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# DPT Sequence of Courses for the Class of 2018

## Year 1 (2015-16)

**Semester 1 Summer (9 weeks: June 8-August 7, 2015)**
- ANA 622 Human Anatomy (Cotter/Davis) 6 credits
- PT 501 Anatomical Applications in Physical Therapy (Cobey/J. Boissonnault) 2 credits
- PT 538 Introduction to the Physical Therapy Profession and Professionalism (J. Boissonnault) 1 credit

**3 weeks off**

**Semester 2 Fall (September 2-December 23, 2015) (Thanksgiving Recess November 26-29)**
- ANA 637 Functional Neuroanatomy (tbd) 3 credits
- PT 527 Foundations of Physical Therapy Examination and Evaluation (Cobey/Wenker) 4 credits
- PT 539 Physical Therapy Education and Lifespan Learning Issues (J. Boissonnault) 1 credit
- PT 627 Clinical Decision-Making: Tissue Mechanics and Adaptations (Heiderscheit/Brickson) 3 credits
- PT 664 Clinical Medicine I (W. Boissonnault) 5 credits

**Total 9 credits**

**2 weeks off**

**Semester 3 Spring**
- PT 700 2-Week Clinical Internship I (Wenker) (January 4-15, 2016) 2 credits
- PT 534 Foundations of Physical Therapy Intervention (Brickson/Cobey) (January 19-May 14, 2016 - Spring Break March 19-27) 4 credits
- PT 540 Psychosocial Aspects of Health Care (J. Boissonnault) 1 credit
- PT 628 Clinical Decision-Making: Neuromuscular Mechanics and Control (Heiderscheit/Dewane/Sesto) 4 credits
- PT 640 Scientific Inquiry in Physical Therapy (Sesto) 3 credits
- PT 665 Clinical Medicine II (W. Boissonnault) 5 credits

**Total 19 credits**

## Year 2 (2016-17)

**Semester 4 Summer**
- PT 521 Physical Agents (Sesto/Nelson) 2 credits
- PT 675 Orthotics: Applications in Physical Therapy Practice (Dewane/Hallisy) 2 credits
- PT 668 Health Promotion and Wellness (Hallisy/Kunstman) 2 credits

**Total 10 credits**

**1 week off**

**Semester 5 Fall (September 2-December 23, 2016 - Thanksgiving Recess November 24-27)**
- PT 523 Cardiovascular and Pulmonary Aspects of Physical Therapy (Brickson/Carlson) 3 credits
- PT 541 Issues of Culture and Diversity in Health Care (J. Boissonnault) 1 credit
- PT 635 Motor Control Dysfunction: Examination, Diagnosis, and Management I (Patterson/Dewane) 5 credits
- PT 641 Current Issues in Rehabilitation Research (J. Boissonnault) 1 credit
- PT 676 Musculoskeletal Dysfunction: Examination, Diagnosis, & Management I (Hallisy/Thein-Nissenbaum) 5 credits

**Total 15 credits**

**4 weeks off**

**Semester 6 Spring (January 23-May 19, 2017 - Spring Break March 18-26)**
- PT 512 Principles of Professional Practice and Administration (Steinkamp) 3 credits
- PT 542 Medical Ethics, Jurisprudence, and Health Care Regulations (J. Boissonnault) 1 credit
- PT 636 Motor Control Dysfunction: Examination, Diagnosis, and Management II (Dewane/Patterson) 5 credits
- PT 643 Current Issues in Rehabilitation Research II (J. Boissonnault) 1 credit
- PT 677 Musculoskeletal Dysfunction: Examination, Diagnosis, & Management II (Thein-Nissenbaum/Hallisy) 5 credits

**Total 15 credits**
### YEAR 3 (2017-18)

#### 4 weeks off

**Semester 7 Summer (8 weeks: June 12-August 4, 2017)**
- PT 543 Professional Practice Issues in Physical Therapy (J. Boissonnault)  
  1 credit
- PT 600 Service Learning Seminar in Physical Therapy (J. Boissonnault)  
  1 credit
- PT 667 Clinical Case Conference (W. Boissonnault)  
  1 credit
- PT 678 Physical Therapy Management of Integument Conditions (Nelson/Hallisy)  
  2 credits

**2 weeks off**
- PT 702 8-Week Clinical Internship III (Wenker) *(August 21-October 13, 2017)*  
  8 credits

**Total**  
  13 credits

#### Semester 8 Fall

**1 week off**
- PT 703 8-Week Internship IV (Wenker) *(October 23-December 15, 2017)*  
  8 credits

**Total**  
  8 credits

**3 weeks off**

**Semester 9 Spring**
- PT 704 8-Week Clinical Internship V (Wenker) *(January 8-March 2, 2018)*  
  8 credits

**1 week off**
- PT 705 8-Week Clinical Internship VI (Wenker) *(March 12-May 4, 2018)*  
  8 credits

**1 week off**

**Optional During Any Semester**
- PT 642: Research Practicum (1-3 credits)
- PT 799: Independent Study (1-3 credits)

**Total Credits**  
  16 credits

*RETURN FOR GRADUATION MAY 18, 2018*
Clinical Education: Internship Site Selection Process

Introduction to Clinical Education

Preparation for PT 700 and 701 Site Selection Process Policy and Procedure

Part I:
Purpose: To provide the learner with introductory materials to better understand the importance of clinical education and the philosophy of the program as it relates to clinical education.

FAQ's:

Q: What is clinical education and why is it important?
A: Clinical education is the portion of your education where theory meets reality, where you are able to apply the knowledge you have gained along with your past experiences to alleviate suffering, to enhance physical abilities and wellness, and to improve the quality of life of persons seeking care. Clinical education comprises approximately 30% of your formal education in becoming a physical therapist; the internships are equivalent to approximately 2.5 full time semesters.

Q: What do all of these abbreviations mean?
A: 
- Clin Ed: Clinical Education
- DCE: Director of Clinical Education (Sue)
- ACCE: Academic Coordinator of Clinical Education (Jeanne)
- CCCE: Center Coordinator of Clinical Education (key contact at the facility)
- CI: Clinical instructor (PT who is your coach/mentor while on the internship)

Q: What are some of the forms we are going to need to know about and how can I access them?
A: 
- CSIF: Clinical Site Information Form (where you can find information about the facility and staff- can be found on either the clinical education database or PTCPI Web). Located by going to https://cpi2.amsapps.com/user_session/new
  - Username: wisc.edu email
  - PW: click on “I forgot or do not have a password” and a temporary password will be sent to you.
  - OR some can be found on the clinical education database
- Facility Eval: American Physical Therapy Associations student evaluation of clinic (part 1) and clinical instructor (part 2, not posted on the web).
- Student personal data form: This form is completed by the student and provides emergency contact information and proof of completion of CPR and OSHA training.
- Student Introductory Form: This is a form used by the student and CI to develop goals for all of the other internships.
- PT CPI Web: Web based program where you can find information about facilities (CSIF), update your personal information, and where the evaluation tool for PT 702-705 is located.
- Generic Abilities (GA's): Key indicators of professional behaviors in the profession of physical therapy.
- Clinical Internship Evaluation Tool: Evaluation tool used on your 4 week internship.
- 2 week learning module: The evaluation tool utilized for your 2 week internship.
- CPI: Clinical Performance Instrument: The evaluation tool you will use for all of the internships except your 2 internship.
- PT CPI 2006: The most recent version of the Clinical Performance Instrument. It is accessed online and requires training prior to its use.

* Forms utilized during internships are found on the clinical education webpage.

Q: What is the philosophy of the UW-Madison PT program as it relates to graduating students?
A: The UW-Madison PT program believes in graduating generalists. (See your student handbook). This means that you must complete at least one, 8-week internship in an acute setting, an orthopedic setting, and a neurological setting. The 2 week (PT 700) and the 4 week (PT 701) internships are meant to be introductory internships.

Q: What are examples of acute, ortho, and neuro settings?

A:

<table>
<thead>
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<th>Orthopedic (Ortho)</th>
<th>Acute (Inpatient/IP)</th>
<th>Neurological (Neuro)</th>
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<tr>
<td>Return to Work (RTW), occupational health</td>
<td>A hospital setting</td>
<td>Inpatient Neuro</td>
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<td>General OP clinic (Private or corporate owned)</td>
<td></td>
<td>Inpatient Rehab</td>
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<tr>
<td>Sports Medicine</td>
<td></td>
<td>Outpatient Neuro</td>
</tr>
<tr>
<td>Spine Clinic</td>
<td></td>
<td>Pediatrics (home health, hospital, OP clinic)</td>
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<td></td>
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<td>Skilled Nursing Home (SNF)</td>
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<td></td>
<td></td>
<td>Home Health</td>
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Q: When are our clinical internships?

A: There will be a total of 6 clinical experiences for a total of 38 weeks. They are as follow:
- 2 week January internship from January 4-Jan 15, 2016
- 4 week May internship from May 16-June 10, 2016
- 8 week fall internship from August 21-October 13, 2017
- 8 week fall internship from October 23-December 15, 2017
- 8 week spring internship from January 8-March 2, 2018
- 8 week spring internship from March 12-May 4, 2018

Q: Why are clinical internships arranged as they are?

A: The 2 week internship is intended to have the student apply foundational skills learned in the first two semesters of their professional education. Modules are used during this internship to provide a focus to the 2 weeks. The 4 week internship is to provide for longer exposure to patient care in which the student can begin to have partial care of a patient. The final 4 internships are intended to provide the student with an experience that will prepare them to become an entry-level physical therapist upon completion of each of the three final internships.

Q: How much time is required in each practice setting?

A: Eight weeks in all three (outpatient orthopedics, acute, and neuro); PT 700 and PT 701 do not count toward the required 8 weeks.

Q: I want to work in a rural hospital. Would that count towards an OP experience or an IP acute experience?

A: If one of the 8 week internships is in a rural setting which can provide the student with a mix of OP ortho and IP experience, then it would count toward an acute experience. However, if the rural experience is OP ortho with a mix of Home Health or Skilled Nursing Facility (SNF), that would not meet the acute requirement.

Q: What is entry level and what does this mean?

A: Entry level is defined in the Clinical Performance Instrument (CPI) as:
A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.

At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.

Consults with others and resolves unfamiliar or ambiguous situations.

The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner. A student must demonstrate entry level competence in each of the final 4 week internships as indicated in the CPI along with being entry level in the Generic Abilities (GA’s). The GA’s are a list of key professional components in which all students need to be proficient.

Q: What if I am not entry-level in the CPI and/or GA’s at the completion of each of the 4 final internships?
A: There are varying interventions which assist a student in meeting the requirements of entry level on the CPI. Students and Clinical Instructors (CI’s) are required to contact the DCE at midterm of the 4 week and the four final internships. It is expected that the DCE will be contacted earlier if there are concerns early on in the internship process (by either the CI or student). A plan of action is put into place (if needed) which may include learning contracts, specific goals, a site visit, teleconference, etc. The areas of concern are then revisited on a regular basis which is outlined by the student, CI, and DCE.

A student may need to remediate all or portions of their internship if concerns continue to be present at the end of the internship and remedial interventions have not been successful. On rare occasions, students fail an internship and may need to complete the course when it is offered the next year.

Q: How and where do I find out about the specific facilities with which the UW Madison PT program has contractual agreements?
A: Information is accessed: [http://ortho.wisc.edu/DPT/ClinicalEducation/Medsites](http://ortho.wisc.edu/DPT/ClinicalEducation/Medsites)
Enter your password: uwpt18 (this password will remain in effect for 3 years) You can now view multitudes of information including:

Home Page Tab-
- Specific sites
- Feedback from past students
- Special requirements from the facility
- Clinical Site Information Forms (CSIFS)

Placement Tab-
- What sites offered us for the upcoming selection process and in past years
  - You want to be on placements for Calendar Year 2016

Forms Tab-
- Forms used during internships

Confirmed Placements-
- Grids that are updated on occasion to reflect placements for each class

Q: What does all of this information "do" for me?
A: The information provides insight into the following:
- What placements a facility may offer in the future
- The type of patients will you work with at this facility
- Who may be your CI (from the CSIF)
- What requirements need to be completed prior to my arrival?
- Do they offer housing?
- Etc.
PT 538
Part II: In-service Preparation for internship site selection
Procedure for Internship Selection for Class of 2018
We will be discussing the process for clinical education site selection for your 2 week and 4 week clinical internships.

Procedure for Clinical Internship Site Selection (Calendar year 2016)-Class of 2018

1.) The commitment forms for 2016 Clinical Education Placements were mailed March 1. The return date for the facilities was April 15. The facilities either offer us a "reserved" placement, a "First Come First Served (FCFS)" placement, or were unable to offer us any placements. A FCFS placement means that the placement has been offered to more than one school and whichever DCE calls the facility with a student’s name first, gets the placement.

2.) To view the available placements for PT 700 and PT 701 (ignore the rest of the columns)
   - Go to the clinical education database found on the DPT program webpage (http://ortho.wisc.edu/DPT/ClinicalEducation/Medsites)
   - Enter your password uwpt18
   - Click on “Placement Information”
   Be sure to be on the correct placement page: Placements for Calendar Year 2016

3.) Procedure for Signing Up for Clinical Internships-Class of 2018
   Many facilities mark the “first come, first served” (FCFS) box. This means that the slot has been offered to more than one school, and whichever DCE calls the facility with a student’s name first, gets the slot. To avoid losing many of those slots by waiting until the end of July to pick, they will be available to all students through June 22, 2015 at 8:00 AM. Inform Sue in writing by June 22 at 8:00AM if you are interested in a FCFS placement (as indicated on the clinical education database.) The “FCFS” placement will remain available if it is not selected at this time. The “reserved” slots will be selected until in July. Again, the placement will be available upon request if no one selects it by the initial deadline.

This information will be manually updated when a student secures a first come first served FCFS placement in order to reflect this placement is no longer available. Once a FCFS placement is secured by a student it will no longer show up on the list of available sites when ranking your preferences.

Lottery Process:
   Each student will be asked to request seven-plus preferences. There is no advantage to entering only one request. Each lottery is run separately but will have the same closing times/dates. Refer to last page for specific instructions regarding entering student information and indicating preferences.

To review and decide if a placement is of interest to you:
   - Utilize the current UW PT Clin Ed web page at (http://ortho.wisc.edu/DPT/ClinicalEducation/Medsites) for updated information (your password: uwp18). Please remember that you may need to scroll backward to get to the home page and that you can sort each column alphabetically to better meet your needs. For example, you can search by location, by type of internship, by corporate name and each of these can be organized alphabetically. Placements offered can be located under the “Placement Information” tab. Be sure you are on
“Placement Information for Internship Year 2016” to view the current course offerings. You need to focus on the columns that read “PT 700 and PT 701”; the other columns are for the other two classes.

Students who indicated a preference for rural experiences on their application will be given priority to complete an internship in a rural facility. We are unable to request additional placements if a facility offered internships for time periods other than PT 700 and PT 701.

**Review of FCFS:**
To prevent losing many of those slots by waiting until the end of July, they will be available to all students through June 22, 2015 at 8:00AM. Inform Sue in writing by June 22 at 8:00AM if you are interested in a FCFS placement (as indicated on the clinical education database). All students have an equal chance of receiving a FCFS placement until June 22. The “FCFS” placement will remain available if it is not selected at this time. The “reserved” slots will be selected July 6, 2015. Again, the placement will be available upon request if no one selects it by the initial deadline. Please note: the placement may have already been taken by another program, in that case, the student will be provided with this information in order to make another selection.

Please share with me if a FCFS facility is your first preference either by a hand-written, dated note or by e-mail. If more than one person interested, all parties will be informed and those that continue to be interested will have their names drawn from a hat. Once the placement is secured, your name will be faxed that same day to the clinic confirming your placement. Once a placement is confirmed with a facility IT CANNOT BE CHANGED!! The FCFS slot is available to anyone after the initial 48 hour period if it is not reserved.

*** This is a good example of how helpful it can be to talk with your classmates. Discussions will help with knowledge of where others are thinking of going and if others are interested in the same placements, which in turn can help you decide whether or not to take a FCFS offering.

The lottery will be run July 6, 2015. You may need to select all or none of your internships at that time, depending on if you have committed to FCFS placements. You will not need to enter a placement, if it has been reserved for you through the FCFS process.

*PT 700 and PT 701 will be run on separate days.* PT 700 will run on July 6 and PT 701 on July 7. Upon publication of both internships, you will have 24 hours to change your preferences (with the exception of FCFS placements). Both internships for 2016 should be completed no later than the end of July.

The reserved slots will be confirmed late summer/early fall with the clinical facilities. You will have until that date to change your placement ONLY if a new commitment form comes in that was not in the initial pool of sites AND if you have not committed to a FCFS internship. Placements will not be changed for other reasons. Everyone will be informed when a late commitment form is returned and if you have not confirmed a FCFS, you will have the ability to put your name in the hat for the new facility.

I will send an email to inquire if you are interested in an internship at a facility that has not yet submitted their commitment form. I will ask that you send me an email indicating the facility, location, type of internship, and dates of internship; upon receipt of this information I will follow up with facility and inquire about the placement for you. However, I will not request additional placements from facilities that have returned commitment forms and have either offered placements for other internships but not PT 700 or PT 701 or are not accepting students this year. **Be sure you are comfortable having me contact the facility. The placement becomes yours if it is available.**
Utilize the UW PT Clin Ed web page for update information *(your password: uwpt18)*. Please remember that you may need to scroll backward to get to the correct placement page. You want to be on the placement page that indicates internships for calendar year 2016. Remember, you can sort each column alphabetically to better meet your needs.

1.) The site selection process will be completed early August. There will most likely be some students who do not receive any of their preferences. Each of these situations will be discussed with the individual to determine the next best option *out of the remaining sites*. Any remaining acute or neuro placements will be utilized; therefore, the DCE reserves the right to intervene as needed.
**A few very important points to consider as you move through the process**

1.) You must complete at least one, 8-week internship in an acute care setting, neuro setting, and an outpatient ortho. A rural hospital with in-patient (IP) / Out-patient (OP) mix is acceptable to meet the requirement of an IP experience; neither PT 700 or PT 701 count toward hours in any of the following environments, PT 700 and PT 701 are introductory internships.

**Definitions:**
- Acute: IP, IP rehab, IP Ortho.
- Neuro: IP neuro, IP rehab, OP neuro, Skilled Nursing Facility (SNF), pediatrics, brain injury facilities, home health

2.) Once you select a FCFS slot, **IT IS YOURS** you **CANNOT** change your mind, trade, etc. Facilities do not like placements to be cancelled; they are not even very fond of changing names. Once a commitment is made to a FCFS placement it is a done deal. Feel free to discuss with me your thoughts about a site and make sure you want this placement before you throw your name in the hat. Do not give me your name in writing to be considered for a FCFS placement if you are not completely sure of your decision.

3.) The odds of all your internships occurring in the Madison area are very slim. Be cognizant that even those with hardships (defined as having a person in their immediate family who is dependent upon them) will most likely find themselves commuting to a facility.

4.) I reserve the right to step in and assist with the “negotiation” process and am happy to help (if I can).

5.) **I reserve the right to assign a clinical as indicated, and WILL, should the need arise.**

**Other Helpful Hints**

As the sites get posted, review the information about the site on the clin ed web page, the evaluation forms by previous students, and ask the PT 2s and 3s if they have been to the facility.

Most importantly, remember one thing: you get out of a clinical what you put into it, regardless of the facility. Wherever you go, we expect you to be a pro-active, adult learner and good representative of our Program!

**Summary of Steps**

1. Review the clinical education database to gain knowledge regarding the following:
   a. Review the home page, in brief, to determine if there are any facilities that are of significant interest to you.
   b. Compare the facilities that are of interest to you to those that have returned commitment forms. Is there a match?
   c. Of those facilities that have returned commitment forms, did they offer a placement for the Jan or May internships?
      i. On the clinical education database, the columns labeled PT 700 and PT 701 of the “Placement Information for Internship year 2016” tab.
      ii. On Learn@UW, the commitment forms are listed alphabetically
   d. If they offered a placement for a Jan or May internship, is it reserved or FCFS?
      If it is reserved, then you may or may not want to consider placing it as one of your top seven preferences.
i. This can be determined by reviewing information specific to that facility; including special requests, the CSIF, and past evaluations

   e. If it is a FCFS and you are certain you want this placement as your first preference (upon review of the facility specific information as noted above), then contact the DCE in writing to inform the DCE of your interest no later than June 22, 2015 by 8:00AM.

**Additional Items for 2016 Site Selection (1st years)**

1. There will not be an opportunity to add/change offered placements once a facility has returned its commitment forms. For example, if the facility offered one placement for PT 700 and you really want to go there for PT 701, you cannot make a request to change the placement. Requesting changes to offerings or adding new offerings creates increased demands on an already busy CCCE and jeopardizes offerings for future placements.

2. Early Requests: The facilities listed below would like to know up front who would be interested and when they would be interested in coming to their facilities so they can best meet the student’s needs. I need to know if you are interested in these slots by June 22, 2015, because these facilities may have not have submitted a commitment form. A commitment form was sent only if a prior student requested a specific placement. Therefore, if you are interested in one of the placements below, you need to inform Sue in writing. You **CANNOT** change your mind if the site is able to accommodate your request.

Concentra—multiple sites nationwide (OP/Work Hardening)
Consonus Rehab: skilled nursing facilities (neuro) [http://www.consonuslife.com/rehab](http://www.consonuslife.com/rehab)
Extendicare/ProStep
Genesis Health Care (National Contract—Skilled Nursing Facilities)
Kindred Care/PeopleFirst (nursing home)
Ministry HealthCare Facilities
NovaCare/Select Medical—sites nationwide (OP Ortho facilities)
Physiotherapy Associates, (Nationwide contract)
RehabVisions/ Select Medical, -hospital network with sites in NE, IL, IA, MO, KS, ND, MN, TX, OK, UT and WA (Acute, IP, OP)

Wheaton Franciscan facilities Milwaukee area (Doesn’t include All Saints-Racine)
  - Brown Deer (OP)
  - Elmbrook Memorial (OP)
  - Franklin (Acute, IP)
  - Rawson Medical Center (OP, Neuro)
  - St Francis Hospital (Acute, IP, Neuro, OP)
  - St. Joseph Hospital (Acute, IP, Neuro, OP)
  - Villard (OP)
  - Waukesha (OP)
  - Wauwatosa Performance Center (OP)
  - Wheaton Home Health (Neuro)
3. You will not be able to seek out and add new sites if you don’t get one of your three preferences. You must pick from one of the remaining sites available on the list. Why? For several reasons: 1. asking current sites to add more placements for students places increased stress on their staff. 2. Asking sites to take students when they initially did not offer a placement again puts the facility in a position of increased demands and places stresses on the relationship between the facility and us. 3. Often times, facilities have taken students in the distant past, but contracts are no longer valid; therefore, there is a risk of not having a contract in place prior to the student arriving.

4. We do not develop contracts with facilities for 2 or 4 week internships. Contracts may be considered for one of the final-four internships if approved by the DCE. There are currently over 600 facilities from which to choose internships from and unless there is something very unique about the facility, there should be limited need for new contracts.

**Process for Indicating Preferences for Clinical Education Lottery**

**Registration:**

1. Access the lottery (this is different than the clinical education webpage) by going to [http://ortho.wisc.edu/DPT/ClinEd/Placements/](http://ortho.wisc.edu/DPT/ClinEd/Placements/).
2. When accessing this link for the first time; click on “I need to Register” and complete the student personal data form. The form has to be completed in its entirety. Dates for OSHA training and TB testing will be **August 3, 2015 and August 5, 2015** respectively. Once the form is completed, you may edit your username and password, and update your personal information. **Note, the DCE will have already completed a profile for you if you have reserved a FCFS placement. DO NOT start another profile. Your username is your wisc.edu email and your password will be shared with you.**
3. The personal data form will be sent to center coordinators of clinical education (CCCEs) and clinical instructors (CIs). It is the student’s responsibility to enter and update information into this page. You need to enter all fields with the exception of the 2nd school phone and 2nd school address.
4. **Enter your formal first name, middle initial, and last name.**
5. Once logged in; you can click on “Update Your Profile” or “Rank Clinical Preferences” (lottery)

**Lottery:**

1. Click on “Rank Clinical Preferences,” there should be two columns; the left column is a list of available sites and right column is used to list your preferences.
2. You can sort your preferences by clicking and dragging a site from the left column into the right column. The right column can be sorted by clicking on a site and moving it up, down, or to the left. Place your first site preference at the top of the list, and so on, with your least preferred site at the bottom of the list.
3. The right hand column can be changed as many times as you would like up until the lottery closes. This date is posted on the page.
4. Hit the “Submit” button each time you leave the main page.
**Additional Tips**

1. You may qualify for a hardship for PT 702-PT 705; but *not for PT 700-PT 701*. Two hardships may be used during two of your final-four internships (if you meet the hardship definition). A hardship ensures you will receive one of your *top, five preferences* for the specified internship.

2. To apply a hardship to a particular lottery:
   
   A. Indicate a hardship on your student personal data form
   B. Apply for two of your four, final internships located on the lottery pages

3. You can sort the list of available placements by state, city/site/ or rotation type.

4. You can toggle to the clinical education site database by clicking on the link “Go to Clinical Site Database.”
Two (2) Week
Internship Materials
Course Description: This course compromises the first clinical experience of your education. PT 700 is an opportunity to be exposed to the clinical culture of physical therapy and utilize the foundational skills you have gained in the past two semesters. Learning experiences occur in a clinical setting under the direct guidance of a physical therapist (Clinical Instructor or CI). The students’ ability to perform physical therapy examinations of body structure and functions, activities, and participation level, as well as the students’ evaluations, interventions, and outcomes will be assessed by the CI through the use of a learning module.

Department Offering Course: Department of Orthopedic and Rehabilitation, Physical Therapy Program

Course Prerequisites: Successful completion of all previous coursework in the Physical Therapy Program and current enrollment in good standing in the Physical Therapy Program.

Prior Knowledge: Recall of prior academic knowledge from studies completed within the Physical Therapy Program will assist the student in comprehending new material. Personal life experiences, and previous clinical or volunteer experiences, will also assist the student with application of professional attitudes, beliefs and behaviors to clinical practice.

Credit Hours: 2 credits

Clock hours: PT 700 spring session

Instructor: Sue Wenker, PT, MS, GCS
Director of Clinical Education
Room 5170 MSC
(608) 265-8619
Office Hours: By Appointment
wenker@pt.wisc.edu

Teaching Methods: Include active observation, demonstration/return demonstration, role modeling, patient care under supervision of a clinical instructor, coaching, feedback and critique from Clinical Instructor. Also, as appropriate, exposure to and involvement in all non-direct patient care functions of the clinic, e.g., rounds, conferences, scheduling, record keeping, billing, etc.

Regarding Disabilities: If you are aware of or suspect there is any reason that may interfere with your ability to complete the requirements of this course or to participate in the activities described in this syllabus, contact either the course instructor, your advisor, the program advisor, or the program director. Appropriate actions are facilitated by timely requests. Reasonable requests for appropriate academic adjustments will be granted and all requests will be held in confidence.

Miscellaneous: The instructor reserves the right to require additional learning experiences, additional readings, etc, as deemed necessary. Any client/patient has the right to have risk-free to refuse care provided by an intern.
Course Requirements:

Recommended Reading: A review of all pertinent previous coursework materials, including texts and class notes, is highly recommended.

Grading: Credit/No Credit

Requirements for Credit:

1. Attendance and participation in orientation sessions.

2. Attendance and participation in the 2 week clinic course: PT 700

5. Clinical Performance Assessment
   Successful completion of module

6. Generic Abilities Assessment
   Beginning to developing competency for all ten generic abilities
   Grid highlighted, signed at the final review by CI(s) and student at final

7. In-service presentation or research project if required by the facility.

8. Tuberculin and Rubella tests, with immunization as indicated, attendance of OSHA and bloodborne pathogen presentation, CPR certification and any special requirements of individual facilities (check clinical education database).

9. APTA Student Evaluation of Facility and Clinical Instructor
   Part 1: Signed by CI and student at final
   Part 2: Completed by student and reviewed with CI at final

10. Clinical Performance Evaluation
    Satisfactory completion of goals by the end of the internship
    Reviewed and signed by CI(s) and student at midterm and final

11. Physical Therapy Program approved name pin.

12. PT 700 feedback survey in preparation for PT 540 (link to be sent via email near the end of PT 700).

Dress Code: Intern must follow the dress code of the facility at all times. Hair should be controlled and a suitable length. You should appear neat and clean. Nails should be trimmed and short with jewelry kept to a minimum. Name pins must be worn at all times. It is your responsibility to find out the dress code at the facility to which you are assigned. The information is online at: http://ortho.wisc.edu/Home/DoctorofPhysicalTherapy/ClinicalEducation.aspx or contact the facility's physical therapy CCCE.

Attendance policy: Interns are expected to be in attendance during usual clinic hours (AT LEAST 40 hours/week). If a student is ill, s/he must notify the Clinical Instructor (CI) and Director of Clinical Education (DCE). Arrangements to make up for time off for illness should be made between the CI and the student, with intervention by the DCE only as needed. It is the responsibility of the student to report all absences to the DCE. Personal business such as travel to and from the clinical facility and job interviewing should be conducted during the weeks between internships (sick days are not to be used for personal business, job interviews, etc.). Students may be excused to attend APTA Annual Conference or
state association conferences, if permitted by clinical site. Interns are strongly discouraged from having outside jobs during their internship rotations.

**Unusual Occurrences:** The intern is responsible for immediately reporting any unusual occurrence to the ACCE: injury to intern or injury to patient that involves intern, being left unsupervised, etc.

**Expenses:** The intern is responsible for all expenses (travel, lodging, meals, uniform, etc.) related to these courses.

**Course Goals and Objectives:**
*Upon completion of the course, the student, by satisfactorily completing assignments and participating in class discussions, will be able to:*

1. Demonstrate beginning to intermediate knowledge of competency-based clinical education.
   1.1 Demonstrate critical thinking skills by applying clinical decision-making solutions while on their clinical experiences and assessing the appropriateness of their solutions. (C2, C3)
   1.2 Apply concrete coursework (didactic) knowledge in an unfamiliar clinical environment and self-assess as well as receive assessment and feedback from the Clinical Instructor (CI). (C2, C3)
   1.3 Evaluate information received from the patient examination and establish a diagnosis, prognosis, and intervention with minimal assistance from the CI in simple cases. (C3)
   1.4 Evaluate information received from the patient examination and establish a diagnosis, prognosis, and intervention with complex tasks with guidance from the CI. (C3)
   1.5 Display professional behaviors commonly seen in a practicing physical therapist. (A4)
   1.6 Adapt psychomotor skills to any clinical situation and value feedback given from the CI regarding strategies to improve this. (P4, A3)
   1.7 Internalize and verify values of professional behavior demonstrated by the CI and other clinicians. (A5)

*Bloom’s Taxonomy of Domains.* The letter and the number after each objective correspond to the appropriate domain and level. See lecture on Bloom’s Taxonomy (PT 539) for further explanation.

<table>
<thead>
<tr>
<th>COGNITIVE (C)</th>
<th>PSYCHOMOTOR (P)</th>
<th>AFFECTIVE (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Knowledge</td>
<td>Perception</td>
<td>Receiving</td>
</tr>
<tr>
<td>2 Comprehension</td>
<td>Set</td>
<td>Responding</td>
</tr>
<tr>
<td>3 Application</td>
<td>Guided Response</td>
<td>Valuing</td>
</tr>
<tr>
<td>4 Analysis</td>
<td>Mechanism</td>
<td>Organization</td>
</tr>
<tr>
<td>5 Synthesis</td>
<td>Complex Overt Response</td>
<td>Characterization</td>
</tr>
<tr>
<td>6 Evaluation</td>
<td>Adaptation</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Origination</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Site and Clinical Instructor
Contact Information
Mail Within One Week of Beginning Your Clinical Rotation

Student Name______________________________
Current Phone #____________________________
Clinical Instructor__________________________
CI Phone #________________________________
CI Fax #___________________________________
CI E-mail _________________________________
Facility Name________________________________
Facility Address________________________________

Sue Wenker
wenker@pt.wisc.edu
608-265-8619

Sue Wenker, DCE
University of Wisconsin-Madison
Physical Therapy Program
5170 Medical Science Center
1300 University Avenue
Madison, WI 53706-1532
Clinical Performance Evaluation
CLINICAL PERFORMANCE EVALUATION

Physical Therapy Program
University of Wisconsin-Madison

Student _______________________________ Rotation Date: _______________________

Facility _______________________________ City/State _______________________

CI Instructions: Please assess the student’s performance based on the learning objectives you and s/he agreed upon. Were they appropriate? Did they show progress throughout the two weeks? Feel free to give examples.

Objectives:

1. __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   CI comments: _____________________________________________
   __________________________________________________________
   __________________________________________________________

2. __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   CI comments: _____________________________________________
   __________________________________________________________
   __________________________________________________________

3. __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   CI comments: _____________________________________________
   __________________________________________________________
   __________________________________________________________
CI comments: __________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

4. ____________________________________________________

____________________________________________________

____________________________________________________

CI comments: __________________________________________

____________________________________________________

____________________________________________________

5. ____________________________________________________

____________________________________________________

____________________________________________________

CI comments: __________________________________________

____________________________________________________

____________________________________________________

6. ____________________________________________________

____________________________________________________

____________________________________________________

CI comments: __________________________________________

____________________________________________________

____________________________________________________
SUMMARY
A: Areas of strength for the student:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

B. Areas needing improvement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

This evaluation has been discussed with the students ______ Yes ______ No

________________________________________________________________________

Clinical Instructor_________________________ Student_________________________ Date_________________________

Please Note:

The focus of this 2-week clinical experience is to provide students the opportunity to actively participate in activities in a clinical setting and apply their new cognitive knowledge and psychomotor skills. It is also an opportunity to interact with clients, families, the community and other professionals in a clinical setting.

Thank you for your time and effort, and your willingness to share your expertise with our students!!

Intern2wkClinical
Sample Objectives
Sample Objectives for Clinical Experience

All of the goals should follow **SMART** format:
- **Specific**
- **Measurable**
- **Attainable**
- **Results Centered**
- **Time Bound**

The following are examples. Don’t feel “tied” to these examples but focus on goals that you want to achieve as an individual!

**For ANY type of rotation:**
1. I will be able to perform 75% of subjective portion of examination with minimal assistance from CI by the end of the first week. (90% by end of second week)

2. I will perform a LE strength assessment (including MMT) with moderate assistance from CI by the end of first week. (minimal assistance by second week)

3. I will write an interim SOAP note with moderate assistance form CI by end of first week. (minimal to no assistance by end of second week)

4. I will complete a full gait assessment with min assist from my CI 75% of the time by the end of the 2 weeks.

**For IP/ACUTE:**
1. I will perform a BS transfer with moderate assistance from CI by end of first week (minimal or Independently by end of second week)

2. I will complete a chart review with min assist from my CI by the end of the first week and (I)ly 100 % of the time by the end of the second week.

3. I will effectively communicate with at least one other medical professional at least 5 times by the end of the 2 week rotation.

4. I will instruct 2 patients on the use of an AD with min assistance from CI by the end of the first week.

5. LE strength screen prior to transfers……..

6. Assess for DVT………

7. Assess vitals………
For OP/Ortho:

1. I will complete a postural assessment with min assist from my CI 100% of the time by the end of the two weeks.

2. I will develop and test the hypothesis from the observations of a gait assessment with min assist from my CI 100% of the time by the end of the first week.

3. I will be (I) with MMT for the all LE/UE’s by the end of the 2 weeks.

4. I will be (I) with all goiniometric measurements by the end of the 2 weeks.

5. Assessment of joint mobility (hyper or hypomobile) on one LE joint……

6. Palpate one joint and identify all bony landmarks……
Learning Module
Two-Week Internship:

The student must complete the following 5 components related to patient care. Depending on the setting, it may not be possible to complete all of the components on the same patient; the student could complete the components on different patients. Additional patient cases can be applied at the discretion of the clinical instructor (CI) and student (see p. 2 for details of each component). The components can be completed at a pace appropriate to the clinic and the student (i.e., one every other day, two per week, etc.).

1. Pathophysiology
2. Physical Therapy Examination: History, and Tests and Measures
3. Documentation
4. Reimbursement and Cost of Care
5. Pharmacology

Along with these 5 components, students must continue to demonstrate the following 4 mandatory behaviors:

1. Safety toward themselves, their patients, and to follow all appropriate precautions.
2. Professional ethics: Demonstrate a positive regard for patients/peers during interactions, move toward cultural competence, adhere to ethical and legal standards of practice, maintain appropriate appearance, attire, conduct, and demeanor, and demonstrate an awareness of patient's rights.
3. Professional behavior: Takes the initiative to recognize and maximize learning opportunities, implement constructive criticism, and be a positive contributor to the environment.
4. Effective communication skills in both written and verbal formats in a timely, precise manner.

Comments (from Clinical Instructor) on the above 4 "mandatory" behaviors:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Evidence of successful completion will be demonstrated by completion of the component checklist and comments on the above section and the last page, and signatures by CI and student. This packet will be handed in with other forms* that the student completes (and are reviewed and signed by the CI) at the end of the internship.

* Other forms include: Generic Abilities, APTA Evaluation of Facility and CI, Student Objectives
1. **Pathophysiology**
   - **Purpose:** The student will identify the primary and/or secondary pathophysiology of medical and/or physical therapy diagnosis and identify the impact the pathophysiologies have on physical therapy.
   - **Process:**
     - CI and student select a patient(s) and the students further investigate the associated pathophysiologies associated with the medical and/or physical therapy diagnosis for one patient.
     - CI and student discuss what has been discovered.

2. **Physical Therapy and Examination: History and Tests and Measures**
   - **Purpose:** The student performs a complete history on a patient/client and will then identify the affected body structures/functions and limitations in activities and participation the patient/client may exhibit and either hypothesize or demonstrate how to test these limitations.
   - **Process:**
     - Obtains an accurate history of current problem
     - Identifies problems related to body function, structure, activity and participation level.
     - Performs a system review and incorporates relevant past medical history.
     - Generates an initial hypothesis.
     - Generates an alternative hypothesis.
     - Selects an appropriate test and measure to confirm or disconfirm the hypotheses.
     - Demonstrates appropriate psychomotor skills when performing tests and measures.

3. **Documentation**
   - **Purpose:** The student will complete various aspects of documentation as it relates to the clinical setting.
   - **Process:**
     - The student will complete all or at least portions of documentation appropriate to the clinical setting. Preferably, a minimum of one note will be an initial evaluation. Other notes may be weekly notes, progress notes, discharge notes, etc.
     - The CI and student will review the note(s) written by the student and provide suggestions for improvement as needed. A mock note can be written if the documentation is computerized and the student does not have access to the system or if the student is working with patients who have Medicare B insurance coverage.
     - Documentation should provide evidence of clear decision-making in regards to physical therapy examination (history-taking and tests and measures), along with physical therapy evaluation (assessment and plan).

4. **Reimbursement and Cost of Care**
   - **Purpose:** The student will develop an understanding of fiscal responsibility of physical therapists.
   - **Process:** The CI and student will select one patient to:
     - Calculate the physical therapy charges on a patient (as able to).
     - Describe third party payor coverage.
     - Discuss findings with the CI.
5. Pharmacology

- **Purpose:** The student will understand the impact of over-the-counter and prescription medications on physical therapy.

- **Process:**
  - The CI and student will determine the chief/major medications a patient is currently taking.
  - Discuss their indications, drug interactions (if appropriate), and their impact on physical therapy services.

**Check Sheet:**

<table>
<thead>
<tr>
<th>Component</th>
<th>CI’s Signature/Initials</th>
<th>Date</th>
<th>Student Signature/Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pathophysiology</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5. Pharmacology</td>
<td></td>
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</tbody>
</table>

**Comments on the above 5 component skills:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is the student performing at a level that is satisfactory for his/her current level of education?

_____ Yes

_____ No

If no, please explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature: ___________________________ Date ___________

Clinical Instructor Signature: ___________________________ Date ___________
Student Generic Abilities
Self-Assessment
STUDENT GENERIC ABILITIES SELF-ASSESSMENT
Physical Therapy Program
University of Wisconsin-Madison

General Instructions - Student

1. Read description and definitions of Generic Abilities - page 2.

2. Become familiar with behavioral criteria for each level - pages 3 & 4.

3. Self-assess your performance. Upon completion of your clinical, highlight (or underline) the sample behaviors you feel you have consistently performed.

4. Based upon your self-assessment, complete page 5 of the Generic Abilities. Rank each GA along the visual analog scale and provide a brief example of the highest sample behavior you have demonstrated thus far in the clinical experience.

5. Ask your Clinical Instructor to review and discuss your self-assessment, then sign page 5, signifying that they agree with your assessment.

6. Return entire packet to DCE, University of Wisconsin-Madison upon completion of this experience.

PLEASE NOTE:

1. The criteria provide examples of behaviors required for competence at a given level.

2. It is NOT necessary for the student to demonstrate all of the criteria to be considered competent at a given level. However, if a behavior is not highlighted because it is a problem area, comments are required on page 5.

______________________________
Student (Please Print)

______________________________
Clinical Instructor (Please Print)

Facility __________________________ City/State __________________________

PT Program __________________________ Rotation (# or type) ____________
Generic Abilities*

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

<table>
<thead>
<tr>
<th>Generic Ability</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.</td>
</tr>
<tr>
<td>2. Interpersonal Skills</td>
<td>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.</td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td>The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.</td>
</tr>
<tr>
<td>4. Effective Use of Time</td>
<td>The ability to obtain the maximum benefit from a minimum and Resources investment of time and resources.</td>
</tr>
<tr>
<td>5. Use of Constructive Feedback</td>
<td>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.</td>
</tr>
<tr>
<td>6. Problem-Solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
</tr>
<tr>
<td>7. Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively.</td>
</tr>
<tr>
<td>8. Responsibility</td>
<td>The ability to fulfill commitments and to be accountable for actions and outcomes.</td>
</tr>
<tr>
<td>9. Critical Thinking</td>
<td>The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.</td>
</tr>
<tr>
<td>10. Stress Management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Generic Abilities</th>
<th>Beginning Level Behavioral Criteria</th>
<th>Developing Level Behavioral Criteria</th>
<th>Entry Level Behavioral Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>Identifies problems; formulates appropriate questions; identifies and locates appropriate resources; demonstrates a positive attitude (motivation) toward learning; offers own thoughts and ideas; identifies need for further information</td>
<td>Prioritizes information needs; analyzes and subdivides large questions into components; seeks out professional literature; sets personal and professional goals; identifies own learning needs based on previous experiences; plans and presents an in-service, or research or case studies; welcomes and/or seeks new learning opportunities</td>
<td>Applies new information and re-evaluates performance; accepts that there may be more than one answer to a problem; recognizes the need to and is able to verify solutions to problems; reads articles critically and understands the limits of application to professional practice; researches and studies areas where knowledge base is lacking</td>
</tr>
<tr>
<td>2. Interpersonal Skills</td>
<td>Maintains professional demeanor in all clinical interactions; demonstrates interest in patients as individuals; respects cultural and personal differences of others; is non-judgmental about patients' lifestyles; communicates with others in a respectful, confident manner; respects personal space of patients and others; maintains confidentiality in all clinical interactions; demonstrates acceptance of limited knowledge and experience</td>
<td>Recognizes impact of non-verbal communication and modifies accordingly; assumes responsibility for own actions; motivates others to achieve; establishes trust; seeks to gain knowledge and input from others; respects role of support staff</td>
<td>Listens to patient but reflects back to original concern; works effectively with challenging patients; responds effectively to unexpected experiences; talks about difficult issues with sensitivity and objectivity; delegates to others as needed; approaches others to discuss differences in opinion; accommodates differences in learning styles</td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td>Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression; writes legibly; recognizes impact of non-verbal communication: listens actively; maintains eye contact</td>
<td>Utilizes non-verbal communication to augment verbal message; restates, reflects and clarifies message; collects necessary information from the patient interview</td>
<td>Modifies communication (verbal and written) to meet needs of different audiences; presents verbal or written messages with logical organization and sequencing; maintains open and constructive communication; utilizes communication technology effectively; dictates clearly and concisely</td>
</tr>
<tr>
<td>4. Effective Use of Time and Resources</td>
<td>Focuses on tasks at hand without dwelling on past mistakes; recognizes own resource limitations; uses existing resources effectively; uses unscheduled time efficiently; completes assignments in timely fashion</td>
<td>Sets up own schedule; coordinates schedule with others; demonstrates flexibility; plans ahead</td>
<td>Sets priorities and reorganizes when needed; considers patient’s goals in context of patient, clinic and third party resources; has ability to say &quot;No&quot;; performs multiple tasks simultaneously and delegates when appropriate; uses scheduled time with each patient efficiently</td>
</tr>
</tbody>
</table>

Instructions: Highlight all criteria that describes the student’s performance
| 5. Use of Constructive Feedback | Demonstrates active listening skills; actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance; maintains two-way information | Assesses own performance accurately; utilizes feedback when establishing pre-professional goals; provides constructive and timely feedback when establishing pre-professional goals; develops plan of action in response to feedback | Seeks feedback from clients; modifies feedback given to clients according to their learning styles; reconciles differences with sensitivity; considers multiple approaches when responding to feedback |
| 6. Problem-Solving | Recognizes problems; states problems clearly; describes known solutions to problem; identifies resources needed to develop solutions; begins to examine multiple solutions to problems | Prioritizes problems; identifies contributors to problem; considers consequences of possible solutions; consults with others to clarify problem | Implies solutions; reassesses solutions; evaluates outcomes; updates solutions to problems based on current research; accepts responsibility for implementing of solutions |
| 7. Professionalism | Abides by APTA Code of Ethics; demonstrates awareness of state licensure regulations; abides by facility policies and procedures; projects professional image; attends professional meetings; demonstrates honesty, compassion, courage and continuous regard for all | Identifies positive professional role models; discusses societal expectations of the profession; acts on moral commitment; involves other health care professionals in decision-making; seeks informed consent from patients | Demonstrates accountability for professional decisions; treats patients within scope of expertise; discusses role of physical therapy in health care; keeps patient as priority |
| 8. Responsibility | Demonstrates dependability; demonstrates punctuality; follows through on commitments; recognizes own limits | Accepts responsibility for actions and outcomes; provides safe and secure environment for patients; offers and accepts help; completes projects without prompting | Directs patients to other health care professionals when needed; delegates as needed; encourages patient accountability |
| 9. Critical Thinking | Raises relevant questions; considers all available information; states the results of scientific literature; recognizes holes in knowledge base; articulates ideas | Feels challenged to examine ideas; understands scientific method; formulates new ideas; seeks alternative ideas; formulates alternative hypotheses; critiques hypotheses and ideas | Exhibits openness to contradictory ideas; assess issues raised by contradictory ideas; justifies solutions selected; determines effectiveness of applied solutions |
| 10. Stress Management | Recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance as needed; maintains professional demeanor in all situations | Maintains balance between professional and personal life; demonstrates effective affective responses in all situations; accepts constructive feedback; establishes outlets to cope with stressors | Prioritizes multiple commitments; responds calmly to urgent situations; tolerates inconsistencies in health care environment |

**Behavioral Criteria Refined 1196**

**Instructions:** Highlight all criteria that describes the student’s performance
**Generic Abilities**  
**Mid-term and Final Assessment**

**Instructions:** Assess each ability based on your self-assessment (highlighted areas - page 3 & 4) by circling appropriate level. Mark the scale to reflect your **mid-term** and **final** assessment. Examples are required to justify level marked. Please sign and date the assessment.

- **B**=Beginning Level  
- **D**=Developing Level  
- **E**=Entry Level

1. **Commitment to Learning**  
   Comments & Examples: ________________________________  
   | B | D | E |

2. **Interpersonal Skills**  
   Comments & Examples: ________________________________  
   | B | D | E |

3. **Communication Skills**  
   Comments & Examples: ________________________________  
   | B | D | E |

4. **Effective Use of Time & Resources**  
   Comments & Examples: ________________________________  
   | B | D | E |

5. **Use of Constructive Feedback**  
   Comments & Examples: ________________________________  
   | B | D | E |

6. **Problem Solving**  
   Comments & Examples: ________________________________  
   | B | D | E |

7. **Professionalism**  
   Comments & Examples: ________________________________  
   | B | D | E |

8. **Responsibility**  
   Comments & Examples: ________________________________  
   | B | D | E |

9. **Critical Thinking**  
   Comments & Examples: ________________________________  
   | B | D | E |

10. **Stress Management**  
    Comments & Examples: ________________________________  
    | B | D | E |

**Facility ________________________________ Rotation (# or type) ______

**Final**

Student ________________________________ Date ________________

(Signature)

Clinical Instructor ________________________________ Date ________________________________

(Signature)
Physical Therapist Student Evaluation
Clinical Experience and Clinical Instruction
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314
PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions
- The tool is intended to provide the student’s assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement
We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA’s Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O’Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General information

Student Name ____________________________________________________________

Academic Institution __________________________________________________

Name of Clinical Education Site _________________________________________

Address _____________________________________________________________ City __________________ State __________

Clinical Experience Number ___________ Clinical Experience Dates __________

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature) __________________________ Date

Primary Clinical Instructor Name (Print name) _________________________ Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned __________________ Degree area ______________

Highest degree earned __________________ Degree area ______________

Years experience as a CI ________________________________

Years experience as a clinician __________________________

Areas of expertise __________________________________________

Clinical Certification, specify area ____________________________

APTA Credentialed CI _______ Yes _______ No

Other CI Credential _______ State _______ Yes _______ No

Professional organization memberships _______ APTA _______ Other _______

Additional Clinical Instructor Name (Print name) _________________________ Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned __________________ Degree area ______________

Highest degree earned __________________ Degree area ______________

Years experience as a CI ________________________________

Years experience as a clinician __________________________

Areas of expertise __________________________________________

Clinical Certification, specify area ____________________________

APTA Credentialed CI _______ Yes _______ No

Other CI Credential _______ State _______ Yes _______ No

Professional organization memberships _______ APTA _______ Other _______
SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site

   Address ___________________________ City ___________________________ State ______

2. Clinical Experience Number ________________

3. Specify the number of weeks for each applicable clinical experience/rotation.

   ______ Acute Care/Inpatient Hospital Facility
   ______ Ambulatory Care/Outpatient
   ______ ECF/Nursing Home/SNF
   ______ Federal/State/County Health
   ______ Industrial/Occupational Health Facility
   ______ Private Practice
   ______ Rehabilitation/Sub-acute Rehabilitation
   ______ School/Preschool Program
   ______ Wellness/Prevention/Fitness Program
   ______ Other ___________________________

Orientation

4. Did you receive information from the clinical facility prior to your arrival? _____ Yes _____ No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? _____ Yes _____ No

6. What else could have been provided during the orientation?

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Diversity Of Case Mix</th>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td>0-12 years</td>
<td>Critical care, ICU, Acute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>13-21 years</td>
<td>SNF/ECF/Sub-acute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td>22-65 years</td>
<td>Rehabilitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td>over 65 years</td>
<td>Ambulatory/Outpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (GI, GU, Renal, Metabolic, Endocrine)</td>
<td></td>
<td>Home Health/Hospice</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the Guide to Physical Therapist Practice. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td>Prognosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td>Plan of Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td>Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td>Outcomes Assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing a helpful and supportive attitude for your role as a PT student.</td>
<td></td>
</tr>
<tr>
<td>Providing effective role models for problem solving, communication, and teamwork.</td>
<td></td>
</tr>
<tr>
<td>Demonstrating high morale and harmonious working relationships</td>
<td></td>
</tr>
<tr>
<td>Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).</td>
<td></td>
</tr>
<tr>
<td>Being sensitive to individual differences (ie, race, age, ethnicity, etc).</td>
<td></td>
</tr>
<tr>
<td>Using evidence to support clinical practice.</td>
<td></td>
</tr>
<tr>
<td>Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).</td>
<td></td>
</tr>
<tr>
<td>Being involved in district, state, regional, and/or national professional activities.</td>
<td></td>
</tr>
</tbody>
</table>

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth? ____________________________________________________________

_____________________________________________________________________

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

_____ Physical therapist students
_____ Physical therapist assistant students
_____ Students from other disciplines or service departments (Please specify ____________)

12. Identify the ratio of students to CIs for your clinical experience:

_____ 1 student to 1 CI
_____ 1 student to greater than 1 CI
_____ 1 CI to greater than 1 student; Describe _____________________________

13. How did the clinical supervision ratio in Question #12 influence your learning experience? ______

_____________________________________________________________________

_____________________________________________________________________

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

_____ Attended in-services/educational programs
_____ Presented an in-service
_____ Attended special clinics
_____ Attended team meetings/conferences/grand rounds
_____ Directed and supervised physical therapist assistants and other support personnel
_____ Observed surgery
_____ Participated in administrative and business practice management
_____ Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
_____ Participated in opportunities to provide consultation
_____ Participated in service learning
_____ Participated in wellness/health promotion/screening programs
_____ Performed systematic data collection as part of an investigative study
_____ Other; Please specify ________________________________
15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc. 

16. Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)

   _____ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.

   _____ Time well spent; would recommend this clinical education site to another student.

   _____ Some good learning experiences; student program needs further development.

   _____ Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed._

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience?

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site’s objectives for this learning experience were clearly communicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided constructive feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided timely feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI demonstrated skill in active listening.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided clear and concise communication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI communicated in an open and non-threatening manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI taught in an interactive manner that encouraged problem solving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The supervising CI was accessible when needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI clearly explained your student responsibilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time was available with the CI to discuss patient/client management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI made the formal evaluation process constructive.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI encouraged the student to self-assess.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation  _____Yes _____No  Final Evaluation  _____Yes _____No
24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Final Evaluation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Final Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Final Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
Four (4) Internship Materials
Course Description: This is the second integrated clinical experience of your physical therapy education. Learning experiences in a clinical setting under the direct guidance of a physical therapist (Clinical Instructor or CI). The students’ ability to perform physical therapy examinations of impairments and functional limitations, as well as the students’ evaluations, interventions and outcomes will be assessed by the CI through evaluative tools such as the Clinical Evaluation Tool.

Department Offering Course: Department of Orthopedics and Rehabilitation, Physical Therapy Program

Course Prerequisites: Successful completion of all previous coursework in the Doctor of Physical Therapy Program and current enrollment in good standing in the Doctor of Physical Therapy Program.

Prior Knowledge: Recall of prior academic knowledge from studies completed within the Physical Therapy Program will assist the student in comprehending new material. Personal life experiences, and previous clinical or volunteer experiences, will also assist the student with application of professional attitudes, beliefs and behaviors to clinical practice.

Credit Hours: 4

Clock hours: PT 701: 160 hours in the clinical environment

Instructor: Sue Wenker, PT, MS, GCS  
Director of Clinical Education  
Room 5170 MSC  
(608) 265-8619  
Office Hours: By Appointment  
wenker@pt.wisc.edu

Teaching Methods: Include active observation, demonstration/return demonstration, role modeling, and patient care under supervision of a clinical instructor, coaching, feedback and critique from Clinical Instructor. Also, as appropriate, exposure to and involvement in all non-direct patient care functions of the clinic, e.g., rounds, conferences, scheduling, record keeping, billing, etc.

Regarding Disabilities: If you are aware of or suspect there is any reason that may interfere with your ability to complete the requirements of this course or to participate in the activities described in this syllabus, contact either the course instructor, your advisor, the program advisor, or the program director. Appropriate actions are facilitated by timely requests. Reasonable requests for appropriate academic adjustments will be granted and all requests will be held in confidence.

Miscellaneous: The course instructor, in collaboration with the clinical instructor will assign the final grade, and the instructor reserves the right to require additional learning experiences, additional readings, etc, as deemed necessary. Any client/patient has the risk-free right to refuse care provided by an intern.
Course Requirements:

Recommended Reading: A review of all pertinent previous coursework materials, including texts and class notes, is highly recommended.

Grading: Credit/No Credit

Requirements for Credit:

1. Attendance and satisfactory participation in clinical experience (160 hours)
   - Contact CCCE at assigned facility 4 weeks prior to the start of the clinical internship.
2. Satisfactory completion and submission (by the Friday of the first week of summer school) of:
   - Student Introductory Form (reviewed at midterm and final)
   - Generic Abilities Assessment form (at midterm and final)
   - Clinical Performance Instrument (CPI) (only at final by CI(s) and student)
   - Contact at midterm (if not sooner) by the student and CI to the DCE either via phone or site visit (if needed)
   - APTA Physical Therapist Student Evaluation: Clinical Environment and Clinical Instruction
3. Tuberculin and Rubella tests, with immunization as indicated, CPR certification (AHA Basic Life Support C: CPR for health care professionals), Universal Precautions/Bloodborne Pathogens in-service, and any additional specific requirements of individual facilities to which the student is assigned. (It is the responsibility of the student to make sure all health requirements are completed prior to beginning of clinical experience), and completion of additional health requirements as requested by clinical facility
4. Physical Therapy Program approved name pin.
5. White clinic coat (if required by facility)

Attendance and Participation: In keeping with the professional behavior that all members of a health care team should uphold, each student enrolled in this course is expected to conduct him/herself in a professional manner.

Regarding Academic Misconduct: Please review the Academic Misconduct Rules and Procedures and Guide for Students published by the Dean of Students.

Dress Code: Student will follow the dress code of the facility, to which s/he is assigned, at all times. Hair should be controlled and a suitable length. Student should appear neat and clean at all times. Nails should be trimmed and short with jewelry kept to a minimum. Name pins must be worn at all times. It is the student's responsibility to find out the dress code of the facility to which s/he is assigned. This information can be obtained from the files on the Clinical Education database located at http://www.orthorehab.wisc.edu/physical-therapy/academic/clinical.shtml accessed via your password.

Policy and procedure for absence from the clinic: Absence is not permitted except in the case of illness or prior excused absence. Arrangements are to be made to make up any lost clinic time. If student is ill, it is his/her responsibility to call his/her Clinical Instructor as early as possible, as well as Sue Wenker at 608-265-8619 or e-mail at wenker@pt.wisc.edu to inform them. Transportation/Housing: It is the student's responsibility to arrange housing for clinical experiences and for transportation to/from the clinical facility.
Course Objectives:

Upon completion of the course, the student will be able to: **

1. Demonstrate beginning to developing knowledge of competency-based clinical education.
   1.1 Express critical thinking skills by offering clinical decision-making solutions while on their clinical experiences. (C3)
   1.2 Apply concrete coursework knowledge in an unfamiliar clinical environment and receive assessment and feedback from the Clinical Instructor (CI). (C3)
   1.5 Evaluate information received from the patient examination and establish a diagnosis, prognosis, and intervention with moderate to minimal assistance from the CI in simple cases. (C6)
   1.6 Evaluate information received from the patient examination and establish a diagnosis, prognosis, and intervention with complex tasks with moderate to heavy guidance from the CI. (C6)
   1.7 Display professional behaviors commonly seen in a practicing physical therapist. (A4)

2. Examine and demonstrate adult learner concepts and learning styles.
   2.1 Determine own personal learning style and determine the advantages/disadvantages of this learning style. (C3)
   2.2 Apply concepts to each situation by determining ways to communicate and work effectively with other learning style types. (C3)

3. Understand the importance of professional behaviors in a professional program, both didactically and clinically.
   3.1 List the 10 generic abilities (GAs) and define each. (C1)
   3.2 Integrate knowledge of the 10 GAs by explaining the impact each has on a health care professional. (C5)

4. Recognize the preparation time put forth by the Clinical Instructor by identifying the procedures performed by the CI prior to your arrival. (A1)
   4.1 Integrate all prior knowledge from all previous coursework by summarizing all didactic knowledge with assistance from notes or cueing from the CI. (C5)
   4.2 Evaluate any feedback from the CI and reorganize the thought process accordingly. (C6)

5. Demonstrate responsibility for clinical education by identifying skills requiring practice, seeking opportunities to work toward mastery of these skills and evaluating his/her own performance.
   5.1 Analyze the principles of the psychomotor domain by describing the psychomotor characteristics that an exceptional clinical physical therapist possesses. (C4)
5.2 Analyze learned concepts appropriately to new situations by designing a plan of action to integrate these qualities into an individual's psychomotor domain. (C4)

**Bloom’s Taxonomy of Domains.** The letter and the number after each objective correspond to the appropriate domain and level. See lecture on Bloom’s Taxonomy for further explanation.

<table>
<thead>
<tr>
<th>COGNITIVE(C)</th>
<th>PSYCHOMOTOR(P)</th>
<th>AFFECTIVE(A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Knowledge</td>
<td>Perception</td>
<td>Receiving</td>
</tr>
<tr>
<td>2 Comprehension</td>
<td>Set</td>
<td>Responding</td>
</tr>
<tr>
<td>3 Application</td>
<td>Guided Response</td>
<td>Valuing</td>
</tr>
<tr>
<td>4 Analysis</td>
<td>Mechanism</td>
<td>Organization</td>
</tr>
<tr>
<td>5 Synthesis</td>
<td>Complex Overt Response</td>
<td>Characterization</td>
</tr>
<tr>
<td>6 Evaluation</td>
<td>Adaptation</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Origination</td>
<td></td>
</tr>
</tbody>
</table>
Student Introductory Information
Student Introductory Information
Physical Therapy Program
University of Wisconsin-Madison

Student: ___________________________ Facility/Corporation: ___________________________

Rotation Dates: _____________________ Site of rotation: ___________________________

Learning Style: _____________________ Type of rotation: ___________________________

1. My clinical experience to date can be summarized as:

2. Skills that I feel most competent with are:

3. Skills that I feel I need to work on include:

4. My learning objectives for this clinical experience, to be met at mid-term, are:
   1.
   2.
3.

CI Signature at midterm: ________________________________  Date: __________
Student Signature at midterm: ____________________________  Date: __________

5. My learning objectives for this clinical experience, to be met by the end of the affiliation, are:

1. ___________________________________________________________________

2. ___________________________________________________________________

3. ___________________________________________________________________

CI Signature at final: ________________________________  Date: __________
Student Signature at final: ____________________________  Date: __________

* Signatures indicate goals have been reviewed with student and CI(s) and they are in agreement the goals are realistic, attainable, and/or have been met.

Please provide the percentage of direct access patient’s seen on your or your CI’s caseload?
__________ (0-100%)
Clinical Site and Clinical Instructor Contact Information
Mail Within One Week of Beginning Your Clinical Rotation

Student Name___________________________________________________________
Current Phone #________________________________________________________
Clinical Instructor_______________________________________________________
CI Phone #____________________________________________________________
CI Fax #_______________________________________________________________
CI E-mail________________________________________________________________
Facility Name__________________________________________________________
Facility Address________________________________________________________________

Sue Wenker
wenker@pt.wisc.edu
608-265-8619

Sue Wenker, DCE
University of Wisconsin-Madison
Physical Therapy Program
5170 Medical Science Center
1300 University Avenue
Madison, WI 53706-1532
Student Generic Abilities
Self-Assessment
General Instructions - Student

1. Read description and definitions of Generic Abilities - page 2.

2. Become familiar with behavioral criteria for each level - pages 3 & 4.

3. Self-assess your performance. Upon completion of your clinical, highlight (or underline) the sample behaviors you feel you have consistently performed.

4. Based upon your self-assessment, complete page 5 of the Generic Abilities. Rank each GA along the visual analog scale and provide a brief example of the highest sample behavior you have demonstrated thus far in the clinical experience.

5. Ask your Clinical Instructor to review and discuss your self-assessment, then sign page 5, signifying that they agree with your assessment.

6. Return entire packet to DCE, University of Wisconsin-Madison upon completion of this experience.

PLEASE NOTE:

1. The criteria provide examples of behaviors required for competence at a given level.

2. It is NOT necessary for the student to demonstrate all of the criteria to be considered competent at a given level. However, if a behavior is not highlighted because it is a problem area, comments are required on page 5.

Student (Please Print)

Clinical Instructor (Please Print)

Facility City/State

PT Program Rotation (# or type)
Generic Abilities*

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

<table>
<thead>
<tr>
<th>Generic Ability</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.</td>
</tr>
<tr>
<td>2. Interpersonal Skills</td>
<td>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.</td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td>The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.</td>
</tr>
<tr>
<td>4. Effective Use of Time</td>
<td>The ability to obtain the maximum benefit from a minimum and resources investment of time and resources.</td>
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<tr>
<td>5. Use of Constructive Feedback</td>
<td>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.</td>
</tr>
<tr>
<td>6. Problem-Solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
</tr>
<tr>
<td>7. Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively.</td>
</tr>
<tr>
<td>8. Responsibility</td>
<td>The ability to fulfill commitments and to be accountable for actions and outcomes.</td>
</tr>
<tr>
<td>9. Critical Thinking</td>
<td>The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.</td>
</tr>
<tr>
<td>10. Stress Management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors.</td>
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<tr>
<th>Generic Abilities</th>
<th>Beginning Level Behavioral Criteria</th>
<th>Developing Level Behavioral Criteria</th>
<th>Entry Level Behavioral Criteria</th>
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<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>Identifies problems; formulates appropriate questions; identifies and locates appropriate resources; demonstrates a positive attitude (motivation) toward learning; offers own thoughts and ideas; identifies need for further information</td>
<td>Prioritizes information needs; analyzes and subdivides large questions into components; seeks out professional literature; sets personal and professional goals; identifies own learning needs based on previous experiences; plans and presents an in-service, or research or case studies; welcomes and/or seeks new learning opportunities</td>
<td>Applies new information and re-evaluates performance; accepts that there may be more than one answer to a problem; recognizes the need to and is able to verify solutions to problems; reads articles critically and understands the limits of application to professional practice; researches and studies areas where knowledge base is lacking</td>
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<tr>
<td>2. Interpersonal Skills</td>
<td>Maintains professional demeanor in all clinical interactions; demonstrates interest in patients as individuals; respects cultural and personal differences of others; is non-judgmental about patients' lifestyles; communicates with others in a respectful, confident manner; respects personal space of patients and others; maintains confidentiality in all clinical interactions; demonstrates acceptance of limited knowledge and experience</td>
<td>Recognizes impact of non-verbal communication and modifies accordingly; assumes responsibility for own actions; motivates others to achieve; establishes trust; seeks to gain knowledge and input from others; respects role of support staff</td>
<td>Listens to patient but reflects back to original concern; works effectively with challenging patients; responds effectively to unexpected experiences; talks about difficult issues with sensitivity and objectivity; delegates to others as needed; approaches others to discuss differences in opinion; accommodates differences in learning styles</td>
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<tr>
<td>3. Communication Skills</td>
<td>Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression; writes legibly; recognizes impact of non-verbal communication: listens actively; maintains eye contact</td>
<td>Utilizes non-verbal communication to augment verbal message; restates, reflects and clarifies message; collects necessary information from the patient interview</td>
<td>Modifies communication (verbal and written) to meet needs of different audiences; presents verbal or written messages with logical organization and sequencing; maintains open and constructive communication; utilizes communication technology effectively; dictates clearly and concisely</td>
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<td>4. Effective Use of Time and Resources</td>
<td>Focuses on tasks at hand without dwelling on past mistakes; recognizes own resource limitations; uses existing resources effectively; uses unscheduled time efficiently; completes assignments in timely fashion</td>
<td>Sets up own schedule; coordinates schedule with others; demonstrates flexibility; plans ahead</td>
<td>Sets priorities and reorganizes when needed; considers patient’s goals in context of patient, clinic and third party resources; has ability to say “No”; performs multiple tasks simultaneously and delegates when appropriate; uses scheduled time with each patient efficiently</td>
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</table>

Instructions: Highlight all criteria that describes the student’s performance
| 5. Use of Constructive Feedback | Demonstrates active listening skills; actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance; maintains two-way information | Assesses own performance accurately; utilizes feedback when establishing pre-professional goals; provides constructive and timely feedback when establishing pre-professional goals; develops plan of action in response to feedback | Seeks feedback from clients; modifies feedback given to clients according to their learning styles; reconciles differences with sensitivity; considers multiple approaches when responding to feedback |
| 6. Problem-Solving | Recognizes problems; states problems clearly; describes known solutions to problem; identifies resources needed to develop solutions; begins to examine multiple solutions to problems | Prioritizes problems; identifies contributors to problem; considers consequences of possible solutions; consults with others to clarify problem | Implements solutions; reassesses solutions; evaluates outcomes; updates solutions to problems based on current research; accepts responsibility for implementing of solutions |
| 7. Professionalism | Abides by APTA Code of Ethics; demonstrates awareness of state licensure regulations; abides by facility policies and procedures; projects professional image; attends professional meetings; demonstrates honesty, compassion, courage and continuous regard for all | Identifies positive professional role models; discusses societal expectations of the profession; acts on moral commitment; involves other health care professionals in decision-making; seeks informed consent from patients | Demonstrates accountability for professional decisions; treats patients within scope of expertise; discusses role of physical therapy in health care; keeps patient as priority |
| 8. Responsibility | Demonstrates dependability; demonstrates punctuality; follows through on commitments; recognizes own limits | Accepts responsibility for actions and outcomes; provides safe and secure environment for patients; offers and accepts help; completes projects without prompting | Directs patients to other health care professionals when needed; delegates as needed; encourages patient accountability |
| 9. Critical Thinking | Raises relevant questions; considers all available information; states the results of scientific literature; recognizes holes in knowledge base; articulates ideas | Feels challenged to examine ideas; understands scientific method; formulates new ideas; seeks alternative ideas; formulates alternative hypotheses; critiques hypotheses and ideas | Exhibits openness to contradictory ideas; assess issues raised by contradictory ideas; justifies solutions selected; determines effectiveness of applied solutions |
| 10. Stress Management | Recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance as needed; maintains professional demeanor in all situations | Maintains balance between professional and personal life; demonstrates effective affective responses in all situations; accepts constructive feedback; establishes outlets to cope with stressors | Prioritizes multiple commitments; responds calmly to urgent situations; tolerates inconsistencies in health care environment |

**Instructions:** Highlight all criteria that describes the student’s performance
### Generic Abilities
#### Mid-term and Final Assessment

**Instructions:** Assess each ability based on your self-assessment (highlighted areas - page 3 & 4) by circling appropriate level. Mark the scale to reflect your **mid-term** and **final** assessment. Examples are required to justify level marked. Please sign and date the assessment.

- **B**=Beginning Level
- **D**=Developing Level
- **E**=Entry Level

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**Facility**

**Rotation (# or type)**

**Final**

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<th>Student</th>
<th>Date</th>
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**Clinical Instructor**

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<tr>
<th>(Signature)</th>
<th>Date</th>
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Clinical Performance Instrument

For Students
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1 Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.
COPYRIGHT, DISCLAIMER, AND VALIDITY AND RELIABILITY IN USING THE INSTRUMENT

COPYRIGHT

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VALIDITY AND RELIABILITY

The psychometric properties of the Instrument (ie, validity and reliability) are preserved only when it is used in accordance with the instructions that accompany it and only if the Instrument is not altered (by addition, deletion, revision, or otherwise) in any way.
CLINICAL PERFORMANCE INSTRUMENT

INTRODUCTION

- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Clinical Performance Instrument (PT CPI) at www.apta/education (TBD).

- The PT CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.

- Every performance criterion* in this instrument is important to the overall assessment of clinical competence, and all criteria are observable in every clinical experience.

- All performance criteria should be rated based on observation of student performance relative to entry-level.

- The PT CPI from any previous student experience should not be shared with any subsequent experiences.

- The PT CPI consists of 18 performance criteria.

- Each performance criterion includes a list of sample behaviors, a section for midterm and final comments for each performance dimension, a rating scale consisting of a line with 6 defined anchors, and a significant concerns box for midterm and final evaluations.

- Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.

- Summative midterm and final comments and recommendations are provided at the end of the CPI.

- **Altering this instrument is a violation of copyright law.**
Instructions for the Clinical Instructor

- Sources of information to complete the PT CPI may include, but are not limited to, clinical instructors (CIs), other physical therapists, physical therapist assistants*, other professionals, patients/clients*, and students. Methods of data collection may include direct observation, videotapes, documentation review, role playing, interviews, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome surveys.
- Prior to beginning to use the instrument in your clinical setting it would be useful to discuss and reach agreement on how the sample behaviors would be specifically demonstrated at entry-level by students in your clinical setting.
- The CI(s) will assess a student’s performance and complete the instrument at midterm and final evaluation periods.
- The CI(s) reviews the completed instrument formally with the student at a minimum at the midterm evaluation and at the end of the clinical experience and signs the signature pages (midterm 35 and final 36) following each evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.

![Rating Scale Diagram]

- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance,” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
**Instructions for the Student**

- The student is expected to perform self-assessment based on CI feedback, student peer assessments, and patient/client assessments.
- The student self-assesses his/her performance on a separate copy of the instrument.
- The student reviews the completed instrument with the CI at the midterm evaluation and at the end of the clinical experience and signs the signature page (midterm 35 and final 36) following each evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance.

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![Rating Scale Diagram]

- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
Instructions for the Academic Coordinator/Director of Clinical Education (ACCE/DCE*)

- A physical therapist (PT) student assessment* system evaluates knowledge, skills, and attitudes and incorporates multiple sources of information to make decisions about readiness to practice.
- Sources of information may include clinical performance evaluations of students, classroom performance evaluations, students’ self-assessments, peer assessments, and patient assessments. The system is intended to enable clinical educators and academic faculty to obtain a comprehensive perspective of students’ progress through the curriculum and competence* to practice at entry-level. The uniform adoption and consistent use of this instrument will ensure that all practitioners entering practice have demonstrated a core set of clinical attributes.
- The ACCE/DCE* reviews the completed form at the end of the clinical experience and assigns a grade or pass/fail according to institution policy.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion:

![Rating Scale Diagram]

- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance,” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
- Attempts to quantify a rating on the scale in millimeters or as a percentage would be considered an invalid use of the assessment tool. For example, a given academic institution may require their students to achieve a minimum student rating of “intermediate performance” by the conclusion of an initial clinical experience. It was not the intention of the developers to establish uniform grading criteria given the unique curricular design of each academic institution.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since clinical instructors (CIs) are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance. It would be inappropriate for the ACCE/DCE to provide a pre-marked PT CPI with minimum performance expectations, send an additional page of information that identify specific marked expectations, or add/delete items from PT CPI.

Determining a Grade

- Each academic institution determines what constitutes satisfactory performance. The guide below is provided to assist the program in identifying what is expected for the student’s performance depending upon their level of education* and clinical experience within the program.
First clinical experience: Depending upon your academic curriculum, ratings of student performance may be expected in the first two intervals between beginning clinical performance,* advanced beginner performance, and intermediate clinical performance.

Intermediate clinical experiences: Depending upon your academic curriculum, student performance ratings are expected to progress along the continuum ranging from a minimum of advanced beginner clinical performance (interval 2) to advanced intermediate clinical performance* (interval 4). The ratings on the performance criteria will be dependent upon the clinical setting, level of didactic and clinical experience within the curriculum, and expectations of the clinical site and the academic program.

Final clinical experience: Students should achieve ratings of entry-level or beyond (interval 5) for all 18 performance criteria.

At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:
- clinical setting,
- experience with patients or clients* in that setting,
- relative weighting or importance of each performance criterion,
- expectations for the clinical experience,
- progression of performance from midterm to final evaluations,
- level of experience within the didactic and clinical components,
- whether or not “significant concerns” box was checked, and
- the congruence between the CI’s narrative midterm and final comments related to the five performance dimensions and the ratings provided.
COMPONENTS OF THE FORM

Performance Criteria*
- The 18 performance criteria* describe the essential aspects of professional practice of a physical therapist* clinician performing at entry-level.
- The performance criteria are grouped by the aspects of practice that they represent.
- Items 1-6 are related to professional practice, items 7-15 address patient management, and items 16-18 address practice management*.

Red Flag Item
- A flag (¶) to the left of a performance criterion indicates a “red-flag” item.
- The five “red-flag” items (numbered 1, 2, 3, 4, and 7) are considered foundational elements in clinical practice.
- Students may progress more rapidly in the “red flag” areas than other performance criteria.
- Significant concerns related to a performance criterion that is a red-flag item warrants immediate attention, more expansive documentation*, and a telephone call to the ACCE/DCE*. Possible outcomes from difficulty in performance with a red-flag item may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical experience.

Sample Behaviors
- The sample of commonly observed behaviors (denoted with lower-case letters in shaded boxes) for each criterion are used to guide assessment* of students’ competence relative to the performance criteria.
- Given the diversity and complexity of clinical practice, it must be emphasized that the sample behaviors provided are not meant to be an exhaustive list.
- There may be additional or alternative behaviors relevant and critical to a given clinical setting and all listed behaviors need not be present to rate student performance at the various levels.
- Sample behaviors are not listed in order of priority, but most behaviors are presented in logical order.

Midterm and Final Comments
- The clinical instructor* must provide descriptive narrative comments for all performance criteria.
- For each performance criterion, space is provided for written comments for midterm and final ratings.
- Each of the five performance dimensions (supervision/guidance*, quality*, complexity*, consistency*, and efficiency*) are common to all types and levels of performance and should be addressed in providing written comments.

Performance Dimensions
- **Supervision/guidance*** refers to the level and extent of assistance required by the student to achieve entry-level performance.
  - As a student progresses through clinical education experiences*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation* and may vary with the complexity of the patient or environment.
- **Quality*** refers to the degree of knowledge and skill proficiency demonstrated.
  - As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.
• **Complexity** refers to the number of elements that must be considered relative to the patient, task, and/or environment.
  - As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.

• **Consistency** refers to the frequency of occurrences of desired behaviors related to the performance criterion.
  - As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

• **Efficiency** refers to the ability to perform in a cost-effective and timely manner.
  - As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

**Rating Student Performance**

• Each performance criterion is rated relative to entry-level practice as a physical therapist.
• The rating scale consists of a horizontal line with 6 vertical lines defining anchors at each end and at four intermediate points along that line.
• The 6 vertical lines define the borders of five intervals.
• Rating marks may be placed on the 6 vertical lines or anywhere within the five intervals.
• The same rating scale is used for midterm evaluations and final evaluations.
• Place one vertical line on the rating scale at the appropriate point indicating the midterm evaluation rating and label it with an "M".
• Place one vertical line on the rating scale at the appropriate point indicating the final evaluation rating and label it with an "F".
• Placing a rating mark on a vertical line indicates the student’s performance matches the definition attached to that particular vertical line.
• Placing a rating mark in an interval indicates that the student’s performance is somewhere between the definitions attached to the vertical marks defining that interval.
• For completed examples of how to mark the rating scale, refer to Appendix A: Examples.

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<tr>
<th></th>
<th>Interval 1</th>
<th>Interval 2</th>
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73
Anchor Definitions

Beginning performance*:  
- A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.  
- At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.  
- Performance reflects little or no experience.  
- The student does not carry a caseload.

Advanced beginner performance*:  
- A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.  
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (e.g., medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.  
- The student may begin to share a caseload with the clinical instructor.

Intermediate performance*:  
- A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.  
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.  
- The student is capable of maintaining 50% of a full-time physical therapist’s caseload.

Advanced intermediate performance*:  
- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.  
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.  
- The student is capable of maintaining 75% of a full-time physical therapist’s caseload.

Entry-level performance*:  
- A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.  
- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.  
- Consults with others and resolves unfamiliar or ambiguous situations.  
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.

Beyond entry-level performance*:  
- A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.  
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.  
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.  
- The student is capable of supervising others.  
- The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.
• Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

**Significant Concerns Box**

• Checking this box (☐) indicates that the student’s performance on this criterion is unacceptable for this clinical experience.

• When the Significant Concerns Box is checked, written comments to substantiate the concern, additional documentation such as a critical incident form and learning contract are required with a phone call (☎️) placed to the ACCE.

• The significant concerns box provides an early warning system to identify student performance problems thereby enabling the CI, student, and ACCE/DCE to determine a mechanism for remediation, if appropriate.

• A box is provided for midterm and final assessments.

**Summative Comments**

• Summative comments should be used to provide a global perspective of the student’s performance across all 18 criteria at midterm and final evaluations.

• The summative comments, located after the last performance criterion, provide a section for the rater to comment on the overall strengths, areas requiring further development, other general comments, and any specific recommendations with respect to the learner’s needs, interests, planning, or performance.

• Comments should be based on the student’s performance relative to stated objectives for the clinical experience.
# CLINICAL PERFORMANCE INSTRUMENT INFORMATION

## STUDENT INFORMATION (Student to Complete)

<table>
<thead>
<tr>
<th>Student's Name:</th>
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<td>Rehab/Sub-Acute Rehab</td>
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## ACADEMIC PROGRAM INFORMATION (Program to Complete)

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## CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

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| Center Coordinator of Clinical Education's Name: |
PROFESSIONAL PRACTICE
SAFETY

1. Practices in a safe manner that minimizes the risk to patient, self, and others.

SAMPLE BEHAVIORS

a. Establishes and maintains safe working environment.
b. Recognizes physiological and psychological changes in patients and adjusts patient interventions accordingly.
c. Demonstrates awareness of contraindications and precautions of patient intervention.
d. Ensures the safety of self, patient, and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations, etc.).
e. Requests assistance when necessary.
f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance, etc.).
g. Demonstrates knowledge of facility safety policies and procedures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance*
Advanced Beginner Performance*
Intermediate Performance*
Advanced Intermediate Performance*
Entry-level Performance*
Beyond Entry-level Performance*

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
Final
2. Demonstrates professional behavior in all situations.

**SAMPLE BEHAVIORS**

- a. Demonstrates initiative (e.g., arrives well prepared, offers assistance, seeks learning opportunities).
- b. Is punctual and dependable.
- c. Wears attire consistent with expectations of the practice setting.
- d. Demonstrates integrity* in all interactions.
- e. Exhibits caring*, compassion*, and empathy* in providing services to patients.
- f. Maintains productive working relationships with patients, families, CI, and others.
- g. Demonstrates behaviors that contribute to a positive work environment.
- h. Accepts feedback without defensiveness.
- i. Manages conflict in constructive ways.
- j. Maintains patient privacy and modesty.
- k. Values the dignity of patients as individuals.
- l. Seeks feedback from clinical instructor related to clinical performance.
- m. Provides effective feedback to CI related to clinical/teaching mentoring.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

- Beginning Performance
- Advanced Beginner Performance
- Intermediate Performance
- Advanced Intermediate Performance
- Entry-level Performance
- Beyond Entry-level Performance

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- Midterm
- Final
PROFESSIONAL PRACTICE
ACCOUNTABILITY*

3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.

SAMPLE BEHAVIORS

a. Places patient's needs above self interests.
b. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
c. Takes steps to remedy errors in a timely manner.
d. Abides by policies and procedures of the practice setting (eg, OSHA, HIPAA, PIPEDA [Canada], etc.)
e. Maintains patient confidentiality.
f. Adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.*
g. Identifies ethical or legal concerns and initiates action to address the concerns.
h. Displays generosity as evidenced in the use of time and effort to meet patient needs.
i. Recognize the need for physical therapy services to underserved and under represented populations.
j. Strive to provide patient/client services that go beyond expected standards of practice.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)


FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)


Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

ยอมรับ  Midterm  ยอมรับ  Final

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PROFESSIONAL PRACTICE
COMMUNICATION*

4. Communicates in ways that are congruent with situational needs.

SAMPLE BEHAVIORS

a. Communicates, verbally and nonverbally, in a professional and timely manner.
b. Initiates communication* in difficult situations.
c. Selects the most appropriate person(s) with whom to communicate.
d. Communicates respect for the roles* and contributions of all participants in patient care.
e. Listens actively and attentively to understand what is being communicated by others.
f. Demonstrates professionally and technically correct written and verbal communication without jargon.
g. Communicates using nonverbal messages that are consistent with intended message.
h. Engages in ongoing dialogue with professional peers or team members.
i. Interprets and responds to the nonverbal communication of others.
j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
k. Seeks and responds to feedback from multiple sources in providing patient care.
l. Adjust style of communication based on target audience.
m. Communicates with the patient using language the patient can understand (eg, translator, sign language, level of education*, cognitive* impairment*, etc).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)


FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)


Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

📝 Midterm ☐  📝 Final ☐
PROFESSIONAL PRACTICE
CULTURAL COMPETENCE*

5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.

SAMPLE BEHAVIORS

a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
b. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability* or health status.*
c. Provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system.
d. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
e. Values the socio-cultural, psychological, and economic influences on patients and clients* and responds accordingly.
f. Is aware of and suspends own social and cultural biases.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

![Rating Scale]

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☑ Midterm ☐ Final ☐

SAMPLE BEHAVIORS

a. Identifies strengths and limitations in clinical performance.
b. Seeks guidance as necessary to address limitations.
c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development.
d. Acknowledges and accepts responsibility for and consequences of his or her actions.
e. Establishes realistic short and long-term goals in a plan for professional development.
f. Seeks out additional learning experiences to enhance clinical and professional performance.
g. Discusses progress of clinical and professional growth.
h. Accepts responsibility for continuous professional learning.
i. Discusses professional issues related to physical therapy practice.
j. Participates in professional activities beyond the practice environment.
k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc) to achieve optimal patient care.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance Advanced Beginner Performance Intermediate Performance Advanced Intermediate Performance Entry-level Performance Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm ❌ Final ❌
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.

SAMPLE BEHAVIORS

a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
b. Makes clinical decisions within the context of ethical practice.
c. Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers*, health care professionals, hooked on evidence, databases, medical records).
d. Seeks disconfirming evidence in the process of making clinical decisions.
e. Recognizes when plan of care* and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
f. Critically evaluates published articles relevant to physical therapy and applies them to clinical practice.
g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
h. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
i. Assesses patient response to interventions using credible measures.
j. Integrates patient needs and values in making decisions in developing the plan of care.
k. Clinical decisions focus on the whole person rather than the disease.
l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm ❌ Final ❌
PATIENT MANAGEMENT
SCREENING*

8. Determines with each patient encounter the patient’s need for further examination or consultation* by a physical therapist* or referral to another health care professional.

SAMPLE BEHAVIORS

a. Utilizes test and measures sensitive to indications for physical therapy intervention.
b. Advises practitioner about indications for intervention.
c. Reviews medical history* from patients and other sources (eg, medical records, family, other health care staff).
d. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
e. Selects the appropriate screening* tests and measurements.
f. Conducts tests and measurements appropriately.
g. Interprets tests and measurements accurately.
h. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
i. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
j. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

[ ] Beginning Performance  [ ] Advanced Beginner Performance  [ ] Intermediate Performance  [ ] Advanced Intermediate Performance  [ ] Entry-level Performance  [ ] Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

[ ] Midterm  [ ] Final

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PATIENT MANAGEMENT
EXAMINATION*

9. Performs a physical therapy patient examination using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

a. Obtains a history* from patients and other sources as part of the examination.*
b. Utilizes information from history and other data (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
c. Performs systems review.
d. Selects evidence-based tests and measures* that are relevant to the history, chief complaint, and screening.

Tests and measures* (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
e. Conducts tests and measures accurately and proficiently.
f. Sequences tests and measures in a logical manner to optimize efficiency*.
g. Adjusts tests and measures according to patient’s response.
h. Performs regular reexaminations* of patient status.
i. Performs an examination using evidence based test and measures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance Advanced Beginner Performance Intermediate Performance Advanced Intermediate Performance Entry-level Performance Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm □ Final □ 
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

### SAMPLE BEHAVIORS

- a. Synthesizes examination data and identifies pertinent impairments, functional limitations* and quality of life. [WHO – ICF Model for Canada]
- b. Makes clinical judgments based on data from examination (history, system review, tests and measurements).
- c. Reaches clinical decisions efficiently.
- d. Cites the evidence to support a clinical decision.

### MIDTERM COMMENTS:
(Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

### FINAL COMMENTS:
(Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

- Beginning Performance
- Advanced Beginner Performance
- Intermediate Performance
- Advanced Intermediate Performance
- Entry-level Performance
- Beyond Entry-level Performance

### Significant Concerns:
If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- Midterm
- Final
11. Determines a diagnosis* and prognosis* that guides future patient management.

**SAMPLE BEHAVIORS**

- Establishes a diagnosis for physical therapy intervention and list for differential diagnosis*.
- Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.
- Integrates data and arrives at an accurate prognosis* with regard to intensity and duration of interventions and discharge* status.
- Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
- Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

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- Intermediate Performance
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- Entry-level Performance
- Beyond Entry-level Performance

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- [ ] Midterm
- [ ] Final
PATIENT MANAGEMENT
PLAN OF CARE

12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.

SAMPLE BEHAVIORS

- Establishes goals and desired functional outcomes that specify expected time durations.
- Establishes a physical therapy plan of care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services.
- Establishes a plan of care consistent with the examination and evaluation.
- Selects interventions based on the best available evidence and patient preferences.
- Follows established guidelines (e.g., best practice, clinical pathways, and protocol) when designing the plan of care.
- Progresses and modifies plan of care and discharge planning based on patient responses.
- Identifies the resources needed to achieve the goals included in the patient care.
- Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
- Discusses the risks and benefits of the use of alternative interventions with the patient.
- Identifies patients who would benefit from further follow-up.
- Advocates for the patients' access to services.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☐ Midterm ☐ Final
13. Performs physical therapy interventions* in a competent manner.

**SAMPLE BEHAVIORS**

a. Performs interventions* safely, effectively, efficiently, fluidly, and in a coordinated and technically competent* manner.
   - Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques*: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).

b. Performs interventions consistent with the plan of care.

c. Utilizes alternative strategies to accomplish functional goals.

d. Follows established guidelines when implementing an existing plan of care.

e. Provides rationale for interventions selected for patients presenting with various diagnoses.

f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.

g. Assesses patient response to interventions and adjusts accordingly.

h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.

i. Considers prevention*, health, wellness*, and fitness* in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.

j. Incorporates the concept of self-efficacy in wellness and health promotion.*

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

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**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- [ ] Midterm
- [ ] Final

89
14. Educates* others (patients, caregivers, staff, students, other health care providers*, business and industry representatives, school systems) using relevant and effective teaching methods.

**SAMPLE BEHAVIORS**

a. Identifies and establishes priorities for educational needs in collaboration with the learner.
b. Identifies patient learning style (eg, demonstration, verbal, written).
c. Identifies barriers to learning (eg, literacy, language, cognition).
d. Modifies interaction based on patient learning style.
e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
f. Ensures understanding and effectiveness of recommended ongoing program.
g. Tailors interventions with consideration for patient family situation and resources.
h. Provides patients with the necessary tools and education* to manage their problem.
i. Determines need for consultative services.
j. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments*, corporate environmental assessments*).
k. Provides education and promotion of health, wellness, and fitness.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

```
| Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance |
```

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- Midterm ☐
- Final ☐
PATIENT MANAGEMENT
DOCUMENTATION*

15. Produces quality documentation* in a timely manner to support the delivery of physical therapy services.

SAMPLE BEHAVIORS

a. Selects relevant information to document the delivery of physical therapy care.
b. Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication* with others involved in the delivery of care.
c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
d. Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.
e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
f. Produces documentation that is accurate, concise, timely and legible.
g. Utilizes terminology that is professionally and technically correct.
h. Documentation accurately describes care delivery that justifies physical therapy services.
i. Participates in quality improvement* review of documentation (chart audit, peer review, goals achievement).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☐ Midterm ☐ Final ☐
PATIENT MANAGEMENT
OUTCOMES ASSESSMENT *

16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.*

**SAMPLE BEHAVIORS**

a. Applies, interprets, and reports results of standardized assessments throughout a patient’s episode of care.
b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
d. Evaluates and uses published studies related to outcomes effectiveness.
e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
f. Assesses the patient’s response to intervention in practical terms.
g. Evaluates whether functional goals from the plan of care have been met.
h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☒ Midterm ☐ ☐ Final
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.

**SAMPLE BEHAVIORS**

- Schedules patients, equipment, and space.
- Coordinates physical therapy with other services to facilitate efficient and effective patient care.
- Sets priorities for the use of resources to maximize patient and facility outcomes.
- Uses time effectively.
- Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
- Provides recommendations for equipment and supply needs.
- Submits billing charges on time.
- Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.
- Requests and obtains authorization for clinically necessary reimbursable visits.
- Utilizes accurate documentation, coding, and billing to support request for reimbursement.
- Negotiates with reimbursement entities for changes in individual patient services.
- Utilizes the facility's information technology effectively.
- Functions within the organizational structure of the practice setting.
- Implements risk-management strategies (e.g., prevention of injury, infection control, etc).
- Markets services to customers (e.g., physicians, corporate clients, general public).
- Promotes the profession of physical therapy.
- Participates in special events organized in the practice setting related to patients and care delivery.
- Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

![Performance Scale](https://via.placeholder.com/150)

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- [ ] Midterm
- [ ] Final
PATIENT MANAGEMENT
DIRECTION AND SUPERVISION OF PERSONNEL

18. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

SAMPLE BEHAVIORS

a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
b. Applies time-management principles to supervision and patient care.
c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (e.g., secretary, volunteers, PT Aides, Physical Therapist Assistants).
d. Determines the amount of instruction necessary for personnel to perform directed tasks.
e. Provides instruction to personnel in the performance of directed tasks.
f. Supervises those physical therapy services directed to physical therapist assistants* and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
i. Demonstrates respect for the contributions of other support personnel.
j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant’s ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Performance | Intermediate Performance | Advanced Performance | Entry-level Performance | Beyond Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm □  Final □
SUMMATIVE COMMENTS

Given this student's level of academic and clinical preparation and the objectives for this clinical experience, identify strengths and areas for further development. If this is the student's final clinical experience, comment on the student's readiness to practice as a physical therapist.

AREAS OF STRENGTH

Midterm:

Final:

AREAS FOR FURTHER DEVELOPMENT

Midterm:

Final:
OTHER COMMENTS

Midterm:

Final:

RECOMMENDATIONS

Midterm:

Final:
EVALUATION SIGNATURES

MIDTERM EVALUATION

For the Student
I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI midterm self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

_________________________  __________________________
Signature of Student              Date

_________________________
Name of Academic Institution

For the Evaluator(s)
I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the midterm completed PT CPI with the student with respect to his/her clinical performance.

_________________________  __________________________
Evaluator Name (1) (Print)              Position/title

_________________________
Signature of Evaluator (1)

_________________________  __________________________
Evaluator Name (2) (Print)              Position/Title

_________________________
Signature of Evaluator (2)

_________________________  __________________________
CCCE Signature              Date
FINAL EVALUATION

For the Student
I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the online training (website) prior to using this instrument and completed the PT CPI final self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

_________________________________________  _______________________
Signature of Student                           Date

_________________________________________
Name of Academic Institution

For the Evaluator(s)
I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the online training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the final completed PT CPI with the student with respect to his/her clinical performance.

_________________________________________  _______________________
Evaluator Name (1) (Print)                      Position/title

_________________________________________
Signature of Evaluator (1)                     Date

_________________________________________  _______________________
Evaluator Name (2) (Print)                      Position/Title

_________________________________________
Signature of Evaluator (2)                     Date

_________________________________________
CCCE Signature                                 Date
GLOSSARY

Academic coordinator/Director of clinical education (ACCE/DCE): Individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. This person also is responsible for the academic program and student performance, and maintaining current information on clinical sites.

Accountability: Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. (Professionalism in Physical Therapy: Core Values, August 2003.)

Adaptive devices: A variety of implements or equipment used to aid patients/clients in performing movements, tasks, or activities. Adaptive devices include raised toilet seats, seating systems, environmental controls, and other devices.

Advanced beginner performance: A student who requires clinical supervision 75% – 90% of the time with simple patients, and 100% of the time with complex patients. At this level, the student demonstrates developing proficiency with simple tasks (e.g., medical record review, goniometry, muscle testing, and simple interventions) but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.

Advanced intermediate performance: A student who requires clinical supervision less than 25% of the time with new or complex patients and is independent with simple patients. At this level, the student is proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 75% of a full-time physical therapist’s caseload.

Altruism: The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest. (Professionalism in Physical Therapy: Core Values, August 2003.)

Assessment: The measurement or quantification of a variable or the placement of a value on something. Assessment should not be confused with examination or evaluation.

Beginning performance: A student who requires close clinical supervision 100% of the time with constant monitoring and feedback, even with simple patients. At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner. Performance reflects little or no experience. The student does not carry a caseload.

Beyond entry-level performance: A student who requires no clinical supervision with simple, highly complex patients, and is able to function in unfamiliar or ambiguous situations. Student is capable of supervising others. At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others. Student is able to maintain 100% of a full-time physical therapist’s caseload, seeks to assist others where needed. The student willingly assumes a leadership role for managing more difficult or complex cases. Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

Caring: The concern, empathy, and consideration for the needs and values of others. (Professionalism in Physical Therapy: Core Values, August 2003.)

Caregiver: One who provides care, often used to describe a person other than a health care professional.

Case management: The coordination of patient care or client activities.
Center Coordinator of Clinical Education: Individual who administers, manages, and coordinates CI assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Client: An individual who is not necessarily sick or injured but who can benefit from a physical therapist=s consultation, professional advice, or services. A client also is a business, a school system, or other entity that may benefit from specific recommendations from a physical therapist.

Clinical decision making (CDM): Interactive model in which hypotheses are generated early in an encounter based on initial cues drawn from observation of the patient or client, a letter of referral, the medical record, or other resources.

Clinical education experiences: These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge and skills in the clinical environment. Experiences would include those of short and long duration (eg, part-time, full-time, internships) and those that provide a variety of learning experiences (eg, rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients across the life span and related activities.

Clinical indications: The patient factors (eg, symptoms, impairments, deficits) that suggest that a particular kind of care (examination, intervention) would be appropriate.

Clinical instructor (CI): Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. CIs are responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Syn: clinical teacher, clinical tutor, and clinical supervisor.)

Clinical reasoning: A systematic process used to assist students and practitioners in inferring or drawing conclusions about patient/client care under various situations and conditions.

Cognitive: Characterized by awareness, reasoning, and judgment.

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.

Compassion: The desire to identify with or sense something of another's experience; a precursor of caring. (Professionalism in Physical Therapy: Core Values, August 2003.)

Competence: The possession, application, and evaluation of requisite professional knowledge, skills, and abilities to meet or exceed the performance standards, based on the physical therapist's roles and responsibilities, within the context of public health, welfare, and safety.

Competency: A significant, skillful, work-related activity that is performed efficiently, effectively, fluidly, and in a coordinated manner.

Complexity: Multiple requirements of the tasks or environment (eg, simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.
**Complex patient:** Refers to patients presenting with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and multifaceted psychosocial needs. As a student progresses through clinical education experiences, the student should be able to manage patients with increasingly more complex conditions with fewer elements or interventions controlled by the CI.

**Conflict management:** The act, manner, or practice of handling or controlling the impact of disagreement, controversy, or opposition; may or may not involve resolution of the conflict.

**Consistency:** The frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, and routinely). As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

**Consultation:** The rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time. (*Guide to Physical Therapist Practice*, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Consumer:** One who acquires, uses, or purchases goods or services; any actual or potential recipient of health care.

**Cost-effectiveness:** Economically worthwhile in terms of what is achieved for the amount of money spent; tangible benefits in relation to expenditures.

**Critical inquiry:** The process of applying the principles of scientific methods to read and interpret professional literature, participate in research activities, and analyze patient care outcomes, new concepts, and findings.

**Cultural awareness:** Refers to the basic idea that behavior and ways of thinking and perceiving are culturally conditioned rather than universal aspects of human nature. (*Puschnig MD, ed. Multicultural Education*, Yarmouth, Maine: Intercultural Press Inc; 1999.)

**Cultural competence:** Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities. (Working definition adapted from *Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda*, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.)

**Cultural sensitivity:** Awareness of cultural variables that may affect assessment and treatment. (*Paniagua FA, Assessing and Treating Culturally Diverse Clients*, Thousand Oaks, Calif: Sage Publications; 1994.)

**Diagnosis:** Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. (*Guide to Physical Therapist Practice*, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Diagnostic process:** The evaluation of information obtained from the patient examination organized into clusters, syndromes, or categories.
Differential diagnosis: The determination of which one of two or more different disorders or conditions is applicable to a patient or client.

Direct access: Practice mode in which physical therapists examine, evaluate, diagnose, and provide interventions to patients/clients without a referral from a gatekeeper, usually the physician.

Disability: The inability to perform or a limitation in the performance of actions, tasks, and activities usually expected in specific social roles that are customary for the individual or expected for the person’s status or role in a specific sociocultural context and physical environment. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Disease: A pathological condition or abnormal entity with a characteristic group of signs and symptoms affecting the body and with known or unknown etiology. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Discharge: The process of ending physical therapy services that have been provided during a single episode of care, when the anticipated goals and expected outcomes have been achieved. Discharge does not occur with a transfer (that is, when the patient is moved from one site to another site within the same setting or across setting during a single episode of care). (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Documentation: All written forms of communication provided related to the delivery of patient care, to include written correspondence, electronic record keeping, and word processing.


Education: Knowledge or skill obtained or developed by a learning process: a process designed to change behavior by formal instruction and/or supervised practice, which includes teaching, training, information sharing, and specific instructions.

Efficiency: The ability to perform in a cost-effective and timely manner (eg, inefficient/slow, efficient/timely). As the student progresses though clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

Empathy: The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

Entry-level performance: A student who requires no guidance or clinical supervision with simple or complex patients. Consults with others and resolves unfamiliar or ambiguous situations. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 100% of a full-time physical therapist’s caseload in a cost effective manner.

Episode of physical therapy prevention: A series of occasional, clinical, educational, and administrative services related to primary prevention, wellness, health promotion, and to the preservation of optimal function. Prevention services and programs that promote health, wellness, and fitness are a vital part of the practice of physical therapy. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Evaluation: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
Evidenced-based practice: Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. (Sackett DL, Haynes RB, Guyatt GH, Tugwell P. Clinical Epidemiology: A Basic Science for Clinical Medicine. 2nd ed. Boston: Little, Brown and Company; 1991:1.) Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

Examination: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Excellence: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (Professionalism in Physical Therapy: Core Values, August 2003.)

Fiscal management: An ability to identify the fiscal needs of a unit and to manage available fiscal resources to maximize the benefits and minimize constraints.

Fitness: A dynamic physical state—comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Function: The special, normal, or proper action of any part or organ; an activity identified by an individual as essential to support physical and psychological well-being as well as to create a personal sense of meaningful living; the action specifically for which a person or thing is fitted or employed; an act, process, or series of processes that serve a purpose; to perform an activity or to work properly or normally.

Functional limitation: A restriction of the ability to perform a physical action, activity, or task in a typically expected, efficient, or competent manner. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Functional outcomes: The desired result of an act, process, or intervention that serves a purpose (eg, improvement in a patient’s ability to engage in activities identified by the individual as essential to support physical or psychological well-being).

Goals: The intended results of patient/client management. Goals indicate changes in impairment, functional limitations, and disabilities and changes in health, wellness, and fitness needs that are expected as a result of implementing the plan of care. Goals should be measurable and time limited (if required, goals may be expressed as short-term and long-term goals.) (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Guide to Physical Therapist Practice: Document that describes the scope of practice of physical therapy and assists physical therapists in patient/client management. Specifically, the Guide is designed to help physical therapists: 1) enhance quality of care, 2) improve patient/client satisfaction, 3) promote appropriate utilization of health care services, 4) increase efficiency and reduce unwarranted variation in the provision of services, and 5) promote cost reduction through prevention and wellness initiatives. The Guide also provides a framework for physical therapist clinicians and researchers as they refine outcomes data collection and analysis and develop questions for clinical research. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Health care provider: A person or organization offering health services directly to patients or clients.
Health promotion: The combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health. (Green LW, Kreuter MW. Health Promotion Planning. 2nd ed. Mountain View, Calif: Mayfield Publishers, 1991:4.)

Health status: The level of an individual's physical, mental, affective, and social function: health status is an element of well-being.

History: An account of past and present health status that includes the identification of complaints and provides the initial source of information about the patient. The history also suggests the patient=s ability to benefit from physical therapy services.

Personnel management: Selection, training, supervision, and deployment of appropriately qualified persons for specific tasks/functions.


Integrity: Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do. (Professionalism in Physical Therapy: Core Values, August 2003.)

Intermediate clinical performance: A student who requires clinical supervision less than 50% of the time with simple patients, and 75% of the time with complex patients. At this level, the student is proficient with simple tasks and is developing the ability to perform skilled examinations, interventions, and clinical reasoning. The student is able to maintain 50% of a full-time physical therapist's caseload.

Intervention: The purposeful interaction of the physical therapist with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Manual therapy techniques: Skilled hand movements intended to improve tissue extensibility: increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; modulate pain; and reduce soft tissue swelling, inflammation, or restriction. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Mobilization/manipulation: A manual therapy technique comprising a continuum of skilled passive movements to the joints and/or related soft tissues that are applied at varying speeds and amplitudes, allowing a small amplitude/high velocity therapeutic movement. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Multicultural/multilingual: Characteristics of populations defined by changes in the demographic patterns of consumers.

Negotiation: The act or procedure of treating another or others in order to come to terms or reach an agreement.

Objective: A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities.

Outcomes assessment of the individual: Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are
expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

Outcomes assessment of groups of patients/clients: Performed by the physical therapist and is a measure [or measures] of physical therapy care to groups of patients/clients including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of that physical therapy.

Outcomes analysis: A systematic examination of patient/client outcomes in relation to selected patient/client variables (eg, age, sex, diagnosis, interventions performed); outcomes analysis may be used in quality assessment, economic analysis of practice, and other processes.

Patients: Individuals who are the recipients of physical therapy and direct interventions.

Patient/client management model:

(Adapted from the Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Performance criterion: A description of outcome knowledge, skills, and behaviors that define the expected performance of students. When criteria are taken in aggregate, they describe the expected performance of the graduate upon entry into the practice of physical therapy.

Physical function: Fundamental components of health status describing the state of those sensory and motor skills necessary for mobility, work, and recreation.

Physical therapist: A licensed health care professional who offers services designed to preserve, develop, and restore maximum physical function.

Physical therapist assistant: An educated health care provider who performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

Plan of care: (Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. (Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
Practice management: The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.

Practitioner of choice: Consumers choose the most appropriate health care provider for the diagnosis, intervention, or prevention of an impairment, functional limitation, or disability.

Presenting problem: The specific dysfunction that causes an individual to seek attention or intervention (i.e., chief complaint).

Prevention: Activities that are directed toward 1) achieving and restoring optimal functional capacity, 2) minimizing impairments, functional limitations, and disabilities, 3) maintaining health (thereby preventing further deterioration or future illness), 4) creating appropriate environmental adaptations to enhance independent function. Primary prevention: Prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts. Secondary prevention: Efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. Tertiary prevention: Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Professional duty: Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. (Professionalism in Physical Therapy: Core Values, August 2003.)

Professionalism: The conduct, aims, or qualities that characterize or mark a profession or a professional person; A systematic and integrated set of core values that through assessment, critical reflection, and change, guides the judgment, decisions, behaviors, and attitudes of the physical therapist, in relation to patients/clients, other professionals, the public, and the profession. (APTA Consensus Conference to Develop Core Values in Physical Therapy, July 2002, Alexandria, Va)

Prognosis: The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Quality: The degree of skill or competence demonstrated (e.g., limited skill, high skill), the relative effectiveness of the performance (e.g., ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

Quality improvement (QI): A management technique to assess and improve internal operations. Quality improvement focuses on organizational systems rather than individual performance and seeks to continuously improve quality rather than reacting when certain baseline statistical thresholds are crossed. The process involves setting goals, implementing systematic changes, measuring outcomes, and making subsequent appropriate improvements. (www.mntc.org/other_resources/glossaryquality.html#quality)

Role: A behavior pattern that defines a person’s social obligations and relationships with others (e.g., father, husband, son).

Reexamination: The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Screening: Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: Cognitive screening.)
Social responsibility: The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. *(Professionalism in Physical Therapy: Core Values, August 2003.)*

Supervision/guidance: Level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or environment.

Technically competent: Correct performance of a skill.

Tests and measures: Specific standardized methods and techniques used to gather data about the patient/client after the history and systems review have been performed. *(Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)*

Treatment: The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. *(Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)*

Wellness: An active process of becoming aware of and making choices toward a more successful existence. *(National Wellness Organization. A Definition of Wellness. Stevens Point, Wis: National Wellness Institute Inc; 2003.)*
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Competent)

EXAMINATION

9. Performs a physical therapy patient examination using evidenced-based tests and measures.

SAMPLE BEHAVIORS

a) Obtains a history from patients and other sources as part of the examination.
b) Utilizes information from history and other data (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
c) Performs systems review.
d) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.

tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function, m) muscle performance (including strength, power, and endurance), n) neurologic development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
e) Conducts tests and measures accurately and proficiently.
f) Sequences tests and measures in a logical manner to optimize efficiency.
g) Adjusts tests and measures according to patient’s response.
h) Performs regular re-examinations of patient status.
i) Performs an examination using evidence-based test and measures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/ guidance, quality, complexity, consistency, and efficiency.)

This student requires guidance 25% of the time in selecting appropriate examination methods based on the patient’s history and initial screening. Examinations are performed consistently, accurately, thoroughly, and skillfully. She almost always is able to complete examinations in the time allotted, except for patients with the most complex conditions. She manages a 75% caseload of the PT with some difficulty and requires assistance in completing the examination for a patient with a complex condition of dementia and multiple diagnoses. Overall she has achieved a level of performance consistent with advanced intermediate performance for this criterion and continues to improve in all areas.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/ guidance, quality, complexity, consistency, and efficiency.)

This student requires no guidance in selecting appropriate examination methods for patients with complex conditions and with multiple diagnoses. Examinations are performed consistently and skillfully. She consistently selects all appropriate examination methods based on the patient’s history and initial screening. She consistently completes examinations in the time allotted and manages a 100% caseload of the PT. She is able to examine a number of patients with complex conditions and with multiple diagnoses with only minimal input from the CI. Overall this student has improved across all performance dimensions to achieve entry-level clinical performance.

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm ☐  Final ☐
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)

EXAMINATION

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

<table>
<thead>
<tr>
<th>SAMPLE BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>e) Obtains a history from patients and other sources as part of the examination.</td>
</tr>
<tr>
<td>f) Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.</td>
</tr>
<tr>
<td>g) Performs systems review.</td>
</tr>
<tr>
<td>h) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening. Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, attention, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.</td>
</tr>
<tr>
<td>i) Conducts tests and measures accurately and proficiently.</td>
</tr>
<tr>
<td>j) Sequences tests and measures in a logical manner to optimize efficiency*.</td>
</tr>
<tr>
<td>l) Adjusts tests and measures according to patient's response.</td>
</tr>
<tr>
<td>m) Performs regular re-examinations of patient status.</td>
</tr>
<tr>
<td>n) Performs an examination using evidence based test and measures.</td>
</tr>
</tbody>
</table>

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*)

This student requires guidance 75% of the time to select relevant tests and measures and does not ask relevant background questions to identify tests and measures needed. Tests and measures selected are inappropriate for the patient's diagnosis and condition. When questioned, he is unable to explain why specific tests and measures were selected. He is not accurate in performing examination techniques (eg, fails to correctly align the goniometer, places patients in uncomfortable examination positions) and requires assistance when completing exams on all patients with complex conditions and with 75% of patients with simple conditions. He is unable to complete 50% of the exams in the time allotted and demonstrates difficulty across all performance dimensions for the final clinical experience.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*)

This student requires guidance 50% of the time to select relevant tests and measures. He selects tests and measures that are appropriate for patients with simple conditions 50% of the time, however 50% of the time is unable to explain the tests and measures selected. Likewise, 50% of the time, he selects tests and measures that are inappropriate for the patient's diagnosis. He demonstrates 50% accuracy in performing the required examination techniques, including goniometry and requires assistance to complete examinations on 95% of patients with complex conditions and 50% of patients with simple conditions. He is unable to complete 50% of the exams in the time allotted. Although some limited improvement has been shown, performance across all performance dimensions for the final clinical experience is still in the advanced beginner performance interval, which is below expected performance of entry-level on this criterion for a final clinical experience.

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance
---|---|---|---|---|---

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- 🎯 Midterm ✗
- 🎯 Final ✗

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APPENDIX A
COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

<table>
<thead>
<tr>
<th>SAMPLE BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Obtains a history from patients and other sources as part of the examination.</td>
</tr>
<tr>
<td>j) Utilizes information from history and other data (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.</td>
</tr>
<tr>
<td>k) Performs systems review.</td>
</tr>
<tr>
<td>l) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening. Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (e.g., school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.</td>
</tr>
<tr>
<td>o) Conducts tests and measures accurately and proficiently.</td>
</tr>
<tr>
<td>p) Sequences tests and measures in a logical manner to optimize efficiency*.</td>
</tr>
<tr>
<td>q) Adjusts tests and measures according to patient’s response.</td>
</tr>
<tr>
<td>r) Performs regular re-examinations of patient status.</td>
</tr>
<tr>
<td>s) Performs an examination using evidence based test and measures.</td>
</tr>
</tbody>
</table>

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.*)

This student requires supervision for managing patients with simple conditions 50% of the time and managing patients with complex neurological conditions 95% of the time. He selects relevant examination methods for patients with simple conditions 85% of the time, however sometimes over-treats patients during the examination. He requires limited assistance to perform examination methods accurately (sensory testing) and completes examinations in the time allotted most of the time. He carries a 25% caseload of the PT and is able to use good judgment in the selection and implementation of examinations for this level of clinical experience.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.*)

The student requires supervision for managing patients with simple conditions 25% of the time and managing patients with complex conditions 75% of the time. He selects relevant examination methods for patients with simple conditions 100% of the time and consistently monitors the patient’s fatigue level during the examination. He performs complete and accurate examinations of patients with simple orthopedic conditions and is beginning to describe movement patterns in patients with complex neurological conditions. However, he continues to require frequent input to complete a neurological examination and is unable to consistently complete examinations in the time allotted. He carries a 50% caseload of the PT and has shown improvement in advancing from advanced beginner performance to intermediate performance for this second clinical experience.

Rate this student’s clinical performance based on the sample behaviors and comments above:

<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Performance</td>
<td>Advanced Beginner Performance</td>
</tr>
</tbody>
</table>

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- [ ] Midterm
- [ ] Final
## APPENDIX B

PT CPI Performance Criteria Matched with Evaluative Criteria for PT Programs

This table provides the physical therapist academic program with a mechanism to relate the performance criteria from the Physical Therapist Clinical Performance Instrument with the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists.\(^1\)

<table>
<thead>
<tr>
<th>Evaluative Criteria for Accreditation of Physical Therapist Programs</th>
<th>Physical Therapist Clinical Performance Instrument Performance Criteria (PC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability (5.1-5.5)</td>
<td>Accountability (PC #3; 5.1-5.3)</td>
</tr>
<tr>
<td></td>
<td>Professional Development (PC #6; 5.4, 5.5)</td>
</tr>
<tr>
<td>Altruism (5.6, 5.7)</td>
<td>Accountability (PC #3; 5.6 and 5.7)</td>
</tr>
<tr>
<td>Compassion/Caring (5.8, 5.9)</td>
<td>Professional Behavior (PC #2; 5.8)</td>
</tr>
<tr>
<td></td>
<td>Plan of Care (PC #12; 5.9)</td>
</tr>
<tr>
<td>Integrity (5.10)</td>
<td>Professional Behavior (PC #2; 5.10)</td>
</tr>
<tr>
<td>Professional Duty (5.11-5.16)</td>
<td>Professional Behavior (PC #2; 5.11, 5.15, 5.16)</td>
</tr>
<tr>
<td></td>
<td>Professional Development (PC #6, 5.12, 5.13, 5.14, 5.15)</td>
</tr>
<tr>
<td>Communication (5.17)</td>
<td>Communication (PC #4; 5.17)</td>
</tr>
<tr>
<td>Cultural Competence (5.18)</td>
<td>Cultural Competence (PC #5, 5.18)</td>
</tr>
<tr>
<td>Clinical Reasoning (5.19, 5.20)</td>
<td>Clinical Reasoning (PC #7; 5.19, 5.20)</td>
</tr>
<tr>
<td>Evidenced-Based Practice (5.21-5.25)</td>
<td>Clinical Reasoning (PC #7; 5.21, 5.22, 5.23)</td>
</tr>
<tr>
<td></td>
<td>Professional Development (PC #6; 5.24, 5.25)</td>
</tr>
<tr>
<td>Education (5.26)</td>
<td>Educational Interventions (PC #14; 5.26)</td>
</tr>
<tr>
<td>Screening (5.27)</td>
<td>Screening (PC #8; 5.27)</td>
</tr>
<tr>
<td>Examination (5.28-5.30)</td>
<td>Examination (PC #9; 5.28, 5.29, 5.30)</td>
</tr>
<tr>
<td>Evaluation (5.31)</td>
<td>Evaluation (PC #10; 5.31)</td>
</tr>
<tr>
<td>Diagnosis (5.32)</td>
<td>Diagnosis and Prognosis (PC #11; 5.32)</td>
</tr>
<tr>
<td>Prognosis (5.33)</td>
<td>Diagnosis and Prognosis (PC #11; 5.33)</td>
</tr>
<tr>
<td>Plan of Care (5.34-5.38)</td>
<td>Plan of Care (PC #12; 5.34, 5.35, 5.36, 5.37, 5.38)</td>
</tr>
<tr>
<td></td>
<td>Safety (PC #1; 5.35)</td>
</tr>
<tr>
<td>Intervention (5.39-5.44)</td>
<td>Procedural Interventions (PC #13; 5.39)</td>
</tr>
<tr>
<td></td>
<td>Direction and Supervision of Personnel (PC #18; 5.40)</td>
</tr>
<tr>
<td></td>
<td>Educational Interventions (PC #14; 5.41)</td>
</tr>
<tr>
<td></td>
<td>Documentation (PC #15; 5.42)</td>
</tr>
<tr>
<td></td>
<td>Financial Resources (PC #17; 5.43)</td>
</tr>
<tr>
<td></td>
<td>Safety (PC #1; 5.44)</td>
</tr>
<tr>
<td>Outcomes Assessment (5.45-5.49)</td>
<td>Outcomes Assessment (PC #16; 5.45, 5.46, 5.47, 5.48, 5.49)</td>
</tr>
<tr>
<td>Prevention, Health Promotion, Fitness, and Wellness (5.50-5.52)</td>
<td>Procedural Interventions (PC #13; 5.50, 5.52)</td>
</tr>
<tr>
<td></td>
<td>Educational Interventions (PC #14; 5.51, 5.52)</td>
</tr>
<tr>
<td>Management in Care Delivery (5.53-5.56)</td>
<td>Screening (PC #8; 5.53, 5.54, 5.55)</td>
</tr>
<tr>
<td></td>
<td>Plan of Care (PC #12; 5.55, 5.56) (however not specifically stated as case management(^*))</td>
</tr>
<tr>
<td></td>
<td>Financial Resources (PC #17; 5.55)</td>
</tr>
<tr>
<td>Practice Management (5.57-5.61)</td>
<td>Financial Resources (PC #17; 5.58, 5.60, 5.61)</td>
</tr>
<tr>
<td></td>
<td>Direction and Supervision of Personnel (PC #18; 5.57)</td>
</tr>
<tr>
<td></td>
<td>Not included: 5.59</td>
</tr>
<tr>
<td>Consultation (5.62)</td>
<td>Screening (PC #8; 5.62)</td>
</tr>
<tr>
<td></td>
<td>Educational Interventions (PC #14; 5.62)</td>
</tr>
<tr>
<td>Social Responsibility and Advocacy (5.63-5.66)</td>
<td>Accountability (PC #2; 5.63-5.66)</td>
</tr>
</tbody>
</table>

## APPENDIX C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervision/Guidance</strong></td>
<td><strong>Performance Dimensions</strong></td>
</tr>
<tr>
<td></td>
<td>Level and extent of assistance required by the student to achieve entry-level performance.</td>
</tr>
<tr>
<td></td>
<td>• As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td>Degree of knowledge and skill proficiency demonstrated.</td>
</tr>
<tr>
<td></td>
<td>• As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</td>
</tr>
<tr>
<td><strong>Complexity</strong></td>
<td>Number of elements that must be considered relative to the task, patient, and/or environment.</td>
</tr>
<tr>
<td></td>
<td>• As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</td>
</tr>
<tr>
<td><strong>Consistency</strong></td>
<td>Frequency of occurrences of desired behaviors related to the performance criterion.</td>
</tr>
<tr>
<td></td>
<td>• As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</td>
</tr>
<tr>
<td><strong>Efficiency</strong></td>
<td>Ability to perform in a cost-effective and timely manner.</td>
</tr>
<tr>
<td></td>
<td>• As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</td>
</tr>
<tr>
<td><strong>Rating Scale Anchors</strong></td>
<td><strong>Beginning performance</strong></td>
</tr>
<tr>
<td></td>
<td>• A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</td>
</tr>
<tr>
<td></td>
<td>• At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</td>
</tr>
<tr>
<td></td>
<td>• Performance reflects little or no experience.</td>
</tr>
<tr>
<td></td>
<td>• The student does not carry a caseload.</td>
</tr>
<tr>
<td><strong>Advanced beginner</strong></td>
<td><strong>performance</strong></td>
</tr>
<tr>
<td></td>
<td>• A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.</td>
</tr>
<tr>
<td></td>
<td>• At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.</td>
</tr>
<tr>
<td></td>
<td>• The student may begin to share a caseload with the clinical instructor.</td>
</tr>
<tr>
<td><strong>Intermediate</strong></td>
<td><strong>performance</strong></td>
</tr>
<tr>
<td></td>
<td>• A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.</td>
</tr>
<tr>
<td></td>
<td>• At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 50% of a full-time physical therapist’s caseload.</td>
</tr>
<tr>
<td><strong>Advanced intermediate</strong></td>
<td><strong>performance</strong></td>
</tr>
<tr>
<td></td>
<td>• A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.</td>
</tr>
<tr>
<td></td>
<td>• At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 75% of a full-time physical therapist’s caseload.</td>
</tr>
<tr>
<td><strong>Entry-level</strong></td>
<td><strong>performance</strong></td>
</tr>
<tr>
<td></td>
<td>• A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.</td>
</tr>
<tr>
<td></td>
<td>• At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td></td>
<td>•Consults with others and resolves unfamiliar or ambiguous situations.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.</td>
</tr>
<tr>
<td><strong>Beyond entry-level</strong></td>
<td><strong>performance</strong></td>
</tr>
<tr>
<td></td>
<td>• A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.</td>
</tr>
<tr>
<td></td>
<td>• At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of supervising others.</td>
</tr>
<tr>
<td></td>
<td>• The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.</td>
</tr>
</tbody>
</table>
Physical Therapist Student Evaluation
Clinical Experience and Clinical Instruction
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003

APTA
American Physical Therapy Association

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314
PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1—Physical therapist student assessment of the clinical experience and Section 2—Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General information

Student Name _____________________________________________________________

Academic Institution _____________________________________________________

Name of Clinical Education Site ____________________________________________

Address __________________________________ City __________________________ State ______

Clinical Experience Number ____________ Clinical Experience Dates ____________

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature) __________________________ Date __________

Primary Clinical Instructor Name (Print name) __________________________ Date __________

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned ________________________________________________
Highest degree earned ___________________ Degree area __________________________
Years experience as a CI __________________________
Years experience as a clinician ____________
Areas of expertise _________________________________________________________
Clinical Certification, specify area __________________________________________
APTA Credentialed CI Yes ______ No ______
Other CI Credential ______ State ______ Yes ______ No ______
Professional organization memberships ______ APTA ______ Other ____________

Additional Clinical Instructor Name (Print name) __________________________ Date __________

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned ________________________________________________
Highest degree earned ___________________ Degree area __________________________
Years experience as a CI __________________________
Years experience as a clinician ____________
Areas of expertise _________________________________________________________
Clinical Certification, specify area __________________________________________
APTA Credentialed CI Yes ______ No ______
Other CI Credential ______ State ______ Yes ______ No ______
Professional organization memberships ______ APTA ______ Other ____________
SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site ________________________________
   Address ____________________________________________ City __________________________ State _______

2. Clinical Experience Number ____________________________

3. Specify the number of weeks for each applicable clinical experience/rotation.
   _____Acute Care/Inpatient Hospital Facility _______Private Practice
   _____Ambulatory Care/Outpatient _____Rehabilitation/Sub-acute Rehabilitation
   _____ECF/Nursing Home/SNF ___________School/Preschool Program
   _____Federal/State/County Health _____Wellness/Prevention/Fitness Program
   _____Industrial/Occupational Health Facility _____Other ____________

Orientation

4. Did you receive information from the clinical facility prior to your arrival?  ____ Yes  ____ No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?  ____ Yes  ____ No

6. What else could have been provided during the orientation?
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never  2 = Rarely  3 = Occasionally  4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Diversity Of Case Mix</th>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td>0-12 years</td>
<td></td>
<td>Critical care, ICU, Acute</td>
<td></td>
</tr>
<tr>
<td>Neuromuscular</td>
<td></td>
<td>13-21 years</td>
<td></td>
<td>SNF/ECF/Sub-acute</td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td></td>
<td>22-65 years</td>
<td></td>
<td>Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td></td>
<td>over 65 years</td>
<td></td>
<td>Ambulatory/Outpatient</td>
<td></td>
</tr>
<tr>
<td>Other (GI, GU, Renal, Metabolic, Endocrine)</td>
<td></td>
<td></td>
<td></td>
<td>Home Health/Hospice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Wellness/Fitness/Industry</td>
<td></td>
</tr>
</tbody>
</table>

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the Guide to Physical Therapist Practice. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td></td>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td></td>
<td>Prognosis</td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td></td>
<td>Plan of Care</td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td></td>
<td>Interventions</td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td></td>
<td>Outcomes Assessment</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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9. During this experience, how frequently did staff (i.e., CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing a helpful and supportive attitude for your role as a PT student.</td>
<td></td>
</tr>
<tr>
<td>Providing effective role models for problem solving, communication, and teamwork.</td>
<td></td>
</tr>
<tr>
<td>Demonstrating high morale and harmonious working relationships</td>
<td></td>
</tr>
<tr>
<td>Adhering to ethical codes and legal statutes and standards (e.g., Medicare, HIPAA, informed consent, APTA Code of Ethics, etc.)</td>
<td></td>
</tr>
<tr>
<td>Being sensitive to individual differences (i.e., race, age, ethnicity, etc.)</td>
<td></td>
</tr>
<tr>
<td>Using evidence to support clinical practice.</td>
<td></td>
</tr>
<tr>
<td>Being involved in professional development (e.g., degree and non-degree continuing education, in-services, journal clubs, etc.)</td>
<td></td>
</tr>
<tr>
<td>Being involved in district, state, regional, and/or national professional activities</td>
<td></td>
</tr>
</tbody>
</table>

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?  

________________________  

________________________  

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply).

______ Physical therapist students  
______ Physical therapist assistant students  
______ Students from other disciplines or service departments (Please specify ___________ )

12. Identify the ratio of students to CIIs for your clinical experience:

______ 1 student to 1 CI  
______ 1 student to greater than 1 CI  
______ 1 CI to greater than 1 student; Describe ___________

13. How did the clinical supervision ratio in Question #12 influence your learning experience? ______

________________________  

________________________  

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

______ Attended in-services/educational programs  
______ Presented an in-service  
______ Attended special clinics  
______ Attended team meetings/conferences/grand rounds  
______ Directed and supervised physical therapist assistants and other support personnel  
______ Observed surgery  
______ Participated in administrative and business practice management  
______ Participated in collaborative treatment with other disciplines to provide patient/client care  
______ (please specify disciplines)  
______ Participated in opportunities to provide consultation  
______ Participated in service learning  
______ Participated in wellness/health promotion/screening programs  
______ Performed systematic data collection as part of an investigative study  
______ Other; Please specify ___________
15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

---

**Overall Summary Appraisal**

16. Overall, how would you assess this clinical experience? (Check only one)
   - [ ] Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
   - [ ] Time well spent; would recommend this clinical education site to another student.
   - [ ] Some good learning experiences; student program needs further development.
   - [ ] Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
---

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.
---

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?
---

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience?
---

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?
---
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program’s objectives and expectations for this experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site’s objectives for this learning experience were clearly communicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided constructive feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided timely feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI demonstrated skill in active listening.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided clear and concise communication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI communicated in an open and non-threatening manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI taught in an interactive manner that encouraged problem solving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The supervising CI was accessible when needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI clearly explained your student responsibilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time was available with the CI to discuss patient/client management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI made the formal evaluation process constructive.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI encouraged the student to self-assess.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation _____Yes _____No  Final Evaluation _____Yes _____No
24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation ____________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Final Evaluation ______________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments ____________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Final Comments ______________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments ____________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Final Comments ______________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
Eight (8) Week Internships
Course Description: These internships comprise the final clinical internships prior to completion of the program, each of the final internships consist of 8 weeks for a total of 32 weeks. Learning experiences in a clinical setting under the direct guidance of a physical therapist (Clinical Instructor or CI). The students’ ability to perform physical therapy examinations of body structures and functions, as well as the students’ evaluations, interventions and outcomes will be assessed by the CI through evaluative tools such as the Clinical Performance Instrument (CPI).

Department Offering Course: Department of Orthopedics and Rehabilitation, Physical Therapy Program

Course Prerequisites: Successful completion of all previous coursework in the Physical Therapy Program and current enrollment in good standing in the Physical Therapy Program.

Prior Knowledge: Recall of prior academic knowledge from studies completed within the Physical Therapy Program will assist the student in comprehending new material. Personal life experiences and previous clinical or volunteer experiences; will also assist the student with application of professional attitudes, beliefs and behaviors to clinical practice.

Credit Hours: PT 702: 8 credits
PT 703: 8 credits
PT 704: 8 credits
PT 705: 8 credits

Clock hours:
PT 702 Summer
PT 703 Fall
PT 704 Spring
PT 705 Spring

Instructor: Sue Wenker, PT, MS, GCS
Director of Clinical Education
Room 5170 MSC
(608) 265-8619
Office Hours: By Appointment
wenker@pt.wisc.edu

Teaching Methods: Include active observation, demonstration/return demonstration, role modeling, patient care under supervision of a clinical instructor, coaching, feedback and critique from Clinical Instructor. Also, as appropriate, exposure to and involvement in all non-direct patient care functions of the clinic, e.g., rounds, conferences, scheduling, record keeping, billing, etc.

Regarding Disabilities: If you are aware of or suspect there is any reason that may interfere with your ability to complete the requirements of this course or to participate in the activities described in this syllabus, contact either the course instructor, your advisor, the program advisor, or the program director. Appropriate actions are facilitated by timely requests. Reasonable requests for appropriate academic adjustments will be granted and all requests will be held in confidence.
Miscellaneous: The course instructor, in collaboration with the clinical instructor will assign the final grade, and the instructor reserves the right to require additional learning experiences, additional readings, etc, as deemed necessary. Any client/patient has the risk-free right to refuse care provided by an intern.

Course Requirements:
Recommended Reading: A review of all pertinent previous coursework materials, including texts and class notes, is highly recommended.

Grading: Credit/No Credit

Requirements for Credit:
3. Attendance and participation in orientation sessions
4. Attendance and participation in the 4 8-week clinic courses
5. Conference with Director of Clinical Education at least once during each internship experience, either at the clinical education site, or by telephone/Email no later than mid-way through the experience
6. Learning Objectives- Student Introductory form
   Reviewed and signed by CI(s) and student at midterm and final
7. Clinical Performance Assessment/ Clinical Performance Instrument (CPI)
   • Satisfactory completion of learning objectives for each clinical experience and entry-level competency in the 18 performance areas listed in the on-line Clinical Performance Instrument (CPI)
     o PT 702 only: A rating between Advanced Intermediate and Entry-level is acceptable at the end of the 8 week internship without significant concerns noted.
   • Signed by CI(s) and student at midterm and final (2 signatures required at midterm and final by both the intern and CI).
6. APTA Student Evaluation of Facility and Clinical Instruction
   • Completed by student and reviewed with CI(s) at midterm and final
7. In-service presentation or research project if required by the facility
8. Physical Therapy Program approved name pin

Dress Code: Intern must follow the dress code of the facility at all times. Hair should be controlled and a suitable length. You should appear neat and clean. Nails should be trimmed and short with jewelry kept to a minimum. Name pins must be worn at all times. It is your responsibility to find out the dress code at the facility to which you are assigned. The information is located on the clinical education database at http://www.orthorehab.wisc.edu/physical-therapy/academic/clinical_education.shtml, clinical education curriculum, or contact the facility's physical therapy CCCE.

Attendance policy: Interns are expected to be in attendance during usual clinic hours (AT LEAST 40 hours/week). If a student is ill, s/he must notify the Clinical Instructor (CI) and Director of Clinical Education (DCE). Arrangements to make up for time off for illness should be made between the CI and the student, with intervention by the DCE only as needed. Interns are allowed three (3) sick days during their internships (for all final internships-not per internship) that they are not required by the Program to
make up. However, if the facility requests that they are made up, the student must make those days absent from the clinical internship up. It is the responsibility of the student to report all absences to the DCE. Personal business such as travel to and from the clinical facility and job interviewing should be conducted during the weeks between internships (sick days are not to be used for personal business, job interviews, etc.). Students may be excused to take the National Physical Therapy Exam early, attend APTA Annual Conference or state association conferences, if permitted by clinical site and time off is coordinated with the clinical instructor in addition to make-up time as needed. Interns are strongly discouraged from having outside jobs during their internship rotations.

Unusual Occurrences: The intern is responsible for immediately reporting any unusual occurrence to the DCE: injury to intern or injury to patient that involves intern, being left unsupervised, etc.

Expenses: The intern is responsible for all expenses (travel, lodging, meals, uniform, etc.) related to these courses.

Early Testing for National Physical Therapy Exam: Students must be enrolled for clinical internships to take the exam early. Students must work, in advance, with the Center Coordinator of Clinical Education and/or Clinical Instructor to request time off to take the exam and to travel to the testing center in addition to make plans to make-up the missed days if your clinical instructor wants you to. Also, clinical instructors frown on students studying for the exam while students are at the clinical. Make the most of your time while on your internship to focus on clinical decision making and problem solving relating to the clinical environment, faculty strongly recommend that students study outside of the clinical time.

Faculty suggests the following when considering taking the exam early (April XXX):
- Contact the clinical instructor for PT 705 early to plan for the day off to take the exam.
- Notify the Director of Clinical Education of your intent to take the exam early by XXXX Consult with the Director of Clinical Education to discuss the pros/cons of taking the exam early.

Course Goals and Objectives:

Upon completion of the course, the student, by satisfactorily completing assignments and participating in class discussions, will be able to:*

2. Demonstrate entry-level knowledge of competency-based clinical education.
   1.1 Demonstrate critical thinking skills by applying clinical decision-making solutions while on their clinical experiences and assessing the appropriateness of their solutions. (C3,C6)
   1.2 Apply concrete coursework (didactic) knowledge in an unfamiliar clinical environment and self-assess as well as receive assessment and feedback from the Clinical Instructor (CI). (C3, C6)
   1.8 Evaluate information received from the patient examination and establish a diagnosis, prognosis, and intervention with minimal to no assistance from the CI in simple to somewhat complex cases. (C6)
   1.9 Evaluate information received from the patient examination and establish a diagnosis, prognosis, and intervention with complex tasks with minimal to no guidance from the CI. (C6)
   1.5 Display professional behaviors commonly seen in a practicing physical therapist.(A4)
   1.6 Adapt psychomotor skills to any clinical situation and value feedback given from the CI regarding strategies to improve this. (P6, A3)
1.7 Internalize and verify values of professional behavior demonstrated by the CI and other clinicians. (A5)

*Bloom’s Taxonomy of Domains.* The letter and the number after each objective correspond to the appropriate domain and level. See lecture on Bloom’s Taxonomy (PT 539) for further explanation.

<table>
<thead>
<tr>
<th>COGNITIVE(C)</th>
<th>PSYCHOMOTOR(P)</th>
<th>AFFECTIVE(A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Perception</td>
<td>Receiving</td>
</tr>
<tr>
<td>Comprehension</td>
<td>Set</td>
<td>Responding</td>
</tr>
<tr>
<td>Application</td>
<td>Guided Response</td>
<td>Valuing</td>
</tr>
<tr>
<td>Analysis</td>
<td>Mechanism</td>
<td>Organization</td>
</tr>
<tr>
<td>Synthesis</td>
<td>Complex Overt Response</td>
<td>Characterization</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Adaptation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Origination</td>
<td></td>
</tr>
</tbody>
</table>

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Student Introductory Information
Student Introductory Information
Physical Therapy Program
University of Wisconsin-Madison

Student: ___________________________  Facility/Corporation: ________________________________

Rotation Dates: _____________________  Site of rotation: ________________________________

Learning Style: ______________________  Type of rotation: ________________________________

1. My clinical experience to date can be summarized as:

2. Skills that I feel most competent with are:

3. Skills that I feel I need to work on include:

6. My learning objectives for this clinical experience, to be met at mid-term, are:
   1.

   2.
3.

CI Signature at midterm: _______________________________       Date: __________
Student Signature at midterm: ____________________________  Date: __________

5. My learning objectives for this clinical experience, to be met by the end of the affiliation, are:

1. 

2. 

3. 

CI Signature at final: _______________________________       Date: __________
Student Signature at final ________________________________  Date: __________

* Signatures indicate goals have been reviewed with student and CI(s) and they are in agreement the goals are realistic, attainable, and/or have been met.

Please provide the percentage of direct access patient’s seen on your or your CI’s caseload?
___________ (0-100%)
Clinical Site and Clinical Instructor Contact Information
Mail Within One Week of Beginning Your Clinical Rotation

Student Name_______________________________
Current Phone #____________________________

Clinical Instructor___________________________
CI Phone #_________________________________
CI Fax #___________________________________
CI E-mail___________________________________
Facility Name________________________________

Facility Address________________________________

Sue Wenker
wenker@pt.wisc.edu
608-265-8619

Sue Wenker, DCE
University of Wisconsin-Madison
Physical Therapy Program
5170 Medical Science Center
1300 University Avenue
Madison, WI 53706-1532
Physical Therapist Clinical Performance Instrument for Students
PHYSICAL THERAPIST

CLINICAL PERFORMANCE INSTRUMENT

FOR STUDENTS

June 2006

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314

APTA
American Physical Therapy Association
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* Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.
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CLINICAL PERFORMANCE INSTRUMENT

INTRODUCTION

- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Clinical Performance Instrument (PT CPI) at www.apta/education (TBD).

- The PT CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.

- Every performance criterion* in this instrument is important to the overall assessment of clinical competence, and all criteria are observable in every clinical experience.

- All performance criteria should be rated based on observation of student performance relative to entry-level.

- The PT CPI from any previous student experience should not be shared with any subsequent experiences.

- The PT CPI consists of 18 performance criteria.

- Each performance criterion includes a list of sample behaviors, a section for midterm and final comments for each performance dimension, a rating scale consisting of a line with 6 defined anchors, and a significant concerns box for midterm and final evaluations.

- Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.

- Summative midterm and final comments and recommendations are provided at the end of the CPI.

- Altering this instrument is a violation of copyright law.
Instructions for the Clinical Instructor

- Sources of information to complete the PT CPI may include, but are not limited to, clinical instructors (CIs), other physical therapists, physical therapist assistants*, other professionals, patients/clients*, and students. Methods of data collection may include direct observation, videotapes, documentation review, role playing, interviews, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome surveys.
- Prior to beginning to use the instrument in your clinical setting it would be useful to discuss and reach agreement on how the sample behaviors would be specifically demonstrated at entry-level by students in your clinical setting.
- The CI(s) will assess a student’s performance and complete the instrument at midterm and final evaluation periods.
- The CI(s) reviews the completed instrument formally with the student at a minimum at the midterm evaluation and at the end of the clinical experience and signs the signature pages (midterm 35 and final 36) following each evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.

- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance,” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
Instructions for the Student

- The student is expected to perform self-assessment based on CI feedback, student peer assessments, and patient/client assessments.
- The student self-assesses his/her performance on a separate copy of the instrument.
- The student reviews the completed instrument with the CI at the midterm evaluation and at the end of the clinical experience and signs the signature page (midterm 35 and final 36) following each evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.

![Rating Scale Diagram](image)

- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance” however the student has not satisfied the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
Instructions for the Academic Coordinator/Director of Clinical Education (ACCE/DCE*)

- A physical therapist (PT) student assessment system evaluates knowledge, skills, and attitudes and incorporates multiple sources of information to make decisions about readiness to practice.
- Sources of information may include clinical performance evaluations of students, classroom performance evaluations, students' self-assessments, peer assessments, and patient assessments. The system is intended to enable clinical educators and academic faculty to obtain a comprehensive perspective of students' progress through the curriculum and competence* to practice at entry-level. The uniform adoption and consistent use of this instrument will ensure that all practitioners entering practice have demonstrated a core set of clinical attributes.
- The ACCE/DCE* reviews the completed form at the end of the clinical experience and assigns a grade or pass/fail according to institution policy.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from "Beginning Performance" to "Beyond Entry-Level Performance." Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.

```
  ____________________________  
 /                          / 
 M  ____________________________  
 
Beginning Performance Advanced Intermediate Advanced Entry-level Performance Beyond
Beginner Performance Performance Performance Performance Performance Performance
```

- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of "intermediate performance," however the student has yet to satisfy the definition associated with "advanced intermediate performance." In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
- Attempts to quantify a rating on the scale in millimeters or as a percentage would be considered an invalid use of the assessment tool. For example, a given academic institution may require their students to achieve a minimum student rating of "intermediate performance" by the conclusion of an initial clinical experience. It was not the intention of the developers to establish uniform grading criteria given the unique curricular design of each academic institution.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since clinical instructors (CIs) are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance. It would be inappropriate for the ACCE/DCE to provide a pre-marked PT CPI with minimum performance expectations, send an additional page of information that identify specific marked expectations, or add/delete items from PT CPI.

Determining a Grade

- Each academic institution determines what constitutes satisfactory performance. The guide below is provided to assist the program in identifying what is expected for the student's performance depending upon their level of education* and clinical experience within the program.
- **First clinical experience:** Depending upon your academic curriculum, ratings of student performance may be expected in the first two intervals between beginning clinical performance,* advanced beginner performance, and intermediate clinical performance.

- **Intermediate clinical experiences:** Depending upon your academic curriculum, student performance ratings are expected to progress along the continuum ranging from a minimum of advanced beginner clinical performance (interval 2) to advanced intermediate clinical performance* (interval 4). The ratings on the performance criteria will be dependent upon the clinical setting, level of didactic and clinical experience within the curriculum, and expectations of the clinical site and the academic program.

- **Final clinical experience:** Students should achieve ratings of entry-level or beyond (interval 5) for all 18 performance criteria.

- At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:
  - clinical setting,
  - experience with patients or clients* in that setting,
  - relative weighting or importance of each performance criterion,
  - expectations for the clinical experience,
  - progression of performance from midterm to final evaluations,
  - level of experience within the didactic and clinical components,
  - whether or not “significant concerns” box was checked, and
  - the congruence between the CI’s narrative midterm and final comments related to the five performance dimensions and the ratings provided.
COMPONENTS OF THE FORM

Performance Criteria*
- The 18 performance criteria* describe the essential aspects of professional practice of a physical therapist* clinician performing at entry-level.
- The performance criteria are grouped by the aspects of practice that they represent.
- Items 1-6 are related to professional practice, items 7-15 address patient management, and items 16-18 address practice management*.

Red Flag Item
- A flag ( ▶️) to the left of a performance criterion indicates a "red-flag" item.
- The five "red-flag" items (numbered 1, 2, 3, 4, and 7) are considered foundational elements in clinical practice.
- Students may progress more rapidly in the "red flag" areas than other performance criteria.
- Significant concerns related to a performance criterion that is a red-flag item warrants immediate attention, more expansive documentation*, and a telephone call to the ACCE/DCE*.* Possible outcomes from difficulty in performance with a red-flag item may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical experience.

Sample Behaviors
- The sample of commonly observed behaviors (denoted with lower-case letters in shaded boxes) for each criterion are used to guide assessment* of students' competence relative to the performance criteria.
- Given the diversity and complexity of clinical practice, it must be emphasized that the sample behaviors provided are not meant to be an exhaustive list.
- There may be additional or alternative behaviors relevant and critical to a given clinical setting and all listed behaviors need not be present to rate student performance at the various levels.
- Sample behaviors are not listed in order of priority, but most behaviors are presented in logical order.

Midterm and Final Comments
- The clinical instructor* must provide descriptive narrative comments for all performance criteria.
- For each performance criterion, space is provided for written comments for midterm and final ratings.
- Each of the five performance dimensions (supervision/guidance*, quality*, complexity*, consistency*, and efficiency*) are common to all types and levels of performance and should be addressed in providing written comments.

Performance Dimensions
- **Supervision/guidance*** refers to the level and extent of assistance required by the student to achieve entry-level performance.
  ➢ As a student progresses through clinical education experiences*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation* and may vary with the complexity of the patient or environment.
- **Quality*** refers to the degree of knowledge and skill proficiency demonstrated.
  ➢ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.
• **Complexity** refers to the number of elements that must be considered relative to the patient*, task, and/or environment.
  ➢ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.

• **Consistency** refers to the frequency of occurrences of desired behaviors related to the performance criterion.
  ➢ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

• **Efficiency** refers to the ability to perform in a cost-effective and timely manner.
  ➢ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

**Rating Student Performance**

• Each performance criterion is rated relative to entry-level practice as a physical therapist.
• The rating scale consists of a horizontal line with 6 vertical lines defining anchors at each end and at four intermediate points along that line.
• The 6 vertical lines define the borders of five intervals.
• Rating marks may be placed on the 6 vertical lines or anywhere within the five intervals.
• The same rating scale is used for midterm evaluations and final evaluations.
• Place one vertical line on the rating scale at the appropriate point indicating the midterm evaluation rating and label it with an “M”.
• Place one vertical line on the rating scale at the appropriate point indicating the final evaluation rating and label it with an “F”.
• Placing a rating mark on a vertical line indicates the student’s performance matches the definition attached to that particular vertical line.
• Placing a rating mark in an interval indicates that the student’s performance is somewhere between the definitions attached to the vertical marks defining that interval.
• For completed examples of how to mark the rating scale, refer to Appendix A: Examples.

```
   M     F

<table>
<thead>
<tr>
<th>Interval 1</th>
<th>Interval 2</th>
<th>Interval 3</th>
<th>Interval 4</th>
<th>Interval 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning</td>
<td>Advanced</td>
<td>Intermediate</td>
<td>Advanced</td>
<td>Entry-level</td>
</tr>
<tr>
<td>Performance</td>
<td>Beginner</td>
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<td>Intermediate</td>
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<td></td>
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<td></td>
<td></td>
<td>Performance</td>
</tr>
</tbody>
</table>
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Anchor Definitions

Beginning performance*: 
- A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.
- At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.
- Performance reflects little or no experience.
- The student does not carry a caseload.

Advanced beginner performance*: 
- A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (e.g., medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.
- The student may begin to share a caseload with the clinical instructor.

Intermediate performance*: 
- A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.
- The student is capable of maintaining 50% of a full-time physical therapist’s caseload.

Advanced intermediate performance*: 
- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
- The student is capable of maintaining 75% of a full-time physical therapist’s caseload.

Entry-level performance*: 
- A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.
- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.
- Consults with others and resolves unfamiliar or ambiguous situations.
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.

Beyond entry-level performance*: 
- A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.
- The student is capable of supervising others.
- The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.
• Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

**Significant Concerns Box**

• Checking this box (☐) indicates that the student's performance on this criterion is unacceptable for this clinical experience.
• When the Significant Concerns Box is checked, written comments to substantiate the concern, additional documentation such as a critical incident form and learning contract are required with a phone call (☎) placed to the ACCE.
• The significant concerns box provides an early warning system to identify student performance problems thereby enabling the CI, student, and ACCE/DCE to determine a mechanism for remediation, if appropriate.
• A box is provided for midterm and final assessments*

**Summative Comments**

• Summative comments should be used to provide a global perspective of the student's performance across all 18 criteria at midterm and final evaluations.
• The summative comments, located after the last performance criterion, provide a section for the rater to comment on the overall strengths, areas requiring further development, other general comments, and any specific recommendations with respect to the learner's needs, interests, planning, or performance.
• Comments should be based on the student's performance relative to stated objectives* for the clinical experience.
CLINICAL PERFORMANCE INSTRUMENT INFORMATION

STUDENT INFORMATION (Student to Complete)

Student's Name: ____________________________________________

Date of Clinical Experience: __________________________ Course Number: __________________________

E-mail: ___________________________________________________

Total Number of Days Absent: __________________________

Specify Clinical Experience(s)/Rotation(s) Completed:

_____ Acute Care/Inpatient  _____ Private Practice
_____ Ambulatory Care/Outpatient  _____ Rehab/Sub-Acute Rehab
_____ ECF/Nursing Home/SNF  _____ School/Pre-school
_____ Federal/State/County Health  _____ Wellness/Prevention/Fitness
_____ Industrial/Occupational Health  _____ Other; specify

ACADEMIC PROGRAM INFORMATION (Program to Complete)

Name of Academic Institution: _______________________________

Address: ___________________________________________________

(Department) (Street)

(City) (State/Province) (Zip)

Phone: __________________________ ext. ______ Fax: __________________________

E-mail: __________________________________________________ Website: __________________________

CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

Name of Clinical Site: _____________________________________

Address: ________________________________________________

(Department) (Street)

(City) (State/Province) (Zip)

Phone: __________________________ ext. ______ Fax: __________________________

E-mail: __________________________________________________ Website: __________________________

Clinical Instructor's* Name: __________________________________

Clinical Instructor's Name: __________________________________

Clinical Instructor's Name: __________________________________

Center Coordinator of Clinical Education's Name: ________________
PROFESSIONAL PRACTICE
SAFETY

1. Practices in a safe manner that minimizes the risk to patient, self, and others.

SAMPLE BEHAVIORS

a. Establishes and maintains safe working environment.
b. Recognizes physiological and psychological changes in patients* and adjusts patient interventions* accordingly.
c. Demonstrates awareness of contraindications and precautions of patient intervention.
d. Ensures the safety of self, patient, and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations, etc.).
e. Requests assistance when necessary.
f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance, etc.).
g. Demonstrates knowledge of facility safety policies and procedures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm ☐ Final ☐
PROFESSIONAL PRACTICE
PROFESSIONAL BEHAVIOR

2. Demonstrates professional behavior in all situations.

SAMPLE BEHAVIORS

a. Demonstrates initiative (e.g., arrives well prepared, offers assistance, seeks learning opportunities).
b. Is punctual and dependable.
c. Wears attire consistent with expectations of the practice setting.
d. Demonstrates integrity* in all interactions.
e. Exhibits caring*, compassion*, and empathy* in providing services to patients.
f. Maintains productive working relationships with patients, families, CI, and others.
g. Demonstrates behaviors that contribute to a positive work environment.
h. Accepts feedback without defensiveness.
i. Manages conflict in constructive ways.
j. Maintains patient privacy and modesty.
k. Values the dignity of patients as individuals.
l. Seeks feedback from clinical instructor related to clinical performance.
m. Provides effective feedback to CI related to clinical/teaching mentoring.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)


FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency.)


Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm [ ] Final [ ]
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.

**SAMPLE BEHAVIORS**

- b. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
- c. Takes steps to remedy errors in a timely manner.
- d. Abides by policies and procedures of the practice setting (eg, OSHA, HIPAA, PIPEDA [Canada], etc.)
- e. Maintains patient confidentiality.
- f. Adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.*
- g. Identifies ethical or legal concerns and initiates action to address the concerns.
- h. Displays generosity as evidenced in the use of time and effort to meet patient needs.
- i. Recognize the need for physical therapy services to underserved and under represented populations.
- j. Strive to provide patient/client services that go beyond expected standards of practice.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

---

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- Midterm
- Final
PROFESSIONAL PRACTICE
COMMUNICATION

4. Communicates in ways that are congruent with situational needs.

SAMPLE BEHAVIORS

a. Communicates, verbally and nonverbally, in a professional and timely manner.
b. Initiates communication* in difficult situations.
c. Selects the most appropriate person(s) with whom to communicate.
d. Communicates respect for the roles* and contributions of all participants in patient care.
e. Listens actively and attentively to understand what is being communicated by others.
f. Demonstrates professionally and technically correct written and verbal communication without jargon.
g. Communicates using nonverbal messages that are consistent with intended message.
h. Engages in ongoing dialogue with professional peers or team members.
i. Interprets and responds to the nonverbal communication of others.
j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
k. Seeks and responds to feedback from multiple sources in providing patient care.
l. Adjust style of communication based on target audience.
m. Communicates with the patient using language the patient can understand (e.g., translator, sign language, level of education*, cognitive* impairment*, etc).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance Advanced Beginner Performance Intermediate Performance Advanced Intermediate Performance Entry-level Performance Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm [ ] Final [ ]
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.

**SAMPLE BEHAVIORS**

a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
b. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability* or health status.*
c. Provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system.
d. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
e. Values the socio-cultural, psychological, and economic influences on patients and clients* and responds accordingly.
f. Is aware of and suspends own social and cultural biases.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- [ ] Midterm
- [x] Final

SAMPLE BEHAVIORS

a. Identifies strengths and limitations in clinical performance.
b. Seeks guidance as necessary to address limitations.
c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development.
d. Acknowledges and accepts responsibility for and consequences of his or her actions.
e. Establishes realistic short and long-term goals in a plan for professional development.
f. Seeks out additional learning experiences to enhance clinical and professional performance.
g. Discusses progress of clinical and professional growth.
h. Accepts responsibility for continuous professional learning.
i. Discusses professional issues related to physical therapy practice.
j. Participates in professional activities beyond the practice environment.
k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc) to achieve optimal patient care.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm ❑ Final ❑
PATIENT MANAGEMENT
CLINICAL REASONING*

7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.

SAMPLE BEHAVIORS

a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
b. Makes clinical decisions within the context of ethical practice.
c. Utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers*, health care professionals, hooked on evidence, databases, medical records).
d. Seeks disconfirming evidence in the process of making clinical decisions.
e. Recognizes when plan of care* and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
f. Critically evaluates published articles relevant to physical therapy and applies them to clinical practice.
g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
h. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
i. Assesses patient response to interventions using credible measures.
j. Integrates patient needs and values in making decisions in developing the plan of care.
k. Clinical decisions focus on the whole person rather than the disease.
l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

[ ] Beginning Performance [ ] Advanced Beginner Performance [ ] Intermediate Performance [ ] Advanced Intermediate Performance [ ] Entry-level Performance [ ] Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

[ ] Midterm [ ] Final
PATIENT MANAGEMENT
SCREENING*

8. Determines with each patient encounter the patient's need for further examination or consultation* by a physical therapist* or referral to another health care professional.

SAMPLE BEHAVIORS

a. Utilizes test and measures sensitive to indications for physical therapy intervention.
b. Advises practitioner about indications for intervention.
c. Reviews medical history* from patients and other sources (e.g., medical records, family, other health care staff).
d. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
e. Selects the appropriate screening* tests and measurements.
f. Conducts tests and measurements appropriately.
g. Interprets tests and measurements accurately.
h. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
i. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
j. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

[ ] Beginning Performance [ ] Advanced Beginner Performance [ ] Intermediate Performance [ ] Advanced Intermediate Performance [ ] Entry-level Performance [ ] Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

 seçil Midterm Final
PATIENT MANAGEMENT
EXAMINATION*

9. Performs a physical therapy patient examination using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

a. Obtains a history* from patients and other sources as part of the examination.*
b. Utilizes information from history and other data (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
c. Performs systems review.
d. Selects evidence-based tests and measures* that are relevant to the history, chief complaint, and screening.
   Tests and measures* (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
e. Conducts tests and measures accurately and proficiently.
f. Sequences tests and measures in a logical manner to optimize efficiency*.
g. Adjusts tests and measures according to patient’s response.
h. Performs regular reexaminations* of patient status.
i. Performs an examination using evidence-based test and measures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance  Advanced Beginner Performance  Intermediate Performance  Advanced Intermediate Performance  Entry-level Performance  Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

🎓 Midterm  🎓 Final

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PATIENT MANAGEMENT EVALUATION*

10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

SAMPLE BEHAVIORS

a. Synthesizes examination data and identifies pertinent impairments, functional limitations* and quality of life. [WHO – ICF Model for Canada]
b. Makes clinical judgments based on data from examination (history, system review, tests and measurements).
c. Reaches clinical decisions efficiently.
d. Cites the evidence to support a clinical decision.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance  Advanced  Intermediate  Advanced  Entry-level  Beyond
Beginner Performance   Performance Performance Performance Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm  Final
PATIENT MANAGEMENT
DIAGNOSIS* AND PROGNOSIS*

11. Determines a diagnosis* and prognosis* that guides future patient management.

SAMPLE BEHAVIORS

a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis*.
b. Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.
c. Integrates data and arrives at an accurate prognosis* with regard to intensity and duration of interventions and discharge* status.
d. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
e. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

🔍 Midterm □  🔍 Final □
PATIENT MANAGEMENT
PLAN OF CARE

12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.

SAMPLE BEHAVIORS

a. Establishes goals and desired functional outcomes that specify expected time durations.
b. Establishes a physical therapy plan of care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services.
c. Establishes a plan of care consistent with the examination and evaluation.*
d. Selects interventions based on the best available evidence and patient preferences.
e. Follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care.
f. Progresses and modifies plan of care and discharge planning based on patient responses.
g. Identifies the resources needed to achieve the goals included in the patient care.
h. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
i. Discusses the risks and benefits of the use of alternative interventions with the patient.
j. Identifies patients who would benefit from further follow-up.
k. Advocates for the patients' access to services.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance  Advanced Beginner Performance  Intermediate Performance  Advanced Intermediate Performance  Entry-level Performance  Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☐ Midterm ☐ Final
PATIENT MANAGEMENT
PROCEDURAL INTERVENTIONS*

13. Performs physical therapy interventions* in a competent manner.

SAMPLE BEHAVIORS

a. Performs interventions* safely, effectively, efficiently, fluidly, and in a coordinated and technically competent* manner.

Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques*: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).

b. Performs interventions consistent with the plan of care.

c. Utilizes alternative strategies to accomplish functional goals.

d. Follows established guidelines when implementing an existing plan of care.

e. Provides rationale for interventions selected for patients presenting with various diagnoses.

f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.

g. Assesses patient response to interventions and adjusts accordingly.

h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.

i. Considers prevention*, health, wellness* and fitness* in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.

j. Incorporates the concept of self-efficacy in wellness and health promotion.*

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

[ ] [ ] [ ] [ ] [ ]

Beginning Performance Advanced Beginner Performance Intermediate Performance Advanced Intermediate Performance Entry-level Performance Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

[ ] Midterm [ ] Final
PATIENT MANAGEMENT
EDUCATIONAL INTERVENTIONS*

14. Educates* others (patients, caregivers, staff, students, other health care providers*, business and industry representatives, school systems) using relevant and effective teaching methods.

SAMPLE BEHAVIORS

a. Identifies and establishes priorities for educational needs in collaboration with the learner.
b. Identifies patient learning style (eg, demonstration, verbal, written).
c. Identifies barriers to learning (eg, literacy, language, cognition).
d. Modifies interaction based on patient learning style.
e. Instructs patient, family members and other caregivers regarding the patient’s condition, intervention and transition to his or her role at home, work, school or community.
f. Ensures understanding and effectiveness of recommended ongoing program.
g. Tailors interventions with consideration for patient family situation and resources.
h. Provides patients with the necessary tools and education* to manage their problem.
i. Determines need for consultative services.
j. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments*, corporate environmental assessments*).
k. Provides education and promotion of health, wellness, and fitness.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

- Beginning Performance
- Advanced Beginner Performance
- Intermediate Performance
- Advanced Intermediate Performance
- Entry-level Performance
- Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☐ Midterm ☐ Final

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PATIENT MANAGEMENT
DOCUMENTATION

15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.

SAMPLE BEHAVIORS

a. Selects relevant information to document the delivery of physical therapy care.
b. Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in the delivery of care.
c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
d. Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.
e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
f. Produces documentation that is accurate, concise, timely, and legible.
g. Utilizes terminology that is professionally and technically correct.
h. Documentation accurately describes care delivery that justifies physical therapy services.
i. Participates in quality improvement review of documentation (chart audit, peer review, goals achievement).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☐ Midterm ☐ Final ☐
PATIENT MANAGEMENT
OUTCOMES ASSESSMENT*

16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.*

SAMPLE BEHAVIORS

a. Applies, interprets, and reports results of standardized assessments throughout a patient's episode of care.
b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
d. Evaluates and uses published studies related to outcomes effectiveness.
e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
f. Assesses the patient's response to intervention in practical terms.
g. Evaluates whether functional goals from the plan of care have been met.
h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

| Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance |

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- [ ] Midterm
- [ ] Final

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PATIENT MANAGEMENT
FINANCIAL RESOURCES

17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.

SAMPLE BEHAVIORS

a. Schedules patients, equipment, and space.
b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
c. Sets priorities for the use of resources to maximize patient and facility outcomes.
d. Uses time effectively.
e. Adheres to or accommodates unexpected changes in the patient’s schedule and facility’s requirements.
f. Provides recommendations for equipment and supply needs.
g. Submits billing charges on time.
h. Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.
i. Requests and obtains authorization for clinically necessary reimbursable visits.
j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
k. Negotiates with reimbursement entities for changes in individual patient services.
l. Utilizes the facility’s information technology effectively.
m. Functions within the organizational structure of the practice setting.
n. Implements risk-management strategies (e.g., prevention of injury, infection control, etc).
c. Markets services to customers (e.g., physicians, corporate clients, general public).
p. Promotes the profession of physical therapy.
q. Participates in special events organized in the practice setting related to patients and care delivery.
r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)


FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)


Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm □ Final □
PATIENT MANAGEMENT  
DIRECTION AND SUPERVISION OF PERSONNEL  

18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.  

<table>
<thead>
<tr>
<th>SAMPLE BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.</td>
</tr>
<tr>
<td>b. Applies time-management principles to supervision and patient care.</td>
</tr>
<tr>
<td>c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (eg, secretary, volunteers, PT Aides, Physical Therapist Assistants).</td>
</tr>
<tr>
<td>d. Determines the amount of instruction necessary for personnel to perform directed tasks.</td>
</tr>
<tr>
<td>e. Provides instruction to personnel in the performance of directed tasks.</td>
</tr>
<tr>
<td>f. Supervises those physical therapy services directed to physical therapist assistants* and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.</td>
</tr>
<tr>
<td>g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.</td>
</tr>
<tr>
<td>h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.</td>
</tr>
<tr>
<td>i. Demonstrates respect for the contributions of other support personnel.</td>
</tr>
<tr>
<td>j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.</td>
</tr>
<tr>
<td>k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.</td>
</tr>
</tbody>
</table>

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

|                                           |
|                                           |

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

|                                           |
|                                           |

Rate this student's clinical performance based on the sample behaviors and comments above:

<table>
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<tr>
<th>Beginning Performance</th>
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</tr>
</thead>
</table>

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

�� Midterm ☐  ¨ Final ☐
SUMMATIVE COMMENTS

Given this student's level of academic and clinical preparation and the objectives for this clinical experience, identify strengths and areas for further development. If this is the student's final clinical experience, comment on the student's readiness to practice as a physical therapist.

AREAS OF STRENGTH

Midterm:

Final:

AREAS FOR FURTHER DEVELOPMENT

Midterm:

Final:
OTHER COMMENTS

Midterm:

Final:

RECOMMENDATIONS

Midterm:

Final:
EVALUATION SIGNATURES

MIDTERM EVALUATION

For the Student
I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI midterm self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

Name of Academic Institution

For the Evaluator(s)
I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the midterm completed PT CPI with the student with respect to his/her clinical performance.

Evaluator Name (1) (Print)  Position/title

Signature of Evaluator (1)  Date

Evaluator Name (2) (Print)  Position/Title

Signature of Evaluator (2)  Date

CCCE Signature  Date
FINAL EVALUATION

For the Student
I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI final self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

________________________________________  __________________________
Signature of Student                                      Date

________________________________________
Name of Academic Institution

For the Evaluator(s)
I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the final completed PT CPI with the student with respect to his/her clinical performance.

________________________________________  __________________________
Evaluator Name (1) (Print)                                        Position/title

________________________________________
Signature of Evaluator (1)                                      Date

________________________________________  __________________________
Evaluator Name (2) (Print)                                        Position/Title

________________________________________
Signature of Evaluator (2)                                      Date

________________________________________
CCCE Signature                                                  Date
GLOSSARY

Academic coordinator/Director of clinical education (ACCE/DCE): Individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. This person also is responsible for the academic program and student performance, and maintaining current information on clinical sites.

Accountability: Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. (Professionalism in Physical Therapy: Core Values, August 2003.)

Adaptive devices: A variety of implements or equipment used to aid patients/clients in performing movements, tasks, or activities. Adaptive devices include raised toilet seats, seating systems, environmental controls, and other devices.

Advanced beginner performance: A student who requires clinical supervision 75% – 90% of the time with simple patients, and 100% of the time with complex patients. At this level, the student demonstrates developing proficiency with simple tasks (e.g., medical record review, goniometry, muscle testing, and simple interventions) but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.

Advanced intermediate performance: A student who requires clinical supervision less than 25% of the time with new or complex patients and is independent with simple patients. At this level, the student is proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 75% of a full-time physical therapist’s caseload.

Altruism: The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest. (Professionalism in Physical Therapy: Core Values, August 2003.)

Assessment: The measurement or quantification of a variable or the placement of a value on something. Assessment should not be confused with examination or evaluation.

Beginning performance: A student who requires close clinical supervision 100% of the time with constant monitoring and feedback, even with simple patients. At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner. Performance reflects little or no experience. The student does not carry a caseload.

Beyond entry-level performance: A student who requires no clinical supervision with simple, highly complex patients, and is able to function in unfamiliar or ambiguous situations. Student is capable of supervising others. At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others. Student is able to maintain 100% of a full-time physical therapist’s caseload, seeks to assist others where needed. The student willingly assumes a leadership role for managing more difficult or complex cases. Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

Caring: The concern, empathy, and consideration for the needs and values of others. (Professionalism in Physical Therapy: Core Values, August 2003.)

Caregiver: One who provides care, often used to describe a person other than a health care professional.

Case management: The coordination of patient care or client activities.
Center Coordinator of Clinical Education: Individual who administers, manages, and coordinates CI assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Client: An individual who is not necessarily sick or injured but who can benefit from a physical therapist=s consultation, professional advice, or services. A client also is a business, a school system, or other entity that may benefit from specific recommendations from a physical therapist.

Clinical decision making (CDM): Interactive model in which hypotheses are generated early in an encounter based on initial cues drawn from observation of the patient or client, a letter of referral, the medical record, or other resources.

Clinical education experiences: These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge and skills in the clinical environment. Experiences would include those of short and long duration (eg, part-time, full-time, internships) and those that provide a variety of learning experiences (eg, rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients across the life span and related activities.

Clinical indications: The patient factors (eg, symptoms, impairments, deficits) that suggest that a particular kind of care (examination, intervention) would be appropriate.

Clinical instructor (CI): Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. CIs are responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Syn: clinical teacher, clinical tutor, and clinical supervisor.)

Clinical reasoning: A systematic process used to assist students and practitioners in inferring or drawing conclusions about patient/client care under various situations and conditions.

Cognitive: Characterized by awareness, reasoning, and judgment.

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.

Compassion: The desire to identify with or sense something of another's experience; a precursor of caring. (Professionalism in Physical Therapy: Core Values, August 2003.)

Competence: The possession, application, and evaluation of requisite professional knowledge, skills, and abilities to meet or exceed the performance standards, based on the physical therapist's roles and responsibilities, within the context of public health, welfare, and safety.

Competency: A significant, skillful, work-related activity that is performed efficiently, effectively, fluidly, and in a coordinated manner.

Complexity: Multiple requirements of the tasks or environment (eg, simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.
Complex patient: Refers to patients presenting with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and multifaceted psychosocial needs. As a student progresses through clinical education experiences, the student should be able to manage patients with increasingly more complex conditions with fewer elements or interventions controlled by the CI.

Conflict management: The act, manner, or practice of handling or controlling the impact of disagreement, controversy, or opposition; may or may not involve resolution of the conflict.

Consistency: The frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, and routinely). As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

Consultation: The rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time. *(Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)*

Consumer: One who acquires, uses, or purchases goods or services; any actual or potential recipient of health care.

Cost-effectiveness: Economically worthwhile in terms of what is achieved for the amount of money spent; tangible benefits in relation to expenditures.

Critical inquiry: The process of applying the principles of scientific methods to read and interpret professional literature, participate in research activities, and analyze patient care outcomes, new concepts, and findings.

Cultural awareness: Refers to the basic idea that behavior and ways of thinking and perceiving are culturally conditioned rather than universal aspects of human nature. *(Pusch MD, ed. Multicultural Education. Yarmouth, Maine: Intercultural Press Inc; 1999.)*

Cultural competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities. *(Working definition adapted from Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.)*


Diagnosis: Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. *(Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)*

Diagnostic process: The evaluation of information obtained from the patient examination organized into clusters, syndromes, or categories.
Differential diagnosis: The determination of which one of two or more different disorders or conditions is applicable to a patient or client.

Direct access: Practice mode in which physical therapists examine, evaluate, diagnose, and provide interventions to patients/clients without a referral from a gatekeeper, usually the physician.

Disability: The inability to perform or a limitation in the performance of actions, tasks, and activities usually expected in specific social roles that are customary for the individual or expected for the person’s status or role in a specific sociocultural context and physical environment. (Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Disease: A pathological condition or abnormal entity with a characteristic group of signs and symptoms affecting the body and with known or unknown etiology. (Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Discharge: The process of ending physical therapy services that have been provided during a single episode of care, when the anticipated goals and expected outcomes have been achieved. Discharge does not occur with a transfer (that is, when the patient is moved from one site to another site within the same setting or across setting during a single episode of care). (Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Documentation: All written forms of communication provided related to the delivery of patient care, to include written correspondence, electronic record keeping, and word processing.


Education: Knowledge or skill obtained or developed by a learning process; a process designed to change behavior by formal instruction and/or supervised practice, which includes teaching, training, information sharing, and specific instructions.

Efficiency: The ability to perform in a cost-effective and timely manner (e.g., inefficient/slow, efficient/timely). As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

Empathy: The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experiences of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

Entry-level performance: A student who requires no guidance or clinical supervision with simple or complex patients. Consults with others and resolves unfamiliar or ambiguous situations. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 100% of a full-time physical therapist’s caseload in a cost effective manner.

Episode of physical therapy prevention: A series of occasional, clinical, educational, and administrative services related to primary prevention, wellness, health promotion, and to the preservation of optimal function. Prevention services and programs that promote health, wellness, and fitness are a vital part of the practice of physical therapy. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Evaluation: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
Evidenced-based practice: Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. (Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical Epidemiology: A Basic Science for Clinical Medicine*. 2nd ed. Boston: Little, Brown and Company; 1991:1.) Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

Examination: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Excellence: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

Fiscal management: An ability to identify the fiscal needs of a unit and to manage available fiscal resources to maximize the benefits and minimize constraints.

Fitness: A dynamic physical state—comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities. (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Function: The special, normal, or proper action of any part or organ; an activity identified by an individual as essential to support physical and psychological well-being as well as to create a personal sense of meaningful living; the action specifically for which a person or thing is fitted or employed; an act, process, or series of processes that serve a purpose; to perform an activity or to work properly or normally.

Functional limitation: A restriction of the ability to perform a physical action, activity, or task in a typically expected, efficient, or competent manner. (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Functional outcomes: The desired result of an act, process, or intervention that serves a purpose (eg, improvement in a patient’s ability to engage in activities identified by the individual as essential to support physical or psychological well-being).

Goals: The intended results of patient/client management. Goals indicate changes in impairment, functional limitations, and disabilities and changes in health, wellness, and fitness needs that are expected as a result of implementing the plan of care. Goals should be measurable and time limited (if required, goals may be expressed as short-term and long-term goals.) (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

*Guide to Physical Therapist Practice*: Document that describes the scope of practice of physical therapy and assists physical therapists in patient/client management. Specifically, the *Guide* is designed to help physical therapists: 1) enhance quality of care, 2) improve patient/client satisfaction, 3) promote appropriate utilization of health care services, 4) increase efficiency and reduce unwarranted variation in the provision of services, and 5) promote cost reduction through prevention and wellness initiatives. The *Guide* also provides a framework for physical therapist clinicians and researchers as they refine outcomes data collection and analysis and develop questions for clinical research. (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Health care provider: A person or organization offering health services directly to patients or clients.
Health promotion: The combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health. (Green LW, Kreuter MW. Health Promotion Planning. 2nd ed. Mountain View, Calif: Mayfield Publishers; 1991:4.)

Health status: The level of an individual’s physical, mental, affective, and social function; health status is an element of well-being.

History: An account of past and present health status that includes the identification of complaints and provides the initial source of information about the patient. The history also suggests the patient’s ability to benefit from physical therapy services.

Personnel management: Selection, training, supervision, and deployment of appropriately qualified persons for specific tasks/functions.


Integrity: Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do. (Professionalism in Physical Therapy: Core Values, August 2003.)

Intermediate clinical performance: A student who requires clinical supervision less than 50% of the time with simple patients, and 75% of the time with complex patients. At this level, the student is proficient with simple tasks and is developing the ability to perform skilled examinations, interventions, and clinical reasoning. The student is able to maintain 50% of a full-time physical therapist’s caseload.

Intervention: The purposeful interaction of the physical therapist with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Manual therapy techniques: Skilled hand movements intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; modulate pain; and reduce soft tissue swelling, inflammation, or restriction. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Mobilization/manipulation: A manual therapy technique comprising a continuum of skilled passive movements to the joints and/or related soft tissues that are applied at varying speeds and amplitudes, including a small amplitude/high velocity therapeutic movement. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Multicultural/multilingual: Characteristics of populations defined by changes in the demographic patterns of consumers.

Negotiation: The act or procedure of treating another or others in order to come to terms or reach an agreement.

Objective: A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities.

Outcomes assessment of the individual: Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are
expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

Outcomes assessment of groups of patients/clients: Performed by the physical therapist and is a measure [or measures] of physical therapy care to groups of patients/clients including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of that physical therapy.

Outcomes analysis: A systematic examination of patient/client outcomes in relation to selected patient/client variables (eg, age, sex, diagnosis, interventions performed); outcomes analysis may be used in quality assessment, economic analysis of practice, and other processes.

Patients: Individuals who are the recipients of physical therapy and direct interventions.

Patient/client management model:

(Adapted from the Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Performance criterion: A description of outcome knowledge, skills, and behaviors that define the expected performance of students. When criteria are taken in aggregate, they describe the expected performance of the graduate upon entry into the practice of physical therapy.

Physical function: Fundamental components of health status describing the state of those sensory and motor skills necessary for mobility, work, and recreation.

Physical therapist: A licensed health care professional who offers services designed to preserve, develop, and restore maximum physical function.

Physical therapist assistant: An educated health care provider who performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

Plan of care: (Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. (Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
Practice management: The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.

Practitioner of choice: Consumers choose the most appropriate health care provider for the diagnosis, intervention, or prevention of an impairment, functional limitation, or disability.

Presenting problem: The specific dysfunction that causes an individual to seek attention or intervention (i.e., chief complaint).

Prevention: Activities that are directed toward 1) achieving and restoring optimal functional capacity, 2) minimizing impairments, functional limitations, and disabilities, 3) maintaining health (thereby preventing further deterioration or future illness), 4) creating appropriate environmental adaptations to enhance independent function. Primary prevention: Prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts. Secondary prevention: Efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. Tertiary prevention: Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Professional duty: Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. (Professionalism in Physical Therapy: Core Values. August 2003.)

Professionalism: The conduct, aims, or qualities that characterize or mark a profession or a professional person; A systematic and integrated set of core values that through assessment, critical reflection, and change, guides the judgment, decisions, behaviors, and attitudes of the physical therapist, in relation to patients/clients, other professionals, the public, and the profession. (APTA Consensus Conference to Develop Core Values in Physical Therapy, July 2002, Alexandria, Va)

Prognosis: The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Quality: The degree of skill or competence demonstrated (e.g., limited skill, high skill), the relative effectiveness of the performance (e.g., ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

Quality improvement (QI): A management technique to assess and improve internal operations. Quality improvement focuses on organizational systems rather than individual performance and seeks to continuously improve quality rather than reacting when certain baseline statistical thresholds are crossed. The process involves setting goals, implementing systematic changes, measuring outcomes, and making subsequent appropriate improvements. (www.nmci.org/other_resources/glossaryquality.html#quality)

Role: A behavior pattern that defines a person’s social obligations and relationships with others (e.g., father, husband, son).

Reexamination: The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Screening: Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: Cognitive screening.)
Social responsibility: The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. *(Professionalism in Physical Therapy: Core Values, August 2003.)*

Supervision/guidance: Level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or environment.

Technically competent: Correct performance of a skill.

Tests and measures: Specific standardized methods and techniques used to gather data about the patient/client after the history and systems review have been performed. *(Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)*

Treatment: The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. *(Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)*

Wellness: An active process of becoming aware of and making choices toward a more successful existence. *(National Wellness Organization. A Definition of Wellness. Stevens Point, Wis: National Wellness Institute Inc; 2003.)*
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Competent)

EXAMINATION

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

**SAMPLE BEHAVIORS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>a)</strong></td>
<td>Obtains a history from patients and other sources as part of the examination.*</td>
</tr>
<tr>
<td><strong>b)</strong></td>
<td>Utilizes information from history and other data (eg., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.</td>
</tr>
<tr>
<td><strong>c)</strong></td>
<td>Performs systems review.</td>
</tr>
<tr>
<td><strong>d)</strong></td>
<td>Selects evidence-based tests and measures* that are relevant to the history, chief complaint, and screening.</td>
</tr>
<tr>
<td><strong>Tests and measures</strong></td>
<td>(listed alphabetically include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesis), and w) ventilation, respiration, and circulation.</td>
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<tr>
<td><strong>e)</strong></td>
<td>Conducts tests and measures accurately and proficiently.</td>
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<tr>
<td><strong>f)</strong></td>
<td>Sequences tests and measures in a logical manner to optimize efficiency*.</td>
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<tr>
<td><strong>g)</strong></td>
<td>Adjusts tests and measures according to patient’s response.</td>
</tr>
<tr>
<td><strong>h)</strong></td>
<td>Performs regular re-examinations of patient status.</td>
</tr>
<tr>
<td><strong>i)</strong></td>
<td>Performs an examination using evidence based test and measures.</td>
</tr>
</tbody>
</table>

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

This student requires guidance 25% of the time in selecting appropriate examination methods based on the patient’s history and initial screening. Examinations are performed consistently, accurately, thoroughly, and skillfully. She almost always is able to complete examinations in the time allotted, except for patients with the most complex conditions. She manages a 75% caseload of the PT with some difficulty and requires assistance in completing the examination for a patient with a complex condition of dementia and multiple diagnoses. Overall she has achieved a level of performance consistent with advanced intermediate performance for this criterion and continues to improve in all areas.

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*)

This student requires no guidance in selecting appropriate examination methods for patients with complex conditions and with multiple diagnoses. Examinations are performed consistently and skillfully. She consistently selects all appropriate examination methods based on the patient’s history and initial screening. She consistently completes examinations in the time allotted and manages a 100% caseload of the PT. She is able to examine a number of patients with complex conditions and with multiple diagnoses with only minimal input from the CI. Overall this student has improved across all performance dimensions to achieve entry-level clinical performance.

**Rate this student’s clinical performance based on the sample behaviors and comments above:**

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<tbody>
<tr>
<td><strong>Beginning</strong></td>
<td>Performance</td>
</tr>
<tr>
<td><strong>Advanced</strong></td>
<td>Beginner Performance</td>
</tr>
<tr>
<td><strong>Intermediate</strong></td>
<td>Performance</td>
</tr>
<tr>
<td><strong>Advanced</strong></td>
<td>Intermediate Performance</td>
</tr>
<tr>
<td><strong>Entry-level</strong></td>
<td>Performance</td>
</tr>
<tr>
<td><strong>Beyond</strong></td>
<td>Entry-level Performance</td>
</tr>
</tbody>
</table>

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☐ Midterm ☐ Final
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)

EXAMINATION

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

e) Obtains a history from patients and other sources as part of the examination.
f) Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate an initial hypothesis and prioritize selection of tests and measures.
g) Performs systems review.
h) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.

Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobics capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthesis requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.

j) Conducts tests and measures accurately and proficiently.
k) Sequences tests and measures in a logical manner to optimize efficiency*.
l) Adjusts tests and measures according to patient's response.
m) Performs regular re-examinations of patient status.
n) Performs an examination using evidence based test and measures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*.)

This student requires guidance 75% of the time to select relevant tests and measures and does not ask relevant background questions to identify tests and measures needed. Tests and measures selected are inappropriate for the patient's diagnosis and condition. When questioned, he is unable to explain why specific tests and measures were selected. He is not accurate in performing examination techniques (eg, fails to correctly align the goniometer, places patients in uncomfortable examination positions) and requires assistance when completing exams on all patients with complex conditions and with 75% of patients with simple conditions. He is unable to complete 50% of the exams in the time allotted and demonstrates difficulty across all performance dimensions for the final clinical experience.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*.)

This student requires guidance 50% of the time to select relevant tests and measures. He selects tests and measures that are appropriate for patients with simple conditions 50% of the time, however 50% of the time is unable to explain the tests and measures selected. Likewise, 50% of the time, he selects tests and measures that are inappropriate for the patient's diagnosis. He demonstrates 50% accuracy in performing the required examination techniques, including goniometry and requires assistance to complete examinations on 95% of patients with complex conditions and 50% of patients with simple conditions. He is unable to complete 50% of the exams in the time allotted. Although some limited improvement has been shown, performance across all performance dimensions for the final clinical experience is still in the advanced beginner performance interval, which is below expected performance of entry-level on this criterion for a final clinical experience.

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance Advanced Beginner Performance Intermediate Performance Advanced Intermediate Performance Entry-level Performance Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☒ Midterm ☒ Final ☒
APPENDIX A
COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

i) Obtains a history from patients and other sources as part of the examination.

j) Utilizes information from history and other data (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.

k) Performs systems review.

l) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.

Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.

o) Conducts tests and measures accurately and proficiently.

p) Sequences tests and measures in a logical manner to optimize efficiency*.

q) Adjusts tests and measures according to patient's response.

r) Performs regular re-examinations of patient status.

s) Performs an examination using evidence based test and measures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*)

This student requires supervision for managing patients with simple conditions 50% of the time and managing patients with complex neurological conditions 95% of the time. He selects relevant examination methods for patients with simple conditions 85% of the time, however sometimes over-treats patients during the examination. He requires limited assistance to perform examination methods accurately (sensory testing) and completes examinations in the time allotted most of the time. He carries a 25% caseload of the PT and is able to use good judgment in the selection and implementation of examinations for this level of clinical experience.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*)

The student requires supervision for managing patients with simple conditions 25% of the time and managing patients with complex conditions 75% of the time. He selects relevant examination methods for patients with simple conditions 100% of the time and consistently monitors the patient's fatigue level during the examination. He performs complete and accurate examinations of patients with simple orthopedic conditions and is beginning to describe movement patterns in patients with complex neurological conditions. However, he continues to require frequent input to complete a neurological examination and is unable to consistently complete examinations in the time allotted. He carries a 50% caseload of the PT and has shown improvement in advancing from advanced beginner performance to intermediate performance for this second clinical experience.

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Advanced Intermediate Advanced Entry-level Beyond Performance Performance Performance Performance Performance Performance Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

حاضر Midterm Final
# APPENDIX B

## PT CPI Performance Criteria Matched with Evaluative Criteria for PT Programs

This table provides the physical therapist academic program with a mechanism to relate the performance criteria from the Physical Therapist Clinical Performance Instrument with the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists.\(^1\)

<table>
<thead>
<tr>
<th>Evaluative Criteria for Accreditation of Physical Therapist Programs</th>
<th>Physical Therapist Clinical Performance Instrument Performance Criteria (PC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability (5.1-5.5)</td>
<td>Accountability (PC #3; 5.1-5.3)</td>
</tr>
<tr>
<td></td>
<td>Professional Development (PC #6; 5.4, 5.5)</td>
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<tr>
<td>Altruism (5.6, 5.7)</td>
<td>Accountability (PC #3; 5.6 and 5.7)</td>
</tr>
<tr>
<td>Compassion/Caring (5.8, 5.9)</td>
<td>Professional Behavior (PC #2; 5.8)</td>
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<td>Plan of Care (PC #12; 5.9)</td>
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<tr>
<td>Integrity (5.10)</td>
<td>Professional Behavior (PC #2; 5.10)</td>
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<tr>
<td>Professional Duty (5.11-5.16)</td>
<td>Professional Behavior (PC #2; 5.11, 5.15, 5.16)</td>
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<td>Professional Development (PC #6; 5.12, 5.13, 5.14, 5.15)</td>
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<tr>
<td>Communication (5.17)</td>
<td>Communication (PC #4; 5.17)</td>
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<tr>
<td>Cultural Competence (5.18)</td>
<td>Cultural Competence (PC #5; 5.18)</td>
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<tr>
<td>Clinical Reasoning (5.19, 5.20)</td>
<td>Clinical Reasoning (PC #7; 5.19, 5.20)</td>
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<td>Evidenced-Based Practice (5.21-5.25)</td>
<td>Clinical Reasoning (PC #7; 5.21, 5.22, 5.23)</td>
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<td>Professional Development (PC #6; 5.24, 5.25)</td>
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<td>Education (5.26)</td>
<td>Educational Interventions (PC #14; 5.26)</td>
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<td>Examination (5.28-5.30)</td>
<td>Examination (PC #9; 5.28, 5.29, 5.30)</td>
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<td>Safety (PC #1; 5.35)</td>
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<td>Intervention (5.39-5.44)</td>
<td>Procedural Interventions (PC #13; 5.39)</td>
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<td>Direction and Supervision of Personnel (PC #18; 5.40)</td>
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<td>Educational Interventions (PC #14; 5.41)</td>
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<td>Documentation (PC #15; 5.42)</td>
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<td>Outcomes Assessment (5.45-5.49)</td>
<td>Outcomes Assessment (PC #16; 5.45, 5.46, 5.47, 5.48, 5.49)</td>
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<td>Procedural Interventions (PC #13; 5.50, 5.52)</td>
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<td>Educational Interventions (PC #14; 5.51, 5.52)</td>
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<tr>
<td>Management in Care Delivery (5.53-5.56)</td>
<td>Screening (PC #8; 5.53, 5.54, 5.55)</td>
</tr>
<tr>
<td></td>
<td>Plan of Care (PC #12; 5.55, 5.56 [however not specifically stated as case management])</td>
</tr>
<tr>
<td></td>
<td>Financial Resources (PC #17; 5.55)</td>
</tr>
<tr>
<td>Practice Management (5.57-5.61)</td>
<td>Financial Resources (PC #17; 5.58, 5.60, 5.61)</td>
</tr>
<tr>
<td></td>
<td>Direction and Supervision of Personnel (PC #18; 5.57)</td>
</tr>
<tr>
<td></td>
<td>Not included: 5.59</td>
</tr>
<tr>
<td>Consultation (5.62)</td>
<td>Screening (PC #6; 5.62)</td>
</tr>
<tr>
<td></td>
<td>Educational Interventions (PC #14; 5.62)</td>
</tr>
<tr>
<td>Social Responsibility and Advocacy (5.63-5.66)</td>
<td>Accountability (PC #2; 5.63-5.66)</td>
</tr>
</tbody>
</table>

\(^1\)Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists (Draft 3).
# Appendix C
## Definitions of Performance Dimensions and Rating Scale Anchors

<table>
<thead>
<tr>
<th>Category</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Dimensions</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Supervision/Guidance | Level and extent of assistance required by the student to achieve entry-level performance.  
- As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment. |
| Quality              | Degree of knowledge and skill proficiency demonstrated.  
- As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance. |
| Complexity           | Number of elements that must be considered relative to the task, patient, and/or environment.  
- As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI. |
| Consistency          | Frequency of occurrences of desired behaviors related to the performance criterion.  
- As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely. |
| Efficiency           | Ability to perform in a cost-effective and timely manner.  
- As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance. |
| **Rating Scale Anchors** |                                                                                                                                               |
| Beginning performance | - A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.  
- At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.  
- Performance reflects little or no experience.  
- The student does not carry a caseload. |
| Advanced beginner performance | - A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.  
- At this level, the student demonstrates proficiency in managing patients with simple tasks (e.g., medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.  
- The student may begin to share a caseload with the clinical instructor. |
| Intermediate performance | - A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.  
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.  
- The student is capable of maintaining 50% of a full-time physical therapist's caseload. |
| Advanced intermediate performance | - A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.  
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.  
- The student is capable of maintaining 75% of a full-time physical therapist's caseload. |
| Entry-level performance | - A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.  
- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.  
- Consults with others and resolves unfamiliar or ambiguous situations.  
- The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner. |
| Beyond entry-level performance | - A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.  
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.  
- The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.  
- The student is capable of supervising others.  
- The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions. |
Physical Therapist Student Evaluation
Clinical Experience and Clinical Instruction
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003

APTA
American Physical Therapy Association

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314
PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physician therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions
- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool shall not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O’Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name ________________________________________________________________

Academic Institution _______________________________________________________

Name of Clinical Education Site _____________________________________________

Address __________________________________________ City __________ State ____

Clinical Experience Number ___________ Clinical Experience Dates ___________

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical
education experience and of clinical instruction. I recognize that the information below is being collected
to facilitate accreditation requirements. I understand that my personal information will not be available to
students in the academic program files.

Student Name (Provide signature) ____________________________ Date _________

Primary Clinical Instructor Name (Print name) _____________________________ Date _________

Primary Clinical Instructor Name (Provide signature) __________________________

Entry-level PT degree earned __________________________ Degree area __________

Highest degree earned __________________________ Degree area __________

Years experience as a CI ______________________________

Years experience as a clinician ________________

Areas of expertise __________________________________________

Clinical Certification, specify area __________________________

APTA Credentialed CI __________ State __________ Yes ______ No ______

Other CI Credential __________ State __________ Yes ______ No ______

Professional organization memberships __________ APTA __________ Other __________

Additional Clinical Instructor Name (Print name) _____________________________ Date _________

Additional Clinical Instructor Name (Provide signature) _______________________

Entry-level PT degree earned __________________________ Degree area __________

Highest degree earned __________________________ Degree area __________

Years experience as a CI ______________________________

Years experience as a clinician ________________

Areas of expertise __________________________________________

Clinical Certification, specify area __________________________

APTA Credentialed CI __________ State __________ Yes ______ No ______

Other CI Credential __________ State __________ Yes ______ No ______

Professional organization memberships __________ APTA __________ Other __________
SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site ______________________________
   Address ____________________________ City ______________ State _____

2. Clinical Experience Number __________________________

3. Specify the number of weeks for each applicable clinical experience/rotation.
   _____ Acute Care/Inpatient Hospital Facility   _____ Private Practice
   _____ Ambulatory Care/Outpatient           _____ Rehabilitation/Sub-acute Rehabilitation
   _____ ECF/Nursing Home/SNF               _____ School/Preschool Program
   _____ Federal/State/County Health         _____ Wellness/Prevention/Fitness Program
   _____ Industrial/Occupational Health Facility _____ Other __________

Orientation

4. Did you receive information from the clinical facility prior to your arrival?   ____ Yes   ____ No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?   ____ Yes   ____ No

6. What else could have been provided during the orientation?

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:
   1 = Never          2 = Rarely       3 = Occasionally     4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Diversity Of Case Mix</th>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td>0-12 years</td>
<td></td>
<td>Critical care, ICU, Acute</td>
<td></td>
</tr>
<tr>
<td>Neuromuscular</td>
<td></td>
<td>13-21 years</td>
<td></td>
<td>SNF/ECF/Sub-acute</td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td></td>
<td>22-65 years</td>
<td></td>
<td>Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td></td>
<td>over 65 years</td>
<td></td>
<td>Ambulatory/Outpatient</td>
<td></td>
</tr>
<tr>
<td>Other (GI, GU, Renal,</td>
<td></td>
<td></td>
<td></td>
<td>Home Health/Hospice</td>
<td></td>
</tr>
<tr>
<td>Metabolic, Endocrine)</td>
<td></td>
<td></td>
<td></td>
<td>Wellness/Fitness/Industry</td>
<td></td>
</tr>
</tbody>
</table>

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the Guide to Physical Therapist Practice. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td></td>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td></td>
<td>Prognosis</td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td></td>
<td>Plan of Care</td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td></td>
<td>Interventions</td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td></td>
<td>Outcomes Assessment</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing a helpful and supportive attitude for your role as a PT student.</td>
<td></td>
</tr>
<tr>
<td>Providing effective role models for problem solving, communication, and teamwork.</td>
<td></td>
</tr>
<tr>
<td>Demonstrating high morale and harmonious working relationships.</td>
<td></td>
</tr>
<tr>
<td>Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).</td>
<td></td>
</tr>
<tr>
<td>Being sensitive to individual differences (ie, race, age, ethnicity, etc).</td>
<td></td>
</tr>
<tr>
<td>Using evidence to support clinical practice.</td>
<td></td>
</tr>
<tr>
<td>Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).</td>
<td></td>
</tr>
<tr>
<td>Being involved in district, state, regional, and/or national professional activities.</td>
<td></td>
</tr>
</tbody>
</table>

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth? ________________________________________

_____________________________________________________________________

_____________________________________________________________________

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply).

_____ Physical therapist students
_____ Physical therapist assistant students
_____ Students from other disciplines or service departments (Please specify ___________)

12. Identify the ratio of students to CIs for your clinical experience:

_____ 1 student to 1 CI
_____ 1 student to greater than 1 CI
_____ 1 CI to greater than 1 student; Describe ___________________________________________

13. How did the clinical supervision ratio in Question #12 influence your learning experience? ______

__________________________________________________________________________

__________________________________________________________________________

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

_____ Attended in-services/educational programs
_____ Presented an in-service
_____ Attended special clinics
_____ Attended team meetings/conferences/grand rounds
_____ Directed and supervised physical therapist assistants and other support personnel
_____ Observed surgery
_____ Participated in administrative and business practice management
_____ Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
_____ Participated in opportunities to provide consultation
_____ Participated in service learning
_____ Participated in wellness/health promotion/screening programs
_____ Performed systematic data collection as part of an investigative study
_____ Other; Please specify ___________________________________________
15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc. 

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Overall Summary Appraisal**

16. Overall, how would you assess this clinical experience? (Check only one)

   _____ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
   _____ Time well spent; would recommend this clinical education site to another student.
   _____ Some good learning experiences; student program needs further development.
   _____ Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? 

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed. 

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? 

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site's objectives for this learning experience were clearly communicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided constructive feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided timely feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI demonstrated skill in active listening.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided clear and concise communication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI communicated in an open and non-threatening manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI taught in an interactive manner that encouraged problem solving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The supervising CI was accessible when needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI clearly explained your student responsibilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time was available with the CI to discuss patient/client management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI made the formal evaluation process constructive.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI encouraged the student to self-assess.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation _____Yes _____No  Final Evaluation _____Yes _____No
24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation


Final Evaluation


25. What did your CI(s) do well to contribute to your learning?

Midterm Comments


Final Comments


26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments


Final Comments


Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
General Forms
Weekly Planning Form

Dates: _______________  Experience Week Number: ________

STUDENTS REVIEW OF THE WEEK
When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

CI’S REVIEW OF THE WEEK
When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

GOALS FOR THE UPCOMING WEEK OF _________________

Student’s Signature _______________  CI Signature _______________

## Critical Incident Report

*Directions: Record each entry clearly and concisely without reflecting any biases.*

**Student’s Name:**

**Evaluator/Observer:**

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student Initials:*

*Evaluator Initials:*

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
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<tbody>
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</table>

*Student Initials:*

*Evaluator Initials:*

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
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</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

*Student Initials:*

*Evaluator Initials:*

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student’s Signature:**

**Evaluator’s Signature:**

---

NEGO Titiated LEARNING CONTRACT

Memorandum of Agreement

“I have read and understood the contents of the following:

(Identify the name of relevant documents, policies, agreed upon expected behaviors, or the level of performance to be attained with respect to clinical education performance.)

(Clearly specify for all involved parties the specific consequences when the identified criteria are successfully achieved and the consequences when the identified criteria are not achieved)

I agree to abide by the policies and procedures and agreed upon expected performance standards as stated in the above listed materials.”

________________________________________________________
Student Name (Printed)

________________________________________________________
Student Signature

________________________________________________________
CI Signature

________________________________________________________
CCCE Signature

________________________________________________________
Date

________________________________________________________
Date

* This information was used with permission and taken from the presentation "Legal Context for Evaluating and Dismissing Physical Therapy Students" by Steve Milam, Senior Counsel and Assistant Attorney General, Health Sciences and Medical Centers, University of Washington, Seattle, WA. Content found in: APTA Clinical Instructor Education and Credentialing Program, American Physical Therapy Association, Alexandria, Va, September 2005: Section V-6.
Clinical Site Information Form

CSIF
The Clinical Site Information Form (CSIF) can be found online by visiting http://www.apta.org/CSIF/. This form is completed by clinical staff or students to provide a description about the facility, types of patients seen, therapists’ experiences, housing, and immunization requirements. Please visit http://www.apta.org/CSIF/ for additional information.
University of Wisconsin-Madison

STANDARD AFFILIATION AGREEMENT

This affiliation agreement ("Agreement") is between
(“Facility”) located at __________, and the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Madison, School of Medicine and Public Health, Department of Orthopedics & Rehabilitation, Physical Therapy Program ("University") to provide practical learning and clinical experiences for the University’s students and to establish and operate a Clinical Education Program at the Facility (“Program”).

This Agreement shall become effective on the date last signed below and shall automatically renew on an annual basis unless terminated as provided by this Agreement.

I. General

1. The beginning and ending dates for the placement of each student (“Placement”) in the Program will be mutually agreed upon in writing by the Facility and the University.

2. The number of students eligible to participate in the Program will be mutually agreed upon by the Facility and the University and may be altered by mutual agreement.

3. The University will place with the Facility only those students who have satisfactorily completed the prerequisite academic portion of the University’s curriculum.

4. The Facility may:

   a. cancel, by notice in writing to the University, the Placement of any student whose performance or conduct is unsatisfactory or whose health conditions interfere with the student’s successful completion of his or her assignment at the Facility;
   b. immediately suspend any student’s Placement if the student’s performance adversely affects the safety or welfare of the Facility’s patients or clients.

      Prior to cancellation of any student’s Placement, the Facility shall notify the University, provide the student and the University with written justification for the Facility’s proposed cancellation, consult with the University about the proposed cancellation, and make reasonable efforts with the University to resolve the matter.

5. The University and the Facility shall not discriminate with respect to race, color, sex, creed, national origin, disability, age, public assistance status, marital status, sexual orientation, or religion in their on-going practices.

6. The University and the Facility shall make reasonable accommodations to provide accessibility for students with disabilities. If a student requests an accommodation in his or her assignment to the Facility, the University will encourage the student to disclose directly to the Facility information in support of the student’s request.

7. This Agreement does not create any third-party beneficiaries.
8. The University’s personnel, faculty, and students are not eligible for coverage under the Facility's Workers' Compensation or Unemployment Compensation insurance programs. Neither the University nor the Facility shall compensate students for their activities during their Placement. This paragraph does not extend Workers' Compensation or Unemployment Compensation coverage beyond the specific requirements of Wisconsin law.

9. The Facility shall send to the University a list of required immunizations and titers, special training, applicable deadlines, and other conditions of participation in the Program. The University shall inform students of the Facility's requirements. Students are responsible for providing to the Facility timely documentation of completion of all the Facility’s requirements.

10. Neither party may assign any rights or obligations under this Agreement without the prior written consent of the other party.

11. The parties agree that any student placed at the Facility under this Agreement is considered a member of the Facility’s “workforce,” as defined in 45 C.F.R. 160.103, for the limited purposes of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The parties also agree that the University, its employees, and its students are not “business associates” of the Facility, as defined in 45 C.F.R. 160.103, for the limited purposes of HIPAA.

12. The parties agree that each party is and shall solely be responsible for any claim or damage resulting from its own negligent acts or omissions. This Agreement shall not be construed to require a party to indemnify any other party from its own negligent acts or omissions.

13. Either party shall have the right to terminate this Agreement for any reason on sixty days written notice to the other party. In the event of termination, the parties agree that any students placed at the Facility shall be permitted to complete their activities in connection with the Program.

14. This Agreement may be executed by electronic or facsimile means and in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

15. The parties to this Agreement agree to revise or modify it only by written amendment signed by both parties.

16. This document constitutes the entire agreement regarding the subject matter hereof between the parties and supercedes all prior agreements.

17. This Agreement shall be construed and enforced in accordance with the laws of the State of Wisconsin and venue of any action related to this Agreement shall lie in Dane County, Wisconsin.

II. Responsibilities of the University

1. The University shall ensure a caregiver background check is conducted in accordance with the applicable Caregiver Background Check statutes (Wis. Stats. §48.685 and §50.065) and
regulations (Wis. Admin. Code Ch. DHS 12) for students who have or are expected to have regular, direct contact with Facility’s patients. The University shall maintain completed Background Information Disclosure (“BID”) forms for those students as well as the results from caregiver background checks, so that both may be retrieved for inspection by the Wisconsin Department of Health Services. The University agrees to notify Facility of any information about a student on a BID form or in caregiver background check results that could bar that student from regular, direct contact with Facility’s patients. Facility shall make the final determination whether a student may have regular, direct contact with Facility’s patients but only after consulting with the University.

2. The University shall send to the Facility a personal data form for each student placed with the Facility at least four (4) weeks before the commencement of each student’s Placement. This form will include the dates on which each of the Facility’s requirements was completed.

3. The University shall recommend hepatitis immunizations to each student and shall provide opportunities for training about:
   a. bloodborne pathogens and universal precautions as required by OSHA;
   b. HIPAA Privacy Rule requirements.

4. A University faculty member and a designee of the Facility shall coordinate the University’s academic requirements with the Program activities of each student at the Facility.

5. The University shall notify each student that he or she is responsible for:
   a. complying with the policies, procedures, standards, and practices of the Facility;
   b. obtaining any uniforms required by the Facility;
   c. providing his or her own transportation and living arrangements;
   d. reporting for Program activities on time;
   e. maintaining his or her own health records and providing his or her own health insurance coverage and documentation as required by the Facility;
   f. complying with the policies, procedures, standards, and practices of the University;
   g. granting the Facility a 30-day review prior to presenting or publishing any materials involving the student’s activities at the Facility;
   h. maintaining the confidentiality of patient or client records and information; and
   i. wearing prominently, at all times when participating in activities under this Agreement, identification indicating that he/she is a student of the University of Wisconsin-Madison.

6. The University, as a unit within an agency of the State of Wisconsin, provides liability coverage for its students and faculty consistent with §§895.46(1) and 893.82(6) of the Wisconsin Statutes. The University’s students and faculty who participate in the activities resulting from this Agreement are agents and employees, respectively, of the State of Wisconsin, and while participating in such activities, are acting within the scope of their agency or employment. The liability coverage provided by the State of Wisconsin under §895.46(1) is self-funded and provides funding for claims, demands, losses, and damages of every kind and description (including death), or damage to persons or property arising out of Program activities at the Facility and founded upon or growing out of the negligent acts or omissions of any of the
employees or agents of the University while acting within the scope of their employment or agency where protection is afforded by §895.46(1) of the Wisconsin Statutes.

III. Responsibilities of the Facility

1. The Facility shall provide a planned, supervised program of clinical experiences, as specified in writing to the University, for each student’s Placement.

2. The Facility shall maintain complete records and reports on each student’s performance, providing evaluations to the University on forms provided by the University.

3. In all cases, the Facility shall retain ultimate responsibility for the care of its patients or clients.

4. The Facility shall, on reasonable request, permit representatives of the University and academic accreditation agencies to inspect its facilities, the services made available for the Placement of students, student records, and other information relevant to the Program.

5. The Facility shall designate in writing to the University the name of the person responsible for the Facility’s Program and shall also submit to the University the curriculum vitae of that person and of other professional staff participating in its Program. The Facility agrees to notify the University in writing of any change or proposed change in its designation of the person responsible for the Facility’s Program, or of any other staff that may affect student Placements.

6. The Facility shall have primary responsibility for ensuring student compliance with the following responsibilities:

   a. complying with the policies, procedures, standards, and practices of the Facility;
   b. obtaining any uniforms required by the Facility; and
   c. reporting for Program activities on time.

The University agrees to assist the Facility in achieving student compliance with the above responsibilities on request of the Facility.

7. The Facility shall, at the commencement of a student's Placement, provide the University's faculty and the student with a thorough orientation about the Facility's policies, procedures, standards and practices relevant to the student’s Placement.

8. At regular intervals, as specified by the University, the Facility shall provide the University with an outline of the curriculum for the Facility’s Program.

9. In the event a student is absent because of illness for more than three (3) days during the student’s Placement, the Facility shall promptly arrange for the student to make up the lost time or shall inform the University that it is not able to do so.

10. Except for personal emergencies, the Facility shall not grant leaves of absence from regularly scheduled activities to students during their Placements without prior approval from the University.
11. The Facility shall promptly advise the Vice Chancellor for Legal Affairs, Office of Legal Affairs, University of Wisconsin-Madison, 361 Bascom Hall, 500 Lincoln Drive, Madison, Wisconsin 53706-1380, if it has any reason to believe a claim may exist against an officer, employee, or agent of the University in connection with any activities performed under this Agreement. Notification is for informational purposes only and shall not eliminate Facility’s duty to follow the statutory claim procedure in §893.82 of the Wisconsin Statutes prior to instituting a lawsuit.

12. The Facility, at its sole cost and expense, shall procure and maintain in full force and effect throughout the term of this Agreement such policies of comprehensive general and professional liability insurance as necessary to insure the Facility and its employees and agents against any claim or claims for damages occurring as the result of personal injuries or death occasioned directly or indirectly in connection with the performance of any service by the Facility and its employees and agents in connection with this Agreement. Upon the request of the University, the Facility shall deliver copies of such policies to the University prior to or upon execution of this Agreement, and modifications, extensions or renewals of such policies prior to or upon each anniversary date of this Agreement. The Facility agrees to notify the University immediately upon notification from an insurance carrier that a policy will be canceled.

13. The University may disclose information from a participating student's educational record, as appropriate, to personnel at the Facility who have a legitimate need to know in accordance with the Family Educational Rights and Privacy Act of 1974, as amended (20 U.S.C. 1232g; 34 CFR Part 99). The Facility hereby agrees that its personnel will use such information only in furtherance of the clinical education program for the student, and that the information will not be disclosed to any other party without written notice to the University and the student's prior written consent.

IV. Notices

Any notice required or permitted by this Agreement must be in writing and be delivered personally or sent by certified mail, return receipt requested and postage prepaid, to the following at the addresses indicated (unless otherwise specified):

IF TO UNIVERSITY: Lisa Steinkamp, Director
Physical Therapy Program
1300 University Avenue, 5173 MSC
Madison, WI 53706

IF TO FACILITY: ______________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
IN WITNESS WHEREOF, the parties hereto have executed this Agreement

BOARD OF REGENTS OF
THE UNIVERSITY OF WISCONSIN SYSTEM

By: ________________________________
    Ken Mount
    ASSOCIATE DEAN
    SCHOOL OF MEDICINE AND PUBLIC HEALTH
    University of Wisconsin-Madison

By: ________________________________
    Signature
    Name (Please Print.)
    Title (Please Print)

Date: ______________________________

FACILITY

PHYSICAL THERAPY PROGRAM
SCHOOL OF MEDICINE AND PUBLIC HEALTH

By: ________________________________
    Lisa Steinkamp
    Program Director
    Physical Therapy

Date: ______________________________

Acknowledged by:

By: ________________________________
    Title: ______________________________
    Date: ______________________________
Sample

RECOMMENDATION FOR HONORARY ASSOCIATE

As Director of Clinical Education, I would like to recommend that the following Center Coordinator of Clinical Education or Clinical Instructor be appointed as an Honorary Associate of the Physical Therapy Program, Department of Orthopedics and Rehabilitation, School of Medicine and Public Health, University of Wisconsin-Madison for the two year period of **July 1, 2015 - June 30, 2017**. The recommended Center Coordinator of Clinical Education or Clinical Instructor has exhibited a commitment to clinical education and to working with UW-Madison students.

Has your name changed since you were last appointed? If so, please note your former and current name. If your name is the same, please record your name in the same way it appeared on last year's appointment letter. If you are a new Honorary Associate, please record your name as it appears on your Social Security card.

(Please **PRINT** or **TYPE** All Information in the form)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Former Last Name</th>
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Social Security Number

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<tr>
<th>Institution/Facility Name</th>
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In the **PAST YEAR**, did you hold an active Honorary Associate appointment?

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<tr>
<td>Yes</td>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Work Phone

**NOTE: WE MUST HAVE ALL THE INFORMATION COMPLETED IN BOXED AREA TO PROCESS.**

Signed: __________________________ Dated: __________

Sue Wenker, PT, MS, GCS, DCE

Forms must be received on or before **April 30, 2015**. Mail to:

Sue Wenker, PT, MS, GCS, CEEAA
Director of Clinical Education
Doctor of Physical Therapy Program
University of Wisconsin-Madison
1300 University Ave, 5170 MSC
Madison WI 53706-1532
Fax: 608-262-7809 email: wenker@pt.wisc.edu

*Please remember to attach your Abbreviated Resume!*
Abbreviated Resume Form

Name ____________________________  Date ____________________________

Present Position:  Current Teaching Responsibilities:
(Title, Academic Rank, Institution)  ____________________________

_______________________________  ____________________________

_______________________________  ____________________________

_______________________________  Licensure: ____________________________

Summary of College and University Education:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Period of Study</th>
<th>Major</th>
<th>Degree</th>
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<tbody>
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<td>From</td>
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<table>
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<tr>
<th>Employer</th>
<th>Position</th>
<th>Period of Employment</th>
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Continuing professional preparation related directly to teaching assignments:  *(Formal Courses, Continuing Education, Research, Clinical Practice, etc., in the last five years)*

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<table>
<thead>
<tr>
<th>Clinical Rotation</th>
<th>Description</th>
<th>Forms the Student Completes</th>
<th>Forms the CI Completes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1: PT 700) Jan 4-Jan 15, 2016</td>
<td>2 week “experience” for the PT 1s; encourage a 2:1 with a PT 2 from rotation (3), allowing the PT 2 to teach the PT 1.</td>
<td>GAs * at end of experience, Clinical Performance Evaluation, Physical Therapy Student Evaluation: Clinical Experience and Instruction</td>
<td>1 page form addressing how well the student met the 6 objectives they set for themselves for the experience, GAs are reviewed with student, module is completed and reviewed with student</td>
</tr>
<tr>
<td>(2: PT 701) May 16-June 10, 2016</td>
<td>4 week rotation at end of first academic year; first “internship”</td>
<td>GAs at midterm, final; Clinical Evaluation Tool at midterm, final; Student Introductory Form at midterm, final; Physical Therapy Student Evaluation: Clinical Experience and Instruction at final</td>
<td>GAs are reviewed with the student; PT CPI at final only; Student Introductory Form at midterm, final</td>
</tr>
<tr>
<td>(3: PT 702) Aug 22-Oct 14, 2016</td>
<td>First, 8-week rotation after completion of didactic coursework</td>
<td>Student Introductory Form at midterm, final; CPI V 2006 midterm and final; Physical Therapy Student Evaluation: Clinical Experience and Instruction at final</td>
<td>Student Introductory Form at midterm, final; CPI V 2006 midterm and final</td>
</tr>
<tr>
<td>(4: PT 703) Oct 24-Dec 16, 2016</td>
<td>Second, 8-week rotation after completion of didactic coursework</td>
<td>Student Introductory Form at midterm, final; CPI V 2006 midterm and final; Physical Therapy Student Evaluation: Clinical Experience and Instruction at final</td>
<td>Student Introductory Form at midterm, final; CPI V 2006 midterm and final</td>
</tr>
<tr>
<td>(5: PT 704) Jan 11-Mar 4, 2016</td>
<td>Third, 8-week rotation after completion of didactic coursework</td>
<td>Student Introductory Form at midterm, final; CPI V 2006 midterm and final; Physical Therapy</td>
<td>Student Introductory Form at midterm, final; CPI V 2006 midterm and final</td>
</tr>
<tr>
<td>(6: PT 705) Mar 14-May 6, 2016</td>
<td>Final, 8-week rotation after completion of didactic coursework</td>
<td>Student Introductory Form at midterm, final; CPI V 2006 midterm and final; Physical Therapy Student Evaluation: Clinical Experience and Instruction at final</td>
<td>Student Introductory Form at midterm, final; CPI V 2006 midterm and final</td>
</tr>
</tbody>
</table>

*Generic Abilities Assessment tool, refer to the Clinical Education Schedule and Sequence of Courses for a description of the coursework the students will have had prior to their clinical internships.