the facility after completion of the experience.

6. All students will participate in scheduled classes, individual and group clinical conferences, and/or online chats as scheduled by the ACCE and/or the CI.

Course Policies

The following policies reflect mutual expectations for faculty and students who participate in this course. Both parties should adhere to these policies and create a positive atmosphere for learning.

1. **Attend all classroom and lab sessions at the scheduled times.** Students who are unable to attend class due to illness, injury, or other emergency situations are expected to notify Dr. Wendy Smith (772-462-7772) as soon as possible. Any classes that must be cancelled due to inclement weather or other unplanned events will be rescheduled at the instructor's discretion, and with consideration of the students' schedule. If students agree, students will be notified of unplanned class cancellations via a "phone chain" established in class. Repeated absences or tardiness is disruptive to the class and will not be tolerated. (Please refer to attendance policy in the student handbook.)

2. **Be prepared for class.** Students are expected to complete reading and other assignments on time (prior to class meeting). The course instructor reserves the right to exclude any unprepared student from class if necessary. Faculty should provide students with appropriate learning objectives and class schedule at the onset of the course and notify students promptly of any changes.

3. **Demonstrate professional conduct in the classroom.** Students and faculty are expected to display ethical and personal behaviors compatible with the physical therapy profession. Sensitivity to both individual needs as well as those of the class as a whole must be valued. Students must turn off cell phones and pagers during class, except with special permission of the course coordinator. Faculty and students are encouraged to work collaboratively and be allowed the opportunity to enjoy their learning activities.
4. **Maintain a clean and safe learning environment.** Smoking, tobacco use, and eating are not permitted in the classroom. Smoking, tobacco use, eating, and drinking are not permitted in the lab. Faculty and students are expected to return all lab equipment and/or supplies to the appropriate storage area and discard any wasted materials at the end of every class session. Students may only use lab equipment that they have already been instructed to use, and are asked to promptly report any malfunctions or damages to the course instructor. Students may not remove equipment from the lab without the instructor's permission.

5. **Recognize learning problems and seek/provide tutorial assistance as needed.** Faculty are expected to provide students with timely feedback on their course performance. Students are expected to recognize when they are experiencing academic difficulties and ask the course instructor or their advisor for help. Faculty will be available upon request to consult with individual students at a mutually convenient time. Appointments can be scheduled directly with the faculty member, Dr. Wendy Smith (772-462-7772).

6. **Enhance the opportunity for individual efforts on assignments and examinations.** Both faculty and students have obligations in the learning environment to create an opportunity for learning and scholarship. The instructor reserves the right to encourage individual efforts during exams by using multiple forms of the same exam, requesting that all books, papers and personal items be left at the front of the room, controlling seating arrangement and assignment, providing instructions to students about the procedure for asking questions during the exam, and/or restricting movement in and out of the classroom.

**STUDENTS WITH DISABILITIES POLICY:**

*Indian River State College is committed to providing an environment that ensures that no individual is discriminated against on the basis of her/his disability. Students with disabilities, as defined under the Americans with Disabilities Act of 1990 (ADA), and who need special academic accommodations, should notify the Student Disability Services as soon as possible at 772-462-7782 or 772-462-7808 via email: irscdisabilityservice@irsc.edu. Student Disability Services will work with the student and the course instructor to coordinate and monitor the provision of reasonable academic accommodations.*

**IRSC NON-DISCRIMINATION-NON-HARRASSMENT TITLE IX POLICY STATEMENT:**

[http://www.irsc.edu/uploadedFiles/AboutIRSC/Non-Discrimination-Title-IX-Policy.pdf](http://www.irsc.edu/uploadedFiles/AboutIRSC/Non-Discrimination-Title-IX-Policy.pdf)

*IRSC College students pledge to maintain the Honor Code, which states in part: "Honor is that principle by which we at Indian River State College form our code of living, working and studying together. The standards of honor at Indian River State College require that all students act with intellectual independence, personal integrity, honesty in all relationships and consideration for the rights and wellbeing of others."*

For details on academic standards, academic dishonesty, academic regulations, and advisement services, please refer to either the IRSC Health Sciences Student Handbook: [http://www.irsc.edu/uploadedFiles/Programs/HealthScience/Health-Science-Handbook.pdf](http://www.irsc.edu/uploadedFiles/Programs/HealthScience/Health-Science-Handbook.pdf)

or the IRSC Physical Therapist Assistant Student Handbook: [http://www.irsc.edu/uploadedFiles/Programs/HealthScience/PhysicalTherapistAssistant/PTA-Student-Handbook.pdf](http://www.irsc.edu/uploadedFiles/Programs/HealthScience/PhysicalTherapistAssistant/PTA-Student-Handbook.pdf)
Course Schedule:

- Five days per week for 7 weeks. The schedule and procedures of this course are subject to change in the event of extenuating circumstances.
- Dates for CPI self-evaluation and CI evaluation of student Midterm
- Dates for CPI self-evaluation and CI evaluation of student (final)
- Date for Notebook review by ACCE and student evaluation of Clinical Facility and CI
- Date for group presentation electronically to Dr. Wendy

Course Assignments:

I. CLINICAL NOTEBOOK/PORTFOLIO

The student will develop and maintain a Clinical Notebook for periodic review by the clinical instructor and evaluation by the ACCE comprised of the following:

A. CLINICAL INSTRUCTOR FORMS: COPIES OF ORIGINAL FORMS TO BE GIVEN TO CI

1. Student Data Form
2. Informed Consent/Waiver of Liability
3. Attestation of CPR, Health Insurance, Medical Clearance & Background Checks
4. Suggested Items for Review with Student

B. STUDENT FORMS: STUDENT COMPLETES, CI AND/OR ACCE REVIEWS & SIGNS

<table>
<thead>
<tr>
<th>FORMS TO BE COMPLETED &amp; RETAINED IN NOTEBOOK</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical Education Time Sheet</td>
<td>Daily</td>
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<tr>
<td>2. Self-Appraisal &amp; Feedback Form &amp; Clinical Performance Summary Form</td>
<td>Optional</td>
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<td>3. Weekly Case Planning</td>
<td>Weekly</td>
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<tr>
<td>5. Record of Case Mix &amp; Demographics</td>
<td>Daily</td>
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<tr>
<td>6. Optional Experience Form</td>
<td>At time of activity</td>
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<tr>
<td>7. Self-Assessment of Professional Behaviors</td>
<td>First &amp; last day</td>
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<tr>
<td>8. Student Evaluation of Facility and CI</td>
<td>Final Week</td>
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</tbody>
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## GRADING FOR NOTEBOOK

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<tr>
<td>Complete CI Content (items)</td>
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<td>5</td>
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<tr>
<td>Complete Student Content (items)</td>
<td>1</td>
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<td>5</td>
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<tr>
<td>Correct completion of all required forms data, signatures, dates</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>Neatness and legibility of forms</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Organization of the notebook</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

*The above 12345 scale is based on:

1  Totally unacceptable, significant work is missing
2  Unacceptable, need considerable work
3  Acceptable, minimum
4  Above average, good material
5  Excellent, thorough, well presented

The student must receive an average of 3.0 points for the Clinical Notebook assignment. This is considered a minimally acceptable/passing score. Failure to pass may result in failure of the clinical experience as this assignment is a required component.

**Comments:**

____________________________________________________________________________________________
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ACCE Signature _____________________________   Date ___________
II. EVALUATIONS
The student will use the on-line version of the APTA Clinical Performance Instrument to complete the following evaluations at the times specified:

Self-evaluation of performance: Final (last day of clinical education)
Self-evaluation of clinical experience and CI: Final (last day of clinical education)

III. EVALUATING THE EVIDENCE & REPORTING RESULTS

Background

Thus far, the group’s critical review of the literature using the PICO model as a framework has completed the following process in answering their clinical question:

1. Systematically identifying the evidence
2. Systematically selecting the best available evidence from that identified
3. Systematically evaluating the selected evidence (critical appraisal)

The next steps are as follows:
4. Objectively reporting the relevant findings and levels of evidence
5. Synthesizing the evidence
6. Deriving overall conclusions and recommendations
7. Formally presenting the entire project to faculty, peers and other health care providers.

Instructions

Based on the statistical analysis of the data produced in the previous semester, the students may need to modify the process used to evaluate the quality of the literature reviewed; e.g., if the inter-rater reliability is very poor, then remediation will be needed to improve this before the levels of evidence can be assigned to the selected articles or other articles.

Using the thresholds developed from the group evaluation of the quality of the included studies, the group will assign levels of evidence and grades of recommendation for those articles already reviewed and for any additional articles needed/suggested by the group faculty mentor.

Levels of evidence for conclusions derived from individual studies

**Level 1 Evidence (likely reliable):** representing research results addressing clinical outcomes and meeting an extensive set of quality criteria that minimizes bias.

**Criteria for level 1 evidence** for interventional conclusion (conclusions that an intervention does or does not change an outcome)

1. Full-text report available in English
2. Clinical outcome (also called patient-oriented outcomes)
3. Population, intervention, comparison, and outcome in the study is representative of expected clinical practice
4. Random allocation method (i.e. not assigned by date of birth, day of presentation, “every other”)
5. Blinding of all persons (patient, treating clinician, outcome assessor) if possible
6. Follow-up (endpoint assessment) of at least 80% of study entrants AND adequate such that losses to follow-up could not materially change the results
7. Accounting for dropouts (even if not included in analysis)
8. Adequate precision of effect estimate based on
   - Confidence intervals do not include both presence of no effect (relative risk 0.9-1.1) and presence of substantial relative effect (such as relative risk <0.75 or >1.25)
   - Adequate power (based on sample size and observed control event rate) to detect clinically important differences

9. Consistency of findings across measures of similar outcomes

10. In cases of randomized parallel-group trials
    - Allocation concealment
    - Intention-to-treat analysis comparing groups according to randomization

11. In cases of randomized crossover trials
    - Trial conducted in patients with condition not expected to change spontaneously during course of trial
    - Random allocation method for order of assignment
    - Washout period between interventions long enough to avoid carryover effects between interventions
    - Adequate duration of intervention and assessment period to represent outcome being measured
    - Analysis of paired data-
    - Analysis not suggesting period effects (i.e. effect resulting for order of intervention), or period effects if present not materially changing results

12. In cases of early trial termination
    - Stopping decision made by independent monitoring board without competing interests
    - Interim analysis preplanned
    - Statistical stopping rule accounts for multiple assessments (lower p value threshold) for early termination benefit
    - Clinically significant differences with absolute benefit/harm warranting early termination
    - For classification of level of evidence for a specific outcome (which may be different than outcome used for stopping decision), outcome has sufficient statistical results such that trial continuation would be unlikely to change these results

13. No other factors contributing to substantial bias, such as
    - Differences in management between groups other than the intervention being studied
    - Differential loss to follow-up
    - Posthoc analysis
    - Subgroup analysis
    - Baseline differences between groups
    - Unclear how missing data are accounted for if possible

**Level 2 Evidence (mid-level evidence)** - representing research results addressing clinical outcomes, and using some method of scientific investigation, but not meeting the quality criteria to achieve level 1 evidence labeling.

**Level 3 Evidence (lacking direct evidence)** - representing reports not based on scientific analysis of clinical outcomes. Examples include case series, case reports, expert opinion, and conclusions extrapolated indirectly from scientific studies.

**Grades of Recommendation**

The Center for Evidence Based Medicine (CEBM) is a resource for assigning levels of evidence and grades of recommendation: [http://www.cebm.net/](http://www.cebm.net/)

The table from this site will be used to grade your recommendations with all Level 2 Evidence being graded as “B”.
<table>
<thead>
<tr>
<th>Study criteria</th>
<th>Level of evidence</th>
<th>Criteria for grading of recommendation</th>
<th>Grade of recommendation</th>
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<tbody>
<tr>
<td>Systematic review (with homogeneity) of randomised, controlled trials</td>
<td>1a</td>
<td>Consistent level 1 studies</td>
<td>A</td>
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<tr>
<td>Individual, randomised, controlled trials with statistically significant results</td>
<td>1b</td>
<td>Consistent level 1 studies</td>
<td>A</td>
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<tr>
<td>All or none, i.e. prior to availability of new therapy, all died, now with therapy some survive; or, prior to therapy some died, now with therapy none die</td>
<td>1c</td>
<td>Consistent level 1 studies</td>
<td>A</td>
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<tr>
<td>Systematic review (with homogeneity) of cohort studies</td>
<td>2a</td>
<td>Consistent level 2 or 3 studies (or extrapolations* from level 1 studies)</td>
<td>B</td>
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<td>Individual cohort study (including low quality randomised controlled trial, e.g. &lt;80% follow up)</td>
<td>2b</td>
<td>Consistent level 2 or 3 studies (or extrapolations* from level 1 studies)</td>
<td>B</td>
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<tr>
<td>Outcomes research</td>
<td>2c</td>
<td>Consistent level 2 or 3 studies (or extrapolations* from level 1 studies)</td>
<td>B</td>
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<tr>
<td>Systematic review (with homogeneity) of case-controlled studies</td>
<td>3a</td>
<td>Consistent level 2 or 3 studies (or extrapolations* from level 1 studies)</td>
<td>B</td>
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<tr>
<td>Individual case-controlled study</td>
<td>3b</td>
<td>Consistent level 2 or 3 studies (or extrapolations* from level 1 studies)</td>
<td>B</td>
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<tr>
<td>Case-series, and poor quality cohort and case-controlled studies</td>
<td>4</td>
<td>Level 4 studies (or extrapolations* from level 2 or 3 studies)</td>
<td>C</td>
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<tr>
<td>Expert opinion without explicit critical appraisal, or based on physiology, bench research or first principles</td>
<td>5</td>
<td>Level 5 evidence (or troublingly inconsistent or inconclusive studies of any level)</td>
<td>D</td>
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</table>
Synthesis of Information, Conclusions and Recommendations

Faculty mentors will assist the groups in developing tables for inclusion in their presentation and in drawing conclusions and making recommendations from their results.

Faculty will also make recommendations to the group for presenting the project in PowerPoint.
GRADING FOR EVIDENCE TABLE, LEVELS OF EVIDENCE & PRESENTATION OF RESULTS

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Comments:

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ACCE Signature _____________________________     Date ___________
1.0 Interventions

1.1 Reviews the plan of care (POC) established by the PT prior to initiating patient/client intervention
   1.1.1 Reviews POC and current patient/client status with PT
   1.1.2 Reviews pertinent indications, contraindications, precautions & safety considerations for interventions
   1.1.3 Applies knowledge from the literature to understand the plan of care
   1.1.4 Relates implementation of interventions to goals established in POC
   1.1.5 Describes desired responses to interventions
   1.1.6 Identifies when intervention, or components of intervention, are beyond the education, ability, experience, or scope of work of PTA
   1.1.7 Identifies when critically or complexity of the patient/client (P/C) condition is beyond the scope of work of the PTA
   1.1.8 Communicates with the PT prior to providing an intervention when the intervention or patient condition is beyond the scope of work of the PTA

1.2 Provides safe interventions as directed in the POC and supervised by the PT
   1.2.1 Performs interventions only under the direction & supervision of a PT
   1.2.2 Complies with appropriate jurisdictional law, practice guidelines, codes of ethics, & facility policies
   1.2.3 Utilizes risk management strategies & safety procedures in the provision of interventions
   1.2.4 Identifies issues related to healthy lifestyles, wellness, and injury prevention in implementation of interventions within the POC
   1.2.5 Seeks assistance for safe implementation of interventions as needed

1.3 Provides effective instruction to patient/client (P/C) & others to achieve the goals & outcomes described in the POC.
   1.3.1 Instructs P/C & others regarding specific interventions, functional skills & expected outcomes
   1.3.2 Instructs P/C & others in healthy lifestyles, wellness & injury prevention
   1.3.3 Adapts instruction to the needs of the learner
   1.3.4 Determines P/C achievement of learning (cognitive or psychomotor) & modifies teaching strategies accordingly

1.4 Collects data to quantify P/C response to interventions as directed & supervised by PT
   1.4.1 Collects data and related information to quantify P/C within POC
   1.4.2 Modifies data collection techniques based on the P/C response, individual considerations, and cultural issues
   1.4.3 Documents & communicates the results of data collection to the PT

1.5 Progresses the patient/client interventions through the POC
   1.5.1 Performs an organized & ongoing review of the patient record to identify pertinent information
   1.5.2 Observes & identifies change in P/C status performance
   1.5.3 Describes P/C response/progress with expectations based on the POC
   1.5.4 Modifies the interventions in a manner that fosters the P/C progression within the POC & documents & reports those changes to the PT

1.6 Completes documentation that follows professional guidelines, health care system, and setting PT policies
   1.6.1 Documents relevant information regarding the interventions & corresponding data collection
   1.6.2 Provides accurate, concise, legible documentation of all P/C care
   1.6.3 Documents adjustment or withholding of intervention and communicates this to PT
1.6.4 Documents according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies

1.7 Responds effectively to patient/client and environmental emergencies in the work setting
   1.7.1 Complies with work setting policies/procedures for emergencies
   1.7.2 Identifies that an emergency exists and takes action consistent with work facility policies/procedures
   1.7.3 Uses emergency management principles to protect & save P/C and others
   1.7.4 Provides emergency care including but not limited to CPR and basic first aid
   1.7.5 Reports an emergency to the PT in a timely manner

1.8 Interventions: performs interventions competently & safely at intermediate level
   1.8.1 Therapeutic exercise
   1.8.2 Functional training in self-care & home management
   1.8.3 Functional training in work, community and leisure integration or reintegration
   1.8.4 Manual therapy techniques
   1.8.5 Application and adjustment of devices/equipment
   1.8.6 Airway clearance techniques
   1.8.7 Integumentary repair & protection methods
   1.8.8 Electrotherapeutic agents
   1.8.9 Physical agents and mechanical modalities

2.0 Communication
   2.1 Expressively/receptively communicates in culturally competent manner with PT, patient/client, families, caregivers, other health care providers, students, interdisciplinary team members, administrators, payers and consumers.
      2.1.1 Communicates in a timely & confidential manner
      2.1.2 Listens to, clearly informs and educates the P/C using language the P/C understands
      2.1.3 Demonstrates ongoing, active communication with the PT & other health care practitioners & interdisciplinary team members
      2.1.4 Communicates with sensitivity; considers differences in race/ethnicity, religion, age, national origin, sexual orientation, and disability or health status
      2.1.5 Selects a method for communication that is effective in a particular situation, including with family, caregivers, and consumers
      2.1.6 Consults with PT to establish with whom and when to initiate interactions RE: health care services
      2.1.7 Uses IT such as word processing & presentation software, email, electronic records to improve clarity and efficiency of communication
      2.1.8 Assesses the effectiveness of self-communication and adapts communication accordingly
      2.1.9 Accurately communicates actions to others

3.0 Education
   3.1 Effectively educates others using teaching methods commensurate with the needs of the learners
      3.1.1 Demonstrates role as educator
      3.1.2 Instructs aides, volunteers, peers and co-workers using established techniques and instructional materials commensurate with learning characteristics of the audience
      3.1.3 Implements assesses & modifies instructional strategies to meet the need of learners
      3.1.4 Identifies situations that require instruction & training be deferred to the PT

3.2 Educates others about the role of the PTA
   3.2.1 Describes the role of the PTA in the health care delivery system
   3.2.2 Describes the relationship between the PT & PTA
   3.2.3 Describes the role of PTA in promotion of healthy lifestyles, wellness, & injury prevention
   3.2.4 Demonstrates behavior consistent with the role of the PTA

4.0 Resource Management
   4.1 Utilizes human and material institution-based resources and services to provide high-quality, efficient, and cost-effective PT services
      4.1.1 Manages time efficiently and effectively
      4.1.2 Utilizes supportive personnel appropriately
      4.1.3 Encourages contributions of other team members
      4.1.4 Differentiates & explains the role of the PT, PTA & other members of the team & encourages contributions
      4.1.5 Participates as a member of the interdisciplinary team
Learning Objectives: At the completion of this clinical education experience:

1. The student will be able to perform interventions on patients/clients under direct supervision of the physical therapist or physical therapist assistant with entry-level competence. The student will:
   - Demonstrate knowledge of and properly perform functional training and activities of daily living including:
     - Assistive adaptive devices
     - Body mechanics
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- Gait and locomotion training
- Wheelchair management skills
- Developmental activities
- Prosthetics and orthotics

- Demonstrate knowledge of and properly perform infection control techniques including:
  - Contact precautions
  - Isolation precautions
  - Sterile technique

- Demonstrate knowledge of the use of and properly apply manual therapy, physical and mechanical agents/modalities including:
  - Passive range of motion
  - Therapeutic massage
  - Thermodynamic agents
  - Biofeedback
  - Compression therapy
  - Electromagnetic therapeutic agents
  - Hydrotherapy
  - Traction

- Demonstrate knowledge of the use of and properly perform therapeutic exercise including:
  - Aerobic conditioning
  - Balance and coordination exercises
  - Postural awareness training
  - Range of motion exercises
  - Stretching exercises
  - Strengthening exercises
  - Conditioning and reconditioning exercises
  - Breathing exercises and coughing techniques

- Demonstrate knowledge of the prevention of integumentary injury and basic wound management techniques including:
  - Application and removal of dressing or agents
  - Identification of precautions for dressing removal
  - Identification of modifiable factors that increase the risk for pressure ulcer development
  - Positioning to redistribute pressure

2. The student will perform data collection activities under the direct supervision of the physical therapist or physical therapist assistant demonstrating intermediate level competence. The student will:

- Demonstrate an understanding of various body systems and the normal responses to interventions by observing responses, recognizing abnormal responses, monitoring changes, measuring various features/components of the body or body system and taking action to modify activities as needed including:
  - Aerobic capacity and endurance
    - Standard vital signs
    - Responses to positional changes and activities
    - Tilt table
  - Ventilation, respiration & circulation examination
    - Cyanosis
    - Activities that aggravate or relieve edema, pain, dyspnea or other symptoms
    - Chest wall expansion and excursion
    - Cough & sputum characteristics
  - Anthropomorphic characteristics (height, weight, length, girth)
  - Arousal, mentation, and/or cognition
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- Changes in magnitude and direction of patient states
  - Devices
    - Ability to care for the device (patient & caregiver)
    - Changes in skin condition while using the device
    - Safety factors while using the device
  - Gait, locomotion and balance
    - Safety, status and progression of patients while engaged in gait, locomotion, balance, wheelchair management, and mobility
  - Integumentary integrity
    - Absent or altered sensation
    - Normal and abnormal integumentary changes
    - Activities, positioning and postures that aggravate or relieve pain or altered sensations, or that can produce skin trauma
    - Viable vs nonviable tissue
  - Joint integrity and mobility
    - Normal and abnormal joint motion
    - Muscle strength (manual muscle testing)
    - Presence or absence of muscle mass
    - Normal and abnormal muscle length
    - Changes in muscle tone
  - Neuromotor Development
    - Gross motor milestones
    - Fine motor milestones
    - Righting and equilibrium reactions
  - Pain
    - Standardized questionnaires, graphs, behavioral scales or visual analog scales for pain
    - Activities, positioning and postures that aggravate or relieve pain or altered sensations
  - Posture
    - Alignment of trunk and extremities at rest and during activities
    - Resting posture in various positions
  - Range of motion
    - Functional range of motion
    - Range of motion using a goniometer
  - Adjusts interventions within the plan of care established by the physical therapist in response to patient clinical indications and reports this to the supervising physical therapist
  - Recognizes when the intervention should not be provided due to changes in the patient’s status and reports this to the supervising physical therapist
  - Reports any changes in the patient’s status to the supervising physical therapist
  - Recognizes when the direction to perform an intervention is beyond the scope of a physical therapist assistant and initiate clarification with the physical therapist

3. The student will perform self-care and reintegration activities under the direct supervision of the physical therapist or physical therapist assistant demonstrating near entry level or entry-level competence. The student will:
  - Inspect the physical environment and measure physical space(s)
  - Recognize safety and barriers in home, community and work
  - Recognize level of functional status
  - Administer standardized questionnaires

4. As directed by the supervising physical therapist, the student will be able to provide patient-related instruction to patients, family members, and caregivers to achieve outcomes based on the plan of care established by the physical therapist. The student will demonstrate the ability to educate patients and caregivers regarding the purpose of the intervention, it’s mechanism of action, what to expect from the intervention, and how to follow home instructions.
5. The student will be able to take appropriate action in an emergency situation.

6. The student will develop interpersonal skills needed to interact with other members of the health care team in patient-care and non-patient care activities such as:
   - Providing accurate and timely information for billing and reimbursement purposes
   - Describing aspects of organizational planning and operation of the physical therapy service
   - Participating in performance improvement activities (quality assurance)
   - Educating others about the role of the physical therapist assistant

7. Through ongoing self-appraisal, formal and informal feedback from the clinical instructor, clinical assignments, class discussions, and formal evaluation processes, the student will demonstrate:
   - Commitment to learning
   - Communication and interpersonal skills
   - Cultural and health literacy awareness
   - Effective use of time and resources
   - Use of constructive feedback
   - Problem solving skills
   - Professionalism
   - Critical thinking
   - Stress management

8. The student will demonstrate social responsibility by making a commitment to meet the needs of patients and consumers. The student will:
   - Demonstrate an awareness of social responsibility, citizenship, and advocacy, including participation in community and service organizations and activities
   - Identify career development and lifelong learning opportunities
   - Recognize the role of the PTA in the clinical education of PTA students

9. The student will be able to list a variety of clinical problems/issues related to the delivery of interventions to and the effectiveness of communication with specific populations encountered in the clinical education experience.

10. The student will demonstrate collaborative skills in problem solving and presenting the results of a critical review of the literature used to answer a PICO foreground clinical question as a member of a small group.

9. The students will demonstrate the skills acquired in Clinical Practice II to evaluate the quality of the literature obtained in their search strategy, report their relevant findings, synthesize their findings, derive overall conclusions and recommendations and present their project to faculty, peers and other health care professionals.