



PHYSICAL
THERAPIST
CLINICAL
PERFORMANCE
INSTRUMENT

American Physical Therapy Association
Division of Education
1111 North Fairfax Street
Alexandria, VA 22134-1488

September 1997

DISCLAIMER AS TO THE USE OF THE INSTRUMENT

The American Physical Therapy Association ("APTA") disclaims any and all responsibility for the use to which any other person may put the Physical Therapist Clinical Performance Instrument ("Instrument").

In particular, the Instrument is not designed or intended to control the manner in which any clinical education site may assess or evaluate any student's clinical performance or the grading policy of any educational institution.

The APTA has no control over the use of the Instrument by any clinical education site or educational institution, and the APTA assumes no responsibility to any party (including clinical education sites, educational institutions, and students) for the use to which the Instrument may be put by any person other than the APTA.

ISBN #1-887759-13-1

© 1997 American Physical Therapy Association. All rights reserved.

For more information about this publication and other APTA publications, contact:

The American Physical Therapy Association

1111 North Fairfax Street

Alexandria, VA 22314-1488

U.S.A.

[Publication No. E-42]

Table of Contents

INSTRUCTIONS FOR USING THE PT CLINICAL PERFORMANCE INSTRUMENT	5
Introduction	5
Components of the Form.....	5
Using the Form.....	6
STUDENT, ACADEMIC PROGRAM, AND CLINICAL SITE INFORMATION	9
CLINICAL PERFORMANCE CRITERIA: PHYSICAL THERAPIST STUDENT	11
1. Safety Practices in a safe manner that minimizes risk to patient ^g , self, and others.....	11
2. Responsible Behavior	12
3. Professional Behavior	13
4. Ethical Practice.....	14
5. Legal Practice	15
6. Communication	16
7. Documentation.....	17
8. Individual/Cultural Differences.....	18
9. Critical Inquiry.....	19
10. Screening	20
11. Examination	21
12. Evaluation/Diagnosis/Prognosis	22
13. Plan of Care.....	23
14. Treatment/Intervention	24
15. Education	25
16. Quality of Service Delivery.....	26
17. Consultation.....	27
18. Management of Patient Services.....	28
19. Resource Management.....	29
20. Fiscal Management.....	30
21. Support Personnel	31
22. Professional/Social Responsibilities.....	32
23. Career Development/Lifelong Learning	33
24. Wellness and Health Promotion	34
SUMMATIVE COMMENTS	35
EVALUATION SIGNATURES	38
APPENDIX A	44
Example: Completed Item for Final Experience (Competent)	44
Example: Completed Item for Final Experience (Not Competent)	45
Example: Completed Item for Intermediate Experience	46
APPENDIX B: TESTS AND MEASURES AND INTERVENTIONS	47

INSTRUCTIONS FOR USING THE PT CLINICAL PERFORMANCE INSTRUMENT



Introduction



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 patient⁸ assessments. The system is intended to enable clinical and academic educators to obtain a comprehensive perspective of students' progress through the curriculum and competence to practice at entry-level. The uniform adoption of this instrument will ensure that all entry-level practitioners have demonstrated a core set of clinical attributes.

A clinical performance instrument is a central component of the assessment system and is used by the academic institution to ensure students' readiness for practice. This instrument has established validity and reliability and is designed to evaluate student clinical performance in relation to entry-level competence (see information on instrument's validity and reliability). It is applicable to a broad range of clinical settings and throughout the continuum of clinical learning experiences. Every performance criterion in this instrument is important to the overall assessment of clinical competence; and most are observable in every clinical experience. It is strongly recommended that all be rated whenever possible. If this instrument is altered for use in such situations, its validity and reliability may be compromised.

Components of the Form

There are **24 performance criteria**, with visual analog scales⁸ (V ASs) for each criterion. Sample behaviors are included in shaded boxes for each criterion. Space for comments is provided, as well as boxes to indicate when performance is "of significant concerns," "exceeds entry-level," or "not observed."

Performance Criteria	Items numbered 1-24 define performance areas to be evaluated. In the aggregate, these items describe all essential aspects of professional practice of a PT clinician performing at entry-level.
Red-flag Item 	A flag () to the left of a performance criterion indicates a "red-flag" item. The five "red-flag" items (numbered 1-5) are considered foundational elements in clinical practice. Difficulty with a performance criterion that is a red-flag item warrants immediate attention and a telephone call to the ACCE, and may include remediation and/or dismissal from the clinical experience.
Visual Analog Scales (VAS)	Individual competencies in the CPI are evaluated using a visual analog scale (VAS). This provides a convenient way to indicate a student's level of performance ranging from "novice clinical performance ⁸ " to "entry-level performance ⁸ ." Placement of a mark on the line indicates the student's current level of performance on a particular competency relative to entry-level performance. The continuous nature of the rating matches the continuous nature of the student's educational ⁸ experience and skill development. The VAS provides maximum sensitivity to fine gradations in performance that might be missed by a cruder numerical rating scale (e.g., 5-point scale). This is particularly important for the evaluation of individual students. The lack of rating numbers or other labels also avoids the inherent "grade" values that often accompany use of scale points and instead emphasizes the distance from the entry-level criterion.

Sample Behaviors	The sample of commonly observed behaviors (denoted with lower-case letters in shaded boxes) for each criterion may be used to guide assessment of students' competence relative to the performance criteria. Given the uniqueness and complexity of clinical practice, the 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. Consequently, all listed behaviors need not be present to rate students at entry-level on the VAS. Sample behaviors are not listed in order of priority but most are presented in logical order.
Significant Concerns Box 	Checking this box indicates that the student's performance on this criterion is unacceptable and places the student at risk of failing this clinical experience. When the Significant Concerns Box is checked, written comments are required and a phone call () is placed to the ACCE. A box is provided for midterm and final assessments.
Exceeds Entry-Level Box	Checking this box indicates that the student's performance on this criterion exceeds entry-level . Record in the appropriate Midterm (M) and/or Final (F) box.
Not Observed Box	Checking this box indicates that the student's performance on this criterion was not observed. Record in the appropriate Midterm (M) and/or Final (F) box. The Not Observed Box rarely should be used. If you are considering marking this box relative to a specific criterion, please carefully review the sample behaviors located in the shaded box for that criterion.
Comments	Narrative comments should be provided by the clinical instructors (CI) to elaborate on or clarify students' performance ratings. Comments are encouraged for each performance criterion. These comments may include critical incidents, problem or deficit areas, and/or exemplary areas of performance. Comments are required when the Significant Concerns Box has been checked, when a student's performance is below entry-level at the end of the final clinical experience, and for specific deficiencies in psychomotor skills. Comments are also required when the "exceeds entry-level" box is checked.
Summative Comments	The summative comments section provides a mechanism for the clinical instructor to identify, clarify, and highlight students' overall performance as related to their areas of strength, areas needing improvement, and other relevant comments during midterm and final evaluations. These comments should be based on the student's performance relative to objectives for the clinical experience. For intermediate clinical experiences, a student rated below entry-level on the VAS may, in fact, meet or exceed objectives for that experience.
Superscript "g"	A superscript ^g after a word indicates that the word is defined in the glossary.

Using the Form

Proper use of the CPI requires not only knowledge of all its components, but consideration of how to record your observations and interpretations of the student's performance. Appendix A provides three examples of how one performance criterion might be evaluated at midterm and final evaluations.

Clinical Instructor	The CI(s) will assess a student's performance and complete the instrument at midterm and final evaluation periods. Sources of information may include, but are not limited to, CIs, other PTs, PTAs, other professionals, patients, and students. Methods of data collection may include direct observation, videotapes, documentation ^g review, role ^g playing, interviews, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome ^g surveys. Clinical educators should feel free to use multiple sources and methods to assess student clinical performance. The CI reviews the completed instrument formally with the student at midterm evaluation and at the end of the clinical experience and signs the signature page (39) following each evaluation.
----------------------------	--

Student	Student(s) assess their own performance on a separate copy of the instrument. The student reviews the completed form with the CI at midterm evaluation and at the end of the clinical experience and signs the signature page (p. 39) following each evaluation.
Recording Performance Rating	The same VAS is used for midterm and final evaluations. One vertical line is placed on the VAS at the appropriate point indicating the midterm evaluation rating, and one vertical line is placed on the VAS at the appropriate point indicating the final evaluation rating. Label the midterm evaluation line with an "M" above the line, and label the final evaluation line with an "F" above the line. Once the form is complete, there will be two vertical lines on the VAS, one for the midterm evaluation rating and one for the final evaluation rating (<i>see Appendix A - Examples</i>). A new Clinical Performance Instrument will be used for each clinical experience.
Marking	<p>Marking the VAS requires you to use your professional judgment to determine whether the student's performance is consistent with entry-level practice in your specific setting. Before judging each of the performance criteria, consider each of the five performance dimensions listed below:</p> <p>Quality^g of care Supervision/guidance required^g Consistency^g of performance Complexity of tasks/environment^g Efficiency^g of performance</p> <p>These performance dimensions are common to all types and levels of performance. However, your expectations may change in each dimension as the student progresses toward entry into professional practice. As a reminder, the performance dimensions to be considered when marking the VAS are provided with each performance criteria on the bottom of the page.</p>
Performance Dimensions	<p>Quality refers to the degree of skill or competence demonstrated, the relative effectiveness of the performance, and the extent to which outcomes meet the desired goals^g. A continuum of quality might range from demonstration of limited skill to a highly skilled performance. A student who exhibits high skill in performance but low efficiency or effectiveness would be marked lower on the VAS than one whose performance combined high skill with high efficiency or effectiveness.</p> <p>Supervision/guidance required 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^g, the degree of monitoring needed is expected to progress from full time monitoring or cueing for assistance to independent performance with consultation^g. The degree of supervision and guidance may vary with the complexity of the patient or environment.</p> <p>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.</p> <p>Complexity of tasks/environment refers to the multiple requirements of the patient or environment. The complexity of the 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 being controlled by the CI.</p> <p>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.</p>

Anchors	<p>Novice clinical performance indicates a student who provides quality care only with uncomplicated patients and a high degree of supervision. Without close supervision, the student's performance and clinical decision making are inconsistent and require constant monitoring and feedback. This is typically a student who is inexperienced in clinical practice or who performs as though he or she has had limited or no opportunity to apply academic knowledge or clinical skills.</p> <p>Entry-level performance on the VAS indicates a student who consistently and efficiently provides quality care with simple or complex patients and in a variety of clinical environments. The student usually needs no guidance or supervision except when addressing new or complex situations.</p>
Examples of Completed Items	<p>Appendix A provides three completed examples of a student's performance on the same criterion - Examination. Two examples illustrate competent and non-competent student performances on final clinical experiences and one example portrays satisfactory student performance during an intermediate clinical experience. These examples assist the evaluator in understanding how to mark the VAS and related boxes, substantiate markings with comments that serve to clarify and objectively describe student performance, how to use the five performance dimensions and sample behaviors in evaluating students, and how level of clinical experience may influence performance expectations.</p>
Reducing Rater Bias	<p>All rating scales (numerical and VAS) are susceptible to similar response biases. The most common problems are halo bias and leniency. Halo bias occurs when a global impression of the student (e.g., general liking) influences specific ratings. This leads individual behaviors to be more highly correlated than is actually true and tends to artificially increase or decrease all evaluations in response to the overall impression. This bias is avoided by careful attention to the specific behavioral criteria required for each individual competency and by conscious suppression of general impressions. Leniency is the tendency to avoid harsh evaluations, usually to avoid the discomfort associated with delivering bad news and its effect on a student's morale. This bias can be reduced by recognizing that students may achieve the entry-level criterion more efficiently if they are provided accurate performance feedback.</p>
Academic Coordinator of Clinical Education (ACCE)	<p>The ACCE reviews the completed form at the end of the clinical experience and assigns a grade according to institution policy. A number of variables may be considered when assigning a grade and determining the success of the experience.</p>
Determining a Grade	<p>Each academic institution determines what constitutes satisfactory performance. Despite the lack of quantitatively explicit numbers, the VAS can be scored for grading purpose. Each line is 100 mm in length, allowing a number from 0 to 100 to be assigned easily to any mark. Grading decisions may consider: (a) the relative weighting or importance of each item; (b) the level of student performance along the 100-mm VAS lines as a sum (aggregate) of all performance criteria scores or average VAS scores; (c) whether or not "significant concerns" or "exceeds entry-level" boxes are checked; and (d) the CI's narrative comments.</p> <p>For example, an institution may assign a passing grade on a second clinical experience where the following conditions were met: (1) entry-level (i.e., a score of 100) was achieved on each of the "red flag" items, (2) no "significant concerns boxes" were checked, and (3) the average score for the 24 VAS items was at least 75 (maximum score 100). Academic institutions may want to develop grading schemes based on normative data accumulated over time on their own students at various levels of experience. It is expected that a student will achieve entry-level on every performance criterion, signifying readiness to enter the profession, by the end of the final clinical experience.</p>
Support Services	<p>For support regarding the use of the CPI for information not found in the Directions, read the section on "How to Use the CPI" in the manual and review responses provided to frequently asked questions (FAQs) in the manual or on APTA's Home Page (http://www.APTA.org) under Education. You may also wish to contact the academic institution or individual ACCE, and/or contact APTA's Department of Clinical Education.</p>

STUDENT, ACADEMIC PROGRAM, AND CLINICAL SITE INFORMATION

STUDENT INFORMATION

Student's Name: _____

Date of Clinical Experience: _____ Course Number: _____

ACADEMIC PROGRAM INFORMATION

Name of Academic Institution: **The University of British Columbia**

Address: **Department of Physical Therapy
212 – 2177 Wesbrook Mall
Vancouver, BC V6T 1Z3**

Phone: **(604) 827-3315**

Fax: **(604) 822-1870**

Email: **pt.placements@ubc.ca**

CLINICAL EDUCATION SITE INFORMATION

Name of Clinical Site: _____

Address: _____
(Department)

(Street)

(City)

(Province)

(Postal Code)

Phone: () _____ ext () _____ Fax () _____

Email: _____

Clinical Instructor's Name: _____

Clinical Instructor's Name: _____

Clinical Instructor's Name: _____

Center Coordinator of Clinical Education's Name: _____

CLINICAL PERFORMANCE CRITERIA: PHYSICAL THERAPIST STUDENT



1. Safety

Practices in a safe manner that minimizes risk to patient^g, self, and others

M F
Not Observed

Novice Clinical Performance^g _____ Entry-Level Performance^g

M F
Exceeds Entry-Level

SAMPLE BEHAVIORS

- a) Observes health and safety regulations.
- b) Maintains safe working environment.
- c) Recognizes physiological and psychological changes in patient and adjusts treatment^g accordingly.
- d) Demonstrates awareness of contraindications and precautions of treatment.
- e) Requests assistance when necessary.
- f) Uses acceptable techniques for safe handling of patients.
- g) Protects welfare of self, patient and others in emergency situations.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

Final Comments:



2. Responsible Behavior
Presents self in a professional manner

M F
 Not Observed

Novice Clinical Performance⁸ _____ Entry-Level Performance⁸

M F
 Exceeds Entry-Level

- SAMPLE BEHAVIORS**
- a) Accepts responsibility for own actions.
 - b) Is punctual and dependable.
 - c) Completes scheduled assignments in a timely manner.
 - d) Wears attire consistent with expectations of the practice setting.
 - e) Demonstrates initiative.
 - f) Abides by the policies and procedures of the practice setting.
 - g) Adapts to change.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

Final Comments:



3. Professional Behavior

Demonstrates professional behavior during interaction with others

M F
Not Observed

Novice Clinical Performance⁸ _____ Entry-Level Performance⁸

M F
Exceeds Entry-Level

SAMPLE BEHAVIORS

- a) Maintains productive working relationship with patients, families, CI, and others.
- b) Treats others with positive regard, dignity, respect and compassion.
- c) Maintains confidentiality.
- d) Demonstrates behaviors that contribute to a positive working environment.
- e) Accepts criticism without defensiveness.
- f) Manages conflict in constructive ways.
- g) Makes choices after considering the consequences to self and others.
- h) Assumes responsibility for choices made in situations presenting legal or ethical dilemmas.
- i) Maintains patient privacy and modesty (e.g., draping, confidentiality).

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

Final Comments:

QUALITY OF CARE ♦ SUPERVISION/GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE



4. Ethical Practice

Adheres to ethical practice standards

M F
Not
Observed

Novice Clinical
Performance⁸ _____ Entry-Level
Performance⁸

M F
Exceeds
Entry-Level

SAMPLE BEHAVIORS
a) Abides by relevant ethical codes and standards of practice.
b) Adheres to institutional policy and procedures.
c) Identifies situations in which ethical questions are present.
d) Reports violations of ethical practice.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

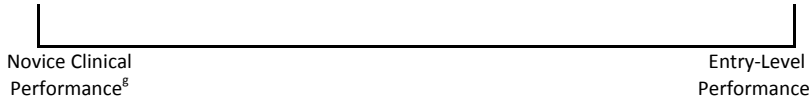
Final Comments:

QUALITY OF CARE ♦ SUPERVISION/GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE

6. Communication

Communicates in ways which are congruent with situational needs

M F
Not Observed



M F
Exceeds Entry-Level

- SAMPLE BEHAVIORS**
- a) Communicates 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 verbal communication.
 - g) Communicates using nonverbal messages that are consistent with intended message.
 - h) Interprets and responds to the nonverbal communication of others.
 - i) Evaluates effectiveness of his/her own communication and modifies communication accordingly.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

Final Comments:

7. Documentation

Produces documentation^g to support the delivery of physical therapy services

M F
Not Observed

Novice Clinical Performance^g _____ Entry-Level Performance^g

M F
Exceeds Entry-Level

SAMPLE BEHAVIORS

- a) Selects relevant information to document the delivery of physical therapy patient care.
- b) Documents all aspects of physical therapy care, including screening^g, examination^g, evaluation^g, plan of care^g, treatment^g, response to treatment, discharge planning, family conferences, and communication with others involved in delivery of patient care.
- c) Produces documentation that follows guidelines and format required by the practice setting.
- d) Documents patient care consistent with guidelines and requirements of regulatory authorities and third-party payers.
- e) Produces documentation that is accurate, concise, timely and legible.
- f) Demonstrates professionally and technically correct written communication skills.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.

 Midterm Final

Midterm Comments:

Final Comments:

9. Critical Inquiry

Applies the principles of logic and the scientific method to the practice of physical therapy

M F
Not
Observed

Novice Clinical
Performance⁸ _____ Entry-Level
Performance⁸

M F
Exceeds
Entry-Level

- SAMPLE BEHAVIORS**
- a) Presents cogent and concise arguments or rationale for clinical decisions.
 - b) Makes clinical decisions within the context of ethical practice and informed consent.
 - c) Utilizes information from multiple data sources to make clinical decisions.
 - d) Seeks disconfirming evidence in the process of making clinical decisions.
 - e) Critically evaluates published research articles relevant to physical therapy and applies to clinical practice.
 - f) Participates in clinical research.
 - g) Describes sources of error in the collection of clinical data.
 - h) Demonstrates an ability to make clinical decisions in ambiguous situations.
 - i) Distinguishes practices based on traditional beliefs from practices that are scientifically based.
 - j) Uses appropriate outcomes measures in the delivery and assessment of ongoing patient care.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.

 Midterm Final

Midterm Comments:

Final Comments:

QUALITY OF CARE ♦ SUPERVISION/GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE

11. Examination

Performs a physical therapy patient examination⁸

M F
Not
Observed

Novice Clinical
Performance⁸ _____ Entry-Level
Performance⁸

M F
Exceeds
Entry-Level

SAMPLE BEHAVIORS

- a) Selects reliable and valid physical therapy examination methods relevant to the chief complaint, results of screening, and history⁸ of the patient.
- b) Obtains accurate information by performing the selected examination methods.
- c) Adjusts examination according to patient response.
- d) Performs examination minimizing risks to the patient, self, and others involved in the delivery of the patient's care.
- e) Performs physical therapy examination procedures in a technically competent manner.

SEE APPENDIX B FOR LIST OF TESTS AND MEASURES⁸

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

Final Comments:

12. Evaluation/Diagnosis/Prognosis

Evaluates clinical findings to determine physical therapy diagnoses⁸ and outcomes⁸ of care

M F
Not
Observed

Novice Clinical
Performance⁸ _____ Entry-Level
Performance⁸

M F
Exceeds
Entry-Level

SAMPLE BEHAVIORS

- a) Synthesizes examination data to complete the physical therapy evaluation.
- b) Interprets clinical findings to establish a diagnosis within the practitioner's knowledge base.
- c) Identifies competing diagnoses which must be ruled out to establish a diagnosis.
- d) Explains the influences of pathological, pathophysiological, and pharmacological processes on the patient's movement system.
- e) Identifies other medical, social, or psychological problems influencing physical therapy and not identified through diagnosis of a patient's problem.
- f) Uses clinical findings and diagnosis to establish a prognosis⁸ within the practitioner's knowledge base.
- g) Performs regular re-examinations of patient status.
- h) Performs regular evaluations of the effectiveness of patient treatment.
- i) Evaluates changes in patient status.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.

 Midterm Final

Midterm Comments:

Final Comments:

QUALITY OF CARE ♦ SUPERVISION/GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE

13. Plan of Care

Designs a physical therapy plan of care that integrates goals^g, treatment^g, outcomes, and discharge plan

M F
Not
Observed

Novice Clinical
Performance^g _____ Entry-Level
Performance^g

M F
Exceeds
Entry-Level

SAMPLE BEHAVIORS

- a) Establishes goals and desired functional outcomes^g that specify expected time durations.
- b) Establishes a physical therapy plan of care in collaboration with the patient, family, caregiver^g, and others involved in the delivery of health services.
- c) Establishes a plan of care consistent with the examination and evaluation.
- d) Establishes a plan of care minimizing risk to the patient and those involved with the delivery of the patient's care.
- e) Establishes a plan of care designed to produce the maximum patient outcome(s) utilizing available resources.
- f) Adjusts the plan of care in response to changes in patient status.
- g) Selects intervention^g strategies to achieve the desired outcomes.
- h) Establishes a plan for patient discharge in a timely manner.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

Final Comments:

QUALITY OF CARE ♦ SUPERVISION/GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE

14. Treatment/Intervention

Performs physical therapy interventions^g in a technically competent manner

M F
Not
Observed

Novice Clinical
Performance^g | Entry-Level
Performance^g

M F
Exceeds
Entry-Level

SAMPLE BEHAVIORS

- a) Performs effective, efficient, fluid, and coordinated movement in providing technically competent^g interventions for patients.
- b) Performs interventions consistent with the plan of care.
- c) Provides intervention in a manner minimizing risk to self, to the patient, and to others involved in the delivery of the patient's care.
- d) Uses intervention time efficiently and effectively.
- e) Adapts intervention to meet the individual needs and responses of the patient.

SEE APPENDIX B FOR LIST OF INTERVENTIONS.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

Final Comments:

21. Support Personnel

Uses support personnel according to legal standards and ethical guidelines

M F
Not
Observed

Novice Clinical
Performance⁸ _____ Entry-Level
Performance⁸

M F
Exceeds
Entry-Level

SAMPLE BEHAVIORS

- a) Determines physical therapy-related tasks that can be legally and ethically delegated.
- b) Delegates physical therapy-related tasks to facilitate effective and efficient patient care.
- c) Informs the patient of the decision to delegate the physical therapy-related care and the rationale for delegating.
- d) Delegate physical therapy-related tasks to the appropriate support personnel.
- e) Demonstrates respect for the contributions of support personnel.
- f) Monitors the care delivered by support personnel.
- g) Provides regular feedback to support personnel.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

Final Comments:

23. Career Development/Lifelong Learning

Implements a self-directed plan for professional development and lifelong learning


M F
Not
Observed

Novice Clinical
Performance⁸ _____ Entry-Level
Performance⁸

M F
Exceeds
Entry-Level

- SAMPLE BEHAVIORS**
- a) Demonstrates an awareness of own strengths and limitations.
 - b) Seeks guidance as necessary to address limitations.
 - c) Modifies behavior based on self-evaluation and feedback.
 - d) Establishes realistic goals in a plan for professional development.
 - e) Participates in learning experiences within the practice setting.
 - f) Participates in opportunities for professional growth.
 - g) Discusses progress of professional growth.
 - h) Seeks opportunities to learn.
 - i) Accepts responsibility for continuous professional learning.
 - j) Demonstrates knowledge of current professional issues and practice.
 - k) Periodically assesses own professional development.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.

 Midterm Final

Midterm Comments:

Final Comments:

QUALITY OF CARE ♦ SUPERVISION/GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE

EVALUATION SIGNATURES

MIDTERM EVALUATION

We have read and discussed this evaluation.

Signature of student

Date

Academic Institution

Evaluator Name (print)

Position/Title

Signature of Evaluator (1)

Date

Evaluator Name (print)

Position/Title

Signature of Evaluator (2)

Date

FINAL EVALUATION

We have read and discussed this evaluation.

Signature of student

Date

Academic Institution

Evaluator Name (print)

Position/Title

Signature of Evaluator (1)

Date

Evaluator Name (print)

Position/Title

Signature of Evaluator (2)

Date

GLOSSARY¹

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

CASE MANAGEMENT: The coordination of patient care or client activities.

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 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. These experiences would include clinical experiences of short and long duration (e.g., part-time, full-time, internships) and those that provide a variety of learning experiences (e.g., 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 (symptoms, impairments, deficits, etc.) 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. Clinical instructors 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.

COMPLEXITY OF TASKS/ENVIRONMENT: Multiple requirements of the patient or environment (e.g., simple, complex). The complexity of the 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.

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

CONSULTATION: The provision, by a physical therapist, of professional opinion or of advice.

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

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.

DIAGNOSIS: Both the process and the end result of the evaluation of information obtained from the patient examination. The physical therapist organizes the evaluation information into defined clusters, syndromes, or categories to determine the most appropriate intervention strategies for each patient.

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.

ENTRY-LEVEL PERFORMANCE: A physical therapist clinician performing at entry-level utilizes critical thinking to make independent decisions concerning patient needs and provides quality care with simple or complex patients in a variety of clinical environments. The PT clinician at the professional level needs no guidance or supervision except when addressing new or complex problems.

EVALUATION: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.

EXAMINATION: The process of obtaining a patient history, performing relevant systems reviews, and selecting and administering specific tests and measures.

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.

GOAL: The long-term statement(s) that define the patient's expected level of performance at the end of the rehabilitation process; the functional outcomes of therapy, indicating the amount of independence, supervision, or assistance required and the equipment or environmental adaptation necessary to ensure adequate performance. Desired outcomes may be stated as long-term or short-term as determined by the needs of the patient and the setting.

HEALTH CARE PROVIDER: A person or organization offering health services directly to patients or clients.

HEALTH PROMOTION: Activity designed to develop healthy behaviors in such areas as exercise, diet, avoidance of drug abuse, etc.

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.

INTERVENTION: The purposeful and skilled interaction of the physical therapist or physical therapist assistant^B with the patient or client, using various methods and techniques to produce changes in the condition of the patient or client. Intervention has three components: direct intervention; instruction of the patient or client and family; and coordination, communication, and documentation.

NOVICE CLINICAL PERFORMANCE: A physical therapist student who provides quality care only with uncomplicated patients and a high degree of supervision. Without close supervision, the student's performance and clinical decision making are inconsistent and require constant monitoring and feedback. This is typically a student who is inexperienced in clinical practice or who performs as though he or she has had limited or no opportunity to apply academic knowledge or clinical skills.

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.

OUTCOME: The result of physical therapy management expressed in five areas: prevention and management of symptom manifestation, consequences of disease (impairment, disability, and/or role limitation), cost-benefit analysis, health-related quality of life, and patient satisfaction. A successful outcome includes improved or maintained physical functioning when possible, slowed decline in function where the status quo cannot be maintained, and is considered meaningful by the patient.

OUTCOMES ANALYSIS: A systematic examination of patient outcomes in relation to selected patient variables (e.g., age, gender, diagnosis, interventions performed); outcomes analysis may be used in quality assessment, economic analysis of practice, etc.

PATIENT: An individual who is receiving direct intervention for an impairment, functional limitation, disability, or change in physical function and health status resulting from injury, disease, or other causes; an individual receiving health care services.

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 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: A plan that specifies the: long-term and short-term outcome/goal; predicted level of maximal improvement; specific interventions to be used; duration and frequency of the intervention required to reach the outcome/goal; and criteria for discharge.

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

PREVENTION: Activities concerned with slowing or stopping the occurrence of both mental and physical illness and disease; minimizing the effects of a disease or impairment on disability; reducing the severity or duration of an illness. Primary: Preventing the development of disease in a susceptible or potentially susceptible population through specific measures such as immunization and through general health promotion efforts. Secondary: Seeking to shorten the duration of illness, reduce severity of diseases, decrease the possibility of contagion, and limit sequelae through early diagnosis and prompt therapy. Tertiary: Attempting to limit the degree of disability and promoting rehabilitation and restoration of patients with chronic and irreversible diseases.

PROGNOSIS: The determination of the level of maximal improvement that might be attained by the patient and the amount of time needed to reach that level.

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.

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

SCREENING: Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. Cognitive screening: Briefly assessing a patient's thinking process (e.g., ability to process commands).

SUPERVISION/GUIDANCE REQUIRED: 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: General methods and techniques used to conduct an examination.

TREATMENT: One or more interventions used to ameliorate impairments, functional limitations, or disability or otherwise produce changes in the health status of the patient; the sum of all interventions provided by the physical therapist to a patient during an episode of care.

VISUAL ANALOG SCALE (VAS): A scale used to measure any variable that allows the patient to indicate a degree of that variable by pointing to a visual representation of its intensity. In the case of this clinical performance instrument, the VAS represents the line or continuum of performance, ranging from "novice student clinical performance" to "entry-level clinical performance."

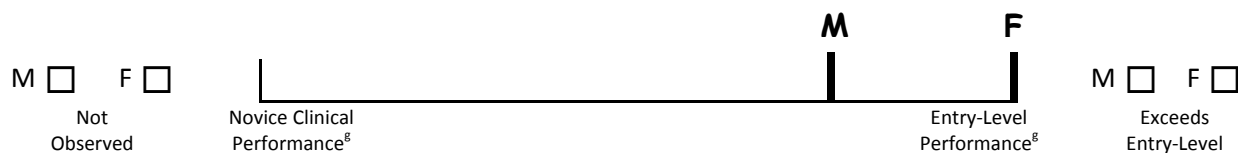
WELLNESS: A concept that embraces a proactive, positive approach to good health. Wellness advocates seek to increase a person's level of health as a preventive measure to guard against future disease or pathology.

¹Most of the terms defined in this glossary have been taken from *A Guide to Physical Therapist Practice, Part One: A Description of Patient Management*. Alexandria, VA: American Physical Therapy Association; May 15, 1997:61-67.

APPENDIX A

Example: Completed Item for Final Experience (Competent)

11. Performs a physical therapy patient examination^g



SAMPLE BEHAVIORS

- Selects reliable and valid physical therapy examination methods relevant to the chief complaint, results of screening, and history^g of the patient.
- Obtains accurate information by performing the selected examination methods.
- Adjusts examination according to patient response.
- Performs examination minimizing risks to the patient, self, and others involved in the delivery of the patient's care.
- Performs physical therapy examination procedures in a technically competent manner.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

He occasionally requires guidance in selecting all appropriate examination methods based on the patient's history and initial screening (Kelly, Wong). He consistently performs examinations skillfully. He had some difficulty and required assistance in completing the examination on an extremely complex patient with dementia and multiple diagnoses (Lucci). He is almost always able to complete his examination of all but the most complex patients in the allotted amount of time.

***Explanation for where the line is marked on the VAS/or this example: The majority of the student's examinations are of high quality and performed efficiently. However, as the patients became very complex the student required increased supervision to achieve an accurate outcome. Therefore, the mark was placed approximately 3/4 of the way toward entry-level.*

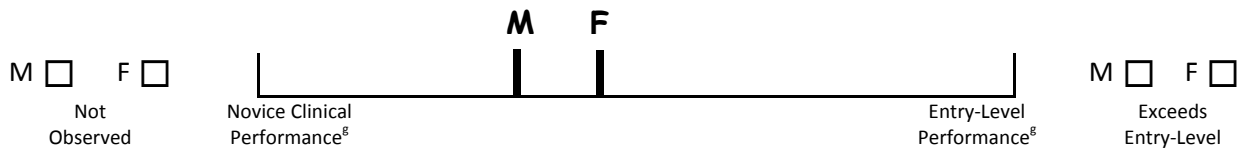
Final Comments:

He consistently selects all appropriate examination methods based on the patient's history and initial screening and performs the examinations skillfully. He has demonstrated the ability to examine a number of complex patients with multiple diagnoses with only occasional input from the CI (Kowalski, Stein, White). He now consistently completes his examinations in the allotted amount of time.

***Explanation for where the line is marked on the VAS for this example: The student is now able to consistently perform high-quality and efficient examinations with only occasional guidance. The ability to examine complex patients has significantly improved. The student is now at entry-level.*

Example: Completed Item for Final Experience (Not Competent)

11. Performs a physical therapy patient examination⁸



SAMPLE BEHAVIORS

- a) Selects reliable and valid physical therapy examination methods relevant to the chief complaint, results of screening, and history⁸ of the patient.
- b) Obtains accurate information by performing the selected examination methods.
- c) Adjusts examination according to patient response.
- d) Performs examination minimizing risks to the patient, self, and others involved in the delivery of the patient's care.
- e) Performs physical therapy examination procedures in a technically competent manner.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

She frequently requires guidance to select all appropriate examination methods because she does not ask relevant background questions (Blackwell, Martinez, Williams). She selects examination methods that are inappropriate for the patient's diagnosis⁹ and condition (Roark, Able) and is unable to explain her choices when questioned. She is not accurate in performing many examination techniques. For example, she frequently fails to align the goniometer correctly and tends to place patients in uncomfortable positions during testing. She is frequently unable to complete her examinations in the allotted amount of time.

*** Explanation for where the line is marked on the VAS for this example: To perform an accurate examination, this student on a final experience requires almost constant supervision. She has problems selecting appropriate examinations and performing them correctly. Her lack of skill in performing examinations causes her to exceed the time allotted for this activity. Therefore, the line on the VAS was placed about 1/3 of the way towards entry-level. These behaviors cause concern about the student's ability to successfully complete the clinical experience. Thus, the "Significant Concerns Box" was checked and the ACCE was called.*

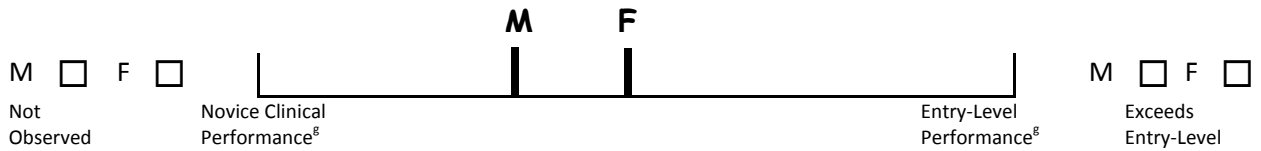
Final Comments:

She is more accurate in performing the required examination techniques, including goniometry. She still requires frequent guidance to select all appropriate examination methods and continues to occasionally select examination methods that are inappropriate for the patient's diagnosis and condition. Although she has improved somewhat, she still is often unable to complete her examinations in the allotted amount of time.

***Explanation for where the line is marked on the VAS for this example: Although the student has improved in some technical skills, she is inefficient and continues to require a high level of supervision in order to perform an appropriate examination. The score on the VAS was moved further along towards entry-level to acknowledge the noted improvements, but her overall performance in this area still remains below entry-level. Again, the "Significant Concerns Box" was checked.*

Example: Completed Item for Intermediate Experience

11. Performs a physical therapy patient examination⁸



SAMPLE BEHAVIORS

- a) Selects reliable and valid physical therapy examination methods relevant to the chief complaint, results of screening, and history⁸ of the patient.
- b) Obtains accurate information by performing the selected examination methods.
- c) Adjusts examination according to patient response.
- d) Performs examination minimizing risks to the patient, self, and others involved in the delivery of the patient's care.
- e) Performs physical therapy examination procedures in a technically competent manner.

Significant Concerns: Check below if performance on this criterion places student at risk of failing this clinical experience.



Midterm

Final

Midterm Comments:

Consistent with his level of academic preparation. He is able to select appropriate examination methods for simple patients but requires extensive input from the CI for patients with more complex neurological problems (Stupanski, Shah). Only occasionally requires supervision to perform examination methods accurately (sensory testing Wilson). Sometimes over tires patients during the examination. He is usually able to complete his examinations in the allotted amount of time.

***Explanation for where the line is marked on the VAS/or this example: Since this is an intermediate-level clinical experience, it is not expected that the student will perform at entry-level on this performance criterion. The patient load selected for the student was based on the objectives⁹ for this clinical experience. The student is able to consistently and efficiently perform an examination with minimal supervision on uncomplicated patients. When patients have more complex responses, the student's need for supervision increases. Therefore, the VAS was scored at about 1/3 of the way toward entry-level.*

Final Comments:

He is able to perform complete and accurate examinations of straightforward patients with orthopedic problems. He is beginning to be able to describe movement patterns often observed in patients with neurological disorders but continues to require frequent input from the CI to complete an examination on this type of patient. He now consistently monitors the patient's fatigue level during the examination. He consistently completes his examinations in the allotted amount of time.

***Explanation for where the line is marked on the VAS for this example: With the patient load designed to meet the objectives for this experience, the student performs high-quality treatments consistently and efficiently. He still requires supervision to examine more complex patients, but this is expected at this level. The VAS score has moved toward entry-level (approximately 1/2 way) to reflect his growth in meeting the objectives of this experience.*

APPENDIX B: TESTS AND MEASURES AND INTERVENTIONS¹

Tests and Measures (see *Performance Criterion #11*)

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)
- w) Ventilation, respiration, and circulation

Interventions (see *Performance Criterion #14*)

Interventions (listed alphabetically) include, but are 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
- 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
- j) Therapeutic exercise (including aerobic conditioning)

¹ *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*. Commission on Accreditation in Physical Therapy Education, APTA: Alexandria, VA; 1996:29-30.