

## PHYSICAL THERAPIST ASSISTANT *PRE-CLINICAL OBSERVATIONS*

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### **PURPOSE**

To provide each student with a realistic basis for making a career choice in the field of Physical Therapist Assistant by observing the actual work environment at a minimum of two sites and to provide the student the opportunity to ask questions related to the occupation of Physical Therapist Assistant. (Student should select two different patient environments, e.g., hospital, outpatient/private clinic, school, neurorehabilitation, etc.)

These observations must be documented on the Observation Form. These forms must be stamped at the Registrar's office at the time the validation application is turned in. Once the form has been stamped it must be turned in to the PTA Program Coordinator.

### **DIRECTIONS/STUDENT RESPONSIBILITIES:**

1. Contact two (2) Physical Therapy Departments to schedule a minimum of twenty (20) hours of observation in each department. Call each department at least one week in advance to arrange your observation time.
2. Confirm your visit with the PT/PTA at least two days in advance.
3. ARRIVE PROMPTLY at your appointed time, report to the Physical Therapy Department, and request to see the PT/PTA through whom arrangements were made.
4. Introduce yourself and state your purpose for being there.
5. DRESS APPROPRIATELY. Use good judgment, common sense, and remember that hygiene and cleanliness are important to the site and their patients/clients. **DO NOT WEAR blue jeans, t-shirts, sweatshirts, halter tops, shorts, sandals, or go without socks.**
6. Notify the observation site PT/PTA if you will be late or unable to attend at your scheduled time.
7. Before leaving each observation site, have the PT/PTA sign the attached ***PRE-CLINICAL OBSERVATION VERIFICATION FORM***.
8. After completing all observations, **type** the answers to both the PT/PTA observation questions and the student observation questions.
9. Complete and submit the Validation Application form to the Registrar's Office. Have your ***PRE-CLINICAL OBSERVATION VERIFICATION FORM*** stamped. Make a copy of the Validation Application.
10. Submit ***PRE-CLINICAL OBSERVATION VERIFICATION FORM***, typed answers and the copy of your submitted Validation Application to the PTA Program Coordinator.
11. Make copies of your completed work to keep for your records.

## **OBSERVATION QUESTIONS:**

The following questions are designed to be answered by the *PT/PTA* at each observation site.

1. How would you describe the job duties of a PT/PTA in your setting?
2. What do you like most about your profession?
3. What do you like least about your profession?
4. What are the opportunities for advancement in the PT/PTA field?
5. What types of patients does a PT/PTA work with?
6. How does a PT/PTA fit into the team approach to patient care?

The following questions are designed to be answered by the *student*.

1. Have these observation experiences increased or decreased your desire to be part of the PTA profession? Why?
2. Based upon what you know about the occupation, what do you think will be the major benefits of this career for you? (List at least three.)
3. What do you think will be the hardest challenges of this career for you? (List at least one.)

## **CLINICAL OBSERVATION SITES:**

You may choose to observe a PT/PTA in a variety of settings, including hospitals, outpatient clinics, school systems, home care agencies, etc. that offer PT services.



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**PHYSICAL THERAPIST ASSISTANT  
PRE-CLINICAL OBSERVATION VERIFICATION FORM**

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Student Name: \_\_\_\_\_ Student Number \_\_\_\_\_

Student Phone Number \_\_\_\_\_

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1. **OBSERVATION SITE:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

PT/PTA Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2. **OBSERVATION SITE:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

PT/PTA Signature: \_\_\_\_\_

Date: \_\_\_\_\_