

# The A TeAm: Fostering Strong PT-PTA Relationships

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## Objectives



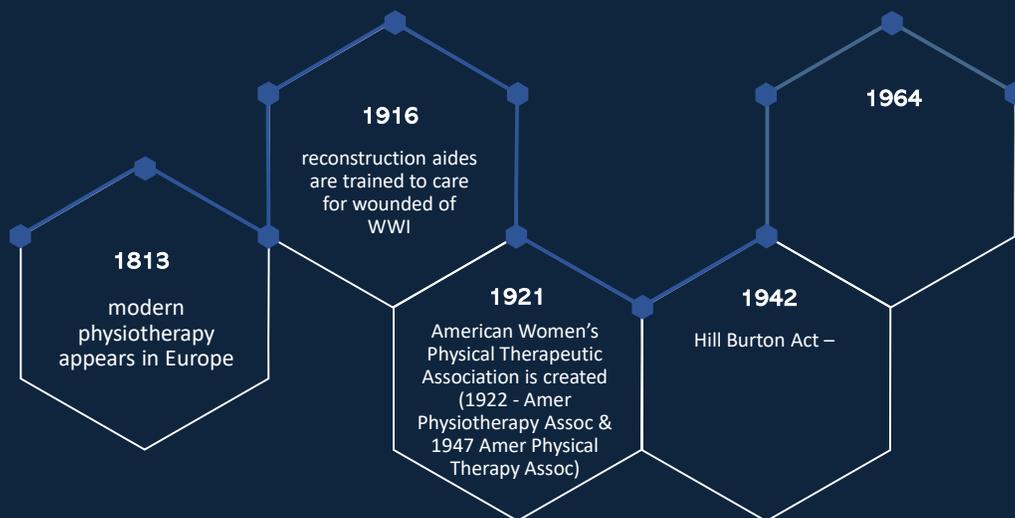
## Poll the Audience

1. How many people felt equipped to work as a team (PT/PTA) immediately after graduation?

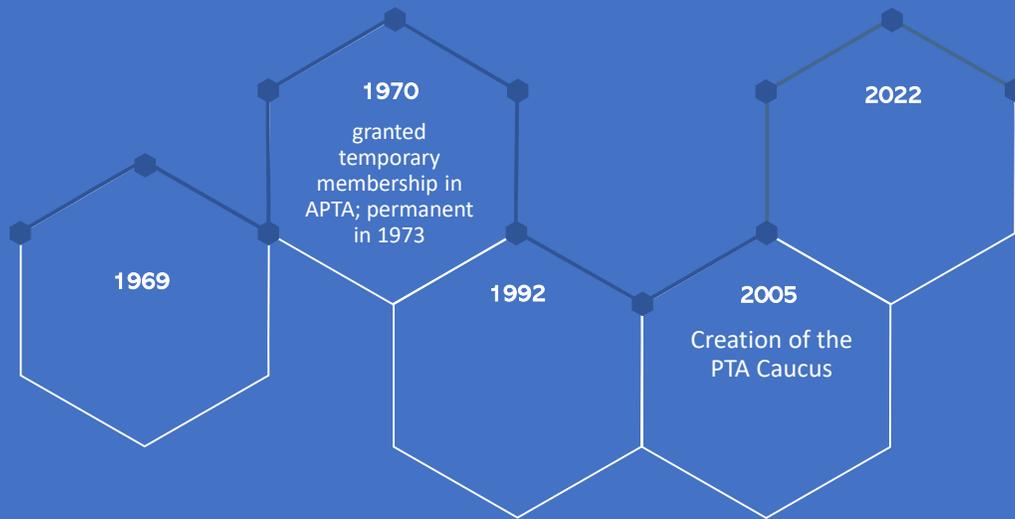
2. How many people have experienced one dilemma involving uncertainty about what a PTA could do?



## Timeline of the Profession<sup>1-3</sup>

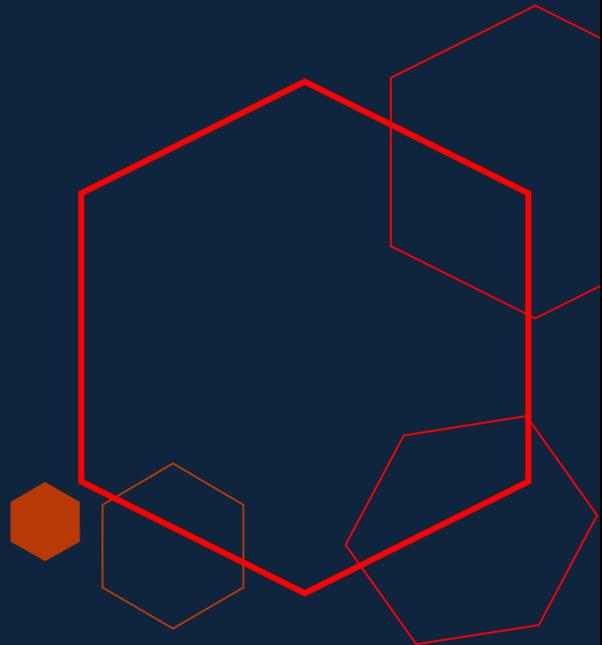


## Timeline of the Profession<sup>1-3</sup> (Continued)



## And new for 2025...

1. Medicare (Part B)  
Shifted from direct to general supervision of PTAs in outpatient settings



# PTA Controversy



Since the first PTAs graduated in 1969:

- The profession has struggled to agree on the role of the PTA.
- While the role has evolved, so have disagreements: leadership abilities, best utilization, voting rights in APTA, and reimbursement challenges.

## Sources to Guide the PT and PTA Team

|  |  | Employment   | Professional  |   |
|--|--|--|---|---|
| <ul style="list-style-type: none"> <li>• Federal Laws</li> <li>• State Practice Act</li> <li>• State Statutes</li> </ul> | <ul style="list-style-type: none"> <li>• Specific requirements of each insurance provider</li> </ul> | <ul style="list-style-type: none"> <li>• Facility policies and procedures</li> </ul> | <ul style="list-style-type: none"> <li>• APTA Positions and Policies</li> </ul> | <ul style="list-style-type: none"> <li>• Code of Ethics for the PT</li> <li>• Standards of Ethical Conduct for the PTA</li> </ul> |

## Legal Guidance<sup>4</sup>



1. Federal laws – like HIPAA or Medicare.

2. State laws/Statutes - permanent laws of the state

**The Practice Act is the law that governs practice**

- Passed by the state legislature
- Defines legal scope and standards of practice

3. State rules are regulating principles and/or methods of procedure that therapists must follow

**The Rules is a companion document to the Practice Act.**

- Written by the **licensing Board**
- Meant to interpret and clarify the Practice Act

## Conduct that may result in disciplinary action<sup>4</sup>

### D. Inadequate supervision

- Aiding or abetting a person not licensed who directly or indirectly performs activities requiring a license

## Conduct<sup>4</sup> ... PTA Supervision

- A PT must perform the \_\_\_\_\_ plan including goals, frequency, & time period of service.
- The discharge evaluation must be performed and the resulting discharge summary must be written by the \_\_\_\_\_.

## Conduct<sup>4</sup> ... PTA Supervision

- A PT may not supervise a PTA that is delivering services at a site further than \_\_\_\_\_ miles or \_\_\_\_\_ hour(s) from the PT.
- The supervising licensed physical therapist must be available to communicate by telephone or other means whenever the physical therapist assistant is delivering services.

## Ethical Guidance: Code of Ethics for the PT/ Standards of Ethical Conduct for the PTA<sup>5-6</sup>

### Principle/Standard 1 - same

- Physical therapists/therapist assistants shall respect the inherent dignity and right of all individuals

### Principle/Standard 2 – same with differences in subsets

- Physical therapists/therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patient/clients.

### Principle 3: Physical therapists shall be accountable for making sound professional judgments

- Standard 3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and *within the boundaries established by laws and regulations*

## Ethical Guidance<sup>5-6</sup>

### Principle/Standard 4 - same

Physical therapists/therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public

### Principle 5 - Physical therapists shall fulfill their legal and professional obligations

Standard 5 - Physical therapist assistants shall fulfill their legal and ethical obligations

### Principle 6 - Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors

#### Standard 6

Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

## Ethical Guidance<sup>5-6</sup>

### Principle/Standard 7 - same

Physical therapists/therapist assistants shall promote organizational behaviors and business practices that benefit patients/clients and society

### Principle/Standard 8 – same

Physical therapists/therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally

## Core Values for the Physical Therapist and Physical Therapist Assistant<sup>7</sup>

- Accountability
- Altruism
- Collaboration
- Compassion & Caring
- Duty
- Excellence
- Inclusion
- Integrity
- Social Responsibility



## PTA Supervision Algorithm<sup>8</sup>

Consult the PTA Supervision Algorithm to determine the appropriate level of supervision, based on the patient/client's situation.

Some payers impose additional requirements that are more restrictive than the law.

- For example, Medicare rules previously had restrictions for PTA supervision that were based on practice setting.

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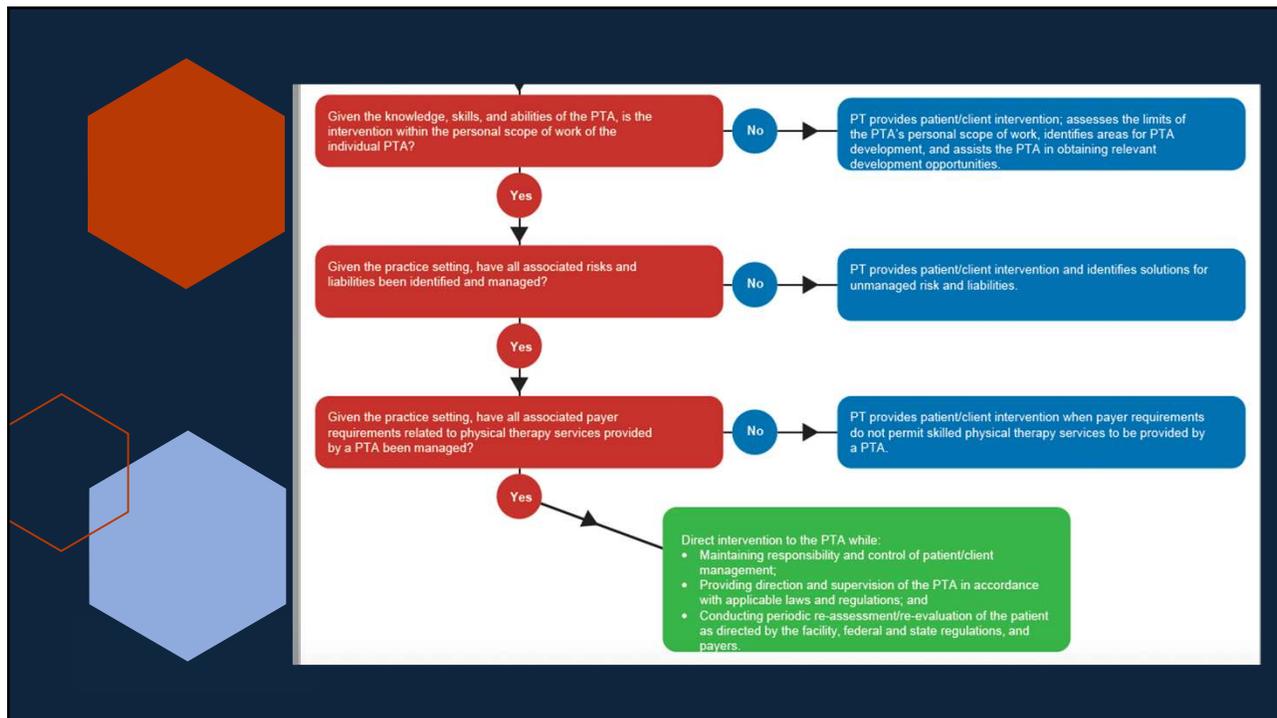
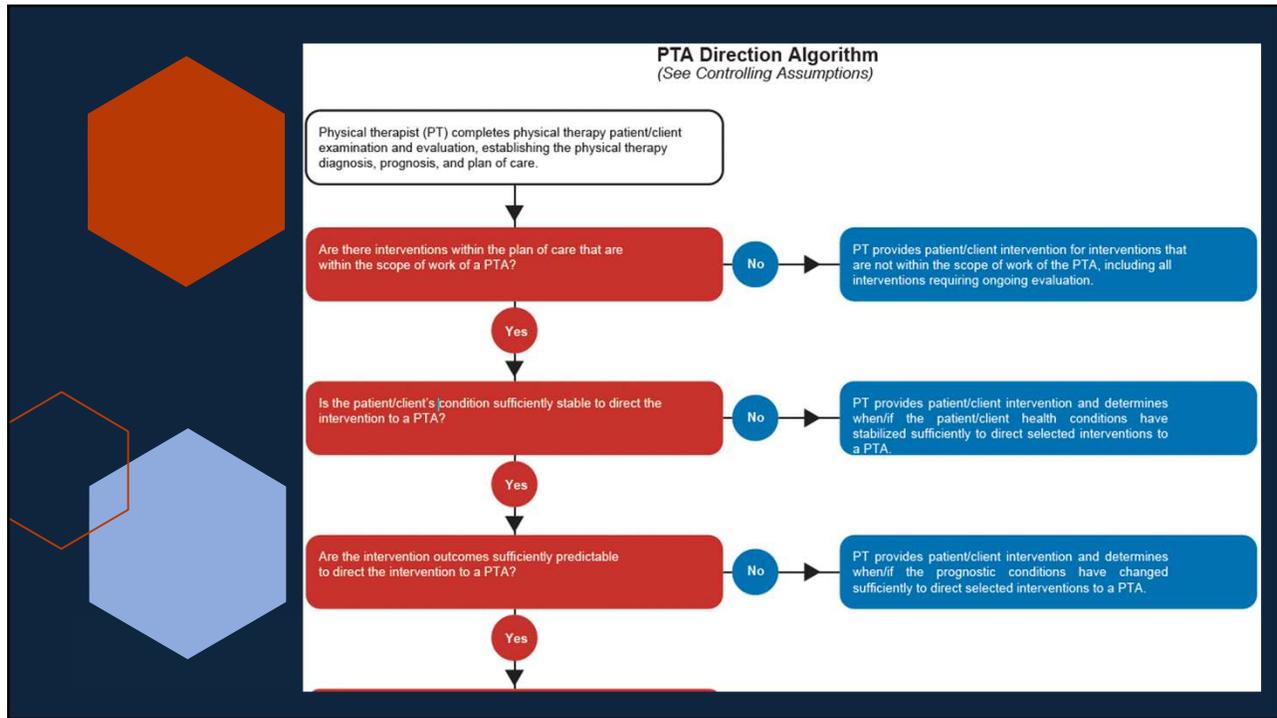


## Clinical Problem Solving Algorithm for PTAs<sup>8</sup>

Entry level PTAs may have more questions and require frequent communication than experienced PTAs.

The algorithm describes the level of PTA skills and knowledge required at each step.

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## Delegating Responsibilities to the PTA

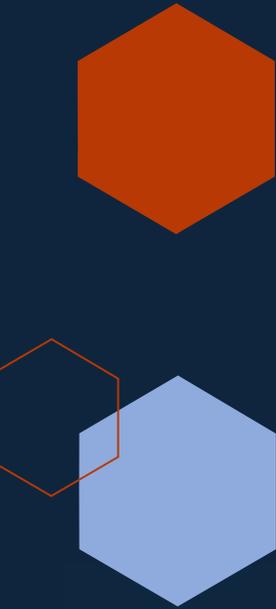


When implementing the PT's plan of care (POC), newer PTAs may lack some abilities that seasoned PTAs possess:

An experienced PTA may:

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## Flip the scenario...



What may be some of the differences in sharing patients with an inexperienced PT?

- Unclear directions for the PTA.
- Hesitancy to provide direction (imposter syndrome).

## What may be some things to consider when deciding whether or not it is appropriate/safe to delegate to PTAs?

- Education, training, experience, and skill level of the PTA.
- Criticality, acuity, and stability of the patient/client.
- 
- 
- 
- Liability and risk management concerns.
- Mission of physical therapy services for the setting.
- Need for re-examination.
- Experience of the supervising PT

### PTAs Impact on Patient Care





No adverse impact on:

Adding PTA in tx of  
Musculoskeletal  
Shoulder Pain<sup>9</sup>

However...

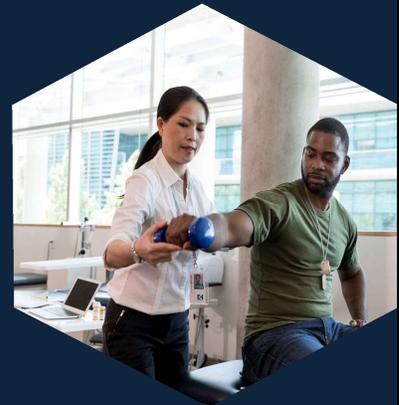
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No adverse impact on:

- ⬡
- ⬡
- ⬡

However...

Adding PTA in tx  
of Cervical Pain<sup>10</sup>



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## State Regulations and PT/PTA Care in OP Settings<sup>11</sup>

- High utilization of PTA =
- State requires full-time onsite PTA supervision =
- Unspecified state regulation of PTA supervision = FHS discharge measures ~ .
- State regulation of PT/PTA ratio was associated with \_\_\_\_\_ visits
- >50% time spent w/PTA was predictive of \_\_\_\_\_ discharge scores

"Patient characteristics account for most of the variance in number of visits and functional health outcome [...]"



**What could be possible contributors to increased visit utilization?**

## Impact of Adding a PTA in Stroke Care for Inpatient Rehab<sup>12</sup>

Higher PTA use did not adversely impact:



- 1.
- 2.
- 3.

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## Impact of adding a PTA on SNF teams<sup>13</sup>

Reviewed data from more than 10,000 SNFs

- (a) patient functional improvement
- (b) 30-day hospital readmissions
- (c) community discharge within 31 days



- ❖ Amount of utilization of PTAs was not associated with patient functional improvement.
- ❖ However, higher intensity PT was
  - each +15 min of PT/day = 1.6 percentage points more of functional improvement during SNF admission (p<.001)).

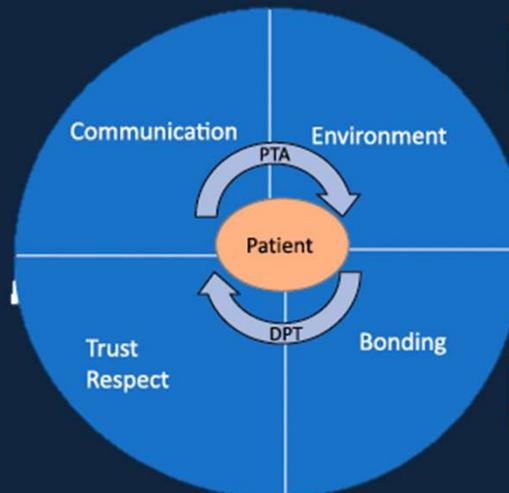


## Ways to Improve Relationships



## Elements identified as critical for effective PT-PTA team<sup>14</sup>

- 1) Communication
- 2) Trust and respect
- 3) Environment
- 4) Bonding



## Perceptions on essential elements of communication<sup>15</sup>

**Table 1** Top 10 Highest-Scoring Competency Elements (1 = not important, 5 = very important)

| 10 Highest individual competency elements*   | Competency category        | Mean (SD) score |
|--|----------------------------|-----------------|
| 1. Recognizes, responds, and communicates appropriately all significant changes in a patient's health. | Communication              | 4.94 (0.25)     |
| 2. Demonstrates active listening, using verbal and nonverbal communication.                            | Communication              | 4.91 (0.30)     |
| 3. Maintains confidentiality and respect for the integrity of the intraprofessional team.              | Collaboration              | 4.90 (0.32)     |
| 4. Expresses ideas and viewpoints in a respectful, confident, and concise language.                    | Communication              | 4.90 (0.31)     |
| 5. Shares and exchanges information effectively.   | Communication              | 4.90 (0.31)     |
| 6. Assigns or accepts duties that are within one's scope of practice and competencies.                 | Assignment of tasks        | 4.89 (0.33)     |
| 7. Knows when and how to seek out information and request support when required.                       | Consultation               | 4.89 (0.33)     |
| 8. Accepts accountability for one's own contributions.   | Roles and responsibilities | 4.89 (0.34)     |
| 9. Is cognizant of ethical standards, laws, and regulations governing professional practice.           | Assignment of tasks        | 4.87 (0.38)     |
| 10. Has the ability to work independently and interdependently.  | Roles and responsibilities | 4.87 (0.37)     |

## Recognize the Importance of Communication<sup>16</sup>

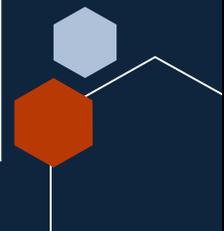
- Per Joint Commission, \_\_\_\_\_ are the most common attributable cause in \_\_\_\_\_ of sentinel events.
- Danish Risk management literature reports communication errors as a major factor in \_\_\_\_\_ of adverse events.

## Communication Barriers

| Behavioral  | Cognitive   |
|---|---|
| <ul style="list-style-type: none"> <li>When providers must voice concerns, ask Qs, or share information for the benefit of a patient, this is called “speak up” behavior.</li> <li>strong predictor of team performance in simulated settings.</li> <li>Lack of “speak up” behavior due to fear, hierarchy, intimidation, retaliation, or futility</li> </ul> | <ul style="list-style-type: none"> <li>Limited cognitive resources → disruptions, distractions, interruptions</li> <li>Examples: handoff errors, medication errors, OR performance decline</li> </ul> |
| <p>Strategies:</p> <ul style="list-style-type: none"> <li></li> </ul>   | <p>Strategies:</p> <ul style="list-style-type: none"> <li></li> </ul>   |

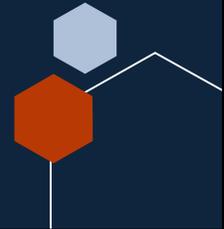
## Communication Barriers

| Linguistic  |
|---|
| <p>Communication issues rooted in style, tempo, tone, context, semantics, jargon, or ambiguous language</p> |
| <p>Strategies:</p>  |



## Communication Barriers

| Environmental   | Technological   |
|---|---|
| Noise and physical obstructions (equipment, drapes, masks) reducing verbal and nonverbal cues | <ul style="list-style-type: none"> <li>Electronic Medical Records (EMRs):               <ul style="list-style-type: none"> <li>Information silos (separated notes)</li> <li>Copy-paste errors &amp; outdated information</li> <li>Reduced patient-provider interaction</li> </ul> </li> </ul> |
| Strategies:   | Strategies:   |
| <ul style="list-style-type: none"> <li></li> </ul>  | <ul style="list-style-type: none"> <li></li> </ul>  |



## Student Difficulties<sup>17-19</sup>

Until \_\_\_\_\_, PT programs not required to include content on directing and supervising PTAs in the curriculum.

Researchers have documented:

- DPT students generally \_\_\_\_\_ informed about the PTA role than PTA students.
- success with multiple educational interventions (typically case-based activities)
- inappropriate practice modelling within clinical internships and the 1<sup>st</sup> year employment by PT students decreases their understanding of PTA scope



## Give Students Opportunities to Interact<sup>20</sup>



Curriculum and  
Education



Communication  
and  
Documentation



Teamwork  
Scenarios

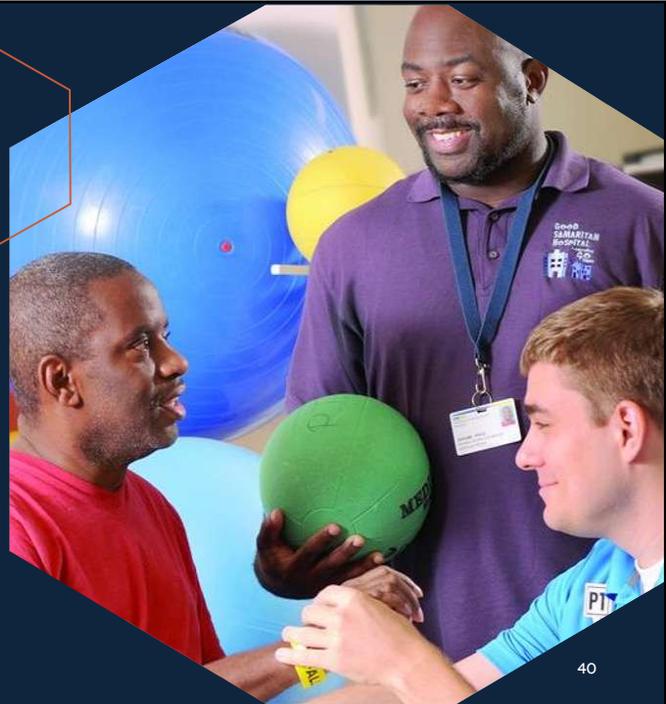


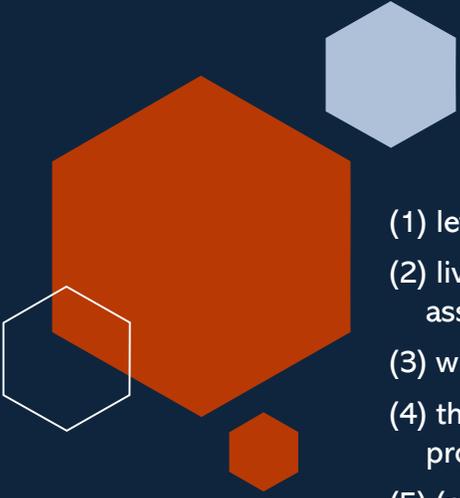
Social interaction

## Treating Together

Newly created PT/PTA team may benefit from treating patients/clients together:

- Enables each person to assess the style, skill, and level of comfort of the other.
- Allows each to leverage clinical strengths and creates learning as well as mentoring opportunities.
  - Acknowledge and address areas for growth in each person.
- Prevents lapses in care and avoids poor communication.
- Increases teamwork and respect.





## Be Aware of Teammates' Concerns<sup>21</sup>

- (1) left out of the loop
- (2) living in the grey: negotiating & navigating the assistant role
- (3) who's the boss?
- (4) things just don't fall into your lap: pursuing professional development
- (5) (not) just the assistant: the influence of norms and attitudes and external perspectives.



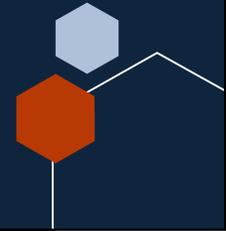
## Show Appreciation<sup>22</sup>

### Words of Affirmation: verbal/written praise

- Give praise in proximity to the good things happening
- Consider praising character as well as successes with tasks
- Consider the audience:
- Avoid hollow praise

## Team-Building Strategies Summarized and Expanded<sup>23</sup>

1. Understand What Each Team Member Needs
2. Emphasize Autonomy (back it up by trust)
3. \_\_\_\_\_
4. Celebrate Diversity
5. Mirror the Good You Want to See
6. Nurture Team Communication
7. Allow for Open Brainstorming/Sharing
8. Express Gratitude and Support



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