

(revised 10-10-10)

CHATTANOOGA STATE COMMUNITY COLLEGE
NURSING & ALLIED HEALTH DIVISION

PHYSICAL THERAPIST ASSISTANT COURSE SYLLABUS

PT 210 - CLINICAL PRACTICE II

CLASS HOURS: 0

SEMESTER CREDIT HOURS: 4

LABORATORY HOURS: 0

CLINIC HOURS: 8 hours/day

**two days /week on Tuesday and Thursday
with first day as orientation day. –total of
200 contact hours.**

CATALOG COURSE DESCRIPTION: A continuation of PT 111 where students work under the direct, on premise supervision of a registered physical therapist or registered physical therapist assistant to gain expertise in the skills learned in class and in the laboratory.

ENTRY LEVEL STANDARDS: The student must have successfully completed all previous PT and BIOL courses with a minimum grade of "C" while maintaining a GPA of 2.0. The student must also exhibit the attitudinal characteristics necessary for this profession as described in APTA's core values. Student must have demonstrated evidence of successful completion of the assigned On-Line "TCPS" Courses by bringing a copy of the Tennessee Clinical Placement System transcript to the ACCE. In addition, completed student immunization forms, current American Heart Association CPR card copy, and "Green" Criminal Background Check must be on file with the Program Director/ACCE. All HIPPA forms must be completed and submitted to the ACCE at orientation.

PREREQUISITES: PT 125 Physical Therapy Procedures, PT 111 Clinical Practice I

COREQUISITES: PT 205 Therapeutic Exercise

TEXTBOOK(S) AND OTHER REFERENCE MATERIAL BASIC TO THE COURSE: No additional texts required; however, all previous PT and BIOL course texts may be used for reference. **Student Clinic Handout Packet** with evaluation forms is required.

CHATTANOOGA STATE INSTITUTION STUDENT LEARNING OUTCOMES (ISLOs):

Chattanooga state has identified its college-level competencies and the student learning outcomes that it expects the graduates of its educational programs to have attained at appropriate levels for each program. These outcomes reflect the knowledge, skills and attitudes that a community college graduate is expected to have developed, including:

- **Effective Communication (COM):** includes speaking, writing and graphic presentation skills

- **Analytical and Critical Thinking Skills (CT):** includes skills of categorization, decoding significance, clarifying meaning, examining ideas, detecting arguments, and analyzing arguments into their component elements. Purposeful, self-regulatory judgment which results in interpretation, analysis, evaluation, and inference, as well as explanation of the evidential, conceptual, methodological, criteriological, or contextual considerations upon which that judgment is based.
- **Information Technology Skills (TEC):** includes use of computers, online learning, information seeking, and use of new technologies.
- **Societal & Cultural Awareness (CUL):** includes awareness of how societal and cultural differences affect an individual's life, focusing on diversity and collaboration.
- **Foundational Knowledge in a Specialty (KNO):** the specialty-specific competencies that each graduate of the program is expected to achieve.
- **Work Ethic (WE):**

PTA PROGRAM STUDENT LEARNING OUTCOMES (PSLOs):

By the completion of the program, in addition to the college ISLO, Chattanooga State PTA Program Graduates will display the following physical therapy competencies/outcomes which link to Chattanooga State's ISLOs:

- A. Decision Making:** (College ISLO: KNO, CT, TEC, CUL, COM)
 - A.1 When necessary, modify intervention or data collection appropriate to changes in patient/client condition to achieve goals established by the PT and within the scope of practice of a PTA.
 - A.2. Use knowledge and information available to make reasonable and appropriate decisions regarding patient care.
- B. Communication/Teaching:** (College ISLO: COM, TEC, KNO)
 - B.1 Appropriately use medical language and physical therapy language in verbal and written or electronic communication
 - B.2. Communicate with the patient/client to relay relevant instructions regarding the physical therapy interventions.
 - B.3 Communicate with the physical therapist and/or other members of the health care team regarding patient/client status, progress, or need for re-evaluation by the PT.
 - B.4. Educate others about physical therapy and the role of the PTA.
 - B.5. Provide patient/client education about their physical therapy intervention and any additional instructions.
- C. Providing Physical Therapy Interventions:** (College ISLO: KNO, COM, TEC)
 - C.1. Provide physical therapy interventions and data collection in a time efficient manner with all necessary documentations.
 - C.2. Identify and describe background theory, pathological conditions, surgical conditions, and other issues that may influence the patient/client's physical therapy.

C.3 Effectively and safely provide physical therapy interventions under the supervision of a physical therapist and as outlined by the physical therapist in the plan of care established for the patient/client.

D. Displaying Professional Behavior: (College ISLO: COM, CUL, CT, KNO, WE)

- D.1 Recognize importance of lifelong learning and resources available for development opportunities
- D.2 Comply with APTA's core values of accountability, altruism, compassion/caring, cultural competence, duty, integrity, and social responsibility.
- D.3 Display behavior consistent with APTA's Standards of Ethical Conduct for the Physical Therapist Assistant.
- D.4 Abide by state practice act in the provision of physical therapy.
- D.5 Display a work ethic that aligns with Chattanooga State's college expectations as well as those of the Division of Allied Health and Nursing and the PTA Program.

Required Student Learning Outcomes: Program Student Learning Outcomes(PSLOs) and Course Student Learning Outcomes (CSLOs) with specific indicators or instructional objectives.

PTA program student learning outcomes (PSLOs) consist of four broad outcome statements (with additional descriptors for each) that describe the abilities of the graduates of the Chattanooga State PTA Program.

The following list of Course Student Learning Outcomes (CSLOs) represents specific objectives and includes skills, knowledge and attitudes that the student will obtain or be able to perform upon completion of the course. These CSLOs and instructional objectives (IOs) or indicators are linked to the overall PTA Program Student Learning Outcomes (PSLOs). Collectively, the CSLOs from all program courses enable students to achieve the program student learning outcomes.

By the end of the clinical rotation, the student is required to perform at a minimal competency (3) on each area of the clinical evaluation. This represents that minimally, the supervisor feels the student requires supervision and must be guided several times before they can perform independently or with minimal supervision. The student meets critical safety elements/concerns when dealing with patients/clients. Functions independently 70-80% of the time. While the minimal performance level is (3), the preferred level is at (4) with several (5) ratings as defined on the evaluation form. Less than (3) is unacceptable.

PSLO # 1: Decision Making:

CSLO #1: When necessary, modify intervention or data collection appropriate to changes in patient/client condition to achieve goals established by the PT and within the scope of practice of a PTA. This CSLO is additionally defined via the following **indicators or instructional objectives :**

1. Determines if there is a need to terminate, adapt or suspend therapy intervention and reports patient change to PT or appropriate health care personnel.
2. Recognizes changes in patient condition associated with arousal state, cognition, and mentation and expresses concerns or unusual occurrences about patient to clinical supervisor.
3. Adapts physical therapy intervention within plan of care in response to patient clinical condition and reports adaptations to PT.

CSLO #2: Use knowledge and information available to make reasonable and appropriate decisions regarding patient care.

1. When given an example of a clinical intervention technique, work in groups to review examples of billing and reimbursement procedures appropriate for the specific intervention in different clinical settings and make decisions on the billing code to use for the example treatment rendered.

PSLO #2: Communication/Teaching:

CSLO # 3: Appropriately use medical language and physical therapy language in verbal and written or electronic communication. This CSLO is additionally defined via the following **indicators or instructional objectives :**

1. Define and appropriately use medical terms and related physical therapy terms.
2. Utilizes procedures dictated by the facility, state practice act, or other regulatory agencies guidelines to document physical therapy interventions in a clear, concise, accurate, and time efficient manner. Include pertinent information for relaying information to others health care personnel about the physical therapy status of the patient.

CSLO #4: Communicate with the patient/client to relay relevant instructions regarding the physical therapy interventions or to educate the patient about their PT interventions. This CSLO is additionally defined via the following **indicators or instructional objectives :**

2. Communicates with patient as necessary in an appropriate and effective manner—both verbally and non-verbally.
3. Properly instructs and trains patient/client in use of adaptive/assistive devices such as cane, crutches, walker, parallel bars and offers correction if needed.

4. Instructs patient in protocol range of motion/strengthening exercise programs to include:
 - a. Active and active assistive ROM
 - b. Ankle pumps/circles
 - c. Buerger-allen
 - d. Codman's /Pendulum
 - e. Heel slides
 - f. Passive ROM
 - g. Quad sets, ham sets, gluteal sets
 - h. Short arc quads (SAQs) or terminal knee extension (TKEs)
 - i. Spinal Extension
 - j. William's flexion

CSLO #5: Communicate with the physical therapist and/or other members of the health care team regarding patient/client status, progress, or need for re-evaluation by the PT. This CSLO is additionally defined via the following

indicators or instructional objectives :

1. Communicates clinical instructor, ACCE, academic faculty and other health care personnel as necessary in an appropriate and effective manner—both verbally and non-verbally.
2. Reports changes in patient status that affect physical therapy intervention and report to clinical instructor or supervising PT.
3. Prepare discharge plans/instructions for patient/client based on physical therapy recommendations and relate information to patient, caregiver, case manager, or other health care personnel.
4. Educates patient/client/family member/ or caregiver about the physical therapy intervention determined in the plan of care by the PT.

CSLO #6: Educate others about physical therapy and the role of the PTA. This CSLO is additionally defined via the following

indicators or instructional objectives :

1. Work in groups to provide in-service reports to simulated groups (i.e. nursing, physical therapy personnel, or other health care personnel) using educational principles and presentation guidelines discussed in orientation.
2. Provide a presentation to simulate how to educate patient, clients, and other health care personnel about the role of the PTA using PowerPoint, speech, posters, or APTA reference materials provided on-line.
3. Provide in-service reports or seminars to physical therapy staff or other health care personnel on selected topics determined by the CI.
4. Interacts with a PTA in a manner to recognize the importance of the role of the PTA in Clinical education of PTA students.
- 5.

PSLO #3: Providing Physical Therapy Interventions

CSLO # 7: Effectively and safely demonstrate progress toward entry level performance by providing physical therapy interventions and data collection in a time efficient manner with all necessary documentations while under the supervision of a physical therapist and as outlined by the physical therapist in the plan of care established for the patient/client. This CSLO is additionally defined via the following **indicators or instructional objectives** :

1. Verifies plan of care established by the PT prior to initiating patient/client contact by reviewing with the supervising CI.
2. Follows guidelines for body mechanics when assisting patient/clients in mobility and/or teaches patient/client in proper body mechanics for lifting and moving objects for work or ADLs.
3. Selects appropriate wheelchair and instructs patient/client in wheelchair safety and mobility.
4. Recognizes and honors situations that require isolation procedures for contact precautions, respiratory isolation, reverse isolation or standard precautions.
5. Uses sterile procedure, aseptic technique or “clean” technique when dealing with open wounds and identifies viable versus non-viable tissue.
6. Performs active, active assistive or passive ROM when indicated in the plan of care established by the PT to accomplish the patient/client’s goals.
7. Performs electrotherapy procedures and interventions, knows indication and precautions, and knows safety measures associated with each of the following: (PGO: A.1, A.2, C.1)
 - a. Electrical stimulation
 - b. Ultrasound/electrical stimulation combination
 - c. TENS
 - d. Iontophoresis / phoresor
8. Observes and corrects patient position for proper alignment or posture in sitting, standing for dynamic and static postures and positions.
9. Follows plan of care in application and removal of wound dressings and topical agents. Knows and recognizes indications and precautions.
10. Checks patient/client’s skin before performing physical therapy intervention and recognizes absent or altered sensation or unexpected changes in skin condition to include color changes, cyanosis, blanching, or redness.
11. Measures and records patient height, weight, or girth measurements if indicated by the plan of care established by the PT.
12. Positions patient/client for comfort, safety, or accessibility to equipment.
13. Accurately performs and documents data collection techniques to include:
 - a. Muscle testing (manual and functional)
 - b. Goniometry (using goniometer and functional)
 - c. Limb girth to compare muscle mass or edema to contralateral extremity

- d. Anthropometric measurements: weight, height, leg length
14. Know special precautions and instructs patients/caregivers in exercise programs and activities for patients with pathological conditions to include:
- e. Cerebrovascular accident (CVA)
 - f. Spinal Cord Injury (SCI)—quadriplegia/tetraplegia, or paraplegia
 - g. Cardio-pulmonary conditions—post Myocardial infarction, COPD, Cardiac Bypass, or Coronary stent placement.
 - h. Amputee—Transtibial and transfemoral
 - i. Traumatic Brain Injury (TBI)
 - j. Neuro developmental delays
15. Instruct and progress patient in therapeutic exercise/therapeutic activities to include: (PGO: A.1,B.1,B.2,B.5,C.1,C.2)
- k. Active and active assistive ROM
 - l. Ankle pumps/circles
 - m. Buerger-allen exercises
 - n. Codman's /Pendulum exercises
 - o. Heel slides
 - p. Passive ROM
 - q. Quad sets, ham sets, gluteal sets
 - r. Short arc quads (SAQs) or terminal knee extension (TKEs)
 - s. Spinal Extension
 - t. William's flexion
 - u. Isometric, isotonic, isokinetic exercise
 - v. Static and dynamic balance exercise activities
 - w. Active and passive stretching techniques
 - i. Manual and mechanical stretching
 - ii. Active and passive stretching
 - x. Neuro-developmental techniques for motor progression in adults and children
 - y. Bed mobility and transfer progression
- 16.

CSLO #8: Identify and describe background theory, pathological conditions, surgical conditions, and other issues that may influence the patient/client's physical therapy. This CSLO is additionally defined via the following **indicators or instructional objectives** :

1. While working in a simulated group of health care providers, develop an outline of a quality improvement project related patient/client care in an example type of facility.
2. Knows indications and precautions and can effectively and safely performs physical therapy interventions within the established plan of care to include:
 - a. Cold/ice packs/ice massage
 - b. Contrast baths/contrast packs

- c. Hot packs
 - d. Paraffin
 - e. Phonophoresis
 - f. Ultrasound
 - g. Ultraviolet
 - h. Biofeedback
 - i. CPM
 - j. Bed mobility
 - k. Transfers
 - l. Ambulation training with or without assistive devices on level surfaces and stairs.
 - m. Hydrotherapy/whirlpool
 - n. Therapeutic massage/soft tissue mobilization
 - o. Compression therapy
 - p. Hyperbaric oxygen
 - q. Tilt table
 - r. Traction (cervical and lumbar)
3. Knows normal ROM values and recognizes when patient does not have normal range.
 4. Performs and documents patient/client vital signs and recognizes changes in vital signs that occur as a result of positional change or activity.
 5. Administers pain questionnaire via standardized questionnaire, visual analog scale, graph, or behavioral scale and compares results with previous pain levels.

PSLO #4: Professional Behavior

CSLO # 9: Comply with APTA's core values and with APTA's Standards of Ethical Conduct for the Physical Therapist Assistant while displaying a work ethic that aligns with Chattanooga State's college expectations as well as those of the Division of Allied Health and Nursing and the PTA Program. This CSLO is additionally defined via the following **indicators or instructional objectives** :

1. Provide completed documentation to demonstrate they have met all of the responsibilities for clinic to include:
 - a. completion of current immunization form for MMR, Chicken Pox, TB skin test, Tetanus, polio, and Hepatitis B
 - b. "Green" Criminal Background Check or successful approval
 - c. Completion of all required online courses per Joint Commission requirements and hospital requirements.
 - d. Current CPR certification from American Heart Association Health Care Provider Course
 - e. Contact the clinic to verify clinical instructor, when to arrive on the first day of clinic, parking instructions and directions, and contact information for the CI.

- f. liability insurance per Division guidelines.
- 2. Treats all individuals with respect and honors cultural and individual differences.
- 3. Demonstrate awareness of differences among patients due to social, economic, religious, or cultural variations.
- 4. Comply with APTA's core values of accountability, altruism, compassion/caring, cultural competence, duty, integrity, and social responsibility.
- 5. Display behavior consistent with APTA's Standards of Ethical Conduct for the Physical Therapist Assistant.
- 6. Interacts with a PTA in a manner to recognize the importance of the role of the PTA in clinical education of PTA students

CSLO #10: Meets legal and/or third party (insurance) requirements in state for student involvement in patient/client care. Abide by state practice act in the provision of physical therapy. This CSLO is additionally defined via the following **indicators or instructional objectives** :

- 1. Simulates the circumstances that meet requirements for the PTA student to function as a member of the physical therapy health care team in patient/client care while under the direct supervision of a clinical instructor (PT or PTA).
- 2. Follows HIPPA requirements in dealing with patient/client privacy and protected health care information.
- 3. Follows established department policies and procedures.
- 4. Accurately and efficiently follows facility procedures, regulatory guidelines, and state practice rules regarding billing and reimbursement of physical therapy care provided.
- 5. Alerts supervising PT or PTA when the plan of care, intervention, or data gathering technique is beyond the capabilities of the PTA student. Researches to review if it is a technique that the student should be able to perform at this stage in the curriculum.
- 6. Reviews and knows policies and procedures of the facility regarding emergency procedures and follows them if required.
- 7. Functions as a member of the physical therapy health care team in patient/client care and while under the direct supervision of a clinical instructor (PT or PTA).
- 8. Review data to support evidence based practice on given treatment intervention determined by the CI.
- 9. Participates in facility quality improvement, continuous quality enhancement, or quality assurance programs to improve patient/client care.

EVALUATION

A. TESTING PROCEDURES: N/A

B. **CLINICAL ORIENTATION EXPECTATIONS:** (satisfactory/non-satisfactory grading) Each student must satisfactorily complete the assessments listed below in order to proceed to the clinical setting.

1. At orientation, if not before, documentation of all clinical requirements (such as immunizations, liability insurance, background check, HIPPA, TCPS, CPR) will be completed and verified by ACCE or Program Director to clear student for clinic participation. (PSLO 4, CSLO 9)
2. Satisfactory critiques of group presentations will be done by classmates in the group, by the ACCE and/or Program Director. (PSLO 2, CSLO 6)
3. Discussion with justification of billing choices will be completed by the groups and approved by the ACCE or Program director. (PSLO 2, CSLO 6)
4. When given a written simulation of a clinical situation, the student must successfully determine if it meets the supervisory requirements of the CI. (PSLO 4, CSLO 10)

C. FIELD WORK:

1. Individual facilities **will require** the student to present an in-service. The compliance with this expectation and the quality of the in-service will be reflected on the student's evaluation form. (PSLO 2, CSLO 6)
2. The student is encouraged to attend all professional meetings at the state and local level. (PSLO 4, CSLO 9)
3. Students, in conjunction with the clinical practicum, are required to maintain a clinic notebook. The notebook is turned into the ACCE on a weekly basis. The student's compliance with the submission of the clinic notebook and requested information is necessary for successful completion of the course. (PSLO 4, CSLO 9)
4. Students will complete an evaluation of clinical instructor and clinical site at the completion of each rotation/session. These evaluation forms are to be signed and returned to ACCE the day following the last day of clinic. (PSLO 4, CSLO 9)

D. OTHER EVALUATION METHODS:

1. **PERFORMANCE PROGRESS REPORT** - This form provides documentation in regard to the on-going student performance and will be completed on a weekly basis by the clinical instructor and returned to the ACCE by the student. This will ensure adequate feedback in regard to student progress. (PSLO 1-4, CSLO 1-10)
2. **Faculty Clinical Observation and Communication forms:** these are completed by faculty after on-site observation of the student with the CI.

Feedback is given to the student regarding their demonstrated progress toward entry level in the clinical setting. The academic faculty member's perspective and CI observations are documented and submitted to the ACCE for review. If needed, learning goals/objectives will be established to assist the student with necessary improvement (PSLO 1-4 and CSLO 1-10)

3. **A standardized clinical evaluation form** (see attached evaluation form) with checklists of skills, knowledge and attitudes will be utilized for the evaluation period. The student will be evaluated at midterm and at the end of the grading period by the clinical instructor. Both the student and the clinical instructor will read the completed evaluation form and sign it at both evaluation periods. This will ensure that the student has an opportunity for adequate feedback and response to the evaluation process. In addition to the skills checks, the CI will comment on the students overall performance toward entry level. (PSLO 1-4 and CSLO 1-10)
4. **All excused clinic absences must be made up prior to the conclusion of the current affiliation.** The last Thursday of each session/rotation this semester will be designated as a clinic make up day if needed.
If the student has not missed any clinic days, it is not a required clinic day. If the student has missed more than one clinic day each session, the student, CI, and ACCE will mutually determine the mechanism for make up of missed time. Failure to comply with policy will be reflected in final clinic grade and will constitute dismissal from the program. Unexcused absences in clinic are unacceptable and will result in an unacceptable grade on clinical evaluation in the attendance category. This would result in the student failing the clinical rotation, and subsequently, being dismissed from the PTA program.(
5. **Student may be asked by the Academic Clinical Coordinator** to submit written procedures which are being utilized in their treatment of patients in clinic. The CI may also require outside assignments designed to help the student understand aspects of the clinical process.

E. EVALUATION PROCESS:

The Evaluation Form contains eleven categories. Each category then contains subcategory areas of procedures, skills, knowledge and/or attitudes of behavior. In evaluating their performance in each area, the following scale is used in conjunction with the Guide for Evaluation on page one of the clinic form: (PSLO 1-4 and CSLO 1-10)

- 5 The supervisor feels the student can perform activity independently 90-100% of the time, with enough observation to stay abreast of the learning experience. The student handles self and patient with ease and confidence appropriate for their academic level.
- 4 The supervisor feels the student requires minimal guidance/reminder to initiate tasks. Continues to require occasional help after 1-2 times of direct supervision. Can function independently 80-90% of the time.

- 3 The supervisor feels the student requires supervision and must be guided several times before they can perform independently or with minimal supervision. Meets critical safety elements/concerns when dealing with patients/clients. Functions independently 70-80% of the time.
 - 2 The student performs below expected level with continuous supervision required. The student does not learn through experience; is not consistent in performance abilities and requires strict supervision and assistance from supervisor. Is not safe when performing interventions or data gathering techniques. Functions independently less than 70% of the time. A student receiving one "2" on the final evaluation form is considered to be failing and will be dismissed from the PTA program.
- NA Insufficient data available to grade student on this skill. Student may not have been provided the opportunity to perform this task.

The student is to be formally evaluated midway through the rotation/session (**Mid-Term Evaluation**) and at the end of the rotation/session. (**Final Evaluation**). **Only final evaluations** will be used to **determine their final grade**. The mid session evaluation is to provide the student with **learning objectives and goals** for improvement and to identify student strengths and weaknesses as well as progress toward entry level performance.

Students must perform at least at the (3) level in ALL **subcategory areas**. If at midterm the student is **below** this level (**evaluation of 2**), they have until final evaluation to work on improving their performance level. **A written remediation plan will be developed in conjunction with the student, CI, and ACCE/academic faculty member with specific timelines and objectives for the student to accomplish for a successful clinical.** Ideally, the ACCE would already be aware of the student's performance level identified via the CI's weekly progress report or by the Academic Faculty Clinical Observation report. By the end of the clinical rotation, **if any category is still not passed** with the minimum (3) level of 70% competency, it is **grounds for a failing clinic experience**. **The student would then be dropped from the PTA program.**

In addition to individual categories, an **OVERALL PERFORMANCE rating relative to entry-level is completed by the CI at the end of the clinical rotation**. The Clinical Instructor will place a line on the area of the bar scale that best represents student performance level. This rating will be relative to required entry level performance regardless of clinical practicum level. The ACCE monitors this overall performance rating with the expectation that all students must show progress in their overall performance as they progress through clinical rotations. A remediation plan will be

established for any student who is not progressing. **Each student must demonstrate progress toward “entry level” through each clinical rotation and must be rated at “entry level” by the end of their last clinical rotation in PT 221 Clinic III to satisfy their final clinical evaluation process.** Both the student and the clinical instructor will read the completed evaluation form and sign it at both evaluation periods. This will ensure that the student has an opportunity for adequate feedback and response to the evaluation process.

CSLO/Assessment Alignment:

CSLO:	CSLO #1	CSLO #2	CSLO #3	CSLO #4	CSLO #5	CSLO #6	CSLO #7	CSLO #8	CSLO #9	CSLO #10
<i>PT 111 Assessment</i>	Clinic Eval, PPR, FCOC	Clinic Eval, PPR, FCOC	Clinic Eval, PPR, FCOC	Clinic Eval, PPR, FCOC	Clinic Eval, PPR, FCOC	Clinic Eval, PPR, FCOC	Clinic Eval, PPR, FCOC	Clinic Eval, PPR, FCOC	Clinic Eval, PPR, FCOC	Clinic Eval, PPR, FCOC

F. GRADES:

PT 210 is considered a Credit/No Credit course (or may be referred as "Pass-Fail" : “Satisfactory - Unsatisfactory”). This means the student must successfully complete all aspects of the clinical experience to receive credit for the course. Students **MUST** satisfactorily complete this course to proceed in the curriculum for the PTA program. An unsatisfactory grade could result in being dropped from the PTA program.

The Academic Clinical Coordinator will use the following criteria to determine satisfactory completion of the clinic:

1. **Satisfactory completion** of all aspects of Orientation Day requirements.
2. **Acceptable progress toward entry level** as described by the Academic Faculty’s Clinical Observation Form.
3. A **satisfactory final evaluation** demonstrating progress toward entry level which is completed by the CI and returned to the ACCE for review.
4. Satisfactory compliance with submission of clinic notebook and clinic forms. **(No more than 2 occasions of being late and all requested information in the appropriate format.)**
5. **Fulfillment of responsibilities to make up any clinic absences** (as defined in the PTA Program Student Handbook) and according to PTA course policy.

Please be aware that all fair and reasonable attempts will be made to give the student an opportunity to be successful in their clinic performance. Feedback on student performance is

an ongoing process and should be given by the CI and the ACCE or the faculty member making the clinical visit with the student.

WEEK:	TOPIC BASIS:
1	<p>Clinic Orientation: all day clinic orientation with focus on:</p> <ol style="list-style-type: none"> verification of clinical responsibilities such as immunizations, health stream, CPR, liability insurance, background check, etc. clinic procedures for billing using examples of charge sheets from hospital, outpatient, home health, and skilled nursing facility Current issues that impact physical therapy reimbursement/ billing— Medicare updates, etc. Review of the Clinic Evaluation form and grading implications. Differences from PT 111 Evaluation, Importance of demonstrating progress toward “entry level performance.” Review Process for initial contact with CI. Importance of critical elements of safety in the clinical setting. Review of Evaluation of the Clinic Review of Evaluation of the Clinic Instructor Review of Weekly progress reports completed by the CI Review of Clinic Visit Report done by academic faculty after clinic visit. Requirements for clinical notebook for this clinic. Work ethic and potential for job recruitment Clinical decision making with example of clinical issues currently seen in the clinic setting with options for solutions
2 through 14:	<p>Two day/week (Tuesdays and Thursdays) Clinical rotation with direct supervision of PT or PTA in a minimal of two sessions at assigned clinical facilities for a total contact period of approximately 200 clinical hours. The last day of each rotation session is designated as clinic make up day if needed.</p>

METHODOLOGY/INSTRUCTIONAL ACTIVITIES (IA): The strategies, methods, and processes that will occur within the course to provide students with an opportunity to achieve the stated course competencies are identified in the course schedule and include these activities:

- Lecture/discussion/group activities for clinical orientation.
- On line learning program from TCPS clinical site
- Student completion of clinic notebook assignments
- Student presentation and inservice at clinic
- Clinical learning through direct one on one interaction patients/clients while with a Clinical Instructor who is a supervising clinical PT or PTA.
- Monitoring of all aspects of clinical education program via Accademic Coordinator of Clinical Education (ACCE).

COURSE DELIVERY FORMAT:

This course is most closely aligned with the college **Standard Format**—This format is the traditional format and may use an online format to provide access to “static” materials which include the syllabus, course material, contact information, and presentations. Faculty must make available when requested a copy of syllabus and any other instructor provided course materials, including their contact information. Faculty may require on-line activities and assignments to include online testes and submission of all written and on-line communications. The extent of on-line activities/assignments may vary by course but will be specified on the syllabus.

COLLEGE POLICIES

This class is governed by the policies and procedures stated in the current Chattanooga State Student handbook. Additional or more specific guidelines may apply such as those located in the Allied Health Division Handbook and in the Physical Therapist Assistant Program Handbook.

ADA statement

Students who have educational, psychological, and/or physical disabilities may be eligible for accommodations that provide equal access to educational programs and activities of Chattanooga State. These students should notify the instructor immediately, and should contact Disabilities Support Services within the first two weeks of the semester in order to discuss individual needs. The student must provide documentation of the disability so that reasonable accommodations can be requested in a timely manner. All students are expected to fulfill essential course requirements in order to receive a passing grade in a class, with or without reasonable accommodations.

Disruption Statement

The term “classroom disruption” means--student behavior that a reasonable person would view as substantially or repeatedly interfering with the activities of a class. A student who persists in disrupting a class with be directed by the faculty member to leave the classroom for the remainder of the class period. The student will be told the reason (s) for such action and given an opportunity to discuss the matter with the faculty member as soon as practical. The faculty member will promptly consult with the division dean and the college judicial officer. If a disruption is serious, and other reasonable measures have failed, the class may be adjourned, and the campus police summoned. Unauthorized use of any electronic device constitutes a disturbance. Also, if a student is concerned about the conduct of another student, he or she should please see the teacher, department head, or division dean.

Affirmative Action

Students who feel that he or she has not received equal access to educational programming shoul contact the college affirmative action officer.

Academic Integrity/Academic Honesty

In their academic activities, students are expected to maintain high standards of honesty and integrity. Academic dishonesty is prohibited. Such conduct includes, but is not limited to, an attempt by one or more students to use unauthorized information in the taking of an exam, to submit as one's own work, themes, reports, drawings, laboratory notes, computer programs, or other products prepared by another person, or to knowingly assist another student in obtaining or using unauthorized materials. Plagiarism, cheating, and other forms of academic dishonesty are prohibited. Students guilty of academic misconduct, either directly or indirectly through participation or assistance, are immediately responsible to the instructor of the class. In addition to other possible disciplinary sanctions, which may be imposed through the regular institutional procedures as a result of academic misconduct, the instructor has the authority to assign an "F" or zero for an activity or to assign an "F" for the course.

PROGRAM POLICIES:

The instructor reserves the right to modify this syllabus in writing during the course of the semester.

As per the Nursing and Allied Health Division Handbook, if a clinical student causes any disruption and/or appears to be functioning in any impaired manner, the faculty or clinical personnel responsible for that student have the responsibility of dismissing the student from clinical experience that day. (see the **Division Handbook for further guidelines regarding impaired functioning.**)

**PT 210 CLINIC
Fall Semester 2009**

CLINIC SCHEDULE: Tuesday and Thursdays, 8:00am-5:30pm (clinics hours of operation) Any variance of these hours must be approved by ACCE. (Total of 8 working hours per day)

Academic Clinical Coordinator of Education: Cindy Birchell

If there are any questions or issues please contact:

Cindy Birchell, ACCE

Office phone: 697 - 4771

Home phone: 886 - 6184

Office:

Fax: 423-634-3071

e-mail: cindy.birchell@chattanoogaastate.edu

If Student will not be attending clinic on assigned day, the student is to contact Cindy Birchell no later than 7:30 am.

Academic CLINIC INSTRUCTORS:

The following academic instructors may be assigned to clinical site visits throughout this clinical practicum: Cindy Birchell, Donna Shipley, Sue Byron, and Laura Warren. They will report the progress of each student to the ACCE. The ACCE, academic faculty and CI will discuss all clinical concerns presented by the student and or the clinical site instructors.

Students will contact Cindy Birchell with concerns and questions concerning clinical placement, clinical skill's progress, behavioral issues and etc.

INSTRUCTOR PHONE NUMBERS:

Cindy Birchell : Office

Office phone: 697 - 4771

Home phone: 886 - 6184

Office:

Fax: 423-634-3071

e-mail: cindy.birchell@chattanoogaastate.edu

Laura Warren: Office

Office phone: 697 - 4730

Home Phone: 706-965-4599

e-mail: laura.warren@chattanoogaastate.edu

- Other faculty numbers will be provided as needed.

(ACCE Copy)

Directions: Sign and return this form to the ACCE by the first week of classes.

PT 210 - Clinical Practice II

Fall Semester 2009

I understand the above-stated evaluation and grading policies and agree to abide by the policies of the Physical Therapist Assistant Program.

Student Signature

Date

(Student Copy)

**PT 210 - Clinical Practice II
Fall Semester 2009**

I understand the above-stated evaluation and grading policies and agree to abide by the policies of the Physical Therapist Assistant Program.

Student Signature

Date

**Fall 2009: Second year students will be in clinic on Tuesdays and Thursdays.
Clinic hours should begin by 8:00 or 8:30 and end by 5:00 or 5:30. If
your facility's hours vary from stated clinical hours, please notify ACCE
as soon as possible for approval.**

Clinic Rotation Schedule: Fall 2009

PT 210: Clinic II (Session 1)

First Day of Classes: Monday, August 31, 2009
Clinic Orientation: Tuesday, September 1, 2009
 First day of clinical practicum: Thursday, September 3, 2009
 Midterm evaluation: Tuesday, September 22, 2009
 Last day of clinic/ final evaluation: Thursday, October 15, 2009
Clinic make-up day: Thursday, October 22, 2009
 Total of 13 clinic days = 104 actual clinic practice hours

PT 210: Clinic II (Session 2)

First day of clinical practicum: Tuesday, October 27, 2009
 Midterm evaluation: Thursday, November 12, 2009
 Last day of clinic/ final evaluation: Tuesday, December 8, 2009
Clinic make-up day: Thursday, December 10, 2009
 Total of 12 clinic days = 96 actual clinic practice hours.

Fall Holiday Schedule

Labor Day: Monday, September 7th, 2009
 Fall break: Monday, October 19th and Tuesday, October 20th, 2009
 Thanksgiving: Thursday, November 26th and Friday, November 27th, 2009

Revised 10/10/10

CHATTANOOGA STATE COMMUNITY COLLEGE

PHYSICAL THERAPIST ASSISTANT PROGRAM

**PT 210 - Clinical Evaluation Form
(Used for Session 1 and 2)**

_____	_____	_____
Student Name	Semester	Date
_____	_____	
Clinic Site	Instructor	

	Instructor	

The following evaluation form is to be used for evaluating student clinical performance. Recognizing that evaluation is a continuous process to provide the student with direct feedback, please formally assess the student at mid-affiliation and again for a final grade at the end of the affiliation period.

Please remember to assess the student according to the level they are expected to attain at this stage of their development/education. Use the attached list of course objectives if needed to determine their expected performance level. Throughout the rotation, the student is expected to **show progress toward entry level performance** using the rating levels below.

“Entry-Level Performance: *A student who consistently and efficiently provides quality care with simple or complex patients and in a variety of clinical environments under the supervision of a physical therapist. The student usually needs no further guidance or supervision except when addressing new or complex situations. Students at this level would be expected to perform at the (4) or (5) level on all graded areas on the evaluation form with no more than 2 areas rated (3) and no areas rated as (2). This level is required to be achieved by the end of the second session/rotation of PT 221—Clinic III.”*

NOTE: Use the following guide to help determine the performance level of your student. In each of the following categories, circle the level appropriate. Please use pencil at midterm and ink at final. (Please make comments to document reasons for an unsatisfactory performance level.)

- 5 The supervisor feels the student can safely perform activity independently 90-100% of the time, with enough observation to stay abreast of the learning experience. The student handles self and patient with ease and confidence appropriate for their academic level.
- 4 The supervisor feels the student requires minimal guidance/reminder to initiate tasks. Continues to require occasional help after 1-2 times of direct supervision. Can function independently 80-90% of the time. Meets critical safety elements/concerns when dealing with patients/clients.
- 3 The supervisor feels the student requires supervision and must be guided several times before they can perform independently or with minimal supervision. Meets critical safety elements/concerns when dealing with patients/clients. Functions independently 70-80% of the time.
- 2 The student performs below expected level with continuous supervision required. The student does not learn through experience; is not consistent in performance abilities and requires strict supervision and assistance from supervisor. Is not safe when performing interventions or data gathering techniques. Functions independently less than 70% of the time. A student receiving one “2” on the final evaluation form is considered to be failing and will be dismissed from the PTA program.
- NA Insufficient data available to grade student on this skill. Student may not have been provided the opportunity to perform this task.

Final Overall Evaluation Rating expectation demonstrating progression toward entry level:

Clinic I: Mostly (3s) with some (4s) and (5s). Any rating of (2) is unacceptable.

Clinic II:** Mostly (4s) and (5s) with occasional (3s). Any rating of (2) is unacceptable.

Clinic III: Final rotation -- (4s) and (5s) with no more than two areas rated as (3). Any rating of (2) is unacceptable.

**** Current clinic rating expectations**

I. PHYSICAL THERAPY INTERVENTIONS

Consider whether the student:

- knows contraindications/precautions
- explains procedure and sequence of treatment
- inspects areas before and after treatment
- applies procedure within safe guidelines
- remains alert during treatment to adverse reactions

A. HEAT/COLD:

- NA 2 3 4 5 Cold/Ice Packs
- NA 2 3 4 5 Contrast bath/packs
- NA 2 3 4 5 Hot packs
- NA 2 3 4 5 Ice massage
- NA 2 3 4 5 Paraffin
- NA 2 3 4 5 Phonophoresis
- NA 2 3 4 5 Ultrasound
- NA 2 3 4 5 Ultraviolet
- NA 2 3 4 5 Other (specify type)
- NA 2 3 4 5 Safety

B. ELECTROTHERAPY:

- NA 2 3 4 5 Biofeedback
- NA 2 3 4 5 Electrical stimulation
- NA 2 3 4 5 Ultrasound/Electrical stimulation combined
- NA 2 3 4 5 TENS
- NA 2 3 4 5 Iontophoresis/Phoresor
- NA 2 3 4 5 Safety

C. WHIRLPOOL/OPEN WOUNDS:

- NA 2 3 4 5 Whirlpool procedure
- NA 2 3 4 5 Sterile procedure
- NA 2 3 4 5 Dressing procedure
- NA 2 3 4 5 Safety

D. AMBULATION:

- NA 2 3 4 5 Parallel bars
- NA 2 3 4 5 Crutches
- NA 2 3 4 5 Walker
- NA 2 3 4 5 Cane
- NA 2 3 4 5 Level surfaces and uneven surfaces
- NA 2 3 4 5 Progresses patient/commensurate with educational level
- NA 2 3 4 5 Safety

E. ADDITIONAL PROCEDURES:

- NA 2 3 4 5 Massage
- NA 2 3 4 5 Traction-cervical
- NA 2 3 4 5 Traction-lumbar
- NA 2 3 4 5 Extremity compression pump
- NA 2 3 4 5 Compression garment measurements
- NA 2 3 4 5 Tilt Table
- NA 2 3 4 5 Chest physical therapy *
- NA 2 3 4 5 Hyperbaric oxygen

* Interventions that are (*) those topics covered during the current semester.

- NA 2 3 4 5 Goniometry (proper support, observe substitutions, proper placement and measurement)
- NA 2 3 4 5 Muscle test (functional)
- NA 2 3 4 5 Muscle test (manual)
- NA 2 3 4 5 Safety

II. PHYSICAL THERAPY TECHNIQUES

Consider whether the student:

- a. knows precautions and safety issues
- b. prepares for intervention
- c. can perform the technique in the appropriate sequence
- d. has a thorough understanding of the principles involved

- NA 2 3 4 5 ADL training (recognize what needs to be taught and the appropriate sequence. Student can adapt to home environment)*
- NA 2 3 4 5 Bracing (lumbo-sacral, cervical, extremity)*
- NA 2 3 4 5 Draping (preserves patient's privacy, self-respect)
- NA 2 3 4 5 Orthotics/Splinting (assist with use and offer suggestions)*
- NA 2 3 4 5 Mechanical Lifts (do not have available on school site)
- NA 2 3 4 5 Positioning (for patient's comfort, accessibility to equipment, student in good position for treatment)
- NA 2 3 4 5 Critical elements of safety met (safety belts, wheelchairs locked, foot rests lifted, good body mechanics, Bed locked, wash or sanitize hands before and after patient contact, hands on patient, alert to patient's response)
- NA 2 3 4 5 Transfers (body mechanics, regards placement of IV tubes, catheters, incisions, casts, and the patient's condition, safety, proper transfer for condition)
- NA 2 3 4 5 Vital signs (proper technique, readings, recording knowledge of normals)
- NA 2 3 4 5 Appropriate adaptation to alternate clinical settings
- NA 2 3 4 5 Safety

Comments:

III. THERAPEUTIC EXERCISE, EQUIPMENT, AND TECHNIQUES

Consider whether the student:

- a. can identify patient/client needs
- b. creates appropriate and reasonable exercise program
- c. observe patient's response
- d. modifies exercise as needed
- e. terminates when appropriate without adverse reactions
- f. makes sensible decisions to preserve patient safety for effective interventions

A. EXERCISES:

- NA 2 3 4 5 *Breathing
- NA 2 3 4 5 *Coordination
- NA 2 3 4 5 Buerger-Allen
- NA 2 3 4 5 *Endurance

* Interventions that are (*) those topics covered during the current semester.

NA 2 3 4 5 Spinal Extension
 NA 2 3 4 5 Posture
 NA 2 3 4 5 Williams Flexion
 NA 2 3 4 5 *PRE
 NA 2 3 4 5 *Pre and post natal
 NA 2 3 4 5 Codman's/Pendulum
 NA 2 3 4 5 *Stretching
 NA 2 3 4 5 Active/Passive ROM
 NA 2 3 4 5 *Positioning for special procedures by PT
 NA 2 3 4 5 *Resistive/strengthening
 NA 2 3 4 5 Active Assistive
 NA 2 3 4 5 *Contract - Relax
 NA 2 3 4 5 *Spray and Stretch
 NA 2 3 4 5 *Mat Activities
 NA 2 3 4 5 *Static and dynamic balance activities in sitting
 NA 2 3 4 5 *Static and dynamic balance activities in standing
 NA 2 3 4 5 Progresses Patient/commensurate with educational level
 NA 2 3 4 5 Creativity commensurate with educational level
 NA 2 3 4 5 Safety

Comments:

B. NEURO-DEVELOPMENT TECHNIQUES

NA 2 3 4 5 *Developmental Sequence
 NA 2 3 4 5 *Facilitation techniques: vibration, quick stretch, weight bearing, midline orientation, tapping, etc.
 NA 2 3 4 5 *Inhibition techniques: slow rolling, neutral warmth, prolonged stretch/pressure, weight bearing, midline orientation, etc
 NA 2 3 4 5 * Developmental Reflexes and Reactions
 NA 2 3 4 5 *Midline Orientation
 NA 2 3 4 5 *Positioning related to increase or decrease in tone
 NA 2 3 4 5 *PNF-Extremity Patterns and techniques
 NA 2 3 4 5 Progresses patient/commensurate with educational level
 NA 2 3 4 5 Creativity/ commensurate with educational level
 NA 2 3 4 5 Safety

Comments:

C. EXERCISE EQUIPMENT:

NA 2 3 4 5 CPM Unit
 NA 2 3 4 5 *Bicycle*
 NA 2 3 4 5 *Isokinetic Machine
 NA 2 3 4 5 *Knee isotonic table
 NA 2 3 4 5 *Finger ladder
 NA 2 3 4 5 *Weight table
 NA 2 3 4 5 *Exercise wand
 NA 2 3 4 5 *Pulley - Overhead
 NA 2 3 4 5 *Pulley - Wall
 NA 2 3 4 5 *Restorator
 NA 2 3 4 5 *Shoulder wheel
 NA 2 3 4 5 *Free weights
 NA 2 3 4 5 *Resistive bands

* Interventions that are (*) those topics covered during the current semester.

NA 2 3 4 5 *Equipment safety/Preventive maintenance
 NA 2 3 4 5 Other (specify)
 Comments:

IV. PROFESSIONAL ETHICS/CONDUCT

NA 2 3 4 5 Maintains confidentiality of patient information
 NA 2 3 4 5 Refers questions to appropriate person at appropriate time
 NA 2 3 4 5 Follows established departmental rules/regulations
 NA 2 3 4 5 Makes appropriate and sensible decisions
 NA 2 3 4 5 Accepts assignments willingly
 NA 2 3 4 5 Focuses on task assignment
 NA 2 3 4 5 Demonstrates initiative to think independently, solve problems, offer comments
 NA 2 3 4 5 Seeks assistance when necessary
 NA 2 3 4 5 Provides patient/client care under the direction of a Physical Therapist
 NA 2 3 4 5 Suggests and/or Participates in quality assurance, quality improvement projects in the clinic as requested.

Comments:

V. PERSONAL CHARACTERISTICS

NA 2 3 4 5 Attire - neat, clean, appropriate, wears Chattanooga State Uniform and Student I.D.
 NA 2 3 4 5 Attendance - on time for clinic, informs supervisor and ACCE if sick, etc.
 NA 2 3 4 5 Dependability for fulfilling work/duties
 NA 2 3 4 5 Works to improve weaknesses, receptive to new ideas
 NA 2 3 4 5 Effective and appropriate use of voice
 NA 2 3 4 5 Accepts constructive criticism
 NA 2 3 4 5 Displays professional attitude and body language

Comments:

VI. COMMUNICATION SKILLS - ORAL

NA 2 3 4 5 Meets patient by introducing self as a Chattanooga State SPTA and confirming patient's identity
 NA 2 3 4 5 Explains procedures to patient/establishes rapport using teaching/learning strategies appropriate to the patient/family's abilities.
 NA 2 3 4 5 Listens to patient effectively
 NA 2 3 4 5 Communicates well with patient through effective commands and feedback
 NA 2 3 4 5 Appropriately times questions/observations
 NA 2 3 4 5 Expresses concerns/unusual occurrences about patient to clinical supervisor
 NA 2 3 4 5 Reports progress of patient to appropriate persons
 NA 2 3 4 5 Uses appropriate medical terminology
 NA 2 3 4 5 Communicates well with staff
 NA 2 3 4 5 In-service Presentation (required)

Comments:

* Interventions that are (*) those topics covered during the current semester.

VII. COMMUNICATION SKILLS - WRITTEN

- NA 2 3 4 5 Appropriate use of SOAP format
- NA 2 3 4 5 Appropriate use of facility's documentation technique
- NA 2 3 4 5 Clear, concise, accurate notes
- NA 2 3 4 5 Neat legible notes
- NA 2 3 4 5 Appropriate use of abbreviations and medical terms
- NA 2 3 4 5 Follows policy for co-signature
- NA 2 3 4 5 Assess documentation in patient chart that impacts Patient's treatment

Comments:

VIII. EFFECTIVE USE OF TIME

- NA 2 3 4 5 Prepares treatment area
- NA 2 3 4 5 Can effectively treat more than one patient simultaneously
- NA 2 3 4 5 Uses free time well
- NA 2 3 4 5 Organizes schedule
- NA 2 3 4 5 Utilizes appropriate amount of time for treatment procedure

Comments:

IX. ATTITUDE AND INTERPERSONAL RELATIONSHIPS

- NA 2 3 4 5 Considerate and courteous of others
- NA 2 3 4 5 Responds to suggestions appropriately
- NA 2 3 4 5 Shows concern for patient/client/and family
- NA 2 3 4 5 Shows interest in learning
- NA 2 3 4 5 Assists willingly in other related departmental duties
- NA 2 3 4 5 Maintains professional attitude with patient

Comments:

X. THEORY OF TECHNIQUES

- NA 2 3 4 5 Knows indications
- NA 2 3 4 5 Knows precautions
- NA 2 3 4 5 Knows contraindications
- NA 2 3 4 5 Knows effects of modalities/techniques/interventions
- NA 2 3 4 5 Knows appropriate patient/client responses to modalities/techniques/interventions

Comments:

XI. BACKGROUND THEORY

- NA 2 3 4 5 Demonstrates a thorough knowledge of relevant anatomy and physiology
- NA 2 3 4 5 Expresses correlation of mobility limitations associated with given pathological condition and demonstrates ability to research pathology to explore and identify other information
- NA 2 3 4 5 Demonstrates an awareness of psychological responses to medical conditions

Comments:

**THIS FORM IS TO BE COMPLETED AT
FINAL EVALUATION ONLY**

Rating for Overall Progression Toward Entry-Level Performance:

Rate this student's overall performance relative to entry-level. Place a line in the area of bar scale which best represents overall performance level, regardless of practicum level.

1. **Novice Clinical Performance:** A student who provides quality care only with uncomplicated patients and with a high degree of supervision. Without close supervision the student's performance and judgment are inconsistent and require constant monitoring and feedback. This is typically a student who is inexperienced in the clinical environment or who performs as though he or she has had limited or no opportunity to apply academic knowledge or clinical skills. It is not uncommon for this level student to have multiple areas rated at the (3) level on the evaluation form, but would be expected to have some (4) and (5) scores. A (2) score is unacceptable even for Novice Clinical Performance.

2. **Entry-Level Performance:** A student who consistently and efficiently provides quality care with simple or complex patients and in a variety of clinical environments under the supervision of a physical therapist. The student usually needs no further guidance or supervision expect when addressing new or complex situations. Students at this level would be expected to perform at the (4) or (5) level on all graded areas on the evaluation form with no more than 2 areas rated (3) and no areas rated as (2). This level is required to be achieved by the end of the second session/rotation of PT 221—Clinic III.

**Novice
Performance**

**Entry-Level
Performance**

PHYSICAL THERAPIST ASSISTANT PROGRAM MIDTERM EVALUATION

 Student's Signature

Date

 Clinical Supervisor's Signature

Date

FINAL EVALUATION

 Student's Signature

Date

 Clinical Supervisor's Signature

Date

MID-TERM

FINAL

OVERALL STRENGTHS:

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

OVERALL WEAKNESSES: * *

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

OVERALL RATING: (by Clinic Supervisor)

MID-TERM

FINAL

Satisfactory (is demonstrating progress toward entry level) _____

Satisfactory (continues to demonstrate progress toward entry level) _____

Unsatisfactory* * * _____

Unsatisfactory _____

* *requires written learning objectives to address weaknesses

* * *requires written remediation plan to be attached

Supervisor Comments/learning objectives:

Student Comments:

Recommendations:

CHATTANOOGA STATE COMMUNITY COLLEGE**PHYSICAL THERAPIST ASSISTANT PROGRAM****PT 210 - Clinical Evaluation Form
Session 2**

_____	_____	_____
Student Name	Semester	Date
_____	_____	
Clinic Site	Instructor	

	Instructor	