

I. PHILOSOPHY AND GENERAL INSTRUCTIONS

A. Philosophy of the *PTA MACS*

1. *Physical Therapist Assistant Manual for the Assessment of Clinical Skills* describes the skills a newly graduated physical therapist assistant must be able to perform to engage in safe and effective clinical treatment.
2. The *PTA MACS* is designed so that it can be used by the student, the academic faculty, and the clinical faculty from the beginning to the culmination of the PTA curriculum.

B. Purpose of the *PTA MACS*

1. Define for academic faculty, students and clinical instructors the essential entry-level skills.
2. Provide a uniform, objective mechanism for rating students from all physical therapist assistant educational programs at all clinical education sites.
3. Allow students to assess their own performance and to compare their self-assessments with those of their clinical instructors.
4. Provide a summary of the student's strengths and weaknesses to help the student and clinical instructor plan an appropriate clinical education experience.
5. Provide a mechanism for identifying strengths and weaknesses in the academic preparation of the student.
6. Emphasize a problem solving approach to physical therapist assistant education and performance.

C. Planning Learning Experiences

1. Prior to the clinical experience, the ACCE establishes the grading criteria.
2. Prior to the clinical experience, the student determines skills that potentially can be practiced at the assigned facility.
3. The Clinical Instructor indicates those skills that the facility is able to offer as learning experiences.
4. At the initiation of the clinical experience, the student and the CI review the skill assessment sheets to become familiar with the individual skills and their objectives; the CI communicates expectations for completion based on objectives for each skill and demands for the specific facility.
5. The student and CI plan learning experiences to promote completion of the selected skills.

D. Using Formative Evaluation in Clinical Teaching

1. In addition to ongoing, informal feedback, a formal meeting scheduled at least weekly is recommended for discussion of performance, review of the *PTA MACS*, and revision of planned learning experiences.
2. The student is primarily responsible for achieving successful completion of a required skill and actively seeks opportunities to promote learning. The student also periodically re-evaluates their own performance.
3. The student uses the appropriate portion of the *PTA MACS* skill assessment sheet for ongoing self-assessment. This assessment is completed independently of and prior to the CI's assessment. After the CI rates the student's performance, the assessment ratings of the student and CI are compared. When ratings disagree, the reasons for disagreement are discussed between the student and the CI by looking at the specific aspects of the performance and objectives for each skill.
4. A plan of action for the remainder of the clinical experience is developed based on the strengths and weaknesses identified during the assessment process by the CI and student.
5. At the completion of the clinical experience, a final evaluation of the student's performance is documented by the CI.
6. Written documentation and direct communication with the educational program by the student and CI are very important to assure early recognition of and possible solutions to problems. The ACCE of the student's educational program should be contacted as soon as possible when questions or problems arise.

E. The *PTA MACS* is comprised of six sections:

1. Glossary, philosophy and general instructions (tan pages)
2. Facility Information Form and Master List (blue pages)
3. Entry-Level Skill Assessment Sheets (Skills 1–21, white pages)
4. Site-Specific Skills (Skills 22–24, yellow pages)
5. Progress Report Forms (pink pages)
6. Student Evaluation of Clinical Experiences (green pages)

II. ESSENTIALS OF DOCUMENTATION OF STUDENT PERFORMANCE

- A. All documentation is in permanent ink.
- B. Correction fluid is not used. Errors are marked through with a single line, and changes in the ratings are initialed by the CI.
- C. The student may assist in the “clerical support” on various forms, but the CI must sign or initial each form in the appropriate places or places.

III. DOCUMENTING STUDENT PERFORMANCE

A. Entry-Level Skill Assessment Sheets (Skills 1–21; white pages)

Each of these sheets defines an entry-level skill and contains grids for recording necessary information. While these skill assessment sheets are intended to define the skills any entry-level physical therapist assistant should complete prior to graduation, the skill components and number of skills a student must complete are dependent upon the grading criteria of the individual physical therapist assistant program.

1. Content of skill assessment sheet
 - a. skill title at the top of the page.
 - b. a rating grid for recording the student’s and CIs rating of skill performance at midterm and final evaluations.
 - c. a practice setting grid for recording the type of clinical setting in which the skill was practiced.
 - d. a list of applicable objectives.
 - e. a list of areas addressed.
 - f. space at the bottom section is for recording comments related to practice or improvement needed. (Other comments are recorded on the left facing page, below the rating scale grid).
 - g. some skills will have a box to indicate more specific date collection.
2. Recording on the skills sheets
 - a. Consider each skill and its component objectives to define the behaviors that constitute practice of the skill; rate the student’s performance related to all objectives applicable at the current facility.
 - b. Record ongoing assessment on the individual skill sheets using the rating grid at the top of each skill. Enter the rating by the student and CI in the appropriate column for the clinical experience number.
 - c. According to current standards of practice, the following rating scale has been developed for use with the *PTA MACS*:

Excellent (+):surpassed entry-level standards in meeting all applicable objectives, practicing the skill independently, safely and effectively.
Entry Level (✓): performed the skill independently, safely & effectively on a consistent basis, meeting all objectives applicable at this facility; the student is entry-level.
Needs Experience (NE): performed the skill or components of the skill independently, safely & effectively; but needs more opportunity to demonstrate consistency, to practice with a variety of patients, or to meet all objectives applicable at this facility.
Needs Improvement (NI): performed the skill or components of the skill with supervision or assistance, requiring guidance or minor correction; the student is not yet independent in meeting applicable objectives. (requires comment)
Unacceptable (U): demonstrated an inability to perform the skill in a safe & effective manner; the student has received guidance and remains unable to perform the skill or components at or near entry-level; the student performs well below expectations at this facility. (***CI must call ACCE/DCE immediately and document reasons/incident by which the student earned this rating.***)
Not Applicable (NA): had no opportunity to address this skill.

- d. Ratings are based on specific requirements of the clinical site. The student and clinical instructor each document their rating in the appropriate spaces.
- e. The CI notes the type of clinical setting in which the skill has been practiced by recording the clinical experience number and facility initials in the appropriate space in the practice setting grid. The CI can indicate more than one practice setting per clinical experience.
- f. For skills in which there are a variety of means to achieve it (such as skill 14.8), the specific task assessed is checked off from the list provided or written in the blank spaces provided and initialed by the CI. If the student has the opportunity to address this specific task again and continues demonstrates entry-level skill then the second CI should make a notation in the comments but is not required to initial the skill.
- g. Ratings and comments on previously approved skills are not necessary. If the student practices a previously approved skill at the current facility, but the CI does not enter a rating for the clinical experience, the CI is indicating agreement with the previous rating.
- h. The CI uses the space provided at the bottom of the page and on the facing page of each skill sheet for comments. Comments indicating need for practice or improvement are documented on the bottom section of the right facing page, so they are easily located and addressed by students and future CIs. Comments regarding excellent practice of a skill are documented on the bottom section of the left facing page for each skill. For appropriate communication between clinical instructors and clinical sites, the CI notes the date, clinical facility and initials of the CI providing the written comment.

3. Situations requiring comments (NI and U)

- a. Needs Improvement ratings (NI): All NIs recorded require a comment that describes why the performance is not at entry-level. (*see Example 1, below*)

Example 1: NI rating requiring comment, white skill sheets

Skill 3 Communication Skills: Oral & Written												
Clinical Experience #	1		2		3		4		5		6	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Student Rating	NE	NE										
CI Rating	NE	NI										
Practice Setting: Enter Clinical Experience # and facility initials for applicable setting(s)												
Acute	Rehab (IP/OP)		Pediatric (IP/OP/ISD)		OP Ortho		LTC/SNF		ICU/CCU/NICU		Home Health	
1-BRMC												

Objectives applicable to this skill:

- a. Initiates and completes verbal and written communication in a timely manner, choosing appropriate time and place.
- b. Uses English language effectively (verbal and written: correct grammar, spelling, expression, organization, and sequencing).
- c. Writes legibly.
- d. Uses effective and appropriate non-verbal communication.
- e. Adjusts verbal and non-verbal communication to each person and situation.
- f. Listens actively (including restating, reflecting, and clarifying messages).
- g. Follows all documentation policies and procedures of the facility.

Comments: required with rating of NI or U

Date	Objectives/behaviors requiring practice or improvement	CI	Facility
2-2-02	<i>Susan required several reminders in the last week to avoid speaking of pts and their circumstances in public locations. Objective A needs more work.</i>	JH	BRMC

- b. Unacceptable ratings (U). All Us require a comment that describes why the performance is unacceptable. U ratings often require additional documentation that exceeds the capacity of the *PTA MACS*, describing the reasons or incidents by which the student earned the rating. (*see Example 2, below*)

All U ratings also require the CI or CCCE to contact the ACCE/DCE as soon as possible.

Example 2: U rating requiring comment, white skill sheets

Skill 15.2 Modification within POC

Clinical Experience #	1		2		3		4		5		6	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Student Rating	<i>NI</i>	<i>NI</i>										
CI Rating	<i>U</i>	<i>U</i>										
Practice Setting: Enter Clinical Experience # and facility initials for applicable setting(s)												
Acute	Rehab (IP/OP)		Pediatric (IP/OP/ISD)		OP Ortho		LTC/SNF		ICU/CCU/NICU		Home Health	
<i>1-BRMC</i>												

Objectives applicable to this skill:

- Monitors patient response and modifies interventions accordingly within the POC.
- Recognizes when interventions have been inappropriately delegated and initiates clarification and modification with the supervising PT.
- Recognizes when interventions should not be provided due to changing medical status and defers to the supervising PT.

Comments: required with rating of NI or U

Date	Objectives/behaviors requiring practice or improvement	CI	Facility
<i>1-20-02</i>	<i>Tom has consistently made changes to the treatment plan outside the plan of care without prior approval of the PT. See attached examples.</i>	<i>JH</i>	<i>BRMC</i>
<i>2-02-02</i>	<i>Tom continues to struggle as noted above. See additional documentation</i>	<i>JH</i>	<i>BRMC</i>

B. Site Specific Skills (Skills 22–24, yellow pages)

- The skills included in this section of the *PTA MACS* are specialized skills that may not be available at every site. They are skills that usually require a more specialized clinical experience to provide the student the opportunity to practice the skill. If a clinical facility offers these learning experiences, the CI is encouraged to use these skill sheets to document student performance. Additional skills that are unique offerings at a specific clinical facility may be added to this section by the clinical facility.
- The category, skill components, and number of site specific skills a student must complete are dependent upon the grading criteria of the individual physical therapist assistant program.

C. The Progress Report (pink pages)

- The Progress Report is a summative evaluation that is completed for each clinical experience. It is employed at midterm and final evaluations and during the student/CI conferences of the clinical experience. It serves the following purposes:
 - Provides the CI a template for recording an organized summative evaluation of the student's performance
 - Provides the student with a written summative evaluation of his/her performance
 - Provides a record for the academic program of the student's clinical performance at each clinical site
 - Provides a duplicate record of past performance if needed
- The Progress Report Skill Summaries Sheet provides a duplicate record, reflecting the student's performance at the present clinical experience only. Previous approvals, challenges, and/or reapprovals should not be recorded on the progress report for the current clinical experience.

3. Midterm and final conferences are scheduled between the CI and the student to discuss the Progress Report.
4. The student completes the information at the top of the pages of the Progress Report.
5. The CI records summative comments prior to midterm and final conferences.
 - a. At the midterm evaluation of the clinical experience, the “Midterm Comments” section of the Progress Report is completed. For short-term clinical experiences (i.e., less than 4 weeks), a midterm narrative may not be necessary, depending upon the academic program’s criteria.
 - b. At the final evaluation of the clinical experience, the following is completed:
 - 1) The CIs ratings of the student’s performance on all skills attempted are transferred from the individual skill assessment sheets to the rating summary sheet of the Progress Report. The CI may ask the student to transfer the ratings. When this method is used, the CI verifies the ratings for accuracy.
 - 2) The CI completes the “Final Comments” section of the Progress Report.
 - 3) The CI completes the “Final Evaluation of Student Performance.” (complete both scales)
 - (a) Scale 1: “Level of performance at **this** Clinical Experience” rates the performance of the student according to the specific level of clinical and academic experience for this affiliation. A hash mark (#) is placed on the line designating the rating.
 - (b) Scale 2: “Level of Performance Compared to Entry-Level PTA” rates the student according to what would be expected of a newly licensed entry-level physical therapist assistant at the CIs facility. A hash mark (#) is placed on the line designating the rating.
 - c. The comments reflect the overall performance of the student in cognitive, affective, and psychomotor domains of learning within each section of the *PTA MACS*.
 - d. The CI and student sign and date the report to indicate that the information was discussed. A signature does not necessarily constitute agreement with the evaluation.
 - e. The CI completes the Clinical Instructor Credentials section of the Progress Report.
 - f. The following is an example of recording ratings on the Progress Report. Transfer ratings for challenges and re-approval of skills, if these have occurred. (see Example 3, below)

Example 3: Progress Report approval and challenge, pink sheets

Student’s Name: James Smith

Progress Report (Page 3 of 5) Skill Summaries

Clinical Experience #: 1

Skills	Rating		Date/CI	Date/CI	Date/CI
	Midterm	Final	Approved	Challenged	Reapproved
SECTION I: Professional Behaviors					
1. Commitment to Learning	✓	✓	2-10-02 JH		
2. Interpersonal Skills	✓	✓	2-10-02 JH		
3. Communication Skills: Oral & Written	NE	NI			
4. Effective Use of Time & Resources	NE	✓	2-10-02 JH	2-22-02 CL	3-10-02 CL
5. Use of Constructive Feedback	✓	✓	2-10-02 JH		
6. Problem Solving	NE	✓	2-10-02 JH		
7. Professionalism	NE	NE			

D. Clinical Skills Master List (blue pages) and Challenging of Approved Skills

1. The Master List is used to record achievement of a skill. This sheet is completed before the final *PTA MACS* meeting with the student. It is a summary of the student’s progress toward achieving entry-level skills. It also serves as a table of contents for the skill assessment sheets.
2. The Facility Identification Form allows the academic program and subsequent CIs to quickly interpret the initials on the Master List.

3. Approval of a skill

- Recording approval on Master List: When a “✓” or a “+” has been recorded by the CI on the white skill sheet, the skill is considered “approved” and should be recorded as such on the Master List.
- The CI indicates the date, facility and CIs initials in the space for approval. (*see Example 4, below*)

Example 4: Master List approval, blue sheets

Skills	Approved			Challenged			Reapproved		
	Date	Facility	CI	Date	Facility	CI	Date	Facility	CI
SECTION I: Professional Behaviors									
1. Commitment to Learning	2-10-02	BRMC	JH						
2. Interpersonal Skills	2-10-02	BRMC	JH						
3. Communication Skills: Oral & Written	2-22-02	BRMC	JH						
4. Effective Use of Time & Resources									
5. Use of Constructive Feedback									
6. Problem Solving									
7. Professionalism									
8. Responsibility									

4. Challenging an approved skill

- A challenge of an approved skill may be necessary if:
 - The demands of the two different clinical settings call for a different level of skill performance
 - The student’s performance has deteriorated significantly since the skill was approved
 - The student has not been able to successfully transfer the skill from one clinical setting to another
- To document a challenge
 - Record the challenge at the time the deficiency is identified. Deficiencies should be documented as soon as they are recognized in order to plan corrective measures before the student leaves the facility.
 - Record the challenge on the individual skill sheet by marking an NI or U in the column assigned for that clinical experience. (*see Example 5, below*)
 - Record a challenge on the Master List by indicating the date, facility and CIs initials in the space for the challenge. (*see Example 6, next page*)

Example 5: Challenging a skill, white skill sheet

Skill 18 Therapeutic Massage

Clinical Experience #	1		2		3		4		5		6	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Student Rating	NC	✓	✓									
CI Rating	NC	✓	NI									
Practice Setting: Enter Clinical Experience # and facility initials for applicable setting(s)												
Acute	Rehab (IP/OP)		Pediatric (IP/OP/ISD)		OP Ortho		LTC/SNF		ICU/CCU/NICU		Home Health	
1-BRMC					2-HMC							

Objectives applicable to this skill:

- Selects and provides appropriate technique based on the POC established by the PT.
- Positions patient properly to achieve desired results.
- Applies techniques correctly (i.e. hand placement, body mechanics, direction, stabilization, grade of movement, force, pressure, strokes).

Comments: required with rating of NI or U

Date	Objectives/behaviors requiring practice or improvement	CI	Facility
4-7-02	<i>Susan consistently requires cueing to position patient properly.</i>	CL	HMC

Example 6: Challenging a skill, blue master list sheet

Skills	Approved			Challenged			Reapproved		
	Date	Facility	CI	Date	Facility	CI	Date	Facility	CI
SECTION III: Interventions									
17.7 Wheelchair Mobility									
18. Therapeutic Massage	2-2-02	BRMC	JH	4-7-02	HMC	CL			
19. Self-Care/Home Management									
20. Wound Management									

5. Reapproving a challenged skill

- When the deficiencies have been corrected, note reapproval on both the individual skill sheet and on the Master List.
- If the deficiency is corrected during the same clinical education experience, record the reapproval on the individual skill sheet either by entering the new rating in the final evaluation column or by crossing through the NI or U and placing a “✓” above or beside it, whichever is appropriate. The CI initials a strike-through and rating change. (see Example 7, options 1 and 2)
- Record reapproval of the skill on the Master List by indicating the date, facility and CIs initials in the space provided to document skill reapproval. (see Example 8, next page)
- If the deficiency is not corrected before the student completes the clinical experience at the facility issuing the challenge, the CI must comment regarding what the student needs to demonstrate to be considered entry-level. In this situation, a subsequent CI is responsible for indicating reapproval when the skill is mastered at the latter facility, and the CI needs the input of the earlier instructor to help determine the direct initial learning experiences.
- The reapproval column is used *only* for challenged skills; it is not used for the rechecking of a previously approved skill.

Example 7: Reapproving a skill during same clinical education experience, white skill sheet

Option 1

Skill 18 Therapeutic Massage

Clinical Experience #	1		2		3		4		5		6	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Student Rating	NE	✓	✓									
CI Rating	NE	✓	NI	✓								
Practice Setting: Enter Clinical Experience # and facility initials for applicable setting(s)												
Acute	Rehab (IP/OP)		Pediatric (IP/OP/ISD)		OP Ortho		LTC/SNF		ICU/CCU/NICU		Home Health	
1-BRMC					2-HMC							

Option 2

Skill 18 Therapeutic Massage

Clinical Experience #	1		2		3		4		5		6	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Student Rating	NE	✓	✓									
CI Rating	NE	✓	NI✓ CL									
Practice Setting: Enter Clinical Experience # and facility initials for applicable setting(s)												
Acute	Rehab (IP/OP)		Pediatric (IP/OP/ISD)		OP Ortho		LTC/SNF		ICU/CCU/NICU		Home Health	
1-BRMC					2-HMC							

Example 8: Reapproving a skill, blue master list sheet

Skills	Approved			Challenged			Reapproved		
	Date	Facility	CI	Date	Facility	CI	Date	Facility	CI
SECTION III: Interventions									
17.7 Wheelchair Mobility									
18. Therapeutic Massage	2-2-02	BRMC	JH	4-7-02	HMC	CL	5-1-02	HMC	CL
19. Self-Care/Home Management									
20. Wound Management									

E. Student Evaluation of Clinical Education Experience Form (green pages)

1. The student completes the mid-term evaluation of the CI at the appropriate midpoint of the clinical rotation and completes the entire SECEE at the end of the rotation.
2. Following the final student conference, the student will send the Progress Report and SECEE immediately to the ACCE or DCE of the student's academic program according to the instructions provided by the academic program.
3. The CI and/or CCCE may wish to keep a copy of these forms for their records.

IV. GLOSSARY OF TERMS AND CONCEPTS

A knowledge of the following terms is helpful in understanding the instructions and using the *PTA MACS*.

Educational Terms

Affective: the area of learning dealing with professional behavior, communication styles and interpersonal skills.

Approval: to certify that a skill has met the established criteria of safe and effective performance expected of an entry-level physical therapist assistant in a specific setting.

Assess: to measure, to quantify, or to place a value or label upon something.

Challenge: to question performance in any area which fails to meet the expected criteria.

Cognitive: the area of learning dealing with organization of thoughts, problem solving abilities and documentation. skill

Competency: defined skills, knowledge and attitudes required for successful performance of a skill.

Competency-based education: a systematic curricular design that enables learning to progress step-by-step toward achievement of a specific skill, knowledge or attitude; demonstrated competence under realistic conditions is the basis for awarding credentials.

Entry-Level performance: the level of knowledge, skill and professional behavior expected from a new PTA graduate.

Evaluation: a judgment based on a measurement

Psychomotor: the area of learning dealing with the performance of an activity (e.g. patient treatment technique)

Student Evaluation of Clinical Education Experience (SECEE): evaluation tool completed by the student at the end of each clinical rotation.

Evaluation Terms

Formative evaluation: an ongoing assessment of clinical performance by the student (self-assessment) and the CI throughout the instruction phase for the purpose of providing feedback, improving learning, and revising learning experiences.

Objective evaluation (criterion referenced): a comparison of the student's performance against the pre-established criteria of the profession to determine if the student has acquired essential knowledge, skills and behaviors.

Summative evaluation: the final assessment of student performance at the completion of the instruction period, program, course or clinical experience.

Clinical Education Faculty Members

Academic Coordinator of Clinical Education (ACCE): the academic faculty member(s) designated by the program to be responsible for the clinical education courses required by that institution. They may be referred to as director of clinical education (DCE) on some campuses.

Center Coordinator of Clinical Education (CCCE): the clinical staff member designated by the clinical education facility to be responsible for the clinical education program of the facility; may also serve as a clinical instructor (CI).

Clinical Instructor (CI): the staff member designated by the clinical facility to be responsible for the teaching and direct supervision of an assigned student; may also serve as the CCCE. The CI may be a PT or a PTA.

Director of Clinical Education (DCE) see Academic Coordinator of Clinical Education.

V. REFERENCES

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