

Western
Technical College

PTA Program

Clinical Education Manual

(Last revised Oct 2025)

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Clinical Education Development Outcomes

The PTA program at Western desires to develop and support clinical education sites and clinical instructors in an effort to offer students the “essential experience” in clinical internships. This manual is for the new clinical site or clinical instructor but has useful information for experienced clinical sites and clinical instructors as well. The program’s intended outcomes for using this manual include:

1. Clearly communicate expectations, rights and responsibilities of the clinical site, clinical instructor, student, and PTA program.
2. Share policies and procedures that support program, student, clinical site, and clinical instructor relationships.
3. Develop effective clinical teaching at the clinical site and with the clinical instructor.
4. Offer strategies for success related to feedback, assessment, designing the learning experience, etc.
5. Provide examples and tools for clinical sites and clinical instructors to use for updating and developing their clinical education program.

Program Mission, Philosophy, Outcomes and Goals

Mission Statement: The mission of the Physical Therapist Assistant Program at Western Technical College is to provide evidence-based, contemporary education in a collaborative environment that results in graduates who are an effective, productive, professional, and valued member of the healthcare team.

Philosophy Statement: The Physical Therapist Assistant Program at Western Technical College values the success of our students and holds ourselves accountable for providing excellence in student learning based on the diverse needs of each student. The program is committed to the safety of future patients and to the quality and integrity of the profession. This commitment influences all program development and decisions.

Revised 3/28/16

Program Outcomes: The graduate of the PTA program at Western will be able to:

- 1) Function under the supervision of a physical therapist in a safe, legal, ethical manner consistent with professional standards and values to ensure the safety of patients, self, and others.
- 2) Demonstrate clear and collaborative communication with patients, families, and health care team.
- 3) Exhibit behaviors and conduct that optimize inclusive, equitable patient care and patient care environments in alignment with physical therapy practice standards.
- 4) Produce documentation to support the delivery of physical therapy services.
- 5) Demonstrate critical decision making to implement and modify treatment within a plan of care under the direction and supervision of a physical therapist.
- 6) Perform data collection essential for carrying out the plan of care under the direction and supervision of the physical therapist.

- 7) Perform technically competent, evidence-based physical therapy interventions under the direction and supervision of the physical therapist.
- 8) Educate patients, families, and other health providers incorporating cultural humility and social determinants of health.
- 9) Integrate components of operational and fiscal practices of physical therapy service in a variety of settings.
- 10) Implement a self-directed plan for career development, credentialing, service and leadership skill, and lifelong learning in an ever-changing health care environment.

Program Goals: In accordance with the program mission, the program has the following goals:

- 1) The program will meet or exceed the highest level of professional standards for PTA Education as set forth by the Commission on Accreditation in Physical Therapy Education (CAPTE).
- 2) Faculty will demonstrate commitment to high quality, collaborative education with a focus on serving the college, the profession and the community.
- 3) Graduates of the PTA program will be safe, ethical, professional, and effective members of the healthcare team; functioning under the direction and supervision of a physical therapist without bias or racism in an ever-changing healthcare environment.
- 4) Graduates of the PTA program will demonstrate the knowledge, skills and competencies required of the entry level PTA.
- 5) Graduates of the PTA program will be productive members of the healthcare team who demonstrate commitment to lifelong excellence in delivery of quality care.
- 6) Students in the PTA program will demonstrate professional, collaborative communication (verbal and non-verbal) in all interactions at school and in the community.
- 7) Students in the PTA program will demonstrate self-motivation and cultivate passion for excellence in patient care; adhering to professional standards of ethics and behavior.

Program Accreditation: The Physical Therapist Assistant Program at Western is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>

Contact Information

For more information or to answer any questions that you have at any time, contact one of the faculty listed:

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HSC-PTA Program

Program Information

Admission Requirements: For information on admission requirements and processes, please visit the program web page at <https://www.westerntc.edu/physical-therapist-assistant>

Information for admissions from PT or other PTA programs is described in the PTA Program Handbook, also found on the program web page linked above under the "Additional Information" tab.

PTA Curriculum Course Outline

(Beginning summer 2024- 7 week Considerations and courses that are exempted from 7 week delivery)

TERM	CATALOG #	COURSE	CREDITS
		<u>SUMMER</u>	
Session 2 (7 weeks)	10890106	Strengths Seminar*	1
	10806177	Gen Anatomy & Physiology*	4
	10801136	English Composition 1*	3
		<u>FALL</u>	
Session 1 (7 weeks)	10524139	PTA Patient Interventions	4
	10524140	PTA Professional Issues 1	2
Session 2 (7 weeks)	10524156	PTA Applied Kinesiology 1	4
	10809198	Introduction to Psychology*	3
		<u>SPRING</u>	
Full Term (15 weeks)	10524157	PTA Applied Kinesiology 2	3
	10524142	PTA Therapeutic Exercise	3
	10524143	PTA Biophysical Agents	4
	10809172	Intro to Diversity Studies	3

<u>SUMMER</u>			
Session 1	10801196	Oral/Interpersonal Com*	3
(7 weeks)	10809196	Introduction to Sociology*	3
<u>FALL</u>			
Full Term	10524144	PTA Principles of Neuromuscular Rehab	4
(12	10524145	PTA Principles of Musculoskeletal Rehab	4
weeks)	10524146	PTA Cardiopulmonary and Integ	3
Session 2	10524149	PTA Clinical Practice 1	2
<u>SPRING</u>			
Session 1	10524148	PTA Clinical Practice 2	3
(7 weeks)	10524149	PTA Rehabilitation Across the Lifespan	2
	10524150	PTA Professional Issues 2	2
Session 2	10524151	PTA Clinical Practice 3	5
(8 weeks)			
<i>Total Credits</i>			<i>65.00</i>

Courses with an asterisk (*) are general education courses and can be taken while the student is waiting to be accepted into the core PTA program.

Skills List

These skills are assessed with competency checks or practical examinations prior to external clinical experiences. Students who fail to demonstrate competence in these skills will not be allowed to attend clinical affiliations.

- Patient introduction- (basic subjective examination, informed consent for treatment)
- Use of gait belt, positioning and draping
- Fit assistive devices (walkers, crutches, canes, wheelchairs)
- Taking, assessing vitals at rest and after exercise
- Transfers (1 person, 2 person- SBA, Min, Mod, Max)
- ROM (PROM, AAROM, AROM for all extremities and neck/ trunk)
- Gait training (non-weight bearing and restricted weight bearing patterns)
- MMT for all major muscle groups in the extremities, head and trunk
- Palpation of structures in all joints/ extremities and head/trunk
- Goniometric measuring for all joints and head/trunk
- Documentation including coding intervention and billing units (timed and untimed codes with 8 minute rule)
- Postural assessment (normal and pathological)
- Apply superficial thermal agents
- Apply cryotherapy
- Apply Electrotherapeutic modalities (IFC, TENS, NMES)
- Apply Biofeedback
- Apply Iontophoresis
- Apply ultrasound including US/ E-stim combo

- Traction (manual and mechanical for neck and trunk)
- Manual therapy techniques (effleurage, petrissage, cross transverse friction, trigger point release, basic myofascial tech, sub-occipital release, basic instrument/tool assisted techniques)
- Basic strengthening and stretching exercise prescription and instruction for all joints, neck and trunk
- Administer balance screens/ tests
- Exercise prescription and instruction for balance, aerobic improvement
- Patient and family education
- Manual therapy interventions (nerve glides, soft tissue mobilization, basic joint mobilizations for shld/wrist/hip/knee/ankle)
- Neuro-motor facilitation and inhibition techniques (quick stretch, alt. isometrics, contract-relax, etc.)
- Patient handling and movement re-education techniques (PNF patterns, neuro interventions)
- Administer fitness screens (6 min walk test, 5 rep sit to stand test)
- Cardiopulmonary interventions including assessing physiologic response to and adjustment of interventions
- Exercise/ intervention for pt with amputation from acute care to independence at home with prosthesis
- Basic wound care interventions (documentation, dressing changes)
- Musculoskeletal interventions for common pathology for all joints, neck and trunk
- Transfers/ exercise prescription for acute post op patients (TKR, THR, amputation)
- HEP prescription and instruction for all patient types/ pathologies

Clinical Information

The Purpose of the Clinical Affiliation

Clinical education is an integral part of the PTA curriculum at Western Technical College. It is during the clinical experiences that the student has the opportunity to apply knowledge and skills learned in the classroom/laboratory settings to actual patients. Supervision is provided by a clinical instructor (CI) who is a licensed physical therapist or physical therapist assistant employed by the clinical site with at least one year of full-time clinical practice experience. Clinical affiliations with numerous clinical sites allow the student to work with a variety of patient types. The program values these relationships so before a student can enter the clinic, the following criteria must be met:

- 1) Student must demonstrate competency in all skills assessed in the current and past semester(s).
- 2) Student must demonstrate professional behaviors consistently and be a good representative of the PTA Program and Western Technical College.
- 3) Student must complete all previous academic and clinical work.
- 4) Student must complete all required paperwork, immunizations, safety training, and any unique requirements by each site by established deadlines.
- 5) Student must be in good academic standing in core courses (above 78%).

The Relationship between Clinical Sites and the Program

Clinical sites are established either through a contact made by the Academic Coordinator of Clinical Education (ACCE) at Western or by the clinical site contacting the program expressing an interest in working with students. Prior to students attending a site, a clinical contract with the site must be completed and an assessment is done by the ACCE to assure compatibility between the strengths/needs of the site and the mission/expectations of the PTA Program.

***Under no circumstance should a student take it upon her/himself to attempt to establish a clinical affiliation site!**

The program values and wishes to protect established clinical affiliation relationships. Students and faculty of the PTA program are invited *guests* in the clinic. Therefore, maintaining an open, honest, professional relationship is a top priority. ***Any breach of conduct that would potentially jeopardize the relationship between the program and clinical site is not tolerated!*** Upon review of such circumstances, a student found to be at fault may be dismissed from the clinical site immediately without opportunity to complete the clinical experience. He/She will receive a grade of "F" for that clinical internship and may also be dismissed from the program.

Such breaches of conduct include but are not limited to:

- 1) Failing to show up for any portion of the clinical time/internship.
- 2) Arriving late or leaving early from the site without clinical instructor approval.
- 3) Failing to notify the clinical instructor in the event of an absence prior to the start time.
- 4) Jeopardizing the safety of patients, families, staff or self.
- 5) Unprofessional behavior, such as use of inappropriate, disrespectful, or abusive language.
- 6) Being under the influence of alcohol or illegal drugs.
- 7) Violations of clinical site policies including but not limited to HIPAA, supervision rules, dress code, etc.

Assigning Students to a Clinical Site

On March 1st of each year, the ACCE sends a survey to all of the clinical sites to determine their availability and interest in hosting PTA students for the upcoming year's clinical internships. After compiling the information, the ACCE assigns students to available sites. Information about the student, student goals, and any required paperwork is sent to the Clinical Coordinator of Clinical Education (CCCE) or designated person at each clinical site. The student contacts the assigned clinical instructor prior to the start of the internship for information on hours, dress code, expectations, parking, etc...

Rights of the Clinical Site and Clinical Instructor

All clinical sites and clinical instructors have the right to choose if and when they will accept a student from the PTA program at Western each year. The site and clinical instructor also have the right to:

- 1) Expect Western to honor all parameters outlined in the clinical contract with the site. This includes, but is not limited to, assuring the student has passed a background check, assuring the student is certified in CPR and up-to-date on all immunizations, assuring the student has liability coverage by the school, etc..
- 2) Design the clinical education experience according to the unique needs and opportunities of the clinical site.
- 3) Expect Western to respond in a timely manner to all communications from the clinical site and clinical instructor.
- 4) Expect Western to remove a student from a clinical site for any violation of legal, ethical, professional, facility, college, program or safety standards and expectations.
- 5) Resolve any issues or concerns in favor of patient welfare and may restrict student involvement until the issue or concern has been resolved.
- 6) Refuse educational access to any school personnel, or student who does not meet the employee standards for safety, health, ethical behavior or policy procedure standards.

Responsibilities of the Clinical Site/ CI, the Student and Western

Clinical Site/ CI	PTA Student (sPTA)	Western
1. Respect and Professionalism		
Foster a professional environment free of discrimination; model professional, legal and ethical behaviors.	Maintain professionalism in all interactions; follow professional guidelines, facility, college and program policies. Accept patient’s right to refuse to work with a student.	Prepare the student to meet the expectations for professionalism in the workplace and clinical environment.
2. Communication		
Facilitate communication with the student prior to and during the clinical rotation. Provide clear expectations for performance and behavior.	Communicate openly, sharing goals and asking questions. Accept feedback without defensiveness.	Provide students with framework for initiating communications with sites/ clinical instructor. Guide students in creating personal goals that correlate to each clinical site/ clinical instructor.
3. Supervision		
Provide supervision of the sPTA that meets legal, ethical and professional standards. Explain facility standards and organizational structure.	Adhere to all supervision rules. Understand work environment, organizational structure, and role as a PTA student.	Prepare students to follow legal, ethical and professional standards, including facility specific or payer specific variations.

4. Instruction/ Feedback		
Provide instruction, resources, learning opportunities and training to facilitate transfer of academic skills into the clinical environment. Feedback should be timely, honest and constructive.	Actively use the clinical experience to enhance academic growth. Identify areas of weakness and seek opportunities to improve them. Engage in all learning opportunities.	Provide resources for clinical instructors related to effective feedback. Prepare students to engage in all activities and guide students in identifying personal strengths and weaknesses.
5. Assessment		
Provide accurate and timely assessment using clinical performance assessment tools. Notify the ACCE of any concerns related to a student immediately.	Reflect systematically and deeply during the entire clinical experience to identify personal development and areas of needed improvement.	Provide training and resources for CI's and students in using clinical assessment tools. Facilitate assessment and development during faculty visits to the clinical site.

Feedback Help and Tips

There are two different types of feedback used on a regular basis during the clinical internship. Feedback that is recorded and reviewed at a scheduled time is known as **Formal Feedback**. Scheduled time to provide feedback is essential to keeping the lines of communication open both ways. These formal meetings will provide structure to the rotation with an established timeline to "check in" on student progress. The performance assessment tools guide this feedback and act as written documentation of the meeting for program records. Don't be afraid to use multiple sources as you develop your feedback. Talk with co-workers regarding their observations of the student. Ask a patient (out of earshot of the student) how a "student lead" treatment went. Ask the nursing staff if the student's communication or instructions have been clear. Use the resources around you to assist in gathering thorough feedback that you can share with the student.

Informal feedback is non-scheduled and happens frequently throughout the day. These opportunities may be subtle or they may be larger "teaching moments" when they occur. It may happen prior to a treatment as the student is preparing, during a treatment, or immediately following a treatment. Often times this feedback guides the student as he or she works through the day. This feedback may take the form of verbal or non-verbal feedback. Often times a quick glance, head nod, thumbs up (out of view of the patient) or eye contact can convey a message to the student.

There are some things to keep in mind when providing either formal or informal feedback. Keep the feedback focused on the performance, not the person. Do not make it personal and try not to compare students. Each student should be assessed on their own merit. This can be especially difficult to do when giving feedback on the soft skills or employability skills because this feedback may be related to the student's personality, or behaviors, more than it is related to a specific skill. Use specific examples to help the student understand the desired behaviors.

Try to keep feedback balanced with both strengths and weaknesses. Too much of one or the other will be of little use to the student. If your feedback is primarily negative, it can really reduce confidence in the student and can effectively shut them down. Gaining enough confidence to perform adequately again may be an uphill struggle. Some students can handle this adversity, make suggested changes, and continue, while others cannot. Again, addressing weaknesses is expected; just avoid inundating the student with too many things at once and only addressing the negative. On the other hand, false positive praise is not helpful for learning either. "Good job", "You're doing great" in all situations, leaves the student wondering how they can improve. While it can be tough to give feedback that may be perceived as negative, honest feedback about what else could be done, or how to do something more effectively is exactly what the clinical internship offers for enhanced learning. There is a balance between encouraging and over doing it. Honest, objective feedback tends to foster the most growth.

Keep your feedback specific. Many students share their frustration with the feedback of, "You are doing just fine." This is OK to tell a student but follow it up with a few examples of what they are doing fine with. Cover details with the student. For example: "I really liked the way you gave corrective cues on the knee flexion exercises for the home program. That was a good catch."

Be timely in giving your feedback. In general, sooner is better when providing feedback to the student. In most cases giving feedback in front of the patient (immediate feedback) should be weighed carefully. Ask yourself the following questions: Is this something that can wait or is there a potential for harm to the patient if I don't give the feedback? Will this adversely affect the patient←→SPTA relationship? If the feedback can wait, do so until out of earshot of the patient and all other staff. On the other hand, feedback that the student is not meeting expectations of the CI or clinic should not occur for the first time on the final assessment. There is no time or opportunity for the student to improve in that situation.

In summary, you will use a combination of formal and informal feedback in an effort to keep feedback timely. Formal feedback at scheduled times such as the end of each day, the week, midterm and final are good opportunities to provide feedback. Put these formal sit down times on the schedule so you are sure that they will happen. Keep good notes so you can give specific examples related to your statements and observations. In between scheduled formal feedback sessions, you will utilize informal feedback and "teachable moments" to make the most of the everyday opportunities to enhance learning.

Developing Problem Solving Skills Using Feedback and Intentional Questions

One of the most difficult things to facilitate is the development of clinical thinking and problem solving. Productivity demands and busy work environments can be barriers to allowing a student the time to generate multiple solutions to a problem or challenge. It can also be difficult to balance a responsibility to the patient with a responsibility to the student. Patients ethically deserve the best care possible so a student experimenting without guidance is not acceptable. Students often rely on the clinical instructor to give this guidance which may limit their individual problem solving.

One strategy that can be used to facilitate problem solving is to ask *who, what, where and when questions*. Using phrases such as “tell me”, “describe to me”, or “explain to me” can help the clinical instructor understand the student’s thought process. Questions that begin with **“why”** can increase a student’s anxiety as the answer demands a reason, conclusion, or analysis that the student may not be able to verbalize.

A problem-solving model, modified from Hildegard Peplau in the nursing field, can be very helpful. In order to use this model, you will need time to talk about a specific situation or problem that the student was involved in.

Step One: Describe the experience or event of concern.

Examples of helpful CI verbal strategies include:

- “Tell me what happened with _____.”
- “Describe the experience with _____.”

Step Two: Analyze the parts of the experience and see relationships.

Examples of helpful CI verbal strategies include:

- “What meaning does this experience have for you?”
- “What patterns if any, did you observe or identify based on your past experiences?”

Step Three: Formulate the problem.

Examples of helpful CI verbal strategies include:

- “In what way is this problematic?”
- “What would you like to see changed?”

Step Four: Validate the formulation.

Examples of helpful CI verbal strategies include:

- “Let me repeat what I am hearing you say...”
- “If I summarize what you are saying, I hear that”

Step Five: Use the formulation to identify ways to solve or manage the problem.

Examples of helpful CI verbal strategies include:

- “What would you do different next time?”
- “What actions are needed to solve the problems you have identified?”

Step Six: Try out solutions, judge the outcomes, and adjust the plan accordingly

Examples of helpful CI verbal strategies include:

- “Let’s role play how you may respond in a situation like this in the future.”
- “Describe how you will identify this problem again and what your response will be.”

Assessment of Student Performance

Clinical Instructors are encouraged to provide informal feedback to the student on a daily basis. Formal assessment tools are also used for each rotation. Students and CIs are encouraged to record examples in the assessment tools on a regular basis, not just the day before a scheduled review.

PTA Clinical Practice 1: During the fall clinical internship, students will be evaluated using the "PTA 3 Week Assessment Tool". *Students are expected to complete a self-assessment at midterm and at final. CIs only need to complete the assessment at the completion of the experience.*

PTA Clinical Practice 2 and 3: Students during the spring internships are evaluated using the Western Clinical Assessment Tool (WCAT) which is available as a fillable pdf. A formal evaluation is done at midterm and at the completion of the experience. Clinical Instructors should complete the WCAT as instructed in the online training module. (The ACCE will send information on the training prior to the start of the assigned clinical internship). PTA faculty are also happy to answer questions and assist with this tool when visiting the clinic during each rotation. The narrative section of each item should include specific examples to support each rating scale anchor. It is expected that if there are difficulties, specifics will be documented on the item(s) in question. The final summary pages should be completed during the midterm and final evaluations. Students are expected to perform a thorough self-assessment at midterm and final that they share with the CI. *Please notify the ACCE or PTA if a student fails to complete either the mid-term or final self-assessment by the deadline established.*

Clinical Performance Expectations

Grading for the Clinical courses are separate from but in conjunction with expectations of clinical performance. CAPTE requires that "students demonstrate entry-level clinical performance during clinical education experiences prior to graduation (standard 2D4)".

Student performance during the terminal internships in PTA Clinical Practice 2 and PTA Clinical Practice 3 is assessed using Western's Clinical Assessment Tool (WCAT). Please see the full tool for indicators, examples of performance, and assessment scale descriptors.

By the end of the first 6-week internship, students should be performing at "almost entry level" on all indicators. Any indicator that falls below this level will be reviewed by the ACCE. It is acceptable for students to be performing "at entry level" on many indicators as well, depending on the setting.

By the end of the second 6-week internship, students should be performing "at entry level" on all indicators. Any indicator that falls below this level will be thoroughly investigated by the ACCE.

Investigation and assessment by the ACCE will include but is not limited to the following:

- 1) Follow up with the clinical instructor to discuss performance in more detail.
- 2) Examination of site-specific barriers/ opportunities for the student to demonstrate the skills involved with each indicator.
- 3) Examination of other factors that may have led to the rating such as patient caseload, complexity of the site, supervision limitations, unexpected change in clinical instructor assignment, etc.

Students may be placed on an individualized learning contract with expectations for the next internship, may be required to extend time in the clinic to reach expectations, or may be dismissed from the program after full assessment of performance has been completed.

Supervision of the Student Physical Therapist Assistant (SPTA)

PTA students are supervised by a licensed PT or by a licensed PTA working as part of a PT/ PTA team. The clinical instruction may fall under the supervision of more than one clinical instructor, depending on the site. It is the SPTA's responsibility to clarify who they should report to and who is supervising them on a day-to-day or treatment to treatment basis. Specific supervision guidelines include:

- 1) When the SPTA is participating in the delivery of physical therapy services while being supervised by the PT or the PTA working as part of a PT/PTA team, the PT or the PTA is physically present and immediately available at all times (direct supervision).
- 2) Medicare A guidelines currently state that there must be direct supervision by a PT/PTA for a SPTA to treat. Medicare no longer requires "line of sight supervision" for the SPTA.
- 3) Medicare B guidelines currently state that student treatments are considered non-billable. However, the student may treat if the supervising PT/PTA:
 - a. Is recognized by the Med B beneficiary as the responsible professional within the session when services are delivered.
 - b. Is present and in the room for the entire session, ***directing the service, making skilled judgment and is responsible for the assessment and treatment***
 - c. Is not engaged in treating another pt. or doing other tasks
 - d. Is responsible for the services and signs all documentation
- 4) Alternative student learning options for patients with payer constraints.
 - Review patient chart and verbalize what he/she would do if they were allowed to do intervention.
 - Observe other departments/ professionals
 - Documentation, dictation
 - Research difficult diagnoses, community services, or prep for presentation
 - Attend conferences, meetings
 - Review of relevant evidence related to clinical issue (journals, research, professional publications, etc.)

Student Preparation for the Clinical Affiliation

A student will complete all of these required preparations by the established deadlines before attending the clinical internship. The ACCE will communicate with the clinical site and clinical instructor as needed to complete all site-specific requirements.

- 4) Students carry malpractice insurance during all semesters that they are involved with clinical work (fall and spring second year). This is automatically added to the registration bill each semester.
- 5) Students should keep a copy of all health information for their records. Students are required to have a Mantoux TB test on a yearly basis and are responsible for making sure that the test is done and the results are recorded by the deadlines established. **Failure to have yearly updates submitted by designated times will result in the student being withheld from the clinic.**
- 6) Students must maintain current CPR certification. Students may renew their CPR through public or private agencies or place of employment. **Failure to maintain current status of CPR training will result in the student being withheld from the clinic.**
- 7) Students will be required to complete Health and Safety training sponsored by Western, Gundersen Health System, Mayo Clinic Health System Hospitals, or other required entity as outlined in the student contract. This training covers topics such as OSHA, HIPAA and other safety practices. Students will receive information from the ACCE regarding availability and deadlines related to the training. **A student will be withheld from the clinic for failure to complete this training.**
- 8) Students will be required to have information regarding their completed criminal background check on file. A positive background check will be handled according to the Health and Public Safety Division Background Check Policy and Procedure and may result in a ban from participating in the clinical setting.
- 9) **Students will be required to fund all of their travel expenses including transportation and lodging while on clinical rotations.** Students must have reliable transportation to clinical sites. Because clinical sites are set up locally and in distance locations, relying on city bus travel only will not fulfill this requirement.
- 10) Students will complete clinic specific documentation, verification, screens, etc. by established deadlines. **Failure to complete clinical site specific information may result in student being withheld from the clinic.**

Clinical Site/ Instructor Preparation for the Clinical Affiliation

Western provides students with basic information on each clinical site. Additional information provided by the site or clinical instructor will improve the first day/ first week experience for all involved. Information on the following can be provided in a "welcome" email or letter (see the sample welcome letter in the "tools and resources" section at the end of this manual):

1. Work hours and days along with start time for the first day.
2. Directions to your site and any special parking instructions.
3. Key contact information. Whom should they call or email with questions?
4. Lodging information if appropriate. (Ideas include staff that may house students, bed and breakfast information, local hotels, or contact information for any in-house arrangements offered by your facility)
5. Brief description of caseload demographics. If applicable, any protocols that you would like the student to be familiar with.
6. Special requirements or expectations of the clinical instructor.
7. Lunch information (cafeteria available, refrigerator, etc.).
8. Acknowledgement of any information received from the student prior to the rotation. (health records received, student goals, etc.)

On DAY 1

1. A warm welcome. (Be prepared for their arrival)
2. A space to call their own (*even if it is just a shelf- does not need to be a desk*). Some area for their books, jacket, notes, etc.
3. Introduction to key members of your team.
4. Tour of your facility including key equipment locations, restroom, break area, emergency exits, etc.
5. Review student goals and adjust as needed.
6. Review your goals for them and set clear expectations.
7. An overview of operational practices such as scheduling, cleaning rooms, billing, etc.

Dress Code for the Clinical Affiliation

The student is required to dress in a professional manner while attending the clinical rotation. Guidelines for this requirement are listed below.

Footwear

- Dress shoes with non-skid soles or clean tennis shoes.
- Socks or stockings must be worn.

Pants

- Dress pants that are clean and pressed.
- No cargo or "pocket" pants.
- No Capri pants. No jeans.
- No dresses or skirts.
- No ripped or shredded hems.

Shirts

- Cleaned and pressed dress shirt, polo shirt or blouse (modest necklines only).
- Shirts are to be of appropriate length so there is no exposed skin from stomach or back when reaching up or bending over.
- No large logos on shirts- PTA logo acceptable.
- Scrubs or lab coat in designated facilities. (check clinical files for this information)

Jewelry/Other

- Name badge must be worn at all times.

- Limit earrings to “stud” type earrings with no more than 2 per ear.
- Limit rings to no more than 1 per hand.
- Other than ears, no visual piercings allowed. Tattoos must be covered if possible.

Miscellaneous

- Hair must be clean, combed, and maintained in a way to avoid contact with patient/ interference with treatment.
- Facial hair must be neatly trimmed and freshly shaved.
- Nails should be clean and trimmed.
- Modest application of makeup.
- No perfumes or cologne.
- Use proper personal hygiene (deodorant, teeth brushed).
- All clothing stain free.
- No chewing gum.
- **No use of cell phones for calls/ texting during work hours.**

***The student may not make changes to this dress code unless:**

- 1.) The facility requests a particular change in dress (see clinic file).
- 2.) The clinical instructor or CCCE suggests a change in dress to fit the clinic.

Attendance Policy for the Clinical Affiliation

ATTENDANCE FOR THE ENTIRE CLINICAL INTERNSHIP IS MANDATORY! The clinical site/instructor sets the hours for the rotation. Hours may vary dependent on the site and patient needs. The student is expected to work the hours scheduled. **Students should not request any schedule changes.**

- No scheduling off for non-emergency appointments
- No scheduling off for job interviews

If the clinical site or clinical instructor cancels a scheduled day/ session, it will be an excused clinical absence. A student may have an unforeseen emergency or be limited by weather during the course of an internship. These occasions are handled as described:

- Illness and family emergency: Situations in which illness or family emergencies prevent a student from attending clinical will be considered on an individual basis. Provided the student notifies the clinic and the ACCE, the absences may be temporarily excused. The student is required to make up any missed clinic time as it fits into the facility’s schedule.
- Inclement weather: Conditions need to be such that the student feels his/her safety would be jeopardized if he/she attempts to reach a clinical site. Provided the student notifies the clinic and the ACCE, the absence may be temporarily excused. The student is required to make up any missed clinic time as it fits into the facility’s schedule.

All missed time in the clinic must be made up as it fits into the facility schedule and at the discretion of the clinical instructor. **If the student does not meet CAPTE's expectation for fulltime hours in a given week, the student may need to add a week to the internship to meet CAPTE's required hours and fulltime terminal week minimums.**

Options for making up missed time include:

- Extending the rotation
- Student comes in early and/or stays late to make up the time
- Student makes up time on the weekend
- Student is given an assignment

If the student fails to show up for a clinical, shows up late or leaves early without notifying the clinical site, **it is an unexcused absence and is considered a breach of conduct that risks the clinical site/ program relationship. A breach of conduct may result in immediate dismissal from the clinical rotation and/ or the program.**

Minimal Expectations for Passing Clinical Affiliation

**** Failure to meet the minimal expectations for an internship may result in failure of the clinical rotation regardless of grade earned.** Comments and feedback of concern will **trigger a review** by the ACCE and other faculty as needed.

- Students must participate in the assigned clinical affiliation while following **all program, facility and professional policies** including but not limited to: HIPPA, Legal Statute, Dress Code, Attendance, Standards of Ethical Conduct for the PTA, Value Based Behaviors of the PTA and any policies or processes in the college handbook, program handbook, and/or PTA course syllabi.
- Students must maintain/update Background Check, Health Records and CPR on file/registered with Western. **Records cannot expire prior to completion of the affiliation.**
- **Students must notify ACCE and CI of absence.** Missing 15% or more time in the clinic due to illness or unforeseen circumstances may result in dismissal from the rotation.
- Students must complete rotation without any behavior that would fall under the Division Policy on Program Dismissal.
- Student meets the required benchmarks on the assessment tool used. Benchmarks are outlined in the syllabi for each clinical course.
 - Failure to meet the benchmarks will trigger a review by the ACCE and faculty and may result in failure of the clinical rotation.

Criteria for Grading Clinical Affiliation

The clinical affiliation is graded on criteria found in the table. Failure to follow all of the "Criteria for Grading Internship" will result in a review by the instructor of record, ACCE and other faculty as needed. **The decision regarding passing or failing a clinical rotation will be made after reviewing all aspects of the student's clinical education. The final decision is made by the instructor of record for the applicable clinical course.**

Grading Scale

90-100=A, 80-89=B, 78-79=C, 50-77=D <50=F

NOTE: A student that is currently in poor academic standing (below 78%) in any core course will not be allowed to attend the clinical rotation.

Criteria for grading internship	Points earned
Preparation prior to the internship	
A. Completes H&S training and submits appropriate materials by deadline. * No point deduction if delayed by the site	11 points
B. Completes & uploads all immunizations, background check, CPR, etc by deadline.	11points
C. Completes site-specific on-boarding requirements, orientation materials, finger printing, health records requested by deadline.	11 points
D. Checks clinical site information file and/or discusses with ACCE by assigned due date. Completes all on-line CP1 modules by assigned due date by assigned due date. Watches on-line video of the processes for clinical mailings by the assigned due date.	6 points
E. Sends introductory email to CI by deadline established with completed "Student Self-Assessment" and "Personal Data Sheet" and follows up promptly in subsequent email communication with CI	11 points
Performance during the internship	
A. Demonstrates appropriate communication skills and professional conduct Some examples include: arriving to the internship on time, checking/responding to emails from Western instructors on a daily basis, following professional behavior policies, building a rapport with staff & patients, dressing appropriately, using appropriate language and non-verbal's, and following through promptly with tasks assigned by CI's	11 points
B. Actively participates in the internship Some examples include: asks questions, answers questions, appears interested, prepares for the patient/day/week, offers to treat patients, treats patients when asked, is awake and engaged throughout the day, is prepared and ready to start patient care 15 minutes prior to the first patient	11 points

C. Participates in the evaluation process of the internship by completing a thorough midterm and final self-assessment. This must include specific examples to illustrate scoring on each item as well as detailed summative comments. The self-assessments must be completed prior to the time set aside by the CI to discuss the midterm/final self-assessment.	11 points
D. Meets with CI to discuss/share both the CI copy and the Student's self-assessment	6 points
E. Completes all forms and submits them to ACCE by deadline. <ul style="list-style-type: none"> a. Assessment Tool b. Clinical Site Information Form (CSIF) c. Student Assessment of Clinical Experience (SACE) d. Student Assessment of Clinical Instruction (SACI) 	11 points

Tools and Resources

Please feel free to use any of the items included here. If you need a "word" version of any of these tools to edit, contact any faculty member.

Guidelines for PTA Clinical Practice 1

What to expect of the student...

Students are expected to have filled out and mailed to you..

- Student self-assessment form/ Personal data sheet
- Any additional paperwork required by your site

Students are expected to be familiar with ...

- Expectations for filling out all clinical performance assessment tools
- Dress code and attendance policies
- Criteria for passing the rotation

Students can be expected to perform with minimal guidance on the first day(s):

- Goniometric measurements
- ROM (passive, active assisted and active)
- MMT
- Anthropometric measures
- Modalities (after reviewing facilities specific machines)
- Basic exercise interventions with and without equipment
- Vitals
- Subjective pain scale information
- Palpation of extremities
- Fitting assistive devices
- Ambulation and transfers with patients with non-complex diagnoses
- Basic postural and gait assessment

Students are expected to be fully engaged and willing to participate in the performance of appropriately delegated skills while at the clinical site.

Tips for Clinical Instructors

- There is a weekly goal sheet to use to facilitate communication if needed. This is **not** mandatory but only a tool for you to use if desired.
- Discuss expectations of the student early such as, "I expect you to be here at least 15 minutes before the first patient is scheduled. I expect you to read the patient charts the night before or in the morning of patient care, etc..."
- You may have the student do homework on patients for exercise progression or information gathering. You may also have the student do an inservice or project if you wish (not required by the school).
- We recommend that you try to give feedback (positive and things to work on) as often as needed throughout the day. If it fits into the schedule at the end of the day, it may be good to give a quick summary of the day and express expectations for the next day.
- We ask that you fill out the assessment form and share it with the student at the end of the rotation.

Guidelines for PTA Clinical Practice 2 and 3

What to expect of the student...

Students are expected to have filled out and mailed to you..

- Student self-assessment form/ Personal data sheet
- Any additional paperwork required by your site

Students are expected to be familiar with ...

- Expectations for filling out all clinical performance assessment tools
- Dress code and attendance policies
- Criteria for passing the rotation

Students can be expected to perform with minimal guidance on the first day(s):

- Goniometric measurements
- ROM (passive, active assisted and active)
- MMT
- Anthropometric measures
- Modalities (after reviewing facilities specific machines)
- Basic exercise prescription/ instruction/ progression with and without equipment
- Vitals and interpretation
- Subjective examination
- Palpation of extremities
- Fitting assistive devices
- Basic documentation (will need guidance in site specific formats)
- Identify billing code and number of units for intervention
- Ambulation and transfers with patients with non-complex diagnoses

- Basic gait, posture and movement assessment
- Basic analysis of medical diagnosis, condition or rehab protocols
- Assess patient response to intervention
- Selection of appropriate interventions based on patient diagnosis and patient's goals/ differences/ preferences.

The student should be able to manage a small caseload, 40-60%, with patients with non-complex diagnoses by the end of PTA Clinical Practice 2.

Student should be able to handle 75%-100% of caseload by end of PTA Clinical Practice 3 and should be performing at entry level on all WCAT indicators by the end of PTA Clinical Practice 3.

Faculty encourage CIs to require students to develop an in-service for the clinical site in PTA Clinical Practice 3.

Tips for Clinical Instructors

- We ask that you score all indicators in the WCAT at midterm and final evaluation. If an indicator has not been addressed or available on the clinical, mark "not observed". Please fill out the summative comments about strengths and areas for improvement at midterm and final.
- If the student has not completed a self-assessment at mid-term or final by the established deadline, we ask that you notify the ACCE immediately.
- If you have a concern with student performance on any of the indicators, please document specifics and contact the ACCE if needed.

Finally, we thank you for your time and dedication to the profession! We could not do this without you and we value your expertise. Please feel free to call us or email us with any concerns or questions that you may have.

Scott Ziolkowski at 608-789-4742 or ziolkowskis@westerntc.edu

Jeff Komay at 608-785-9280 or komayj@westerntc.edu

Shari Berry at 608-343-5035 or berrys@westerntc.edu

Welcome Letter to Student –Example

Welcome _____,

My name is Shari and I will be your CI for your rotation at our clinic starting December 1st, 2024. I have been a PT for over 20 years and have experience in acute care, rural care and neuro-rehabilitation. One of my favorite aspects of my job is to take PT and PTA students so I am glad you are coming. In order to help you prepare for your clinical, I am sharing the following information about our clinic:

Clinic hours: Our busy outpatient clinic is open from 7:00am to 7:00pm, Monday through Friday. I work from 7:00am to 5:00pm, Monday through Thursday. You will be working my schedule while you are here. Our first patient is usually scheduled at 7:00am so I would like you to arrive by 6:30am each day so we can discuss and review the day's schedule before any patients arrive. If you would like to stay past 5:00pm each day to do paperwork or review charts, you are welcome to do that as well.

Lunch: We currently have an employee lunch room that has a refrigerator and microwave available for your use. We do not have any vending or meal options in the building so you will need to pack a lunch. You are welcome to bring a 12 pack of pop or water that you can leave in the fridge if you like.

Parking: The employee parking is located on the North side of the building. It is to the right of the building as you enter the main lot off Therapy Excellence Drive.

General Expectations: We are a fast-paced outpatient facility so you can expect to see 1- 2 patients every hour. You will need to be ready to do exercises with equipment, without equipment, gait training, transfers, HEP instruction and patient education on a regular basis. Common diagnoses include low back pain, knee/ankle/shoulder injuries, and neck pain. We see a number of patients post operatively and you will follow physician protocols for aftercare in those situations. We see patients with neurological disorders as well although they are less common than the other diagnoses listed. I expect that you will be open to learning about all the patients and diagnoses, willing to work with all staff and patients and ready to participate. I will expect you to initiate patient communication and conversation as well as help with interventions when appropriate. I will ask you questions before, during and after treatments to engage you in the thought process and decision-making process involved in each patients care. This is not meant to make you nervous or make you "look stupid" in front of patients. This is meant to generate thought on your part so that you learn. If I tell you everything to do and think, I am not facilitating your learning. Patients will be asked for consent for you to work with them.

Dress Code: We are familiar with your school's dress code and it is consistent with our facility dress code. Please note that you are welcome to wear tennis shoes that are clean and neat. You will be on your feet all day so comfortable shoes are a must. Our gym area can be cool if you are not exercising so I always recommend dressing in layers or having a light sweater/ zip up sweatshirt or fleece along. Please avoid sweatshirts with large words or logos across the front or back. Jewelry should be simple with no

dangle earrings or bracelets, minimal number of rings and no facial jewelry (nose rings, eyebrow piercings, etc). Please avoid colognes or perfumes as many of our patients can have respiratory sensitivities. Cell phones are NOT ALLOWED at any time in the treatment areas. They are to be stored at your desk area and used on breaks only.

Other: You are welcome to use any of the resources we have in the clinic but if there are texts that you want to bring, you will have a small desk space of your own. You will also have access to a laptop while here but it is shared. If you think you will look up information on your breaks, you may want to bring your own laptop if you have it.

If you have any questions or need any other information, feel free to email or call me.
Shari Berry, PT
608-700-9000 or sberry@emailaddress.com

Weekly Review/ Goal sheet

Student Self- Assessment

List three things that went well this week.

- 1)
- 2)
- 3)

After reflecting on the week, list 3 things that you think need improvement in the coming week(s).

- 1)
- 2)
- 3)

Briefly describe strategies that you will use to work on improving **each item**.

List 3 goals for next week.

- 1)
- 2)
- 3)

CI assessment

3 Things that went well this week are:

- 1)
- 2)
- 3)

3 things that you could work on improving are:

- 1)
- 2)
- 3)

My goals for you for next week are:

- 1)
- 2)
- 3)

General comments:

Problem Solving Cheat Sheet

Step	Title	Example phrases...
Step One	Describe the event/experience	"Tell me about your treatment with Mr. _____" "Tell me what happened with the ultrasound?"
Step Two	Analyze the event and see relationships	"What pattern if any do you observe?" "What did this mean to you?"
Step Three	Formulate the problem	"In what way might this be a problem?" "What would you like to see changed?"
Step Four	Validate the formulation	"I am hearing you say that..." "If I summarize what I am hearing, you are describing..."
Step Five	Use the formulation to identify ways to solve the problem	"What could you do next time?" "What is needed to solve the problem you have identified?"
Step Six	Try out solutions, judge the outcomes and adjust	"Describe what you are going to do next time." "Pretend I am the patient, what will you say to me."

Designing a Student Manual to use for Orientation

Why use a manual?

- × Shows the student that the facility is organized
- × Saves the clinical coordinator time and energy-prior to the experience and during orientation
- × Student can be familiar with facility before arriving
- × Decreases student anxiety
- × Assists the student in setting realistic expectations
- × Serves as a written reference throughout the internship
- × Allows consistency for sites with multiple clinical instructors

Areas to address in the manual:

- A. Introduction to the facility-may include philosophy of facility
- B. Introduction to the department
 1. department philosophy
 2. organization
- C. Facility map/department map
- D. Dress code-especially if your facility has additional requirements than expressed in the school dress code

- E. Hours of operation
- F. Policies and procedures that pertain to students
 - 1. emergency procedures (Code Red, Code Blue, etc..)
 - 2. scheduling
 - 3. documentation-you may want to include examples
 - 4. absenteeism
- G. Treatment protocols
- H. List of other learning opportunities offered
 - 1. in-services
 - 2. observation in other areas/disciplines
 - 3. conferences, rounds
- I. Library/resources available. This is especially important if the student is required to present an in-service
- J. List of home programs and patient education materials available in the department
- K. Job description-expectations of the intern
- L. Other materials unique to your facility.
 - 1. If meals can be purchased on-site
 - 2. Parking information
 - 3. You may include housing options for students to call if traveling to your facility.

Notes:

- × The student should have access to the manual prior to the experience and review during orientation with student.
- × Send with a cover letter that highlights certain areas of the manual.
- × Provide contact information for the student.

Frequently asked questions

Do Clinical instructors have to take the APTA CI Credentialing Course before taking a student?

There is a misconception in the clinical world that credentialing from the APTA must be done prior to taking students. This information is not true. The course is indeed helpful but it may be more beneficial to take after having experience with a student or two. This would make the learning centers in the course more valuable as you have firsthand experiences to draw from. Some clinical instructors are outstanding without ever taking the workshop. I would recommend once you are a regular clinical instructor, explore the credentialing workshop as another step in your professional development and growth.

Does the CI get a stipend?

Western is unable to pay a stipend to clinical sites or instructors at this time. Faculty offer free continuing education courses each year to clinical instructors in an effort to thank you for your time.

Will I get continuing education credits?

PTs and PTAs will get a certificate for the maximum continuing education hours allowed for being a clinical instructor. For PTs that is 15 hours and for PTAs that is 10 hours.

Can I request a student to attend my facility if I personally know them?

Generally it is a conflict of interest to work with students that you know personally. Other instances of conflicts of interest are working with PTA students that were or are aides in your department. You may also want to consider a student that has a family member working in your facility as a possible conflict of interest.

How will I know if I am giving the student what they need?

The simple answer to this is to ask them! Additionally, allow them to experience what you experience day in and day out.

What skills are the most common struggles for students to master?

Historically, writing the assessment portion in notes is difficult because of the professional judgement needed to do so accurately and effectively. Patient progression and regression can pose a challenge for the novice student. It is an expectation that he or she will improve with this as the clinical experience progresses. Altering the treatment plan (within POC) on the fly with a small change in patient status can often offer a challenge.

Can two of us be CI's at the same time or split time at the half way mark of the rotation?

This is a great clinical education model. This allows the student to get varying perspectives throughout the rotation. Both clinical instructors fill out the assessment tool when this occurs. The key is to have good communication with all involved.

Where can I get more information on being a CI?

Using the resources at your facility is highly recommended as many facilities have additional policies and guidelines for student participation. The APTA has numerous resources and Western offers continuing education annually for clinical instructors that you can attend free. Remember, you can always call the faculty at Western for help.