PHYSICAL THERAPIST ASSISTANT PROGRAM

ACADEMIC AND CLINICAL POLICIES

STUDENT HANDBOOK

Fall 2015
Class of 2017

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SCHOOL OF APPLIED STUDIES
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# Physical Therapist Assistant Program  
## Student Handbook

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July 7, 2015
To: Class of 2017

We are pleased to welcome you as the class of 2017 to the Physical Therapist Assistant Program at Washburn University. We look forward to meeting each of you in August as you begin your lifelong journey into the profession of physical therapy. We trust that all of you have enrolled in the appropriate coursework and have checked Washburn’s Bookstore website to identify the required textbooks. Enclosed is a printout of texts for AL 170.

Orientation for the Physical Therapist Assistant Program at Washburn University will be held in Petro 104 on, Friday, August 14, 2015. This is a mandatory orientation meeting for all accepted program students. Please plan to attend from 9:00am-4:00pm. We will spend the day reviewing the program requirements and expectations, having guest speakers, and we are planning to have some time where you can meet the members of the class of 2016 as well.

On the following page you will find a list of required equipment for the program. These items will need to be purchased prior to the start of classes and brought with you to orientation. The items listed will be used throughout the 2 year program and may be stored in the classroom. The textbooks you purchase for AL 170 will also be used throughout the program. Please make sure you have labeled all supplies with your name.

If you are a student with an identified learning disability, please contact Washburn University's student services (CLASS) at 670-1299 by July 15 in order to begin accommodations for fall semester. Please also forward this information on to Dr. Zach Frank, Program Director of the Physical Therapist Assistant Program as soon as possible.

Expenses for the program are as follows and need to be paid by the student at the designated times:

- **APTA & KPTA membership:** $90 (Due before orientation day)
  
  You can join APTA/KPTA by going to [www.apta.org](http://www.apta.org) and clicking on the join/renew tab at the top of the page. You will sign up for APTA membership as a physical therapist assistant student and select Kansas chapter as your primary chapter. Please send in your membership with APTA and KPTA dues ($80+$10 = total of $90) to the American Physical Therapy Association before orientation. This is a mandatory requirement of the PTA program. Contact Dr. Frank at zach.frank@washburn.edu if you have questions.

- **Name Tag:** $6.50 (Exact change, no checks due at orientation)

- **Electronic CPI fee:** $50 ($25 due each August)

- **Background Check:** $67 (Due during the fall semester of 1st year of program)

- **CPR Certification:** $30 (Spring semester of 1st year)

- **2- step TB test:** $10 (Spring semester of 1st year)

- **Scorebuilders Comprehensive Examination:** $35 (Due during the fall semester of 2nd year of program)
PTA Program Equipment and Supplies

1. Washburn PTA Supply Kit: Approximately $15.99 + tax. This kit will be available after August 1, at Munn's Medical located at 2814 Gage Blvd., Topeka, Kansas. The phone number is 785-228-0187. **We will be using the items from the kit the first week of AL 170, so don’t delay.**

2. A plastic or “Rubber Maid” type container with a lid that is approximately 6”x13”x 6” (about the size of a shoe box) to hold all your lab supplies and lab clothes.

3. Northcoast Medical Student Kit #12. This is the student kit designed specifically for the Washburn PTA program. This will be provided for you at orientation. The cost is $90. You must bring cash the day of orientation to pay for this item.

4. A pair of shorts and tank top or sports bra for lab activities

5. Khaki slacks or dark colored dress pants.

6. A watch with a second hand (digital or analog)

7. One 16 GB Class 10 Micro SDHC Memory Card with adapter. This costs about $10 at Amazon and $15 at Best Buy but can be purchased anywhere you choose.

We look forward to meeting with you at orientation. If you have any further questions, please do not hesitate to call Dr. Zach Frank at 785-670-1406.

Sincerely,

Dr. Zach Frank, PT, DPT, MS, CSCS, CEAS
Program Director
Physical Therapist Assistant Program
Washburn University
zach.frank@washburn.edu
# Textbooks for Fall 2015

**AL 170**

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<tr>
<th>Textbook</th>
<th>Author(s)</th>
<th>Edition</th>
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<tr>
<td>Documentation for Physical Therapist Assistants</td>
<td>Lukan</td>
<td>4th</td>
</tr>
<tr>
<td>ISBN # 9780803626744</td>
<td></td>
<td></td>
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<tr>
<td>Cost: $41.95</td>
<td></td>
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<tr>
<td>Therapeutic Exercise: Foundations and Techniques</td>
<td>Kisner &amp; Colby</td>
<td>6th</td>
</tr>
<tr>
<td>ISBN# 9780803625747</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost: $82.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principles &amp; Techniques of Patient Care</td>
<td>Pierson</td>
<td>5th</td>
</tr>
<tr>
<td>ISBN# 9781455707041</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost: $98.95</td>
<td></td>
<td></td>
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<tr>
<td>Physical Rehabilitation</td>
<td>O’Sullivan</td>
<td>6th</td>
</tr>
<tr>
<td>ISBN#9780803625792</td>
<td></td>
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<tr>
<td>Cost: $109.95</td>
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**Please note the prices listed above are approximate for new textbooks at the Washburn bookstore and may be subject to change, fees, and taxes above and beyond the new book listing price. They are meant for an approximate cost calculation only. You are not required to purchase new books or purchase them from the Washburn bookstore.**
WASHBURN UNIVERSITY
PHYSICAL THERAPIST ASSISTANT PROGRAM

MISSION STATEMENT
The Physical Therapist Assistant Program has the primary function of offering a quality career oriented program allowing graduates to become certified Physical Therapist Assistants.

The mission of the Physical Therapist Assistant Program will be accomplished when all graduates can:

1. Work under the supervision of a physical therapist in an ethical, legal, safe and effective manner.
2. Implement a comprehensive treatment plan according to the physical therapist plan of care.
3. Communicate regularly with supervising physical therapists about the patient's progress or adjustments made in treatment procedures in accordance with changes in patient status.
4. Perform appropriate assessments in measurement techniques within the knowledge and limits of practice to assist the supervising physical therapists in monitoring and modifying the plan of care.
5. Interact with patients and families in a manner which provides the desired psychosocial support including the recognition of cultural and socioeconomic differences.
6. Participate in the teaching of other health care providers, patients, and families.
7. Document relevant aspects of patient treatment and participate in discharge planning and follow up care.
8. Demonstrate effective written, oral and nonverbal communication with patients and their families, colleagues, health care providers and the public.
9. Understand the levels of authority and responsibility, planning, time management, supervisory process, performance evaluations, policies, and procedures; fiscal considerations for physical therapy providers and consumers, and continuous quality improvement.
10. Practice professional development through reading and interpreting professional literature, participation in professional organizations and attendance at continuing education programs.

PTA Program P & P Manual 06/10
The Physical Therapist Assistant Program at Washburn University should provide the education necessary for the completion of an Associate of Science degree. The program should also enable the student to acquire the knowledge and develop the skills necessary for the graduate to function effectively as a Physical Therapist Assistant and to be a contributing member of any physical therapy service.

The Physical Therapist Assistant Program, as an integral part of a major urban university, is based on the dual philosophy that students must not only learn the skills and techniques required in today's physical therapy services, but also the broad background and knowledge which is implied in an associate degree. This philosophy is put into practice by a curriculum which combines general education, science core courses, and physical therapy courses.

The general goals of the program for each student and the minimal number of competencies each student will develop have been outlined by the Commission on Accreditation in Physical Therapy Education.

Upon completion of this program, the Physical Therapist Assistant student, with the supervision of a Physical Therapist, will be able to demonstrate competency in the following areas:

**Communication**
3.3.2.1. Communicates verbally and non-verbally with the patient, the physical therapist, health care delivery personnel, and others in an effective, appropriate, and capable manner.

**Individual and Cultural Differences**
3.3.2.2. Recognizes individual and cultural differences and responds appropriately in all aspects of physical therapy services.

**Behavior and Conduct**
3.3.2.3. Exhibits conduct that reflects a commitment to meet the expectations of members of society receiving health care services.
3.3.2.4. Exhibits conduct that reflects a commitment to meet the expectations of members of the profession of physical therapy.
3.3.2.5. Exhibits conduct that reflects practice standards that are legal, ethical and safe.
3.3.2.6. Communicates an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.
3.3.2.7. Demonstrates competence in implementing selected components of interventions identified in the plan of care established by the physical therapist.

**Functional Training**
1. activities of daily living
2. assistive / adaptive devices
3. body mechanics
4. developmental activities
5. gait and locomotion training
6. prosthetics and orthotics
7. wheelchair management skills
Infection Control Procedures
8. isolation techniques
9. sterile technique

Manual Therapy Techniques
10. passive range of motion
11. therapeutic massage

Physical Agents and Mechanical Agents
12. athermal agents
13. biofeedback
14. compression therapies
15. cryotherapy
16. electrotherapeutic agents
17. hydrotherapy
18. superficial and deep thermal agents
19. traction

Therapeutic Exercise
20. aerobic conditioning
21. balance and coordination training
22. breathing exercises and coughing techniques
23. conditioning and reconditioning
24. posture awareness training
25. range of motion exercises
26. stretching exercises
27. strengthening exercises

Wound Management
28. application and removal of dressing or agents
29. identification of precautions for dressing removal

3.3.2.8. Demonstrates competency in performing components of data collection skills essential for carrying out the plan of care.

Aerobic Capacity and Endurance
1. measures standard vital signs
2. recognizes and monitors responses to positional changes and activities
3. observes and monitors thoracoabdominal movements and breathing patterns with activity

Anthropometrical Characteristics
4. measures height, weight, length and girth
Arousal, Mentation and Cognition
5. recognizes changes in the direction and magnitude of patient’s state of arousal, mentation and cognition

Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic Devices
6. identifies the individual’s and caregiver’s ability to care for the device
7. recognizes changes in skin condition while using devices and equipment
8. recognizes safety factors while using the device

Gait, Locomotion, and Balance
9. describes the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility
Integumentary Integrity
10. recognizes absent or altered sensation
11. recognizes normal and abnormal integumentary changes
12. recognizes activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma.
13. recognizes viable versus nonviable tissue

Joint Integrity and Mobility
14. recognizes normal and abnormal joint movement

Muscle Performance
15. measures muscle strength by manual muscle testing
16. observes the presence or absence of muscle mass
17. recognizes normal and abnormal muscle length
18. recognizes changes in muscle tone

Neuromotor Development
19. recognizes gross motor milestones
20. recognizes fine motor milestones
21. recognizes righting and equilibrium reactions

Pain
22. administers standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain
23. recognizes activities, positioning, and postures that aggravate or relieve pain or altered sensations

Posture
24. Describes resting posture in any position
25. Recognizes alignment of trunk and extremities at rest and during activities

Range of Motion
26. measures functional range of motion
27. measures range of motion using a goniometer

Self-care and Home Management and Community or Work Reintegration
28. inspects the physical environment and measures physical space
29. recognizes safety and barriers in home, community and work environments
30. recognizes level of functional status
31. administers standardized questionnaires to patients and others

Ventilation, Respiration and Circulation Examination
32. recognizes cyanosis
33. recognizes activities that aggravate or relieve edema, pain, dyspnea, or other symptoms
34. describes chest wall expansion and excursion
35. describes cough and sputum characteristics

3.3.2.9. Adjusts interventions within the plan of care established by the physical therapist in response to patient clinical indications and reports this to the supervising physical therapist.

3.3.2.10. Recognizes when intervention should not be provided due to changes in the patient’s status and reports this to the supervising physical therapist.

3.3.2.11. Reports any changes in the patient’s status to the supervising physical therapist.

3.3.2.12. Recognizes when the direction to perform an intervention is beyond that which is appropriate for a physical therapist assistant and initiates clarification with the physical therapist.
3.3.2.13. Participates in educating patients and caregivers as directed by the supervising physical therapist.

3.3.2.14. Provides patient-related instruction to patients, family members, and caregivers to achieve patient outcomes based on the plan of care established by the physical therapist.

3.3.2.15. Takes appropriate action in an emergency situation.

3.3.2.16. Completes thorough, accurate, logical, concise, timely, and legible documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

3.3.2.17. Participates in discharge planning and follow-up as directed by the supervising physical therapist.

3.3.2.18. Reads and understands the health care literature.

**Education**
3.3.2.19. Under the direction and supervision of the physical therapist, instructs other members of the health care team using established techniques, programs, and instructional materials commensurate with the learning characteristics of the audience.

3.3.2.20. Educates others about the role of the physical therapist assistant.

**Administration**
3.3.2.21. Interacts with other members of the health care team in patient-care and nonpatient care activities.

3.3.2.22. Provides accurate and timely information for billing and reimbursement purposes.

3.3.2.23. Describes aspects of organizational planning and operation of the physical therapy service.
3.3.2.24. Participates in performance improvement activities (quality assurance).

**Social Responsibility**
3.3.2.25. Demonstrates a commitment to meeting the needs of the patients and consumers.
3.3.2.26. Demonstrates an awareness of social responsibility, citizenship, and advocacy, including participation in community and service organizations and activities.

**Career Development**
3.3.2.27. Identifies career development and lifelong learning opportunities.
3.3.2.28. Recognizes the role of the physical therapist assistant in the clinical education of physical therapist assistant students.
WASHBURN UNIVERSITY
PHYSICAL THERAPIST ASSISTANT PROGRAM

ROLE AND SCOPE STATEMENT

ROLE:

The Physical Therapist Assistant Program at Washburn University should provide the education necessary for the completion of an Associate of Science Degree. The program should enable the student to acquire the knowledge and develop the skills necessary for the graduate to successfully complete the NPTE Board Examination and function effectively as a Physical Therapist Assistant, as well as to become a contributing member of any Physical Therapy service.

It is the responsibility of the PTA program director and faculty to educate students to a level that enables safe, effective, and efficient participation in the delivery of skilled health care services to the community. The faculty, in conjunction with a professional advisory board, clinical instructors, and guest lecturers with specialized training in treatment principles provide program cohesiveness between the university and the community. The PTA program relies on the American Physical Therapy Association as a guide toward achieving the standards for program accreditation.

SCOPE:

The Physical Therapist Assistant Program, as an integral part of a major urban university, is based on the dual philosophy that the students must not only learn the skills and techniques required in today's physical therapy service, but also the broad background and knowledge which is implicit in an associate of science degree. The student has an obligation to assume a responsible role in society and develop a concern for his/her fellow person.

This philosophy is put into practice by a curriculum which combines the general education of basic science, humanities and social science with specific clinical science courses, physical therapy skilled procedures and application of that knowledge and skill in a clinical setting. Upon completion of this program, the student is eligible to take a state examination to become a Certified Physical Therapist Assistant.

OBJECTIVES:

I. Graduates should be able to:

A. Function as a provider of health care services, once the graduate passes the NPTE Board Examination, within the scope of physical therapy practice.
B. Demonstrate all competency skills learned in the AS degree program in a safe, effective, and efficient manner.
C. Locate opportunities to continue the development of personal and professional qualities toward lifelong learning.
D. Remain sensitive to the needs of each individual encountered, taking into consideration cultural awareness and development of cultural competence.
E. Remain flexible toward new developments in physical therapy as well as be aware of the changing health needs of society as a whole through reading, research in primary physical therapy journals, and participation in continuing education.

F. Successfully complete the NPTE Board Examination.

II. The program should be able to:

A. Provide academically and clinically qualified faculty.
B. Maintain good communication channels among clinical faculty and university faculty who are providing selective education for the students.
C. Maintain a meaningful, viable curriculum that is flexible, and meets the needs of the students and the regional physical therapy community.
D. Provide follow up and feedback on graduates working in the career field.
E. Serve as a resource center for individuals in the profession and general community.

III. The University should be able to:

A. Improve recruitment by maintaining a sound program.
B. Provide faculty with professional and clinical development.
C. Provide continuing education opportunities and programs for graduates.
D. Support and maintain high accreditation standards as well as encourage progression within the program.
E. Provide community with competent, reliable PTA's.
WASHBURN UNIVERSITY
PHYSICAL THERAPIST ASSISTANT PROGRAM

REQUIREMENTS COMMON TO ALL ASSOCIATE DEGREES

1. A minimum of 71-76* credit hours required to complete the PTA Program. (*If BI 275 & BI 255 are taken at Washburn, then 5 credits of BI 100 & 101 are needed as prerequisites and can be taken in the summer session prior to beginning the PTA program.)

2. Three hours of English Composition.
   a. To meet the English composition requirements, students must take English 101 during the Freshman year. Freshman whose names begin with A through K will enroll in English 101 during the Fall Semester and those whose last names begin with the letters L through Z in the Spring Semester. If, in the judgment of the English Department, the student needs to develop basic writing skills before attempting English 101, the student will be transferred to English 100 on a pass/fail basis. English 100 will not count toward the completion of the Humanities General Education requirement.
   b. Candidates for the degree must earn at least a C in Freshman Composition.

3. Two hours of KN 198 are required for students whose catalog year is prior to 2013. For those students whose catalog year is 2013 or after, WU 101 (3 hours) replaces the KN 198 requirement.

4. Three hours of MA 110/112 or MA 116 with a grade of C or better. This requirement will be waived if the student demonstrates appropriate competency as determined by the Mathematics and Statistics Department. Any mathematics course taken to satisfy this requirement may also be used to meet the distribution requirements for Math and Natural Sciences.

5. A specified number of hours in general education is required.
   a. Six hours (in two disciplines each) in each of the general education groups: Humanities, Natural Sciences and Mathematics, and Social Sciences.
   b. The individual student should check with the major department; in many cases, correlated areas required by the major department will fill some of the general education requirements.
   d. To fulfill general education requirements the student must complete six hours in each of the general education groups: Humanities, Social Sciences, and Natural Sciences and Mathematics with courses selected from at least two disciplines in each group. Please refer to page 78 in the Washburn University Catalog 2015-2016 for General Education Requirements.

6. A cumulative grade average of at least C (2.0 grade point) is required to stay enrolled in the PTA Program.

7. To count toward a major, minor, or required correlate areas, work must be of a C grade or higher.
8. A minimum of twenty-four credit hours must be completed at Washburn University. Of these, at least 12 of the last twenty-four credit hours must also be from Washburn University.

9. Forty-two hours must be graded.

10. No more than 12 hours of correspondence study may be offered toward a degree. Courses failed by a student in residence may not be repeated by correspondence. Normally, courses offered on campus may not be taken by correspondence.

11. Pass/Fail option cannot be taken in the major department or correlated area unless written permission is obtained from the head of the major department for that course and filed with the Registrar's Office.

12. A student may be awarded a degree after completing the requirements for that degree in effect when he/she first enrolled, or if he/she chooses, in effect in any subsequent year except that no degree shall be awarded based upon requirements not in effect within six years of the date of graduation.

13. Students must file an Application for Degree form for Associate of Science in the Physical Therapist Assistant Program. Application for degree forms can be obtained in the Office of the University Registrar. The form should be filed in September, for Fall graduates and in February for Spring and Summer graduates. Students are responsible for obtaining the application and filing application in order to graduate from the PTA program.
WASHBURN UNIVERSITY
PHYSICAL THERAPIST ASSISTANT PROGRAM

I. GENERAL ACADEMIC REQUIREMENTS

A. Please refer to the Washburn University catalog for policies and procedures governing degree requirements for an Associate of Science degree and standards regarding academic deficiencies. Two requirements will be specifically noted:

1. To count grade toward a major, minor or required correlation, work must be of C grade or better.

2. Pass/fail option cannot be taken in the major department or correlated area unless written permission is obtained from the head of the major department for that course and filed with the Registrar's Office.

B. Upon admission into the PTA program, all PT Procedures and Clinical courses must be taken sequentially.

C. Students receiving below a "C" in required major PT core course and clinical courses are no longer eligible to continue in the program. This includes students who fail to complete a portion of a course and receive a grade of “Incomplete” for a PT core course and/or Clinical course. Students have the option of reapplying for program admission prior to February 1 of each year.

D. Students receiving below a "C" in required related/correlate courses must repeat that course but may remain in the program with the consent of the Program Director and the Dean. Note: If a student fails a core related/correlate course, depending on the placement in the curriculum, it may become necessary for the student to postpone PT core course and clinical courses.

E. Comprehensive Exam: A comprehensive exam will be given in the fifth semester in AL 273 Physical Therapy Issues. Students must score a passing grade of 76% or better on the comprehensive exam in order to pass AL 273 and subsequently in order to graduate from the program. If a student does not pass the comprehensive final exam on the first attempt, a second opportunity will be given. However, the first score will be used in calculating the course grade. The second score is only used to determine the student's status in AL 273, which also directly reflects graduation status. If the final exam is failed on the second attempt, the student will receive a failing grade for AL 273 and will not be able to continue in the PTA program.

F. If, for any reason, the student wishes to leave the PTA program permanently, a letter of termination should be addressed to the Director of the PTA program citing reasons for departure with the understanding that application for readmission into the program is necessary.

G. Students who have been readmitted into the PTA program and have successfully completed PTA courses will be required to pass a comprehensive examination reviewing all previously completed PTA coursework or retake the courses and receive a "C" or better in each course.

H. Failure of a clinical education experience will require the student to complete another experience of comparable duration at a facility assigned by the ACCE based on availability of required clinical type. Failure of a second clinical education experience or unsuccessful completion of a remedial clinical experience will result in dismissal from the program.
SAMPLE CURRICULUM (suggested schedule)

Summer Session (5 credits)
***BI 100 Introduction to Biology (3)
***BI 101 Intro to Biology Lab (2)

First Semester (15 or 16 Credit hours)
AL 170 Physical Therapy Procedures (3)
BI 275 Human Anatomy & Lab (4)*
AL 101 Foundations in Healthcare (3)
EN 101 Freshman Composition (3)
WU 101 (3) ONLINE

Second Semester (16 Credit Hours)
AL 171 Musculoskeletal Assessment in Physical Therapy (3)
AL 261 Therapeutic Modalities in Physical Therapy (3)
BI 255 Human Physiology & Lab (4)*
KN 321 Kinesiology (3)
AL 320 Human Disease (3)

Third Semester (7 credit hours: summer semester)
AL 271 Health Policy and Systems in Physical Therapy (2)
AL 264 Clinical Affiliation I (3)
AL 268 Integumentary Assessment in Physical Therapy (2)

Fourth Semester (16 credit hours)
AL 186 Cardiopulmonary Assessment in Allied Health (2)
AL 265 Applied Neurophysiology (3)
AL 272 Current Topics in Physical Therapy (2)
KN 326 Physiology of Exercise (3)
Humanities (3)
Social Science (3)

Fifth Semester (16 credit hours)
AL 279 Physical Therapy Clinical II (6)
AL 273 Physical Therapy Issues (1)
MA 112 Essential Mathematics OR College Algebra MA 116 (3)
Humanities (3) ONLINE
Social Science (3) ONLINE

Total of 70-75 credit hours

*No ONLINE Anatomy of Physiology courses will be accepted.
*** Please note, if you are taking Human Anatomy OR Human Physiology from Washburn University, the required prerequisite is BI 100 & 101 Introduction to Biology and Lab and must be taken in the summer session prior to beginning the PTA Program.
**COURSE DESCRIPTIONS**

**AL 170  Physical Therapy Procedures I**  
3 hours  
This course features the development of early physical therapy skills and the understanding of basic physical therapy procedures. Specific emphasis is placed on range of motion, measurement of range of motion, aseptic techniques, posture, proper bed positioning, massage, bandaging, wheelchairs, architectural barriers, ambulation, documentation, vital signs, and safety. All skills are reinforced and practiced in supervised scheduled laboratories and open lab sessions. *Prerequisite:* Admission to the Physical Therapist Assistant Program.

**AL 171 Musculoskeletal Assessment in Physical Therapy**  
3 hours  
This course follows AL 170 PT Procedures in the curriculum sequence and is designed to provide the Physical Therapist Assistant student with a foundation for musculoskeletal assessment and treatment. Emphasis is on orthopedic physical therapy assessment, including manual muscle testing, cranial nerve testing, dermatome and myotome assessment, special tests, joint mobilization theory, therapeutic exercise, motor control theory, clinical decision making according to the Physical Therapist plan of care, identification of red flags, specific orthopedic protocols and implementation of specific physical therapy programs for various rehabilitation clients. *Prerequisite:* AL 170 and concurrent enrollment in AL 261.

**AL 186 Cardiopulmonary Assessment in Allied Health**  
2 hours  
This course is for Allied Health students and is designed to provide the student with an understanding of the cardiopulmonary systems. Areas of study will include a review and assessment of the anatomy and physiology of the pulmonary, cardiac, and renal systems. Postural drainage and positioning, chest percussion, autogenic drainage, assistive cough techniques, including maximal inspiratory hold and coughing will be emphasized. Cardiac Rehab protocols will also be addressed along with aerobic endurance, cardiopulmonary assessment/intervention, and other aerobic standardized field tests and aerobic equipment. *Prerequisites:* AL 171 Musculoskeletal Assessment in Physical Therapy.

**AL 261  Therapeutic Modalities in Physical Therapy**  
3 hours  
This course follows AL 170 Physical Therapy Procedures I in the curriculum sequence and includes instruction on the various modalities of heat, cold, electrical stimulation, ultraviolet and infrared light, traction, hydrotherapy, diathermy and other physical agent modalities and treatments. *Prerequisite:* AL 170 Physical Therapy Procedures I

**AL 264  Physical Therapy Clinical I and Lab*  
3 hours  
This course involves observation of various types of patients in different clinical settings with the practicum of skills learned in AL 170 Procedures I and AL 171 Musculoskeletal Assessment in Physical Therapy, and AL 261 Therapeutic Modalities in Physical Therapy. This course will include ongoing communication between the clinical coordinator, the student and the academic coordinator. The student is given the opportunity to work with a variety of patients and to begin developing competence as a medical team member. The student also attends clinical labs prior to clinical placement to further develop his/her skills with patients and department procedures. *Prerequisite:* Satisfactory completion of AL 170, AL 171, and AL 261.
AL 265 Applied Neurophysiology
This course is designed to provide the Physical Therapist Assistant student with a foundation in applied neurophysiology concepts. This includes, but is not limited to, specific assessment and treatment techniques for patients in special populations, such as spinal cord injury, pediatrics, amputees, traumatic head injury, cerebrovascular accidents, as well as other neurological or cardiovascular disorders. *Prerequisite:* Satisfactory completion of all previous coursework.

AL 268 Integumentary Assessment in Physical Therapy
This course provides an overview of diseases and related impairments of the integumentary system, which are most frequently found in physical therapy assessment and intervention. Introduction to wound care including physiology of tissue healing, wound assessment tools, dressings and interventions commonly used in physical therapy will be included in course content. *Prerequisite:* Satisfactory completion of all previous coursework.

AL 271 Health Policy and Systems in Physical Therapy
This course emphasizes professional aspects of the physical therapist assistant. Included in that realm are topics such as reimbursement guidelines, legislative issues, health care delivery systems and policies, continuing education, code of ethics, current developments in physical therapy, professional relationships, research, employment, etc. The course may also feature guest speakers on topics relevant to the profession. The course will broaden the student’s understanding of professional responsibility and motivate them toward personal improvement, commitment and continuing competence in the physical therapy profession. *Prerequisite:* Satisfactory completion of all previous program coursework.

AL 272 Current Topics in Physical Therapy
This course emphasizes the characteristics, clinical problems, and physical therapy treatment of various rehabilitation patients, including the physical, psychological, sexual and vocational problems encountered. Specialized areas of physical therapy such as aquatics, oncology, women’s health issues, prosthetics/orthotics, sports physical therapy, vestibular rehab, and chronic pain management are included in this course. *Prerequisite:* Satisfactory completion of all previous coursework.

AL 273 Physical Therapy Issues
In consultation with a faculty member, the student is assigned for intensive study a specific area of concern related to physical therapy. This may include intensive reading and the preparation of patient and/or practitioner educational materials related to the subject. This will give the student an opportunity to develop an area or topic of expertise by exploring various avenues of information and compiling those into one document. This course is also designed to assist the students in completion of the final comprehensive examination, given in the second week of the fifth semester. *Prerequisite:* Satisfactory completion of all previous coursework.

AL 360 Independent Studies in Allied Health
AL 260, Independent Studies in Allied Health elective
A research project of extensive reading or research in one of the Allied Health Disciplines, or engagement in a field experience. May be carried on in absentia. Students will be required to prepare and gain approval of both the department chair (Allied Health) and the supervising faculty member of a comprehensive learning contract. *Prerequisite:* Consent.
AL 279 Clinical II/III 6 hours
This course is clinical in nature and consists of two six week full time rotations following the completion of all didactic course work. The student will be involved in practicing all Physical Therapist Assistant skills in health care facilities across the United States. The course will entail either on-site or phone communication between the clinical instructor, the student and the academic coordinator (at least once during each rotation). The student is given the opportunity to practice advanced applications with indirect supervision on a variety of patients and to develop competence as a full-time member of the medical team.
# Degree Requirements for the Associate of Science Degree

## Required Major Courses

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>AL 170</td>
<td>Physical Therapy Procedures I</td>
<td>3</td>
</tr>
<tr>
<td>AL 171</td>
<td>Musculoskeletal Assessment in Physical Therapy</td>
<td>3</td>
</tr>
<tr>
<td>AL 186</td>
<td>Cardiopulmonary Assessment in Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td>AL 261</td>
<td>Therapeutic Modalities in Physical Therapy</td>
<td>3</td>
</tr>
<tr>
<td>AL 264</td>
<td>Physical Therapy Clinical I</td>
<td>3</td>
</tr>
<tr>
<td>AL 265</td>
<td>Applied Neurophysiology</td>
<td>3</td>
</tr>
<tr>
<td>AL 268</td>
<td>Integumentary Assessment in Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td>AL 271</td>
<td>Health Policy and Systems in Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td>AL 272</td>
<td>Current Topics in Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td>AL 273</td>
<td>Physical Therapy Issues</td>
<td>1</td>
</tr>
<tr>
<td>AL 279</td>
<td>Physical Therapy Clinical II/III</td>
<td>6</td>
</tr>
</tbody>
</table>

## Core Related Courses

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>BI 275</td>
<td>Human Anatomy and Lab</td>
<td>4</td>
</tr>
<tr>
<td>BI 255</td>
<td>Human Physiology and Lab</td>
<td>4</td>
</tr>
<tr>
<td>KN 321</td>
<td>Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td>KN 326</td>
<td>Exercise Physiology</td>
<td>3</td>
</tr>
<tr>
<td>AL 101</td>
<td>Foundations of Health Care</td>
<td>3</td>
</tr>
<tr>
<td>AL 320</td>
<td>Human Disease</td>
<td>3</td>
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</tbody>
</table>

## Prerequisites (WU requirement for Washburn University Anatomy & Physiology only)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>BI 100</td>
<td>Intro to Biology</td>
<td>3</td>
</tr>
<tr>
<td>BI 101</td>
<td>Intro to Biology Lab</td>
<td>2</td>
</tr>
</tbody>
</table>

## University Requirements

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN 101</td>
<td>Freshman Composition</td>
<td>3</td>
</tr>
<tr>
<td>WU 101</td>
<td>The Washburn Experience</td>
<td>3</td>
</tr>
<tr>
<td>MA 110/112</td>
<td>Exploring Mathematics or College Algebra</td>
<td>3</td>
</tr>
</tbody>
</table>

## General Education Requirements

<table>
<thead>
<tr>
<th>Category</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Science</td>
<td>*</td>
</tr>
<tr>
<td>Social Science Electives</td>
<td>6</td>
</tr>
<tr>
<td>Humanities Electives</td>
<td>6</td>
</tr>
</tbody>
</table>

**Total**: 71-76

* Natural Science hours are obtained secondary to program correlate course requirements and the University MA 110/112 or College Algebra requirement.
1. If informal complaints regarding the PTA Program or faculty are directed to the PTA Program Director and are not addressed in a manner which resolves the issue, affiliated members of the PTA Program (Students, faculty, clinical faculty and community members) may make a formal complaint through the School of Applied Studies Grievance Policy and Procedure Form, which is located in the office for the Chair of Allied Health.

2. A suggestion and/or complaint may be informally made by filing the “PTA Program Complaint/Suggestion form”, which is located in the secretary’s office in Benton 107 and can be turned in to PTA Program Director or through the secretary’s office. Informal suggestions and/or complaints will be considered by PTA Program Director and Core Faculty.
Regular, prompt attendance is required in all didactic, laboratory and clinical classes.

**Academic:**

If absence is unavoidable, the instructor must be notified by a telephone call to the instructor’s office phone and an e-mail prior to the start of the class. If notification is not received, this will reflect an unexcused absence. Each unexcused absence will be dealt with on an individual basis. Excessive absenteeism will result in a scheduled meeting with the student and the Program Director. Verbal warning will be given initially. If behavior does not improve, probation or dismissal may be the resultant action.

If tardiness is unavoidable, the instructor must be notified in advance and approval given. Tardiness is not a tolerable trait and if deemed excessive by the instructor, the student may be scheduled to meet with the Program Director. Probation or dismissal from the program may occur.

**STUDENTS ARE RESPONSIBLE FOR THE MATERIAL THAT WAS COVERED WHEN ABSENT AND FOR MAKING UP EACH HOUR OF LAB THAT WAS MISSED. IF AN EXAM, QUIZ, COMPETENCY, ASSIGNMENT, OR ORAL REPORT IS DUE ON AN UNEXCUSED ABSENCE DAY, A GRADE OF “0” WILL BE RECORDED FOR THAT PROJECT.**

If you anticipate missing a scheduled examination class period, you must make prior arrangements to take an early exam with the approval of the instructor.

**Clinical:**

Please refer to appropriate pages for the Clinical Attendance Policy.
WASHBURN UNIVERSITY
PHYSICAL THERAPIST ASSISTANT PROGRAM

STUDENT EVALUATIONS

Students are evaluated on the basis of written examinations, quizzes, case study presentations, practical examinations/skills checks and the APTA Clinical Performance Evaluation (CPI).

The components of student evaluation include but are not limited to:

1. Periodic written examinations in each Physical Therapist Assistant course.

2. Periodic video practical examinations with ability noted on the “Skills Check List.”

3. Practical clinical skills are noted on “APTA Clinical Performance Evaluation (CPI)” Forms with Clinical Instructors giving students constant verbal, written and/or demonstration feedback as necessary.

4. Clinical Instructors providing scheduled evaluations to relay student progress or lack of.

5. Feedback between the Clinical Instructor and the Academic Coordinator of Clinical Education regarding student performance in the clinic.

6. Case Study participation, evidence based practice literature reviews, research papers, and oral presentations.
PTA Program Retention Policy & Procedure

1. The PTA Program makes every attempt to assist and guide PTA Program students toward academic and clinical success. Students are expected to perform, at a minimum, the accepted standards for the PTA Program requirements, including but not limited to: (1) Passing of each written examination with 76% or greater in all core coursework where indicated (2) Maintaining a 76% average for examinations in each course (3) Passing of each clinical competency with 76% or greater AND passing all critical indicators (4) Performing clinical duties in a professional manner, which is safe, ethical, and legal. (5) Passing the Comprehensive Clinical Competency in AL 279 (6) Passing the Comprehensive Written Examination in AL 273 with 76% or greater.

2. If a student fails to perform in any one of these areas, an immediate notification is made to the student by the faculty member teaching the course and/or clinical instructor and the PTA Program Director is notified of potential academic problems. Students are notified of academic “danger” areas and are given guidance toward study skills and remediation. Students are given the option of visiting with Student Services and the option of receiving assistance through the Counseling and Testing Center. A meeting with the PTA Program Director and/or core faculty member may be necessary in some cases to clarify goals.

3. Students who fail to receive a passing grade for a PTA Program course will not be allowed to continue in the PTA Program. However, a student may choose to reapply for the following academic year. Reapplication to the PTA Program does not automatically indicate reacceptance into the program. Admissions are competitive and students will be treated equally according to the admissions applicant scoring for that particular year.

4. Students receiving a failing grade in another academic course, including correlate courses may be allowed to retake the course failed if retaking the course does not interfere with the normal sequence of coursework in the PTA Program.
Fire and Tornado Policy & Procedure

Fire and tornado drill instructions will be posted on the back of at least one classroom door and students will be required to review the fire and tornado instructions during orientation with the core faculty. Students will be required to sign a statement indicating they have read and understand the fire and tornado instructions for the PTA Classroom and Laboratory during orientation. Reminders to review the fire/tornado drill instructions will be provided at the beginning of each semester.
SOCIAL MEDIA POLICY

Social Media can provide students with an opportunity to collaborate and communicate in various, and many times, beneficial and effective means. For program purposes, social media can be defined, but not limited to the following: texting, blogs, emails, eLearn communications, and proprietary platforms such as Twitter, Linkedin, Facebook, YouTube, Flickr, Vine, Tumblr, Instagram, Snapchat, etc. Web content is by definition public information and as such no confidential or personally identifying patient information will be published at any time. Postings on these networks that exude any unprofessional behavior should be avoided as it may reflect negatively on the University, the program and also the profession that a student represents. In addition, postings on these networks should also not reflect negatively on the clinical institution, clinical staff or any individuals. Recent court decisions have upheld dismissal of students from academic programs where the actions could be deemed as materially disruptive to the education process, i.e. actions that could impact the future viability of the program, such as clinical sites being uncomfortable accepting students because of current behaviors.

It is important for students to understand that many state and national organizations providing licensure, certification and registration have established policies and procedures regarding patient-confidentiality standards. Failure to protect patient privacy is considered an ethics infraction and may have an impact on one’s future professional practice. Remember the following guidelines often referenced by others concerning the use of social media: be respectful, be careful, be responsible, and be accountable. What you post online is not personal and is almost always permanent.

Be aware that in many instances around the country, involving both employees and students, such communications are not discovered because the institution is lurking online trying to find these things, but eventually someone who gains access to the post tells someone who is connected to the institution and at that point, the institution and clinic program cannot ignore what is being posted.
Student Focus Group Policy

Students who enter the PTA Program will be required to participate in Student Focus Groups, which will be scheduled at the beginning of the academic school year in August/September for returning second year students and during the week prior to graduation from the PTA Program for graduating students. Feedback on program resources, curriculum, faculty, textbooks, and other program quality assurance information will be addressed during student focus group meetings.
WASHBURN UNIVERSITY
PHYSICAL THERAPIST ASSISTANT PROGRAM

FACULTY’S RESPONSIBILITY TO STUDENTS

1) Be on time for all classes and hold classes for the required scheduled periods of time. No class will be canceled without the permission of the Dean, School of Applied Studies.

2) Be prepared with significant lecture and/or discussion material and with well-organized lab procedures.

3) Remain in the classroom or laboratory at all times during the scheduled lecture or laboratory session, except in the case of an obvious emergency.

4) Prepare a syllabus for each class listing office hours, open lab hours (if appropriate), assignments, course outline, texts and related resource materials, course objectives and grading procedures.

5) Be fair and impartial in treatment of students.

6) Challenge students in their educational endeavors and demand the best performance possible.

7) Be available during scheduled open lab and office hours.

8) Be familiar with and adhere to all University policies and procedures.

9) Be familiar with and adhere to all policies and procedures of the School of Applied Studies.

10) Be familiar with and adhere to all the American Physical Therapy Association (APTA) accreditation guidelines.

11) Hold individual conferences with all accepted PTA students as necessary to discuss scheduling, student progress and problems in the classroom and in the clinic.

12) Attend all faculty council, general faculty and other University committee meetings appointed to the faculty by the School’s Dean.

13) Make students aware of continuing education workshops and potential jobs offered throughout the United States.

14) Obtain literature, attend workshops and keep abreast of the latest developments in the practice of Physical Therapy.

15) Adhere to the Physical Therapy Code of Ethics.

PTA Program P&P Manual 06/09
Student Professional Membership Policy & Procedure

All PTA Program students, upon acceptance into the PTA Program and before fall orientation, are required to purchase membership into the American Physical Therapy Association and Kansas Physical Therapy Association. Students are required to renew and continue APTA/KPTA membership throughout the PTA Program as part of the professional association participation requirements for core coursework.
PTA Student Professional Organization Attendance Policy

All PTA Program students are expected to attend, at minimum, one professional conference at either a national or state level. Examples of professional organizational meetings include: American Physical Therapy Association Combined Sections Meeting, Student Conclave, Annual Meeting or Kansas Physical Therapy Association Spring or Fall meetings.

Students will submit a certificate of attendance to PTA Program Director once complete to be kept in the student file. Student will also keep a file to be inserted into student Portfolio for clinical coursework.
Pertaining to Student Confidentiality

1. A student file will be kept in the Physical Therapist Assistant Program Director's office for the purpose of reference as well as having personal information on hand in the event of an emergency. Student records and personal information will be kept in strict confidence by the Director and faculty of the PTA Program. Information about the student to outside parties will only be given out at the authorization of the student.

2. All clinical evaluation forms sent/given to the ACCE by the CCCE's and/or CI's will be kept in strict confidence by the Director and faculty of the PTA Program.

Pertaining to Classroom and Clinical Patient Information/Confidentiality

1. Students agree to keep all patient/client information confidential according to HIPAA Privacy laws.

2. Students who breach patient confidentiality in any manner, where sufficient evidence exists, may be dismissed from the PTA Program.
Student Mandatory Library Resource Orientation

An orientation with the University Mabee Library will be available for all PTA program students during the mandatory student orientation prior to beginning the PTA program. Students are responsible for completing the library orientation and submitting proof of attendance to program director if they are unable to attend the library orientation prior to beginning the PTA program.
Policy Statement:

Each course offered by faculty of the Physical Therapist Assistant Program will have a course syllabi which includes the following:

I. General Data
   A. Place
   B. Group
   C. Placement (semester)
   D. Time
   E. Teaching Personnel
   F. Teaching Methods
   G. Course Prerequisites

II. Course Description (including course number, title and credit hours)

III. Course Objectives

IV. Course Schedule

V. Evaluation of Student Progress

VI. Grade Calculation Method (including grading scale)

VII. Text and References

VIII. Attendance & Non-Discrimination Statement

A course schedule should be given to the students before the second week of the course.
Clock hours

Students are required to “clock in” and “clock out” of select classes in order to exhibit behaviors consistent with professionalism. Students are expected to clock in ten minutes prior to the beginning of class and to clock out only at the termination of class. If a student is tardy, absent, or leaves early from a class, no points will be given for “professionalism/attendance” for that class period. If a student has an excused absence, the student will be required to provide adequate evidence to the instructor prior to the start of the class period. Points may be awarded to the student for excused absences only, at the discretion of the course instructor.
Program Comprehensive Evaluation

Students are required to pass the Program Comprehensive Examination in order to pass AL 273, a core PTA Program Course. The Examination is given during AL 273, Physical Therapy Issues (during spring semester of the second year). Students are expected to study independently for the exam beginning in the fall semester of the second year and concluding with intensive study over the winter break of year two. Two attempts to pass the examination with a minimum grade of 76% will be given. If a student does not successfully pass on the first attempt, the student will be required to retake the exam and pass it on the second attempt. In the case a student fails the exam for a second time they will fail AL 273 and, subsequently, be dismissed from the PTA program. Therefore, successful passing of the Program Comprehensive Examination is a prerequisite to be able to pass AL 273 and to graduate from the program.
Student Clinical Performance Policy

1. The student may fail a clinical affiliation if the student's clinical performance is unsatisfactory, i.e., if the student is:
   - Unsafe with patients or co-workers
   - Fails to abide by institutional policy
   - Demonstrates unsatisfactory ability to apply knowledge of theory and learned skills
   - Has excessive absenteeism

2. In the event that a student is required to complete another clinical education experience of comparable duration with a satisfactory grade, the student will receive an “incomplete” grade until such time as the student successfully completes the requirements for the clinical class. The facility assigned will be determined by the ACCE. The student will not graduate until this affiliation is completed.

3. Failure of a clinical education experience will require the student to complete another experience of comparable duration at a facility assigned by the ACCE based on availability of required clinical type. Failure of a second clinical education experience or unsuccessful completion of a remedial clinical experience will result in dismissal from the program.
Washburn University
Physical Therapist Assistant Program

Course Objectives

AL 170 Physical Therapy Procedures I Course Objectives:

Upon successful completion of this course the student will:
A. Demonstrate the ability to obtain the vital signs of temperature, pulse, respiration and blood pressure and note the significance of skin color, pupil changes and level of consciousness;
B. Demonstrate basic aseptic, isolation and sterile techniques;
C. Demonstrate safe moving, lifting, transfer and ambulation techniques using proper body mechanics;
D. Demonstrate competent skill in the administration and measurement of range of motion exercises/movements;
E. Demonstrate the ability to perform appropriate ROM and specified goniometric techniques.
F. Demonstrate the use of good body mechanics and proper patient safety measures in exercise.
G. Demonstrate the correct application and use of appliances and equipment for patient exercise.
H. Understand the principles of exercise and the rationale for its use.
I. Utilize problem solving methods in determining appropriate exercise techniques.
J. Demonstrate skill in the fitting and adjustment of crutches, canes and walkers;
K. Demonstrate an understanding of basic ambulation training;
L. Demonstrate a basic understanding of massage as a therapeutic agent including the rationale, indications and contraindications for its use;
M. Demonstrate a basic understanding of the rationale and techniques of postural drainage;
N. Demonstrate an understanding of wheelchair management/mobility, maintenance and fitting;
O. Demonstrate the ability to recognize architectural barriers;
P. Demonstrate the ability to teach individuals to perform selected procedures and modify techniques as indicated;
Q. Demonstrate basic documentation skills using the S.O.A.P. format;
R. Demonstrate the ability to correlate theory and skill as well as organize work for efficient use of time
S. Demonstrate the ability to display appropriate affective behavior during treatment interaction.

AL 171 Musculoskeletal Assessment in Physical Therapy Course Objectives:

Upon successful completion of this course, students will be able to:
A. Recognize the significance of joint range measurement, stretching, and muscle strength assessment in the implementation of exercise programs according to the PT plan of care.
B. Recognize normal and abnormal joint movement and demonstrate knowledge of peripheral joint mobilization.
C. Demonstrate an understanding of biomechanics as it relates to gait in the patient with orthopedic diagnosis.
D. Identify abnormal vs normal gait and posture patterns in the patient with orthopedic diagnosis.
E. Apply appropriate principles and techniques of therapeutic exercise and rehabilitation in the following orthopedic diagnosis, according to the Physical Therapist plan of care:

a. total knee replacement  
g. s/p Bankart
b. total hip replacement  
h. s/p SLAP Procedure
c. s/p ACL reconstruction  
i. s/p Laminectomy & fusions
d. s/p Trillot procedure  
j. Acute, subacute, and chronic
e. s/p Menisectomy/Arthroscopic surgery  
k. orthopedic sprains/strains
f. s/p Rotator Cuff surgery

F. Demonstrate the use of good body mechanics and proper patient safety measures in exercise.

G. Demonstrate the correct application and use of standardized questionnaires, tests, appliances and equipment for patient exercise.

H. Understand the principles of exercise and the rationale for its use.

I. Utilize problem solving methods in determining appropriate exercise techniques for specific patient populations.

J. Make appropriate adjustments in teaching of physical therapy concepts to patients in order to positively affect patient performance and obtain desired behavior.

K. Identify appropriate patient and family reactions to illness and disability verses inappropriate reactions that may need referral to another health care provider (i.e. social work, psychology).

L. Demonstrate professional behavior in interactions with patients and health care providers (DPT students).

M. Demonstrate ability to read and interpret Physical Therapist plan of care and accurately document treatments in SOAP note format in an efficient manner.

N. Apply appropriate principles and techniques of therapeutic exercise and rehabilitation in the following disabilities: acute, subacute, and chronic sprains, strains, and fractures, tendonitis, tendinosis, and tenosynovitis, post surgical treatments for the shoulder, knee, hip, lumbar spine, cervical spine, thoracic spine, elbow, hand, wrist, ankle, and foot protocols.

P. Identify the principles of therapeutic exercise and the rationale for its use.

Q. Demonstrate integration of the Problem-Solving Algorithm Utilized by PTAs in Patient/Client Intervention (Normative Model 2007: 85)

R. Describe how physical therapy treatments might be affected by culture, socio economic, sexual preference, or religious health beliefs. Demonstrate a willingness to work with people within the boundaries of their cultural dictates.

S. Discuss various teaching and learning strategies and identify strategies to facilitate learning in patients across the lifespan with orthopedic diagnosis.

T. Discuss and demonstrate the ability to read the Physical Therapist plan of care and follow through with patient assessment, treatment, and documentation according to the Problem-Solving Algorithm for PTAs.

U. Demonstrate the ability to teach a home exercise program, according to the Physical Therapist plan of care, for a patient with orthopedic diagnosis.

V. Demonstrate competence in assessment and treatment skills including: aerobic endurance/conditioning, balance/coordination/agility training (motor control, posture awareness), muscle tone & absence or presence of muscle atrophy, body mechanics, flexibility exercises and stretching, gait training for orthopedic disorders, relaxation exercises, MMT (Manual Muscle Test), RROM and strengthening (concentric, dynamic/isotonic, eccentric, isokinetic, and plyometric), functional training, Activities of Daily Living Skills for orthopedic diagnosis.

W. Identifies normal and abnormal muscle length through flexibility and ROM measurement, posture assessment, and leg length measurement.

X. Identify activities that aggravate and relieve edema and/or pain by demonstrating adequate history taking in all clinical components of the course.
AL 186 Cardiopulmonary Assessment in Physical Therapy Course Objectives:

Upon successful completion of this course, the student will be able to:

A. Describe a clinical management pathway involving assessment and intervention for patients with cardiovascular and respiratory disorders under the direction of a physical therapist.
B. Determine normal ranges for arterial blood gas values, presence of primary acid-base disturbances, compensation, and hypoventilation.
C. Define lung volumes and lung capacities, spirometric values (FEV1, FVC, and FEV1/FVC ratio)
D. Describe how lung volumes, lung capacities, and spirometric values vary in obstructive and restrictive lung disease.
E. Describe basic laboratory investigations for cardiovascular and pulmonary disease.
F. Identify patients at risk for problems during exercise, and outline the level of monitoring and supervision procedures for exercising patients under the direction of a physical therapist.
G. List absolute and relative contraindications to exercise for an individual
H. Describe different cardiopulmonary exercise testing
I. List indications for stopping exercise and exertional activities.
J. Describe the electrical conduction system of the heart
K. Describe the components to a 3-lead EKG tracing
L. Describe the effects of positioning on the cardiovascular and respiratory system.
M. Describe appropriate positions for acute medical and surgical patients and for those with chronic respiratory disease.
N. Describe the major components of exercise training that should be considered when implementing a cardiac rehab or pulmonary rehab program designed by the physical therapist.
O. Describe various airway clearance techniques, postural drainage, vibration, percussion, and breathing strategies for patients with congestion.
P. Describe the implications of oxygen administration during exercise and at rest.
Q. Describe the different modes of mechanical ventilation.
R. Describe the definition, etiology, pathophysiology, presentation, and medical and physical therapy interventions for the acute respiratory conditions including: pneumonia, atelectasis, chest trauma, ARDS, respiratory failure, pulmonary infarct, lung abscess, pleural effusion, and pulmonary edema.
S. Describe the definition, epidemiology, etiology, pathophiology, clinical presentation, medical and physical therapy interventions associated with chronic respiratory conditions including: restrictive lung disease, restrictive chest wall disorders, COPD, asthma, bronchiolectasis, cystic fibrosis, and lung cancer.
T. Describe common physical therapy interventions for the following cardiac conditions including: congestive heart failure, hypertension, angina, acute coronary syndrome, atrial fibrillation, cardiomyopathy, cardiac effusion, peripheral vascular disease, and pulmonary embolism.

AL 261 Therapeutic Modalities in Physical Therapy Course Objectives:

Upon successful completion of this course, the student will be able to:

A. Apply the theory and skills learned in Physical Therapy Procedures I as they relate to the theory and skills to be learned in AL 261 Therapeutic Modalities in Physical Therapy.
B. Follow a treatment plan and efficiently manage time for patient treatment with any modality.
C. List and describe different methods of heat transmission to the body.
D. Describe the basic physics and terminology of low and high frequency currents used in physical therapy.
E. Describe the rationale for various indications and contraindications for the modalities listed in the course schedule.
F. Describe the physical and physiological effects of cold, heat, low and high frequency currents.
G. Prepare patients, treatment areas and equipment for physical therapy treatments.
H. Safely apply all modalities covered in this course.
I. Perform combined physical therapy procedures and explain the rationale for combining these procedures.
J. Demonstrate and teach other health care providers, patients and families to perform selected treatment procedures.
K. Recognize physiologic and psychological patient responses to treatment procedures and act professionally and responsibly based upon these responses.
L. Be able to suggest indicated modalities for given conditions and state the rationale for such.
M. Document treatment procedures in S.O.A.P. note writing format.
N. Recognize absent or altered sensation prior to application of modalities and demonstrate appropriate course of action according to the PT Plan of Care.

AL 264 Clinical I Course Objectives:

The student will successfully complete this course by demonstrating the ability to:
A. Be on time and dressed professionally at assigned facilities.
B. Follow departmental procedures of the specific facility.
C. Develop and maintain positive rapport with staff and patients.
D. Communicate effectively with others, both in written and verbal form.
E. Recognize self reaction to illness and disability as well as patients' and families' reactions, and apply to treatment procedure accordingly.
F. Relate theory and principle to treatments observed and performed.
G. Utilize available time for learning and self-improvement.
H. Properly prepare patients, equipment and treatment area for treatment.
I. Properly administer selected physical therapy treatments to assigned patients.
J. Organize and perform clinical workload in an efficient and effective manner.
K. Locate, read and apply information found in the medical record.
L. Identify pertinent information and appropriate clinical personnel to whom it is to be reported.
M. Document selected procedures using a SOAP format.
N. Teach patients and families selected physical therapy techniques.
O. Present an in-service at each clinical site that covers a topic of interest to the student and department staff.

AL 265 Applied Neurophysiology Course Objectives:

A. Recognize and demonstrate a general knowledge of neurologic assessment and intervention tools.
B. Describe general therapeutic exercise program progression under the direction of the physical therapist plan of care and implementation of therapeutic exercise in specific neurologic populations.
C. Describe the biomechanics of gait in patients with neurologic diagnosis.
D. Identify abnormal and normal gait and posture patterns in the patient with neurologic diagnosis and be able to identify and describe the phases of the gait cycle.
E. Apply appropriate principles and techniques of therapeutic exercise and rehabilitation in patients with neurologic diagnosis in accordance with the physical therapist plan of care.
F. Demonstrate the use of good body mechanics and proper patient safety measures.
G. Demonstrate the correct application and use of appliances and equipment for patient exercise for patients with primary and secondary neurologic dysfunction.
H. Identify the principles of therapeutic exercise and the rationale for its use in the patient with neurologic dysfunction.
   a. Utilize problem solving methods in determining appropriate exercise techniques for specific patient populations.
   b. Make appropriate adjustments in teaching of physical therapy concepts to patient in order to positively affect patient performance and obtain desired behavior.
   c. Relate neuromuscular function or dysfunction to a number of clinical conditions.
   d. Correlate appropriate patient and family reactions to illness and disability verses inappropriate reactions that may need referral to another health care provider (i.e. social work, psychology).
e. Utilize appropriate and professional behavior in treatment interactions.
f. Document treatment procedure in correct SOAP note format.
g. Demonstrate integration of the Problem-Solving Algorithm Utilized by PTAs in Patient/Client Intervention (Normative Model 2007: 85)
h. Describe how neurologic physical therapy treatments might be affected by culture, socio-economic, sexual preference, or religious health beliefs. Demonstrate a willingness to work with people within the boundaries of their cultural dictates.
I. Discuss various teaching and learning strategies and identify strategies to facilitate learning in patients across the lifespan with neurological diagnosis.
J. Discuss and demonstrate the ability to read the Physical Therapist plan of care and follow through with patient assessment, treatment, and documentation according to the Problem-Solving Algorithm for PTAs for patient’s with neurologic dysfunction.
K. Demonstrate the ability to teach a home exercise program, according to the PT plan of care, for a patient with neurologic dysfunction.
L. Demonstrate competence in assessment and treatment skills including: developmental activities including inhibition techniques, facilitation techniques, proprioceptive neuromuscular facilitation (PNF), motor control, gait and locomotion training, perceptual training, balance, coordination, and agility training for the patient with neurologic dysfunction, gravity assisted compression devices (standing frame and tilt table), Neuro-Developmental Treatment (NDT) foundation, and use of prosthetic/orthotics in the patient with neurologic dysfunction.
M. Demonstrate ability to read, interpret, and review the physical therapist plan of care prior to initiating interventions for patients with neurologic dysfunction.
N. Demonstrate documentation completion that follows professional guidelines, health care systems, and physical therapy facilities note writing to competence for patients with neurologic diagnosis.
O. Demonstrate ability to effectively teach others using teaching methods commensurate with the needs of patients with neurologic dysfunction.
P. Recognize and demonstrate a general knowledge of neurologic assessment tools including sensory testing, dermatome, myotomes, muscle tone assessment, cranial nerve testing, muscle assessment in patients with neurologic diagnosis, Tinetti and Berg Balance testing, mini mental exam, Glasgow Coma Scale, and Ranchos Los Amigos gait assessment scale.
Q. Apply appropriate principles and techniques of therapeutic exercise and rehabilitation in the following orthopedic diagnosis, according to the Physical Therapist plan of care:
   a. prosthetics/orthoses
   b. spinal cord injured
   c. cerebrovascular accidents
   d. pediatric
   e. neurological
   f. spinal disorders
   g. pulmonary
   h. cardiovascular
   i. traumatic brain injury
R. Identify gross motor and fine motor milestones in human development.
S. Identify righting and equilibrium reactions and the implications of abnormal righting and equilibrium reactions in patients.

AL 268 Integumentary Assessment in Physical Therapy
A. Demonstrate application and removal of dressing or wound care agents.
B. Identify precautions for dressing removal
C. Demonstrate competency in performing components of data collection skills essential for carrying out the plan of care.
D. Demonstrate ability to recognize absent or altered sensation
E. Demonstrate ability to recognize normal and abnormal integumentary changes
F. Demonstrate ability to recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations or that can produce associated skin trauma.
G. Demonstrate an understanding of the anatomy, physiology, and pathophysiology of the vascular, lymphatic, and integumentary systems.
H. Describe wound physiology as it relates to normal and abnormal wound healing and burn injuries.
I. Recognize the characteristics and risk factors of common disorders of the vascular, lymphatic, and integumentary system.
J. Identify the components of a PTA assessment and intervention of a patient with a disorder related to the vascular, lymphatic, and/or integumentary system.
K. Describe wound care treatment according to moist wound healing, arterial wound hydration, venous wound compression, lymphedema treatment, pressure ulcer prevention, and foot care for the patient with diabetes.
L. Demonstrate an understanding of the Physical Therapist evaluation and be able to demonstrate an appropriate treatment following the Physical Therapist plan of care for an individual with a vascular, lymphatic, and/or integumentary disorder, including patients with burns.
M. Demonstrate an understanding of collaborative communication with the physical therapist and other disciplines regarding patients with common integumentary disorders.
N. Describe pathology, common symptoms, and contraindications for a patient with a burn injury.
O. Explain the treatment for a patient with various depths and extent of burn injury in relationship to physical therapy management.
P. Identify the consequences of contracture formation after burn injury and treatment for this condition.
Q. Identify approaches to management of hypertrophic scars.
R. Demonstrate basic skin care treatments for various burn wound healing.

AL 271 Health Systems and Policy in Physical Therapy Course Objectives:

Upon successful completion of this course, the student will:
A. Demonstrate the basic knowledge of the legal, ethical, and health policy required to be successful in the health care setting.
B. Demonstrate understanding and knowledge of the practice act for the Physical Therapist Assistant in Kansas.
C. Demonstrate a thorough realization of capabilities and limitations as a Physical Therapist Assistant.
D. Demonstrate understanding and knowledge of the Kansas State Board of Healing Arts, its functions and how this regulatory body is utilized by the Physical Therapist Assistant.
E. Demonstrate general comprehension of educational, legal, legislative, and reimbursement issues affecting the Physical Therapy profession.
F. Demonstrate and duplicate documentation requirements, standards, legalities, and processes. The student will write and submit complete documentation examples.
G. Demonstrate an understanding of reimbursement issues related to Medicare, Medicaid, Commercial Insurance, Workers Compensation, and Automobile insurance coverage including general principles and application to the Physical Therapy profession.
H. Demonstrate an understanding of the history, current, and future legislative issues related to the Physical Therapy profession and the impact and role these play for the Physical Therapist Assistant.
I. Demonstrate an understanding of ethical and legal issues related to Physical Therapy including but not limited to liability, HIPAA, code of conduct, and standards of practice.
J. Demonstrate an understanding of employment, agreements, interviews, salaries, fringe benefits (health insurance, retirement systems, continuing education, paid time off, etc).
K. Demonstrate the ability to develop an acceptable resume and employment inquiry letter.
L. Demonstrate an understanding of the American Physical Therapy Association (APTA), and Kansas Physical Therapy Association (KPTA), and other associations and organizations that assist with the regulation of the profession.
M. Demonstrate an understanding of cultural sensitivity, cultural competence, and cultural diversity as it applies to the profession of physical therapy and treatment of individuals from various ethnicities, faiths, creeds, and other diverse backgrounds.

**AL 272 Current Topics in Physical Therapy Course Objectives:**

Upon successful completion of this course, the student will be able to:

A. Describe and discuss rehabilitation patient assessment and treatment planning for patients with respect to special populations in physical therapy.
B. Identify functional and environmental assessment for the rehabilitation patient.
C. Explain assessment and treatment of special topics in physical therapy. The following sections are included in special topics:
   a. Sports physical therapy
      1. Treatment protocols
      2. Exercise interventions
      3. Taping
   b. Pharmacology
   c. Oncology
   d. Women’s health (including basic pelvic floor & obstetrics)
      1. Pelvic floor strengthening
      2. Prenatal/Postpartum exercise programs
   e. Geriatrics
      1. PT for the older athlete
      2. Regaining mobility in low-level patients
      3. Diabetes effects on body systems
   f. Pediatrics (special diagnosis)
      1. Common diseases
      2. Interventions
      3. Assistive technology
   g. Prosthetics & Orthotics
   h. Braces & Supportive Devices
   i. Vestibular rehabilitation
   j. Aquatic Therapy
D. Describe and discuss the application of prosthetics, orthotics, activities of daily living skills, adaptive equipment and aquatic therapy.
E. Apply appropriate principles and techniques of therapeutic exercise and rehabilitation for patients utilizing orthotics and/or prosthetics, according to the Physical Therapist plan of care.
F. Explain the common diseases associated with pediatric populations, demonstrate various interventions and identify assistive technology used for treatment.
G. Review the effects of aging on the human body and how this impacts treatment and rehabilitation for various diagnoses.
AL 273 Physical Therapy Issues Course Objectives:

Upon successful completion of this course, the student will:

A. Demonstrate skills for obtaining peer reviewed references and library resources for a specific topic that correlates to the student’s final clinical site (To be presented in AL 279)
B. Utilize the material obtained to identify special problems or concerns in the subject matter chosen.
C. Discuss an area of expertise in physical therapy.
D. Utilize the data obtained in a literature review to discuss evidence based practice on the subject chosen.
E. Successfully pass the Program Comprehensive Examination. A maximum of two attempts will be given.

AL 279 Clinical II/III Course Objectives:

The student will successfully complete this course by demonstrating the ability to:

A. Communicate with the physical therapist regarding the components of the plan of care.
B. Explain the rationale for selected patient/client interventions as related to the goals in the plan of care.
C. Seek assistance when a directed intervention is beyond the education, skill or scope of work of the physical therapist assistant.
D. Perform interventions consistent with the rationale, indications, precautions and contraindications for the interventions.
E. Make modifications in selected interventions to progress the patient/client as directed by the plan of care.
F. Assess, measure and communicate changes in patient/client status or interventions provided with the physical therapist.
G. Organize the components of interventions so that the task can be performed within a specified time frame.
H. Describe instances when the provision of an intervention is not appropriate based on a change in the patient’s/client’s criticality, acuity or complexity.
I. Assess the patient’s/client’s performance of an instructed exercise and adjust instruction as needed.
J. Write a home exercise program for a client/patient within the plan of care.
K. Instruct a patient/client in strategies to promote a healthy lifestyle, wellness and injury prevention.
L. Perform intervention-related data collection techniques to measure patient/client progress within the plan of care.
M. Modify data collection techniques based on the patient’s/client’s response, individual considerations and cultural issues.
N. Direct appropriate tasks to supportive personnel.
O. Utilize standardized documentation forms for recording data collection results consistent with institutional policy.
P. Efficiently document procedural interventions provided and related data collection.
Q. Provide information in the assessment section based on information gathered from subjective and objective data that will be useful to the physical therapist in evaluating the patient’s/client’s progress.
R. Present an in-service at each clinical site that covers a topic of interest to the student and department staff.
S. Successfully pass both six week clinical rotations.
T. Describes aspects of organizational planning and operation of the physical therapy service as it relates to current clinical rotation setting.
Clinical Education
PHYSICAL THERAPIST ASSISTANT PROGRAM
WASHBURN UNIVERSITY
SCHOOL OF APPLIED STUDIES

PHILOSOPHY AND OBJECTIVES OF CLINICAL EDUCATION

Clinical education for physical therapist assistant students includes clinical experiences during the summer session as well as in the final semester of the Physical Therapist Assistant program. During the summer, clinical education consists of a 4 week full time affiliation with limited patient treatment under direct supervision. This clinical affiliation is designed to reinforce classroom knowledge and provide practice in learning to treat real disabilities, as well as to gain insight into the varied role of the physical therapist assistant. The students are responsible for maintaining other academic course work as well.

The University uses full-time clinical education in the spring semester of the second year as final preparation for the student prior to graduation. The formal clinical education period runs from February to mid-May (2 clinical sites - 6 weeks each). This is one of the most important phases of physical therapy education. It is in the clinical setting that the student learns through experiential performance and begins to integrate theoretical knowledge with practice. It provides the avenue for transition from student to practitioner. In the clinic, the transition from classroom knowledge to real life situations is made. The student must analyze real clinical problems, make judgments concerning these problems, and implement treatments according to the physical therapist plan of care.

In the clinical education of the student, responsibility is shared among the School, the student, and the clinical center. The role of the School is to:

1. Provide an opportunity for students to integrate didactic classroom knowledge, laboratory studies, and initial clinical experiences in a total treatment situation.
2. Foster attitudes of social consciousness and professional responsibility.
3. Affiliates with qualified departments of physical therapy and competent personnel for the supervision of students.
4. Coordinate the goals and instruction of the School with that of each clinical center.
5. Promote opportunities for continuing education of faculty and clinical personnel.
6. Maintain a program for physical therapist assistants that complies with the standards set forth by the Commission on Accreditation for Physical Therapy Education.

The students should avail themselves of the following opportunities in clinical education:

1. To develop skill in teaching the patient, family and others the activities included in total patient care.
2. To appreciate and understand the place of a physical therapist assistant in the total medical picture.
3. To gain a realization of the many facets inherent in the role of the physical therapist assistant.
4. To develop attitudes, values, general emotional responses and professional characteristics.
5. To gain proficiency in the application of skills, knowledge and methods of treatment.
6. To develop basic administrative ability in regard to management of a specific patient caseload and in supervising supportive personnel.
7. To develop the ability to be flexible in working with physical therapists and other health professionals.
8. To improve communication skills.
9. To gain understanding and insight into the handling of patients.
A. CLINICAL FACILITY RESPONSIBILITY IN STUDENT EDUCATION

1. Establishing Objectives, Criterion Variables and Criterion Measurements as a Basis for Planning

Just as the University has objectives for clinical education of students, clinical facilities should have objectives of their own for students who affiliate with them. Each center knows the uniqueness of its program and knows what goals can be achieved in its clinical setting.

Clinical instructors are important determinants in what learning will take place. Learning, while it is in the final analysis a personal experience, occurs in a social context by nature of the student interacting with the environment. The role of the clinical instructor is to structure the learning environment so that the probability of occurrence of specific behavior is increased. That is, the student has favorable conditions to develop the skills that are required of him/her. Excluding the individuality of the learning experience because of the uniqueness of the student, the main objectives should be reached by all the participating students if the learning experience is well structured, in proper sequence and if the student has the capacity and ability for such responses. Therefore determining goals for students in clinical education and establishing objectives is the first step in developing a good clinical education program.

For objectives to be practical and useful to students, they need to be specified in a way that students can demonstrate their achievement of the goals. Equally important, they must be communicated so that clinical instructors and students know what to expect.

To establish objectives, a clinical instructor might ask the question, "What is the student to derive from clinical education at my facility?" The answers form the foundation on which evaluation is based and include the development of certain knowledge, skills, understanding and attitudes.

To illustrate this point, objectives could be developed to include the ability to:

- communicate effectively.
- show professional adjustment.
- use equipment and supplies properly.
- carry out an effective treatment program.
- make effective use of time.
- understand the role of physical therapy in a rehabilitation center, out-patient department, extended care facility, etc.
- appreciate supervision.
- understand the concept of total patient care.

Once objectives have been formulated, the second step consists of developing criterion variables or behavioral objectives - what the student and clinical instructor must do to meet the objectives. The third step consists of developing criterion measurements - a means of measuring the accomplishment of the criterion variables. For example, if the objective is for the student to gain the ability to communicate effectively, the criterion variables might include:
Behavioral Objectives:
Listening to others when they speak.
Presenting ideas logically and clearly.
Using terminology pertinent to the situation.
Giving instructions according to the level of understanding of the patient and individual involved.
Reporting significant changes to appropriate personnel.
Using voice tones appropriate to the situation.
Developing and maintaining rapport with patients and staff.
Ability to write a clear, concise progress note.
Ability to summarize information from a patient's chart.

The clinical instructor might develop the following criteria to assist the student in achieving these variables:
Answering student questions.
Reviewing the method of progress note writing.
Presenting department forms, policies and procedures to the student for written record keeping.
Assisting the student when necessary.
Discussing and demonstrating methods which may improve communication with the student.

Criterion measurements of the student’s ability to achieve the criterion variables might include:
The student's ability to write an initial progress note on a new patient being treated.
The student's knowledge of when to contact the physical therapist regarding a change in patient's treatment order.
The student's ability to teach a patient's family a home exercise program.

2. Needs of the Student
If a student is to derive a meaningful experience from her/his clinical affiliation, she/he must determine with the clinical instructor, "what do I want to gain from this affiliation?" Without this information, the clinical instructor cannot develop a true learning experience for the student. Comments from students seem to indicate that meaningful learning experiences occur when there is mutual respect between the clinical instructor and student. Students are good judges of their own strengths and weaknesses, and of the learning experiences they seek.

Student input is required so that the clinical facility can determine what it has to offer a student, with objectives clarifying the aspects of the clinical education program to be emphasized to meet student needs. Not only are students anxious for participation in all aspects of patient care, but also for experience in organization and administration, and an opportunity to utilize all facility resources available including rounds, conferences, observation of surgery or special treatment procedures, etc.
3. **Orientation to the Clinical Setting**
   In preparing for a student affiliation, the clinical center should ask itself, "Will I give the student all the pertinent information and preliminary material necessary to make the student aware of what is expected of her/him?" A Clinical Orientation Manual/Student Manual is a useful tool for this purpose.

   Guidelines for developing such a manual are as follows:
   a. General information on the Staff and Department of Physical Therapy may include type of institution, number of beds, staff, records, holidays, working hours, supplies, housing, meals, parking, map of department/facility, etc,
   b. Hospital and Department rules and regulations as well as organizational chart,
   c. Objectives of clinical education,
   d. Student responsibilities and clinic expectations,
   e. Typical schedule for student,
   f. In-service programs, rounds, conferences, etc. available to the student,
   g. Copies of forms used,
   h. Information on special equipment or techniques and
   i. Other items that would be of benefit to the student.

B. **EVALUATION OF STUDENT CLINICAL PERFORMANCE**

   Although any evaluation will be somewhat subjective, every precaution should be taken to make it as objective as possible. Hopefully these suggestions will be helpful to you:

   1. Review the competency levels and Skills Checks Lists so as to be familiar with the student's academic exposure.
   2. Evaluate what the student should be doing--asking pertinent questions, adjusting to changes and following department procedures, respecting the rights of the patient, etc.
   3. The student should be evaluated on your observation of her/his work and behavior.
   4. Evaluation should describe the reason for or the situation behind the observation,
   5. The student should be evaluated on typical performance rather than on isolated instances.
   6. Personal traits should not be changed or held against a student unless they interfere with performance.
   7. Familiarity with the evaluation form in advance allows you to know what to observe or look for.
   8. Avoid making a value judgment unless you have discussed it with the student and state so in the evaluation.
   9. Make the evaluation a continuous and ongoing process. Daily evaluation is ideal.
   10. Give the student assurance, as well as constructive criticism on performance, particularly if improvement is necessary.
   11. Evaluate the student formally during mid-rotation and at the end of the rotation to discuss student's performance with him.
   12. The student is to return the completed evaluation, by the due date, to the ACCE.
WASHBURN UNIVERSITY
Physical Therapist Assistant Program
School of Applied Studies

CRITERIA FOR SELECTION OF CLINICAL SITES

The criteria utilized by Washburn University for its Physical Therapist Assistant Program for selection of clinical sites will follow the clinical education guidelines as outlined in Clinical Education Guidelines and Self-Assessments, American Physical Therapy Association, Division of Education.

During the course of the PTA clinical coursework, the student will be required to attend the following types of clinical settings.

1. One of the affiliations must be in one of the following: acute, sub-acute or inpatient.
2. One of the affiliations must be in an outpatient setting.
3. The 3rd affiliation may vary.

Each student will participate in 3 Clinical Affiliations.

- AL 264: one four week 40/hr per week rotation during summer semester.
- AL 279: (two) six week 40/hr per week rotation during spring semester of the second year following successful completion of all previous coursework.

1. Affiliations may include placement outside of Topeka, KS.
2. The student must have reliable transportation and will be responsible for all costs incurred during travel to and from the Clinical Site, i.e. gas, lodging, meals etc.
3. Clinicals may be held over Spring Break during the spring semester of the second year. Students will not have that time off.
PHYSICAL THERAPIST ASSISTANT PROGRAM  
WASHBURN UNIVERSITY  
SCHOOL OF APPLIED STUDIES  

DESCRIPTION AND SCHEDULE OF CLINICAL COURSES

AL 264 CLINICAL I  
21 classroom hours  
160 clinical hours

This course involves observation of various types of patients in different clinical settings with the practicum of skills learned in AL 170 Physical Therapy Procedures I, AL 171 Musculoskeletal Assessment in Physical Therapy, and AL 261 Therapeutic Modalities in Physical Therapy. This course will include an on-going communication between the clinical coordinator, the student and the academic coordinator. The student is given the opportunity to work with a variety of patients and to begin developing competence as a medical team member. The student also attends clinical labs prior to clinical placement to further develop his/her skills with patients and department procedures. Prerequisite: Satisfactory completion of all previous coursework.

The student will attend one facility for a four week rotation for 40 hours each week. This rotation is scheduled at the conclusion of the summer session. Prior to beginning this clinical affiliation, the student will have completed AL 170 (Basic Patient Care Skills, ROM, Goniometry, and Massage), AL 171 Musculoskeletal Assessment in PT (MMT, stretching, therapeutic exercise, orthopedic protocols), and AL 261 Therapeutic Modalities in PT courses. The student will be prepared to provide patient care in a closely supervised environment utilizing the skills taught in AL 170 - Procedures I, AL 171 Musculoskeletal Assessment and AL 261 – Therapeutic Modalities in PT. Reinforcement of these skills will be accomplished through lab simulations during the clinical preparation coursework prior to attending the clinical affiliation site in AL 264 - Clinical I. Prior to the start of this clinical affiliation, the student will attend all scheduled lab sessions designed to review previously learned skills and to review course expectations and assignments.

AL 279 CLINICAL II/III  
32 classroom hours  
480 clinical hours

This course is clinical in nature. The student will attend two six week rotations and will practice skills learned in all previous coursework. The student will attend scheduled review sessions prior to clinical placement to further develop the skills of problem solving and communication in patient care and departmental function. Prerequisites: Satisfactory completion of all previous coursework.

AL 279 is the second and third clinical experience which occurs during the spring semester of the student’s final year. The student will attend a clinical at one facility during a six week rotation for 40 hours a week and, if passed, the student will continue on for a second six week clinical rotation. Prior to attending the clinical rotation the student will attend a week of intensive clinical review in the form of lab sessions to reinforce previously learned skills. The student will be required to participate in and successfully pass a comprehensive clinical practical examination consisting of any previously learned skill. Before participating in this clinical course, the students will have successfully completed all previous coursework and pass the clinical comprehensive examination.
Policy: Grooming and Dress Code during a Clinical Rotation

Purpose: Patients expect a professional person to perform and/or assist in physical therapy services. When at a clinical site, students are required to appear in proper dress.

Implementation Date: August 1, 1983
Revised: May, 2011

Procedure:

General Appearance:

1. Earrings will be confined to the ear lobe. No dangling earrings will be worn. No more than two (2) earrings per ear may be worn and no other visible body piercing is allowed. This includes body piercings visible through clothing. Examples of body piercing include, but are not limited to, the eyelid, lip, nose and tongue.
2. Hair longer than shoulder length will be tied back in a neat manner.
3. Use of fragrances should be avoided.
4. Personal hygiene should be attended to prior to arriving in the clinical site.
5. Nails must be short and well manicured. Nail color should be neat and have a professional appearance.
6. Artificial nails, nail extensions, nail tips, etc. are not permitted as they may harbor harmful pathogens.
7. Tattoos must be covered. Students will refer to clinical site policies for further information.
8. The wearing of jewelry is discouraged. Patient safety as well as potential loss of jewelry are both concerns.

Name Tag:
A Physical Therapist Assistant Name Tag or one approved by the clinical site must be worn and visible at all times.

Watch:
A watch with a second hand (digital or analog) is required while in the clinical site.

Attire: As a general rule the student will follow the stated guidelines of the clinical site.

1. Slacks worn with a professional shirt are recommended while in the clinical site. No jeans are allowed. No "Classic" T-Shirts or T-Shirts with logo's or insignia for commercial companies are allowed. Sweatshirts are not allowed.
2. Tank tops or sleeveless shirts are not allowed.
4. Scrubs may be worn if approved by clinical site.
5. Clothing should be modest. At no time during the course of patient treatment should any of the following be visible: bare midriff, excessive cleavage or natal cleft.
6. Wearing dresses or skirts is discouraged as these may interfere with the ability to provide appropriate treatment or assistance to assigned patients.
7. No leggings, stretch pants, capris or sweatpants are allowed.

Shoes:
Shoes must have a closed toe and at least a strap closure on the heel. The heel should be no higher than 1.5 inches. Socks must be worn at all times. Tennis shoes should not be worn (unless approved by the clinical site.)

If the clinical site has a dress code that is more restrictive or specific than the Physical Therapist Assistant Program's policy, the student is expected to abide by the clinical site's dress code policy.

Prior to attending each clinical facility, the student will contact the site regarding dress code requirements.

Revision:
June 10, 2008
August 1, 1998
June 15, 2000
August 2, 2001
May, 2007
May 11, 2011
PHYSICAL THERAPIST ASSISTANT PROGRAM
WASHBURN UNIVERSITY
SCHOOL OF APPLIED STUDIES

DOCUMENTATION REQUIRED TO ATTEND A CLINICAL SITE

The following paperwork is required prior to the start of all clinical rotations. A copy of all documentation is to be: submitted to the ACCE, sent to the CCCE of your assigned clinical site and in your clinical notebook. This information will be reviewed at the AL 264 Orientation and prior to all clinical affiliations.

Student Information Sheet - This is mailed with additional required documentation to your assigned clinical site.

Health Examination - This is provided free through the Student Health Center located in Morgan Hall. The Student Health Center has the form in their office to complete. You may see your personal physician if you choose. The form to take to your personal physician is located in this manual. A TB test must be included and documented as part of the health examination. Each student must have two negative TB tests within one year prior to beginning clinicals. If this is the student's first time working in the health care arena, she/he may be required to have a two step TB test. This consists of a second TB skin test to be administered seven to 10 days following the first test. This is the recommended procedure set forth by the Kansas Department of Health. The health examination must be within a year prior to the completion of the PTA Program. It is best for the student to wait until the break between the Spring semester and Summer session to complete the health examination.

Immunizations - A Hepatitis B vaccination or declination of this vaccination is required. Additional information will be presented at the AL 264 Clinical Orientation meeting. The specific form for the Hepatitis B documentation is located in this manual. Some clinical sites require documentation of the MMR series or a booster and documentation of a Chickenpox vaccine or documentation of the disease. A Pertussis vaccination or declination of this vaccination is required. Forms are included in the AL 264 manual.

Health Insurance - A copy of the student's health insurance card is required.

CPR - Each student must obtain a Health Care Provider CPR Certification and retain certification during all clinical courses. A course will be offered by the PTA program prior to the start of AL 264 Clinical I. This will be the only class offered to the PTA program students. If a student allows the CPR certification to lapse, she/he will not be allowed to attend the clinical.

Criminal Background Check - Successful completion of the Physical Therapist Assistant program requires participation in clinical practicum courses. Students can only be placed in clinical practicum courses after a background check, at their expense, has been completed which discloses they do not present a criminal history of:

- Convictions of laws regulating controlled substances; *
- Convictions, at the felony level of crimes, as defined under Kansas Criminal Code (K.S.A. 21-3101 et seq.) and amendments thereto, which are crimes against persons, crimes against property, or sex offenses;
- Conviction of an offense requiring registry as a sex offender under the Kansas Offender Registry Act or any federal, military or other state law requiring registry;
- Conviction, at the felony level of crimes, involving moral turpitude which include but are not limited to: perjury, bribery, embezzlement, theft, and misuse of public funds.

* Exception: Persons who have been convicted of a misdemeanor illegal drug offense may be permitted to participate in the clinical practicum if they have demonstrated, in the opinion of the program director, they have been sufficiently rehabilitated.
Other Documentation - Some clinical sites require the following documentation:
- Drug screens
- Confidentiality Statements
- Signature Cards
- Color Blindness Screening

The student is to check with the ACCE for specific requirements of each assigned clinical site.
LIABILITY INSURANCE

Liability Insurance - Washburn University provides students in the Physical Therapist Assistant Program with liability insurance in the amount of $1,000,000 per incident/$5,000,000 aggregate to cover their own actions while working within the scope of their learning experience. The Business Office of Washburn University sends a certificate of liability insurance to all affiliating clinical centers at the beginning of each calendar year. Students are covered by the liability policy for the time they are enrolled in a clinical course.
Name: ________________________________________________________________________________________

Summer Session Address: ________________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Resident Address during Clinical Affiliation: ________________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Telephone: ________________________________________________________________________________________
Cell Phone: ________________________________________________________________________________________
Email address: ________________________________________________________________________________________

Emergency Contact name and phone number: ________________________________________________________________________________________

I will be bringing the following documentation with me to the clinic. If additional documentation is required please contact me or the ACCE.

- CPR Certification
- Hepatitis B documentation
- TB skin test
- Proof of Medical Exam
- Proof of Health Insurance (if applicable)
- Documentation of HIPAA training
- Documentation of Blood borne pathogen training

My insurance company name and policy number is: ________________________________________________________________________________________

CLINICAL BACKGROUND INFORMATION
PERSONAL INFORMATION

Educational Background:

_________________________________________________________________________________________________
_________________________________________________________________________________________________

Previous Work Experience in the Medical Field:

_________________________________________________________________________________________________

Hometown: ________________________________

Favorite Pastimes/Hobbies:

_________________________________________________________________________________________________
_________________________________________________________________________________________________

Future goals related to Physical Therapy:

_________________________________________________________________________________________________

Current Employer: ________________________________

I will be contacting you prior to the start of my affiliation with your facility. At that time you can give me any additional information that I should know prior to my arrival (directions to the department, parking instructions, etc)

Signature: ________________________________
Put a check beside the Allied Health program you are currently enrolled in:

- Clinical Laboratory Science (CLS)
- Occupational Therapy Assistant (OTA)
- Computed Tomography (CT)
- Physical Therapist Assistant (PTA)
- Diagnostic Medical Sonography (DMS)
- Radiation Therapy (XT)
- Magnetic Resonance Imaging (MRI)
- Radiologic Technology (XR)
- Respiratory Therapy (RT)

Section I: PERSONAL INFORMATION (to be completed by student)

Date: ________________________________
Name in Full: __________________________ Date of Birth: __________________________
School Address: __________________________ Phone: __________________________
Home Address: __________________________
                    Street
                    Phone: (      ) __________________________
                  City                          State                    Zip
Emergency Contact: __________________________ Phone: (      ) __________________________
Family Physician: __________________________ Phone: (      ) __________________________

Section II: MEDICAL HISTORY (to be completed by student)

A. Circle disease or illness that you have had: (Dates need not be exact, month & year only regarding operations & injuries).

   Chicken Pox    Asthma     Mononucleosis    Scarlet Fever  Rheumatic Fever  TB
   Hay Fever      Pneumonia  Hepatitis       Kidney Disease  Diabetes

B. Other Serious Illnesses:

   Allergies to Medicines and/or Other(latex, iodine, etc):

   Operations/Dates (within last 5 yrs):

   Injuries/Dates (within last 5 yrs):
Section III: IMMUNIZATIONS

The CDC recommendations for Healthcare Personnel (HCP) Vaccinations will be required for the Washburn University Allied Health Students. A copy of an official immunization record or copies of laboratory reports indicating positive titers must be provided as documentation of immunity. Additionally the Allied Health students will be screened annually for tuberculosis.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>CDC recommendations in brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, diphtheria, pertussis</td>
<td>Give a one-time dose of Tdap as soon as feasible to all HCP who have not received Tdap previously. Give Td boosters every 10 years thereafter.</td>
</tr>
<tr>
<td>MMR</td>
<td>For HCP born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart.</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2. Obtain anti-HV's serologic testing 1-2 months after dose #3.</td>
</tr>
<tr>
<td>Tuberculin skin tests</td>
<td>Two are required for first time screening only. See attached information. Give to physician.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Give 1 dose annually. Required by some clinical affiliates. Note that failure to obtain this vaccine may result in an inability to begin/complete the required clinical rotations/placement.</td>
</tr>
</tbody>
</table>

Proof of immunity check-list: Copies of original immunization records or laboratory reports for each of the following are required to be submitted with this form. Keep originals for your own file.

Tuberculosis
✓ Date of negative PPD within one-year (2 for first time) OR if positive PPD, negative chest x-ray within one-year

Rubella (German Measles)
✓ Date of first and second dose of MMR OR positive rubella titer

Rubeola (red or hard measles)
✓ Date of first and second dose of MMR OR positive rubeola titer

Mumps
✓ Date of first and second dose of MMR OR positive mumps titer

Varicella Zoster (chicken pox)
✓ Date of first and second dose of varicella vaccine OR positive varicella titer

Diphtheria/Tetanus/Pertussis
✓ Date of Tdap. If Tdap was over 10 years ago, also include date of most recent Td booster (must be within the past 10 years) (Some programs may accept a signed declination for pertussis)

Hepatitis B
✓ Date of first, second and third dose OR date of positive titer OR signed declination
PHYSICAL EXAMINATION (to be completed by physician, physician assistant, or nurse practitioner)

1. Condition of:
   Eyes: ___________________________________________________________
   Ears: __________________________________________________________
   Throat (adenoids & tonsils): _______________________________________
   Thyroid: _________________________________________________________
   Sinuses: _________________________________________________________
   Nose: __________________________________________________________
   Lungs: _________________________________________________________
   Heart: __________________________________________________________
   Murmurs: ________________________________________________________
   Abdomen and Viscera: ___________________________________________
   Condition of feet & legs: _________________________________________
   Blood Pressure: _______ Pulse: _______ Height: _______ Weight: _______

2. Urinalysis (if needed): SP Gravity: Normal ___ Abnormal ___
   Protein: Normal ___ Abnormal ___ Sugar: Normal ___ Abnormal ___

3. Comments/Recommendations: _____________________________________

4. I have reviewed the attached essential functions for this student’s program of study. In my judgment this student is physically capable, with or without accommodations, of participating in the Washburn University _______ Program which consists of both classroom and clinical components. Clinical education involves providing direct patient care and the operation of equipment.

   Physician Signature: ____________________________________________ Date: ____________

   Physician's Name (print): _______________________________________

   Address: _______________________________________________________

   Phone: (____) ___________________________________________________
RELEASE FORM TO BE COMPLETED BY THE STUDENT

By signing below, I give my permission for Washburn University to release any and all information contained in this record to any clinical facility that I am assigned to. I also understand that I am responsible for the accuracy of the information I have provided and that I am required to notify my program director if there is a change in my health that could potentially impact my ability to participate in my program of study. I further acknowledge that failure to provide accurate and complete health records and/or failure to notify WU of a change in my health that could potentially impact my ability to participate in my program of study could result in me being dismissed from my program of study.

Student Signature_________________________________________    Date____________________________
Mantoux Tuberculin Skin Tests

As you noticed, the physical form indicates that two skin tests are required for persons entering a health care profession. The following information serves as an explanation. This information is from the Center for Disease Control, Core Curriculum on Tuberculosis, 4th Edition, 2000.

Two-Step Testing

In some people who are infected with *M. tuberculosis*, delayed-type hypersensitivity to tuberculin may wane over the years. When these people are skin tested many years after infection, they may have a negative reaction. However, this skin test may stimulate (boost) their ability to react to tuberculin, causing a positive reaction to subsequent tests. This boosted reaction may be misinterpreted as a new infection. The booster phenomenon may occur at any age; its frequency increases with age and is highest among older persons. Boosted reactions may occur in persons infected with nontuberculous mycobacteria or in persons who have had a prior BCG vaccination.

Two-step testing is used to reduce the likelihood that a boosted reaction will be misinterpreted as a recent infection. If the reaction to the first test is classified as negative, a second test should be done 1 to 3 weeks later. A positive reaction to the second test probably represents a boosted reaction (past infection or prior BCG vaccination). On the basis of this second test result, the person should be classified as previously infected and cared for accordingly. This would not be considered a skin test conversion. If the second test result is also negative, the person should be classified as uninfected. In these persons, a positive reaction to any subsequent test is likely to represent new infection with *M. tuberculosis* (skin test conversion). Two-step testing should be used for the initial skin testing of adults who will be retested periodically, such as health care workers.

Last Reviewed: 12/06/2007
HEPATITIS B VACCINE RECOMMENDATION

All health care workers who come in contact with body fluids such as blood, semen, vaginal secretions, saliva, or body fluids containing blood are considered to be at high risk for contracting hepatitis. Students enrolled in Allied Health Programs are therefore considered at high risk.

Since you are considered at high risk for exposure to HBV (Hepatitis B virus), we HIGHLY RECOMMEND that you receive the vaccine to immunize you against the virus. The vaccine is given in a series of three doses over a six month period. The cost of the vaccine is approximately $35-50 per dose. This vaccine is available at the Student Health Center at Washburn University for a fee. You are responsible for the cost of the vaccine; however, some insurance companies will cover the cost of the vaccine.

There are certain groups of students (such as nursing, respiratory therapy and radiologic technology) that are more at risk for exposure to Hepatitis B than usual. These students will require a titer to determine if the vaccines have been effective. This is done through a blood test 6-8 weeks after the last Hepatitis B shot.

The Occupational Safety and Health Administration (OSHA) recognizes only the employer and employee in its policies and guidelines. Students are not considered employees. As such, students are not covered under the OSHA policy by either Washburn University or the facility providing clinical education. A student having exposure of bloodborne pathogens must seek medical follow-up through their private physician or county health clinic. It is up to the individual student to follow body-substance isolation procedures and to protect themselves via vaccination.

YOU ARE URGED TO CONSULT WITH YOUR PHYSICIAN PRIOR TO YOUR DECISION TO RECEIVE OR REFUSE THE HEPATITIS B VACCINE.
Hepatitis Information Sheet

Hepatitis Infection

Hepatitis is an inflammation of the liver. The form of viral hepatitis, formerly called "serum hepatitis," is caused by the Hepatitis B virus (HBV). This form of viral hepatitis, which is the major cause of acute and chronic hepatitis, cirrhosis and primary hepatocellular carcinoma, is transmitted by intimate exposure to infectious blood or serum derived fluids, semen, vaginal secretions, or saliva. In the workplace, exposure is parenteral, or by contact with mucous membranes or non-intact skin, most commonly by needlestick or sharps accident, or by contamination of unapparent breaks in the skin. Also, contaminated fomites play a role in HBV transmission. Approximately 0.2-0.9% of adults in the U.S., and greater than 1% of hospitalized patients, are infectious for Hepatitis B.

Hepatitis B infection is the major infectious occupational hazard to healthcare workers, causing approximately 12,000 infections, 3,000 cases of acute clinical illness, 600 hospitalizations, 1,000 chronic carriers, and 200 deaths annually. Without pre or post-exposure prophylaxis, 6-30% of non-immune healthcare workers who sustain an exposure from an infectious source develop Hepatitis B infection. The use of Hepatitis B vaccine and other appropriate environmental controls can prevent almost all occupational infections.

The Vaccine

Hepatitis B vaccine (recombinant) is a non-infectious, recombinant DNA Hepatitis B vaccine produced in yeast cells. The yeast derived vaccines contain no human plasma so there is absolutely no possibility that they can cause HIV infection. This was a concern, without merit, with the previous vaccine derived by inactivated antigen from the plasma of chronic HBV carriers. The vaccine is given in a series of three (3) doses over a six (6) month period. The vaccine induces protective antibody levels in 85-97% of healthy adults completing the series.

Side-Effects

No serious side effects have been noted; however, it is possible that with expanded use, rare adverse reactions may become noted. In studies, 22% noted soreness at the site and 14% noted fatigue. Fewer persons experienced fever, joint pain, local reaction, rash, headache or dizziness.

Contraindications

*The vaccine is contraindicated if you have a hypersensitivity to yeast or any other components of the vaccine.

*Immunocompromised persons, e.g., hemodialysis patients, those receiving immunosuppressive drugs, or those with HIV infection, may not develop protective antibody levels with the course recommended for healthcare workers and would need special monitoring.

*Product literature states that it is not known whether the vaccine causes fetal harm and should only be given to a pregnant woman if clearly needed and caution should be used during administration to nursing mothers. The Center for Disease Control states that since HBV infection in a pregnant woman may result in severe disease for the mother and newborn, and since the vaccine contains only non-infectious HBsAg particles, hence there should be no risk to the fetus, that neither pregnancy nor lactation should be considered a contraindication.

The American Public Health Association states, "Pregnancy is not a definitive contraindication for receiving the inactivated vaccine."
**Deferrals**

*Those with known hypersensitivity to yeast  
*Those known to be immune to Hepatitis B  
*Those with history of immunosuppressive disorders  
*Those receiving hemodialysis  
*Those who are HIV positive, must bring written specific authorization from their attending physician stating they will be closely monitored and additional doses of the vaccine will be given by the physician if necessary  
*Pregnant women must have written consent from their obstetricians  
*Lactating women must have written consent from their pediatricians

As with any vaccine, persons with any febrile illness (temperature 100°F or greater) or active infection should postpone immunization until symptoms clear.

**Signs and Symptoms of HBV**

The most commonly identified signs and symptoms of HBV are:

* Anorexia  
* Abdominal discomfort  
* Nausea and vomiting  
* Arthralgia and rash  
* Mild fever  
* Jaundice
HEPATITIS B VACCINATION/DECLINATION FORM

I have received information concerning the Hepatitis B virus and the Hepatitis B vaccine. I understand the benefits and risks involved with receiving the vaccine. I understand the risks associated with contracting the disease while caring for clients during my clinical courses.

__________________________________________  __________________________
Student Signature                          Date

Directions: Complete ONE of the sections below. Either verification of immunization series or completion of the declination statement is required prior to beginning a clinical.

HEPATITIS B VACCINATION

___ I will obtain the vaccine at my own expense and show documentation after each phase is completed.

___ I have received the Hepatitis B vaccine and attached documentation.

__________________________________________  __________________________
Student Signature                          Date:

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. School officials have recommended that I be vaccinated with Hepatitis B vaccine at my own expense. However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can choose to receive the vaccination series.

I further understand that neither Washburn University, its Allied Health Programs, nor the clinical agencies are responsible for the payment of or provision for health care should I acquire Hepatitis B or become exposed to the Hepatitis B virus.

__________________________________________
Student Printed Name

__________________________________________  __________________________
Student Signature                          Date

__________________________________________
Witness Printed Name

__________________________________________
Witness Signature
**Background Information on Pertussis and Pertussis Vaccination Information**  
*(Required form for student declaration of intent included)*

**Washburn University**  
**Physical Therapist Assistant Program**  
**February 17, 2006**

**Pertussis**

Pertussis, or whooping cough, is an acute infectious disease caused by the bacterium Bordetella pertussis. Outbreaks of pertussis were first described in the 16th century, and the organism was first isolated in 1906. In the 20th century, pertussis was one of the most common childhood diseases and a major cause of childhood mortality in the United States. Before the availability of pertussis vaccine in the 1940s, more than 200,000 cases of pertussis were reported annually. Since widespread use of the vaccine began, incidence has decreased more than 80% compared with the prevaccine era. Pertussis remains a major health problem among children in developing countries, with an estimated 285,000 deaths resulting from the disease in 2001.

Reported cases of pertussis -- once a common childhood illness -- dropped dramatically after routine childhood immunization was introduced in the 1940s. However, reports of pertussis in the U.S. have been rising since the mid-1970s. There were approximately 10,000 cases in 2003 -- the highest number of reported cases in more than 35 years. Pertussis, significantly under-reported and under-recognized, is a common cause of prolonged cough-related illness in adolescents and adults. In fact, in a clinical study involving 442 adolescents and adults who had a cough-related illness for more than seven days, approximately 20 percent of these patients had laboratory-documented pertussis.

**Bordetella Pertussis**

B. pertussis is a small, aerobic gram-negative rod. It is fastidious and requires special media for isolation. B. pertussis produces multiple antigenic and biologically active products, including pertussis toxin, filamentous hemagglutinin, agglutinogens, adenylate cyclase, pertactin, and tracheal cytotoxin. These products are responsible for the clinical features of pertussis disease, and an immune response to one or more produces immunity to subsequent clinical illness. Recent evidence suggests that immunity from B. pertussis infection is not permanent.

**Pathogenesis**

Pertussis is primarily a toxin-mediated disease. The bacteria attach to the respiratory cilia, produce toxins that paralyze the cilia, and cause inflammation of the respiratory tract, which interferes with the clearing of pulmonary secretions. Pertussis antigens appear to allow the organism to evade host defenses, in that lymphocytosis is promoted but chemotaxis is impaired. Until recently it was thought that B. pertussis did not invade the tissues. However, recent studies have shown the bacteria to be present in alveolar macrophages.

**Clinical Features**

The incubation period of pertussis is commonly 7-10 days, with a range of 4-21 days, and rarely may be as long as 42 days. Insidious onset of coryza (runny nose), sneezing, low-grade fever, and a mild occasional cough, similar to the common cold. The cough gradually becomes more severe, and after 1-2 weeks, the second, or paroxysmal stage, begins.

It is during the paroxysmal stage that the diagnosis of pertussis is usually suspected. Characteristically, the patient has bursts, or paroxysms, of numerous rapid coughs, apparently due to difficulty expelling thick mucus from the tracheobronchial tree. At the end of the paroxysm, a long inspiratory effort is usually accompanied by a characteristic high-pitched whoop. During such an attack, the patient may become cyanotic (turn blue). Children
and young infants, especially, appear very ill and distressed. Vomiting and exhaustion commonly follow the episode. The patient usually appears normal between attacks.

Paroxysmal attacks occur more frequently at night, with an average of 15 attacks per 24 hours. During the first 1 or 2 weeks of this stage, the attacks increase in frequency, remain at the same level for 2 to 3 weeks, and then gradually decrease. The paroxysmal stage usually lasts 1 to 6 weeks but may persist for up to 10 weeks. Infants younger than 6 months of age may not have the strength to have a whoop, but they do have paroxysms of coughing. In the convalescent stage, recovery is gradual. The cough becomes less paroxysmal and disappears in 2 to 3 weeks. However, paroxysms often recur with subsequent respiratory infections for many months after the onset of pertussis. Fever is generally minimal throughout the course of the illness.

Older persons (i.e., adolescents and adults) and those partially protected by the vaccine may become infected with B. pertussis but often have milder disease. Pertussis infection in these persons may be asymptomatic, or present as illness ranging from a mild cough illness to classic pertussis with persistent cough (i.e., lasting more than 7 days). Inspiratory whoop is uncommon. Adolescents and adults have accounted for more than half of reported pertussis cases in recent years.

Even though the disease may be milder in older persons, those who are infected may transmit the disease to other susceptible persons, including unimmunized or underimmunized infants. Older persons are often found to have the first case in a household with multiple pertussis cases.

For more detailed information visit http://www.cdc.gov/nip/publications/pink/pert.pdf

**Medical Management**

The medical management of pertussis cases is primarily supportive, although antibiotics are of some value. Erythromycin is the drug of choice. This therapy eradicates the organism from secretions, thereby decreasing communicability and, if initiated early, may modify the course of the illness. An antibiotic effective against pertussis (such as azithromycin, erythromycin or trimethoprim-sulfamethoxazole) should be administered to all close contacts of persons with pertussis, regardless of age and vaccination status.
**Vaccination**

This vaccination is **strongly recommended** by Washburn University's Medical Directors and allied health faculty.

There are different types of vaccine available. Tdap is the recommended choice (for adults) as indicated in the following which is a recommendation from the CDC's Advisory Committee on Immunization Practices (ACIP) reported in October 2005.

During spring of 2005, two Tetanus Toxoid and Reduced Diphtheria Toxoid and Acellular Pertussis vaccines adsorbed (Tdap) formulated for adolescents and adults were licensed in the United States (BOOSTRIX®, GlaxoSmithKline Biologicals, Rixensart, Belgium and ADACEL, Sanofi Pasteur, Toronto, Ontario, Canada). ACIP voted to recommend a single dose of Tdap for adolescents aged 11-18 years in June 2005 and adults aged 19-64 years in October 2005.

**Contraindications and Precautions to Vaccination**

Tdap (aka BOOSTRIX®)

Tdap is contraindicated for persons with a history of a severe allergic reaction to a vaccine component or following a prior dose of vaccine. Tdap is also contraindicated for persons with a history of encephalopathy not due to another identifiable cause occurring within 7 days after administration of a pertussis-containing vaccine. Precautions to Tdap include a history of Guillain-Barre' syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine, and a progressive neurologic disorder (such as uncontrolled epilepsy or progressive encephalopathy) until the condition has stabilized. Persons with a history of a severe local reaction (Arthus reaction) following a prior dose of a tetanus and/or diphtheria toxoid containing vaccine should generally not receive Tdap or Td vaccination until at least 10 years have elapsed after the last Td-containing vaccine.

How long before the vaccine will protect you? Approximately one (1) week after you receive the vaccine your immune system most likely will have developed enough antibodies to protect you.

**Information in this publication was collected from the Centers for Disease Control and Prevention website.**

**Where Can You Receive the Vaccination?**

The vaccination can be obtained at the Student Health Services office at a cost of $35.

You may also check with your attending physician and make arrangements to receive the vaccine through their office.
WASHBURN UNIVERSITY  
SCHOOL OF APPLIED STUDIES  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
PERTUSSIS VACCINATION/DECLINATION FORM

I have received the information concerning the Pertussis bacteria and the Pertussis vaccination. I understand the benefits and risks involved with receiving the vaccines. I understand the risks associated with contracting the disease while caring for clients during my clinical courses.

Student Signature ___________________________ Date ___________________________

Directions: Complete ONE of the sections below. Either verification of immunization series or completion of the declination statement is required prior to entry in the clinical experience.

PERTUSSIS VACCINATION

_____ I will obtain the vaccine at my own expense and show documentation when completed.

_____ I have received the Pertussis vaccine and attach documentation.

PERTUSSIS VACCINATION DECLINATION

I understand that due to my occupational exposure to potentially infectious materials, I may be at risk of acquiring Pertussis infection. School officials have recommended that I be vaccinated with Pertussis Vaccine at my own expense. However, I decline the Pertussis Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Pertussis, which for some may result in serious illness. If, in the future, I continue to have occupational exposure to potentially infectious materials and I want to be vaccinated with the Pertussis vaccine, I can choose to receive the vaccination series.

Additionally, documented exposure/contact with a patient with pertussis may result in missed clinical days which would have to made up (exposed individuals should be treated for 7-14 days with appropriate antibiotics and if symptomatic may not return to the clinic setting for 5 days).

I further understand, that neither Washburn University, its Physical Therapist Assistant Program, nor the clinical agencies are responsible for the payment of or provision for health care should I acquire Pertussis or become exposed to the Pertussis bacteria.

Student Printed Name ___________________________ Student SS# ___________________________

Student Signature ___________________________ Date ___________________________

Witness Printed Name ___________________________ 

Witness Signature ___________________________ Date ___________________________
According to the National Institute for Occupational Safety and Health (NIOSH) and the National Council of Radiation Protection (NCRP), control measures should be taken to avoid or reduce reproductive hazards in the pregnant female.

The following table lists chemical and other disease-causing (infectious) agents that have been shown to have harmful effect on pregnant women.

<table>
<thead>
<tr>
<th>Agent</th>
<th>Observed Effects</th>
<th>Preventive Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ionizing radiation</td>
<td>miscarriage, birth defects, low birth weight, developmental disorders</td>
<td>wrap-around apron, or front and back protection utilized</td>
</tr>
<tr>
<td>Strenuous physical labor</td>
<td>miscarriage late in pregnancy, premature delivery</td>
<td>decreased prolonged standing and heavy lifting</td>
</tr>
<tr>
<td>Cytomegalovirus (CMV)</td>
<td>birth defects, low birth weight, developmental disorders</td>
<td>good hygienic practices such as handwashing, gloves, gown, mask</td>
</tr>
<tr>
<td>Human parovius B (Fifth Disease)</td>
<td>miscarriage</td>
<td>good hygienic practices such as handwashing, gloves, gown, mask</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>birth defects, low birth weight</td>
<td>vaccination before pregnancy if no prior immunity</td>
</tr>
<tr>
<td>Varicella - zoster virus (Chicken pox)</td>
<td>birth defects, low birth weight</td>
<td>vaccination before pregnancy if no prior immunity</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>congenital syndrome</td>
<td>annual testing, good hygienic practices such as handwashing, gloves, gown, mask</td>
</tr>
<tr>
<td>Aerosolized pentamidine</td>
<td>unknown</td>
<td>good hygienic practices such as mask</td>
</tr>
<tr>
<td>Ribavirin (Virazole)</td>
<td>unknown</td>
<td>good hygienic practices such as handwashing, gloves, gown, mask</td>
</tr>
</tbody>
</table>
Pregnant females **with immunity through vaccinations or earlier exposures are not generally at risk** from diseases such as cytomegalovirus (CMV), hepatitis B, human parvovirus B19 (fifth disease), Rubella (German measles), or Varicella-zoster virus (chicken pox). But pregnant workers without prior immunity should avoid contact with infected children or adults.

The pregnant Physical Therapist Assistant student should also use good hygiene practices such as frequent handwashing to prevent the spread of infectious diseases among other healthcare workers. In addition, universal precautions should be followed.

---

**Based on the above information, the following guidelines will be utilized for students in the Physical Therapist Assistant program:**

Upon confirmation of pregnancy, the student initiates the first step of declaring her pregnancy by voluntarily notifying the Program Director or Clinical Director in writing. In the absence of the voluntary written disclosure, a student cannot be considered pregnant. Program policies will then be reviewed to provide the student with a complete understanding of her status in the program.

The pregnant Physical Therapist Assistant student has the following options concerning clinical education:

1. **Continue clinical education without modification or interruption.** The student accepts full responsibility for her own actions and the health of her baby. She relieves Washburn University, its faculty, and the clinical site of any responsibilities in case of adverse effects.

2. **Take a leave of absence from the clinical assignments during her pregnancy.** The student and faculty will determine if an incomplete may be given for the course or if the student should withdraw from the clinical course. The length of pregnancy leave will be determined by the student's attending physician and a written release must be given to the ACCE prior to returning to clinical affiliations. Graduation dates could be affected.

3. **Take a leave of absence from the program.** If the student notifies the Program Director of her desire to return, she will be reinstated in the program. Depending on the semester of leave, reinstatement would be after completion of pregnancy leave at the appropriate semester of the next academic year. The length of pregnancy leave will be determined by the student's attending physician and a written release must be given to the Program Director/ACCE prior to returning to clinical. Graduation dates could be affected.

Notification of the student’s option must be furnished to the Program Director/ACCE prior to clinical placement. The declared pregnant student must follow the established program policies and meet the same clinical educational criteria as all other students prior to graduation.
NOTICE TO ALL FEMALE STUDENTS

Formal, voluntary notification is the only means by which the clinical facility and Washburn University’s Physical Therapist Assistant program can ensure the policies are followed. In the absence of the voluntary written disclosure, a student cannot be considered pregnant and be given the established guidelines to follow at the clinical site. Written notification should be furnished to the Program Director. Notification of the pregnancy will be communicated to the appropriate personnel at the clinical site.

NOTIFICATION OF PREGNANCY

I, ________________________________________, am declaring that I am pregnant.

(Print name)

I became pregnant in __________________, ______________; __________________

(month)   (year)  (estimated due date)

I choose the following option concerning my pregnancy:

(please circle option)

1 - continue without modification

2 - leave of absence from clinic only

3 - leave of absence from the program

________________________________________________  ______________________

STUDENT SIGNATURE      DATE

________________________________________________  ______________________

FACULTY SIGNATURE      DATE

References

Cardiopulmonary Service Department Meeting minutes 12-10-02 Newman Memorial Hospital.
APIC Text of Infection Control and Epidemiology, Table 81-2.


University Policy
The Washburn University Student Conduct Code, approved by the Board of Regents, provides a procedure and rules by which a student will be afforded due process in the matter of alleged violations of university standards, rules and requirements governing academic and social conduct of students. Possession of alcohol and controlled substances on University property or in conjunction with University sponsored activities, except as expressly permitted by state law and University policies, is prohibited [See Student Conduct Code, II. Violations P and Q].

Directed Practice or Clinical Education is a University sponsored activity activated by student enrollment. A student shall be subject to disciplinary action or sanction upon violation of listed conduct proscriptions.

Allied Health Program Policy
Allied Health education requires directed practice or clinical education in a variety of health care settings. Health care facilities may be located within Topeka, within northeast Kansas or outside the state of Kansas. The Student Conduct Code remains in force regardless of student location.

Allied Health Programs follow a Code of Ethics, which requires every provider [as well as students] to maintain a competent level of practice. As students involved in clinical education are in direct contact with patients, it is the policy of the Allied Health Department that students performing in clinical education be unimpaired by the consumption of alcohol or controlled substance. Students who are found to be under the influence of drugs or alcohol, are subject to disciplinary action up to termination from the academic program in which they are enrolled.

Procedure
Reasonable suspicion to believe a student is under the influence of alcohol or controlled substance may exist when:

a) a controlled substance or alcoholic or cereal malt beverage is in the possession of the student, on his/her person or under her/his control. Under his/her control includes, but it not limited to the student's locker, automobile, book bag, duffel bag; or,

b) appearance of impairment, including, but not limited to: Increased drowsiness, decreased motor coordination, changes in pupil size, excitation, euphoria, alcohol odor on the breath, intoxicated behavior without alcohol odor, increased or repeated errors, decreased concentration, memory problems, notable change in verbal communication (stuttering, loud, incoherent, slurred, etc.) or written communication, frequent or unexplained disappearances, irrational or aggressive behavior (verbal or physical) and/or disorientation.

The contact person (clinical instructor, clinical supervisor, etc.) shall:

a) evaluate whether possession or behavior change(s) constitute reasonable suspicion that a student is under the influence of controlled substance(s) or alcohol;

b) document the conditions giving rise to the reasonable suspicion and shall, with at least one witness, obtain from the student a listing of all medications, prescription and over-the-counter, the student is taking;

c) contact the appropriate administrator at the health facility and the Physical Therapist Assistant Program Director to report the matter;
d) relieve the student from performing duties at the facility;

e) present, in the company of at least one witness, the student with consent/refusal form for laboratory testing of student's urine and/or blood samples; and

f) in the event student consents to testing, arrange for the collection of the appropriate urine and/or blood sample. If student assignment is at a hospital, appropriate testing will be done there. If not, the student should be driven to a facility that can provide testing. The student is responsible for any costs associated with testing. Laboratory testing may include, but is not limited to, any or all of the following tests:

- Blood alcohol
- Urine drug screen for street/illegal drugs:
  - amphetamines/methamphetamines,
  - cocaine,
  - class opiates,
  - phencyclidine (PCP),
  - marijuana,
  - class barbiturates, and
  - class benzodiazepines.
- Urine drug screen for prescription drugs

The student, once relieved from performance of his/her duties, executing the consent/refusal form, and, if consent is given, giving samples, shall be provided transportation to his/her residence.

In the event test results are negative, the student may return to his/her health care assignment after consultation with The PTA Program Director. If the results are positive, the matter will be reported to the PTA Program Director and the Chair of Allied Health for appropriate action.
PHYSICAL THERAPIST ASSISTANT PROGRAM
CONSENT/REFUSAL FORM FOR DRUG AND ALCOHOL TESTING
ALLIED HEALTH DEPARTMENT
WASHBURN UNIVERSITY

I, ____________________________, SS# _________________________, hereby consent to provide a urine and/or blood sample for the purpose of testing for the presence of controlled substance [unlawful drugs and prescription drugs] at a designated laboratory. I understand that I am responsible for payment of said laboratory testing. I authorize release of the test results to the PTA Program Director at Washburn University. Test results may be released to other parties as applicable, such as the Chairperson of Allied Health. Call prior to faxing the report to Washburn University, Allied Health Department, 785-231-1027. I understand that refusing to provide a sample(s), tampering with samples or providing false information on a specimen's chain of custody form, may constitute grounds for termination in the PTA program. I understand that failure to pass the drug/alcohol test may result in disciplinary action up to and including termination.

Laboratory testing includes the following tests:

__________________________________________________________________________________
__________________________________________________________________________________

Student Signature: ___________________________________________

Clinical Instructor/Supervisor Signature: ____________________________

Witness Signature: ___________________________________________

Date and Time: ____________________________________________

REFUSAL FOR DRUG AND ALCOHOL TESTING

I, ____________________________, SS# __________________________, do not consent to provide a urine and/or blood sample for the purpose of reasonable cause testing. I understand that refusal to participate in testing may result in my termination in the PTA program.

Student Signature: ___________________________________________

Clinical Instructor/Supervisor Signature: ____________________________

Witness Signature: ___________________________________________

Date and Time: ____________________________________________
PHYSICAL THERAPIST ASSISTANT PROGRAM
WASHBURN UNIVERSITY
SCHOOL OF APPLIED STUDIES

Policy: Attendance at an Assigned Clinical Site

Purpose: The Attendance at an Assigned Clinical Site policy was developed to further simulate the work environment and foster added accountability and responsibility of the student.

Implementation Date: June 1, 1993
Revised May, 2007

Procedure: Each student will follow the expected attendance guidelines for each clinical affiliation. If an unavoidable absence occurs during the clinical, every effort should be made to make up the lost time prior to the end of the clinical rotation.

Hard Copy Time Sheet
A time sheet will be completed by the student each day at the assigned clinical site. The student is to return the time sheets to the ACCE, with the required signatures, by the due date designated for that clinical course.

Procedure for completing a time sheet:
1. The time sheet is to be completed daily. The student is to record the time s/he reports to her/his CI at the assigned clinical site and the time s/he leaves the site. Hours are rounded to the nearest quarter hour. The student does need to time-in and time-out for lunch.
   Example: A student arrives at the clinical site at 7:30 AM but eats breakfast in the cafeteria before reporting to the CI at 8:00 AM. The student would clock in at 8:00 AM.
2. At the end of the week the student is to total the amount of hours spent at the clinical site.
3. The student will sign the time sheet agreeing that it is a true reflection of hours spent at the clinical site.
4. The student will obtain the signature of the CI also agreeing that the time sheet reflects hours spent at the site.
5. The student will retain these weekly time sheets and turn them in along with all other required submissions at the end of the clinical rotation.

Online Time Sheet
A weekly time sheet will also be submitted online through the ANGEL component of each clinical course. Each timesheet will accurately reflect the time recorded on the weekly Hard Copy Time Sheet.

Clinical Attendance Exceptions:
A student will not attend her/his clinical if the following situation(s) are present.
   1) The student is febrile (temperature above 100 degrees)
   2) The student has a communicable disease
Failure to abide by the above will result in a meeting with the ACCE. This meeting will determine the student's status in the clinical course.

*Other instances when the student may not be able to attend her/his scheduled clinical time could be illness of her/his immediate family, death of a member of the student's immediate family and other circumstances at the discretion of the ACCE.*

**It is the student's responsibility to contact the CI and the ACCE prior to the start of the scheduled time of arrival if the student is going to be late or is unable to attend the clinical for that day.**

**Personal Leave**

Anytime a student requests time off from her/his scheduled clinical time that is not due to illness or emergency, a *Personal Leave Request Form* must be completed and approved. This form must be presented to the ACCE at least 48 hours prior to the requested change. Approval from the student's CI and/or CCCE is also required. Before approval will be granted, arrangements for rescheduling the time missed must be determined and agreed to by the CCCE, CI and the student.

Procedure for completing a Personal Leave Request Form:

1. The student is to discuss her/his schedule change with her/his CI. If approved by the CI, the time to be missed is rescheduled. This schedule change is then discussed with the CCCE with approval or denial of the request. The signature of the CI and the CCCE is required on the Personal Leave Request Form documenting when the student will be gone and when this time has been rescheduled.

2. The student will submit the form to the ACCE for final approval or denial at least 48 hours prior to the time that is to be missed.

3. After submitting the form to the ACCE and receiving approval or denial of the request, it is returned to the student and presented to the CI. This is to inform the CI of the condition of the request.

4. The form is then attached to the time sheet for that week and returned to the ACCE by the date that the time sheet is due.

5. Failure of a student to follow the policy and procedure for completing a Personal Leave Request Form may result in a scheduled meeting between the student and the ACCE.
Professional Days
The student is allowed one day of professional leave during AL 279-Clinical II and one day of professional leave during AL 279-Clinical III. These days are to allow the student to be gone from her/his assigned clinical site to attend job interviews, employment fairs, travel to the next assigned clinical site and other circumstances as determined by the ACCE. A Personal Leave Request Form is required and must be approved following the procedure for completing a Personal Leave Request Form in order for a student to utilize a professional day. The words Professional Day should be written in the blank, on the Personal Leave Request Form, for the rescheduling of time missed. Failure of a student to follow the policy and procedure for completing a Personal Leave Request Form may result in a scheduled meeting between the student and the ACCE.

Excessive Absence
Unexcused absences are not allowed during any clinical affiliation. If a student, for any reason, has excessive excused absences (more than 3 days during any one clinical affiliation) the student will meet with the ACCE to determine the student’s status in the clinical course. Excessive excused absences may result in, but are not limited to, rescheduling the time missed, rescheduling another clinical experience of equal duration, or failure of the clinical course. A student will be withdrawn from any enrolled clinical course and given a failing grade (F) when excessive absence occurs. Whether a student is under the care of a physician or not, the excessive absence policy applies. Even when a student is under the care of a physician for a disability, they must contact Washburn University Student Services Office to arrange for a possible reasonable accommodation. A reasonable accommodation may not fundamentally alter the nature of the program. When a student receives a failing grade of a clinical course, this precludes them from continuing in the program due to course prerequisites.

Revision:
June 10, 2008
August, 2006
June 15, 2000
October 15, 1997
May, 2007
June, 2010
June, 2013
Inclement Weather Policy

If Washburn University is closed due to inclement weather, students on clinicals in the immediate Topeka area are not required to attend clinicals. If the clinical site closes, the student is excused as well.

In locations outside of the immediate Topeka area that receive heavy snowfall, the student will use their best judgment as to whether it is safe to attend clinical, however, please follow all protocols for notification of the clinical site and the ACCE if the drive cannot safely be made.

Anyone who is in an area where snowfall is limited or not at all will attend clinical as normal.

All students are encouraged to plan ahead and make every effort to attend clinical if possible and if able to drive safely.
# CLINICAL TIMESHEET

**NAME:**_________________________________________________ **AL 279 Week #:**____

**WEEK OF:**______________________ THROUGH:________________________

<table>
<thead>
<tr>
<th></th>
<th>Time In</th>
<th>Lunch Time In</th>
<th>Lunch Time Out</th>
<th>Time Out</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONDAY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TUESDAY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WEDNESDAY</strong></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>THURSDAY</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>FRIDAY</strong></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>SATURDAY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Week Total _______________

This form must be completed in hard copy form weekly. All 6 forms will be submitted at the end of the clinical affiliation along with other documentation forms.

In addition, an online version of this form will be completed weekly by the student.

I agree that the above record is a reflection of actual hours (rounded to nearest quarter hour) attended at my assigned affiliation site.

Failure to follow the policy and procedure for completing a time sheet will result in a deduction of one point for each violation from the total amount of points for attendance of the clinical course.

Student __________________________________________

Clinical Instructor_________________________________

Implementation: June 1, 1993
Revision: July 3, 2000
August 1, 2001
November 20, 2006
PERSONAL LEAVE REQUEST

I, _____________________________, request to be absent from my assigned affiliation site on
(Student’s Name)
the following day ________________________________.

Check One:

___ Time missed is re-scheduled for ________________________________.

___ Professional Leave Day. Time will not be made up.

I understand that this request must be presented to the ACCE of Washburn University at least 48
hours prior to the day requested for approval. In addition my assigned Clinical Instructor and CCCE of
my assigned clinical site must also approve of this request. I further understand that any time missed
during a clinical rotation for any reason other than Professional Leave must be re-scheduled prior to the end of
that rotation. Failure to follow the policy and procedure for completing a personal leave request form will
result in a deduction of one point for each violation from the total amount of points for attendance of the
clinical course.

Student ________________________________

Approved_____ Denied____

ACCE____________________

Approved_____ Denied____

CI____________________

Approved_____ Denied____

CCCE____________________

Implementation: June 1, 1993
Revision: July 3, 2000
Revised: November 20, 2006
Clinical Forms
Clinical Evaluation Tools
Clinical Evaluation Forms Relating to Students Performance

Following are copies of the evaluation forms used during all of the clinical courses in the PTA Program at Washburn University.

The Clinical Performance Instrument evaluation is the same for AL 264 and 279. Both are electronic & instructions for completion will be given during the first week of AL 264.

In all clinical courses the Clinical Instructor is asked to evaluate the student's performance while in the clinic. This evaluation covers all areas needed to develop into a quality PTA. Areas include the ability to follow departmental policies and procedures, professional characteristics, exchange of written, verbal and nonverbal communications, basic treatment preparation and conclusion skills, and the application of modalities and procedures taught throughout the didactic portion of the curriculum.

Clinical Evaluation Forms Relating to Students Evaluation of the Clinical Facility and Clinical Instructor

The student is required to evaluate the facility and the clinical instructor for each of the clinical affiliations. A copy of this form follows. These evaluations address the orientation to the facility, feedback received from the staff and clinical instructor, etc.

* Evaluation forms are to be brought to the clinic each day so that they may be reviewed and discussed throughout the affiliation.
Clinical Objectives and Journal Entry Documentation & Forms

For each clinical rotation the student will develop three clinical objectives that are specific to areas of weakness or limited application of skills in the clinical setting. These objectives are developed in draft form during the clinical objective lab session that is held prior to each clinical rotation.

During the first week of a clinical rotation the student and the clinical instructor are to finalize the clinical objectives. These objectives may need to be rewritten due to the inability to accomplish the objectives at the assigned clinical site. The clinical instructor may also add additional objectives for the student to work on accomplishing during the clinical rotation.

Periodically throughout the clinical rotation the objectives should be reviewed, addressed and, if needed, revised by both the student and the clinical instructor. A form to track the clinical objectives is included in this manual and will be provided by the student attending the clinical site.

Journal Entry - Each week the student is to complete a journal entry reflecting on the past week in the clinic. Students are asked to provide and comment on:

1. The diagnoses of patients seen,
2. Highlights of the week,
3. Low points of the week,
4. Discussions between CI and student
5. Action taken towards meeting the clinical objectives, and

The student is encouraged to share with the clinical instructor the completed journal entry; however, this is optional. The journal entry is submitted online and is due by 5 PM the Monday following a completed week in the clinic.
<table>
<thead>
<tr>
<th>List the diagnoses seen this week.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>New skills learned.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Highlights of the week. Great things that happened.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Low points of the week</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Discussions for improvement between Student/CI</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Sit down at the end of each week and go over this.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Actions taken toward meeting clinical objectives</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>OBJECTIVES WRITTEN BY CI</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
</tbody>
</table>

OBJECTIVES WRITTEN BY CI

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>DATE WRITTEN</th>
<th>DATES REVIEWED</th>
<th>INITIALS</th>
<th>ACTION TAKEN</th>
<th>DATE MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SKILLS CHECK LISTS

Washburn University
Physical Therapist Assistant Program
AL 170 Competency Check Sheet

Student Name________________________________

The student has completed the necessary course work, has practiced treatment methods under supervision in the classroom laboratory and has passed a Competency Skills Check for the following dated and initialed items:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature/Pulse /Respirations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand washing for Medical Asepsis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application/removal of isolation garments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application/Removal of sterile gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Mechanics Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Activities of Daily Living</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed Mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted Stand Pivot/ Wheelchair Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sliding Board Transfers/Wheelchair Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistive/Adaptive Devices and Locomotion Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Environment Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passive ROM</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goniometric Measurement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper extremity measurements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower extremity measurements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic Massage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator’s Signature& Initials:

____________________  ____________________  ____________________
The student has completed the necessary course work, has practiced treatment methods under supervision in the classroom laboratory and has passed a Competency Check for the following dated and initialed items:

<table>
<thead>
<tr>
<th>Category</th>
<th>Date</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bony Landmark Assessment &amp; Muscle Tone</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Extremity, Spine, and Lower Extremity</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Posture Assessment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lateral, Anterior, and Posterior Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrophy Assessment, LLD</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Manual Muscle Testing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross manual muscle test</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengthening Exercise</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RROM Exercises</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stretching Exercise</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passive Stretching Techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UE Orthopedic Protocols and Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TSR, Rotator Cuff, Bankart, SLAP &amp; non-operative UE protocols</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UE MMT, muscle length test, treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LE Orthopedic Protocols and Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THA, TKA, menisectomy, ACL, PCL, MCL, &amp; non-operative LE protocols</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LE MMT, muscle length test, treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator’s Signature

__________________________________________

__________________________________________
Washburn University
Physical Therapist Assistant Program
Competency Check Sheet

AL 186 Cardiopulmonary Assessment in Allied Health

Student Name________________________________

The student has completed the necessary course work, has practiced treatment methods under supervision in the classroom laboratory and has passed a Competency Check for the following dated and initialed items:

<table>
<thead>
<tr>
<th>Postural Drainage</th>
<th>Date</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percussion, Vibration, shaking, suctioning, ventilator aids, and positioning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiopulmonary Testing</th>
<th>Date</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Heart Rate, Exercise Heart Rate, 6 minute walk test</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Airway Clearance Techniques</th>
<th>Date</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced expiratory techniques, assisted cough/huff, autogenic drainage, paced breathing, pursed lip breathing, techniques to maximize breathing,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relaxation Strategies</th>
<th>Date</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaphragmatic breathing strategies, manual facilitation of breathing, movement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategies, relaxation techniques, complementary exercise protocols</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aerobic Capacity/endurance conditioning or reconditioning</th>
<th>Date</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gait and locomotor training, increased workload over time, movement efficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>And energy conservation training, walking and wheelchair propulsion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator’s Signature

__________________________________
__________________________________
Washburn University  
Physical Therapist Assistant Program  
Competency Check Sheet  
AL 261 Therapeutic Modalities in Physical Therapy

Student Name____________________________________________________

The student has completed the necessary course work, has practiced treatment methods under supervision in the classroom laboratory and has passed a Competency Check for the following dated and initialed items:

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Date</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cryotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold Pack/Ice Pack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Massage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Massage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superficial Heat Modalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot Pack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paraffin Bath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrotherapy (whirlpool)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbar traction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical traction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrotherapeutic Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical Stimulation (EMS, ETPS, FES, HVPC, NMES)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Management (TENS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iontophoresis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biofeedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deep Heat Modalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasound (cont)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diathermy (cont)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athermal modalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasound (pulsed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diathermy (pulsed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infrared</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator Signature: ____________________________________________

Evaluator Signature: ____________________________________________
Washburn University  
Physical Therapist Assistant Program  
Competency Check Sheet

AL 265 Applied Neurophysiology

Student Name________________________________

The student has completed the necessary course work, has practiced treatment methods under supervision in the classroom laboratory and has passed a Competency Check for the following dated and initialed items:

<table>
<thead>
<tr>
<th>Developmental Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Activities Training</td>
</tr>
<tr>
<td>Inhibition Techniques</td>
</tr>
<tr>
<td>Facilitation Techniques</td>
</tr>
<tr>
<td>PNF</td>
</tr>
<tr>
<td>Motor Training</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gait and Locomotion Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental activities training</td>
</tr>
<tr>
<td>Gait Training</td>
</tr>
<tr>
<td>Perceptual Training</td>
</tr>
<tr>
<td>Exercise Approaches for Locomotion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Balance, Coordination, Agility Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Control and Motor Learning Training</td>
</tr>
<tr>
<td>Neuromuscular Education/Re-Education</td>
</tr>
<tr>
<td>Perceptual Training</td>
</tr>
<tr>
<td>Coordination Exercises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gravity-assisted Compression Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing Frame</td>
</tr>
<tr>
<td>Tilt Table</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comprehensive Check</th>
</tr>
</thead>
</table>

Evaluator's Signature

__________________________________
Student Name________________________________

The student has completed the necessary course work, has practiced treatment methods under supervision in the classroom laboratory and has passed a Competency Check for the following dated and initialed items:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compression Bandage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compression bandaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compression garments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Application and Removal</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ie Hydrogels, Hydrocolloids, Transparent Film</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debridement-nonselective</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Mechanical</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debridement-selective</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Autolytic, enzymatic</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Cleansers, creams, moisturizers, ointments, sealants</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator's Signature:  ______________________
Washburn University  
Physical Therapist Assistant Program  
AL 272 Current Topics in Physical Therapy  
Competency Check Sheet

Student Name________________________________

The student has completed the necessary course work, has practiced treatment methods under supervision in the classroom laboratory and has passed a Competency Check for the following dated and initialed items:

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Date</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compression Bandage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthotic Devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Braces, Casts, Shoe inserts, Splints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corsets, neck collars, slings, supportive taping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthetic Devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amputee BKA, AKA wrapping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthetic Device Gait Training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator's Signature: ______________________
Physical Therapist Assistant

Clinical Performance Instrument (Web-Based)
CPI
PREAMBLE

The purpose of developing this tool was in response to academic and clinical educator's requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist assistant student assessment of the clinical experience and Section 2-Physical therapist assistant student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions
* The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
* The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
* The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
* Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
* The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
* The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgment
We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude is extended to all individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name ____________________________________________________________

Academic Institution_________________________________________________________________

Name of Clinical Education Site_________________________________________________________________

Address _______________________________________ City ______________________ State_________

Clinical Experience Number ________________ Clinical Experience Dates____________________

Signatures

I have reviewed information contained in this physical therapist assistant student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications. I understand that my personal information will not be available to students in the academic program files.

______________________________ Date

Student Name (Provide signature) Date

Primary Clinical Instructor Name (Print name) Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned_________________________
Highest degree earned _______ Degree area_____________________
Years experience as a CI ______________
Years experience as a clinician__________
Areas of expertise________________________
Clinical Certification, specify area________________________
APTA Credentialed CI _____ Yes _____ No
Other CI Credential _____ State _____ Yes _____ No
Professional organization memberships ___ APTA ___ Other ______________________

Additional Clinical Instructor Name (Print name) Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned_________________________
Highest degree earned _______ Degree area_____________________
Years experience as a CI ______________
Years experience as a clinician__________
Areas of expertise________________________
Clinical Certification, specify area________________________
APTA Credentialed CI _____ Yes _____ No
Other CI Credential _____ State _____ Yes _____ No
Professional organization memberships ___ APTA ___ Other ______________________
SECTION 1: PTA STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences provided at this clinical facility.

1. Name of Clinical Education: __________________________________________________

Address________________________________ City __________________________ State

Clinical Experience Number __________________________

3. Specify the number of weeks for each applicable clinical experience/rotation.

___ Acute Care/Inpatient Hospital Facility
___ Ambulatory Care/Outpatient
___ ECF/Nursing Home/SNF
___ Federal/State/County Health
___ Industrial/Occupational Health Facility
___ Private Practice
___ Rehabilitation/Sub-acute Rehabilitation
___ School/Preschool Program
___ Wellness/Prevention/Fitness Program
___ Other __________________________

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes __ No ___

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes ___ No ___

6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:
1 = Never  2 = Rarely  3 = Occasionally  4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Diversity Of Case Mix</th>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td>0-12 years</td>
<td>Critical Care, ICU, Acute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>13-21 years</td>
<td>SNF/ECF/Sub-acute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td>22-65 years</td>
<td>Rehabilitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td>over 65 years</td>
<td>Ambulatory/Outpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (GI, GU, Renal, Metabolic, Endocrine)</td>
<td></td>
<td>Home Health/Hospice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wellness/Fitness/Industry</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the Guide to Physical Therapist Practice. Rate all items in the shaded columns using the above 4-point scale. List the five (5) most common interventions that you provided to patients/clients during this clinical experience.

<table>
<thead>
<tr>
<th>Components of Care</th>
<th>Rating</th>
<th>Five Most Common Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection</td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>Implementation of Established Plan of Care</td>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>Selected Interventions</td>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>* Coordination, communication, documentation</td>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>* Patient/client related instruction</td>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>* Direct interventions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

99
9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to your work and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing a helpful and supportive attitude for your role as a PTA student.</td>
<td></td>
</tr>
<tr>
<td>Providing effective role models for problem solving, communication and teamwork.</td>
<td></td>
</tr>
<tr>
<td>Demonstrating high morale and harmonious working relationships.</td>
<td></td>
</tr>
<tr>
<td>Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc.)</td>
<td></td>
</tr>
<tr>
<td>Being sensitive to individual differences (ie, race, age, ethnicity, etc.)</td>
<td></td>
</tr>
<tr>
<td>Using evidence to support clinical practice.</td>
<td></td>
</tr>
<tr>
<td>Being involved in professional development (eg., degree and non-degree continuing education, in-services, journal clubs, etc.)</td>
<td></td>
</tr>
<tr>
<td>Being involved in district, state, regional, and/or national professional activities.</td>
<td></td>
</tr>
</tbody>
</table>

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for your work and growth?

**Clinical Experience**

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify ________________)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/conferences/grand rounds
- Observed surgery
- Participated in administrative and business management
- Participated in providing patient/client interventions collaboratively with other disciplines (please specify disciplines)
- Participated in service learning
- Performed systematic data collection as part of an investigative study
- Used physical therapy aides and other support personnel
- Other; Please specify: ________________________________
15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

**Overall Summary Appraisal**

16. Overall, how would you assess this clinical experience? (Check only one)

   ____ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
   ____ Time well spent; would recommend this clinical education site to another student.
   ____ Some good learning experiences; student program needs further development.
   ____ Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist assistant student should have to function successfully at this clinical education site?

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist assistant academic preparation, describe those subject areas not addressed.

19. What suggestions would you offer to future physical therapist assistant students to improve this clinical education experience?

20. What do you believe were the strengths of your physical therapist assistant academic preparation and/or coursework for this clinical experience?

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?
SECTION 2: PTA STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR

Information found in Section 2 is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in this section is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree  2=Disagree  3=Neutral  4=Agree 5=Strongly Agree

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program’s objectives and expectations for this experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site’s objectives for this learning experience were clearly communicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided constructive feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided timely feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI demonstrated skill in active listening.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided clear and concise communication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI communicated in an open and non-threatening manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI taught in an interactive manner that encouraged problem solving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The supervising CI was accessible when needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI clearly explained your student responsibilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time was available with the CI to discuss patient/client interventions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI made the formal evaluation process constructive.</td>
<td></td>
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</tr>
<tr>
<td>The CI encouraged the student to self-assess.</td>
<td></td>
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</tbody>
</table>

23. Was your CIÆ(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation  ____ Yes  ____ No  Final Evaluation  ____ Yes  ____ No
24. If there were inconsistencies, how were they discussed and managed?
Midterm Evaluation

Final Evaluation

25. What did your CI(s) do well to contribute to your learning?
Midterm Comments

Final Comments

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?
Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT
SELF-ASSESSMENT TOOL

The Values-Based Behaviors is a concise document that describes those values that most significantly influence PTAs providing patient/client care as a member of the physical therapy team. The Values-Based Behaviors were developed in 2010 by the Advisory Panel of PTAs, reviewed and adapted by numerous stakeholder groups, and approved by APTA’s Board of Directors in January 2011. A complete history on the development and approval of this document is included in the introduction section of the Values-Based Behaviors document.

This self-assessment tool accompanies the Values-Based Behaviors and is intended to increase the physical therapist assistant’s (PTA’s) awareness of the Values-Based Behaviors for the PTA and to self-assess the frequency with which he or she demonstrates the eight values listed and defined in the first column. The second column provides sample indicators or examples of actions that a PTA who has adopted the Values-Based Behaviors would choose to take in a variety of situations. And the third column is for scoring the frequency with which one chooses to demonstrate the described behavior or action.

Complete the Self-Assessment
Review each sample indicator and rate the frequency with which you display that behavior on a daily basis. It is not expected that one will rate himself or herself as 5 (always) or 1 (never) on every item. Be candid in your response as this is a self-assessment process with an opportunity for identification of areas of strength and opportunities for growth.

Analyze the Completed Self-Assessment
Once you have completed the Self-Assessment, you may want to reflect as an individual or group on the following questions:
- On what sample indicators did you or the group consistently score yourself/themselves on the scale at the 4 (frequent) or 5 (always) levels?
- Why did you or the group rate yourself/themselves higher in frequency for demonstrating these sample behaviors?
- On what sample indicators did you or the group score yourself/themselves on the scale at level 3 or below?
- Why did you or the group rate yourself/themselves lower in frequency for demonstrating these sample behaviors?
- Identify, develop, and implement approaches to strengthening the integration of the values-based behaviors within your clinical environment. Seek out mentoring in this area from your supervising physical therapist or other experienced clinicians.
- Establish personal goals for increasing the frequency with which you demonstrate specific sample behaviors with specific values-based behaviors.
- Conduct periodic re-assessment of your values-based behaviors to determine the degree to which your performance has changed in your growth personally and as a PTA.

Questions about the self assessment tool or the Values-Based Behaviors should be directed to APTA’s PTA Services Department at pta@apta.org.
VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT (PTA)

For each values-based behavior listed, a definition is provided and a set of sample indicators that describe what one would see if the PTA were demonstrating that behavior in his/her daily work. For each of the sample indicators listed, check the box that best represents the frequency with which you demonstrate the behavior where:
1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Frequently; and 5 = Always.

<table>
<thead>
<tr>
<th>Values-Based Behavior with Definition</th>
<th>Sample Indicators</th>
<th>Self-Assessment Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Altruism</strong></td>
<td></td>
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</tr>
<tr>
<td>Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the PTA’s self interest.</td>
<td>1. Providing patient/client-centered interventions.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Readily offering to assist the physical therapist in providing patient/client interventions.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. Generously providing the necessary time and effort to meet patient/client needs.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. Placing the patient/client’s needs ahead of one’s own, as evidenced by willingness to alter one’s schedule, delay other projects or tasks, etc.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. Contributing, as able, to the provision of physical therapy services to underserved and underrepresented populations.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td><strong>Caring and Compassion</strong></td>
<td></td>
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<tr>
<td>Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring.</td>
<td>1. Actively listening to the patient/client and considering the patient/client’s needs and preferences.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Caring is the concern, empathy, and consideration for the needs and values of others.</td>
<td>2. Exhibiting compassion, caring, and empathy in providing services to patients/clients.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Demonstrating respect for others and considering others as unique and of value.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. Considering social, emotional, cultural, psychological, environmental, and economic influences of the patient/client (e.g., learning styles, language abilities, cognitive abilities and adapting approach accordingly.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases; i.e. demonstrate a nonjudgmental attitude.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td><strong>Continuing Competence</strong></td>
<td>1. Identifying strengths and limitations in knowledge, skills, and behaviors through self-assessment and feedback from physical therapists and others, and developing and implementing strategies to address the limitations.</td>
<td>1</td>
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<tr>
<td>---</td>
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<tr>
<td>2. Maintaining continuing competence using a variety of lifelong learning strategies (eg, continuing education, reflective journals, journal clubs, and working with a mentor).</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Seeking further education in the use and delivery of interventions based on new evidence as it becomes available.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Developing and implementing a career advancement plan based on interests, opportunities, and career aspirations.</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Duty</strong></th>
<th>1. Demonstrating behaviors, conduct, actions, attitudes, and values consistent with the roles, responsibilities, and tasks of the PTA.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>2. Facilitating each patient/client’s achievement of goals for function, health, and wellness, as directed in the plan of care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>3. Preserving the safety, security, and confidentiality of individuals in all patient/client contexts.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>4. Participating in quality assurance/quality improvement activities in physical therapy care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>5. Promoting the profession of physical therapy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>6. Providing student instruction and mentoring other PTAs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Integrity</strong></th>
<th>1. Adhering to applicable laws regarding scope of work, payment policies and guidelines, institutional policies and procedures, and APTA policies, positions, and guidelines to ensure optimal patient/client care and fiscal management.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>2. Adhering to the highest standards of the profession for the PTA, including the Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Conduct of the Physical Therapist Assistant, state practice acts, and payment requirements.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>3. Demonstrating the ideals of the values-based behaviors of the PTA.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>4. Demonstrating honesty and trustworthiness in all interactions and relationships.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>5.</td>
<td>Choosing employment situations that are congruent with ethical principles and work standards.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6.</td>
<td>Identifying ethical and legal concerns and initiating actions to address the concern, when appropriate.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td><strong>PT/PTA Collaboration</strong></td>
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<td></td>
<td>The PT/PTA team works together, within each partner’s respective role, to achieve optimal patient/client care and to enhance the overall delivery of physical therapy services.</td>
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<tr>
<td>1.</td>
<td>Educating the PT as needed about the roles, responsibilities, and appropriate utilization of the PTA in the PT/PTA team using available resources (eg, state licensure/practice rules and regulations, PTA clinical problem-solving algorithm, PTA direction and supervision algorithms, Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level).</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2.</td>
<td>Promoting a positive working relationship within the PT/PTA team.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>3.</td>
<td>Demonstrating respect for the roles and contributions of both the PT and PTA in achieving optimal patient/client care, including the PT’s responsibility for the PTA’s performance in patient/client interventions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4.</td>
<td>Seeking out opportunities to collaborate with the PT to improve outcomes in patient/client care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5.</td>
<td>Working with the PT in educating consumers and other health care providers about physical therapy.</td>
<td>1</td>
<td>2</td>
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<tr>
<td><strong>Responsibility</strong></td>
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<tr>
<td></td>
<td>Responsibility is the active acceptance of the roles, obligations, and actions of the PTA, including behaviors that positively influence patient/client outcomes, the profession, and the health needs of society.</td>
<td></td>
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</tr>
<tr>
<td>1.</td>
<td>Identifying strengths and limitations in knowledge and skill, and working within limitations of personal ability.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
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<tr>
<td>2.</td>
<td>Completing patient/client care and other tasks in a timely and efficient manner.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
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</tr>
<tr>
<td>3.</td>
<td>Identifying, acknowledging, and accepting responsibility for actions and, when errors occur, following error reporting processes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Communicating in a timely manner with others (eg, PTs, patients/clients, and others).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
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</tbody>
</table>
Social Responsibility

Social responsibility is the promotion of a mutual trust between the PTA, as a member of the profession, and the larger public that necessitates responding to societal needs for health and wellness.

1. Advocating for patient/client needs in the clinical setting.
2. Demonstrating behaviors that positively represent the profession to the public.
3. Promoting a healthy lifestyle, wellness, and injury prevention strategies in the community.
4. Serving the profession and the community, including activities occurring in conjunction with work or outside of work (eg, community health fairs, National Physical Therapy Month events, APTA service).
5. Advocating for changes in laws, regulations, standards, and guidelines that positively affect physical therapy and patient/client services.

Date Completed:
Comments:
References/Related Reading

PHYSICAL THERAPIST ASSISTANT PROGRAM
WASHBURN UNIVERSITY
SCHOOL OF APPLIED STUDIES

Policy: Patient Survey

Purpose: The purpose of the Patient Survey Form is to provide the program with another mode to collect data indicating the student's performance. Academic faculty will analyze this data relating it to accreditation criteria set forth by the Commission on Accreditation in Physical Therapy Education, especially sections 3.3.2, 3.3.3 and 3.3.4. The academic faculty will make adjustments within the didactic and clinical educational components of the program as they are warranted.

Date of Implementation: January 15, 1999

Procedure: Ten of the following tri-fold Patient Survey Forms will be made available for students enrolled in AL 279. The surveys are to be distributed to patients during the student’s final rotation that meet the following criteria:
   1. have been treated by the student at least twice
   2. are capable and willing to complete and return the survey
   3. the patient may either return the survey to the student's CI or mail the survey.

The student is to use only the original surveys distributed for use. No copies are permitted. Clinical instructors will be informed and asked to assist the student in handing out and collecting the surveys. If the patient returns the survey to the CI it is to be returned to the ACCE with the weekly clinical paperwork. If the patient chooses to mail the survey, the student is to affix the appropriate amount of postage to the survey. To monitor that the surveys are being handed out the student will include on her/his weekly journal entries how many surveys have been handed out for that week.

The academic faculty will stress to students and clinical faculty the importance of handing out and collecting the surveys.

To determine if the surveys are being returned on different students a code number will be added to each survey. This code will be on a sticker located at the bottom of each survey. Ten surveys will contain the same code. This code will not be assigned to any particular student, rather it will be used to determine if one student or a number of students are receiving the same type of responses. The surveys will not be used to determine the student's letter grade for AL 279. A student may voluntarily identify her/himself and the code number on the packet of Patient Survey Forms received. In this case the responses from patients treated by that student will be compiled and forwarded to the student. The student can use the responses to self-assess his/her performance and/or discuss the responses with a faculty member.

Revisions: December 15, 2000
Please complete and mail the following questionnaire regarding the Washburn University Physical Therapist Assistant Student that recently treated you.

The information you provide will be used to make modifications in the program to ensure that qualified, entry-level Physical Therapist Assistants graduate from Washburn University. Your input will be kept confidential and not be used to determine a course grade for the student who treated you.

1. Did the student Physical Therapist Assistant and/or their supervisor ask your permission to work with you?  
   YES  NO

2. Did the student Physical Therapist Assistant make you feel comfortable and decrease your anxiety?  
   YES  NO

Please rate the following using the scale

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>

3. The explanation of the treatment you received was
   1  2  3  4

4. The technical skills (appeared efficient, capable & competent) of the person you saw was
   1  2  3  4

5. The personal manner (polite, respectful, friendly) of the person you saw was
   1  2  3  4

6. The responsiveness (timely, informative, prompt) of the person you saw was
   1  2  3  4

7. Did the student Physical Therapist Assistant instruct you to do “homework” such as exercises between your treatments?  
   YES  NO

8. Did the student Physical Therapist Assistant listen to you and answer your questions?  
   YES  NO

9. Would you feel comfortable having this person treat you in the future?  
   YES  NO

10. Overall, were you satisfied with the care you received from this student Physical Therapist Assistant?  
    YES  NO

Additional Comment (optional):

Thank you for your response to these questions. Please fold, securely close and mail this self-addressed, stamped form.

Student Code __________
LAST CLINICAL INSTRUCTOR SURVEY

TO: Clinical Instructors of the Final Rotation of AL 279

FROM: Washburn University’s PTA Academic Coordinator of Clinical Education

DATE:

SUBJECT: Last Clinical Instructor Survey of Graduating Students

The Physical Therapist Assistant (PTA) Program at Washburn University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). As part of accreditation, the PTA Program is required to evaluate the performance of program students and graduates in relationship to the program’s mission and CAPTE evaluative criteria.

The PTA Program faculty asks that you complete the survey and return it in the accompanying pre-addressed postage paid envelope by (date to be determined). We ask that you not discuss this survey with the student so that you may provide the most honest and objective information possible. The PTA Program faculty will discuss the information provided with the student during an exit interview at the conclusion of the program.

Thank you in advance for assisting us in meeting PTA Program and accreditation requirements. We look forward to receiving the survey by (date to be determined). Should you have any questions or concerns please don’t hesitate to contact me at 785-670-1408.
PHYSICAL THERAPIST ASSISTANT PROGRAM
WASHBURN UNIVERSITY
SCHOOL OF APPLIED STUDIES
LAST CLINICAL INSTRUCTOR SURVEY

Name of Person Completing Form_________________________________________________

Facility Name__________________________________________________________________

Patient Population Served________________________________________________________

Student's Name_______________________________________________________________

Number of Patients the student saw Per Day_______________________________________

Please use the following scale to rate the student at the end of the rotation:

5 Outstanding Performs tasks correctly and greatly exceeds your expectations for an entry level Physical Therapist Assistant; almost never requires instruction/supervision.

4 Very Good Performs tasks correctly and consistently meets your expectations for an entry level Physical Therapist Assistant; rarely requires instruction/supervision.

3 Good Performs tasks correctly and meets standards expected of an entry level Physical Therapist Assistant most of the time; occasionally requires instruction/supervision.

2 Fair Usually performs tasks correctly but below the expectations for an entry level Physical Therapist Assistant; frequently requires instruction/supervision.

1 Poor Seldom performs tasks correctly and requires constant instruction/supervision.

======================================================================

1. Is able to work under the supervision of a Physical Therapist in an ethical, legal, safe, and effective manner.

   5 4 3 2 1

2. Is able to implement a comprehensive treatment plan developed by a Physical Therapist.

   5 4 3 2 1

3. Communicates regularly with supervising Physical Therapist about their patient’s progress and/or the need for adjustments to be made by the Physical Therapist secondary to changes in the patient’s status.

   5 4 3 2 1
4. Is able to perform appropriate measurement and assessment techniques within the knowledge and limits of practice to assist the supervising Physical Therapist in monitoring and modifying the plan of care.

   5 4 3 2 1

5. Is able to interact with patients and their families in a manner which provides the desired psychosocial support including the recognition of cultural and socioeconomic differences.

   5 4 3 2 1

6. Participates in the teaching of other health care providers, patients, and families.

   5 4 3 2 1


   5 4 3 2 1

8. Participates in discharge planning and follow-up care.

   5 4 3 2 1

Please answer the following questions:

1. How would you compare this Washburn University Physical Therapist Assistant Program student to students from other Physical Therapist Assistant Programs?

2. Were there any areas that you found the Washburn University student to be exceedingly knowledgeable in?

3. Were there any areas that you found the Washburn University student to be weak in?

4. Would you be interested in hiring this Washburn University Physical Therapist Assistant Program student if a position was available?

Comments:
Agreement for Affiliation

THIS AGREEMENT FOR AFFILIATION entered into this First day of ______________ by and between

Washburn University, Topeka, Kansas, hereinafter referred to as "University" and ______________ hereinafter referred to as "Agency."

The University and Agency, both desirous of providing clinical education experiences for students in the Physical Therapist Assistant Program of University and in consideration of the mutual promises hereafter set forth, hereby agree as follows:

1. The University agrees and promises it:
   a) is responsible for providing education necessary in preparing the student for clinical practice through qualified instructors;
   b) is responsible for offering a Physical Therapist Assistant program that meets the standards set forth by the Commission on Accreditation in Physical Therapy Education;
   c) is responsible for setting up and maintaining all student affiliation sites and offering indirect student supervision;
   d) will provide necessary information to the Agency in regards to the student and evaluation procedures;
   e) will ensure that the student's physical examination is on file with the Physical Therapist Assistant Program;
   f) and its Physical Therapist Assistant students will be covered by liability insurance for their own actions while working within the scope of their learning experience.

2. The agency agrees and promises it:
   a) is responsible for direct student supervision by a Registered Physical Therapist or a Certified Physical Therapist Assistant, graduated from an accredited program, licensed in their respective state with at least one year of clinical experience;
   b) will make available to students their clinical facilities and patients, including necessary equipment and supplies commonly available for patient care;
   c) will provide the students with access to information in order for the students to complete proper patient care;
   d) will provide reasonable parking space for faculty and students if possible;
   e) will provide students and faculty with the same cafeteria services as are available to the Agency staff;
   f) will provide students with the same emergency services as are available to the Agency staff;

3. The parties agree and understand that no costs, direct or indirect, shall be charged to the University by the Agency or by the University to the Agency for use of facilities under this agreement.
4. The parties agree and understand that no student shall be prohibited from participating in the clinical experience or discriminated against on account of race, color, national origin, creed, religion, ancestry, sex, marital or parental status, sexual orientation or on any basis prohibited by federal or state law or local ordinance. It is understood that the number of students to be assigned to the Agency shall be mutually determined at a later date. Further, the parties agree that there shall be a person designated at Agency to consult with in relation to evaluating students' clinical learning experience.

5. The Agency and University expressly agree that students, while participating in clinical experiences at Agency, shall retain the status of learners and shall in no way replace Agency's physical therapy personnel. Further, the parties expressly agree that students shall be subject to the control and direction of Agency's physical therapists and supervisory staff while at Agency.

6. The parties agree that there will be periodic cooperative assessment made by the parties of the use of Agency's facilities, the use of students in facility and the Physical Therapist Assistant Program. This agreement shall be reviewed periodically by the parties.

   a. Grievances of party shall be brought promptly to the attention of the other. It is intended that insofar as possible, grievances be resolved informally by the Agency Clinical Coordinator and University Director of the Physical Therapist Assistant Program. In the event informal resolution is not reached, the grievance shall be referred to the Agency Director and the University Dean of the School of Applied Studies who shall make every effort to resolve the grievance in a manner acceptable to both parties. The decision of the Director and Dean shall be final.

7. HIPAA COMPLIANCE

The parties acknowledge “Center” is a “covered entity” as is defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the regulations regarding the privacy and security of individually identifiable health information promulgated thereunder at 45 C.F.R. part 160 and 164 (the “HIPAA Regulations”) and is required to protect the privacy and security of “protected health information” of persons to whom it provides health care services. To the extent that University students have access to protected health information by virtue of their participation in the University’s Physical Therapist Assistant Program at Center, the parties agree that such students will be considered part of Center’s “workforce” for HIPAA purposes only. Such students shall be subject to and abide by Center’s policies and procedures governing the use and disclosure of such protected health information by Center and its staff. Center shall train such students regarding the requirements of its policies and procedures. Notwithstanding the foregoing, University shall educate such students regarding their obligations to protect the privacy, security and confidentiality of all individually identifiable health information and the fundamental requirements of HIPAA. Nothing in this Addendum is intended or shall be deemed to create an employer-employee relationship or business associate relationship between Center and University.
9. This agreement shall remain in force until or unless either party hereto requests it be modified or terminated. Modification hereto shall be effective only if made by a writing signed by the parties hereto. The agreement may be terminated by either party by written notice of termination to the other party. Ninety (90) days after the notice of termination is given, this agreement shall terminate as though that date were originally fixed as the expiration date of this agreement.

IN WITNESS HEREOF, the parties have set their hand the day and year written above.

AGENCY

By:___________________________
    Director

WASHBURN UNIVERSITY OF TOPEKA

By:___________________________
    President

By:___________________________
   Dean, School of Applied Studies

By:___________________________
    Director, Physical Therapist Assistant Program

Revised 8-93

5-99

3-07
Physical Therapist Assistant Program

**CLINICAL REQUESTS FOR THE YEAR _____**

Dept. phone # _____________________________________
Dept. FAX # ______________________________________
CCCE Name & phone# ________________________________
CCCE email address ________________________________

Please indicate the number of students and types of experience(s) your facility would like to offer students during the year ________.

<table>
<thead>
<tr>
<th>Course</th>
<th>Clinical Experience II</th>
<th>Clinical Experience III</th>
<th>Clinical Experience I</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical Experience II</td>
<td>Clinical Experience III</td>
<td>Clinical Experience I</td>
</tr>
<tr>
<td></td>
<td>AL 279</td>
<td>AL 279</td>
<td>AL 264</td>
</tr>
<tr>
<td></td>
<td>(2nd of 3 rotations)</td>
<td>(3rd of 3 rotations)</td>
<td>(1st of 3 rotations)</td>
</tr>
</tbody>
</table>

| Duration | 6 weeks | 6 weeks | 4 weeks |

<table>
<thead>
<tr>
<th>Dates</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Slots</th>
<th>TOTAL # of students you will accept for:</th>
<th>TOTAL # of students you will accept for:</th>
<th>TOTAL # of students you will accept for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rotation II</td>
<td>Rotation III</td>
<td>Rotation I</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Placement</th>
<th>Designate where you will place each student accepted for Rotation II</th>
<th>Designate where you will place each student accepted for Rotation III</th>
<th>Designate where you will place each student accepted for Rotation I</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute</td>
<td>Acute</td>
<td>Acute</td>
</tr>
<tr>
<td></td>
<td>Inpatient Rehab</td>
<td>Inpatient Rehab</td>
<td>Inpatient Rehab</td>
</tr>
<tr>
<td></td>
<td>Outpatient</td>
<td>Outpatient</td>
<td>Outpatient</td>
</tr>
<tr>
<td></td>
<td>Subacute/postacute</td>
<td>Subacute/postacute</td>
<td>Subacute/postacute</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

Copy and retain for your records, then either FAX or mail to:

Whitney Kinyua, PTA, BHS
1700 College Avenue
Topeka, KS. 66621
Phone: 785-670-1404  FAX: 785-670-1027
Email: whitney.kinyua@washburn.edu
STUDENT NAMES: AL 279 (Clinical II)
AL 279 (Clinical III)

The above students have been assigned to your facility. The student will attend your facility Monday through Friday for forty hours a week. Approximately 3 weeks before the start of the rotation, the student will prepare and send you the following:

- Student profile.
- The student(s) will also contact you by phone prior to the start of the affiliation.
- The student will provide you with the following documentation on the first day of the affiliation:
  1. Documentation of their health examination; Hepatitis B Vaccine or Waiver; TB skin test
  2. Student health insurance
  3. Background Check
  4. CPR Certification
  5. HIPAA Training & Blood borne Pathogen Training

*This documentation will also be on file with the program. If you require additional documentation from the student, please contact me, and I will see that this is completed prior to_____________________.

A copy of the Clinical Handbook of the Physical Therapist Assistant Program of Washburn University can be found at http://www.washburn.edu/pta-clinical-education. This handbook contains all the policies, procedures and forms regarding the clinical education of our students. The student will bring a copy of all evaluation forms required for this clinical.

Students are required to write three specific objectives to work towards accomplishing during this affiliation. Your input is highly encouraged, and if you wish, you may write additional objectives for them to work towards. These objectives should be reviewed and modified, if needed, periodically by the Clinical Instructor and the student.

As a means of assessing the quality of Washburn’s program, students are encouraged to hand out a survey to patients they have treated at least 2 times during AL 279, the final clinical rotation. Your assistance in this process is greatly appreciated.

Thank you for your support of Washburn University's Physical Therapist Assistant Program. Please contact me if you have any questions or concerns at 785-670-1404, or e-mail at whitney.kinyua@washburn.edu. Please return the FAX BACK SHEET as confirmation.

Sincerely,

Whitney Kinyua, PTA, BHS
Washburn University PTA Program ACCE
Appendix A

Clinical Site Information Form (CSIF)

Download this form at: http://www.apta.org
>Education Programs
>Clinical Educator
Appendix B

Guidelines and Self-Assessment for Clinical Education
The Guidelines and Self-Assessments for Clinical Education from the APTA can be found at:
http://www.apta.org
>Education Programs
>Clinical Educator

This document was developed for clinical sites to use as a tool to self-assess the quality of the clinical education program that they provide physical therapy students. The guide is complete with an assessment tool for the clinical site, the Clinical Coordinator of Clinical Education and the Clinical Instructor.

The Physical Therapist Assistant Program of Washburn University hopes that the affiliating clinical sites find this document a useful tool for periodic reviews of the clinical education program.
PHYSICAL THERAPIST ASSISTANT PROGRAM  
WASHBURN UNIVERSITY  
SCHOOL OF APPLIED STUDIES

Policy:  Timely communication among clinical faculty, academic faculty, and students regarding information about the program and student clinical performance.

Purpose: Timely communication among clinical faculty, academic faculty, and students is essential in the delivery of an effective, efficient, and proficient Physical Therapist Assistant Education Program.

Implementation Date: July 3, 2000

Procedure: 1. Annual Program Update to Clinical Faculty
   An annual program update will be sent to all clinical sites between February and March of each year. The Annual Program Update to Clinical Faculty will be sent with the Student Placement Form. This update will contain the changes that have occurred within the Program over the last year.

   The Annual Program Update to Clinical Faculty will include, but is not limited to:
   A. Curriculum changes
   B. Program Review and Accreditation
   C. New clinical sites
   D. Academic and clinical faculty news
   E. Student successes
   F. A summary or compilation of ratings from the Student Evaluation of Clinical Experience, the Patient Survey, the Last Clinical Instructor's Survey and the Student Clinical Performance Evaluations
   G. Replacement page(s) for the clinical handbook.

   Notification to the students regarding these changes will be made through the Physical Therapist Assistant Program Academic and Clinical Policies Student Handbook, course syllabi, or signed and dated acknowledgements of receiving such notice.

2. Changes within a Clinical Course
   If changes are made within a clinical course, with implementation prior to the beginning of a specific graduating class, the information regarding these changes will be sent to the clinical sites (scheduled to provide clinical education to a student) with the notification of student placement, at least one month prior to the start of the rotation or when the change is implemented if it occurs following the start of the clinical course. Notification to the students regarding these changes will be made through the course syllabus or signed and dated acknowledgements of receiving such notice.

   All of these notifications will be incorporated in the Annual Program Update to Clinical Faculty and, if applicable, the next edition of the Physical Therapist Assistant Program Academic and Clinical Policies Student Handbook.
3. Immediate notification to clinical faculty
   When "breaking news" regarding the clinical education of the Physical Therapist
   Assistant Program's students is received, a broadcast memo, fax or e-mail will be sent to
   the clinical sites and students affected.

   All of these notifications will be incorporated in the *Annual Program Update to Clinical
   Faculty* and, if applicable, the next edition of the *Physical Therapist Assistant Program
   Academic and Clinical Policies Student Handbook*.

   Revisions:
ESSENTIAL FUNCTIONS
PHYSICAL THERAPIST ASSISTANT PROGRAM
WASHBURN UNIVERSITY

The essential functions have been established through consideration by faculty and consultation with the following sources: The Vocational Rehabilitation Act; The Americans with Disabilities Act; Guide for Occupational Information; Dictionary of Occupational Titles; and the Occupational Skills Standards Project from the National Health Care Skills Standards Projects.

Sensorimotor Skills:
Candidates must have sufficient gross motor, fine motor and equilibrium functions reasonably required to carry out assessments and elicit information from patients (palpation, auscultation, percussion, and other assessment maneuvers, gait training, and transfers), as well as those motor skills necessary to provide physical therapy intervention. A candidate must be able to execute motor movements required to provide physical therapy treatment (patient transfers, gait training, therapeutic exercise, etc.) and be able to respond quickly to emergency situations. Quick reactions are necessary for safety and therapeutic purposes. Physical Therapy procedures require coordination of both gross and fine motor movements, equilibrium, and functional use of the senses of touch and vision. For this reason, candidates for admission to the Program of Physical Therapist Assistant must have manual dexterity and the ability to engage in procedures involving grasping, pushing, pulling, holding, manipulating, extending, and rotating. This includes but is not limited to the ability to lift, push and pull at least 50 pounds for routine transfer of patients from varying surfaces and be able to manually adjust equipment found in the physical therapy clinic setting.

Observational Skills:
Candidates/current physical therapist assistant (PTA) students must be able to observe demonstrations and participate in laboratory experiments as required in the curriculum. Candidates/current PTA students must be able to observe patients and be able to obtain an appropriate medical history directly from the patient or guardian. Such observations require the functional use of vision, hearing, and other sensory modalities. Candidates/current PTA students must have visual perception which includes depth and acuity.

Communication Skills:
Candidates/current PTA students must be able to communicate in English effectively and sensitively with patients. In addition, candidates/current PTA students must be able to communicate in English in oral and hand written form with faculty, allied personnel, and peers in the classroom, laboratory, and clinical settings. Candidates/current PTA students must also be sensitive to multicultural and multilingual needs. Such communication skills include not only speech, but reading and writing in English. Candidates/current PTA students must have the ability to complete reading assignments and search and evaluate the literature. Candidates/current PTA students must be able to complete written assignments and maintain written records. Candidates/current PTA students must have the ability to complete assessment exercises. Candidates/current PTA students must also have the ability to use therapeutic communication, such as attending, clarifying, coaching, facilitating, and touching. These skills must be performed in clinical settings, as well as the didactic and laboratory environments.

Intellectual/Conceptual, Integrative, and Qualitative Skills:
Candidates/current PTA students must have the ability to measure, calculate, reason, analyze,
and synthesize data. Problem solving and diagnosis, including obtaining, interpreting, and documenting data, are critical skills demanded of physical therapist assistants which require all of these intellectual abilities. These skills allow students to make proper assessments, sound judgements, appropriately prioritize therapeutic interventions, and measure and record patient care outcomes. Candidates/current PTA students must have the ability to learn to use computers for searching, recording, storing, and retrieving information.

**Behavioral/Social Skills and Professionalism:**

Candidates/current PTA students must demonstrate attributes of empathy, integrity, concern for others, interpersonal skills, interest, and motivation. Candidates/current PTA students must possess the emotional well-being required for use of their intellectual abilities, the exercise of sound judgement, the prompt completion of all responsibilities attendant to the assessment and treatment of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates/current PTA students must be able to adapt to ever-changing environments, display flexibility, and learn to function in the face of uncertainties and stresses which are inherent in the educational process, as well as the clinical problems of many patients.

Candidates/current PTA students must be able to maintain professional conduct and appearance, maintain client confidentiality and operate within the scope of practice. Candidates/current PTA students must also have the ability to be assertive, delegate responsibilities appropriately, and function as part of a medical team. Such abilities require organizational skills necessary to meet deadlines and manage time.

I, ________________________________, have read and understand the essential functions requirements.

__________________________________ _________________
Signature  Date

11/03/2006
I understand that my education in the Physical Therapist Assistant (PTA) Program will include classroom and laboratory sessions as well as clinical affiliations in various health care facilities. The rationale for classroom, laboratory and clinical affiliations is to prepare me for possible employment as a physical therapist assistant. I understand that during the course of the PTA Program I will be subject to the known and unknown risks that members of the profession experience in preparation for and the provision of physical therapy and health care in general. These may include exposure to various modalities and techniques, infectious and communicable diseases, chronic and degenerative diseases, mental illness, and risks attendant to the work environment and the academic preparation of Physical Therapist Assistants. I understand that Washburn University provides professional liability insurance (per university policies and procedures) which covers me while participating in assigned clinical affiliations. I realize however, as a student, I am not eligible for coverage under the University's Worker's Compensation Insurance during classroom, laboratory or clinical activities, and that there is no mechanism for compensation in the event I am injured during classroom, laboratory or clinical activities.

I will be provided basic instruction in preventive procedures and in the application of reasonable and prudent classroom, laboratory, and clinical practices, which can serve to limit unnecessary exposure and constitute a measure of safety for me and the patients I will treat. I understand that it will be my responsibility to apply these procedures and/or receive these procedures and to take appropriate steps to protect myself and my patients. As a condition of acceptance into the program I agree to follow all policies and procedures as outlined in the PTA Program Academic and Clinical Policies Student Handbook or as adopted during my time in the program.

I understand that students will be expected to perform physical therapy modalities and skill/techniques on each other and I agree to inform the instructor of any condition which may be considered a precaution or contra-indication for a particular procedure and will thereby be excused according to the instructor's directions. I also realize that as a condition of placement in a clinical affiliation, I will be required by the facility to show proof of health insurance. Further, I will be expected to abide by whatever policy(ies) the PTA Program, Washburn University and the clinical center have regarding risk exposure management for their employees, even though I am not considered by the program, University, or facility to be an employee.

The PTA Program Director and Academic Coordinator of Clinical Education have offered to answer any questions I may have about these risks and precautions and what I can do to avoid them. If I have any questions before beginning the PTA Program or during the PTA Program, I may contact PTA Program Director or Academic Coordinator of Clinical Education. Also, I understand that I may stop my participation in the classroom, laboratory, or clinical affiliations any time I think my personal safety or the safety of the patients I treat is in jeopardy.
I have a right to privacy, and all information obtained in connection with my participation in the PTA Program that can be identified with me will remain confidential as far as possible within PTA Program and University Policies and Procedures as well as state and federal law.

I voluntarily agree to participate in all aspects of the PTA Program at Washburn University, including the passing of a criminal background check. I understand and assume responsibility for the policies, objectives, course requirements and inherent risks involved in the education of Physical Therapist Assistant students at Washburn University.

_______________________  
Signature of Student       Date

Using language that was understandable and appropriate, PTA Program faculty reviewed the PTA Program Academic and Clinical Policies Student Handbook and all items discussed above with me on /___/____.

_______________________  
Signature of Student       Date

Using language that is understandable and appropriate, we reviewed the PTA Program Academic and Clinical Policies Student Handbook and all items discussed above with the student on ___/___/____.

______________________  
Signature of Program Director       Date

_______________________  
Signature of ACCE       Date
WASHBURN UNIVERSITY
PHYSICAL THERAPIST ASSISTANT PROGRAM
TOPEKA, KS 66621

RE:       Student Handbook
PTA Program
TO:       Admitted Students/ Class of 2017

Please initial each item and sign below.

_____   I have read and fully understand the academic and clinical policies set forth by the Physical
Therapist Assistant Program and agree to abide by those requirements. I understand that I have
responsibilities as a student in this program and that I may be dismissed from the program if I
disregard these policies or ignore my role in the educational process.

_____   I have reviewed and understand the fire and tornado instructions and know where to locate
them in case of an emergency.

_____   I understand that failure to adhere to the Social Media policy may result in disciplinary
procedures. In addition, failure to adequately protect the privacy of confidential patient
information may result in dismissal from the clinical site and from the Washburn Physical
Therapist Assistant program.

AUTHORITY TO PROVIDE CREDENTIALS TO POTENTIAL EMPLOYERS AND
APTA/KPTA

_____ I hereby authorize the Faculty members of the Physical Therapist Assistant program at
Washburn University to release information regarding my potential job skills, including
academic and clinical performance. This may be done at my request or at the potential
employer's request.

_____ I hereby authorize the Faculty members of the Physical Therapist Assistant program at
Washburn University to release information regarding my potential job skills, including
academic and clinical performance only at my request.

AUTHORIZATION FOR RELEASE OF PHOTOGRAPHS, VIDEO & AUDIO

_____ I hereby authorize PTA Program Faculty or Representatives of Washburn University to take
photographs, video, and/or audio recording(s) of me. I also give permission for these
photographs, video and/or audio recording(s) to be used for promotional and educational
purposes in all types of media.

AUTHORIZATION FOR RELEASE OF WRITTEN DOCUMENTATION

_____ I hereby authorize the faculty of the PTA Program to use any written documentation from the
clinical internships (confidentiality of patient, facility, physician, and physical therapy staff
will be maintained), written documentation of practical examinations and patient treatment
scenarios of case analysis labs for educational purposes

MAILBOX CONSENT FORM

_____ I hereby authorize the Faculty members of the Physical Therapist Assistant program at
Washburn University to place graded papers in my student mailbox located in the classroom.
Faculty members are not responsible for the accidental or intentional viewing of these papers
by other students.
CLINICAL AFFILIATION REQUIREMENTS

I understand that I will be participating in 3 Clinical Affiliations during the course of my schooling in the PTA program. As a student in this program I understand and agree to the following:

- These affiliations may/will include placement outside of Topeka, Ks
- I must have reliable transportation and that I am responsible for all costs incurred during travel to and from the Clinical Site, i.e. gas, lodging, meals etc.
- Clinicals will be held over Spring Break during the spring semester of the second year. I will not have that time off.

CONFIDENTIALITY AGREEMENT

Students in the Physical Therapist Assistant Program work with medical records of actual patients in health care facilities and in the classroom. It is imperative that confidentiality of the patients' records be maintained for legal and ethical reasons.

Any student enrolled in the Physical Therapist Assistant Program who reveals the contents of a medical record other than in the classroom or as authorized by the health care facility to which he or she is assigned shall be subject to immediate dismissal from the health care facility and from the Physical Therapist Assistant Program.

I have read and understand the foregoing statement on the confidentiality of medical records. In consideration of and as a condition precedent to, I hereby agree to maintain the confidentiality of all patient information of which I may be made aware as a student in the Program. This agreement shall remain in the student's file with the Program Director and a copy available to the supervisors at all assigned clinical sites, if so desired.

_____________________________________
Student Printed Name

_______________________________________________ ________________________________
Student Signature      Date

_______________________________________________ ________________________________
Program Director - Witness     Date
By signing this agreement, I, __________________________, understand that it is the policy of the Physical Therapist Assistant Program at Washburn University to obtain and maintain health insurance throughout the Physical Therapist Assistant Program, including all academic semesters and clinical rotations. I agree to obtain health insurance and provide a copy of the insurance card and policy number by **November 1st, of this year**.

Furthermore, I understand that the program may request documentation of health insurance coverage at any time during my education in the PTA Program at Washburn University and failure to do so is considered **grounds for dismissal** from the Physical Therapist Assistant Program. I will notify the Program Director/ACCE should any changes in health insurance coverage occur.

**Health Insurance Company** ________________________________
**Policy Number** ________________________________
**Name of Policy Holder** ________________________________

**Student Signature** ___________________________ **Date** ____________
**Witness** ________________________________ **Date** ____________