Information for Clinical Instructors
Frequently Asked Questions

What expectations should I have for a PTA student as compared to a PT student?

Confusion related to expectations for PTA student performance typically fall into one of two categories. Either (1) the SPTA is expected to exhibit competency with skills appropriate for the SPT and beyond the training and education of the SPTA or (2) the SPTA is held to expectations more consistent with PT technician training and is not challenged to perform to their level of education.

Some of the more common issues or examples are outlined below. Clinical instructors are encouraged to contact the PTA Program's ACCE with any specific or additional questions related to appropriate SPTA supervision, practice and goals/expectations for performance.

Expectations too *HIGH* for PTA level education/training		**Expectations too *LOW* for PTA level education/training**
• SPTA performing initial examination components • SPTA establishing PT diagnosis or hypothesizing prognosis based on initial examination findings • SPTA identifying appropriate interventions and/or therapy progression based on incomplete or vague PT Plan of Care • SPTA performing interim assessment or intervention skills with “complex” patients (multi-system involvement, rapidly changing status, etc..) without direct supervision • SPTA performing assessments or interventions not appropriate for the PTA based on state law (sharp debridement, spine mobilization, etc..)	***JUST RIGHT***	• SPTA follows only a scripted list of specific exercises and modalities • SPTA not challenged to give rationale for selected interventions or identify alternative interventions that could be used to achieve PT established goals • SPTA not asked to perform any interim reassessments (strength, ROM, sensation, balance, posture/gait, functional status, etc..) • SPTA given few opportunities to practice clinical documentation skills • SPTA not given opportunities to practice interpreting and implementing a written PT Plan of Care

What are the current LA PT Board rules regarding clinical education/supervision of PTA students?

Student PTAs may be supervised by a licensed Physical Therapist or by a licensed Physical Therapist Assistant. That supervision must be continuous and if a PTA is serving as the clinical instructor that PTA must have 1 year practice experience and the supervising PT must be readily accessible.

From Title 46, Part LIV, Subpart 2, Chapter 3, Sub-chapter C, Item 337.

A. A clinical instructor shall provide on-premises supervision to a PT student in all practice settings. A clinical instructor shall provide continuous supervision to a PTA student in all practice settings. A PTA may act as a clinical instructor for a PTA student in all practice settings provided that the PT supervisor of the PTA is available by telephone or other communication device.

B. A PTA can be a clinical instructor for the PTA student provided the PTA has one year practice experience.

Continuous Supervision *is defined as observation and supervision of the procedures, functions, and practice by a supervisor who is physically within the same treatment area.*

Service as a primary clinical instructor for a PT or PTA student may be used for ***continuing education*** hours/credit.

From Title 46, Part LIV, Subpart 1, Chapter 1, Sub-Chapter J, Item 195, 4:

B. a maximum of five hours credit for clinical instructors serving as the primary clinical instructor for PT and PTA students or provisional licensees. One hour credit may be earned per 120 hours of clinical instruction during the renewal period. Proof of clinical instruction shall be documented on a form provided by the board and shall be signed by two of the following:

1. *clinical instructor,*
2. *student,*
3. *center coordinator clinical education; or*
4. *academic coordinator clinical education*

You can access the full Practice Act and Rules on the LA PT Board website at laptboard.org

What are the Medicare rules that I should be aware of when supervising PT/PTA students?

Updated September 2011

Medicare reimbursement for student services differs between Medicare Part A and Part B. Services rendered by students in the hospital, SNF and IP rehab environments **(part A)** are reimbursable and **no longer require "line of sight" supervision**. However, in those settings the student is still considered an extension of the qualified practitioner (PT/PTA), not an individual practitioner and as such the supervising PT or PTA cannot be treating or supervising other individuals (patients or students) during the time in which the student is rendering services to the Medicare part A patient.

Student services under Medicare **part B** (outpatient, non-SNF nursing home, private practice) continue to **not be reimbursable**. However, the student may still be present and participate in the care of the part B patient so long as the qualified practitioner is present in the room directing and guiding the service delivery.

More detailed examples including those related to delivery of care in "group therapy" treatments are described below the chart.

Practice Setting	PT Student		PTA Student	
	Part A	Part B	Part A	Part B
PT in Private Practice	N/A	X[1]	N/A	X[1]
Certified Rehab Agency	N/A	X[1]	N/A	X[1]
Comprehensive OP Rehab Facility	N/A	X[1]	N/A	X[1]
Skilled Nursing Facility	Y[1]	X[1]	Y[2]	X[1]
Hospital	Y[3]	X[1]	Y[3]	X[1]
Home Health Agency	NAR	X[1]	NAR	X[1]
Inpatient Rehab Faciltiy	Y[4]	N/A	Y[4]	N/A

Key:
Y: reimbursable
X: not reimbursable
N/A: not applicable
NAR: not addressed in regulation. Please defer to state law.

Y[1]: Reimbursable: The minutes of student services count on the Minimum Data Set. Medicare no longer requires that the professional therapist (the PT) provides line of sight supervision. It is now the authority of the supervising therapist to determine the appropriate level of supervision for the student, but the student is still considered an extension of the therapist, not an individual practitioner. In addition, the rules from FY2011 regarding the student services based on PT/PTA supervision and whether minutes can be recorded as individual, concurrent, or group therapy minutes remain the same (RAI Version 3.0 Manual, September 2011).

Examples:
In order to record the minutes as individual therapy when a therapy student is involved in the treatment of a resident, only one resident can be treated by the therapy student and the supervising therapist or assistant (for Medicare Part A and Part B). Under Medicare part A, the supervising therapist or assistant cannot be treating or supervising other individuals. The resident

and student no longer need to be within the line-of-sight supervision of the supervising therapist. It is within the supervising therapist's authority to determine the appropriate level of supervision for the student. Under Medicare Part A, when a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment at the appropriate level of supervision as determined by the supervising therapist and the supervising therapist or assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident

Under Medicare Part B, when a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing group treatment and the supervising therapist or assistant is present and in the room and is not engaged in any other activity or treatment; or
- The supervising therapist or assistant is providing group treatment and the therapy student is not providing treatment to any resident

Documentation: APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient's care.

Y[2]: Reimbursable: The minutes of student services count on the Minimum Data Set. However, Medicare requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA) student services as appropriate within their state scope of practice. See Y[1]

Documentation: APTA recommends that the physical therapist and assistant should co-sign the note of the physical therapist assistant student and state that the PT/PTA was providing line of sight supervision of the student and was involved in the patient's care. Also, the documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy see Y[1].

Y[3]: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

Documentation: Please refer to documentation guidance provided under Y[1].

Y[4]: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the inpatient rehabilitation facility payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

X[1]: B. Therapy Students

1. General
Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable.

Examples:
Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.

- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified practitioner is responsible for the services and as such, signs all documentation (A student may, of course, also sign, but it is not necessary since the part B payment is for the clinician's service, not for the student's services).

2. Therapy Assistants as Clinical Instructors
Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary. Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.

Can a PTA serve a clinical instructor for a PTA student and if so, should the supervising PT still be involved?

The LA PT Board rules allow a PTA with at least 1 year of experience to serve as a clinical instructor without continuous on-site supervision by a PT (supervising PT must still be available by phone or other communication device). Experienced PTAs serve as a valuable resource for SPTA clinical education and can make excellent clinical instructors. Specifically PTA students benefit from having a PTA as a CI because (1) they are able to role model the work practices of a PTA and (2) they are typically very familiar with the educational requirements/curriculum of PTA programs.

In situations, however, in which a PTA is serving as a primary clinical instructor it is still required that a supervising PT (1) is consulted and approves of student placement with the PTA as the clinical instructor and (2) is willing to participate in the clinical education of the student.

Some recommendations for ways in which the supervising PT can/should participate when not acting as the primary clinical instructor include:

- providing opportunities for the SPTA to observe and/or participate in the PT's initial patient assessment process
- prompting the SPTA to communicate regularly with the supervising PT regarding changes in pt status, pt progress toward goals, requests for modifications in POC, etc..
- allowing for feedback (formal in PTA MACS and verbal/informal) from PT on observed student performance

Based on data collected each year, BPCC PTA students normally are assigned a PT as a primary clinical instructor 50% of the time and a PTA as a clinical instructor the other 50% of the time (with, in the vast majority of cases, a supervising PT on-site). We are pleased with this diversity and encourage our PT/PTA teams of clinical educators to continue providing opportunities for students to learn from what each member of the team has to offer!

What are some good ideas for activities to prompt my student to complete during their rotation that will improve their clinical skill and stimulate critical thinking?

(1)"Quick" **practice on individual technical skills** (on real patients and on CI/staff). Examples of skills you could ask a student to quickly demo and discuss are:

- Vital sign assessments (Getting an accurate BP is a skill that takes a lot of practice! Quiz them about normal values and values consistent with hypertension, tachycardia, etc)
- Goni/MMT (Can do a quick demo and quiz about expected normal values, hypothetical causes for limitations, endfeels for goni, grading for MMT, etc)
- Modality set up (electrode placement, parameter settings, etc) and can quiz about indications/contraindications
- Manual technique (passive stretch, hold-relax stretch, joint mobilization, PROM, massage, myofascial technique, etc)
- Interim assessment of girth or flexibility (SLR test, Thomas test, Ober's test, etc)
- Observational assessment (posture, gait, movement quality analysis, skin inspection, etc)
- Transfers and transitional movements (bed, chair, toilet, tub, car, etc).. quick practice to give feedback on student's body mechanics and technique/instructions used
- Exercises appropriate for specific goals (increase quad strength, improve dorsiflexion ROM, etc)... for example: "Show me 5 things you could use for rotator cuff strengthening" or "Show me 3 techniques for increasing shoulder external rotation ROM"

(2) Ask student to review the patient's initial PT evaluation and "**dig deep**" to find and discuss:

- Identify the patient's diagnosis and compare/contrast expected findings of that diagnosis with similar diagnoses (how would you expect an eval for a patient with spondylolisthesis to differ from a patient with a herniated lumbar disc?)
- Particularly relevant subjective info/patient history that might have helped the PT with setting goals, d/c planning, identifying contraindications, establishing POC, etc
- Specific objective tests/measures that are consistent with the PT diagnosis, that directly influenced the established goals, that are addressed by specific items in the POC
- Any diagnostic or special tests that were used and what those tests helped the PT rule in/out in terms of diagnosis, how they influenced interventions used and not used, etc
- Any treatments/interventions that are CONTRAINDICATED or inappropriate based on the PT initial eval findings... for example which modalities, exercises, or other interventions would be inappropriate based on the (a) objective tests/measures (b) established goals and (c) plan of care. Could even have the student think of some interventions that "may" have been appropriate IF... there

had been a goal/POC item for that, or the diagnosis had been different, or that special test had been negative, etc..

- Identify any functional outcome measures/tools/tests used OR do some research (the APTA Evidence Based practice website is a good tool) and find 2-3 different tools that may be useful in tracking THIS patient's progress and outcomes
- Based on review of the eval, using the ICF model, identify this patient's impairments, functional limitations and disabilities:
    - Impairments in body structure/function - problems that can be directly measured and are objective (can usually be scored numerically) like ROM, strength, pain, swelling, etc
    - functional limitations (activity limitations) – what TASKS the patient exhibits (or is likely to exhibit) difficulty in performing (reaching, bending, walking, running, etc)
    - disabilities (participation limitations) – what ROLES the patient exhibits (or is likely to exhibit) difficulty performing (work, ADL, self-care/care of others, etc)

(3) Coming up with **interventions** based on PT eval and progression of interventions over the episode of care.

- Challenge the student to think of exercises, activities, and other interventions based on the POC (without letting them see the interventions the PT used) that would be appropriate for "today"
- Challenge the student to think about progressions of those interventions toward the long term goals that are BEYOND just "adding more resistance" type simple answers. Specifically ask the student to use some of the concepts we covered related to progression of STRENGTHENING interventions and progression of ROM/STRETCHING interventions in class (they have a "cheat sheet" for those and should be able to apply those concepts in the clinical environment)

(4) Prompt the student **BEFORE** a treatment session begins to think about/discuss:

- What subjective info important to gather today? What objective tests/measures should be repeated today?
- What equipment/supplies do we need to bring or have access to?
- What subjective/objective info gathered might make you change Rx ideas for today?
- What would your particular goals be for this treatment session? What specific PT goals are you going to be working toward reaching?
- What will you be alert for (look, listen, and feel for) during the interventions you use today?
- How will you mentally assess during the treatment session the progress that the patient is making toward the goals the PT has set?
- What will you be noting mentally that you will later want to document about the treatment session?

- What parts of the planned session are you most comfortable with/prepared for? What parts of the planned session are you nervous/anxious about or feel less prepared to carry out?

(5) Debrief the student **AFTER** a treatment session to think about/discuss:

- What subjective info did you hear the patient/family report that is significant? What objective tests/measures were significant?
- What do you think went well during the treatment session? What would you do differently next time?
- What would you plan to do differently with this patient on the next visit/session (add, eliminate, change)? Do you think this patient is ready to progress to more challenging activities/exercises? Or do you think what you used today was too challenging?
- What goals did the patient demo progress toward today? What goals is the patient having more difficulty progressing toward?

(6) Practice "**chart review**" skills having patient identify and note the relevance of:

- Specific bloodwork/lab value findings (what's the normal value; is the patient's lab value a "red flag" for therapy?)
- MD or nurse's notes
- Tests ordered or results of tests
- Drugs the patient has been prescribed/is taking (what that drug is for, potential side effects/impact on therapy)

(7) **NOTE writing** – students need a LOT of practice!!! Even if access to the facility's electronic documentation system is not an option (or even if it is) students can/should be practicing writing full old-fashioned "SOAP" notes. Make sure to verify that the student is including language that reflects the **SKILL OF A PTA** was required during the session and that there was an emphasis on improving patient **FUNCTION**.

(8) Have student do some "**homework**" related to the patient's on the caseload. Some examples might include:

- Researching the patient's diagnosis using textbook/class notes to identify etiology, sign/symptoms, how it's diagnosed, "red flags" (interventions to avoid), common interventions used, etc
- Researching the patient's diagnosis using journal article search to identify any new trends in the diagnosis or management of the condition
- Research for some new exercises/interventions that could be used to address this patient's goals.
- Researching some of the evaluative tools/instruments used (or that could be used) to track this patient's progress (APTA Evidenced Based Practice website is a good platform for that) and for each of those given tools being able to discuss psychometric properties such as:
    - The reliability/repeatability and validity of the tool
    - The sensitivity and specificity of the tool

- The clinical utility of the tool
- The minimal clinically important difference (MCID) for the tool

(9) Practice the **administrative duties** related to the clinical environment such as scheduling patients, billing/charges, equipment and supplies management, policy/procedure manual review, etc.

I am aware that the BPCC PTA Program ACCE likes to meet with each student and CI at around the midpoint of each clinical rotation. To be prepared for that midrotation meeting what information should I gather/what questions should I be prepared to answer?

I typically visit with each student/CI at around the ½ way point of each clinical rotation. I will contact the CI/site to schedule that mid-term visits/conference at a time that is convenient. Below are some examples of the kind of information I like to gather during those meetings. While written completion of these questions is certainly not mandatory, you may want to use it as a guide when discussing progress with your student at or around mid-term ahead of my visit.

General Questions:

- What kinds of patients (diagnoses) is the student getting an opportunity to work with and what skills is he/she getting the opportunity to practice? Is this caseload/patient mix what the student expected? Is it what the CI expected?
- Are there any unique/special treatments, procedures, diagnoses, etc.. that the student has had an opportunity to experience? (aquatic therapy, industrial rehab, use of special equipment, "clinics", co-treatment with other discipline, observing surgery, etc...) If not, is that something planned for later in the rotation?
- Is the student scheduled to (or has the student already) given a clinical inservice? If so, what topic is the inservice on? (*not required by the Program for this fall rotation but site may request/student may opt to do one)

Questions for the Clinical Instructor:

At the beginning of the rotation, did the student identify what MACS skills he/she would like the opportunity to practice and share that information with you? If not, has the student since that time identified MACS skills he/she would like to work on?

For each of the following, assess the student's performance to date by *placing an "X" or hash mark along the line*:

Documentation skills

_____

Needs Improvement | Acceptable/Average | Student Strength

Professionalism (dress, tardiness, attitude, eagerness to learn, etc..)

_____

Needs Improvement | Acceptable/Average | Student Strength

Communication skills – with patients & with other healthcare providers?

_____

Needs Improvement | Acceptable/Average | Student Strength

Confidence & appropriateness in interactions with others

_____

Needs Improvement | Acceptable/Average | Student Strength

Overall clinical skills (goni, MMT, exercise, modalities, gait, transfers, manual therapy skills, for example…)

_____

Needs Improvement | Acceptable/Average | Student Strength

What **specific areas or skills** would you like to see the student improve in during the last ½ of the rotation?

What areas would you identify as potential areas of **needed improvement** in the BPCC PTA program curriculum? Are there any particular concepts, facts or knowledge that you find deficit in the student that might be attributed to less than ideal preparation academically?

How would you describe the method you use with your student to facilitate learning and feedback (promoting student progress toward becoming an entry-level practicing PTA)? **Select any/all that apply*

- Use "quizzing" throughout the day to check student understanding of information and critical thinking/problem solving
- Designate a particular time each day or each week for the student to ask questions and/or to give feedback on student performance
- Give student feedback in written format in addition to more informal (verbal) methods
- Encourage or assign the student to do outside research or projects on particular diagnoses, treatments, etc.. (note writing, looking up info on web or in books, etc…)
- Other instructional techniques used? (please briefly describe)

Does the student seem receptive to these (are you seeing evidence that the student incorporates this feedback in later performances)?

Questions for the Student:

Did you feel adequately "oriented" to the facility in terms of:

- Facility schedule/work hours etc..
- Daily operations (billing, scheduling, etc...)
- What the expectations for your performance/participation would be
- The plan for asking for and receiving feedback
- Other?

In terms of the level of supervision/feedback you are receiving and the amount of responsibility you are given in this setting, would you say that it is:

- Just right... I feel adequately supervised, am getting a lot of constructive feedback, and I am given an appropriate amount of responsibility
- Feel a little overwhelmed by the amount of independence and responsibility I am being given – would like a little more direct supervision and feedback
- Would like to be a little more challenged – given more opportunity to practice skills independently and/or "quizzed" more often

Are there any weaknesses you have identified within the BPCC PTA Program academic curriculum that would have better prepared you for this rotation? (What do you wish we had covered more or differently in class/lab?)

Any other suggestions for improvement to the clinical site/clinical instructor for students who might be coming for a future rotation?