

= CHAPTER 4 =

A Primer on Physical Therapist Assistant Education

It had been a busy first day of the second semester. Yolanda looked over the syllabus for the course, Therapeutic Ex-

ercise I, and read the paragraph about the practical examination. "Students will differentiate between and demonstrate competent/safe application of: isotonic, isometric, and isokinetic exercise; concentric and eccentric exercise; and open and closed chain exercise to accomplish specific patient goals as set by the physical therapist."

Physical Therapist Assistant Education in the Context of the Physical Therapy Profession

Today, physical therapy practice is based on a well-developed body of scientific and clinical knowledge. Physical therapists and physical therapist assistants apply knowledge from the basic, behavioral, and social sciences and

must demonstrate effective communication skills to make clinical decisions based on current evidence-based information. Insight and sensitivity to the unique needs of diverse populations are essential to effectively maximize the client's or patient's functional potential in society.

Physical therapists endorse healthy lifestyles and ensure the availability and delivery of effective intervention through the interaction and collaboration of health care team members, including support personnel. The American Physical Therapy Association's *Guide to Physical Therapist Practice*¹ provides a comprehensive description of physical therapist practice, including the roles, practice settings, and standardized terminology and the delineation of tests/measures, interventions, and preferred practice patterns. These preferred practice patterns identify the breadth of physical therapist practice, serving as boundaries within which the

physical therapist may select and implement clinical alternatives for common patient/client groups.¹ Entry-level education for the physical therapist is the clinical Doctorate in Physical Therapy, commonly known as the *DPT* degree.²

In contrast, physical therapist assistant education programs prepare competent physical therapist assistants who *assist* the physical therapist in achieving established patient-centered functional goals in an effective and cost-efficient manner.³

As Zach reviewed the course catalogs from the two physical therapist assistant programs within driving distance from his home, he wondered why one listed all the physical therapist assistant courses during the second year of the program, whereas the other listed them throughout the 2 years, along with the general education courses.

Physical therapist assistants are educated at the 2-year, associate's degree level, with more than 80% of all physical therapist assistant programs being found in community colleges.⁴

Physical therapist assistants must complete both general education (eg, Math, English, Science) and technical courses (eg, Introduction to Physical Therapist Assistant, Dynamics of Human Motion). The pattern in which students complete these requirements varies by the college's program.

The curriculum pattern and sequence of a particular educational program determines how many and in what order classes must be taken. For example, basic college classes (such as those that fulfill general education requirements) often must be taken before enrolling in physical therapist assistant classes.

The number of courses that must be taken simultaneously in one semester and whether the required courses

are offered during the day, evenings, or online can influence whether and/or how much a student can work during the program. For example, students without adequate financial resources may seek a program that is offered primarily in the evening so they can continue to work while completing their education.

TABLE 4-1

**SAMPLE ACCREDITATION
STANDARD—PHYSICAL
THERAPIST EDUCATION**

THE ACADEMIC ENVIRONMENT⁵

The graduate professional education environment is inherently conducive to physical therapist education for many reasons, including the community of scholars, the balance of academic and community life, and the sharing of ideas within a dynamic collegial

environment. Regardless of the type of institution in which a professional physical therapist education program resides, the preparation of physical therapists must be conducted in an environment that fosters the intellectual challenge and spirit of inquiry characteristic of the community of scholars and in an environment that supports excellence in professional practice. The institutional environment must be one that ensures the opportunity for physical therapy to thrive as both an academic and professional discipline. In the optimum environment, physical therapy upholds and draws upon a tradition of scientific inquiry while contributing to the profession's body of knowledge. The program faculty must demonstrate a pattern of activity that reflects a commitment to excel in meeting the expectations of the institution, the students, and the profession.

The academic environment must provide students with opportunities to learn from and be influenced by knowledge outside of, as well as within, physical therapy. In this environment, students become aware of multiple styles of

thinking, diverse social concepts, values, and ethical behaviors that will help prepare them for identifying, redefining, and fulfilling their responsibilities to society and the profession. Of major importance is emphasis on critical thinking, ethical practice, and provision of culturally competent service to meet the changing needs of society.

For this environment to be realized, the missions of the institution and the education program must be compatible and mutually supportive.

Reprinted with permission from *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists* (adopted October 26, 2004, effective January 1, 2006; revised May 2007, October 2007, April 2009, and October 2009).

Programs for the preparation of physical therapists and physical therapist assistants must meet accreditation standards that are developed and monitored by the Commission on Accreditation in Physical Therapy Education (CAPTE). There are accreditation

standards specifically for physical therapy education and another set of accreditation standards unique to physical therapist assistant education. All developing and existing programs must continuously demonstrate that they meet these standards. Through the accreditation process, the profession assures society that physical therapists and physical therapist assistants have the required skills to provide high quality health care.

[Table 4-1](#) is a brief excerpt from the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*,⁵ which outlines some of the criteria for physical therapy education programs. [Table 4-2](#) is an excerpt from the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*⁶ outlining some of the criteria for physical therapist assistant programs.

Let's look at the intended outcomes of physical therapist assistant education.

Goals of Physical Therapist Assistant Education

Students in physical therapist assistant education acquire the knowledge and skills to assist the physical therapist with data collection and competently perform delegated interventions in an ethical, legal, safe, and effective manner. Upon graduation, the physical therapist assistant is prepared to effectively communicate with clients/patients, family/caregivers, and other health care team members with recognition of individual, cultural, and economic differences. Graduates are expected to think independently, prob-

lem solve, and participate in life-long learning. Physical therapist assistants participate with the physical therapist in documenting patient care and in teaching patients, family/caregivers, and other health care providers.^{3,5}

The 2 major components of the physical therapist assistant program curriculum are *academic* and *clinical* experiences. These components are interdependent and reinforce one another. The *academic* setting is designed to provide the information and theory base that is integrated and augmented in the *clinical* setting. Clinical competence is further developed and validated in the clinical setting through a series of progressive clinical education experiences, called practicums, affiliations, or internships.

TABLE 4-2

SAMPLE ACCREDITATION STANDARD—PHYSICAL THERAPIST ASSISTANT EDUCATION⁶

1. Physical therapist assistant education occurs in an institutional environment that supports humanistic principles, inquiry, and dedication to the service of society. The physical therapist assistant education program must be integral to institutional missions and be a logical extension of its education and service programs. The institution, through support for program faculty and policies of the education program, encourages its graduates to practice within the legal, social, and ethical context of their careers as physical therapist assistants.
2. Each academic faculty member is qualified by education and experience to fulfill the assigned responsibilities. She/he holds appro-

priate credentials where applicable, including licensure, certification, or registration. Each academic faculty member maintains activities within the profession, consistent with the philosophy of the program and institution.

3. The physical therapist assistant curriculum includes, or its prerequisites include, elements of general education, including basic sciences that include biological, physical, physiological and anatomical principles, and applied physical therapy science. The course work is designed to prepare the student to think independently, to clarify values, to understand fundamental theory, and to develop critical thinking and communication skills.

Reprinted with permission from *Evaluative Criteria for Accreditation Of Education Programs for the Preparation of Physical Therapist Assistants*. (Adopted November 1, 2002, revised April 26, 2006, effective July 1, 2007; revised April 29, 2009, effective January 1, 2010).

The curriculum demonstrated in [Table 4-3](#) shows a sample of the types of courses that are included in a physical therapist assistant education program.

Principles of Performance Evaluation

Physical therapist assistant education (like all health provider education programs) is focused around a set of expected outcomes or *competencies*. *Competency-based* education means that learning experiences and evaluations are organized around the major performance behaviors that must be exhibited by graduates at entry into the profession. Each of these expected behaviors is defined by specific criteria. This ensures *mastery* of the concepts, skills, and values associated with physical therapy practice.

This *criterion-referenced* system differs from a *norm-referenced* approach taken in many prerequisite courses, where student performance is compared with that of other students, not with a set of expected behaviors. Most students have had the experience of being “graded on the curve.” In a norm-referenced approach, student performance is measured in reference to the group average, which is based on the performance of others. This method does not ensure that students meet specific standards of performance, as the group average could be quite low.[8-11](#)

Physical therapy education uses a strict standard of performance. Society must have the assurance that health care providers will function at a high standard of care. It *would not be acceptable* for a student to receive a passing grade without mastery of the material. If that were the case, a patient’s or client’s well-being could be in jeopardy. In the physical therapy profession, as

in all health professions, each student must demonstrate mastery and meet a predefined level of competency to pass courses and receive credit for clinical education experiences.

A student in a physical therapist assistant program experiences many forms of performance evaluation, including examinations and quizzes, practical or laboratory examinations, papers, projects, presentations, journals, and clinical evaluations. Evaluations may be used as a teaching tool (*formative evaluation*) and/or as a certification tool (*summative evaluation*).^{[12](#)}

For example, during a clinical education experience, *formative evaluation* may occur during daily conferences with a clinical instructor. *Summative evaluation* occurs when evaluative comments are recorded on the final evaluation form. Student performance is graded based on the accomplishment of specific *performance indicators* at that point.

Preparing for Mastery

Mastery involves demonstrating *competency*. *Competency*, as defined in the *Normative Model of Physical Therapist Assistant Education: Version 2007*, is “possessing the requisite knowledge, skills and behaviors to be a physical therapist assistant by rendering those aspects of physical therapy care (eg, components of intervention and related data collection) as directed by the physical therapist.”^{[13](#)}

Key elements for mastery to be demonstrated by the student include the following:

- *Values-Based Behaviors*: There are key behaviors, attributes, and characteristics that must be demonstrated by physical therapist assistant students. These include areas such as integrity, responsibility, and caring/com-

passion.¹⁴ The *Values-Based Behaviors for the Physical Therapist Assistant* are detailed in [Chapter 5, Table 5-3](#).

- *Clinical Skills:* Students must demonstrate competence in clinical performance skills (assessment, data collection, and intervention). For example, a student must be able to determine the type and amount of assistance required to safely and effectively guard a patient during an assisted transfer from a wheelchair to a bed.
- *Integration:* This is the student's ability to access interrelated pieces of information. Students must apply general education and applied physical therapy science knowledge to the technical components of the curriculum to perform patient care interventions. For example, anatomical principles must be applied

in clinical courses and cardiac precautions must be integrated in the intervention of a patient with an orthopedic disorder.

- *Judgment:* Judgment is reflected in the decisions that the physical therapist assistant makes within the clinical environment that are based on the plan of care established by the physical therapist. This problem-solving approach includes gathering pertinent information through observation; measurement; subjective, objective, and functional findings (data collection); and processing and interpreting the results within the plan of care established by the physical therapist. Students should be aware of and incorporate evidence-based outcomes into this process. For example, a patient's poor response to sitting on the side of the bed can be the result of many factors. The

student must understand what is normally expected and make a decision about whether to proceed with treatment or get the patient back to bed immediately.

- *Metacognitive or Self-Regulatory Skills.* Students must be able to monitor their own understanding, develop strategies to properly communicate, assess their own performance, and validate their decisions using sound arguments and rationale. For example, a student must recognize and appropriately respond to a request of an employer that violates ethical guidelines or legal regulations for the practice of a physical therapist assistant.

TABLE 4-3

SAMPLE PHYSICAL THERAPIST ASSISTANT CURRICULUM⁷

Suggested Entry Summer Semester

Human Anatomy and Physiology I

Suggested Freshman First Semester

Success in College and Life

Introduction to Physical Therapy

Dynamic Human Motion

Pathology for Physical Rehabilitation

Human Anatomy and Physiology II

English Composition I

Suggested Freshman Second Semester

Pain Management and Massage

Therapeutic Exercise I

Development, Conditions, and Treatment
Across the Lifespan

Clinical Anatomy

U.S. History to the Civil War—OR—U.S. History Since the Civil War

Suggested Freshman Summer Semester

Initial Practicum

Suggested Sophomore First Semester

Electrotherapy and Modalities

Therapeutic Exercise II

Physical Therapist Assistant Systems/Problems

Introduction to Psychology

Report Writing—OR—English Composition II

Suggested Sophomore Second Semester

Practicum I

Practicum II

Developmental Psychology

Mathematics for Health Careers—OR—Contemporary Mathematics

College Algebra—OR—Introduction to Statistics

American Federal Government

Reprinted with permission from Oklahoma City Community College. *PTA Curriculum*. <http://www.occc.edu>. Accessed July 30, 2011.

Upon successful completion of the physical therapist assistant program, a student must meet the behavioral and performance expectations as outlined on the checklist from the *Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level* (2008).¹⁵ This document, detailed in [Appendix 5](#), defines the foundational skills deemed essential for the new graduate physical therapist assistant to perform in a competent and coordinated manner under the direction and supervision of the physical therapist.

Faculty Roles and Responsibilities

Abby sat in the orientation session and listened while the faculty members introduced themselves to the new class. She heard so many interesting things and hoped that one day she would be a faculty member herself.

Many faculty members are involved in providing physical therapist assistant education. In addition to the classroom, laboratory, clinical instruction and student advising, faculty are often engaged in numerous college, professional, and service responsibilities that go far beyond their instructional tasks. Many academic core faculty members also stay involved in clinical practice.

The faculty of a physical therapist assistant education program establishes acceptable levels of performance within the scope of practice as defined by the profession. They facilitate student achievement of predetermined outcomes and evaluate student performance, providing feedback to the students regarding their performance.

The definitions shown in [Table 4-4](#) may be helpful in identifying faculty roles and responsibilities.

Student Responsibilities

Students in a physical therapist assistant education program must take responsibility for their own learning. This requires the students to make choices and to accept the consequences of those choices. Students must solicit and provide feedback and participate in the learning experiences that are offered. They must be self-directed

and seek help when needed. They must communicate clearly, with respect for themselves and others. There are many similar behaviors that are highly valued in students entering the profession of physical therapy.^{17,18} [Table 4-5](#) lists some qualities of successful students.

Heightened Expectations

Ben read over the examination and could not find an answer that he agreed with for several questions. He went to the front of the room and had a lengthy discussion with the professor who told him to choose “the best answer.” Although the answer was ultimately marked wrong, Ben followed up during faculty office hours and eventually received credit because he was able to show references that supported his choice.

One of the greatest challenges for physical therapist assistant students is to move from the comfort of the “known” and “correct answers” to a place much more consistent with reality. For example, one patient with tennis elbow receives an ice massage and feels instant relief, whereas a second patient with tennis elbow insists that he will never receive that intervention again! This is an everyday reality in the clinical setting.

The illusion created by years of general education coursework leaves students with the impression that knowledge is stable, irrefutable, and certain. In actuality, very little is certain or absolute fact, especially when a human being is a part of the equation.

This phenomenon alone shakes belief in the educational process for many students. Physical therapist assistant education requires students to no longer memorize information and then forget it but to integrate a new and com-

plex body of knowledge while monitoring their own progress along the way.

Many students find the volume of work overwhelming and time and financial resources inadequate and may question, “Why have I chosen to do this?!” The idea that it *should be different* creates a dynamic that interferes with student progress and creates frustration and dissatisfaction. The reader may be saying, “So that’s why I feel this way!”

Program faculty may inadvertently add to this problem by asking students to demonstrate application of material from other courses or courses taken in earlier semesters. To facilitate student growth, faculty often find themselves in the position of “not giving the answers” but instead pushing students to be accountable for their choices, to find their own answers, and to apply classroom material to clinical problems. Again, this can be challenging for students who are more accustomed to faculty members assuming roles of authority

and passing on their truths to students—who are only too happy to write them down.

TABLE 4-4

PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAM FACULTY

FACULTY ROLE DESCRIPTIONS^{6,16}

Definitions Related to the Faculty

Core Faculty: Those physical therapists (PT) and physical therapist assistants (PTA) who are employed by the institution and are appointed to the PTA program. The core faculty is composed of the program director, the ACCE, and other appointed faculty members (PT/PTA) within the program. Members of the core faculty typically have full-time appointments, although part-time faculty members may be included among the core faculty. The core faculty may hold tenured, tenure track, or nontenure track positions. The primary re-

sponsibilities of the core faculty in the program are development, implementation, and evaluation of the technical and clinical education components of the PTA curriculum.

Program Director: The core faculty member who is designated as such and has responsibility for the management of the PTA program. The program director is employed full time by the institution that houses the PTA program and usually has a faculty appointment. The program director may also be designated as the program coordinator or program head.

Academic Coordinator of Clinical Education: The core faculty member who has responsibility in the program for coordinating the clinical education portion of the curriculum.

Adjunct Faculty: Those individuals who have classroom and/or laboratory teaching responsibilities in the program and who are not employed by the institution, although they may receive honoraria or other forms of compensation. The adjunct faculty may or may not hold faculty appointments. The adjunct

faculty may include, but are not limited to, guest lecturers, contract faculty, instructors of course modules, laboratory instructors, teaching assistants, and tutors.

Supporting Faculty: Those individuals with faculty appointments in other units within the institution who teach courses in the technical education portion of the curriculum. Supporting Faculty are generally not physical therapists or physical therapist assistants.

Academic Faculty: Those faculty members whose primary teaching responsibilities are in the didactic (classroom and laboratory) portion of the curriculum. The academic faculty is composed of the core faculty, adjunct faculty, and supporting faculty.

Clinical Education Faculty: Those individuals who provide the clinical instruction and supervision of students when students are engaged in the clinical education portion of the curriculum. Clinical education faculty is generally composed of the center coordinators of clinical education and clinical instructors. Although these individuals are not usually

employed by the institution that houses the PTA program, they do agree to certain standards of behavior through contractual arrangements for their services.

Adapted from the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistant* (adopted November 1, 2002, revised April 29, 2009, effective January 1, 2010) and *Model Position Description for the Academic Coordinator/Director of Clinical Education* (revised 2002). <http://www.apta.org>. Accessed July 30, 2011.

TABLE 4-5

QUALITIES OF SUCCESSFUL STUDENTS

1. Clinical competence
2. Problem-solving ability
3. Self-direction
4. Self-assessment
5. Self-reliance
6. Sensitivity
7. Clear communication

8. Respect for self and others
9. Lifelong learning desire
10. Self-confidence
11. Creativity
12. Responsibility
13. Accountability
14. Caring
15. Curiosity

TABLE 4-6

**A STUDENT'S THOUGHTS
ON AMBIGUITY IN PHYSICAL
THERAPY EDUCATION¹⁹**

Graduate education represents a gateway transition from general, rudimentary knowledge and skills into more specialized, advanced training along a chosen career path. As with any progressive process, the essence of graduate education is developmental change, like learning to walk; and, as in

learning to walk, zealous as it may be, there is risk, frustration, and uncertainty.

Uncertainty of meaning, significance, or attitude that may result in intellectual or emotional tension between 2 or more logically incompatible points of view is called ambiguity, from the French, "ambigere," to wander about, waiver, or dispute. It is mystery arising from a vague knowledge or understanding that has multiple interpretations.

Ambiguity often involves doubt, confusion, inconsistency, unpredictability, as well as change. The challenge of ambiguity in graduate education is reflected in the many choices, conflicting opinions, double entendres, unstable definitions, understatements, oversights, and general absences of clarity that confront students daily. The goal is growth and insight; the hazard is feeling confused, overwhelmed, and out of control.

Tolerance of ambiguity implies coping with choice and uncertainty. It employs strategies

that help maintain psycho-emotional equilibrium and includes cognitive techniques that bring thinking and action in line with reality, counteracting irrational beliefs and assumptions that may have no basis in truth.

Why tolerate ambiguity? Why put up with the confusion and tension of multiple conflicting interpretations, rather than demand to know what the hell is going on, and why, and how to deal with it? Sometimes it's reasonable not to passively accept sloppy communication or double meanings, but by considering a broader, perhaps more rational view of what it's all about, the student begins to accept (if not comprehend) not only undefined external events, perplexing people, and unfamiliar pressures, but inner personal truths and strengths, as well as hurts, fears, and hang-ups triggered by stress and change.

"Real-world" integration of [the] self and others involves letting go of ultimate control. Ambiguity negates control; there is no direct control possible in an ambiguous situation.

Expectations become irrelevant. New, more sophisticated ways of thinking must replace dualistic—right vs. wrong—thought. Anxiety about uncertainty is unproductive, stressful, and symptomatic of grappling for control.

Tolerating ambiguity, on the other hand, facilitates learning, adapting, seeing both sides, getting along, and getting the job done. It is integral to stress management, to becoming a professional, and to the process of graduate education itself.

Many irrational beliefs may occur to you as a student. Beware: Habitual patterns of thinking often conflict with a world view conducive to change and to adaptation to graduate education.

Reprinted with permission from Buettell T. *Thoughts on student tolerance of ambiguity: a learning experience* [unpublished manuscript]. Fresno, CA: California State University; 1997.

[Table 4-6](#) presents the input of a student in an entry-level physical

therapist education program experiencing such conflicts. The student wrote down her thoughts in an effort to confront many of the beliefs that were interfering with her full participation in the physical therapy program. Her words have helped many other students to examine their beliefs and experiences.¹⁹

TABLE 4-7
STUDENT EXPECTATIONS ²⁰
<i>RESPONSIBILITIES OF THE STUDENT:</i>
1. <u>Come to class:</u> You cannot learn about physical therapy from a book alone. This is a hands-on profession. Classes require <u>your participation</u> . Your ultimate obligation to your patients requires that you learn as much as you can. Capitalize on the expertise that your professors and clinical instructors have to offer.

2. Dress appropriately: Professional attire is required when involved with patients, clinical sites, and/or guest speakers. Your self-presentation is critical to your reception by patients, faculty, and colleagues.
3. Prepare for and participate in class: Read the material assigned. Your instructors will assume that you have completed the material and they may not cover it in class. Remember that your questions help your classmates as much as they help you, but also remember that you need to direct questions toward areas of confusion, rather than a general lack of knowledge.
4. Keep up: Budget your time for studying so that you do not fall behind. Prioritize your commitments and realize how much time and energy each requires. Organize your class and assignment schedule on a calendar that you carry with you.

5. Be active: Participate in meetings, special events, and committees. Be willing to volunteer and work with members of the program on fundraisers, community service opportunities, and/or professional association opportunities.
6. Give feedback: Give your opinions, compliments, and criticisms in a responsible way. You may schedule individual appointments with faculty to make your views known.
7. Communicate: Leave phone messages with faculty if you will miss class. If you are having personal or family difficulties, communicate this BEFORE it causes you to miss class or assignments. Also, develop good communication with classmates, friends, and family.
8. Be prompt: Arrive at class, meetings, and clinical sites on time. This is not only common courtesy, but it also is required of a physical therapist assistant.

9. Stay healthy and take care of yourself:

Monitor your diet, sleep, and exercise. Practice stress management techniques. Identify and use your support system.

10. Be courteous: Even under times of stress, treat others as you wish to be treated.

11. Be responsible for yourself: You are an adult and expected to manage your own life. Handle your problems in a responsible manner.

Adapted from Newman PD. Responsibilities of the student.
In: *Physical Therapist Assistant Program Handbook*. Oklahoma City Community College, Oklahoma City, OK; 2011.

More on Physical Therapist Assistant Education

Having accepted a position within

a physical therapist assistant program, you assume an increased level of commitment and responsibility to your classmates and program faculty. Although the majority of physical therapist assistant students juggle multiple responsibilities, including family/child-rearing and work obligations, program faculty assume that students have *chosen* to apply to the program and are serious about joining the physical therapy profession. Some of the key differences between the expectations of a general education and a physical therapist assistant program are shown in the sections that follow. Also, refer to the guidelines shown in [Table 4-7](#), which further indicate student responsibilities.

Student Responsibility, Self-Direction

Physical therapist assistant stu-

dents are expected to be self-directed and take responsibility for their actions. The student is responsible for informing faculty members when and if they will not be in class. The student is responsible for making any special arrangements for missed classes, examinations, or late papers. It is essential to realize that some missed assignments/examinations may not be made up at all. Absence from class may result in failure, as experiential learning (discussions, patient simulations, laboratory practice with faculty input) cannot be re-created.

TABLE 4-8

**INTERACTION WITH FACULTY
IN PHYSICAL THERAPIST
ASSISTANT EDUCATION²¹**

ESTABLISHING GOOD WORKING RELATIONSHIPS WITH FACULTY

1. Some physical therapist assistant professors are more formal than others. It is wise to ask how a faculty member would like to be addressed before assuming it is okay to call him or her by his or her first name.
2. Schedule appointments with both academic and clinical faculty. Leave voice or e-mail messages, and give faculty an opportunity to call you back. Don't expect immediate attention when you drop by to see faculty at times that are convenient for you. Observe academic faculty office hours and realize that you may also have access to faculty by appointment at other times.
3. Both academic and clinical faculty members are busy people with multiple other responsibilities. Give the faculty member the opportunity to hear your concern, interest, or problem with the time and attention that it deserves. Don't put off talking about a problem; small concerns

often mushroom and escalate in a short period of time.

4. Communicate directly with faculty, not through another faculty member, staff member, or student. Faculty members may not get the message. They also may not disclose key information to other students or faculty in respect for your privacy and confidentiality.

Adapted from Newman PD. Establishing good working relationships with faculty. In: *PTA Program Handbook*. Oklahoma City, Ok: Oklahoma City Community College; 2010.

Autonomy and Choice

Physical therapist assistant students are assumed to be adult learners. The student is expected to work with autonomy and independence but asking for feedback and help as needed. Academic honesty is held in the highest regard, as cheating of any kind translates

into shortchanging a patient or client in the future.

Responsibility for Self in all Situations With Colleagues, Patients, and Families

In addition to being a responsible student, the student in physical therapist assistant education is likely to also be responsible for the well-being of others during clinical learning experiences. It is critical that students practice in compliance with all laws, regulations, and ethical guidelines, and understand that their actions reflect not only themselves but also the academic program, the clinical institution, and the profession of physical therapy. Accurate self-assessment concerning competencies, strengths, and weaknesses is critical.

Relationships With Academic and Clinical Faculty

Both academic and clinical faculty play key roles in student development. Get to know the faculty. Establish good working relationships with both academic and clinical faculty members. Seek their guidance and assistance as needed.

Recognize that faculty roles in physical therapist assistant education make it inadvisable for the faculty member to develop social relationships with students. This is especially important in clinical education, where you may be working closely with a clinical instructor for 40 to 50 hours per week. [Table 4-8](#) addresses some typical questions that students may have in working with faculty.

Computer Competence

College graduates are expected to use technology competently. A plethora of resources from government agencies, medical data bases, journal articles, and even your college library are available for using the Internet without leaving your home. An increasing number of assignments and educational experiences, as well as entire courses, are online. Your institution will provide the specific technology requirements. The licensure examination for physical therapists and physical therapist assistants is computer based.

Information Competence

The navigation task that used to be known as “going to the library” is now completed by computer. Knowing where to look and how to search are

critical skills that will determine your success in researching papers and completing projects throughout your education and your career. See [Chapter 16](#) on Information Literacy.

Grades

Acceptance into many physical therapist assistant programs is, at least partially, based on academic achievement, or grade point average. For many students accustomed to being ranked at the top of their high school and general education classes, physical therapist assistant education often involves the added stress of being in an entire class of students who have been ranked at the top. Although competition is discouraged in most programs, sometimes old habits are hard to break. Although typically a “C” or better is required to continue on in the program, many students put additional pressure on themselves to “be the best.” This

causes extra stress. Student effort is better directed in supporting and receiving support from peers in study groups and communication with professors, as the ultimate goal is to understand and retain the information necessary to safely and proficiently treat patients/clients.

Clinical Education

Clinical education is a critical component of physical therapist assistant education. Physical therapist assistant education programs include an average of 16 weeks of clinical education experience during the educational process.^{[22](#)} These experiences occur in courses within the curriculum for which students enroll, pay tuition, and receive academic credit. Clinical faculty members provide direct supervision of students during clinical education experiences. Clinical faculty members are employees of the facilities to which the students are assigned. The academic in-

stitution makes the clinical assignment of students to learning experiences, provides the administration of the clinical education course, and assigns the final grade. It is a joint responsibility of clinical and academic faculty to ensure that clinical learning experiences are of high quality and that they are effective learning experiences for the student.

The Academic Coordinator of Clinical Education (ACCE)/Director of Clinical Education is the academic faculty person who arranges the clinical education assignments. Many factors enter into the assignment of students to clinical learning experiences, including availability during a given time period, type of facility, past experience of the student, interests of the student, level of the student, and geographical location. In most cases, students have input into the choice, but few students get their first choice in all cases. Students should check with the ACCE regarding policies

and procedures for selecting and assigning clinical education sites.

In general, students cannot arrange their own clinical learning experiences. There are many considerations in selecting a clinical learning site. Clinical facilities are evaluated by a number of criteria before becoming involved in the clinical training of student physical therapists. Academic institutions contract with the clinical institution or organization to provide clinical training of student physical therapists. These are legal agreements that cover issues such as liability and malpractice, in addition to outlining the responsibilities of the academic institution, the student, and the clinical facility before, during, and after the clinical learning experience. Months of paperwork and negotiations often go into establishing an agreement between an academic institution and a clinical learning facility.

Clinical performance is measured using a specific grading instrument.

Most programs for physical therapist assistant education use the *Clinical Performance Instrument* (CPI), which has an online version.²³ The CPI defines key performance behaviors such as “SAFETY: Performs in a safe manner that minimizes the risk to patient, self, and others,”²³ and then gives sample behaviors that demonstrate the key behavior. Each educational program establishes the level of clinical performance required during each clinical learning experience. Clinical experiences may be graded on a Credit/No Credit, Pass/Fail, or letter grade basis. See [Chapter 6](#) for more information on clinical performance evaluation.

Capstone Classes and Comprehensive Practical Examinations

Physical therapist assistant education requires a way to measure com-

prehensive mastery of the material presented during the educational experience. Every program has either a comprehensive written and/or practical examination and an extensive project or a summary course (often called a “capstone”) to demonstrate mastery of the content of the education. Check with your program for specific requirements.

Summary

Physical therapist assistant education presents challenges that differ from the educational experience with which most students have familiarity. Physical therapist assistant education requires demonstration of mastery of content and demonstration of acceptable clinical performance. Every program has slightly different requirements, but they must meet the common requirements imposed by the Commis-

sion on Accreditation for Physical Therapy Education.

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PUTTING IT INTO PRACTICE

1. What is the name, title, and credentials of the person who directs or oversees your physical therapist assistant education program? Who serves as your advisor?
2. What is the name, credentials, and other teaching responsibilities of the Academic Coordinator of Clinical Education (ACCE) in your education program?
3. What comprehensive examinations and projects are required in your program to demonstrate

mastery? At what point in your course of study will you complete these requirements?

4. How many weeks of clinical education are included *during* your professional education program? During which quarters or semesters? Is any of this part time?

5. How are clinical affiliation assignments determined? Do students have input? When are assignments made for each affiliation?

6. What are the minimal performance standards you must meet

to successfully complete the program?

7. Outline the names and course numbers of the courses you will take each semester of the program, starting with the current semester:
