

PHYSICAL THERAPIST ASSISTANT PROGRAM
CLINICAL EDUCATION POLICIES
STUDENT HANDBOOK

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**Physical Therapist Assistant Program
Student Handbook**

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Clinical Education

PHYSICAL THERAPIST ASSISTANT PROGRAM
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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 5 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. Affiliate 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.

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CLINICAL EDUCATION

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 all required clinical education forms by the due date, to the DCE.

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CRITERIA FOR ASSIGNMENT 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) five 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.
 4. Some clinical facilities may have different requirements and students must fully comply with each of those requirements to attend a clinical rotation at the assigned facility. If a student is unable or declines to comply with the assigned facility's requirements, the DCE will attempt to find a new facility for the student. If another facility is not able to be assigned, the student will not be able to continue progression within the program. Possible outcomes in these situations will be assessed on a case by case basis and may include, but are not limited to, delayed clinic education experience, one-year leave of absence to resume proper course sequence, or possible withdrawal from the program.

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DESCRIPTION AND SCHEDULE OF CLINICAL COURSES

These courses involve the observation and treatment of patients in different health care settings. During attendance of clinical rotations, students may be exposed to potential health risks that are encountered. Students have been educated on proper isolation techniques and will follow all safety precautions and regulations to decrease the potential health risk.

AL 264 CLINICAL I

25 classroom hours

200 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 instructor, the student and the DCE. 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 five 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.

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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, 2019

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. Smart watches may be worn in the clinic as long as they are not a distraction from patient care. The watch will be asked to be removed if it is a distraction in any way.

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 intergluteal 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 jeans, shorts, leggings, stretch pants, 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.

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

June 23, 2017

May 24, 2019

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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 DCE, sent to the SCCE 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 emailed 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 Examination form is found in Verified Credentials and must be printed off and taken with the student to their health examination. 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 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 end of the Spring semester 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 will contact their assigned clinical facility prior to their arrival to ensure all requirements are fulfilled. They will also check with the DCE for specific requirements of each assigned clinical site.

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VERIFIED CREDENTIALS

Verified Credentials is a 3rd party vendor that Washburn University uses to complete background screenings for all Allied Health programs. Washburn University also requires students to upload their immunizations, physical exam, insurance card, APTA membership card, and CPR card to Verified Credential. This is completely confidential and can only be seen by the Director of Clinical Education, Program Director, and the student. The company will then verify the student has met the requirements for clinical. Verified Credential will send reminders of what is remaining to upload and be approved according to the program.

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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.

PHYSICAL THERAPIST ASSISTANT PROGRAM
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AL 264 - STUDENT INFORMATION SHEET

Name: _____

Email Address: _____

Address during Clinical Affiliation:

Telephone: _____

**Emergency
Contact:** _____

Current address while in school:

Telephone: _____

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

- ☐ **CPR Certification**
- ☐ **Hepatitis B documentation**
- ☐ **TB skin test**
- ☐ **Proof of Medical Exam**
- ☐ **Proof of Health Insurance**
- ☐ **Documentation of HIPAA training**
- ☐ **Documentation of Blood borne pathogen training**

My insurance company and policy number is: _____

CLINICAL BACKGROUND INFORMATION

Educational Background: _____

Clinical Skills in which I feel *most* competent:

Clinical Skills in which I feel *least* competent:

Previous Work Experience in the Medical Field: _____

Additional Comments: _____

PERSONAL INFORMATION

Hometown: _____

Favorite Pastimes/Hobbies: _____

Community Service: _____

Current Employer: _____

Please feel free to send any information about your facility and clinical education program at your earliest convenience.

I will be contacting you by phone prior to the start of my affiliation with your facility. At that time you can give me directions to the department, parking instructions, etc. and anything else that I should know prior to arriving at your facility.

I will have a copy of my health exam, CPR certification, Hepatitis Vaccine/Waiver and Health Insurance Card for your files. If additional information is required, please contact Cory Oliva at 1-785-670-1404 or cory.oliva@washburn.edu or myself at the number above.

PHYSICAL THERAPIST ASSISTANT PROGRAM

Washburn University School of Applied Studies STUDENT MEDICAL RECORD

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

<input type="checkbox"/> Clinical Laboratory Science (CLS)	<input type="checkbox"/> Occupational Therapy Assistant (OTA)
<input type="checkbox"/> Computed Tomography (CT)	<input type="checkbox"/> Physical Therapist Assistant (PTA)
<input type="checkbox"/> Diagnostic Medical Sonography (DMS)	<input type="checkbox"/> Radiation Therapy (XT)
<input type="checkbox"/> Magnetic Resonance Imaging (MRI)	<input type="checkbox"/> Radiologic Technology (XR)
	<input type="checkbox"/> 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.

Vaccine	CDC recommendations in brief
Tetanus, diphtheria, pertussis	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.
MMR	For HCP born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart.
Varicella (chickenpox)	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.
Hepatitis B	Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2. Obtain anti-HBs serologic testing 1-2 months after dose #3.
Tuberculin skin tests	Two are required for first time screening only. See attached information. <u>Give to physician.</u>
Influenza	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.

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: (____) _____

Washburn University
School of Applied Studies
Allied Health Department
Physical Exam Certification

Student Name: _____ Date of Exam: _____

(To be signed by a Physician, Physician Assistant or Nurse Practitioner.)

This is to certify that the above student had a physical exam on the above date. I have reviewed the attached essential functions for program of study. In my judgement 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.

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider 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
7/18/18

**WASHBURN UNIVERSITY
SCHOOL OF APPLIED STUDIES
ALLIED HEALTH DEPARTMENT**

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 \$52 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.

**WASHBURN UNIVERSITY
SCHOOL OF APPLIED STUDIES
ALLIED HEALTH DEPARTMENT**

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 needle stick 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

**WASHBURN UNIVERSITY
SCHOOL OF APPLIED STUDIES
ALLIED HEALTH DEPARTMENT**

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>

BOX 3. Close contacts and postexposure prophylaxis.

- * A close contact of a patient with pertussis is a person who had face-to-face exposure within 3 feet of a symptomatic patient. Respiratory droplets (particles >5 µm in size) are generated during coughing, sneezing, or talking and during the performance of certain procedures such as bronchoscopy or suctioning these particles can be propelled through the air for distances of approximately 3 feet.

- Close contacts also can include persons who:

- * have direct contact with respiratory, oral or nasal secretions from a symptomatic patient (e.g. cough, sneeze, sharing food and eating utensils, mouth-to-mouth resuscitation, or performing a medical examination of the mouth, nose, and throat).

- * shared the same confined space in close proximity with a symptomatic patient for ≥ 1 hour.

- Some close contacts are at high risk for acquiring severe disease following exposure to pertussis. These contacts include infants aged <1 year, persons with some immunodeficiency conditions, or other underlying medical conditions such as chronic lung disease, respiratory insufficiency, or cystic fibrosis.

- * Post exposure prophylaxis with an appropriate antimicrobial agent can be administered to close contacts of patients and to persons who are at high risk for having severe or complication pertussis.

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.

PHYSICAL THERAPIST ASSISTANT PROGRAM
Washburn University
School of Applied Studies
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 be 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

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, 2019
- Procedure: The expectation of the student is to work the schedule of their CI. The student is expected to obtain 40 hours/week but is required a minimum of 35 hours/week. If the student is unable to achieve the 35 hour/week minimum the student will be required to make up hours outside of the clinical schedule.

Time Sheet

The student will complete a weekly online time sheet as well as a weekly Hard Copy time sheet located in the D2L course. The hours listed on the online time sheet must reflect the hours stated on the Hard Copy time sheet. The student's CI will sign the Hard Copy time sheet **at the end of each week**. These Hard Copy time sheets will be turned in at the end of the affiliation along with all other required documentation.

Online Time Sheet

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

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 and CI will sign the time sheet agreeing that it is a true reflection of hours spent at the clinical site.
4. 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.

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 DCE. 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 DCE.

It is the student's responsibility to contact the CI and the DCE 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

Any time a student requests time off from her/his scheduled clinical time that is not for professional leave, a *Personal Leave Request Form* must be completed and approved. If known in advance, this form must be presented to the DCE at least **48 hours** prior to the requested change and approval from the student's CI and DCE is also required. Before approval will be granted, arrangements for rescheduling the time missed must be determined and agreed to by the SCCE, 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 SCCE with approval or denial of the request. The signature of the CI and the SCCE 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 DCE 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 DCE 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 DCE 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 DCE.

Professional Days

The student is allowed two days of professional leave during AL 279-Clinical II/III. These days are to allow the student to be gone from her/his assigned clinical site to attend the NPTE Examination, job interviews, employment fairs, travel to the next assigned clinical site and other circumstances as determined by the DCE. 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 DCE.

Excessive Absence

Unexcused absences are not allowed during any clinical affiliation. If a student, for any reason, has excessive excused absences (other than professional leave) including illness, emergency, weather and/or personal leave (more than 2 days during any one clinical affiliation) the student will meet with the DCE to determine the student's status in the clinical course. All excused absences other than professional days will need to be rescheduled for time missed. Excessive excused absences may result in, but are not limited to, 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
July, 2018
May, 2019

PHYSICAL THERAPIST ASSISTANT PROGRAM
Washburn University
School of Applied Studies

Inclement Weather Policy

If your facility is closed due to inclement weather or if the weather has created a safety hazard for your commute, it is your responsibility to contact your CI and the DCE about the situation. All students are encouraged to plan ahead and make every effort to attend their clinical facility if making the commute is safely possible. Any time missed due to inclement weather will be an excused absence, but the time missed will be required to be made up.

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 DCE of Washburn University at least 48 hours prior to the day requested for approval. In addition my assigned Clinical Instructor and SCCE 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 _____

DCE _____

Approved_____ Denied_____

CI _____

Approved_____ Denied_____

SCCE _____

Approved_____ Denied_____

Implementation: June 1, 1993

Revision: July 3, 2000

Revised: November 20, 2006

May 24, 2019

Clinical Forms

Clinical Evaluation Tools

PHYSICAL THERAPIST ASSISTANT PROGRAM
Washburn University
School of Applied Studies

CLINICAL EVALUATION FORMS

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.

PHYSICAL THERAPIST ASSISTANT PROGRAM
Washburn University
School of Applied Studies

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.

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:

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

Evaluator's Signature& Initials:

**Washburn University
Physical Therapist Assistant Program
Competency Check Sheet**

AL 171 Musculoskeletal Assessment 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:

	Date	Evaluator
Bony Landmark Assessment & Muscle Tone Upper Extremity, Spine, and Lower Extremity	_____	_____
Posture Assessment Lateral, Anterior, and Posterior Assessment Atrophy Assessment, LLD	_____	_____
Manual Muscle Testing Gross manual muscle test	_____	_____
Strengthening Exercise RRROM Exercises	_____	_____
Stretching Exercise Passive Stretching Techniques	_____	_____
UE Orthopedic Protocols and Treatment TSR, Rotator Cuff, Bankart, SLAP & non-operative UE protocols	_____	_____
UE MMT, muscle length test, treatment	_____	_____
LE Orthopedic Protocols and Treatment THA, TKA, menisectomy, ACL, PCL, MCL, & non-operative LE protocols	_____	_____
LE MMT, muscle length test, treatment	_____	_____

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:

	Date	Evaluator
Postural Drainage Percussion, Vibration, shaking, suctioning, ventilator aids, and positioning	_____	_____
Cardiopulmonary Testing Maximum Heart Rate, Exercise Heart Rate, 6 minute walk test	_____	_____
Airway Clearance Techniques Forced expiratory techniques, assisted cough/huff, autogenic drainage, paced breathing, pursed lip breathing, techniques to maximize breathing,	_____	_____
Relaxation Strategies Diaphragmatic breathing strategies, manual facilitation of breathing, movement Strategies, relaxation techniques, complementary exercise protocols	_____	_____
Aerobic Capacity/endurance conditioning or reconditioning Gait and locomotor training, increased workload over time, movement efficiency And energy conservation training, walking and wheelchair propulsion	_____	_____

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:

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

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:

Developmental Activities

Developmental Activities Training	_____	_____
Inhibition Techniques	_____	_____
Facilitation Techniques	_____	_____
PNF	_____	_____
Motor Training	_____	_____

Gait and Locomotion Training

Developmental activities training	_____	_____
Gait Training	_____	_____
Perceptual Training	_____	_____
Exercise Approaches for Locomotion	_____	_____

Balance, Coordination, Agility Training

Motor Control and Motor Learning Training	_____	_____
Neuromuscular Education/Re-Education	_____	_____
Perceptual Training	_____	_____
Coordination Exercises	_____	_____

Gravity-assisted Compression Devices

Standing Frame	_____	_____
Tilt Table	_____	_____

Comprehensive Check

_____	_____
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Evaluator's Signature

Washburn University
Physical Therapist Assistant Program
AL 268 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:

	Date	Initials
Compression Bandage		
Compression bandaging	_____	_____
Compression garments	_____	_____
Wound Management		
Dressing Application and Removal	_____	_____
<i>ie Hydrogels, Hydrocolloids, Transparent Film</i>		
Debridement-nonselective		
<i>Mechanical</i>	_____	_____
Debridement-selective		
<i>Autolytic, enzymatic</i>	_____	_____
Topical Agents		
<i>Cleansers, creams, moisturizers, ointments, sealants</i>	_____	_____

Evaluator's Signature: _____

Washburn University
Physical Therapist Assistant Program
AL 272 Current Rehab Techniques 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:

Intervention	Date	Evaluator
Compression Bandage Taping	_____	_____
Orthotic Devices Braces, Casts, Shoe inserts, Splints	_____	_____
Corsets, neck collars, slings, supportive taping	_____	_____
Prosthetic Devices Amputee BKA, AKA wrapping	_____	_____
Prosthetic Device Gait Training	_____	_____

Evaluator's Signature: _____

GENERAL INFORMATION AND SIGNATURES
(print this page 1 sided)

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.

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 Site: _____

Address _____

City _____ State _____

Clinical Experience Number _____

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

_____ Acute Care/Inpatient Hospital Facility

_____ Private Practice

_____ Ambulatory Care/Outpatient

_____ Rehabilitation/Sub-acute Rehabilitation

_____ ECF/Nursing Home/SNF

_____ School/Preschool Program

_____ Federal/State/County Health

_____ Wellness/Prevention/Fitness Program

_____ Industrial/Occupational Health Facility

_____ 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.

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

8. Please list all modalities used or observed during this clinical experience.

9. 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.

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

10. During this experience, how frequently did staff (ie, CI, SCCE, 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.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PTA student.	
Providing effective role models for problem solving, communication and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc.)	
Being sensitive to individual differences (ie, race, age, ethnicity, etc.)	
Using evidence to support clinical practice.	

Being involved in professional development (eg., degree and non-degree continuing	
Being involved in district, state, regional, and/or national professional activities.	

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

Clinical Experience

12. 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 _____)

13. 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

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

15. 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 _____

16. 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

17. 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.

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

19. 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.

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

21. What do you believe were the strengths of your physical therapist assistant academic preparation and/or coursework for this clinical experience?
22. What curricular suggestions do you have that would have prepared you better for this clinical experience?
23. Do you believe the overall caseload during this clinical experience was appropriate for your academic preparation to this point?

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

23. 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

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

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

Midterm Evaluation _____ Yes _____ No

Final Evaluation _____ Yes _____ No

25. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

Final Evaluation

26. What did your CI(s) do well to contribute to your learning?

Midterm Comments

Final Comments

27. 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.

Values-Based Behavior with Definition	Sample Indicators	Self-Assessment Rating				
		1 Never	2 Rarely	3 Occasional	4 Frequent	5 Always
Altruism 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.	1. Providing patient/client-centered interventions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	2. Readily offering to assist the physical therapist in providing patient/client interventions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. Generously providing the necessary time and effort to meet patient/client needs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	5. Contributing, as able, to the provision of physical therapy services to underserved and underrepresented populations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Caring and Compassion Compassion is the desire to identify with or sense something of another's experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.	1. Actively listening to the patient/client and considering the patient/client's needs and preferences.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	2. Exhibiting compassion, caring, and empathy in providing services to patients/clients.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. Demonstrating respect for others and considering others as unique and of value.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4. Considering social, emotional, cultural, psychological, environmental, and economic influences of the patient/client (eg, learning styles, language abilities, cognitive abilities and adapting approach accordingly.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	5. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases; i.e. demonstrate a nonjudgmental attitude.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Continuing Competence Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.	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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	2.	Maintaining continuing competence using a variety of lifelong learning strategies (eg, continuing education, reflective journals, journal clubs, and working with a mentor).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3.	Seeking further education in the use and delivery of interventions based on new evidence as it becomes available.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4.	Developing and implementing a career advancement plan based on interests, opportunities, and career aspirations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Duty Duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.	1.	Demonstrating behaviors, conduct, actions, attitudes, and values consistent with the roles, responsibilities, and tasks of the PTA.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	2.	Facilitating each patient/client's achievement of goals for function, health, and wellness, as directed in the plan of care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3.	Preserving the safety, security, and confidentiality of individuals in all patient/client contexts.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4.	Participating in quality assurance/quality improvement activities in physical therapy care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	5.	Promoting the profession of physical therapy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	6.	Providing student instruction and mentoring other PTAs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Integrity	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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3.	Demonstrating the ideals of the values-based behaviors of the PTA.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Integrity (cont.)	4.	Demonstrating honesty and trustworthiness in all interactions and relationships.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

	5. Choosing employment situations that are congruent with ethical principles and work standards.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	6. Identifying ethical and legal concerns and initiating actions to address the concern, when appropriate.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
PT/PTA Collaboration	1. 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).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	2. Promoting a positive working relationship within the PT/PTA team.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. 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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4. Seeking out opportunities to collaborate with the PT to improve outcomes in patient/client care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	5. Working with the PT in educating consumers and other health care providers about physical therapy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Responsibility	1. Identifying strengths and limitations in knowledge and skill, and working within limitations of personal ability.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	2. Completing patient/client care and other tasks in a timely and efficient manner.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. Identifying, acknowledging, and accepting responsibility for actions and, when errors occur, following error reporting processes.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4. Communicating in a timely manner with others (eg, PTs, patients/clients, and others).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Social Responsibility	1. Advocating for patient/client needs in the clinical setting.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	2. Demonstrating behaviors that positively represent the profession to the public.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. Promoting a healthy lifestyle, wellness, and injury prevention strategies in the community.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	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).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	5. Advocating for changes in laws, regulations, standards, and guidelines that positively affect physical therapy and patient/client services.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Date Completed:

Comments:

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PHYSICAL THERAPIST ASSISTANT PROGRAM
Washburn University
School of Applied Studies

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 785-670-1404.

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

7. Is able to document relevant aspects of patient treatment.

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:

PHYSICAL THERAPIST ASSISTANT PROGRAM

Washburn University School of Applied Studies

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.

8. 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

WASHBURN UNIVERSITY OF TOPEKA

By: _____
Director

By: _____
President

By: _____
Physical Therapist

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 # _____
 SCCE Name & phone# _____
 SCCE email address _____

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

Course	Clinical Experience II AL 279 (2 nd of 3 rotations)	Clinical Experience III AL 279 (3 rd of 3 rotations)	Clinical Experience I AL 264 (1 st of 3 rotations)
Duration	6 weeks	6 weeks	5 weeks
Dates			
Slots	TOTAL # of students you will accept for: Rotation II	TOTAL # of students you will accept for: Rotation III	TOTAL # of students you will accept for: Rotation I
Placement	Designate where you will place each student accepted for Rotation II _____ Acute _____ Inpatient Rehab _____ Outpatient _____ Subacute/postacute _____ Other _____	Designate where you will place each student accepted for Rotation III _____ Acute _____ Inpatient Rehab _____ Outpatient _____ Subacute/postacute _____ Other _____	Designate where you will place each student accepted for Rotation I _____ Acute _____ Inpatient Rehab _____ Outpatient _____ Subacute/postacute _____ Other _____

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

Cory Oliva, PTA, BA
 Director of Clinical Education
 1700 College Avenue
 Topeka, KS. 66621
 Phone: 785-670-1404 FAX: 785-670-1027
 Email: cory.oliva@washburn.edu

Washburn University PTA Program Clinical Affiliation Assignment

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 **coryoliva@washburn.edu**. Please return the FAX BACK SHEET as confirmation.

Sincerely,

Cory Oliva, PTA, BA
Washburn University PTA Program DCE

PHYSICAL THERAPIST ASSISTANT PROGRAM
Washburn University
School of Applied Studies

CLINICAL EVALUATION AND PERFORMANCE

There are no examinations given in this course. The student will be evaluated on their skill and performance through the Clinical Performance Instrument.

Clinical Performance Instrument (CPI)

Each student will complete the APTA Clinical Performance Instrument training prior to attending a clinical rotation. All clinical instructors also complete this training prior to working with the students. This training is mandatory in order to ensure objective measures for all evaluations. Each student will meet with his or her clinical instructor midway and at the end of each clinical rotation for review of the electronic evaluation. Instructions for completing the CPI can be found on D2L under "Clinical Performance Instrument." These evaluations need to be completed at midterm and on the final day for the clinical rotation. The student and the CI need to fill out the evaluation prior to meeting. The DCE will view the completed evaluations through the CPI website following each evaluation. The CI's evaluation of the student's performance in the clinic is used to determine a percentage of the student's grade. **The final letter grade for this clinical course is assigned by the DCE of the PTA program.**

Clinical Performance Ratings

It will be necessary for each student to exhibit a satisfactory level of performance on all fourteen categories of the CPI for all clinical rotations.

AL 264 Clinical I:

- Ratings for the 5 Red Flag Items must fall (at a minimum) in the Intermediate Category at FINAL EVALUATION.
- All other items, the FINAL ratings must be above Advanced Beginner at FINAL EVALUATION

AL 279 Clinical II:

- Ratings for the 5 RED FLAG CATEGORIES must be at "Entry Level" of the rating scale at FINAL EVALUATION.
- For all other items, the FINAL ratings must be between the "Advanced Intermediate" to "Entry Level" categories at FINAL EVALUATION.

AL 279 Clinical III:

- Ratings for the 5 RED FLAG CATEGORIES must be at "Entry Level" of the rating scale at FINAL EVALUATION.
- For all other items, the expectation is that the student will be at "ENTRY LEVEL" at FINAL EVALUATION.

Unsatisfactory Performance

Unsatisfactory clinical performance that will result in failure of the clinical affiliation includes, but is not limited to the following. If the student:

- is unsafe with patients
- fails to abide by institutional policy
- demonstrates unsatisfactory ability to apply knowledge of theory and learned skills
- has excessive absenteeism

Failure of a clinical education experience may require the student to complete another clinical experience of comparable duration at a facility assigned by the DCE if a site is available. For AL 264, the student will not be able to continue in the program if the clinical education experience is not passed by the start of the next semester of classes. For AL 279, the student will not be able to graduate until the experience is successfully completed. Failure to successfully complete a remedial clinical experience as set forth by the DCE will result in dismissal from the program.

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

PHYSICAL THERAPIST ASSISTANT PROGRAM

**Washburn University
School of Applied Studies**

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.