

**Mercer County Community College
Physical Therapist Assistant Program**

**Clinical Education
Handbook
for
Clinical Faculty**

Fall 2017

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Welcome!

Clinical Education is an integral part of the academic preparation of the entry-level Physical Therapist Assistant (PTA). The PTA Program at Mercer County Community College (MCCC) would like to acknowledge the clinical facilities, Clinical Instructors, and Center Coordinators of Clinical Education for your dedication in providing quality clinical experiences for our students. The commitment and contributions of all stakeholders involved in developing the professional behaviors and clinical skills of our PTA students are both recognized and greatly appreciated.

It is our pleasure to welcome you as clinical faculty for the Mercer County Community College Physical Therapist Assistant Program (PTAP). This handbook has been developed to help familiarize you with the information that you will need as you navigate your way through the clinical education component of the PTA program. Please don't hesitate to ask questions of the Academic Coordinator of Clinical Education (ACCE) and to inform us of any way that we can support and assist you in your role as Center Coordinator of Clinical Education (CCCE) and/or Clinical Instructor (CI).

*Our PTA learners represent a dynamic group of adult learners who come to us from a wide variety of backgrounds. They are here to learn and will benefit greatly from your dedication and clinical expertise. At Mercer, we all work toward a common goal which is the success of each learner who enters our campus. Thanks for deciding to become a part of Mercer's PTAP Team! Together we can continue to make **great things** happen.*

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PTA Program Website

The PTAP has its own website at <http://www.mccc.edu/~behrensb/index.htm>

There is a “clinical education” link located on the PTAP’s homepage, which provides access to all three clinical education courses. Course descriptions, goals, objectives and outlines are provided for each course, in addition to all forms needed by both the learners and Clinical Instructors during each course. A link for the Clinical Education Toolbox also provides access to additional forms and information, such as the student injury report and disciplinary forms.

Degree Requirements

Mercer County Community College Physical Therapist Assistant Program

NEW PTAP 2019

Degree Requirements- Associate in Applied Science

The courses listed below constitute the requirements for the AAS degree in Physical Therapist Assistant. Additional details about course and program requirements will be provided to learners before they begin the Physical Therapist Assistant program Professional Phase courses. This information is provided for course requirement/advisory purposes only.

All learners are strongly urged to consult the **Essential Functions of a Physical Therapist Assistant (PTA)**. Copies of this document can be found on the PTA program website or obtained from any PTA program faculty member.

<u>Pre-Professional Phase Courses</u>				<u>Continuation of the Professional Phase</u>			
Fall I Pre-Professional Phase (15 weeks)				Fall II Professional Phase (15 weeks)			
ENG 101	English Composition I	(3/0)	3	PTA 112	Pathology for Health Prof	(3/0)	3
PSY 101	Intro to Psychology	(3/0)	3	PTA 210		PTA Techniques [#]	(3/2)
MAT *	Mathematics Elective	(3/0)	3	PTA 211	Physical Agents [#]	(3/3)	4
BIO 103	Anatomy & Physiology I	(3/3)	4	PTA 224	Clin Ed I 40 hpw x 4 wks	160hrs	3
HPE 110	Concepts of Health & Fitness**	(1/2)	2	PTA 226	PTA Seminar I [#]	(2/0)	2
Spring I Pre-Professional Phase (15 weeks)				Spring II Professional Phase (15 weeks)			
ENG 102	English Composition II	(3/0)	3	PTA 216	Ortho for PTA	(1/2)	2
BIO 104	Anatomy & Physiology II	(3/3)	4	PTA 205	Motor Development	(1/0)	1
&&& &&&	Gen. Ed. Elective &	(3/0)	3	PTA 213	Therapy Clinic [#]	(3/3)	3
HPE 140				Kinesiology for Ex Science	(3/0)	3	PTA 235
				PTA 237	PTA Prof Development	(3/0)	3
<i>Start of the Professional Phase</i>				<i>Completion of the Professional</i>			
Summer I Professional Phase (8 Weeks)				Summer II Professional Phase (8 weeks)			
PTA 107	Therapeutic Measurement	(1/2)	2	PTA 240	Clin Ed III 40 hpw x 6 wks	240hrs	5
PTA 201	Therapeutic Exercise	(1/2)	2				

NOTES

- * MAT 115 Algebra & Trig I, MAT 125 Intro to Statistics **or** MAT 140 Applied College Algebra
- ** HPE 110 Concepts of Health & Fitness, HPE 111 Living with Health **or** CSW 100 College Success & Wellness
- # This course is interrupted for either 4 or 5 weeks for a Clinical Education course as indicated within the semester.
- & Gen Ed. Course from Social Science, Humanities, Historical Perspective, Diversity & Global Perspective

- The PTA program utilizes Mercer's Academic Testing Center on campus which enables written exams to be administered outside of regularly scheduled class times. Approximately 60% of the written exams for the Professional Phase of the PTA program may be administered in the Academic Testing Center.
- Lab courses involve Competency Testing which takes place outside of class time. This may be up to 6 hours per lab course.

Health Records Requirements

Eligibility to participate in the three clinical education courses throughout the curriculum is dependent on fulfilling all of the eligibility requirements as outlined in the Clinical Education Handbook. One of those requirements is the submission of health records. Additional detailed information regarding the health records requirements can be found on the PTA Program website and will be provided during the mandatory Orientation to the Professional Phase of the PTA Program meeting in May. *Other than the medical insurance coverage*, students are strongly advised to wait until after that May Orientation meeting to begin fulfilling these health records requirements.

*All PTA program **and science courses** must be passed with a grade of C+ or higher to continue in the PTA program. PTA program courses may only be attempted twice.*

Course Descriptions

PTA 101 Intro to PTA (1 cr)

Course Description: This course is open to all students who are potentially interested in physical therapy as a career choice. It is a required course for Physical Therapist Assistant majors. The course provides the student with an overview of the healthcare system and the specific roles of professionals in physical medicine and rehabilitation. Topics include medical terminology, documentation and communication skills. Co-requisite course(s): ENG 101.

PTA 105 Kinesiology (3 cr)

Course Description: This course is a required course for Physical Therapist Assistant majors who have been accepted into the professional phase of the program. The concepts of locomotion, forces, levers and bio-mechanics will be introduced. Topics include origins, insertions, innervations, and actions of prime movers for the musculoskeletal system. Pre-requisite course(s): BIO 104 with a grade of C+ or higher.

PTA 107 Therapeutic Measurement (2 cr)

Course Description: Laboratory practice with measurement skills for joint range of motion (ROM) and muscle strength of peripheral joints. Includes volumetric, circumferential, and posture assessments. Students will perform manual muscle tests and range of motion measurements using a goniometer and develop competency with assessment techniques. Competencies will be evaluated throughout the term. Pre-requisite course(s): PTA 101, BIO 104 with a grade of C+ or higher.

PTA 112 Pathology (3 cr)

Course Description: This course is open to all students interested in physical therapy as a career or in the study of human diseases. It is a required course for Physical Therapist Assistant majors. The course is designed to familiarize the student with the essential nature of diseases, abnormalities of structure and function that are characteristic of diseases. Pre-requisite course(s): ENG 102, BIO 104 with a grade of C+ or higher.

PTA 201 Therapeutic Exercise (2cr)

Course Description: Review and discussion of treatment interventions that correlate with patient therapy goals. Topics include interpreting a physical therapy initial evaluation, range of motion exercises, stretching, strengthening, joint mobilization, aerobic exercise, exercise parameters and exercise progression. Emphasizes activities to promote clinical decision making using patient scenarios *Restricted to approved PTA majors*. Pre-requisite course(s): PTA 101, PTA 112, BIO 104 with a grade of C+ or higher.

PTA 205 Motor Development (1 cr)

Course Description: Introduces developmental milestones for normal human motor development across the lifespan and discusses genetic and hereditary disorders, congenital and acquired disorders. Course design will familiarize the students with the essential nature of abnormalities of structure and function that are characteristic of, or impact human motor development. Pre-requisite course(s): PTA 101, PTA 105, PTA 112.

PTA 210 PTA Techniques & Modalities (4 cr)

Course Description: Addresses patient care and handling, including patient positioning and bed mobility, vital signs, transfers, gait and posture, massage, aseptic techniques, wound care and burns, edema management, body mechanics, and cardiac and pulmonary interventions. Students develop their skills through practice with each other. Competencies evaluated throughout the course. Pre-requisite course(s): PTA 107, PTA 112.

PTA 211 Physical Agents (4 cr)

Course Description: This course is designed to introduce the student to the use of physical agents, hydrotherapy; traction and therapeutic modalities in physical therapy practice. Lecture and laboratory activities develop problem solving skills and critical thinking in the use of electrical stimulation, aquatics, traction and therapeutic heat & cold to accomplish therapeutic treatment goals. Skills will be tested for competence throughout the course. Pre-requisite course(s): PTA 107, PTA 112.

PTA 213 Therapy Clinic (3 cr)

Course Description: Case study format for studying patients with conditions arising from a variety of circumstances, including the following: cerebral vascular accidents, spinal cord injuries, amputations, joint replacements, and cerebral palsy. Emphasizes

activities to promote optimal functional outcomes. Lab develops decision-making skills involving assistive devices, orthotics and prosthetics. Competencies will be evaluated throughout the course. Pre-requisite course(s): PTA 210, PTA 211.

PTA 224 PTA Clinical Education I (3 cr)

Course Description: Supervised clinical instruction full-time clinical affiliation to observe the clinic environment and PT/PTA interactions; develop professional deportment; refine measurement and time management skills; and learn about patient chart information. Experiences are shared with classmates and faculty in PTA Seminar I (PTA 226). Pre-requisite(s): PTA 107, PTA 112, Co-requisite(s): PTA 226, PTA 210, PTA 211.

PTA 226 PTA Clinical Seminar I (2 cr)

Course Description: Review and discussion of clinical experiences using a case study approach. Topics include scheduling patients and staff; professional growth and development; quality assurance concepts; and negotiation skills for employment opportunities. Pre-requisite(s): PTA 107, PTA 112. Co-requisite PTA 224.

PTA 235 PTA Clinical Education II (4 cr)

Course Description: Supervised full-time clinical affiliation. Students practice and apply skills learned in other classes and learn to become an integral part of a physical therapy department. Pre-requisite(s): PTA 210, PTA 211, PTA 224, PTA 226. Co-requisite: PTA 236.

PTA 236 PTA Seminar II (2 cr)

Course Description: Continues the case study concept with emphasis on developing a patient care plan. Students explore learning and communication styles and have an opportunity to observe fabrication of orthotics and prosthetics, research home medical equipment, and physical therapy in an inpatient rehabilitation setting. Pre-requisite(s): PTA 224. Co-requisite: PTA 235.

PTA 240 PTA Clinical Education III (5 cr)

Course Description: Supervised full-time clinical affiliation. Students practice all of the techniques and procedures taught in the program, performing all of the activities normally expected of a physical therapist assistant. Participants are expected to conduct an "in-service" presentation to colleagues at the clinical site. Pre-requisite(s): PTA 213, PTA 235, PTA 236. Co-requisites: PTA 241.

PTA 241 PTA Seminar III (1 cr)

Course Description: A discussion-oriented review of ethical and moral dilemmas in health care, and special practice areas within physical therapy. Students have the opportunity to meet with a panel of practicing PTAs to discuss employment opportunities. Pre-requisite(s): PTA 236. Co-requisite: PTA 240.

PTA 216 Orthopedics in PTA (2 cr) (Currently an elective course offered in the spring semester)

Course Description: A study of orthopedic conditions and their underlying pathology. Emphasis on physical therapy interventions utilized in the rehabilitation of specified conditions. Required course for all PTA majors. Competencies will be evaluated throughout the term. Pre-requisite(s) BIO 104 with a grade of C+ or higher. PTA 210 must be a pre or co-requisite course.

Clinical Affiliation Agreement

Your facility has a legal Clinical Affiliation Agreement with Mercer County Community College on file. This contract outlines the responsibilities of each party. To summarize, the college is responsible for planning and implementing curriculum, developing course objectives for the clinical affiliations, and coordinating with the facility to determine student placement. The college is also required to provide all necessary information to the facility prior to the start of the clinical affiliation. The college is required to provide insurance coverage and a Certificate of Liability is sent to your facility annually. The contract outlines which health records that college collects and verifies from students (physical exam, Hepatitis B vaccination, PPD, criminal background check, etc)

The facility is required to provide the student(s) with an orientation to the facility and the same access to parking, cafeteria, library resources, etc that an employee has access to. The facility is to designate a Center Coordinator of Clinical Education (CCCE) to communicate with the college. The facility is required to provide emergency care to a student, in the event of injury. The facility must provide a Clinical Instructor (or two) who supervises and evaluates the student(s). The facility maintains ultimate responsibility for patient care.

For more information, please refer to your signed Clinical Affiliation Agreement.

Clinical Education Curriculum

According to the Normative Model for PTA Education, clinical education is “that aspect of the professional curriculum during which student learning occurs directly as a function of being immersed within physical therapist assistant practice. These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.”

There are three (3) fulltime clinical education courses throughout the PTA curriculum. The highlights of each are outlined below.

PTA 224 Clinical Education I

- ◆ **4 week affiliation during the Fall semester**
- ◆ **Full time** (160 hours over the 4 weeks); specific hours are negotiated between the student and the clinical instructor (CI)
- ◆ **Observational and skill refinement affiliation** with the student able to engage in skills at the discretion of the CI. The students have completed the didactic portion and competency testing of two (2) skill-based courses in the earlier part of the semester, PTA 210 Techniques and Modalities and PTA 211 Physical Agents. Clinical instructors are expected to incorporate these skills into the clinical experience, provided that they are comfortable with the student’s level of competence.
- ◆ **Completed courses:** Introduction to PTA, Kinesiology, Pathology, and Therapeutic Measurement, along with the general education portion of the curriculum

PTA 235 Clinical Education II

- ◆ **5 week affiliation during the Spring semester**
- ◆ **Full time** (200 hours over the 5 weeks); specific hours are negotiated between the student and the clinical instructor (CI)
- ◆ **Observational and skill refinement affiliation** with the student able to engage in skills at the discretion of the CI. The students are in process of taking 3 courses on campus this semester, one of which, PTA 213 Therapy Clinic, is a skill-based course. Clinical instructors are provided with the time-line for topic areas and skills that are being covered in the classroom and laboratory. Clinical instructors are expected to incorporate these skills into the clinical experience, provided that they are comfortable with the student's level of competence.
- ◆ **Completed courses:** Introduction to PTA, Kinesiology, Pathology, Therapeutic Measurement, PTA Techniques and Modalities, Physical Agents, Motor Development, and PTA Seminar I, along with the general education portion of the curriculum

PTA 240 Clinical Education III

- ◆ **6 week affiliation during Summer semester**
- ◆ **Full-time at 40 hours per week** (240 hours over the 6 weeks); specific hours are negotiated between the student and the clinical instructor (CI)
- ◆ **Completed courses:** Introduction to PTA, Kinesiology, Pathology, Therapeutic Measurement, PTA Techniques and Modalities, Physical Agents, Motor Development, PTA Seminar I & II, and Orthopedics, along with the general education portion of the curriculum
- ◆ **During Clinical Education III**, the students are **expected to perform at entry level, and function as a new graduate.**

Learner Requirements to Participation in Clinical Education Courses

Prior to learners being allowed to participate in clinical education, they must fulfill the following requirements:

1. The learners must complete all health requirements* and preparatory requirements to maximize safety for all parties involved. These requirements are also outlined in the clinical affiliation contract between your facility and the PTA program at Mercer County Community College.
 - a. Physical Examination
 - i. proof of immunity to rubella
 - ii. proof of immunity to rubeola
 - iii. 2-step PPD or negative chest X-ray
 - iv. proof of immunity to Hepatitis B or a signed Declination of Hepatitis B Form
 - b. Proof of current Liability Insurance
 - c. Proof of current Medical Insurance
 - d. Proof of current CPR for Health Care Providers certification
 - e. Proof of current First Aid certification
 - f. Criminal Background Check
 - g. Bloodborne Pathogens Training (provided by the college)
2. The learners must demonstrate competency in foundational psychomotor physical therapy skills. This too is outlined in the clinical affiliation contract between your facility and the PTA program at Mercer County Community College. Students are tested for competency via two methods:
 - a. Competency Testing

b. Practical Examinations

(See **Appendix A** for explanation of and differences between Competency Testing and Practical Examinations)

Learners must show competence via competency testing and practical examinations for the skills highlighted in Appendix B. It is the clinical instructor's responsibility to ensure learner competence for any additional skills utilized in the clinical setting.

(See **Appendix B** for the list of material the learners have covered prior to each clinical affiliation. Those skills highlighted in yellow are psychomotor skills that the learners have been tested to competency.)

3. Lastly, the learners must be passing all courses in progress prior to entrance into the clinical courses.

* Please note that the ACCE collects all health requirements, reviews them and maintains them at the college. The ACCE then sends a signed letter to your facility, attesting to the fact that the students' health records have been reviewed and maintained at the college. The ACCE is unable to provide copies of the students' health records to facilities. However, students are instructed to have photocopies of all health records with them throughout the entire length of each clinical affiliation, should the facility require them.

Learner Preparation Prior to Participation in Clinical Education Courses

Learners are first oriented to the professional phase of the PTA program, including the expectations during clinical affiliation during a mandatory orientation day in May. During the first week of the fall semester, learners must attend a Clinical Education meeting, during which the clinical education handbook for learners is reviewed, as well as the specific expectations for the fall clinical affiliation. Learners are provided with all of the clinical education documents required during this meeting. Learner preparation continues throughout each course in the professional phase of the PTA program. Learners are required to pass competency tests and practical examinations to demonstrate adequate safety and competence in various skills, prior to entering the clinical environment. Throughout the fall semester, learners are provided with clinical education scenarios and engage in discussions with classmates and the ACCE regarding how to appropriately handle a variety of scenarios that may be encountered in the clinic.

Roles & Responsibilities in Clinical Education

Academic Coordinator of Clinical Education (ACCE)

As defined by CAPTE, the ACCE is “the core faculty member responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum. The ACCE is the faculty member of record for the clinical education courses.”

Center Coordinator of Clinical Education (CCCE)

The CCCE is a facility staff member who determines clinical site ability to accept students and communicates this availability to the ACCE. After students have been assigned to the clinical site, the CCCE is responsible for assigning a Clinical Instructor (CI). When selecting clinical instructors, the CCCE should utilize the list of attributes of preferred clinical faculty members. (see the next section) Additional responsibilities of the CCCE may include orienting new students to the facility, mentoring Clinical Instructors, crisis management, participation in midterm and final reviews between the learner and Clinical Instructor, and the development of a Facility Clinical Education Handbook.

Clinical Instructor (CI)

A licensed Physical Therapist or Physical Therapist Assistant who is responsible for the direct instruction, supervision, and assessment of the learner in the clinical setting. The CI works with the ACCE and CCCE to implement the educational experience for the learner. A list of the attributes of preferred Clinical Instructors can be found below.

Learner

The learners represent themselves, the PTA program, and Mercer County Community College. Learners are expected to function in a safe and professional manner during their clinical affiliations. The learner is not an employee of the facility or the school. They are active participants in the learning process. They are expected to follow the rules, regulations and schedule of the facilities in which they are affiliating. Learners are required to wear a name tag at all times which identified themselves as a student.

Patients

Patients are individuals seeking treatment at the clinical facility in which a learner is affiliating. Patients have a right to know the title and role of each person involved in their care and each patient has a right to decline treatment by a physical therapist assistant student, with no risks or repercussions to the patient.

Attributes of Preferred Clinical Instructors

Preferred PTA clinical faculty members will give evidence of/or demonstrate:

- PT or PTA degree with at least one year of clinical experience in the practice setting which the person serves as the clinical faculty or significant comparable experience.
- Effective interpersonal and communication skills with students by clearly articulating expectations, providing and receiving constructive feedback, and active listening.
- Professionalism; practicing in a professional, ethical and legal manner.
- Competency; demonstrating knowledge, skills, and safety required for effective delivery of care.
- Organizational and time management skills (e.g. setting priorities and planning learning experiences for students.)
- Enthusiasm for the role of clinical faculty in the program.
- Ability to evaluate a student's performance, especially as it related to safe and unsafe practice, ethical and legal behaviors, and the achievement of specific clinical performance objectives.
- Supervision skills commensurate with the learner's needs and the patient's acuity (e.g. illness, impairment, disability)

CLINICALINSTRUCTOR RESPONSIBILITIES

- Provide the learner with the weekly schedule, attire requirements and any other essential information needed prior to the start of the clinical education course.
- Orient the learner to the department and facility.
- Review with the learner the company policies and procedures for:
 - emergency situations (fire, internal codes, bomb threats, etc),
 - confidentiality of records and other personal information
 - Safety regulations 9OSHA regulations, proper use of equipment, storage and use of hazardous material)
- Review clinical education course objectives and all paperwork provided by the PTA program at MCCC.
- Provide appropriate supervision to the student.
- Provide constructive, timely and frequent feedback to the learner.
- Contact the ACCE at Mercer immediately if any red flag safety concerns are noted in the learner's performance.
- Contact the ACCE at Mercer with any questions, concerns, or suggestions pertaining to the expectations of student performance during the clinical affiliation.
- Complete the Clinical Performance Instrument to evaluate the learner's performance midway through the clinical affiliation and at the end of the affiliation.
- Provide a helpful and supportive attitude toward the PTA student.
- Adhere to ethical codes and legal statutes and standards (e.g. Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).
- Adhere to Family Educational Rights and Privacy Act (FERPA) of 1974, a federal law that

protects the privacy of student education records. Clinical Instructors are responsible for adhering to the regulations of FERPA, including not disclosing any student information without the student's permission. The clinical facility should guard against improper disclosure of information in its possession regarding the learners who train at the facility. See appendix D.

Clinical Affiliation Documents

Course Handbook

This handbook provides the learners with information regarding grading, course objectives, in-service presentation expectations, etc.

Learner Self Performance Evaluation Instrument

This packet is almost identical to the Clinical Performance Instrument that the Clinical Instructors (CIs) will be filling out for both midterm and final. Both the learner and the CI are to fill out their prospective packets and then during the midterm and final review, they will compare notes to see if they are "on the same page." This gives the learner an opportunity to assess his/herself. It is important that the learner fill this form out PRIOR TO his/her midterm and final review with the CI.

Clinical Performance Evaluation Instrument (CPI)

This packet is almost identical to the Learner Self Performance Evaluation Instrument that the learner fills out. The CI will assess student performance on a variety of measures and will review it with the student at both midterm and final. A copy of the CPI is provided to the learner, sent to the CI, and located on the program's website.

Weekly Summary

This form is to be completed on a regular weekly basis (usually Fridays), to ensure that formal communication and feedback is occurring throughout the course. The learner should take the lead in creating weekly goals for him/herself. If the facility has its own weekly communication form, please feel free to use it instead of the PTA program's form.

Attendance Sheet

This form is to be completed weekly. The learner will need to calculate the total weekly hours. The original will be handed in upon return to the college.

PTA Student Evaluation of the Clinical Experience & CI

This form allows the learner to share his/her experience with the ACCE and any future students who may be interested in a particular site. This will be kept in a locked cabinet in the ACCE's office and will assist the ACCE with evaluating the strength of a facility and its instructors. Feedback will be collected each year and sent to the Clinical Instructors each summer.

Clinical Instructor Survey

The Clinical Instructor fills out this form during each clinical rotation and the learner hands it in when he/she arrive back on campus. This survey assists the PTA program in collecting information necessary for the PTA program accreditation requirements.

The Three Domains of Learning

The course objectives outlined for each of the three clinical education courses are grouped into one of three categories (or domains). Cognitive objectives relate to the students' mental skills and knowledge. Psychomotor objectives relate to the students' physical skills. Affective objectives pertain to the students' communication, professionalism, and behavior.

For a student to be eligible to participate in a clinical education course, each student must pass pre-requisite courses with a minimum grade of 77. This includes anatomy and physiology I & II, kinesiology, and pathology. This knowledge is assessed in the classroom using a variety of methods, including exams, quizzes, assignments, etc. and is utilized in case scenarios throughout lectures and labs. There are students who can demonstrate adequate knowledge in a classroom setting, but who have difficulty integrating that knowledge in a clinical environment. Demonstrating classroom competence does not guarantee that the student will demonstrate clinical competence. The ultimate goal of any entry-level program is to graduate students who demonstrate *clinical* competence.

We have students who are able to demonstrate hands-on (psychomotor) competence in a lab setting at school because it is a structured environment. However, some of these same students are unable to demonstrate hands-on competence in a clinical environment because it is not structured and it is inherently more complex than the classroom. Students must be able to demonstrate safety and competence in a *clinical* environment.

How to use the MCCC PTAP Clinical Performance Instrument (CPI)

The learner's performance during clinical education courses is evaluated by the CI using the CPI midway through the experience and at the end of the clinical education course. The Physical Therapist Assistant Program at Mercer County Community College uses its own Clinical Performance Instrument (CPI) for the assessment of learner performance in the clinical setting. For Clinical Instructors who are familiar with the APTA's CPI, the APTA document does not change from clinical to clinical. What changes with regards to the APTA's CPI is the *expectation* of where the students' performance should be at the end of each clinical affiliation. Unlike the APTA CPI, Mercer County Community College's CPIs are different for each of the three clinical affiliations and the goals reflect the exact expectations of learner performance for each of the three clinical affiliations. The goals change and become more complex as the learners progress through the clinical education component of the program.

It is expected that the learners meet all goals by the end of the clinical affiliation. However, just as with the APTA CPI, expectations are not always met. The PTAP Program at Mercer does not utilize a pass/fail approach to clinical education and it is the Academic Coordinator of Clinical Education (ACCE) at Mercer who is ultimately responsible for the academic grade. It is in the learner's best interest for the CI to provide accurate and honest feedback during the midterm assessment, so that the learner has the opportunity to demonstrate improvement prior to the final assessment.

While some skills will be progressed and continue in future clinical affiliations (i.e. documentation, billing, communication, etc), others are specific to certain PT settings. This may be the only clinical affiliation the learner will have in this particular PT setting. Therefore, learners should become competent in the *foundational skills* that are unique to this setting. For instance, there are certain exercises and manual

techniques that are “typical” of an outpatient setting. In the subacute setting, there are transfers that may be foundational to that setting. In the acute care setting, reading and interpreting lab results may be foundational to that setting.

When assessing learner performance, please make a mark along the 0-10 line which indicates to the best of your ability, the current performance level of the learner. Please differentiate the midterm assessment from the final assessment by utilizing “M” and “F” as indicators.

Receiving accurate, constructive and tactful feedback is necessary for students to improve their clinical skills. The timeliness of feedback is also a critical factor in a student’s ability to succeed. Scheduling the midterm visit approximately halfway through the affiliation allows the student ample time to make improvements prior to the final assessment.

Learners are required to complete the Self Performance Evaluation Instrument, which is almost identical to the CPI. Learners must complete the Self Performance Evaluation Instrument on his/her own time, outside of the clinical hours. This completed self-assessment must be brought to the scheduled midterm and final review meeting. The learner and CI can compare and contrast the CI’s assessment of the learner with the learner’s self-assessment.

Clinical Education Grading Procedures

MCCC PTAP CPI = Mercer County Community College PTA Program Clinical Performance Instrument

The academic grading of clinical education courses within the PTA program curriculum is the sole responsibility of PTA program faculty members. The Clinical Instructor utilizes the MCCC PTAP CPI to assess the learner’s performance in the clinic and to provide feedback to the learner. The MCCC PTAP CPI is invaluable in providing a picture of how the learner has or has not met the objectives for the course in the clinical setting. The ACCE then utilizes the CPI, along with other course requirements (communications between the ACCE and clinical faculty, submission of assignments and paperwork, information obtained from site visits, case-studies, in-services, etc), to determine the academic grade for the course. Any questions regarding this should be directed to the ACCE.

Early Reporting

Early reporting is highly encouraged. At the first sign of concern, it is always beneficial for the Clinical Instructor to contact the ACCE. The ACCE and the CI can work together to maximize student success. Even if no immediate actions are taken, the ACCE can provide a tremendous amount of support to both the CI and the student.

Midterm Visits and Phone Calls

Each learner will be visited during at least one of the clinical affiliations. For those who are not visited, a telephone conference may be set up with the Clinical Instructor approximately halfway through the clinical education course.

One the first day of the clinical affiliation, the learner will deliver a letter to the CI, indicating whether or not a mid-term visit has been planned. If a visit has been planned, the letter will contain the tentative date and time for the visit. The CI can then confirm the date/time or initiate a change and the student can act as the “middle man” if the CI wishes. If a midterm visit is not scheduled during a clinical affiliation, the CI is more than welcome to contact the ACCE at any time with questions or to arrange a visit or phone conference.

During a mid-term visit, the ACCE will meet separately with the Clinical Instructor and the learner. The CI can determine who will meet with the ACCE first, based on what works best for his/her schedule. If no concerns are raised, this process can take less than 30 minutes. In the event that concerns are brought forth, the ACCE may request a meeting with both the learner and Clinical Instructor together, to discuss the issue(s) and possibly create a written action plan for the learner.

Types of Feedback & Evaluations

Formative Evaluations

There are two types of evaluation: formative and summative. Formative evaluation is used to provide feedback to students *during* the clinical experience. It is used to further learning or to *modify* behavior. The critical audience of formative feedback is the student and it is predictive of summative results.

Weekly Summary Form

A very useful formative evaluation tool is the Weekly Summary Form, which is an adjunct to summative evaluation and allows not only for on-going dialogue between the student and the CI, but also for student self-assessment.

Summative Evaluations

Summative evaluation is used to summarize performance outcomes. The critical audience of summative feedback is the academic program, in addition to the student. It is used for grading.

Clinical Performance Instrument (CPI)

The primary summative evaluation tool utilized is the Clinical Performance Instrument (CPI), which needs to take place minimally at midpoint and at the end of the clinical affiliation.

Learner Attendance

Students/learners are expected to complete the required number of clinical education hours indicated for each clinical education course. The specific weekly schedule will be dependent upon the hours of operation of the clinical facility and the clinical instructor availability during the weeks of the clinical education course. Daily hours can be discussed with the clinical instructor and they rely heavily upon the requirements of **that particular** clinical facility.

Students/learners are expected to be in their assigned clinical area at the clinical facility, prepared to engage in clinical education activities, a minimum of 10 minutes before the start of their “shift.” Failure to meet this requirement constitutes lateness. Learners are aware that chronic lateness is considered unprofessional behavior and may affect their grade.

Any time that the learner is absent from clinical education must be made up with permission of the Clinical Instructor and the Academic Coordinator of Clinical Education. Students/learners must call the clinical site if they will be absent or late **prior to** the start of that day’s “shift.” The learners have been made aware that texting is not an appropriate or professional means of communicating with CIs regarding absences and lateness.

All holidays observed by the college will be considered holidays for students/learners. Clinical sites that observe holidays that coincide with scheduled clinical days will also be regarded as holidays by those students/learners assigned to that facility. Learners are able to work on holidays or weekends to make up missed days or hours, with the CI’s permission and advanced notification to the ACCE.

When college classes are cancelled due to inclement weather, students/learners will not be *required* to attend clinical education. However, students who are able to safely attend their clinical affiliation should do so. The learners are required to fill out a weekly time sheet. This timesheet should be initialed weekly by the CI and the learner, signed by both at the end of the clinical affiliation and returned to the ACCE.

Tips for Effective Clinical Education Teaching

The PTA program at Mercer County Community College believes that individuals learn best in a supportive environment, with compassionate mentors. The PTA program does not endorse a “sink or swim” approach to clinical education. Because students are not yet licensed clinicians, treating them like employees or new graduates is not likely to develop the skills necessary for successful completion of the clinical affiliation. The clinical environment is the setting in which a student can incorporate all of the knowledge and skills they have learned in the classroom to treat an actual patient/client.

When working with students, it is important to explain our own expert clinical decisions and thought processes to our students, so that they don’t make false assumptions. We also need to have the students share their clinical decisions and thought processes to ensure that they are correct. For instance, if your student was treating a patient with a total knee replacement and limited knee mobility, you might be pleased to see that the student chose to incorporate stretching into the treatment session. However, if you do not ask the student to share his/her clinical decision and thought process with you, you might not realize that the student chose to incorporate stretching because the chart indicates Manual Muscle Test results of 3+/5. Only by asking the student to share his/her clinical decision and thought process can you determine that although

the student is performing an appropriate intervention, he/she doesn't know why and were not able to utilize sound clinical decision making skills.

“Reflection is the element that turns experience into learning.” (Schon, 1983)

The process of self-reflection is an integral part of the learning process. Students are required to self-reflect on a weekly basis, when completing the weekly summary form. They are also required to self-reflect when completing the Self Performance Evaluation Instrument at midterm and final. Aside from the formal self-assessment processes just described, students need to self-reflect daily. When students are immediately given a full case load, there is no time for reflection, questions and learning. A student who treats 12 patients in an 8 hour shift (in an outpatient clinic) during the first week of the first clinical, may look on the exterior as if she “gets it”. However, a student who treats 4 patients in an 8 hour shift (in an outpatient clinic) during the first week of the first clinical, and has the time to engage in discussions with the Clinical Instructor about treatment choices, outcomes, progressions, indications, etc, will ultimately learn more than the first student.

What the best Clinical Instructors do:

“My CI contacted me right away and let me know ahead of time what my hours were. This helped me to plan my family life ahead of time and reduced stress.”

“My CI introduced me to everyone and oriented me to the facility and equipment.”

“My CI read through the CPI and knew exactly what to expect of me.”

“My CI was so organized. He had a plan to slowly introduce me to things in the clinic and he was very supportive.”

“My CI always explained everything that she was doing (even if it was something that we hadn't learned yet) and it was very helpful.”

“My CI and I discussed the patient's chart and treatment plan right before treating each patient. I always felt comfortable with my treatment plan because of that.”

“My CI let me try new exercises and treatment progressions that I brought to her. Even if they weren't all a huge success, I felt like my CI was open-minded and I felt trusted.”

“My CI gave me both positive and negative feedback. I knew he wasn't sugar-coating anything, but it was tactful, so I knew that I had to listen to it!”

“My CI let me attend all of the staff meetings and in-services with her. I felt like a part of the team and it was very eye-opening to see the business side of physical therapy as well.”

“My CI let me spend one entire morning with a rehab aide, who showed me all of the most common exercises (and their abbreviations), so that I would be more comfortable reading charts and showing patients what to do.”

“I was able to observe a ton of initial evaluations! I probably won't ever have that opportunity once I'm

licensed and I felt that it was really helpful for me, not just in that affiliation, but the following ones too.”

“At first, my CI let me document on lined paper. After he reviewed it and gave me feedback, then I typed it in the system. This was good initially, because I felt less pressure. Eventually, I just typed it right into the computer.”

“The first few days that I took the lead with a few patients, my CI told who they would be the day before. I was able to review their charts and spend the whole night planning and thinking about what I was going to do. I was less stressed and felt prepared.”

“For the most part, my CI gave me feedback as soon as the patient was out of sight. It was immediate and private. I was able to implement changes for the next patient. Once, he gave me feedback while I was treating the patient, but I needed it right then and there! He was nice about it, so it was fine.”

“On the very first day, my CI went through all of the paperwork and we scheduled the midterm and final visits and came up with a plan for when to do the Weekly Summary and attendance form each week. For someone like me, this was exactly what I needed!”

Rights and Privileges of Clinical Faculty

Serving as a clinical instructor for the physical therapist assistant program is considered to be an extremely valuable role. Without the support of clinical instructors, there would be no academic program for PTAs at MCCC. In recognition of the valuable service that clinical instructors provide to the program, certain rights and privileges apply to these individuals. These rights are consistent with the rights of adjunct faculty at the college as described in the MCCC Adjunct Faculty Handbook, published in January 1997.

Tuition for Courses at MCCC

Under certain conditions, clinical faculty may take MCCC credit courses without paying tuition. To qualify, you:

- Must have served as a clinical instructor in a PTA program clinical education course for a minimum of two successive clinical education courses with at least one student in each of those courses.
- Must continue to serve as a clinical instructor for the PTA program subsequent to the completion of the course(s) that you have taken.

Commencement Ceremonies

Clinical faculty are strongly encouraged to participate in commencement ceremonies which are generally held on a weekday at approximately 6:30 PM during the latter part of May each year. In the event of inclement weather, the ceremony will be held in the gymnasium in the Physical Education Building. If you have further questions regarding commencement ceremonies, please contact the Student activities Office at (609) 586-4800 x 3435.

Professional Development

The vitality of MCCC programs, courses, and related services depends upon the professional vitality of faculty members, individually and collectively. Lifelong learning is best provided for students by lifelong learners.

Professional development takes many forms. It may involve challenging work assignments such as course/program development, formal or informal study or practical experience in a field or on a particular

topic, or careful research on how your students learn. The college supports individual clinical faculty professional development through access to the resources of the MCCC Libraries.

The college has two libraries. The West Windsor Campus Library has a collection of more than 60,000 volumes and over 675 periodicals. In addition to the five year history of many physical therapy related professional journals, many texts recommended by the PTA program faculty have been purchased and added to the collection. Reference and interlibrary loan services, and access to electronic databases also assist faculty members.

Fitness Center and Pool: West Windsor Campus

Clinical faculty may use the Fitness Center and pool for free with a MCCC I.D. card. Both the pool and fitness center are located in the Physical Education Building on the West Windsor Campus. Hours of operation are posted on the college website (www.MCCC.edu). If you have any questions, call (609) 586-4800 x 3741.

I.D. Cards

An MCCC I.D. card is needed to check out materials from the library and to utilize campus facilities. You are encouraged to initiate the process for obtaining an I.D. card by contacting the Information Center during the following business hours:

M-TH	8:30 AM – 8:30 PM
F	8:30 AM – 4:00 PM

When the college is open and classes are not in session:

M-F	8:30 AM – 4:00 PM
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If you have further questions regarding obtaining an I.D. card, contact the Information Center staff at (609) 586-4800 x 3429.

Hopefully you will see that the service that you are providing to the MCCC PTA program is greatly appreciated. You are encouraged to take advantage of these rights. Welcome to the MCCC PTA program and Thank You!

If you have any questions regarding any of these rights, please contact the PTA program coordinator, Barbara Behrens, at (609) 570-3385.

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Continuing Education Credits for Clinical Instruction

<http://www.njconsumeraffairs.gov/regulations/Chapter-39A-State-Board-of-Physical-Therapy.pdf>

(Section 13:39A-9.3 (g) on page 43)

“A licensed physical therapist or licensed physical therapist assistant who provides clinical instruction to a student in a clinical facility that is affiliated with a physical therapy program that is approved for the education and training of physical therapists or licensed physical therapist assistants by an accrediting agency recognized by the United States Department of Education, Office of Postsecondary Education shall receive one credit for each 40 hours of clinical instruction up to a maximum of four credits per biennial period.”

Tips for Handling Student Issues

Clinical Instructors may also utilize the Anecdotal Record and Critical Incident Forms.

Anecdotal Record

The Anecdotal Record can be used to document positive or negative behaviors. It is useful in supporting ratings/scores, especially for students with poor affective behaviors and for students who excel. This form separates student action from evaluator interpretation.

Critical Incident Form

The Critical Incident Form can be used to document a series of similar behaviors, usually problem behaviors. This form requires the evaluator to state the facts and does not include evaluator interpretations. It also includes clearly stated consequences for the student behavior.

Clinical Instructor and Facility Feedback

At the completion of the clinical affiliation, all students fill out the “PTA Student Evaluation: Clinical Experience and Clinical Instruction” form created by the APTA. This feedback will be gathered and provided to each clinical instructor and/or CCCE each summer. The students are not required to show this form to their CI, as the ACCE will create an annual feedback form for the CI. The information gathered from this student assessment is reviewed by the ACCE to assist with future planning for the clinical program, and is provided to the Clinical Instructor for growth and development purposes.

A copy of this form can be found on our program’s website.

Becoming More Involved

The APTA hosts an annual Education Leadership Conference, which contains numerous speakers, workshops, meeting, poster presentations, panel discussions and platform sessions pertaining to physical therapy education. Many topics are geared toward clinical education and clinical educators. This conference is an excellent opportunity to become more involved in physical therapy education.

The APTA offers a Clinical Instructor Credential course and Advanced Clinical Instructor Credential course. I would recommend that anyone interested in clinical education, first host 2-3 students before attending the initial Clinical Instructor Credential course. This will make the course more meaningful to you. These two courses are usually found throughout the tri-state area each year.

Additional Resources

Commission on Accreditation in Physical Therapy Education (CAPTE)

Department of Accreditation
American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314-1488
Phone: 703/706-3245
E-mail: accreditation@apta.org
www.capteonline.org

American Physical Therapy Association (APTA)

American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314-1488
Phone: 703/684-APTA
www.apta.org

New Jersey State Board of Physical Therapy Examiners (NJSBPTE)

PO Box 45014
Newark, New Jersey 07101
973/504-6455
www.njconsumeraffairs.gov/pt/

The Federation of State Boards of Physical Therapy (FSBPT)

124 West Street South
Third Floor
Alexandria, VA 22314
Phone: 703-299-3100
Fax: 703-299-3110
www.fsbpt.org

Appendix A

The focus of all health related professions is *the patient*. As health care providers and educators, we are striving to assure that the safety of our patient is not compromised in any way by the actions of our learners. All PTA program laboratory courses involve direct interaction between the learners and the PTA faculty members. All PTA program learners experience both administering care and receiving care, classmates are both “patients” and “clinicians”.

PTA laboratory courses also involve individualized competency testing for specified skills that have been identified as entry level skills learners should possess. Competency testing presents a method of assuring the clinical community that the PTA learner is competent and safe to perform procedures and techniques with patients.

What is a competency test?

- A 30 minute “appointment” made by the learner with a clinician tester
- An opportunity for the learner to demonstrate their skill level by performing the identified procedures on a fellow classmate in the presence of a tester, which include preparation of the patient and treatment area, observation of indications, contraindications & precautions, implementation and termination of the procedure or technique, documentation and billing
- A method for the clinician tester to assure competence, safety, and skill level for a specific procedure or technique

What is the difference between a practical exam and a competency test?

During a competency test, the tester interacts freely with the learner being tested and the learner may ask for clarification from the tester. Learners know exactly what test they will be expected to demonstrate competence with. Competency tests allow a student to demonstrate competence in an isolated skill.

During a practical exam, the tester does not interact with the learner and provides no additional information to the learner being tested. Learners select a patient problem at the time of the test and they do not know the content of the problem in advance. Practical examinations require that the learner read and understand a patient problem, plan a treatment session and implement the plan in a safe manner. This requires that the learner demonstrate competence and safety with multiple skills simultaneously.

Appendix B

PTA 224 (PTA Clinical Education I) **What has the learner learned so far within the PTA curriculum?**

Pre-requisite courses

Learners have successfully completed all pre-requisite courses including *PTA 101: Introduction to PTA* and *PTA 105: Kinesiology*.

Professional Phase Courses

Semester	Course	Psychomotor Skills (Hands On Skills) Tested to Competency	Content Not Tested to Competency
Summer	PTA 112: Pathology	-	-Diseases and disorders by system
	PTA 107: Therapeutic Measurement	-Goniometry -Manual muscle testing	-Postural assessment
Fall	PTA 210: PTA Techniques	-Vital signs -Aseptic technique -Wound measurement -Patient positioning and draping -Body mechanics -Bed mobility -Transfers -Wheelchair mobility -Choosing and measuring assistive devices -Gait training on level and elevated surfaces using assistive devices, gait belt and proper guarding -Soft tissue massage -Scar massage	-Wheelchair components and fit -Normal and abnormal gait -Trigger point release -Deep friction massage -Edema management -CPM machines -Intermittent Compression -Lymphedema -Chest PT -Radiography -Pharmacology -Lab Tests and medical equipment
	PTA 211: Physical Agents	-Hot packs -Paraffin -Therapeutic ultrasound -Neuromuscular e-stim -Interferential e-stim -Documentation	-Cold packs -Mechanical traction -Hydrotherapy -Therapeutic use of light
	PTA 226: PTA Seminar I	-	-HIPAA -Insurances -Billing and Reimbursement -Regulatory Bodies -Cultural Competence -Communication -Psychosocial Aspects of Disability

PTA 235 (PTA Clinical Education II) & PTA 240 (PTA Clinical Education III)
What has the learner learned so far within the PTA curriculum?

Pre-requisite courses

Learners have successfully completed all pre-requisite courses including *PTA 101: Introduction to PTA* and *PTA 105: Kinesiology*.

Professional Phase Courses

Semester	Course	Psychomotor Skills (Hands On Skills) Tested to Competency	Content Not Tested to Competency
Summer	PTA 112: Pathology	-	-Diseases and disorders by system
	PTA 107: Therapeutic Measurement	-Goniometry -Manual muscle testing	-Postural assessment
Fall	PTA 210: PTA Techniques	-Vital signs -Aseptic technique -Wound measurement -Patient positioning and draping -Body mechanics -Bed mobility -Transfers -Wheelchair mobility -Choosing and measuring assistive devices -Gait training on level and elevated surfaces using assistive devices, gait belt and proper guarding -Soft tissue massage -Scar massage	-Wheelchair components and fit -Normal and abnormal gait -Trigger point release -Deep friction massage -Edema management -CPM machines -Intermittent Compression -Lymphedema -Chest PT -Radiography -Pharmacology -Lab Tests and medical equipment
	PTA 211: Physical Agents	-Hot packs -Paraffin -Therapeutic ultrasound -Neuromuscular e-stim -Interferential e-stim -Documentation	-Cold packs -Mechanical traction -Hydrotherapy -Therapeutic use of light
	PTA 226: PTA Seminar I	-	-HIPAA -Insurances -Billing and Reimbursement -Regulatory Bodies -Cultural Competence -Communication -Psychosocial Aspects of Disability
Spring	PTA 205: Motor Development	-	-Motor development -Motor Learning & motor control -Reflexes -General Treatment Approaches -Adaptive equipment and patient handling -Development and aging
	PTA 213: PTA Clinic	-total hip and total knee replacements -residual limb wrapping after amputation	-Amputation -Prosthetics and orthotics -CVA, SCI, TBI & other neurologic disorders -ADA accessibility issues -Postural re-education interventions -Outcome measurement tools

	PTA 216: Orthopedics		-Orthopedic conditions and treatment organized by joint/body segment -Special tests
	PTA 236: PTA Seminar II		-Patient evaluation process -Learning styles -Teaching and learning -Reading professional literature -Home care equipment -Observation of inpatient rehab and prosthetics fabrication

These sections have been provided to inform the Clinical Instructor of the didactic material that the learner has already covered within the PTA curriculum. If the Clinical Instructor chooses to instruct the learner in skills not included in this list or the clinical education course objectives, the Clinical Instructor is then responsible for teaching the learner the new skill and ensuring the learner's competency and safety with that skill prior to allowing the student to use the said skill for patient care.

Appendix C

Potential Sequence for Student Affiliation Process:

Day 1	<ul style="list-style-type: none"> • Ensure that the learner has access to patient charts and the documentation system. • Orient the learner to people, the building, equipment and procedures. • Introduce the learner to common therex (names and exercises) at your facility. • For treatment sessions that the learner is able to shadow/observe, the CI shares his/her internal clinical reasoning process aloud with the student. (Novice CIs often assume that learners know why they have chosen certain interventions, why treatment is prioritized/scheduled in a certain sequence, why things are modified, omitted or added, etc. This is not the case. Learners need to be exposed to the expert's clinical thought process.) • The student can write a note for the treatment session he/she observed (just as practice)
Day 2	<ul style="list-style-type: none"> • Orient the learner to specific procedures utilized at your facility. • Begin to orient the learner to the patients they may see/treat. • Have the learner shadow the CI. The CI discusses with the student the following: <ul style="list-style-type: none"> • Scheduling • Patient chart reviews • What the CI is doing and why • Have the learner practice writing a SOAP note for a few of the treatment sessions that he/she observe • For 2 patients that the learner observes today, have the learner review the patient's chart and explain to the CI afterwards why each intervention was chosen and which goal each intervention addresses.
Day 3	<ul style="list-style-type: none"> • Co-treat a few patients with the learner, allowing the learner to do as much of the following as possible: <ul style="list-style-type: none"> • Gather subjective information • Apply any modalities, therex and manual therapy that the learner can do • Assign the learner 2-3 patients (whom they have seen or observed before) to work with 1:1 tomorrow. This will allow the learner to prepare for the treatment session overnight.
Day 4	<ul style="list-style-type: none"> • Prior to allowing the learner to begin the treatment session he/she has prepared for, the learner should perform a chart review and discuss with the CI his/her treatment plan and rationale. The CI should approve of the treatment plan prior to the start of treatment. • Allow the learner to be the lead clinician and supervise/participate at necessary. • Assign the learner 2-3 patients (whom they have observed or treated before) to work with 1:1 tomorrow. This will allow the learner to prepare for the treatment session overnight again.
Day 5	<ul style="list-style-type: none"> • Prior to allowing the learner to begin the treatment session he/she has prepared for, the learner should perform a chart review and discuss with the CI his/her treatment plan and rationale. The CI should approve of the treatment plan prior to the start of treatment. • Allow the learner to be the lead clinician and supervise/participate at necessary.

Appendix D

<http://www.mccc.edu/~behrensb/documents/MYFERPANEWSletterPRETTYFinal051414.pdf>