

## **Lane Community College Physical Therapist Assistant Program**

### **Clinical Learning: Foundations and Learning Outcomes**

#### **Demonstration of Student Readiness for Clinical Instruction**

Clinical learning is organized to allow students to maximize opportunities for clinical competency, practice under the supervision of a physical therapist, observe and model professional behavior, and communicate effectively with patients and colleagues. Clinical learning begins at the novice level and progresses to entry level by the end of the program. Specific course objectives for student learning are included in PTA 280-level syllabi.

Students must successfully complete *all* required general education and PTA courses in the terms preceding the current term, with a grade of 'C' or better, *prior to* enrolling in cooperative PTA 280-level classes. Students, who have not demonstrated readiness for clinical instruction, as evidenced by academic and clinical evaluation, will not be allowed to enroll in PTA 280-level courses.

#### **General PTA Program Outcomes**

Academic preparation provides a foundation for continued learning and preparation for entry-level PTA practice. The following knowledge, skills and abilities will have been assessed for minimum competency prior to initiating clinical education:

<b>Course</b>	<b>KNOWLEDGE, SKILLS AND ABILITIES</b>
PTA 100	Communication and goal setting skills, accountability, written and electronic communication, problem-solving, and role of PT/PTA/PT Aide and physical therapy practice <b>Competencies demonstrated: Working under PT supervision, APTA Code of Ethics, APTA Standards of Ethical Conduct for the Physical Therapist Assistant, Guide to PT Practice, reimbursement, State PT Practice Act.</b>
PTA 101/101L	Electrotherapeutic, physical and mechanical modalities, thermotherapy, crutch and gait with assistive devices, massage, transfer techniques and basic motor learning patterns. Includes documentation practices. <b>Competencies demonstrated: Vital signs, standard precautions, posture, informed consent, body mechanics, positioning, transfers, application of hot pack, ultrasound, electrical stimulation, TENS, massage, wheelchair management and propulsion, PROM, and documentation.</b>
HO 152	Knowledge in basic anatomy and physiology for all human systems
MTH 95	Knowledge of intermediate algebra ( may meet by testing out)
HE 252	Knowledge in basic procedures for emergency situations, have a current CPR and first aid certification. <b>Competencies demonstrated: CPR and AED use, first aid certification</b>
SP 115	Knowledge in verbal and non-verbal communication strategies for a diverse population <b>Competencies demonstrated: Appropriate verbal and non-verbal communication cross-culturally</b>

PTA 132/132L	Lower body kinesiology knowledge including gait and locomotion training, injury prevention of lower extremity issues, manual therapy techniques, flexibility exercises and movement pattern training. <b>Competencies demonstrated: goniometry, MMT, PROM, PNF and palpation for the lower quarter, gait</b>
PTA 103/103L	Pathology of single organ dysfunction diagnoses, discharge planning, psychosocial impacts of disease, recognizing signs of abuse, geriatric and pediatric conditions, injury prevention, and self-care ADL training. <b>Competencies demonstrated: asepsis, administration of standardized tests (FIM/PLE), measuring physical space, activities for reconditioning in the general medical population (bed mobility, transfers, therex, gait) deep tendon reflexes, wheelchair safety, basic skin checks, basic anthropometric data collection, arousal/attention, data collection and documentation for the interventions in the general medical population. Includes documentation and HIPAA guidelines</b>
PTA 133/133L	Upper body kinesiology knowledge including body mechanics and postural awareness, flexibility exercises, PNF, injury prevention and manual therapy techniques <b>Competencies demonstrated: Goniometry, MMT, PROM, PNF and palpation for the upper quarter</b>
PTA 104/104L	Orthopedic interventions for the spine and extremities. Includes arthritis, fracture, overuse, joint arthroscopy and arthroplasty. <b>Competencies demonstrated: Traction, therapeutic exercises and exercise protocols for the spine extremities, orthotics</b>
PTA 204/204L	Understanding of neurological dysfunctions and physical therapy interventions for neurological conditions encountered in physical therapy, including SCI, TBI, CVA, MS, Parkinson's, Developmental Delay, and dementia. Includes pediatrics. <b>Competencies demonstrated: Balance considerations/exercises, coordination exercises, neuromuscular tone, locomotion, and assistive devices for ADLs, neuromuscular re-education, pediatric rehabilitation/handling, PNF.</b>
PTA 205/205L	Case study and clinical problem solving for complex medical conditions in the acute and outpatient/home health settings <b>Competencies demonstrated: wound/burn care, compression bandaging, lymphedema, prosthetics and gait training with prosthetics, instruction in ADL equipment, task-specific training</b>
HO 102	Diversity Issues in Health care <b>Competencies demonstrated: responding and relating to diversity of the human experience as it rates to health care access and delivery.</b>
PTA 200	Case study and clinical problem solving for complex ethical and clinical decision-making scenarios, development of a professional presence and resume-building, PTA examination preparation <b>Competencies demonstrated: synthesis of clinical thinking and critical appraisal of simulated workplace situations for the PTA.</b>
PTA 203	Finalize and present service learning topic.

**Competencies demonstrated: educating others about the role of the PTA, developing and completing a professional presentation**

***PTA Competency Outcomes through Case Simulations***

Students will have applied standards of practice for the PTA throughout the curriculum with the use of case simulations specific to the course content. Case-simulation general objectives are applied to each course to ensure practice, feedback, repeated practice, self-assessment and formal assessment. Simulated scenarios integrate psychosocial, environmental, cultural, and personal challenges to providing and receiving physical therapy. Students are repeatedly assessed on their ability to recognize the need for communication, clarification, modification and termination of treatment, including critical safety elements. Students have demonstrated an understanding of the PT/PTA relationship, legal and ethical practice. Examples of learning outcomes from case simulations include:

- Analyze the outcome of physical therapy interventions in a case simulation for indicators that would result in communication to the supervising PT
- Integrate knowledge of learning styles into a patient instruction activity.
- Respond with cultural sensitivity and professionalism during interactions with patients, personnel and public.
- Recognize cultural or environmental barriers that may impact progression through the PT plan of care and make modifications as appropriate.
- Demonstrate appropriate patient education regarding rationale, expected results and possible effects of the interventions.
- Modify a physical therapy intervention appropriately to the pain response.
- Select and apply physical therapy interventions indicated in the plan of care, including reporting adjustments, changes and outcomes to the supervising PT.
- Describe the rationale for withholding an intervention.
- Demonstrating standard precautions in patient care.
- Recognize situations that may be beyond the scope or abilities of a PTA.
- Implement guidelines described in the Documentation Criteria Rubric during case-simulation documentation.
- Verify informed consent.
- Identify assessment methods to determine a change in the patient's status and report relevant information to the supervising PT.
- Identify, apply, modify, progress or discontinue physical therapy intervention based on patient safety, patient/family/therapist/provider communication.
- Acknowledge the need for additional information in order to proceed safely and effectively with a PT treatment intervention
- Select and apply/use tests and measures, assistive devices, data collection (ROM, anthropometric measurements, MMT, pain, posture, arousal/attention/cognition, gait, environment barriers, muscle performance, skin integrity, assistive devices), and other form of assessment appropriate to the case simulation.
- Appropriate delegation and supervision of support staff/PT aides.

### **PTA Student Skills and Abilities**

The following is a summary of basic patient care, modalities and exercise/motor learning skills directly observed and evaluated by a PTA faculty or adjunct faculty in a laboratory skill check, unit practical examination, or comprehensive practical examination:

#### **PTA 101L**

Vital signs  
Body mechanics  
Posture  
Positioning  
Hot Pack application  
Cryotherapy  
Ultrasound application  
Electrical stimulation application  
TENS application  
Ultraviolet application  
Massage  
Transfers  
Wheelchair positioning and propulsion  
Passive range of motion

#### **PTA 104L**

Traction (cervical/lumbar)  
Extremity exercise (LE and UE ROM, strengthening, exercise equipment)  
Spinal stabilization exercise  
Spinal orthoses  
Exercise protocols  
Assistive devices for gait

#### **PTA 103L**

Asepsis  
Arousal and attention  
Anthropomorphic characteristics  
Deep tendon reflexes  
Wheelchair seating and safety  
Skin integrity  
Data Collection (FIM)  
Breathing exercises (assisted cough/huff, pursed lip breathing, diaphragmatic breathing)  
Pacing and energy conservation  
Relaxation exercises  
Chest wall percussion  
Pulmonary postural drainage

#### **PTA 204L**

Balance considerations/exercises  
Coordination exercises  
Neuromuscular tone  
Locomotion  
Assistive devices for ADLs  
Neuromuscular re-education  
Pediatric rehabilitation/handling skills

#### **PTA 132L/133L**

Data Collection (MMT, PROM, Goniometry)  
Palpation  
Gait  
Postural awareness  
PNF

#### **HE 252**

Emergency preparedness (CPR, AED)

#### **PTA 205L**

Management of lymphedema  
Compression bandages  
Topical agents  
Compression therapies  
Diabetes and amputation  
Lower extremity prosthetics

Specific skills and knowledge demonstrated prior to each clinical experience are listed as expected learning outcomes for the clinical experiences. Each clinical experience takes into account course material students will have learned as well as material yet to learn. As PTA students move forward with clinical instruction, PTA students are expected to make progress in all areas of evaluation of professional and technical abilities, including strict guidelines for conduct and patient safety. The following clinical learning objectives are provided to PTA students and PTA clinical faculty (in consultation with the ACCE) to prepare the clinical facility and the student learner for a successful education experience.

From *Lane Community College Physical Therapist Assistant Program Policy Manual 2009-2010*

## **PTA 280A – First Clinical Affiliation**

This is the student's first experience with patient treatment unless the student has worked as a physical therapy aide or rehabilitation aide. Close supervision and instruction are recommended at first. Students progress from novice to intermediate SPTA level. Students are enrolled in PTA 204 and PTA 204L PT Interventions – Neurological Dysfunctions as a co-requisite.

Expectations for student learning and clinical experience during PTA 280A include:

- Predominantly supervised, hands-on experience in performing treatment interventions.
- Demonstrate ability to competently perform interventions with additional time allowed if needed.
- Demonstrate independence in some treatment interventions after repeated practice under supervision with an appropriate level of patient complexity.
- Document treatment intervention using correct spelling/grammar, SOAP or other approved format, with supervision, guidance for content, and with double the amount of time needed for the CI to document the same treatment.

Students will be taking one or two PTA courses during this term. Specific content areas for which the student will demonstrate academic and laboratory competency are as follows

PTA 204/204L	Understanding of neurological dysfunctions and physical therapy interventions for neurological conditions encountered in physical therapy, including SCI, TBI, CVA, MS, Parkinson's, Developmental Delay, and dementia. Includes pediatrics. <b>Competencies demonstrated: Balance considerations/exercises, coordination exercises, neuromuscular tone, locomotion, and assistive devices for ADLs, neuromuscular re-education, pediatric rehabilitation/handling, PNF.</b>
HO 102	Diversity Issues in Health care <b>Competencies demonstrated: responding and relating to diversity of the human experience as it rates to health care access and delivery.</b>

## **GOALS AND OUTCOMES**

- 95% of Entry Level Performance for patient safety (CPI criteria 1)
- 80+% of Entry Level Performance on items related to professional conduct (reference CPI criteria 2, 3, 4, 5, 6, 8, 18, 19 )
- 50% of Entry Level Performance with documentation of progress from midterm to final evaluations for physical therapy interventions covered in the first year of the PTA program (CPI criteria 7, 9-17, 20)

## PTA 280B – Second Clinical Affiliation

This is the student's second experience with patient treatment. Clinical instructors should provide learning opportunities and teaching methods to allow the student to progress from an intermediate SPTA to an advance SPTA level of performance on course outcomes

Expectations for student learning and clinical experience during PTA 280B include:

- Learn basic protocols for common diagnoses along with precautions
- Complete simple protocols within their base of knowledge
- Carry out full patient treatments with direct supervision after demonstrating same skill ability with CI
- Carry 50-75% of expected CI caseload by the end
- Treatment documentation to facility standard with direct guidance. Proper format, grammar, abbreviation and content are expected with approximately 125% the amount of time needed for the CI to document the same treatment

Students will be taking one PTA course and one general education course during this term. Specific content areas for which the student will demonstrate academic and laboratory competency are as follows:

PTA 205/205L	Case study and clinical problem solving for complex medical conditions in the acute and outpatient/home health settings <b>Competencies demonstrated: wound/burn care, compression bandaging, lymphedema, prosthetics and gait training with prosthetics, instruction in ADL equipment, task-specific training</b>
PTA 200	Case study and clinical problem solving for complex ethical and clinical decision-making scenarios, development of a professional presence and resume-building, PTA examination preparation <b>Competencies demonstrated: synthesis of clinical thinking and critical appraisal of simulated workplace situations for the PTA.</b>
PTA 203	Finalize and present service learning topic. <b>Competencies demonstrated: educating others about the role of the PTA, developing and completing a professional presentation</b>

## GOALS AND OUTCOMES

- 95% of Entry Level Performance for patient safety (CPI indicator 1)
- 80+% of Entry Level Performance on items related to professional conduct (CPI criteria 2, 3, 4, 5, 6, 8, 18, 19)
- 70+% of Entry Level Performance with documentation of progress from midterm to final evaluations for physical therapy interventions covered in the first year of the PTA program (CPI criteria 7, 9-17, 20).

## **PTA 280C – Third Clinical Affiliation**

This is the student's final experience with patient treatment. Clinical instructors should provide learning opportunities and teaching methods to allow the student to progress from an advanced SPTA level to entry PTA level of performance on course outcomes.

Expectations for student learning and clinical experience during PTA 280C include:

- Complete simple protocols within their base of knowledge without cuing or coaching
- Carry out full patient treatments with direct supervision after demonstrating same skill ability with CI
- Carry 80-100% of expected CI caseload by the end
- Treatment documentation to facility standard with direct guidance. Proper format, grammar, abbreviation and content are expected with completion in the same amount of time needed for the CI to document the same treatment

## **GOALS AND OUTCOMES**

- 100% of Entry Level Performance for patient safety (CPI indicator 1)
- 90% of Entry Level Performance on items related to professional conduct (CPI criteria 2, 3, 4, 5, 6, 8, 18, 19)
- 80+% of Entry Level Performance with documentation of progress from midterm to final evaluations for physical therapy interventions covered in the first year of the PTA program (CPI criteria 7, 9-17, 20).

## ***Determination of Satisfactory Progress of Clinical Experience***

### **Critical Safety Elements**

Students are continuously evaluated by the clinical instructor throughout the clinical experience on established critical safety performance and behavior expectations described in the course syllabus. The clinical instructor may discontinue a supervised intervention by a student if there is a concern about patient safety, student safety, or patient care, as documented in the Unsatisfactory Student Behavior Program Policy. Critical safety elements are identified as “Red-Flag”  items on the CPI.

The clinical instructor will consult with the ACCE to determine student readiness to continue the assigned clinical experience. Formal documentation of the critical safety element concern and the result of corrective or other action will be documented in the CPI and/or the Cooperative Education Agreement. Demonstration of Unsatisfactory Student Behaviors may result in failing the course.

### **Midterm Evaluation of Student Progress**

The clinical instructor will meet with the student no later than the end of week four of the clinical experience to review midterm results on the CPI and discuss progress toward successful course completion. The ACCE is notified of the midterm assessment outcomes upon its completion. The clinical instructor is responsible for communicating any areas of Significant Concern in a timely manner to the ACCE and the student.

## **Final Evaluation of Student Progress**

The final decision as to whether or not the student passes the clinical experience is made by the ACCE. This decision is a professional judgment based upon the following:

1. Scores for the final evaluation on the Clinical Performance Instrument.
2. There is a minimum criteria score which must be met to consider the clinical experience passed. Refer to Section 6, *Criteria for Passing Clinical Education Courses*.
3. Problems or concerns raised by the CI and student during the clinical experience and whether or not these were effectively resolved.
4. How the problems affect patient safety and patient care.
5. How the problems affect the student's chances of performing at entry level by graduation and during a probationary period on the first job.
6. Whether or not the problems fit a pattern of problems and concerns that were evident during the student's academic period.
7. ACCE consultation with the student's advisor, PTA Program Coordinator, and CI.
8. The most effective manner in which the problems can be remediated.
9. The uniqueness or complexity of the clinical site.
10. Whether or not all outcomes on the course syllabus have been met.

## **Criteria for Passing PT Clinical Education**

To pass, the student must receive the minimum acceptable score on each performance evaluation criterion of a modified Clinical Performance Instrument (CPI).

### **PTA 280A – First Co-operative/Clinical Experience**

Criteria	Achievement
1	95%
2, 3, 4, 5, 6, 8, 18, 19	80%
7, 9-17, 20	50+%

### **PTA 280B – Second Co-operative/Clinical Experience**

Criteria	Achievement
1	95%
2, 3, 4, 5, 6, 8, 18, 19	80%
7, 9-17, 20	70+%

### **PTA 280C – Third Co-operative/Clinical Experience**

Criteria	Achievement
1	100%
2, 3, 4, 5, 6, 8, 18, 19	90%
7, 9-17, 20	80+%

## **ACCE Assessment of Student Learning During Clinical Education Policy**

Problems or concerns should be recognized early during the clinical experience and an action plan developed to help the student be successful.

From *Lane Community College Physical Therapist Assistant Program Policy Manual 2009-2010*

## **ACCE Assessment of Student Learning During Clinical Education Procedures**

1. Contact the student and the CI by telephone periodically during the clinical experience.
2. Strongly encourage the CI to meet weekly with the student, use the Weekly Clinical Feedback forms provided to identify and document problems or concerns that arose during the week, and set a plan for resolving those problems the following week.
3. When problems or concerns are brought to the attention of the ACCE, the ACCE may make a site visit to meet with the CI and student. The ACCE provides assistance with identifying the problem and developing a plan of action.
4. The ACCE may attend the mid-term and/or the final evaluation meeting between the CI and the student for clarification and to enhance understanding of the situations.
5. Upon receiving the final evaluation, the ACCE calculates the average percentage score to determine whether it meets the minimum required score. If it does not, and the ACCE was not aware of any problems or concerns which would cause the student to be unsuccessful in this clinical experience, the ACCE calls the clinical instructor for clarification on the scoring. The ACCE will meet with the CI, Program Coordinator and student to develop a plan of action which may include repeating the clinical experience.

### **When the Student Receives a “No Credit” Grade for the Clinical Experience**

1. The ACCE meets with the student to discuss the grade and reason for the grade.
2. Recommendations are made for remediation of the problems.
3. The student is reminded of LCC policies regarding the student’s rights of appeal.
4. A Plan of Action is developed by the ACCE and the student. The plan of action may include repeating the PTA 280-level course within the year.
5. The student is placed on PTA Program Clinical Probation (Refer to Section 5 *Clinical Probation*)