DEPARTMENT OF PHYSICAL THERAPY

Physical Therapist Assistant Program

Doctor of Physical Therapy Program

POLICY AND PROCEDURE MANUAL FOR CLINICAL EDUCATION

Students are required to read the enclosed information and sign a form stating that they have read and will abide by the following policies and guidelines to complete their coursework in the Loma Linda University PTA or DPT programs.

Policies and Procedures manual For Clinical Education

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SAHP Mission:

Loma Linda University School of Allied Health Professions is committed to creating a globally recognized, world-class learning environment where students are taught in the manner of Christ.

SAHP Vision:

We envision an environment that enables learners to lead, to heal, to serve, to touch the world in a way that transforms lives.

SAHP Purpose:

To prepare our graduates to be employees of choice for premier organizations around the world, by providing them with practical learning experiences through partnerships with those open to sharing our vision.

Department of Physical Therapy Clinical Education
Mission Statement

As part of the LLU School of Allied Health Professions, the Physical Therapy and Physical Therapist Assistant Programs strive to prepare students for a commitment to excellence in service for others and their profession, an appreciation for diversity and spiritual balance, and the pursuit of lifelong learning. Integral to this pursuit is the students' exposure to foundational and contemporary practice, to clinical education models, roles and responsibilities of clinical educators, in addition to supervised practice within clinical environments representative of their scope of practice.

Section 1: GENERAL POLICIES

ACADEMIC CONSIDERATIONS

Each student's record is reviewed quarterly by the faculty. Promotion is contingent on satisfactory academic and professional performance and on factors related to aptitude, proficiency, and responsiveness to the established aims of the school and of the profession. As an indication of satisfactory academic performance, the student is expected to maintain the following minimum grade point average: associate programs - 2.0; doctoral degree programs - 3.0.

Required Clinical Courses

Supervised clinical experience is obtained in a variety of settings, and at different times during each of the programs in the Department of Physical Therapy as follows:

PTA	One two-week practicum and three six-week affiliations
DPT	One two-week practicum, one four- week practicum, two ten-week affiliations, and one eleven-week affiliation

Each clinical experience should average forty hours per week.

INTERNATIONAL CLINICAL AFFILIATIONS

All clinical affiliations are to be completed within the United States of America. Facilities that are in a USA commonwealth will be considered on a case-by-case basis by the Physical Therapy Department Clinical Education Committee.

PROFESSIONAL BEHAVIOR EXPECTATIONS

Students are guests in the clinical facilities. They will be expected to carry out assignments safely and competently according to procedures demonstrated in class and/or the clinic. If the student feels a procedure is unsafe, contraindicated, or if they are not prepared to perform it safely, they must report this to their clinical instructor. A patient should not receive treatment until the Physical Therapist or Physical Therapist Student has done an initial evaluation.

Student behavior reflects on the School of Allied Health Professions, Loma Linda University. Students are expected to follow ethical and professional standards. They must follow the Physical Therapy Department dress code unless directed otherwise by their Academic Coordinator of Clinical Education (see Dress Code in Appendix One). Tardiness is **NOT** acceptable behavior and will influence the student's evaluation in a negative manner.

As an indication of satisfactory professional behavior, students are expected to demonstrate attributes, characteristics and behaviors that are not explicitly part of the professional core of knowledge and technical skills but are nevertheless required for success in the profession. These qualities are described in clinical education literature as ten "generic abilities" which were identified through a study conducted at University of Wisconsin in 1991-92*.

The Ten Generic Abilities

1.	Commitment to Learning	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.
2.	Interpersonal Skills	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.
3.	Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4.	Effective Use:Time/Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5.	Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6.	Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
7.	Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8.	Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9.	Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusion, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10.	Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

**** May et al. Journal of Physical Therapy Education. 9:1, Spring 1995.***

LEGAL AND ETHICAL PRACTICE

A description of professional behavior would not be complete without the *Code of Ethics* adopted by the American Physical Therapy Association, considered binding on physical therapists who are members of the Association. Student membership in this association is required by the Physical Therapy Department for both physical therapist students and physical therapist assistant students. Please see Appendix One for the Physical Therapist *Code of Ethics* and the *Guide for Professional Conduct* and the *Standards of Ethical Conduct for the Physical Therapist Assistant* and *Guide for Conduct of the Affiliate Member.*

ESSENTIAL FUNCTIONS

The practice of Physical Therapy is unique and requires the professional to possess skills and physical abilities that would allow effective participation in the didactic as well as clinical components of the education. These Essential Functions are delineated in program specific documents found in Appendix One.

Section 2: CLINICAL EDUCATION POLICIES

ASSIGNMENT OF CLINICAL EDUCATION EXPERIENCES

"All clinical assignments will be made by the academic coordinator of clinical education or a designate. Because of the limited number of local facilities, assignments cannot be made on the basis of the student's family/marital status or personal preference. Although the department makes an effort to accommodate the student's preference, the student agrees to accept the clinical assignments made by the department at any of the affiliated facilities, whether local or out of state." *LLU Catalog, Physical Therapy pages, 145,151, 2009-2010.*

The Physical Therapy Department uses a lottery system for student selection of pre-arranged clinical slots. Students also have the option of placing a Special Request for a site which is not a pre- arranged clinical slot. This may be an existing or new contract. The ACCE will make the decision as to whether a contract with a new site is pursued on this student's behalf.

The *School of Allied Health Professions Policy Handbook* provides guidelines for clinical assignments when a question of fitness for duty or accommodation occurs, such as medical conditions, emotional instability, pregnancy, or incompetent immunological systems (see Appendix One).

Required Settings for Clinical Experiences

Program	**Practicums**	Length	**Affiliations**	Length
PTA	One in any setting	2 weeks	One OP ortho One Inpatient One any setting	Three - 6 weeks
DPT	One OP ortho One Inpatient	One 2-weeks One 4 weeks	One OP ortho One Inpatient One any setting	 Two 10-weeks each One 11-weeks

Each affiliation should average 40 hours per week. Occasionally, the Clinical Education Committee may approve collaboration with a clinical facility that can only provide 36 hrs per week. This is the minimum. In this case, the CCCE/CI and the student must obtain pre-approval (and provide documentation of time spent) from the ACCE to substitute other clinical learning formats for the 4 hrs lost.

The DPT student must satisfactorily pass all five clinical experiences to qualify for completion of the DPT program. The PTA student must satisfactorily complete and pass all 4 clinical experiences to qualify for completion of the PTA program

General Goals for clinical education experiences:

- To provide learning experiences for students in a wide variety of patient types and clinical settings representing a broad cross-section of current physical therapy specialties and practice.
- To prepare the student as a generalist in the profession, equipped to add specialization to a broad and solid foundation as entry-level professionals in any practice arena.

General Guidelines:

- DPT student practicums will include, one inpatient setting and one outpatient orthopedic setting. Students have the option of participating in an elective course during the end the second year. Amongst courses listed, is a one-two clinical experience in a Pediatric setting. Students who plan to attend a Pediatric Affiliation are encouraged to seek assignment to this elective.

- PTA students may go to any setting for the two week practicum.

- DPT and PTA affiliations will include, one inpatient setting and one outpatient orthopedic setting. One of the three affiliations maybe in a specialty area such as, Acute, Geriatric, Neuro, Orthopedics, Pediatrics, Sports Medicine, Wound Care, Cardio-Pulmonary, etc.

- Students **may not** do two practicums or two affiliations at the same facility.

- Students may go to the same facility for an affiliation and a practicum if desired. However, this is not recommended. LLUMC clinical assignments are limited to either an affiliation or a practicum for PTA students.

- Students are NOT assigned to a practicum or an affiliation in a facility where there is any potential for conflict of interest. This may include but not be limited to a facility where a relative, faculty member or significant other is employed as a PT, PTA, or in an administrative position over the physical therapy department. Potential conflict of interest will be reviewed by the Clinical Education Committee as needed.

- Students are NOT assigned to facilities where they are either currently employed or have been employed in the last 5 years. Students will be held accountable for revealing such information to their ACCE prior to the assignments. Failure to reveal this information will lead to disciplinary action by the Physical Therapy Department Clinical Education Committee and may result in removal from the program

- Students are NOT to engage in fraternization with their clinical instructors or other staff at the facility during the time of the clinical affiliation.

COMMUNICATION WITH CLINICAL FACILITIES

Unauthorized Contact:
Under **no circumstance** is a student, parent, family member or friend of a student **to contact** a Facility Director, Center Coordinator of Clinical Education (CCCE), Clinical Instructor (CI) or other staff in any facility with which LLU SAHP holds an affiliation agreement **for any reason without specific permission of the appropriate ACCE**. **All communication to request placement for a clinical course with contracted facilities must by done by the ACCE**. A student will not be placed in a facility if there is evidence that any person other than the ACCE has contacted the facility to request clinical placement.

If a student makes unauthorized contact with a clinical facility, disciplinary action(s) will be taken which may include but are not limited to:

- Deferment of the clinical course to a later time;
- Removal from the degree program due to unprofessional and unethical behavior.
  The disciplinary action will be decided upon by the Clinical Education Committee and presented in writing to the student.

Authorized Contact:
If a student is interested in a facility that is **not on the current contract list**, the student may discuss a Special Request for placement with the respective ACCE. **Limited authorization may be granted for the student to make an initial inquiry to collect information regarding possible interest at the clinical site in accepting students for clinical education.**

Required Contact:
While students are expected to acquaint themselves with the facility by reviewing the Clinical Site Information Form (CSIF) and discussions with the ACCE as needed, it is also necessary to contact the CCCE in advance. Unless directed otherwise by the ACCE, each **student is required to contact the CCCE/CI for final details at least four weeks prior** to the beginning of any clinical rotation.

CRITICAL COMMUNICATION
(PT Department phone numbers are on page ten)

In an emergency the student must:

- Notify the CI, CCCE or Supervisor at the clinical affiliation facility.
- Notify the ACCE or Program Director

If the student is ill or unable to go to the clinic facility as assigned for any reason the student must:

- Call the CI or CCCE prior to the start time that day.
- Call the ACCE or Program Office Secretary informing them of the absence on the same day as the absence. Report all serious illnesses to the LLU Risk Management Student Insurance Claims Examiner – James Mendez 909-558-1000 ext 14010.
- **Arrange for "make-up" time with the CCCE/CI and ACCE.**
- **A physician's note is required for absences over five consecutive days and must be given to the CCCE, CI and the ACCE.**

- **In the event of injury to a patient or the student, the student must:**
  Report the incident to the CI and CCCE immediately and to the program ACCE.
  The ACCE will report any incident that involves injury to a patient to the LLU Risk Management Liability/Casualty Manager, Chris Johnston 909-558-1000 ext 14010.

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If time is lost from the clinical affiliation or the affiliation was postponed due to a serious medical condition:

- **The student should give both the CCCE/CI and the ACCE a physician's note** before he/she can either return to the clinical facility or start the postponed clinical affiliation.

If unexpected clinical problems develop:

- For patient-related problems (e.g., treatment protocols, scheduling issues, incidents involving patients, institutional procedures), the student should communicate first with the CI to identify the problem and work together to amend the situation.
- If the problem persists, the student will consult with the CCCE and the ACCE.
- For interpersonal problems with the CI or other staff, the student may contact the ACCE for help in addressing the problem. If the student is not able to solve the problem within the clinic, an intervention from the school is appropriate.

Contact	PTA	DPT Practicums	DPT Affiliations
ACCE	**Carol Appleton** W: 909 558-4632 x47208 800 422-4558, x47208 Cell: 909 557-4382 Email: cappleton@llu.edu	**Nicceta Davis** W: 909 558-4632x83695 Email: ndavis@llu.edu	**Theresa Joseph** W: 909 558-7744 800 422-4558 x87744 Beeper: 909 385-8049 or Theresaj@my2way.com Email: TJoseph@llu.edu
Program Director	**Jeannine Stuart Mendes** W: 909 558-4632 x47254 800 422-4558, x47254 Email: jmendes@llu.edu	**Larry Chinnock** W: 909 558-4632 x47251 800 422-4558, x47251 Email: lchinnock@llu.edu	**Larry Chinnock** W: 909 558-4632 x47251 800 422-4558 x47251 Email: lchinnock@llu.edu

RESPONSIBILITIES OF THE UNIVERSITY

The student remains under the responsibility of the University during clinical rotations. This includes but is not limited to:

- Any situations involving liability (injuries at the facility to the student or to a patient the student is treating).
- **Absences**
- Time-off requests: Any requests for **time-off** or accommodations in the student's schedule **must be approved by the ACCE prior to discussion with the CI or CCCE. In general, federal holiday observance will comply with the facility policy.**
- Provide student's name/identification badge
- **Insurance -**Fulltime registered students are covered by a health insurance and liability insurance plan. Please refer to the letter from Risk management in Appendix One and the health insurance pamphlet given to you by health service for the terms of coverage.

RESPONSIBILITIES OF THE CLINICAL FACILITY

This includes but is not limited to:

- Provide suitable clinical learning experiences as prescribed by the Program curriculum and objectives.
- Designate appropriate personnel to coordinate the student's clinical learning experience in the Program. This designate shall be called the Clinical Education Supervisor/Center Coordinator of Clinical Education (CCCE).
- Provide all equipment and supplies needed for clinical instruction at the facility.
- Provide necessary emergency care or first aid required by an accident occurring at the facility.

See Section Four for more details on clinical facility responsibilities.

ASSESSMENT OF STUDENT LEARNING IN CLINICAL SETTING
(See Section Four for additional details)

EVALUATION TOOLS:

Practicums
The *Practicum Evaluation Tool* includes three forms:

- CI assessment of student clinical performance.
- Student self-assessment of clinical performance.
- Student Evaluation of Clinical Experience.

The following criteria are used by the ACCE and faculty of *the DPT/PTA* program to determine that the student has satisfactorily completed the clinical Practicum:

1. *Practicum Evaluation Form* completed by the clinical instructor,
   Includes: written documentation for DPT/PTA and Visual Analog Scale ratings for DPT.
2. Interviews by academic faculty with the CI and the student as needed.
3. Student Self-Assessment using the *Practicum Evaluation Form*.

The clinical instructors will use the DPT/PTA *Practicum Evaluation Form* to report their assessment of the student's clinical performance to the School. The Loma Linda University **expectations are** listed below with regards to the rating given by the instructor of each of the items found in the *Practicum Evaluation Form*.

DPT Practicum I
For satisfactory completion, the Visual Analog Scale rating at the final assessment must be (±5%)
Criteria 1 through 3 95%
Criteria 4 through 9 35%

DPT Practicum II
For satisfactory completion, the Visual Analog Scale rating at the final assessment must be (±5%)
Criteria 1 through 9 95%

Formal evaluation with Clinical Instructor at end of the Practicum will take place as needed.

Affiliations
The DPT student receives a Manual/Handbook for Clinical Affiliations and the PTA student receives a Clinical Education Handbook. These handbooks contain the affiliation assessment tools and instructions for students and clinical educators which must be available to the Center Coordinator of Clinical Education (CCCE) and the Clinical Instructor (CI) at all times during the clinical affiliation.

Each handbook contains documents and processes applicable to each of the three Affiliations, including:

- The APTA 2006 *Clinical Performance Instrument* (CPI) Instructions (All students and CIs are expected to complete the APTA online training session prior to completion of student assessment via the CPI)
- In-service/Project report forms.
- Policy and Procedure Manual for Clinical Education.
- PTA/DPT student Evaluation of Clinical Experience and Clinical Instruction forms (completed by student and shared with CI during Midterm and Final evaluation sessions
- Miscellaneous handouts.

The student is encouraged to frequently self-assess using the student self-assessment form and to seek opportunities to practice the behaviors described in the CPI. A formal evaluation of the student's performance comparing the CI assessment and the student's self-assessment should be done at the midway point and at the end of the affiliation. **All required processes and documentation are to be presented to the ACCE by the time designated (see schedule of completion for each individual Affiliation section in clinical Manual and as stated in introductory letter to CCCE/CI with student packet).**

CRITERIA FOR SUCCESSFUL COMPLETION OF CLINICAL COURSES
(All Practicums must be completed successfully before proceeding on to an affiliation experience).
See Appendix Two for the *Standards for Satisfactory Completion of Affiliations* for the DPT and PTA programs.

Grading and Intervention***(The Entire DPT Grading Policy may be found in Appendix 2).***

The following include resources for grading of affiliations:

1. Physical Therapist/Physical Therapist Assistant Clinical Performance Instrument (CPI) or the Practicum Evaluation Form for DPT (assessment tool completed by the Clinical Instructor).
2. Interviews conducted by academic faculty with the Center Coordinator for Clinical Education (CCCE), Clinical Instructor (CI) and the intern.
3. Intern's *Self-Assessment* using *the Clinical Performance Instrument -or the Practicum Evaluation Form.*
4. Generic Abilities Assessment (if utilized during the clinical experience)
5. Didactic course faculty as appropriate

Each student is expected to receive a satisfactory rating by the end of each clinical rotation. Each rotation is independent of the others and must be satisfactorily completed. Errors in safety and/or judgment and unprofessional behavior may be grounds for the student to be removed from the facility. **A student who chooses to terminate any clinical experience without consultation and approval from the respective ACCE will automatically receive an "Unsatisfactory" grade.**

If the clinical faculty (CI and CCCE) finds that the student is not meeting the requirements or expectations for the clinical experience, the CI or CCCE should contact the ACCE to develop an agreeable plan of action for successful completion. Periodic review and specific feedback from the clinical faculty should be provided to the student and the ACCE. If the problem remains unresolved, the CEC will review the case and provide input up to and including immediate termination of the clinical experience. A clinical facility also has the right to terminate an experience at the discretion of the administration.

The Clinical Instructor does not determine the final grade for clinical experiences. . If the student is at risk of receiving an unsatisfactory grade, the Clinical Education Committee (CEC) will review the indicators listed above and will determine the final grade.

The *DPT Clinical Education Committee* is comprised of the following individuals: ACCE's from PT and PTA, Program Directors of PT and PTA, and two additional faculty designates from the PT Department. The *PTA Clinical Education Committee* consists of: ACCE from PTA, Program Directors of PT and PTA, and two PTA faculty members. The ACCEs from the DPT program will be part of the PTA CEC as needed. As representation of the PT faculty, the Clinical Education Committees have the right to obtain additional input from other faculty in assessing the overall student p-performance and assigning the grade

Timely submission of clinical documents to the ACCE by the student is critical to facilitate timely review and grade assignment. If the student fails to complete and submit the required documents including CPI, Practicum Evaluation Form, Student Evaluation of Clinical Experience form, In-service / Project Report and all appropriate signatures and dates, by 5:00 p.m., the MONDAY after the last scheduled date of the clinical rotation an**"Unsatisfactory "(U) grade would be entered. A "U" grade entered under this condition may be remediated by submission of completed documents and re-registration the following quarter**. (The tuition/fees would be calculated at half the price of the regular fees).

Scholastic Disqualification Policy

- Each program has a policy regarding disqualification based on scholastic performance throughout the program. If a student receives a "Failed" or an "Unsatisfactory" grade, he/she will receive "Disqualification Points" equal to the academic units of that course.
- A student who receives a cumulative total of 5(PTA) 6 (DPT) points disqualifies himself/herself from the program.
- A student who receives a second unsatisfactory grade in a clinical assignment disqualifies himself/herself from the program.
- The unsatisfactory completion of an excess of academic courses or clinical courses or a combination of the two will disqualify a student from his/her program.
- The disqualification points continue to accumulate even if the student has completed a remediation for the course and the grade was changed from "F" to "C".
- When a student repeats a course in which he/she received an unsatisfactory grade, the points received by the student continue to be in effect.

Section 3: STUDENT RESPONSIBILITIES

This section contains the individual responsibilities for the PTA and DPT student in the clinical setting. Compliance with these policies and responsibilities is necessary for satisfactory completion of each clinical practicum and affiliation.

HEALTH POLICIES – all students must have the following on file with the ACCE.

TB Skin test – (Tuberculosis Screen) – PPD Mantoux
Documentation of the TB skin test must be current within 1 year prior to starting a clinical affiliation. Some clinical sites may require a two step test or a test within a shorter time. If the TB skin test is positive, a copy of the chest x-ray report must be on file.

Hepatitis B Vaccine – Documentation for 3 vaccinations or a report of a positive antibody titer.

MMR - (mumps, measles and rubella vaccine) - Documentation of immunization or a report of a positive antibody titer.

TDAP – Tetanus, Diphtheria and Pertussis. Documentation of inoculation within the last ten years.

Varicella (chicken pox) – History of the disease or show proof of either a positive varicella titer or a series of two injections. Some clinical sites require a titer.

Site Specific – There may be other additional health records that are required by some clinical facilities. Check with the ACCE for any specific requirements. Facilities may require titers for Hepatitis B, MMR and Varicella (chicken pox). Pre-clinical or random drug testing and seasonal flu immunization may also be required.

CARDIO-PULMONARY RESUSCITATION – CPR

The student must carry a current CPR certification for the Health Care Worker (for adult, child and infant) issued from the **American Heart Association** when in the clinic and a copy should be on file with the ACCE.

BACKGROUND CHECK

Background checks are currently part of registration preceding the student's first quarter on campus and an updated check completed just prior to the end of the second year in the program. The background check is completed via the student portal of the University and accessed by an administratively designated individual in the PT department.

As per the website "The background package has been designed to meet the clinical placement requirements for all Loma Linda University medical programs and their associated clinical placement facilities." Some clinical facilities may require additional background checks done by the student or fingerprinting through their own vendor.

The student is advised that while the result of background checks may allow entrance to particular clinical sites during the course of the program, there is no guarantee that this would allow satisfactory completion of the application for licensure. Each background check for application for state licensure is assessed individually by the state's own licensing body.

STUDENT CLINICAL EDUCATION ONLINE RESOURCES AND MATERIALS

Clinical Education Resources and Materials (CERM) is the internal online student resource and material site online on CANVAS for both PTA and DPT Clinical Education. It contains sections for: announcements, organization information, facility listings, clinical site information forms (CSIF), electronic archives, online forms, paper documents, secure documents, external links and communication as well as access for APTA instructions in use of the CPI. Instructions for using this website will be given during the clinical orientation classes by the ACCE and support staff.

The DPT/PTA program also has course specific sections on CANVAS. This site includes: announcements, assignments, surveys and clinical resources specific to individual affiliations.

BIOGRAPHICAL FORM

The *biographical form* is a two-page document with the student's biographical information. This information is crucial for both the ACCE and the clinical education faculty. It will be sent to each student's practicum and affiliation sites.

- The biographical form is available online in CANVAS under CERM.
- Each student must complete an electronic biographical form and submit it via CERM to the ACCE by the date given.
- The student is responsible for updating and keeping current all information on the biographical form.

CONFIDENTIALITY AND PROTECTED INFORMATION

The Department of Physical Therapy recognizes that information which promotes effective student education and client and patient care may be shared with appropriate individuals. Reasonable care is expected in the dessimnation and use of this information in arranging for clinical education. Students document acknowledgement of this sharing of information with the Program.

Students receive instruction in the basics of Health Information Portability and Accountability Act (HIPAA) early in the program but it is reasonable to expect some clinical sites to include additional training during their orientation.

Policies regarding patient/client rights within the clinical setting are established by that institution and should allow clients the right to refuse to participate in clinical education. Students are expected to adhere to these policies while at the clinical site.

TIME LINE OF STUDENT RESPONSIBILITIES

PRIOR TO THE CLINICAL PRACTICUM/AFFILIATION THE STUDENT WILL:

- Be aware of and able to use the electronic information in **CERM on CANVAS**.
- Attend all **Clinical Orientation classes** per program.
- Give the ACCE documentation of all **health requirements**.
- Complete a **student biographical form** and submit it to the ACCE by the deadline given.
- Turn in all **Special Requests** to the ACCE by the deadline given using the appropriate forms on CERM. Special Requests must be reviewed by the ACCE prior to the deadline.
- Receive all **pertinent information** needed for practicum/affiliation from the ACCE in a timely manner.
- **Call the facility four weeks (or as otherwise directed by the ACCE) in advance** to communicate with the CCCE and to find out any additional requirements, such as work schedule, directions to the facility, dress code, etc.
- Complete any **additional requirements** of the clinical facility as outlined in the information packets sent to the student by the clinical faculty or by phone from the CCCE.

DURING THE CLINICAL PRACTICUM/AFFILIATION THE STUDENT WILL:

- **Make arrangements for reliable transportation to the clinical facility.**
  The student is responsible for housing as well as transportation to and from the facility, whether by his/her own transportation, carpooling, or public transportation. Some sites may offer stipends but this is a privilege and not a right to be expected. Any hours lost due to absences and /or tardiness because of car trouble may need to be made up.
- **Arrive on time each day.**
  Each student must clarify the work schedule with the CCCE prior to starting the clinical affiliation. Clinic hours may vary throughout the affiliation. Students are required to complete 40 hours per week with a minimum of 36. The student should not request an alternative work schedule with the facility. Exceptions to the assigned work schedule must be negotiated by the ACCE.
- **Notify the CI or CCCE if more than 15 minutes late.**
- **Notify the CI/CCCE and ACCE if absent any length of time.**
  Both the CI and the ACCE must be notified and given the reason for the absence. The ACCE will determine if the absence may be excused.
  A <u>maximum of two days only</u> will be allowed for <u>emergency absences</u> per clinical experience. Absences beyond two days must be made up at the discretion of the CI in conjunction with the ACCE. The two days are for emergencies only. These are not personal days. **Personal days are considered in writing to the ACCE prior to an affiliation only**. **A physician's note** is required to return to the clinic in an absence due to illness **lasting over five consecutive days**. **A copy of this note needs to be given to the CCCE, CI and the ACCE.**

- **Dress professionally and abide by the dress code of the academic program and the clinical facility. (See Appendix One for Dress Code)**
  Clarify any questions he/she may have regarding the dress code with the CI or the CCCE prior to starting the practicum/affiliation. If there are any questions about the appropriateness of the attire, a lab coat should be worn.

- **Wear the name badge provided by the academic program and any additional identification required by the clinical facility.**

- **Introduce self to the patient and clinical or hospital staff as PT/ PTA student/intern, using full name. Acknowledge the patients right to refuse treatment. The title intern may be used following the completion of all didactic course work.**

- **Prepare adequately for the clinical experience, including case studies, in-services, and any other additional assigned "homework".**
  The clinical experience is **NOT A VACATION** from school, but an advanced learning experience. Students are expected to complete all assignments and to prepare for in-services in a timely manner.

- **Present a minimum of one in-service during his/her clinical affiliations.**
  The student may be required by the clinical facility to do additional in-services.
  An In-service Report form should be handed in with the other evaluation materials at the end of the affiliation in which it was presented.

- **Bring resource material** to the clinical setting to support and guide his/her clinical decision making, including texts, lecture materials, articles, and in-service materials.

- **Take responsibility for his/her clinical learning experience**.
  Make good use of "free time" by reading information pertaining to the clinical setting, preparing for his/her in-service, or with the permission of the CI, observe other clinicians and healthcare professionals involved with patient care.

- **Abide by the safety policy of the facility.**
  Safety policies should be covered during the student orientation of each facility. If safety polices are not covered the student is required to seek out this information.

- **Practice in a safe manner and adhere to legal and ethical standards**.
  Under no circumstance is the student to treat a patient without a physical therapist in the building. If the physical therapist has stepped out of the building for any reason, the student is not to start or continue treatment of any patient, even if directed to do so by the physical therapist. If this situation occurs the ACCE should be notified immediately.

  The student should be very careful to use safe techniques when treating patients. Good body mechanics are important and should be practiced in all situations.

  The student should inform the ACCE regarding any serious problems encountered during the clinical affiliation, such as errors in practice, unethical, or illegal practices. Problems that involve the CI and/or problems with a patient or patient's family member should be reported to the CCCE and the ACCE. (See Appendix One for supporting documents).

- **Review the Practicum Evaluation Forms/Clinical Performance Instrument (CPI) with the CI at the beginning, midterm (for affiliations) and end of the clinical practicum/affiliation. Write/enter self-assessment** on student self-assessment pages of the Practicum Evaluation Forms/CPI regarding his/her clinical experience, prior to midterm and final meeting with the **CI.** Periodic comparison of the student's self-assessment with the CI assessment is beneficial to the teaching/learning experience.

- Fill out the **PT/PTA Student Evaluation: Clinical Experience and Clinical Instruction** form and review it with the CI at the midterm and final evaluation. Both the student and the CI should sign on the appropriate page of the form.

- **Assume responsibility for having the CI complete the CPI and for obtaining all required signatures.**

- **Communicate openly with CI regarding learning opportunities, questions or differences between CI and student, and learning style.** If the CI and student are not able **to resolve a conflict,** the CCCE should be notified for assistance. If unresolved, the ACCE should be contacted. The student, the CI and or CCCE may contact the ACCE whenever needed.

AFTER THE COMPLETION OF THE CLINICAL PRACTICUM/AFFILIATION THE STUDENT WILL:

- **Make a copy of all evaluation materials for his/her records.**

- **Present all evaluation materials (written as well as electronic) with necessary signatures to the ACCE by the deadline given.**

- **Materials handed in after the deadline** may result in an "Unsatisfactory" grade and a delay in the transmission of completion notices.

- **Meet with the ACCE after the completion of the last clinical affiliation for an Exit Interview.** If completing the last affiliation at a location distant from the University, call the ACCE for a phone Exit Interview.

- **Complete the graduation/Program completion processes by contacting the following offices: Student Finance, Financial Aid, Student Loan Collections, University Records and ACCE , program director to assure clearance for degree completion. Schedule interview with the ACCE or designee to review the clinical performance documents of the final affiliation, discussion of the clinical education experience and overall feedback for the program.**

- **Send a thank you letter to CI and CCCE after each practicum and affiliation.**

Section 4: THE CLINICAL ENVIRONMENT
ENTRY LEVEL DPT PROGRAM

Clinical Education is a critical component of a Physical Therapy Education and like most healthcare and allied health professions is dynamic in nature. Professional task forces and special interest groups continue to provide input to develop models of clinical assessment which are more and more efficient and valid in representing student performance and program outcomes.
Clinical instructors and Center Coordinators of Clinical Education who remain current in their area of practice, knowledgeable regarding healthcare trends and avidly utilize resources for professional and personal development possess an advantage in being more effective teachers. In addition to participation in local PT clinical education forums, the Clinical Education faculty may benefit from reviewing voluntary APTA guidelines for development at http://www.apta.org/Educators/Clinical/SiteDevelopment/.

PROGRAM MISSION AND OBJECTIVES:
As part of a Seventh-day Adventist professional school within Loma Linda University, the Department of Physical Therapy is committed to inspiring our students and faculty to achieve academic excellence, live a life of service, appreciate diversity, and pursue lifelong learning.

Goal: It is the Goal of the entry-level Doctor of Physical Therapy program to graduate students who:

- SG1: Demonstrate entry-level knowledge and clinical skills appropriate for safe and effective physical therapy practice. (Clinical Skills)
- SG2: Demonstrate compassion and respect during interactions with individuals from different ethnic and cultural backgrounds. (Multicultural Competence)
- SG3: Demonstrate the ability to critically think and integrate evidenced-based practice into their clinical decision-making skill set. (Clinical Reasoning)
- SG4: Demonstrate an awareness and application of the ethical and legal parameters surrounding the profession of physical therapy. (Professionalism)
- SG5: Demonstrate an understanding of evidence-based clinical care utilizing collaborative relationships between the patient, physical therapist, and other health care practitioners. (Collaborative Care)
- SG6: Demonstrate effective verbal and non-verbal communication with instructors, classmates and clinical personnel as needed to work effectively as a member of a healthcare team. (Communication)

Outcome: On the 3rd (final) Affiliation, the graduating cohort will have attained between the Anchor, "Advanced Intermediate" and "Entry Level Performance ,or higher for all criteria on the APTA 2006 CPI.

Course objectives for Practicums (pre-affiliation):

1. To provide the student with the supervision of an experienced physical therapist and a caseload of real patients in a learning environment where the student has opportunities to apply the knowledge and experiences gained in the classroom and laboratories in a safe and effective practice of physical therapy;
2. To provide a setting in which to assess the clinical performance of the student in order to determine readiness to engage in clinical affiliations and later enter the profession at the completion of the program

Course objectives for Affiliations:

1. To provide the students with clinical supervision by an experienced, licensed physical therapist in an environment representative of the Physical Therapy scope of practice. Afford practice of caseload of patients/clients in a interdisciplinary learning environment where the intern has opportunities to apply the knowledge and experiences gained in the classroom and laboratories for safe and effective practice of physical therapy.
2. To provide a setting in which the clinical performance of the intern may be evaluated in order to determine readiness to enter the profession at the completion of the program.
3. Expose the intern to clinical education models, and roles and responsibilities of clinical educators

CLINICAL SITE:

The clinical site is an environment in which physical therapy rendered is typical of the scope of practice. Loma Linda University (LLU) negotiates legal agreements with each clinical facility or group whereby the students have access to clinical experiences. These contracts may vary slightly between each facility and organization but have the same basic premise of agreement.

Center Coordinator of Clinical Education (CCCE) & Clinical Instructor (CI)

The CCCE is the primary contact for the PT program and coordinates and manages the student's learning experience in the clinical setting. The ACCE relies on the CCCE to assign the student to the clinical instructor with consideration for achieving the most successful outcome. The CCCE maintains the CSIF which provides the DPT program with current knowledge of the background and qualifications of the clinical instructors.

The CI is a licensed physical therapist with a minimum of one year clinical experience. The program strongly encourages the ongoing pursuit of continuing education for clinical instructors and CCCEs.

The Program recognizes that in some clinical sites, the same individual may serve as CCCE and CI.

Rights and Privileges of the Clinical Education Faculty (CI/CCCE)

University Standard: The standard affiliation agreement signed by the facility and the University outlines rights and privileges of the clinical education faculty including:

- The right to recommend withdrawal , and or exclude, any student from its premises
- The right to designate the individual from their staff who will coordinate the student's clinical leaning experience at the facility.
- The right to receive assignment of only students who have satisfactorily completed the prerequisite didactic portion of the curriculum.

Program Standard: The faculty and staff of the DPT program recognizes the contribution that clinical education faculty provides the Program. With the goal of fostering a mutual relationship of professional development, several additional rights and privileges have been extended to them:

- Clinical education faculties are offered attendance to LLU PT hosted Continuing Education courses at a discounted rate.
- The program provides documented verification of hours earned towards CEU credit (consistent with the licensing board criteria) for providing clinical instruction to the students.
- DPT programs frequently sponsor a number of Clinical Education Faculty to the APTA Clinical Instructor credentialing courses.

- Clinical education faculty have increased access to Professional forums such as CEF and CEF-IACCC combined meetings via announcements and facilitated processes made by the program. These forums offer additional opportunities for individual input to the development of the profession as well as personal professional growth.
- The clinical Education Faculty has a right to provide feedback to the program regarding program development and community perspectives related to the PT scope of practice

The SAHP Marketing department Standard: Facilities that contract with LLU SAHP for clinical education may participate in LLU's annual job fair at a significantly discounted application fee rate. This privilege benefits clinical education faculty via increased access to students and faculty.

Responsibilities and Expectations of the Clinical Education Faculty (CI/CCCE)

University Expectations: The standard affiliation agreement signed by the facility and the University outlines these responsibilities and expectations including:

- Provision of suitable clinical learning experiences as prescribed by the Program curriculum and objectives.
- Designation of appropriate personnel to coordinate the student's clinical learning experience in the Program. This designate shall be called the Clinical Education Supervisor/Center Coordinator of Clinical Education (CCCE).
- Provision of all equipment and supplies needed for clinical instruction at the facility.
- Provision of necessary emergency care or first aid for accidents occurring at the facility.

Program Expectations: In order that the DPT program and clinical education faculty continue to have a collaborative relationship towards meeting the objectives of clinical education of the students, and in recognition of those set forth in the contractual instrument, the program expects the Clinical Education Faculty to:

- Comply with regulations for practice as identified by the professional organization and governing agencies.
- Have a minimum of one year of clinical experience if acting in role of primary Clinical Instructor.
- Provide student orientation to setting, and communicate expectations and responsibilities early in the experience.
- Provide ongoing constructive feedback of student performance with consideration of students learning style and needs and which stimulates collaborative learning.
- Evaluate the student according to the guidelines and tools provided by the program and complete documentation in accordance with identified schedule.
- Communicate with program ACCE in a timely manner regarding student issues.
- Provide clinical education learning experiences within a safe environment, with a caseload which is representative of the physical therapy scope of practice and allows the student to practice skills learned in the program.
- Demonstrate ongoing desire and skill in providing clinical instruction to students and continuing professional development.

COMMUNIATION BETWEEN CLINICAL FACILITY AND ACADEMIC PROGRAM
Schedule of Communication between the Program/ACCE and CCCE/CI:

- The ACCE sends an annual request form in March to the CCCE who may indicate a commitment to provide specific clinical experiences for the following year or to defer until slots are requested by the ACCE as needed.
- Approximately 8-10 weeks prior to the start of the clinical experiences, the ACCE forwards a written request for confirmation of the clinical slot offered by the CCCE.
- Approximately 5-6 weeks prior to the start of the clinical experience, the ACCE sends a standard student information packet to the CCCE. ***The program expects the CCCE to use care in sharing the student's personal information on "need to know" only basis***.
- The student contacts the CCCE 3-4 weeks prior to the start of the clinical experience to introduce self and to discover specific expectations for practice at the site. The student then completes any additional requirements.
- If an offered clinical slot is not assigned to a student, the ACCE sends a letter of cancellation to the CCCE 3-4 weeks before the start date.
- The ACCE or faculty designee contacts the CI or CCCE 1-2 weeks prior to the midterm to schedule a midterm review session The CCCE is expected to contact the ACCE for resolution of problems at any time during the clinical experience as needed.
- The student is responsible for returning the required completed documents to the ACCE at the end of the clinical experience. The CI is expected to complete the documentation by the final day of the clinical experience.
- The program provides documented verification of hours earned towards CEU credit (consistent with the licensing board criteria) for providing clinical instruction to the students. These are sent to the sites approximately six weeks
- ***Accommodations:*** If a student is granted approval by the School for accommodations or needs special supervision, the ACCE discusses these needs with the CCCE prior to confirmation of the planned experience. In the event that special needs are discovered or become necessary while in the clinic, the CCCE/CI is to notify the ACCE immediately.

Assessment and Feedback:

Feedback from Clinic to the Program: CCCEs and CIs are encouraged to provide feedback to the program:

- During the midterm visit, the ACCE or designee asks the CI to comment on the quality of the program's preparation of the student for the setting.
- Completion of a written survey regarding the program's function and ACCE interaction is requested of the CCCE/CI annually. CCCE/CIs are encouraged to provide additional feedback as needed.
- ***Complaints:*** Anyone who wishes to file a complaint regarding a student, the program, its policies, faculty or staff, is instructed to contact the Program Director or the Dean of the School of Allied Health Professions.

Feedback from the Program and Student to the CCCE/CI: The following includes but not limited to several forums of feedback to the CCCEs/CIs:

- § Students are expected to give formal feedback to the ACCE and the clinical education faculty regarding the clinical experience via The *Physical Therapist Student Experience Evaluation Form*
- § The program recommends that the CCCE/CI keep a copy of this feedback which may be used for self assessment and development. The ACCE may choose to follow- up on information provided via this tool at the time of the visit or otherwise as appropriate
- § During the midterm visit/review, the ACCE or faculty designee observes the clinical environment and provides feedback which may enhance the teaching/learning experience.
- § The Program provides general information to the staff of the clinical facility via its annual News letter
- § The ACCE or other reps present information accumulated through SIG meetings such as IACCC-CEF annual meeting
- § The ACCE obtains information regarding post professional educational needs of the CIs via annual questionnaire on Con Ed. Courses.

Assessment of the Student on Practicum experience (Pre-Affiliations/internship):

The LLU DPT program provides a tool for the CI to assess student performance on Practicums in which the criteria are closely aligned to those of the Affiliations.

The student receives instruction in the use of the tool and is expected to collaborate with the clinical instructor in setting performance goals and to allow for self reflection and self development.

The tool contains nine criteria which are used to assess student performance for the evaluation at the end of the experience. Performance is scored as a percentage (%) along a line (VAS) anchored on each end by two extremes, "Beginner" and "Ready for full length affiliation."

Beginner performance indicates a student who has limited or no experience in clinical practice or who has had limited or no opportunity to apply academic knowledge or clinical skills. This student requires a high level of supervision to provide patient care.

Ready for full length affiliation identifies a student who has had academic and clinical opportunities to perform all basic tests and measures. The student is able to integrate these procedures into patient evaluation and intervention with minimal to moderate supervision of the clinical Instructor.

Instructions for completing the document are included in *Clinical Practicum Evaluation Form* in the appendix. While the expectations ramp up across the three practicum clinical experience, the CI should be aware that some students will perform at a significant level above the required standard for the particular experience. Recognition of this performance is appreciated.

Assessment criteria/Learning Objectives:

At the end of this Practicum (See guidelines and Standard for Satisfactory Completion specific to each practicum in Appendix Two) the student will be able to achieve the appropriate level of competence by demonstrating behaviors outlined in the following areas:

1. SAFETY: Supports safety in the work area; makes adjustments to treatment according to changes in the patient's status; uses proper ergonomics; asks for help when needed. (CC-5.35, 5.44)
2. PROFESSIONAL BEHAVIOR: Punctual, dependable; appropriately dressed; shows initiative; accepts responsibility of own behavior; Protects patient privacy; respectful of authority; manages own time wisely. (CC-5.3, 5.4, 5.6, 5.8, 5.10, 5.11, 5.45)
3. ETHICAL AND LEGAL PRACTICE: Follows ethical code and guidelines for legal practice and standards of conduct. (CC-5.1, 5.2., 5.3, 5.10)
4. COMMUNICATION: Effectively communicates, both verbally and non-verbally; responds

appropriately to others' nonverbal communication; makes appropriate eye contact and listens attentively; uses professional communication; expresses compassion. (CC-5.17)

5. DOCUMENTATION: Uses professionally and technically correct writing skills; identifies relevant information to document patient care; follows guidelines of the setting; demonstrates accuracy, timeliness, legibility. (CC-5.1, 5.3, 5.11, 5.17, 5.42, 5.46)
6. PT PATIENT EXAMINATION: Participates in examination process with clinical instructor; collects relevant history and suggests reliable and valid PT methods of examination; uses technically competent procedures. (CC-5.3, 5.8, 5.10, 5.17, 5.18, 5.19, 5.20, 5.28, 5.29, 5.30)
7. EVALUATION AND DIAGNOSIS: Participates in interpretation of exam information with clinical instructor to complete evaluation; discusses diagnosis to be ruled out and other problems influencing therapy; re-evaluates treatment effectiveness and changes in patient's condition. (CC-5.19, 5.20, 5.31, 5.32, 5.33)
8. PT PLAN OF CARE: Identifies functional goals and a plan of care in conjunction with the patient, family/caregiver, and clinical instructor consistent with findings and evaluation; makes changes according to changes in patient's condition. (CC-5.9, 5.19, 5.20, 5.34-5.38)
9. INTERVENTIONS: Participates in physical therapy interventions consistent with the patient's plan of care; recognizes need for modification and solicits appropriate feedback for modification of interventions in response to individual needs of the patient. (CC-5.19, 5.20, 5.39-5.44)

Although a formative assessment at the midpoint is not required, the CI is expected to provide feedback as needed during the course of the learning experience. A narrative summary of the student's performance at the end of the Practicum is part of the evaluative document.

<u>Assessment of the Student on Affiliation (internship):</u>

The LLU DPT program presently uses the APTA *Physical Therapist Clinical Performance Instrument* (*CPI*, version 2006) to assess the student's performance during the affiliation experiences.

The student receives instruction in the use of the tool and is expected to collaborate with the clinical instructor in setting performance goals and to allow for self reflection and self development.

The tool contains 18 criteria which are used to assess student performance at the midterm and final evaluations.

A list of sample behaviors is included with each criterion for clarification.

Student performance is scored on a rating scale which on a continuum of performance from "Beginning Performance" to "Beyond Entry". (See anchor descriptors in the Appendix C-p50 of APTA Physical Therapist Clinical Performance Instruments for Students)

APTA instructions for use of the CPI tool is located as a manual in the student's clinical manual. All CIs and students are instructed to complete the online APTA training as found on the APTA online learning Center prior to completion of the performance assessment.

The Program has set specific standards for satisfactory completion of each affiliation such that the desired student performance outcome is realized: On the 3rd (final) Affiliation, the graduating cohort will have attained between the anchor, "Advanced Intermediate" and "Entry Level Performance or higher for all criteria (**see Appendix Two for the LLU PT Program Standards for Satisfactory Completion of Affiliations** for each successive internship**).**

While the expectations for student performance increase with successive clinical experiences, some students perform at a level above the required standard for the particular experience. The CPI provides a mechanism for indicating such performance described as" Beyond Entry-level Performance"

The CI is expected to provide narrative summaries of the student's performance in the midterm and final evaluation sections of the CPI. The program highly recommends that the CI provides additional feedback in meetings with the student to foster further clinical and professional development.

Assessment Criteria and Learning Objectives (including the CPI):

Student objectives #1 through 18 are found in the APTA's Physical Therapist Clinical Performance Instrument. This tool specifically describes and defines minimum entry-level practice and is to be used by clinical instructors for the assessment of interns during affiliations. (Parenthetical numbers refer to CAPTE Evaluative Criteria-CC as incorporated by The Program)

At the end of the affiliation, in accordance with the LLU guidelines for Assessment of Student Learning and in terms of the standard described by the Anchors for each affiliation, the student will be able to demonstrate appropriate level of practice for the 18 CPI criteria

The Program has adopted the relational mechanism between CAPTE and the APTA criteria as shown in the table below

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]

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

[1] *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists.* Commission on Accreditation in Physical Therapy Education, APTA: Alexandria, VA; Adopted 2004; last revised 10/09; B29-B33.

APPENDIX ONE

APTA Core Documents:
- Code of Ethics
- Guide for Professional Conduct
- Standards of Ethical Conduct for the Physical Therapist Assistant
- Guide for Conduct of the Physical Therapist Assistant

Dress Code

Procedure for Evaluating Fitness for Duty - School of Allied Health Professions Policy

Risk Management Letter/health plan

Sexual Harassment Policy – Loma Linda University Policy

Identification and Supervision of Physical Therapy, Physical Therapy Assistant Students

Essential Functions for PT/PTA students

Medicare Reimbursement and Student Services – APTA Chart *(rev. 10-15-13)*

Code of Ethics for the Physical Therapist

HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05;HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

APTA
American Physical Therapy Association

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.

(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

APTA Guide for Professional Conduct

Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the Principles and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Principles when necessary and as needed.

Preamble to the Code

The Preamble states as follows:

> The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:
>
> 1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
>
> 2. Provide standards of behavior and performance that form the basis of professional accountability to the public.

3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.

4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.

5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Interpretation: Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code contain the word “shall” and are mandatory ethical obligations. The language contained in the Code is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the Code was revised was to provide physical therapists with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.

The Preamble states that “[n]o Code of Ethics is exhaustive nor can it address every situation.” The Preamble also states that physical therapists “are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive.” Potential sources for advice and counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist’s ethical decision-making process is the examination of his or her unique set of facts relative to the Code.

Standards of Ethical Conduct for the Physical Therapist Assistant

HOD S06-09-20-18 [Amended HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

Preamble

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.

2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

3A. Physical therapist assistants shall make objective decisions in the patient's/client's best interest in all practice settings.

3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.

3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.

4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

Standard #5: Physical therapist assistants shall fulfill their legal and ethical obligations.

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.

5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

Standard #6: Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

6A. Physical therapist assistants shall achieve and maintain clinical competence.

6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

Standard #7: Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.

7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients

Standard #8: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.

8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.

8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

APTA Guide for Conduct of the Physical Therapist Assistant

Purpose

This Guide for Conduct of the Physical Therapist Assistant (Guide) is intended to serve physical therapist assistants in interpreting the Standards of Ethical Conduct for the Physical Therapist Assistant (Standards) of the American Physical Therapy Association (APTA). The APTA House of Delegates in June of 2009 adopted the revised Standards, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapist assistants may determine the propriety of their conduct. It is also intended to guide the development of physical therapist assistant students. The Standards and the Guide apply to all physical therapist assistants. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Standards

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist assistant in applying general ethical standards to specific situations. They address some but not all topics addressed in the Standards and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Standards when necessary and as needed.

Preamble to the Standards

The Preamble states as follows:

> The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.
> No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or

consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Interpretation: Upon the Standards of Ethical Conduct for the Physical Therapist Assistant being amended effective July 1, 2010, all the lettered standards contain the word "shall" and are mandatory ethical obligations. The language contained in the Standards is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Standards. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word "shall" serves to reinforce and clarify existing ethical obligations. A significant reason that the Standards were revised was to provide physical therapist assistants with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.

The Preamble states that "[n]o document that delineates ethical standards can address every situation." The Preamble also states that physical therapist assistants "are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive." Potential sources for advice or counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist assistant's ethical decision-making process is the examination of his or her unique set of facts relative to the Standards.

Standards

Respect

Standard 1A states as follows:

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

Interpretation: Standard 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

Standard 2A states as follows:

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

Interpretation: Standard 2A addresses acting in the best interest of patients/clients over the interests of the physical therapist assistant. Often this is done without thought, but sometimes, especially at the end of the day when the clinician is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist assistant may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Sound Decisions

Standard 3C states as follows:

3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

Interpretation: To fulfill 3C, the physical therapist assistant must be knowledgeable about his or her legal scope of work as well as level of competence. As a physical therapist assistant gains experience and additional knowledge, there may be areas of physical therapy interventions in which he or she displays advanced skills. At the same time, other previously gained knowledge and skill may be lost due to lack of use. To make sound decisions, the physical therapist assistant must be able to self-reflect on his or her current level of competence.

Supervision

Standard 3E states as follows:

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Interpretation: Standard 3E goes beyond simply stating that the physical therapist assistant operates under the supervision of the physical therapist. Although a physical therapist retains responsibility for the patient/client throughout the episode of care, this standard requires the physical therapist assistant to take action by communicating with the supervising physical therapist when changes in the patient/client status indicate that modifications to the plan of care may be needed. Further information on supervision via APTA policies and resources is available on the APTA Web site.

Integrity in Relationships

Standard 4 states as follows:

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

Interpretation: Standard 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapist assistants come into contact with in the normal provision of physical therapy services. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

Reporting

Standard 4C states as follows:

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

Interpretation: When considering the application of "when appropriate" under Standard 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation's unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Exploitation

Standard 4E states as follows:

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

Interpretation: The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Standard 4 is consistent with Standard 4B, which states:

> 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

Next, consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients/Former Patients (modified for physical therapist assistants):

> A physical therapist [assistant] stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist [assistant] has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.
>
> One's ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:
>
> > The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.
> >
> > …..
> >
> > The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

> **Standard 5D and 5E state as follows**:
>
> 5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

Interpretation: The central tenet of Standard 5D and 5E is that inaction is not an option for a physical therapist assistant when faced with the circumstances described. Standard 5D states that a physical therapist assistant shall encourage colleagues to seek assistance or counsel while Standard 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on the physical therapist assistant's part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting someone's work responsibilities.

Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Clinical Competence

Standard 6A states as follows:

6A. Physical therapist assistants shall achieve and maintain clinical competence.

Interpretation: 6A should cause physical therapist assistants to reflect on their current level of clinical competence, to identify and address gaps in clinical competence, and to commit to the maintenance of clinical competence throughout their career. The supervising physical therapist can be a valuable partner in identifying areas of knowledge and skill that the physical therapist assistant needs for clinical competence and to meet the needs of the individual physical therapist, which may vary according to areas of interest and expertise. Further, the physical therapist assistant may request that the physical therapist serve as a mentor to assist him or her in acquiring the needed knowledge and skills. Additional resources on Continuing Competence are available on the APTA Web site.

Lifelong Learning

Standard 6C states as follows:

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

Interpretation: 6C points out the physical therapist assistant's obligation to support an environment conducive to career development and learning. The essential idea here is that the physical therapist assistant encourage and contribute to the career development and lifelong learning of himself or herself and others, whether or not the employer provides support.

Organizational and Business Practices

Standard 7 states as follows:

7. Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

Interpretation: Standard 7 reflects a shift in the Standards. One criticism of the former version was that it addressed primarily face-to-face clinical practice settings. Accordingly, Standard 7 addresses ethical obligations in organizational and business practices on a patient/client and societal level.

Documenting Interventions

Standard 7D states as follows:

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

Interpretation: 7D addresses the need for physical therapist assistants to make sure that they thoroughly and accurately document the interventions they provide to patients/clients and document related data collected from the patient/client. The focus of this Standard is on ensuring documentation of the services rendered, including the nature and extent of such services.

Support - Health Needs

Standard 8A states as follows:

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

Interpretation: 8A addresses the issue of support for those least likely to be able to afford physical therapy services. The Standard does not specify the type of support that is required. Physical therapist assistants may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues. When providing such services, including pro bono services, physical therapist assistants must comply with applicable laws, and as such work under the direction and supervision of a physical therapist. Additional resources on pro bono physical therapy services are available on the APTA Web site.

Issued by the Ethics and Judicial Committee
American Physical Therapy Association
October 1981
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Contact: ejc@apta.org

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF PHYSICAL THERAPY

Professional Dress Code Standards

Since you have chosen a professional field for your work, it is important that you portray a professional image to those with whom you come in contact. A clinician with inappropriate dress, grooming, or conduct can damage the patient's confidence in the quality of their care, sometimes even resulting in a delay in the restoration of health. In addition, our affiliating hospitals and clinics have dress standards that are reflected in the guidelines below. For these reasons, the following standards are required of students while enrolled in the program.

PERSONAL GROOMING: Haircuts, hairstyling, and personal grooming need to be neat, conservative and inconspicuous. Grooming and style should be practical and allow one's duties to be performed without embarrassment or inconvenience. Specifically:

1. Men's hair must be neatly trimmed and above the collar. Ponytails, spikes and dreadlocks are not acceptable.
2. Mustaches, beards and goatees, if worn, must be neat and closely trimmed.
3. Women's hair, if long, may need to be tied back. Spikes and dreadlocks are not acceptable.
4. The wearing of hats indoors is not acceptable.
5. Words, pictures, and/or symbols displayed on clothing should be consistent with a Christian institution and sensitive to a diverse student population.
6. Excessive makeup and fragrances are not appropriate.
7. Rings, if worn, should be low profile and limited to one finger per hand.
8. Ear ornaments, if worn, are limited to simple studs and should not drop below the bottom of the earlobes. Earrings are limited to one per ear. Male students are not allowed to wear ear ornaments. Rings or ornaments in other anatomical sites are not acceptable
9. Finger nails should be maintained in a professional manner, closely trimmed and should not interfere with patient safety and comfort during treatments. Nail polish, if worn, should be of a subdued color.

DRESS: General Dress: Modest casual wear is appropriate on campus and in class. Shorts must be neat and at least mid-thigh in length. Bare feet, bare midriffs and low-cut necklines are not acceptable.

Lab Dress: For many classes you will have to "dress down" for labs. Each instructor will specify the dress that is required for that lab. Lab dress is to be worn for labs only and is not appropriate in classrooms, the main floor of Nichol Hall or in any clinical facility.

Clinical Dress: Professional dress is required for all clinical assignments, chapel attendance, any class that is held in a clinical facility and in any class where patients are present. Professional dress includes; skirts/dresses of modest length or long pants (dress pants are recommended -no jeans), closed-toe shoes and name tags. Lab coats may be required in some clinical settings.

Failure to observe the dress and grooming codes may result in your dismissal from a class or building by a member of the academic faculty or from a clinical experience by the clinical faculty. You will be allowed to return to the class/building when the problem is eliminated.

Procedure for Evaluating An Individual's Fitness For Duty And Accommodating An Individual's Clinical Assignment.

Evaluation of an individual's fitness for duty will be performed by the clinical coordinator in the following areas:

A. Competence
    1. Medical condition resulting in incompetence
    2. Emotional instability to perform assigned tasks

B. Ability to perform routine duties
    1. Inability to perform regular duties, assuming "reasonable accommodations" have been offered for the disability
    2. Susceptible to varicella zoster virus, rubella or measles

C. Compliance with established guidelines and procedures
    1. Refusal to follow guidelines
    2. Unable to comprehend guidelines

The clinical coordinator makes accommodations for a student from a clinical experience perspective on a case-by-case basis. Decisions for exemption for more than one clinical session will be made in consultation with the student's physician and appropriate University faculty/administrators, including the chairperson of the University Communicable Disease and AIDS Committee. The following conditions require consideration when assigning a student to clients with communicable disease.

A. Confirmed pregnancy

1. The risk of transmission of HIV infection to pregnant health care workers is not known to be greater than the risk to those not pregnant.

2. The risk of transmission of other pathogens such as cytomegalovirus from clients with AIDS to pregnant health care workers is unknown but is thought to be low to non-existent.

3. If, however, due to personal concerns related to protection of the fetus, pregnant students, in consultation with the clinical coordinator, may be excluded by caring for clients infected with known communicable diseases or blood borne pathogens.

B. Incompetent Immunological Systems

Students with diagnosed immunological deficiencies are at an increased risk for developing opportunistic infections. In consultation with the clinical coordinator, these students may request exclusion from caring for clients with known communicable diseases or blood-borne pathogens.

C. Infections

Any student with a communicable infectious process could further compromise an already incompetent immunological system, such as a client who is neutrophic from chemotherapy, an AIDS client, or other immune-compromised client; thus, a student may, in consultation with the clinical coordinator, request a change in assignment.

From the School of Allied Health Professions Policy Handbook, p. 5 and 6.

LOMA LINDA UNIVERSITY

SHARED SERVICES

June 13, 2014

To Whom It May Concern:

RE: Student Health Plan & Risk Management Programs

The purpose of this letter is to outline and clarify the protection afforded to students and/or employees under the various insurance and risk management programs in effect at Loma Linda University. All coverage descriptions are subject to the limits of liability, exclusions, conditions, and other terms of the actual insurance or self-insurance program in effect.

Professional Liability – The primary professional liability exposures at Loma Linda University are funded through a self-insurance trust program established at Bank of America, Chicago, Illinois. The Trust provides coverage up to $3,000,000 per occurrence with no annual aggregate. Excess coverage is provided through University Insurance Company of Vermont. Professional liability coverage applies to both employees and students. Employees are only covered while functioning within the course and scope of their duties as employees of Loma Linda University. Students are covered while enrolled in a formal training program offered by Loma Linda University, but only for such student's legal liability resulting from the performance of or failure to perform duties relating to the training program.

Student Health Plan – All degree track students at Loma Linda University enrolled in any regular educational program are covered by the Student Health Plan. This program provides accident and sickness benefits while enrolled. Coverage under the Student Health Plan also applies to any student while participating in clinical rotations sponsored by Loma Linda University.

Workers' Compensation – In accordance with the California State Labor Code, Loma Linda University is self-insured for the Workers' Compensation exposures of its *employees.* Loma Linda University has been granted a Certificate of Consent to Self-Insure, #1095, by the Department of Industrial Relations of the State of California, and provides statutory workers' compensation benefits to all *employees* who sustain job-related injuries or illnesses. Benefits under this program include all necessary medical care, temporary disability benefits, and long-term benefits in accordance with the State Labor Code. Students are generally not considered employees for purposes of workers' compensation coverage.

Sincerely,

Raul E. Castillo
Risk Manager

Sexual Harassment

GENERAL RULE:
Loma Linda University is committed to providing a learning and work environment that is free of discrimination and harassment of any form. In keeping with this commitment, Loma Linda University maintains a strict policy prohibiting all forms of harassment including sexual harassment and harassment based on race, color, national origin, medical condition, physical handicap or age. Also prohibited is retaliation of any kind against individuals who file valid complaints or who assist in a University investigation.

Sexual harassment is especially serious when it threatens relationships between teacher and student, supervisor and subordinate, or clinician and patient. In such situations, sexual harassment exploits unfairly the power inherent in a faculty member's, supervisor's or clinician's position. Through grades, wage increases, recommendations for graduate study, promotion, clinical priority, and the like, a person in a position of power can have a decisive influence on the future of the student, faculty member, employee, or patient. The University will not tolerate behavior between or among members of the University community which creates an unacceptable educational, working, or clinical environment.

Sexual harassment and illegal discrimination are reprehensible and will not be tolerated by Loma Linda University. These actions subvert the mission of the University and threaten the careers, educational experience, and well being of students, employees and patients. Any individual found to have acted in violation of this policy should be subject to appropriate disciplinary action including warnings, reprimands, suspensions and/or dismissal.

DEFINITION OF SEXUAL HARASSMENT AND PROHIBITED ACTS

Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when submission to or rejection of this conduct explicitly or implicitly affects a person's employment or education, unreasonably interferes with a person's work or educational performance, or creates an intimidating, hostile or offensive working or learning environment.

Sexual harassment may include incidents between any member of the University community, including faculty and other academic appointees, staff, deans, students and non-students or non-employee participants in University programs such as vendors, contractors, visitors and patients.

For purposes of this policy, sexual harassment includes, but is not limited to, making unwanted sexual advances and requests for sexual favors where:

1. Submission to such conduct is made an explicit or implicit term or condition of educational evaluation, opportunity or advancement;
2. Submission to or rejection of such conduct by an individual is made as the basis for student decisions affecting such individuals; or
3. Such conduct has the purpose or effect of substantially interfering with an individual's educational performance or of creating an intimidating, hostile or offensive educational environment.

Specific examples of the verbal or physical conduct prohibited by this policy include, but are not limited to:

1. Physical assault.

2. Inappropriate or unwanted touching.

3. Direct or implied threats that submission to sexual advances will be a condition of educational evaluation, opportunity or advancement.

4. Direct or subtle propositions of a sexual nature.

5. Dating, requesting dates, or entering into a romantic relationship between a student and an employee or faculty wherein the employee or faculty is in a position of power or is able to exert influence over the student's educational experience.

6. A pattern of conduct that would discomfort and/or humiliate another individual including, but not limited to:
    a. Unnecessary touching,

    b. Remarks of a sexual nature about a person's clothing or body,

    c. Remarks about sexual activity or speculations about previous sexual experiences,

    d. Visual conduct including leering, sexual gestures or the display of sexually suggestive objects, pictures, language cartoons or jokes.

7. Use of electronic means, including the Internet and E-mail system, to transmit, communicate, or receive sexually suggestive, pornographic or sexually explicit pictures, messages or materials.

Individuals who engage in isolated conduct of the kind described above or who exhibit a pattern of engaging in such conduct but fail to realize that their actions cause discomfort demonstrate insensitivity that necessitates remedial measures. The University or school will direct that those engaged in such conduct, at a minimum, undertake an educational program designed to help them understand the harm caused. Nonetheless, the University retains its right to dismiss any individual even where the incident is isolated.

Harassment that is not sexual in nature but is based on gender or race is also prohibited if it is sufficiently severe to deny or limit a person's ability to participate in or benefit from the University educational programs, employment or services.

DISSEMINATION OF POLICY

This policy shall be disseminated to the University community through publications, websites, student orientations, and other appropriate channels of communication. It is the responsibility of the Office of the Vice President for Student Services to work with the schools to ensure that the policy is disseminated and implemented. The Office of the Provost is charged with sending an annual letter to all faculty and staff to remind them of the contents of the sexual harassment policy, including the provisions added to it by this policy.

REPORTS OF SEXUAL HARASSMENT

Any student that believes that they have been harassed or that they have been operating under a hostile environment may report such conduct to the University or school administration. The student may meet directly with the individual involved in the complaint and come to a mutually agreed upon resolution. The student may choose to take someone with him/her, such as a faculty member, department chair, unit manager, clinical instructor, chief resident, or other individual. If the student is uncomfortable with meeting the individual involved he/she is encouraged to follow the procedure below. Students are reminded that reporting inappropriate conduct is a personal and professional responsibility.

The procedure is to:

1. Report the incident(s) to the dean's office in the school in which the student has their primary enrollment or the Office of the University Vice President for Student Services.

2. In the event a faculty member is the accused, it will be the responsibility of the school's Dean's office to investigate, document and take immediate appropriate corrective measures/protective action that is reasonably calculated to end any harassment, eliminate a hostile environment, and prevent harassment from occurring again.

3. In determining the actions to be taken, consideration will be given to frequency and/or severity of the conduct as well as the position held by the accused. A primary objective will be to protect the student from any adverse consequences for having reported the incident.

CONFIDENTIALITY

The University shall protect the privacy of individuals involved in a report of sexual harassment to the extent required by law and University policy. Anyone requesting confidentiality shall be informed that complete and total confidentiality may not be possible and that some level of disclosure may be necessary to ensure a complete and fair investigation. Disclosure may be made only on a need to know basis.

DUTY TO INVESTIGATE AND TAKE CORRECTIVE ACTION

Once the University is on notice of possible harassment, it is responsible for taking **immediate** and appropriate steps to investigate or otherwise take steps that are reasonably calculated to end any harassment or hostile environment **whether or not** a complaint has been initiated by anyone or corrective action is requested by the complainant.

The goal is to have a quick resolution with the intention not to exceed 45 days. The parties may be informed of the outcome of an investigation within thirty days of its completion as appropriate.

The parties will have a right to provide witnesses, documentation or other evidence appropriate to substantiate their claim or defenses.

The parties will be notified of the outcome of the complaint, as appropriate.

RETALIATION PROHIBITED

All reasonable action will be taken to assure no retaliation against the complainant, witnesses or anyone cooperating with the investigation for their cooperation.

DISCIPLINARY ACTION

Any member of the University community who is found to have engaged in sexual harassment is subject to disciplinary action up to and including dismissal.

Any manager, supervisors, or designated employee responsible for reporting or responding to sexual harassment that knew about the harassment and took no action to stop it or failed to report the prohibited harassment also may be subject to disciplinary action.

Violations of this policy by faculty members will be referred to the dean of the school where the faculty is employed and will be governed by the procedures for discipline set forth in the Faculty Handbook.

Violations of this policy by staff members in academic units of the University will be taken by the dean of the school employing the staff member and will be governed by the procedures for discipline set forth in the Staff Handbook. Violations of this policy by an employee of a nonacademic unit of the University will be taken by the administrator who makes decisions about the employment status of the accused and will be governed by the procedures for discipline set forth in the Staff Handbook.

Violations of this policy by students, including graduate assistants, will be governed by the disciplinary procedures of the Student Handbook.

INTENTIONALLY FALSE REPORTS

Individuals who make reports that are later found to have been intentionally false or made maliciously without regard for truth may be subject to disciplinary action including termination.

This provision does not apply to reports made in good faith.

Sexual Standards Policy

Faculty, staff, administration, trustees, and students of the University are expected, in their teaching, influence, and example, to uphold Christian sexual standards as held by the Seventh-day Adventist Church. We believe that God's ideal for sexuality is achieved when sexual expression is limited to a man and woman who are husband and wife committed in lifelong marriage. All expressions of premarital and extramarital friendship are to be chaste, and behaviors which would suggest otherwise are to be avoided. All forms of sexual expression and conduct between heterosexuals outside of marriage, or between homosexuals, are contrary to the ideals of the University and will result in disciplinary action. Further, all forms of promiscuity, sexual abuse, and exploitation are contrary to the ideals of the University and will result in disciplinary action. Loma Linda University honors an ideal of sexual purity that transcends mere legal enforcements.

Romantic Relationships and Dating

The University wishes to promote the ethical and efficient operation of its academic programs and business. In this setting, the University wishes to avoid misunderstandings, complaints of favoritism, other problems of supervision, security, and morale, and possible claims of sexual harassment among its students, staff, and faculty. For these reasons:

1. A faculty member is prohibited from pursuing a romantic relationship with or dating a student who is registered in any course or program or who is involved in any other academic activity in which the faculty member is responsible as an instructor, coordinator, mentor, or committee member, for the duration of such course, program, or other academic activity.

2. A staff member is prohibited from pursuing a romantic relationship with or dating a student who is registered in any course or program or who is involved in any other academic activity in which the staff member participates in any direct supporting role, for the duration of such course, program, or other academic activity.

3. A University administrator or supervisor is prohibited from pursuing a romantic relationship with or dating any employee of the University whom he/she supervises for the duration of the supervision.

For the purposes of this policy, "romantic relationship" is defined as a mutually desired courting activity between two individuals. "Dating" is defined as a romantic social engagement arranged by personal invitation between the two individuals involved or arranged by a third party.

Faculty, staff, and administrators who violate these guidelines will be subject to discipline, up to and including termination of employment and/or loss of faculty appointment. Students who participate in the violation of these guidelines will be subject to discipline, up to and including discontinuance as a student at LLU.

See Seventh-day Adventists Believe, Hagerstown, MD: Review & Herald Publishing Association, 1988:294 and Action from 1987 Annual Council of the General Conference: "Statement of Concerns on Sexual Behavior," Adventist Review, January 14, 1998:21 for a position paper on this understanding. Copies may be obtained from the vice-President or the dean of your school.

Loma Linda University
Department of Physical Therapy
Physical therapist Program

Identification and Supervision of Physical Therapist Students

The faculty of the DPT programs at Loma Linda University has formalized the policy regarding requirements of supervision and documentation for our students which reflects both legal and ethical mandates. A description of what constitutes legal supervision is excerpted below from "Reference Guide to the Laws and Regulations Governing the Practice of Physical Therapy in California" Updated March 2006

1398.37. Identification and Supervision of Physical Therapist Students and Interns defined.
(b) The "Clinical Instructor" or the "supervisor" shall be the physical therapist supervising the physical therapist student while practicing physical therapy.
(c) The supervising physical therapist shall provide on site supervision of the assigned patient care rendered by the physical therapist student or intern.
(d) The physical therapist student or intern shall document each treatment in the patient record, along with his or her signature. The clinical instructor or supervising physical therapist shall countersign with his or her first initial and last name all entries in the patient's record on the same day as patient related tasks were provided by the physical therapist student or intern.

Note: Authority cited: section 2615, Business and Professions Code. Reference: Sections 2650.1 and 2650.2, Business and Professions Code. History: (1). New section filed 4016-79.No.16. (2.) Amendment filed 6-29-83, Register 83,No.27.7 (3.).Amendment of section heading, section and NOTE filed 12-23-2002, operative 1-22-2003,Register, No.52.

The Program supports and adopts the update made to the law regarding identification of the PT student as is referenced in the California Legislative Information (see website: *http://leginfo.legislature.ca.gov/faces/codes.xhtml*) *Business and Professions Code-BPC, Division 2, Chapter 5.7, Article 1,* ***2633.7****:*
During a period of clinical practice described in Section 2650 or in any similar period of observation of related educational experience involving recipients of physical therapy, a person so engaged shall be identified only as a "physical therapist student" or a "physical therapist assistant student," as authorized by the board in its regulations.
(Added by Stats. 2013, Ch. 389, Sec. 32. Effective January 1, 2014.)

The Program supports and adopts the guidelines for supervision of the student and documentation by the student as is furthermore detailed by Medicare (CMS) and referenced in summary chart by the APTA."Supervision of students under Medicare Chart" (.pdf) *(see website: http://www.apta.org/Payment/Medicare/Supervision/)*

Loma Linda University
Department of Physical Therapy
Physical therapist Program

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Loma Linda University
Department of Physical Therapy
Physical Therapist Assistant Program

Identification and Supervision of Physical Therapist Assistant Students

The faculty of the Physical Therapist Assistant Program at Loma Linda University have formalized the policy regarding requirements of supervision and documentation for our students which reflects both legal and ethical mandates. A description of what constitutes legal supervision is excerpted below form "Reference Guide to the Laws and Regulations Governing the Practice of Physical Therapy in California" Updated March 2006.

1398.52. Identification and Supervision of Physical Therapist Assistant Students and Interns Defined.

(a) A physical therapist assistant student is an unlicensed person rendering physical therapy services as **part of academic training** pursuant to section 2655.75 of the Code and shall only be identified as a **"physical therapist assistant student."** A person who has **completed the required academic coursework** may be identified as a **"physical therapist assistant intern**" when rendering physical therapy services. When rendering physical therapy services, the required **identification** shall be clearly **visible** and include his or her name and working title in at least **18-point type**.

(b) The **physical therapist assistant student or intern shall be supervised by a physical therapist supervisor**. A **physical therapist assistant under the supervision of a physical therapist supervisor may perform as a clinical instructor** of the physical therapist assistant student or intern when rendering physical therapy services.

(c) A **physical therapist supervisor shall provide on site supervision** of the assigned patient care rendered by the physical therapist assistant student or intern.

(d) The physical therapist assistant **student or intern shall document each treatment in the patient record** along **with his or her signature**. The **clinical instructor** shall **countersign** with his or her first initial and last name in the patient's record **on the same day** as patient related tasks were provided by the physical therapist assistant student of intern. **The supervising physical therapist shall conduct a weekly case conference and document it in the patient record.**

NOTE: Authority cited: Section 2615, Business and Professions Code. Reference: Sections 2655.9 and 2655.75, Business and Professions Code. History: (1,) New section filed 12-23-2002, operative 1-22-2003, Register 2002, No. 52.

Essential Functions
Doctor of Physical Therapy Program
Department of Physical Therapy
School of Allied Health Professions
Loma Linda University

Based on the philosophy of the Department of Physical Therapy in the School of Allied Health Professions, the intent of the professional program is to educate competent generalist physical therapists who can evaluate, manage, and treat the general population of acute and rehabilitation clients in current health care settings. Enrolled students are expected to complete the academic and clinical requirements of the professional DPT program.

The following "essential functions" specify those attributes that the faculty consider necessary for completing the professional education enabling each graduate to subsequently enter clinical practice. The Department of Physical Therapy, School of Allied Health Professions will consider for admission any qualified applicant who demonstrates the ability to perform or to learn to perform the "essential functions" specified in this document. Applicants are not required to disclose the nature of any disability(ies) to the physical therapy department; however, any applicant with questions about these "essential functions" is strongly encouraged to discuss the issue with the program director prior to the interview process. If appropriate, and upon the request of the applicant/student, reasonable accommodations may be provided.

Certain chronic or recurrent illnesses and problems that interfere with patient care or safety may be incompatible with physical therapy training or clinical practice. Other illnesses may lead to a high likelihood of student absenteeism and should be carefully considered. Deficiencies in knowledge, judgment, integrity, character, or professional attitude or demeanor which may jeopardize patient care may be grounds for course/rotation failure and possible dismissal from the program.

The purpose of this document is to delineate the cognitive, affective and psychomotor skills deemed essential for completion of this program and to perform as a competent generalist physical therapist.

Cognitive Learning Skills

The student must demonstrate the ability to:

1. Receive, interpret, remember, reproduce and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate new ways of processing or categorizing similar information listed in course objectives.
2. Perform a physical therapy evaluation of a patient's posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors in a timely manner, consistent with the acceptable norms of clinical settings.
3. Use evaluation data to formulate and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified consistent with acceptable norms of clinical settings.
4. Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner and consistent with the acceptable norms of clinical settings.

Psychomotor Skills

The student must demonstrate the following skills.

1. Locomotion ability to:
    1. Get to lecture, lab and clinical locations, and move within rooms as needed for changing groups, partners and work stations.
    2. Physically maneuver in required clinical settings, to accomplish assigned tasks.
    3. Move quickly in an emergency situation to protect the patient (eg. from falling).
2. Manual tasks:
    1. Maneuver another person's body parts to effectively perform evaluation techniques.
    2. Manipulate common tools used for screening tests of the cranial nerves, sensation, range of motion, blood pressure, e.g., cotton balls, safety pins, goniometers, Q-tips, sphygmomanometer.
    3. Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through physical facilitation and inhibition techniques (including ability to give time urgent verbal feedback).
    4. Manipulate another person's body in transfers, gait, positioning, exercise, and mobilization techniques. (Lifting weights between 10-100+ lbs)
    5. Manipulate evaluation and treatment equipment safely and accurately apply to clients.
    6. Manipulate bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning, moving, or treating a patient effectively. (Lifting, pushing/pulling weights between 10-100 lbs)
    7. Competently perform and supervise cardiopulmonary resuscitation (C.P.R.) Using guidelines issued by the American Heart Association or the American Red Cross.
3. Small motor/hand skills:
    1. Legibly record thoughts for written assignments and tests.
    2. Legibly record/document evaluations, patient care notes, referrals, etc. in standard medical charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.
    3. Detect changes in an individual's muscle tone, skin quality, joint play, kinesthesia, and temperature to gather accurate objective evaluative information in a timely manner and sense that individual's response to environmental changes and treatment.
    4. Safely apply and adjust the dials or controls of therapeutic modalities
    5. Safely and effectively position hands and apply mobilization techniques
    6. Use a telephone
4. Visual acuity to:
    1. Read written and illustrated material in the English language, in the form of lecture handouts, textbooks, literature and patient's chart.
    2. Observe active demonstrations in the classroom.
    3. Visualize training videos, projected slides/overheads, X-ray pictures, and notes written on a blackboard/whiteboard.
    4. Receive visual information from clients, e.g., movement, posture, body mechanics, and gait necessary for comparison to normal standards for purposes of evaluation of movement dysfunctions.
    5. Receive visual information from treatment environment, e.g., dials on modalities and monitors, assistive devices, furniture, flooring, structures, etc.
    6. Receive visual clues as to the patient's tolerance of the intervention procedures. These may include facial grimaces, muscle twitching, withdrawal etc.

5. Auditory acuity to:
    1. Hear lectures and discussion in an academic and clinical setting.
    1. Distinguish between normal and abnormal breathing, lung and heart sounds using a stethoscope.

1. Communication:
    1. Effectively communicate information and safety concerns with other students, teachers, patients, peers, staff and personnel by asking questions, giving information, explaining conditions and procedures, or teaching home programs. These all need to be done in a timely manner and within the acceptable norms of academic and clinical settings.
    2. Receive and interpret written communication in both academic and clinical settings in a timely manner.
    3. Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.
    4. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team.
2. Self care:
    1. Maintain general good health and self care in order to not jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings.
    2. Arrange transportation and living accommodations to foster timely reporting to the classroom and clinical assignments.

Affective learning skills

The student must be able to:

1. Demonstrate respect to all people, including students, teachers, patients and medical personnel, without showing bias or preference on the grounds of age, race, gender, sexual preference, disease, mental status, lifestyle, opinions or personal values.
2. Demonstrate appropriate affective behaviors and mental attitudes in order not to jeopardize the emotional, physical, mental, and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical settings and to be in compliance with the ethical standards of the American Physical Therapy Association.
3. Sustain the mental and emotional rigors of a demanding educational program in physical therapy which includes academic and clinical components that occur within set time constraints, and often concurrently.
4. Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers, and patients/clients.

APTA
American Physical Therapy Association

Last Updated: 10/15/13
Contact: advocacy@apta.org

Chart: Supervision of Students Under Medicare

Practice Setting	PT Student Part A	PT Student Part B	PTA Student Part A	PTA Student Part B
PT in Private Practice	N/A	X1	N/A	X1
Certified Rehabilitation Agency	N/A	X1	N/A	X1
Comprehensive Outpatient Rehabilitation Facility	N/A	X1	N/A	X1
Skilled Nursing Facility	Y1	X1	Y2	X1
Hospital	Y3	X1	Y3	X1
Home Health Agency	NAR	X1	NAR	X1
Inpatient Rehabilitation Agency	Y4	N/A	Y4	N/A

Key
Y: Reimbursable
X: Not Reimbursable
N/A: Not Applicable
NAR: Not Addressed in Regulation. Please defer to state law.

Y1: Reimbursable: Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (**Federal Register**, August 8, 2011). Within individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally all state and professional practice guidelines for student supervision must be followed. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented.

Medicare Part B—The following criteria must be met in order for services provided by a student to be billed by the long-term care facility:

- The qualified professional is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified professional is the person responsible for the services and, as such, signs all documentation. (A student may, of course, also sign but it is not necessary because the Part B payment is for the clinician's service, not for the student's services.)

(RAI Version 3.0 Manual, October 2011)

Individual Therapy:
When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant (Medicare A and Medicare B). The supervising therapist/assistant shall not be engaged in any other activity or treatment when the resident is receiving therapy under Medicare B. However, for those residents whose stay is covered under Medicare A, the supervising therapist/assistant shall not be treating or supervising other individuals **and** he/she is able to immediately intervene/assist the student as needed.

Example: A speech therapy graduate student treats Mr. A for 30 minutes. Mr. A.'s therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is not in the room with the student or Mr. A. Mr. A.'s therapy may be coded as 30 minutes of individual therapy on the MDS.

Concurrent Therapy:
When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are in line of sight of the therapist/assistant or student providing their therapy; or
- The therapy student is treating 2 residents, **regardless of payer source**, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or
- The therapy student is not treating any residents and the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight.

Medicare Part B: The treatment of two or more residents who may or may not be performing the same or similar activity, regardless of payer source, at the same time is documented as group treatment.

Example: An Occupational Therapist provides therapy to Mr. K. for 60 minutes. An occupational therapy graduate student, who is supervised by the occupational therapist, is treating Mr. R. at the same time for the same 60 minutes but Mr. K. and Mr. R. are not doing the same or similar activities. Both Mr. K. and Mr. R's stays are covered under the Medicare Part A benefit. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:

- Mr. K. received concurrent therapy for 60 minutes.
- Mr. R. received concurrent therapy for 60 minutes.

Group Therapy:
When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.

Medicare Part B: The treatment of 2 or more individuals simultaneously, regardless of payer source, who may or may not be performing the same activity.

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing group treatment and the supervising therapist/assistant is not engaged in any other activity or treatment; or

- The supervising therapist/assistant is providing group treatment and the therapy student is not providing treatment to any resident.

Documentation: APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient's care.

Y2: Reimbursable: The minutes of student services count on the Minimum Data Set. Medicare no longer requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA) student services. Rather, the supervising PT/PTA now has the authority to determine the appropriate level of supervision for the student, as appropriate within their state scope of practice. See **Y1.**

Documentation: APTA recommends that the physical therapist and assistant should co-sign the note of physical therapist assistant student and state the level of appropriate supervision used. Also, the documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy in **Y1.**

Y3: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

Documentation: Please refer to documentation guidance provided under **Y1**

Y4: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the inpatient rehabilitation facility payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

X1: B. Therapy Students

1. General
Only the services of the therapist can be billed and paid under Medicare Part B. However, a student may participate in the delivery of the services if the therapist is directing the service, making the judgment, responsible for the treatment and present in the room guiding the student in service delivery.

EXAMPLES:
Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services).

2. Therapy Assistants as Clinical Instructors
Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.

Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.

Recommended Skilled Nursing Facility Therapy Student Supervision Guidelines Submitted to CMS by the American Physical Therapy Association (APTA) During the Comment Period for the FY 2012 SNF PPS Final Rule

Please note: These suggested guidelines would be in addition to the student supervision guidelines outlined in the RAI MDS 3.0 Manual and all relevant Federal Regulations.

- The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence.
- Students who have been approved by the supervising therapist or assistant to practice independently in selected patient/client situations can perform those selected patient/client services specified by the supervising therapist/assistant.
- The supervising therapist/assistant must be physically present in the facility and immediately available to provide observation, guidance, and feedback as needed when the student is providing services.
- When the supervising therapist /assistant has cleared the student to perform medically necessary patient/client services and the student provides the appropriate level of services, the services will be counted on the MDS as skilled therapy minutes.
- The supervising therapist/assistant is required to review and co-sign all students' patient/client documentation for all levels of clinical experience and retains full responsibility for the care of the patient/client.
- Therapist assistants can provide instruction and supervision to therapy assistant students so long as the therapist assistant is properly supervised by the therapist.

These changes as well as other changes regarding MDS 3.0 will take effect October 1, 2011. If you have questions regarding this provision or other provisions within MDS 3.0, please contact the APTA at advocacy@apta.org or at 800.999.2782 ext. 8533.

APPENDIX TWO

Course descriptions, Curriculum outlines

Grading Policy-Clinical Experiences

Clinical Evaluation of Practicum Student Form-CI copy-with Criteria for Satisfactory completion of Practicum

Clinical Evaluation of Practicum Student Form-Student copy-with Criteria for Satisfactory completion of Practicum

Standards for Satisfactory Completion of Affiliations

APTA 2006 CPI for Physical Therapy Students *(For training use only)*

APTA 2009 CPI for Physical Therapy Students *(For training use only)*

APTA Physical Therapist Student Evaluation: Clinical Experience And Clinical Instruction (PTSECE**)**

APTA Physical Therapist Assistant Student Evaluation: Clinical Experience And Clinical Instruction **(**PTASECE**)**

AHCJ COURSES:

AHCJ 305 Infectious Disease and the Health Care Provider (1)
Current issues related to infectious disease, with special emphasis on principles of epidemiology and the etiology of HIV/AIDS. Discusses disease pathology and modes of transmission compared with hepatitis, tuberculosis, and influenza. Development of ethical response to psychosocial, economic, and legal concerns. Strategies and programs for education, prevention, and identification of resources. Impact on the health care worker; risk factors; and precautions for blood-borne pathogens, HIV, hepatitis, and tuberculosis.

AHCJ 510 Human Gross Anatomy (9)
Gross anatomy of the musculoskeletal system, with emphasis on spatial orientation, joint structure, skeletal muscle origins, insertions, actions, nerves, and blood supply. A cadaver-based course.

AHCJ 516 Clinical Imaging (3)
Studies the etiology, pathogenesis, and clinical manifestations of selected bone and joint pathologies. Discusses current literature for selected pathologies.

AHCJ 524 Pharmacology (2)
Introduces pharmacology, including study of pharmacokinetics, pharmacodynamics, and actions of pharmaceuticals commonly encountered in various allied health professions.

AHCJ 538 Histology (2, 3)
Advanced histology of joint pathology and the associated changes in bone, cartilage, and other connective tissues. Paper required for third unit.

AHCJ 542 Pathology I (4)
Fundamental mechanisms of disease, including cell injury; inflammation, repair, regeneration, and fibrosis; and vascular, cardiac, respiratory, gastrointestinal, hepatobiliary, urinary, reproductive, endocrine, and integumentary pathologies.

AHCJ 543 Pathology II (3, 4)
Fundamental mechanisms of disease, including the central and peripheral nervous systems, bone and joint, skeletal muscle, developmental, genetic, infectious, and parasitic pathologies; and neoplasia. Fourth unit requires two autopsy viewings and written report.

AHCJ 560 Physiology (4)
Physiology of the human body, including cellular, neuromuscular, cardiovascular, respiratory, gastrointestinal, renal, and endocrine physiology.

AHCJ 561 Neuroscience I: Neuroanatomy (4)
Basic anatomy and function of the central, peripheral, and autonomic nervous systems and related structures. Gross anatomy of the brain and spinal cord. Functional consideration of cranial nerves, tracks, and nuclei of major systems. Lecture, slides, and laboratory with specimens.

AHCJ 562 Neuroscience II: Neurophysiology (3)
Detailed study of neuromuscular physiology. Prerequisite: AHCJ 418.

AHCJ 563 Neuroscience III: Clinical Neurology (2)
Systematic review of clinical disorders of the central and peripheral nervous systems, emphasizing sensorimotor sequelae of injury and disease.

AHCJ 721 Wholeness Portfolio I (1)
Students continue developing a portfolio that illustrates the potential graduate's ability to meet the student learning outcomes set by Loma Linda University—including wholeness, Christ-centered values, commitment to discovery and lifelong learning, effective communication, embracing and serving a diverse world, and collaboration.

AHCJ 722 Wholeness Portfolio II (1)
Students continue developing a portfolio that illustrates the potential graduate's ability to meet the student learning outcomes set by Loma Linda University—including wholeness, Christ-centered values, commitment to discovery and lifelong learning, effective communication, embracing and serving a diverse world, and collaboration.

PHTH COURSES:

PHTH 501 Neurology I (2)
Physical therapy management of balance disorders affecting adults across the spectrum of life. Considers the neuromuscular, musculoskeletal, cardiopulmonary, and vestibular systems. Emphasizes the application and integration of theoretical constructs, evidenced-based practice, examination, evaluation, diagnosis, prognosis, intervention, and measurement of outcomes.

PHTH 502 Neurology II (3)
Physical therapy management of neurological disorders affecting adults across the spectrum of life. Considers a variety of pathologies—including stroke, traumatic brain injury, multiple sclerosis, Parkinson's disease, Guillian-Barre syndrome, and amyotrophic lateral sclerosis. Emphasizes application and integration of theoretical constructs, evidenced-based practice, examination, evaluation, diagnosis, prognosis, intervention, and measurement of outcomes.

PHTH 503 Neurology III (3)
Physical therapy management of spinal cord injury affecting adults across the spectrum of life. Emphasizes application and integration of theoretical constructs, evidence-based practice, examination, evaluation, diagnosis, prognosis, intervention, and measurement of outcomes.

PHTH 506 Exercise Physiology (3)
Principles and application of human response to exercise, including body composition. Tests and measurements. Techniques of physical fitness. Cardiorespiratory considerations. Exercise prescriptions.

PHTH 508 PT Communication and Documentation (2)
Introduces principles and dynamics of professional communication. Emphasizes basic skills needed in a clinical setting, including but not limited to the

following: evaluations, progress notes, discharge summary, workers compensation, prescriptions, patient interviews, letters of justification, electric formats, and legal considerations related to all aspects of the above.

PHTH 509 Physical Therapy Modalities (3)
Introduces fundamental principles, physiological effects, and application techniques in the use of physical therapy modalities. Physical agents—including thermotherapy, cryotherapy, ultrasound, and electrotherapy procedures. Manual modalities—including basic massage techniques, myofascial and trigger point release. Lecture and laboratory.

PHTH 510 Kinesiology (3)
Functional anatomy of the musculoskeletal system. Analyzes and applies the biomechanics of normal and pathological movement of the human body. Includes introduction to palpatory techniques for bone, ligament, and muscle. Lecture and laboratory.

PHTH 511 Clinical Orthopaedics (2)
The first in a series of courses in the orthopaedic tract curriculum. Presents the basis for patient management by the physical therapist for patients with functional impairments stemming from orthopaedic pathologies for all body regions. Introduces and considers the components of patient/client management throughout the course—including examination, evaluation, diagnosis, prognosis, intervention, and outcomes. Includes lectures by orthopaedic surgeons to enhance understanding of surgical procedures utilized in the management of the orthopaedic patient, with emphasis on postoperative rehabilitation.

PHTH 512 Clinical Psychiatry (2)
Introduces mental and personality disorders. Reviews abnormal behaviors commonly found in a clinical setting.

PHTH 513 Therapeutic Procedures (3)
Blood pressure determination and aseptic techniques. Principles and utilization of posture and body mechanics. Selection and use of wheelchairs, ambulation aids, and other equipment. Progressive planning toward complete activities of daily living.

PHTH 514 Manual Muscle Testing (3)
Methods of evaluating muscle strength and function by use of specific and gross manual muscle tests. Lecture, demonstration, and laboratory.

PHTH 517 Movement Science (2)
An integrative approach to movement impairment and neuromuscular approaches in the evaluation and management of musculoskeletal pain syndromes. Identifies clinical reasoning and examination of movement patterns. Extensive laboratory practice with patient/case studies.

PHTH 518 Aspects of Health Promotion (2)
Dynamics of physical therapy involvement in health promotion for the individual and the community. Factors in the promotion of a healthful lifestyle, including cardiovascular enhancement, stress reduction and coping mechanisms, nutritional awareness, weight management, and substance control. Students design and implement community-based health education program.

PHTH 519 Locomotion Studies (3)
Develops competencies in the identification and evaluation of normal and abnormal gait patterns, progressing to development of treatment programs. Includes current prosthetic and orthotic devices and their assistance with gait.

PHTH 521A Orthopaedics 1A (3)
Discusses physical therapy examination, evaluation, and interventions relevant to the clinical management of musculoskeletal conditions of the upper extremities. Presents instruction related to orthopaedic physical therapy interventions—including joint mobilization, hand splinting, and other selected techniques for specific upper extremity musculoskeletal conditions. Utilizes lecture, laboratory, and case studies to develop and integrate these concepts.

PHTH 521B Orthopaedics 1B (3)
Students further develop concepts of examination, differential diagnosis, prognosis, and interventions that are expanded to patients with musculoskeletal conditions of the lower extremities. Utilizes lecture, laboratory, and case studies to develop and integrate these concepts.

PHTH 522 Orthopaedics II (3)
Basic theory of spinal evaluation and treatment techniques. General principles of functional anatomy, tissue and joint biomechanics, pathology, and treatment.

PHTH 523 Orthopaedics III (3)
Basic theory of spinal evaluation and treatment techniques. General principles of functional anatomy, tissue and joint biomechanics, pathology, and treatment. Medical exercise training.

PHTH 525 General Medicine (3)
An understanding of medical and surgical disorders for the physical therapist. Basic pathology and/or etiology and clinical manifestations. Medical treatment for conditions within selected specialties of: endocrinology, arthritis, oncology, and integumentary management.

PHTH 526 Cardiopulmonary (3)
Basic pathology, etiology, and clinical manifestation of cardiopulmonary disorders commonly encountered by the physical therapist. Physical therapy management for cardiopulmonary conditions. Evaluation of cardiorespiratory function. General principles of formal cardiac and pulmonary rehabilitation programs. Basic ECG interpretation. Lecture and laboratory.

PHTH 527 Scientific Foundations for Therapeutic Exercise (2)
Analyzes physical, mechanical, and soft-tissue biomechanical considerations in the formulation of exercise prescriptions. Considers the neurophysiological basis of motor control and motor learning acquisition. Selects exercise modes and dosage for treatment of patients with musculoskeletal and neurological disorders and for the nonpathological individual.

PHTH 528 Therapeutic Exercise I (2)
Introduces the principles and foundational concepts of therapeutic exercise. Includes passive ROM, stretching exercises, resistance training, aerobic

conditioning, and aquatic rehabilitation. Introduces the Nagi and ICF disablement models to assist the student in selecting appropriate therapeutic exercise. Lecture and laboratory.

PHTH 530 Therapeutic Exercise II (3)
Expands the concepts learned in PHTH 528 Therapeutic Exercise I. Students learn to formulate and implement exercise prescriptions based on impairments and protocols. Uses case studies to design treatment progressions for the extremities. Emphasizes spinal stabilization approaches for the exial skeleton. Lecture and laboratory.

PHTH 532 Biostatistics I (2)
Fundamental procedures of analyzing and interpreting data. Sampling, probability, descriptive statistics, normal distribution, sampling distributions and standard error, confidence intervals and hypothesis testing, power, effect size. Introduction to epidemiological measures to estimate risk and select measures of clinical improvement.

PHTH 533 Biostatistics II (2)
Fundamental procedures for analyzing and interpreting data using common selected statistical tests: t-tests, chi-square, correlation, and regression. Introduces one- and two-way ANOVA, Mann-Whitney test, Wilcoxon signed-ranks test. Evaluates the importance of statistical findings from selected research studies.

PHTH 534 Soft-Tissue Techniques (2)
Trends in soft-tissue manipulation. Lecture, demonstration, and laboratory.

PHTH 555 Differential Diagnosis (2)
Emphasizes information gathering from history taking, review of systems, and directed questioning, combined with a focused examination to establish a working diagnosis. Uses a hypothetico-deduction strategy to minimize misdiagnosis and teach problem solving—helping students develop a working list of all possible causes of symptoms, including those from mechanical and visceral origins. Emphasizes clinical pattern recognition for both musculoskeletal and nonmusculoskeletal disorders. Teaches strategies to differentiate between musculoskeletal and nonmusculoskeletal disorders. Highlights knowledge and skills related to screening for medical pathology in patients with musculoskeletal complaints of the lumbar spine, pelvis, lower extremities, thoracic spine, shoulder girdle, and upper extremities.

PHTH 557 Life Span Studies I: Infant through Adolescent (3)
Sequential human development from neonate through adolescence, as applied to normal and abnormal neurological development. Includes concepts of prenatal and postnatal care, delivery, and neonatal assessment; developmental theories, infant reflex testing, and developmental milestones of the infant, toddler, child, and adolescent. Incorporates the interrelationship of the physical, perceptual, and motor components in treatment of the neurologically disabled patient.

PHTH 558 Life Span Studies II: Developmental Disabilities (3)
Discussion and demonstration of physical therapy diagnosis, assessment, and case management of clients with developmental disabilities—such as cerebral palsy, spina bifida, muscular dystrophy, and various other developmental disorders. Includes presentation and demonstration of pediatric NDT, sensory integration, spasticity management, and adaptive equipment options; as well as writing realistic, measurable objectives. Includes laboratory demonstrations.

PHTH 559 Lifespan Studies III: Geriatrics (2)
Reviews the normal physiologic and psychologic factors specific to the geriatric population—including aging of the musculoskeletal and sensory systems, diet and nutrition, the senior athlete, spiritual and psychosocial issues, and specific health topics—allowing the future clinician to assist patients with aging safely and gracefully.

PHTH 561 Physical Therapy Administration (4)
Principles of organization and administration in health care delivery. Multidisciplinary approach to patient management and patient-therapist relations. Administration of physical therapy services. Professionalism, medicolegal considerations, supervision and training of support personnel. Departmental design and budgetary considerations.

PHTH 563 Scientific Inquiry I (2)
Introduces students to research terminology and methodology needed in evidence-based physical therapy practice. Emphasizes the function of the research question, hypotheses, study design, sampling, study variables, measurement, reliability, validity, and statistics in the analysis and evaluation of research literature. Prerequisite to Scientific Inquiry II, which focuses on critical analysis and evaluation of research literature as a foundation to evidence-based practice.

PHTH 564 Scientific Inquiry II (2)
Provides experience in critical analysis and evaluation of research literature as a foundation for evidence-based physical therapy practice. Students analyze and evaluate studies—rationale, population, sampling and randomization techniques, sample sizes, appropriateness of the research design, choice of data analysis, and tables and graphic content—to determine the level of evidence of research articles. Provides experience in interpretating statistical outcomes and applying findings to practice. Culminates in students' oral presentation of the critical analysis and evaluation experience.

PHTH 571 Physical Therapy Practicum I (1)
A two-week, full-time (40 hours/week) clinical education assignment done in an affiliated clinic, with an emphasis in any of a variety of settings: acute care, outpatient care, neurorehabilitation, orthopaedics, geriatrics, pediatrics, sports medicine, and preventive care/wellness, etc. Full-time supervision by a licensed physical therapist required. Activities include direct patient care, team conferences, demonstrations, special assignments, and observation. The first of three practicums. Scheduled at the end of the first academic year.

PHTH 572 Physical Therapy Practicum II (1.5)
A three-week, full-time (40 hours/week) clinical education assignment done in an affiliated clinic, with an emphasis in any of a variety of settings: acute care, outpatient care, neurorehabilitation, orthopaedics, geriatrics, pediatrics, sports medicine, and preventive

care/wellness, etc. The second of three practicums required, scheduled at the end of the Autumn Quarter of the second academic year. Full-time supervision by a licensed physical therapist required. Activities include direct patient care, team conferences, demonstrations, special assignments, and observation.

PHTH 573 Physical Therapy Practicum III (1.5)
A three-week, full-time (40 hours/week) clinical education assignment done in an affiliated clinic, with an emphasis in any of a variety of settings: acute care, outpatient care, neurorehabilitation, orthopaedics, geriatrics, pediatrics, sports medicine, and preventive care/wellness, etc. The third of three practicums required, scheduled at the beginning of the Summer Quarter of the third academic year. Full-time supervision by a licensed physical therapist required. Activities include direct patient care, team conferences, demonstrations, special assignments, and observation.

PHTH 575 Orthopaedics IV (1)
A four-quarter, in-progress course that integrates examination procedures taught in the orthopaedic curriculum. As a culminating event, each student performs a comprehensive laboratory practical that includes the five elements of patient/client management, as described in the Guide to Physical Therapy Practice: examination, evaluation, diagnosis, prognosis, and intervention.

PHTH 701A Physical Therapy Affiliation IA (4)
Seven-week clinical assignment to be completed during the third year in affiliated clinical settings. Emphasizes a variety of clinical settings: acute care, rehabilitation, orthopaedics, geriatrics, and pediatrics. Forty clock hours per week of supervised clinical experience, special assignments, in-services, lectures, demonstrations, and conferences. Student's overall performance facilitated and assessed by the academic coordinators of clinical education, with input and feedback received from clinical instructors who provide direct instruction. Student receives a grade for Affiliation IA upon completion of Affiliation IB (PHTH 701B)

PHTH 701B Physical Therapy Affiliation IB (1)
Three-week clinical assignment to be completed during the third year in affiliated clinical settings. Completes PT Affiliation IA. Emphasizes a variety of clinical settings: acute care, rehabilitation, orthopaedics, geriatrics, and pediatrics. Forty clock hours per week of supervised clinical experience, special assignments, inservices, lectures, demonstrations, and conferences.
Student's overall performance facilitated and assessed by the academic coordinators of clinical education, with input and feedback by the clinical instructors who provide direct instruction. Student receives grade for Affiliation IA and IB upon completion of Affiliation IB.

PHTH 702 Physical Therapy Affiliation II (5)
Nine-to-eleven-week clinical assignment to be completed during the third year in affiliated clinical settings. Emphasizes a variety of clinical settings: acute care, rehabilitation, orthopaedics, geriatrics, and pediatrics. Forty clock hours per week of supervised clinical experience, special assignments, in-services, lectures, demonstrations, and conferences. Student's overall performance facilitated and assessed by the academic coordinators of clinical education, with input and feedback from clinical coordinators who provide direct instruction.

PHTH 703 Physical Therapy Affiliation III (5)
Nine-to-eleven-week clinical assignment to be completed during the third year in affiliated clinical settings. Emphasizes a variety of clinical settings: acute care, rehabilitation, orthopaedics, geriatrics, and pediatrics. Forty clock hours per week of supervised clinical experience, special assignments, in-services, lectures, demonstrations, and conferences. Student's overall performance facilitated and assessed by the academic coordinators of clinical education, with input and feedback received from clinical coordinators who provide direct instruction.

PHTH 731 Advanced Orthopaedic Studies (4)
Specialty track that provides opportunity to pursue, in greater depth, various topics related to current trends in orthopaedic physical therapy; and to develop advanced clinical skills, where appropriate.

PHTH 732 Advanced Neurologic Studies (4)
Specialty track that provides opportunity to pursue, in greater depth, various topics related to current trends in neurologic physical therapy; and to develop advanced clinical skills, where appropriate.

PHTH 733 Advanced General Medicine Studies (4)
Specialty track that provides opportunity to pursue, in greater depth, various topics related to current trends in general medicine physical therapy; and to develop advanced clinical skills, where appropriate.

RELIGION COURSES:

RELE 524 Bioethics and Society (3, 4)
Explores—from Christian and philosophical perspectives—issues confronting both society and patients. Uses case studies to illustrate such themes as health disparities, AIDS policy, end-of-life care, and organ transplantation. Additional project required for fourth unit.

RELR 709 Christian Perspectives on Death and Dying (2)
From a Christian perspective, considers the meaning of death, including: the process of dying, cultural issues regarding death and dying, grief and mourning, suicide, and other related issues.

RELT 714 Comparative Religious Experiences (2)
Examines the religious experiences held by adherents of various Christian confessions.

RELT 718 Adventist Heritage and Health (2)
Studies the fundamental beliefs and values that led Seventh-day Adventists to become involved in health care, with particular emphasis on the spiritual story and principles leading to the founding of Loma Linda University.

PROGRAM OF INSTRUCTION\DOCTOR OF PHYSICAL THERAPY –CURRICULUM

YEAR ONE		SM	AU	WN	SP	
PHTH 506	Exercise Physiology	--	--	--	3	Wilson
PHTH 508	PT Communication & Documentation	--	--	--	2	Huffaker
PHTH 509	PT Modalities	--	3	--	--	Rea
PHTH 510	Kinesiology	3	--	--	--	Bradley
PHTH 513	Therapeutic Procedures	--	3	--	--	Chinnock
PHTH 514	Manual Muscle Testing	3	--	--	--	Hubbard
PHTH 519	Locomotion Studies	--	--	--	3	Syms/Walthall
PHTH 521A	Orthopedics IA	--	--	--	3	Syms
PHTH 527	Scientific Foundation for Ther Exercise	--	--	2	--	Syms
PHTH 528	Therapeutic Exercise I	--	--	2	--	Bradley
PHTH 532, 533	Biostatistics I & II	--	--	2	2	Thorpe
PHTH 557	Lifespan Studies I: Infant - Adolescents	--	--	3	--	Nelson
PHTH 563	Scientific Inquiry I	--	2	--	--	Davis
PHTH 571	Physical Therapy Practicum I	--	--	--	1	Davis
AHCJ 305	Infectious Disease & the Care Provider	--	1	--	--	Ngo
AHCJ 510	Human Gross Anatomy	9	--	--	--	Forrester
AHCJ 538	Histology	--	--	3	--	Martin
AHCJ 542, 543	Pathology I, II	--	--	4	3	Martin
AHCJ 560	Physiology	--	4	--	--	Schwab
AHCJ 561	Neuroscience I: Neuroanatomy	--	4	--	--	Forrester
AHCJ 562	Neuroscience II: Neurophysiology	--	--	3	--	Petrofsky
AHCJ 563	Neuroscience III: Clinical Neurology	--	--	--	2	Huffaker
AHCJ 721	Wholeness Portfolio I	--	1	--	--	Wazdatskey
RELR 709	Christian Perspectives on Death & Dying	2	--	--	--	Staff
RELT 718	Adventist Heritage & Health	--	2	--	--	Staff
		17	20	19	19	(75 units)

YEAR TWO						
PHTH 501-503	Neurology I,II,III	--	2	3	3	Johnson
PHTH 511	Clinical Orthopedics	2	--	--	--	Syms
PHTH 512	Clinical Psychiatry	2	--	--	--	Murdoch
PHTH 517	Movement Science	--	--	--	2	Asovasopon
PHTH 518	Aspects of Health Promotion	--	--	2	--	Garcia
PHTH 521B-523	Orthopedics IB,II,III	--	3	3	3	Syms/Lohman/Swen
PHTH 525	General Medicine	--	3	--	--	Sulzle
PHTH 526	Cardiopulmonary	--	--	3	--	Wilson
PHTH 530	Therapeutic Exercise II	--	3	--	--	Bradley
PHTH 534	Soft Tissue Techniques	--	--	2	--	Cordett
PHTH 555	Differential Diagnosis	--	--	--	2	Lohman
PHTH 558	Lifespan Studies II: Dev Disabilities	--	--	3	--	Forrester
PHTH 559	Lifespan Studies III: Geriatrics	--	--	--	2	Bradley
PHTH 561	Physical Therapy Administration	--	--	--	4	Chinnock
PHTH 564	Scientific Inquiry II	2	--	--	--	Davis
PHTH 572	Physical Therapy Practicum II	--	1.5	--	--	Valenzuela
PHTH 575	Orthopedics IV	1	--	--	--	Lohman
AHCJ 516	Clinical Imaging	--	3	--	--	Petrofsky
AHCJ 524	Pharmacology	2	--	--	--	Patel
AHCJ 722	Wholeness Portfolio II	--	1	--	--	Wazdatskey
RELE 524	Bioethics & Society	--	--	3	--	Staff
RELT 714	World Religions & Human Health	3	--	--	--	Staff
		12	16.5	19	16	(63.5 units)

YEAR THREE						
PHTH 573	P.T. Practicum III	1.5	--	--	--	Valenzuela
PHTH 701A	PT Affiliation IA	4	--	--	--	Joseph
PHTH 701B	PT Affiliation IB	--	1	--	--	Joseph
PHTH 702, 703	PT Affiliation II, III	--	--	5	5	Joseph
PHTH 731	Advanced Orthopedic Studies	--	4	--	--	Asovasopon
PHTH 732	Advanced Neurologic Studies	--	4	--	--	Johnson
PHTH 733	Advanced General Medicine Studies	--	4	--	--	Sulzle
		5.5	13	5	5	(28.5 units)

Total Units: 169

OPERATING POLICY

CATEGORY:	Academics	CODE:	A-8
		EFFECTIVE:	8/19/2013 8/6/2012
SUBJECT:	Grading- Clinical Experiences	REPLACE:	8/19/2013 8/6/2012 8/3/2011
DEPARTMENT:	Physical Therapy		
		PAGE:	1 of 2
COORDINATOR:	DEPARTMENT CHAIR		

The sources of data listed below are used by the Academic Coordinator of Clinical Education (ACCE) and Clinical Education Committee (CEC) in assigning a grade for a clinical experience. As the faculty representation for matters of clinical education experiences, the CEC has the right to and may obtain input from additional faculty members in assessing the overall student performance and assigning the grade. Data gathered from the following will inform the grading process:

1. Physical Therapist/Physical Therapist Assistant Clinical Performance Instrument (CPI) or the Practicum Evaluation Form (assessment tool completed by the Clinical Instructor).
2. Interviews conducted by academic faculty with the Center Coordinator for Clinical Education (CCCE), Clinical Instructor (CI) and the intern.
3. Intern's *Self-Assessment* using *the Clinical Performance Instrument -or the Practicum Evaluation Form.*
4. Generic Abilities Assessment (if utilized during the clinical experience))

The CPI and the Practicum Evaluation Form include criteria with visual analog scales upon which the students' performance is represented. Space is also provided for each criterion where the CI could document narrative comments.

The program has defined standards for each criterion which indicate satisfactory (S) completion of each specific clinical experience. (See *Standards for Satisfactory Completion of Affiliations* and *Criteria for Satisfactory Completion of Practicum* for specifics). The Clinical Instructor does not determine the final grade for the clinical experience but provides valuable assessment of student onsite performance in terms of each clinical criterion observed.

The clinical experiences are graded as Satisfactory (S), Unsatisfactory (U) and on rare occasions, Incomplete (I). In the very rare event that a course withdrawal occurs during the period allowed for significantly extenuating circumstances a Withdrawal (W) will be the designated transcript entry. Each student is expected to receive a satisfactory rating by the end of each clinical rotation. Each rotation is independent of the others and must be satisfactorily completed. Errors in safety and/or judgment and unprofessional behavior may be grounds for the student to be removed from the facility.

If the clinical faculty (CI and CCCE) find that the student is not meeting the requirements or expectations for the clinical experience, the CI or CCCE should contact the ACCE for more in-depth and collaborative assessment and development of a plan of action towards a more amenable outcome.

The following are examples of conditions presenting grounds for an Unsatisfactory (U) Grade:

1. The student terminates the clinical experience without authorization of ACCE/CEC.

2. The student fails to attain Satisfactory Program Standards as assessed using the respective CPI/Practicum Evaluation Form.

> *Note: failure to attain the standard for as few as one (1) criterion could result in an Unsatisfactory (U) grade. Performance scores which do not meet the standard are reviewed by the ACCE in conjunction with the CEC in determining the final grade.*

3. The student fails to complete, with appropriate signatures and dates, and submit all documents and assignments associated with the clinical rotation by 5:00 p.m., the MONDAY after the last scheduled date of the clinical rotation. The documents may include but are not limited to the CPI, Practicum Evaluation Form, and Inservice / Project Report. ***A "U" grade entered under this condition may be remediated by submission of completed documents and re-registration the following quarter****. (The tuition/fees would be calculated at half the price of the regular fees).*

4. The student commits an egregious offense e.g., stealing, sexual harassment, fraud, professional misconduct such as inappropriate public postings on public social networks such as Facebook ® and Twitter ®.

5. The student demonstrates practice which is significantly disruptive to the operation of the clinic, places patients at risk of injury and/or places the clinic and staff in a position of liability.

If a student receives an unsatisfactory grade on a clinical rotation for anything other than late submission of paperwork, the student will need to remediate the entire clinical experience prior to progressing to the next (more advanced) clinical experience or completing the program. Though the setting at the next clinical site may not be the same as the setting in which the Unsatisfactory grade was received, ultimately, the student will need to satisfactorily complete a clinical rotation in the same setting as the Unsatisfactory grade.

The following conditions may present grounds for an Incomplete (I) grade:

The student is unable to complete the clinical experience within the designated time frame due to, but not limited to unforeseen circumstances such as family death or lack of fitness for duty which may include injury, illness, and complicated pregnancy.

If a student receives an Incomplete (I) grade in a clinical experience the additional time must be completed in the same setting as the original. This period must be scheduled for no less than six weeks for DPT, and four weeks for PTA.

LOMA LINDA UNIVERSITY
School of Allied Health Professions

DEPARTMENT OF PHYSICAL THERAPY

ENTRY-LEVEL DOCTOR OF PHYSICAL THERAPY PROGRAM

Clinical Practicum Evaluation Form

Clinical Instructor Copy

The purpose of the practicum clinical experiences is to introduce the students to real clinical practice settings where they can begin to apply classroom and lab learning experiences. At the end of this practicum experience we would like to have your assessment of the student's performance relative to his/her readiness for a full-time affiliation. This relatively new evaluation tool mirrors the current *Clinical Performance Instrument (CPI)* used for full-time affiliations. A visual analog scale (VAS) is used for rating nine different aspects of clinical performance for a practicum level student (i.e., Safety, Professional Behavior, etc). Beneath each numbered item, a description of skills and behaviors associated with a student's "Readiness for full-time Affiliation" is provided. Please refer to Page 2, which lists the "Criteria for Satisfactory Completion of Practicums."

This form is for you, the Clinical Instructor. The student has a similar form on which he / she will indicate their perceived level of readiness for full-time affiliation that was demonstrated during the practicum. These evaluation forms should be filled out and signed by you and the student and returned to the school at the end of the practicum.

Because the University requires grades be submitted typically within three days of the end of the quarter we ask that you complete this form so the student can return it to the University in a timely manner. That allows us to assign the appropriate grade to the student.

The evaluation form may be used as a counseling tool as you identify the student's areas of strength and weakness. Your feedback on the student's performance will help to determine whether a student is ready to progress in the program. The academic coordinator and program faculty will review your assessment and will assign the final grade. The information gathered by both **"Clinical Instructor Summary Sheet"** and **Facility Evaluation By Student** will be utilized by our department to help improve our program.

We greatly appreciate your help with our students. If you have any questions about the practicum, or any aspect of our program, please do not hesitate to contact Dr. Nicceta Davis, ACCE, Physical Therapy Department at (909) 558-4632 ext 83695 or 800-422-4558, ext. 83695.

Loma Linda University
Doctor of Physical Therapy
Criteria for Satisfactory Completion of Practicums

The following criteria are used by the ACCE and faculty of the DPT program to determine that the student has satisfactorily completed the clinical practicum:

1. *Practicum Evaluation Form* completed by the clinical instructor, includes the Visual Analog Scale ratings and written documentation.
2. Interviews by academic faculty with the CI and the student as needed.
3. Student Self-Assessment using the *Practicum Evaluation Form*.

The clinical instructors will use the *Practicum Evaluation Form* to report their assessment of the student clinical performance to the School. The Loma Linda University **expectations are** listed below with regards to the rating given by the instructor of each of the nine items found in the *Practicum Evaluation Form*.

Physical Therapy Practicum I

For satisfactory completion, the Visual Analog Scale rating at the final assessment must be (±5%)

Criteria 1 through 3 95%
Criteria 4 through 9 35%

Physical Therapy Practicum II

For satisfactory completion, The Visual Analog Scale rating at the final assessment must be (±5%)

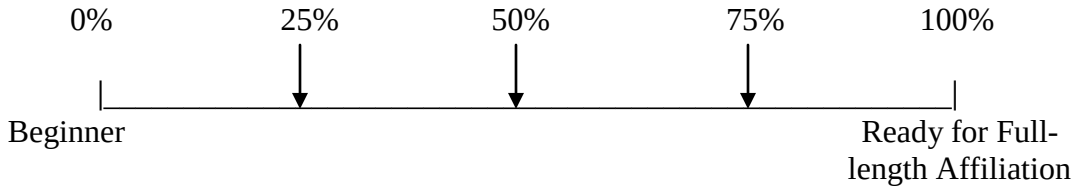
Criteria 1 through 3 95%
Criteria 4 through 9 70%

Physical Therapy Practicum III

For satisfactory completion, the Visual Analog Scale rating at the final assessment must be (±5%)

Criteria 1 through 9 95%

The VAS **sample** guideline markings are below.



Operational Definitions

Beginner indicates the student who has limited or no experience in clinical practice or who has had limited or no opportunity to apply academic knowledge or clinical skills. This student requires a high level of supervision to provide patient care.

Ready for full length affiliation indicates a student who has had academic and clinical opportunities to perform all basic tests and measures. The student is able to integrate these procedures into patient evaluation and intervention with minimal to moderate supervision of the Clinical Instructor.

LOMA LINDA UNIVERSITY
DOCTOR OF PHYSICAL THERAPY PROGRAM
PRACTICUM EVALUATION FORM – CLINICAL INSTRUCTOR COPY

STUDENT NAME _____ DATE _____

FACILITY NAME_____ CITY_____ STATE _____

CLINICAL INSTRUCTOR _____ PRACTICUM 1 2 3 (circle one)

DAYS ABSENT _____ REASON FOR ABSENCE_____
(Note: Student must notify the School of absence on any day of absence)

This form will be used by the Clinical Instructor (CI) to assess student clinical performance AND a separate, similar form will be used by the student for self-assessment. For each item, the assessor will place a mark on the visual analog scale. The marks will indicate the relative position of the student's performance between a "Beginner" and a student "Ready to begin a full-length affiliation".

1. **SAFETY**
Supports safety in the work area; makes adjustments to treatment according to changes in the patient's status; uses proper ergonomics; asks for help when needed.

|_____|
Beginner Ready for Full-length Affiliation

CI Comments_____

_____

2. **PROFESSIONAL BEHAVIOR**
Punctual, dependable, appropriately dressed, shows initiative, accepts responsibility of own behavior, protects patient privacy, respectful of authority, manages own time wisely.

|_____|
Beginner Ready for Full-length Affiliation

CI Comments_____

_____

3. **ETHICAL AND LEGAL PRACTICE**
Follows ethical code and guidelines for legal practice and standards of conduct.

|_____|
Beginner Ready for Full-length Affiliation

CI Comments_____

_____

4. COMMUNICATION

Effectively communicates, both verbally and non-verbally; responds appropriately to others' nonverbal communication; makes appropriate eye contact and listens attentively; uses professional communication; expresses compassion.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments_____

_____

5. DOCUMENTATION

Uses professionally and technically correct writing skills; identifies relevant information to document patient care; follows guidelines of the setting; demonstrates accuracy, timeliness, legibility.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments_____

_____

6. PT PATIENT EXAMINATION

Participates in examination process with clinical instructor, collects relevant history and suggests reliable and valid PT methods of examination; uses technically competent procedures.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments_____

_____

7. EVALUATION AND DIAGNOSIS

Participates in examination process with clinical instructor; collects relevant history and suggests reliable and valid PT methods of examination; uses technically competent procedures.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments_____

_____

8. PT PLAN OF CARE

Identifies functional goals and a plan of care in conjunction with the patient, family/caregiver, and clinical instructor consistent with findings and evaluation; makes changes according to changes in patient's condition.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments_____

_____

9. INTERVENTIONS

Performs physical therapy interventions effectively, competently, consistent with plan of care; modifies interventions in response to individual needs of the patient.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments_____

_____

CLINICAL INSTRUCTOR SUMMARY SHEET

STRENGTHS OF THE STUDENT:

SUGGESTIONS TO THE STUDENT

SUGGESTIONS TO THE SCHOOL

The Clinical Instructor and the Student must sign the evaluation

_____ _____

Clinical Instructor Student

_____ _____

Date Date

LOMA LINDA UNIVERSITY
School of Allied Health Professions

DEPARTMENT OF PHYSICAL THERAPY

ENTRY-LEVEL DOCTOR OF PHYSICAL THERAPY PROGRAM

Clinical Practicum Evaluation Form

Student Copy

The purpose of the practicum clinical experience is to introduce the students to real clinical practice settings where they can begin to apply classroom and lab learning experiences. Upon completing this practicum, the clinical instructor will assess the student's performance relative to his/her readiness for a full-time affiliation. This evaluation tool mirrors the current *Clinical Performance Instrument (CPI)* used for full-time affiliations. A visual analog scale (VAS) is used for rating nine different aspects of clinical performance for a practicum level student (i.e., Safety, Professional Behavior, etc). Beneath each numbered item, a description of "Readiness for full-time Affiliation" is provided. Please refer to Page 2 which lists the "Criteria for Satisfactory Completion of Practicum."

Using two separate forms, the Clinical Instructor and the student will mark each item to indicate the level of readiness demonstrated during the practicum. These evaluation forms should be filled out and signed by the Clinical Instructor and the student and returned to the school at the end of the practicum. The student may bring them to Dr. Davis (Nichol Hall 1900) or send them by mail, fax or email.

The evaluation form may be used as a counseling tool to identify the student's areas of strength and weakness. Feedback on the student's performance will help to determine whether a student is ready to progress in the program. The academic coordinator and program faculty will review the assessment and will assign the final grade. The information gathered by both "**Clinical Instructor Summary Sheet"** and the **Facility Evaluation By Student** is utilized by our department to help improve our program.

If you have any questions about the practicum, or any aspect of the program, please do not hesitate to contact Dr. Nicceta Davis in the Physical Therapy Department at (909) 558-4632 extension 83695 or 1-800-422-4558 School of Allied Health Professions, extension 83695.

Loma Linda University
Doctor of Physical Therapy
Criteria for Satisfactory Completion of Practicums

The following criteria are used by the ACCE and faculty of the DPT program to determine that the student has satisfactorily completed the clinical practicum:

1. *Practicum Evaluation Form* completed by the clinical instructor, includes the Visual Analog Scale ratings and written documentation.
2. Interviews by academic faculty with the CI and the student as needed.
3. Student Self-Assessment using the *Practicum Evaluation Form*.

The clinical instructors will use the *Practicum Evaluation Form* to report their assessment of the student clinical performance to the School. The Loma Linda University **expectations are** listed below with regards to the rating given by the instructor of each of the nine items found in the *Practicum Evaluation Form*.

Physical Therapy Practicum I

For satisfactory completion, the Visual Analog Scale rating at the final assessment must be (±5%)

Criteria 1 through 3 95%
Criteria 4 through 9 35%

Physical Therapy Practicum II

For satisfactory completion, The Visual Analog Scale rating at the final assessment must be (±5%)

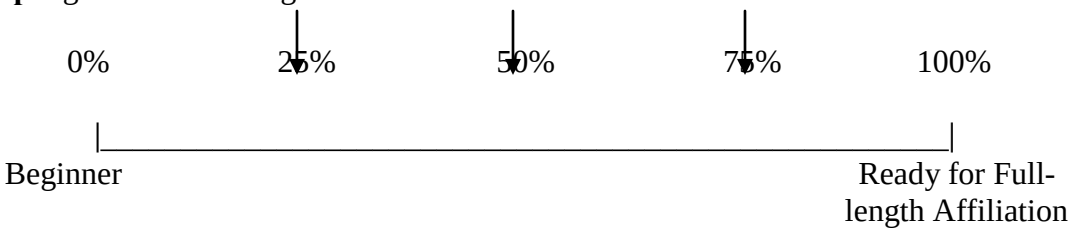
Criteria 1 through 3 95%
Criteria 4 through 9 70%

Physical Therapy Practicum III

For satisfactory completion, the Visual Analog Scale rating at the final assessment must be (±5%)

Criteria 1 through 9 95%

The VAS **sample** guideline markings are below.



Operational Definitions

Beginner indicates the student who has limited or no experience in clinical practice or who has had limited or no opportunity to apply academic knowledge or clinical skills. This student requires a high level of supervision to provide patient care.

Ready for full length affiliation indicates a student who has had academic and clinical opportunities to perform all basic tests and measures. The student is able to integrate these procedures into patient evaluation and intervention with minimal to moderate supervision of the Clinical Instructor.

Loma Linda University
Doctor of Physical Therapy Program
Practicum Evaluation Form – Student Copy

STUDENT NAME_____ DATE_____

FACILITY NAME _____ CITY_____ STATE_____

CLINICAL INSTRUCTOR _____ PRACTICUM 1 2 3 (circle one)

DAYS ABSENT_____ REASON FOR ABSENCE_____
(Note: Student must notify the School of absence of any day of absence)

This form will be used by the Student for Self-assessment AND a separate, similar form will be used by the Clinical Instructor (CI) to assess student clinical performance. For each item, the assessor will place a mark on the visual analog scale. The marks will indicate the relative position of the student's performance between a "Beginner" and a student "Ready to begin a full-length affiliation."

1. SAFETY
Supports safety in the work area; makes adjustments to treatment according to changes in the patient's status; uses proper ergonomics; asks for help when needed.

|_____|
Beginner Ready for Full-length Affiliation

CI Comments _____

_____

2. PROFESSIONAL BEHAVIOR
Punctual, dependable; appropriately dressed; shows initiative; accepts responsibility of own behavior; Protects patient privacy; respectful of authority; manages own time wisely.

|_____|
Beginner Ready for Full-length Affiliation

CI Comments _____

_____

3. ETHICAL AND LEGAL PRACTICE
Follows ethical code and guidelines for legal practice and standards of conduct.

|_____|
Beginner Ready for Full-length Affiliation

CI Comments _____

_____

4. COMMUNICATION

Effectively communicates, both verbally and non-verbally; responds appropriately to others' nonverbal communication; makes appropriate eye contact and listens attentively; uses professional communication; expresses compassion.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments _____

_____

5. DOCUMENTATION

Uses professionally and technically correct writing skills; identifies relevant information to document patient care; follows guidelines of the setting; demonstrates accuracy, timeliness, legibility.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments _____

_____

6. PT PATIENT EXAMINATION

Participates in examination process with clinical instructor; collects relevant history and suggests reliable and valid PT methods of examination; uses technically competent procedures.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments _____

_____

7. EVALUATION AND DIAGNOSIS

Participates in interpretation of exam information with clinical instructor to complete evaluation; discusses diagnosis to be ruled out and other problems influencing therapy; re-evaluates treatment effectiveness and changes in patient's condition.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments _____

_____

8. PT PLAN OF CARE

Identifies functional goals and a plan of care in conjunction with the patient, family/caregiver, and clinical instructor consistent with findings and evaluation; makes changes according to changes in patient's condition.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments _____

_____

9. INTERVENTIONS

Performs physical therapy interventions effectively, competently, consistent with plan of care; modifies interventions in response to individual needs of the patient.

|_____|

Beginner Ready for Full-length Affiliation

CI Comments _____

_____

FACILITY EVALUATION BY STUDENT

Student Name *(Print)* _____ Practicum 1 2 3 (Please circle one)

Facility Name_____ CI_____
(Please include full name and city location)

STRENGTHS OF THE FACILITY:

SUGGESTIONS TO THE FACILITY:

SUGGESTIONS TO THE SCHOOL:

The Clinical Instructor and the Student must sign the evaluation.

_____ _____
Student Clinical Instructor

_____ _____
Date Date

Loma Linda University

School of Allied Health Professions – PT Program

Standards for Satisfactory Completion of Affiliations

Grade Determined by: The final grade for each Clinical Education Experience is determined by: the Director of Clinical Education and the Clinical Education Committee which is made up of the Program Directors of the PT and PTA programs, and four additional core faculty including the two DPT Program ACCE's.

The grade is determined from the following resources:

1. Clinical Performance Instrument (APTA CPI 2006 version, CI and Student self-assessments.
2. Interviews by academic faculty with the CI and the Student.
3. Other sources of information may include: Classroom performance evaluations, peer assessments, and patient assessments, The Program's didactic course faculty, CCCE.

Rating Scale – The rating scale reflects a continuum of performance ranging from "Beginning Performance" to "Entry -Level Performance" with option for excelling to "Beyond Entry Level Performance". The rating scale is not a measurable visual analog scale.

The CPI has 18 Criteria – all should be graded. **Criteria 1,2,3,4 and 7 are RED FLAG items.** These are considered the foundational elements in clinical work. (pg 10) These criteria need heightened level of attention and earlier consultation between CI,CCCE and the ACCE/DCE in cases where the student is struggling.

First Clinical Experience - PT DA1 : The student should be at a minimum of Advanced Beginner Performance to Intermediate Performance.

Second Clinical Experience – PT DA2: The student should be at a minimum of Intermediate Performance to Advanced Intermediate Performance.

Third Clinical Experience – PT DA3: The student should be at a minimum of Advanced Intermediate Performance to Entry –Level Performance.

Entry level is the goal for all 18 criteria for the Final Experience.

PHYSICAL THERAPIST

CLINICAL PERFORMANCE INSTRUMENT

FOR STUDENTS

June 2006

American Physical Therapy Association
Department of Physical Therapy Education
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Alexandria, Virginia 22314

APTA
American Physical Therapy Association

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TABLE OF CONTENTS

[1] 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

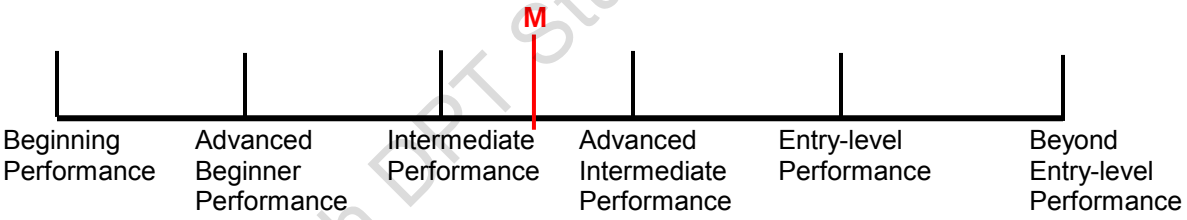
- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Clinical Performance Instrument (PT CPI) at www.apta/education **(TBD).**
- The PT CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical 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 ~~B~~eginning Performance" to ~~B~~eyond 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.



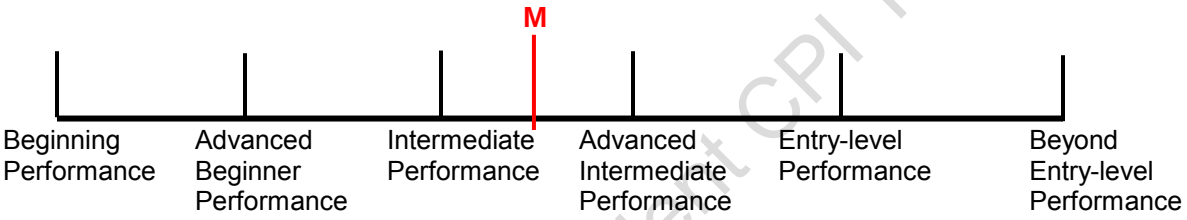
- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of ~~i~~ntermediate performance," however the student has yet to satisfy the definition associated with ~~a~~dvanced intermediate performance." In order to 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 ~~B~~eginning Performance" to ~~B~~eyond 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 ~~i~~ntermediate performance" however the student has yet to satisfy the definition associated with ~~a~~dvanced 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 ~~B~~eginning Performance" to ~~B~~eyond 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.

Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-level Performance	Beyond Entry-level 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 ~~in~~termediate performance," however the student has yet to satisfy the definition associated with ~~a~~dvanced 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 ~~in~~termediate 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 ~~-s~~ignificant 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 ~~r~~ed-flag" item.
- The five ~~r~~ed-flag" items (numbered 1, 2, 3, 4, and 7) are considered foundational elements in clinical practice.
- Students may progress more rapidly in the ~~r~~ed 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.

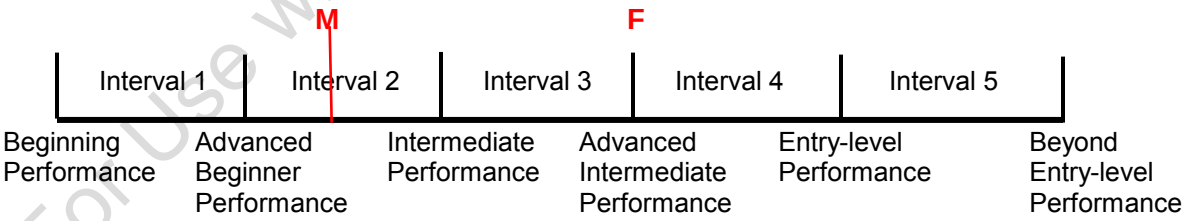
- **Complexity*** refers to the number of elements that must be considered relative to the patient*, task, and/or environment.
  - As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements 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)*.



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 (eg, 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)

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 (eg, universal precautions, responding and reporting emergency situations, etc).
e. Requests assistance when necessary.
f. Uses acceptable techniques for safe handling of patients (eg, 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** ☐

PROFESSIONAL PRACTICE

PROFESSIONAL BEHAVIOR

2. Demonstrates professional behavior in all situations.

SAMPLE BEHAVIORS

a. Demonstrates initiative (eg, 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.

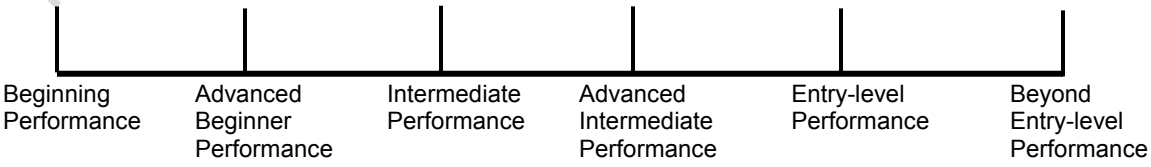
SAMPLE BEHAVIORS

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:



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 (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:

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

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☎ **Midterm** ☐ ☎ **Final** ☐

PROFESSIONAL PRACTICE

PROFESSIONAL DEVELOPMENT

6. Participates in self-assessment to improve clinical and professional performance.

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

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☎ **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** ☐

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 (eg, 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

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☎ **Midterm** ☐ ☎ **Final** ☐

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 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

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 (eg, 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

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☎ **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 (eg, 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

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☎ **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

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☎ **Midterm** ☐ ☎ **Final** ☐

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 (ie, prevention of injury, infection control, etc).
o. Markets services to customers (eg, 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

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☎ **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 (eg, 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 Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-level Performance	Beyond Entry-level Performance

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☎ **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) _____ 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 (eg, 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 capable of maintaining 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 is capable of functioning without 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 capable of maintaining 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 cures 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.

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.

Dysfunction: Disturbance, impairment, or abnormality of function of an organ. (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

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 is capable of functioning without 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 capable of maintaining 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.

Impairment: A loss or abnormality of physiological, psychological, or anatomical structure or function. (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Integrity: *S*teadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and ~~-s~~peaking 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 capable of maintaining 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

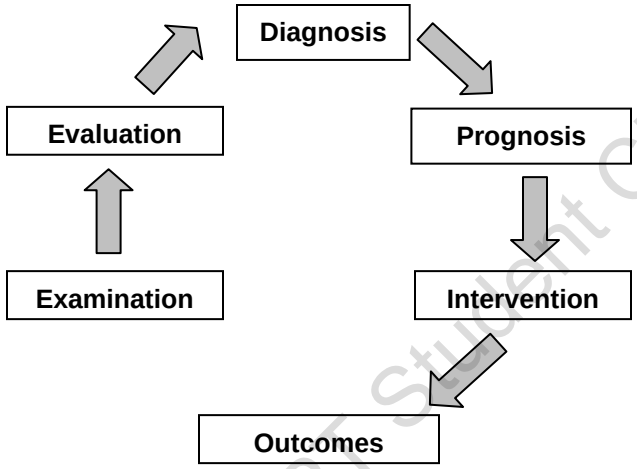
expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

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 (ie, 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 (eg, limited skill, high skill), the relative effectiveness of the performance (eg, 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.tmci.org/other_resources/glossaryquality.html#quality)

Role: A behavior pattern that defines a person's social obligations and relationships with others (eg, 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* test 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 (eg, 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 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* test 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 initial hypothesis and prioritize selection of test 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) 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.
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 60% 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:

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* test 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 (eg, 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.

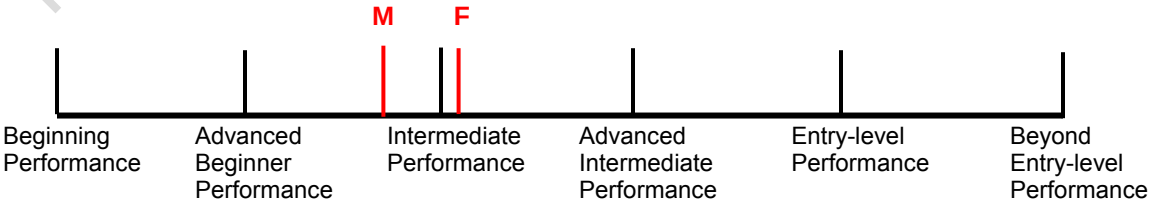
MIDTERM COMMENTS: (Provide comments based on the performance dimensions including *supervision/ guidance, quality, complexity, consistency, and efficiency**.)

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 tires 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:



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]

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

[1]*Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists.* Commission on Accreditation in Physical Therapy Education, APTA: Alexandria, VA; Adopted 2004; last revised 10/09; B29-B33.

APPENDIX C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
	Performance Dimensions
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 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. • 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 ASSISTANT

CLINICAL PERFORMANCE INSTRUMENT

August 2009

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

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CLINICAL PERFORMANCE INSTRUMENT

INTRODUCTION

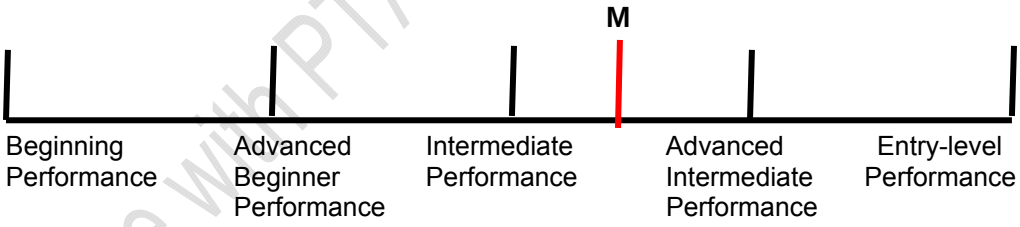
- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Assistant Clinical Performance Instrument (PTA CPI) at www.apta.org/education **(TBD).**
- Terms used in this instrument that can be found in the Glossary are denoted by an asterisk (*) when they first appear in the document.
- The PTA CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical education experiences*.
- Every performance criterion* in this instrument is important to the overall assessment of clinical competence*, and the criteria are observable in every clinical education experience.
- All performance criteria should be rated based on observation of student performance relative to entry-level.*
- To avoid rater bias, the PTA CPI from any previous student clinical education experience should not be shared with any subsequent clinical education experiences.
- The PTA CPI consists of fourteen (14) performance criteria.
- Each performance criterion includes a list of essential skills*, a section for mid-experience and final comments for each performance dimension*, a rating scale consisting of a line with five (5) defined anchors, and a significant concerns box for mid-experience and final evaluations.
- Summative mid-experience and final comments and recommendations are provided at the end of the PTA CPI.
- **Altering this instrument is a violation of copyright law**.

Instructions for the Clinical Instructor

- Sources of information to complete the PTA CPI may include, but are not limited to, clinical instructors (CIs)*, other physical therapist assistants*, physical therapists*, other healthcare providers*, patients*, 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 helpful to discuss and reach agreement on how the performance criteria will be specifically demonstrated at entry-level by PTA students in your clinical setting.
- The CI(s) will assess a student's performance and complete the instrument, including the rating scale and comments, at mid-experience and final evaluation periods. Additionally, the instrument may be used on a daily basis to document observations.
- The CI(s) will document the procedural interventions* and related data collection skills* performed by, observed by, or not available to the student using the drop down boxes in the left column of the procedural interventions and data collection skills tables.
- The CI(s) reviews the completed instrument formally with the PTA student at a minimum at the mid-experience evaluation and at the end of the clinical experience and signs the signature pages following each evaluation. The summative page should be completed as part of the final 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.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from "Beginning Performance*" to "Entry-Level Performance*." (See Appendix B) Student performance should be described in relation to one or more of the five (5) anchors. For example, consider the following rating on a selected performance criterion.



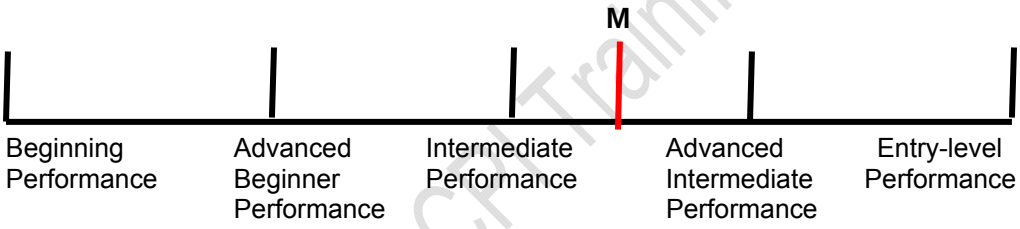
- The rating scale is NOT a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of "intermediate performance," however the student has yet to satisfy the definition associated with "advanced intermediate performance." In order to place the rating on an anchor, <u>all</u> of the conditions of that level of the rating must be satisfied as provided in the definition for each of the 5 anchors.

Instructions for the Student

- The student is expected to perform self-assessment at mid-experience and final evaluation based on formal and informal feedback from others, including CI*, other healthcare providers, student peer assessments, and patient* assessments.
- The student self-assesses his/her performance on a separate copy of the instrument.
- The student documents the procedural interventions* and related data collection skills* that have been performed, observed, or are not available at the clinical site using the provided drop down boxes.
- The student reviews the completed instrument with the CI at the mid-experience evaluation and at the end of the clinical experience and signs the signature page 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.

Rating Scale

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



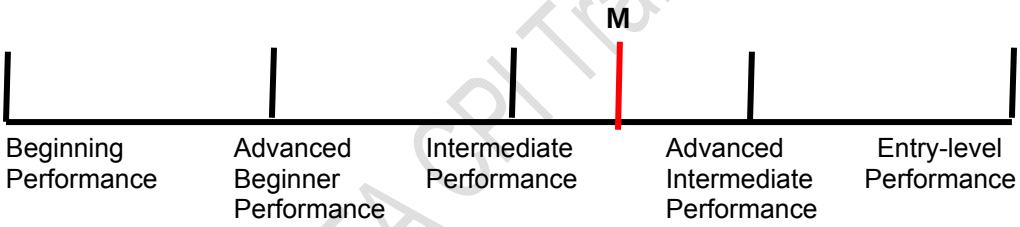
- The rating scale is NOT a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of "intermediate performance" however the student has yet to satisfy the definition associated with "advanced intermediate performance." In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 5 anchors.

Instructions for the Academic Coordinator/Director of Clinical Education (ACCE/DCE*)

- An effective system for evaluating the knowledge, skills, and behaviors of the physical therapist assistant (PTA) student incorporates multiple sources of information to make decisions about readiness for entry-level work*.
- 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 work at entry-level. The uniform adoption and consistent use of this instrument will ensure that all physical therapist assistants entering the clinical environment have demonstrated competence in the requisite knowledge, skills, and behaviors.
- The ACCE/DCE* reviews the completed form at the end of the clinical education experience* and assigns a grade or pass/fail according to institution policy.
- Additionally, the ACCE/DCE reviews the procedural interventions* and related data collection skills* performed by the student to identify areas that have not yet been addressed in the clinical education* component of the curriculum.

Rating Scale

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



- The rating scale is NOT 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, <u>all</u> of the conditions of that level of the rating must be satisfied as provided in the definition for each of the five anchors.
- Attempts to quantify a rating on the scale in millimeters or as a percentage would be considered an invalid use of the instrument. 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. It would be inappropriate for the ACCE/DCE to provide a pre-marked PTA CPI with minimum performance expectations, send an additional page of information that identify specific marked expectations, or add/delete items from the PTA 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 education experience within the program.
- First clinical experience: Depending upon the academic curriculum, ratings of student performance may be expected in the first two intervals between beginning performance, advanced beginner performance, and intermediate clinical performance.
- Intermediate clinical experiences: Depending upon the 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 education experience within the curriculum, and expectations of the clinical site and the academic program.
- Final clinical experience*:* Students should achieve ratings of entry-level for all 14 performance criteria.
- At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:
    - clinical setting
    - experience with patients in that setting
    - relative weighting or importance of each performance criterion
    - expectations for the clinical experience
    - expectations of the clinical site
    - progression of performance from mid-experience to final evaluations
    - level of experience within the didactic and clinical components
    - whether or not "significant concerns" box or "with distinction" box were checked
    - congruence between the CI's narrative mid-experience and final comments related to the five performance dimensions and the ratings provided
    - additional assignments (eg, journal, in-service education provided)
    - site visit information

COMPONENTS OF THE FORM

Performance Criteria

- The 14 performance criteria describe the essential aspects of the clinical work of a physical therapist assistant performing at entry-level.
- The performance criteria are grouped by the aspects of clinical work that they represent.
- Items 1-6 are related to behavioral expectations, items 7-13 address patient interventions*, and item 14 addresses resource 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, 5, and 7) are considered foundational elements in clinical work.
- Students may progress more rapidly in the "red flag" areas than other performance criteria.
- A significant concern related to a "red-flag" performance criterion item warrants immediate attention, more expansive documentation*, and a telephone call to the ACCE/DCE*. Actions taken to address these concerns may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical education experience.

Procedural Interventions and Related Data Collection Techniques

- Performance criteria 8 – 12 address categories of procedural interventions commonly performed by the entry-level PTA.
- Common procedural interventions associated with each category are provided. Given the diversity and complexity of the clinical environment, it must be emphasized that ***the procedural intervention skills provided are not meant to be an exhaustive list.***
- Those data collection skills most commonly utilized to measure patient progress relative to the performance of the procedural interventions are provided. Given the diversity and complexity of the clinical environment, it must be emphasized that ***the associated data collection skills provided are not meant to be an exhaustive list.***
- Drop down boxes provide the following options for documenting the student's exposure to the listed skills:
  - Student performed skill
  - Student observed skill
  - Skill not available at this setting
- Documentation of skill competence should be summarized using the rating scale and in the mid-experience and final comment sections.

Essential Skills

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

Mid-experience and Final Comments

- The clinical instructor* must provide descriptive comments for all performance criteria.
- For each performance criterion, space is provided for written comments for mid-experience 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. The performance dimensions appear above the comment boxes on each page for quick reference.

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 customary direction and supervision by the physical therapist 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 of an intervention.

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 care, and the environment should increase, with fewer elements being controlled by the CI.

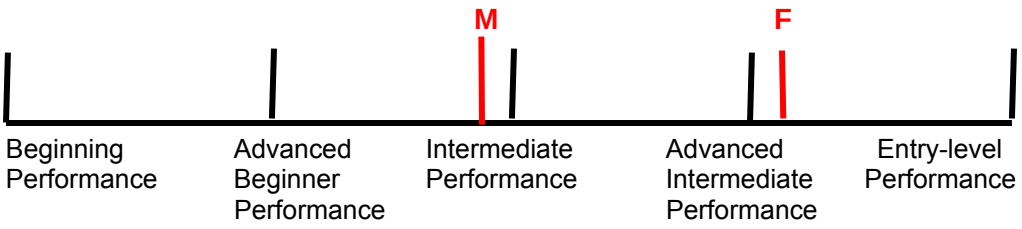
Consistency* refers to the frequency of occurrences of desired behaviors related to the performance criterion. As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

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 work as a physical therapist assistant.
- The rating scale consists of a horizontal line with 5 vertical lines that serve as defined anchors and identify the borders of four intervals.
- Rating marks may be placed on the horizontal line, including on the 5 anchor lines or anywhere within the four intervals.
- The same rating scale is used for mid-experience evaluations and final evaluations.
- Place one vertical line on the rating scale at the appropriate point indicating the mid-experience 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 an anchor line indicates the student's performance matches the corresponding definition.
- Placing a rating mark in an interval indicates that the student's performance is somewhere between the anchor definitions for that interval.

- For completed examples of how to mark the rating scale, refer to *Appendix C: Examples*.



Anchor Definitions

Beginning performance*:

- A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions.
- At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner.
- Performance reflects little or no experience in application of essential skills with patients.
- The student does not carry a patient care workload with the clinical instructor (a PTA directed and supervised by a physical therapist or a physical therapist).

Advanced beginner performance*:

- A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance.
- The student may begin to share the patient care workload with the clinical instructor.

Intermediate performance*:

- A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions.
- At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection.
- The student is **capable of** maintaining 50% of a full-time physical therapist assistant's patient care workload.

Advanced intermediate performance*:

- A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions.
- At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection.
- The student is **capable of** maintaining 75% of a full-time physical therapist assistant's patient care workload with direction and supervision from the physical therapist.

Entry-level performance*:

- A student who is **capable of** completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist.
- At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection.
- The student consults with others to resolve unfamiliar or ambiguous situations.
- The student is **capable of** maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective* manner with direction and supervision from the physical therapist.

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/DCE.
- 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.
- The CI **should not** wait until the mid-experience or final evaluation* to contact the ACCE/DCE regarding student performance.

With Distinction Box

- Checking this box (☐) indicates that the student's performance on this criterion is **beyond that expected of entry-level performance**. The marking on the rating scale must indicate entry-level performance.
- The student may have additional degrees or experiences that contribute to the advanced performance of the specific criterion.
- The rationale for checking this box **must** be provided in the mid-experience or final comment section.

Summative Comments

- Summative comments should be used to provide a global perspective of the student's performance across all 14 criteria at mid-experience and final evaluations.
- The summative comments, located after the last performance criterion on pages 34 and 35, 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.

STUDENT INFORMATION (Student to Complete)

Student's Name:_____

Date of Clinical Experience:_____ Total Number of Days Absent ____

Student's E-mail:_____ Number ___ of ___ full-time clinical experiences

Check Off Setting Type(s) for Clinical Experience(s)/Rotation(s) Completed:

_____Acute Care/Inpatient
_____Ambulatory Care/Outpatient
_____ECF/Nursing Home/SNF
_____Federal/State/County Health
_____Industrial/Occupational Health
_____Private Practice
_____Rehab/Sub-Acute Rehab
_____School/Pre-school
_____Wellness/Prevention/Fitness
_____Other; specify _____

ACADEMIC PROGRAM INFORMATION (Program to Complete)

Name of Academic Institution: _____

ACCE/DCE's Name: _____

Address:_____

_____
(City) (State/Province) (Zip)

Phone: _____ext._____Fax: _____

ACCE/DCE's 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: _____Credentialed CI? Y N

Clinical Instructor's Name: _____Credentialed CI? Y N

Center Coordinator of Clinical Education's Name: _____

Check Off Setting Type:

_____Acute Care/Inpatient
_____Ambulatory Care/Outpatient
_____ECF/Nursing Home/SNF
_____Federal/State/County Health
_____Industrial/Occupational Health
_____Private Practice
_____Rehab/Sub-Acute Rehab
_____School/Pre-school
_____Wellness/Prevention/Fitness
_____Other; specify _____

SAFETY

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

ESSENTIAL SKILLS

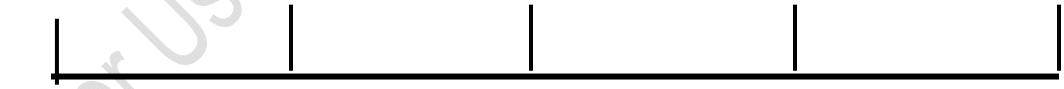
- Ensures the safety of patient, self, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations).
- Uses acceptable techniques for safe handling of patients (eg, body mechanics*, guarding, level of assistance).
- Establishes and maintains safe working environment (eg, awareness of all indwelling lines and catheters, other medical equipment, physical therapy equipment and assistive devices*; maintaining hazard free work space).
- Requests assistance when necessary (eg, requests assistance from clinical instructor, utilizes and monitors support personnel).
- Demonstrates knowledge of facility safety policies and procedures.
- Recognizes physiological and psychological changes in patients and
    a. adjusts interventions accordingly within the plan of care or
    b. withholds interventions and consults the clinical instructor and/or supervising physical therapist.

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

(***All comment boxes will expand as text is added.)***

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 essential skills and comments above:



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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

CLINICAL BEHAVIORS

2. Demonstrates expected clinical behaviors in a professional manner in all situations.

ESSENTIAL SKILLS

- Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities).
- Is punctual and dependable.
- Wears attire consistent with expectations of the work setting and PTA Program.
- Demonstrates integrity* in all interactions.
- Exhibits caring*, compassion*, and empathy* in providing services to patients.
- Maintains productive working relationships with clinical instructor, supervising physical therapist, patients, families, team members, and others.
- Demonstrates behaviors that contribute to a positive work environment.
- Accepts feedback without defensiveness.
- Manages conflict in constructive ways.
- Maintains patient privacy and modesty.
- Values the dignity of patients as individuals.
- Seeks feedback from clinical instructor related to clinical performance.
- Provides effective feedback to CI related to clinical/teaching mentoring.
- Responds to unexpected changes in the patient's schedule and facility's requirements.
- Promotes the profession of physical therapy.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

ACCOUNTABILITY*

3. Performs in a manner consistent with established legal standards, standards of the profession, and ethical guidelines.

ESSENTIAL SKILLS

- Places patient's needs above self-interests.
- Identifies, acknowledges, and accepts responsibility for actions and reports errors.
- Takes steps to remedy errors in a timely manner.
- Abides by policies and procedures of the facility (eg, OSHA, HIPAA).
- Maintains patient confidentiality.
- Adheres to legal standards including all federal, state/province, and institutional regulations related to patient care and fiscal management*.
- Identifies ethical or legal concerns and initiates action to address the concerns.
- Adheres to ethical standards (eg, *Guide for Conduct of the Physical Therapist Assistant*, *Standards of Ethical Conduct for the Physical Therapist Assistant*).
- Strives to exceed the minimum performance and behavioral requirements.
- Submits accurate billing charges on time.
- Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

CULTURAL COMPETENCE*

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

ESSENTIAL SKILLS

- Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
- Communicates effectively and with sensitivity, especially when there are language barriers, by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
- Provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system.
- Demonstrates an understanding of the socio-cultural, psychological, and economic influences on patients and responds accordingly.
- Is aware of own social and cultural biases and does not allow biases to negatively impact patient care.

MID-EXPERIENCE 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.)

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments above.

With Distinction ☐

COMMUNICATION*

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

ESSENTIAL SKILLS

- Communicates with clinical instructor and supervising physical therapist to:
  - review physical therapist examination/evaluation and plan of care.
  - ask questions to clarify selected interventions.
  - report instances when patient's current condition does not meet the safety parameters established by the physical therapist (eg, vital signs, level of awareness, red flags).
  - report instances during interventions when patient safety/comfort cannot be assured.
  - report instances when comparison of data indicates that the patient is not demonstrating progress toward expected goals established by the physical therapist in response to selected interventions.
  - report when data comparison indicates that the patient response to interventions have met the expectations established by the physical therapist.
  - report results of patient intervention and associated data collection.

a. Communicates verbally, nonverbally, and in writing in an effective, respectful, and timely manner.
b. Listens actively and attentively to understand what is being communicated by others.
c. Interprets and responds appropriately to the nonverbal communication of others.
d. Adjusts style of communication based on target audience (eg, age appropriateness, general public, professional staff).
e. Communicates with the patient using language the patient can understand (eg, translator, sign language, level of education*, cognitive* impairment*).
f. Initiates communication in difficult situations to promote resolution (eg, conflict with CI, unsatisfied patients, caregivers*, and/or family).
g. Selects the most appropriate person(s) with whom to communicate (eg, clinical instructor, physical therapist, nursing staff, social worker).
h. Self evaluates effectiveness of communication and modifies communication accordingly.
i. Seeks and responds to feedback from multiple sources in providing patient care.
j. Instructs members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

SELF-ASSESSMENT AND LIFELONG LEARNING

6. Participates in self-assessment and develops plans to improve knowledge, skills, and behaviors.

ESSENTIAL SKILLS

- Identifies strengths and limitations in clinical performance, including knowledge, skills, and behaviors.
- Seeks guidance as necessary to address limitations.
- Uses self-assessment skills, including soliciting feedback from others and reflection to improve clinical knowledge, skills and behaviors.
- Acknowledges and accepts responsibility for and consequences of own actions.
- Establishes realistic short and long-term goals in a plan for improving clinical skills and behaviors.
- Seeks out additional learning experiences to enhance clinical performance.
- Accepts responsibility for continuous learning.
- Discusses professional issues related to physical therapy practice.
- Provides and receives feedback from team members regarding performance, behaviors, and goals.
- Seeks current knowledge and theory (in-service education, case presentation, journal club, projects) to achieve optimal patient care.

MID-EXPERIENCE 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 essential skills and comments above:

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

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Mid-experience ☐ ☎ **Final** ☐

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With Distinction ☐

CLINICAL PROBLEM SOLVING

7. Demonstrates clinical problem solving.

ESSENTIAL SKILLS

- Presents sound rationale for clinical problem solving, including review of data collected and ethical and legal arguments.
- Seeks clarification of plan of care and selected interventions from clinical instructor and/or supervising physical therapist.
- Collects and compares data from multiple sources (eg, chart review, patient, caregivers, team members, observation) to determine patient's readiness before initiating interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize patient safety and comfort while performing selected interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize intervention outcomes, including patient progression and/or intervention modifications.
- Demonstrates the ability to determine when the clinical instructor and/or supervising physical therapist needs to be notified of changes in patient status, changes or lack of change in intervention outcomes, and completion of intervention expectations (ie, goals have been met).
- Demonstrates the ability to perform appropriately during an emergency situation to include notification of appropriate staff.

MID-EXPERIENCE 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.)

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Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: THERAPEUTIC EXERCISE

8. Performs selected therapeutic exercises* in a competent manner.

Therapeutic Exercises Including:	
▼	Aerobic capacity/endurance conditioning/reconditioning*
▼	Balance, coordination, and agility training
▼	Body mechanics and postural stabilization
▼	Flexibility exercises
▼	Gait and locomotion training
▼	Neuromotor development training
▼	Relaxation
▼	Strength, power, and endurance training

▼ Indicates that a drop down box will be available with the following options:
Student performed skill
Student observed skill
Skill not available at this setting

Associated Data Collection Skills Including:	
▼	Anthropometric characteristics*
▼	Arousal, attention, and cognition
▼	Assistive & Adaptive devices*
▼	Body mechanics*
▼	Environmental, self-care, and home issues
▼	Gait, locomotion, and balance
▼	Muscle function
▼	Neuromotor function
▼	Pain
▼	Posture
▼	Range of motion
▼	Sensory response
▼	Vital signs

ESSENTIAL SKILLS

- Reviews plan of care* and collects data on patient's current condition to assure readiness for therapeutic exercise.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected therapeutic exercises safely, effectively, efficiently, and in a coordinated and technically competent* manner consistent with the plan of care established by the physical therapist.
- Modifies therapeutic exercises within the plan of care to maximize patient safety and comfort.
- Modifies therapeutic exercises within the plan of care to progress the patient.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function*, including promotion of health, wellness, and fitness* as described in the plan of care*.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected therapeutic exercises.

MID-EXPERIENCE 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 essential skills and comments above:

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

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Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: THERAPEUTIC TECHNIQUES

9. Applies selected manual therapy*, airway clearance*, and integumentary repair and protection techniques in a competent manner.

Manual Therapy Techniques Including:	
▼	Massage – connective tissue and therapeutic
▼	Passive range of motion
Breathing Strategies/Oxygenation Including:	
▼	Breathing techniques (eg, pursed lip breathing, paced breathing)
▼	Re-positioning to alter work of breathing and maximize ventilation and perfusion
▼	Administration of prescribed oxygen
Integumentary Repair/Protection Including:	
▼	Wound cleansing and dressing
▼	Repositioning
▼	Patient education
▼	Edema management

Associated Data Collection Techniques Including:	
▼	Anthropometric characteristics
▼	Integumentary integrity
▼	Pain
▼	Range of motion
▼	Sensory Response
▼	Vital signs

▼ ***Indicates that a drop down box will be available with the following options:***
Student performed skill
Student observed skill
Skill not available at this setting

ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for therapeutic techniques.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected therapeutic techniques safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Modifies therapeutic techniques within the plan of care to maximize patient safety and comfort.
- Modifies therapeutic techniques within the plan of care to progress patient.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected therapeutic techniques.

MID-EXPERIENCE 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.)

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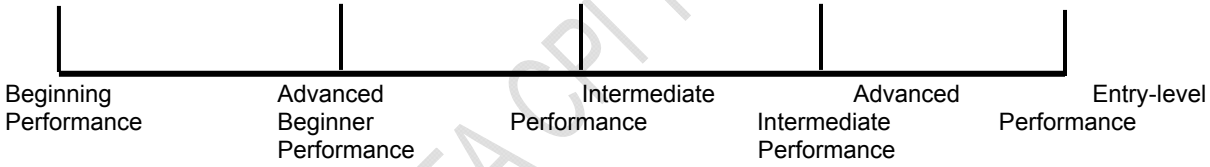

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: PHYSICAL AGENTS AND MECHANICAL MODALITIES

10. Applies selected physical agents* and mechanical modalities in a competent manner.

Physical Agents Including:	
▼	Cryotherapy (eg, cold pack, ice massage, vapocoolant spray)
▼	Thermotherapy (eg, dry heat, hot packs, paraffin baths, hydrotherapy)
▼	Ultrasound
Mechanical Modalities Including:	
▼	Mechanical compression, compression bandaging and garments
▼	Mechanical motion devices (eg, CPM)
▼	Intermittent, positional, and sustained traction devices

Associated Data Collection Techniques Including:	
▼	Anthropometric characteristics
▼	Arousal, attention, and cognition
▼	Integumentary integrity
▼	Pain
▼	Range of motion
▼	Sensory Response
▼	Vital signs

▼ ***Indicates that a drop down box will be available with the following options:***
Student performed skill
Student observed skill
Skill not available at this setting

ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for physical agents and mechanical modalities.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected physical agents and mechanical modalities safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Adjusts physical agents and mechanical modalities within the plan of care to maximize patient safety and comfort.
- Modifies physical agents and mechanical modalities within the plan of care to maximize patient response to the interventions.
- Progresses physical agents and mechanical modalities as described in the plan of care.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected physical agents and mechanical modalities.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: ELECTROTHERAPEUTIC MODALITIES

11. Applies selected electrotherapeutic modalities in a competent manner.

Electrotherapeutic Modalities Including:	
▼	Biofeedback
▼	Iontophoresis
▼	Electrical stimulation for muscle strengthening
▼	Electrical stimulation for tissue repair
▼	Electrical stimulation for pain management

Associated Data Collection Techniques Including:
▼ Anthropometric characteristics
▼ Arousal, attention, and cognition
▼ Integumentary integrity
▼ Muscle function
▼ Neuromotor function
▼ Pain
▼ Sensory response

▼ ***Indicates that a drop down box will be available with the following options:***
Student performed skill
Student observed skill
Skill not available at this setting

ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for electrotherapeutic modalities.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs electrotherapeutic modalities safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Adjusts electrotherapeutic modalities within the plan of care to maximize patient safety and comfort.
- Modifies electrotherapeutic modalities within the plan of care to maximize patient response to the interventions.
- Progresses electrotherapeutic modalities as described in the plan of care.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected electrotherapeutic modalities.

MID-EXPERIENCE 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.)

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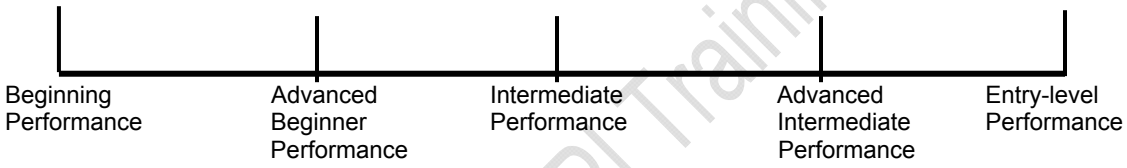

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS:
FUNCTIONAL TRAINING AND APPLICATION OF DEVICES AND EQUIPMENT

12. Performs functional training* in self-care and home management and application and adjustment of devices and equipment in a competent manner.

Functional Training Including:	
▼	ADL* training – specifically:
▼	Transfers
▼	Bed mobility
▼	Device and equipment use and training
▼	Injury prevention or reduction
Application/Adjustment of Devices/Equipment Including:	
▼	Adaptive devices*
	Assistive devices* including:
▼	Cane
▼	Crutches
▼	Walkers
▼	Wheelchairs
▼	Long handled reachers
▼	Orthotic devices* (eg, braces, splints)
▼	Prosthetic devices – upper and lower extremity
▼	Protective devices* (eg, braces)
▼	Supportive devices* (eg, compression garments, elastic wraps, soft neck collars, slings, supplemental oxygen equipment)

Associated Data Collection Techniques Including:	
▼	Anthropometric characteristics
▼	Arousal, attention, and cognition
▼	Assistive and adaptive devices
▼	Body mechanics
▼	Environmental barriers, self-care, and home issues
▼	Gait, locomotion, and balance
▼	Integumentary integrity
▼	Neuromotor function
▼	Pain
▼	Posture
▼	Sensory Response

▼ ***Indicates that a drop down box will be available with the following options:***
Student performed skill
Student observed skill
Skill not available at this setting

ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for functional training and application of devices and equipment.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs functional training and application of devices and equipment safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Adjusts functional training and application of devices and equipment within the plan of care to maximize patient safety and comfort.
- Modifies functional training and application of devices and equipment within the plan of care to maximize patient response to the interventions.
- Progresses functional training and application of devices and equipment as described in the plan of care.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to functional training and application of devices and equipment.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments above.

With Distinction ☐

DOCUMENTATION

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

ESSENTIAL SKILLS

- Selects relevant information to document the delivery of physical therapy care.
- Documents all aspects of physical therapy care provided, including interventions, patient response to interventions (eg, vital signs, pain, observation), selected data collection measurements, and communication with family and others involved in the delivery of care.
- Produces documentation that is accurate, concise, timely, legible, grammatically and technically correct (eg, abbreviations, terminology, etc).
- Produces documentation (eg, electronic, dictation, chart) consistent with guidelines, format, and requirements of the facility, regulatory agencies, and third-party payers.

MID-EXPERIENCE 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.)

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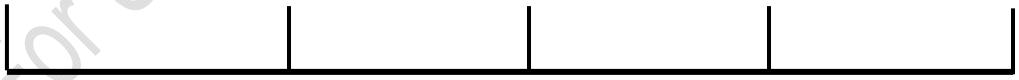

Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-level Performance

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Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments above.

With Distinction ☐

RESOURCE MANAGEMENT

14. Participates in the efficient delivery of physical therapy services.

ESSENTIAL SKILLS

- Schedules patients, equipment, and space.
- Coordinates with physical therapist and others to facilitate efficient and effective patient care.
- Sets priorities for the use of resources to maximize patient and facility outcomes.
- Uses time effectively.
- Utilizes the facility's information technology effectively.
- Implements risk-management strategies (eg, prevention of injury, infection control).
- Uses equipment in an efficient and effective manner assuring that the equipment is safe prior to use.
- Utilizes services of the physical therapy aide and other support personnel as allowed by law to increase the efficiency of the operation of the physical therapy services.
- Participates in established quality improvement activities (productivity, length of stay, referral patterns, and reimbursement trends).
- Participates in special events organized in the practice setting related to patients and care delivery as well as health and wellness promotion.

MID-EXPERIENCE 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.)

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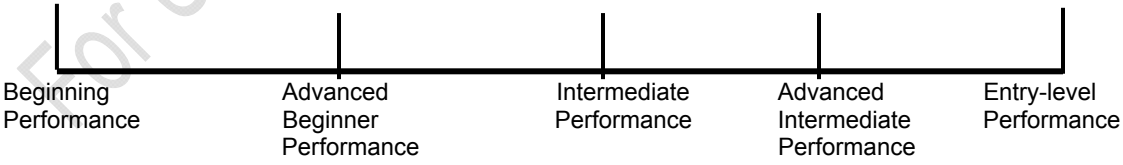


Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

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 work as a physical therapist assistant.

AREAS OF STRENGTH

Mid-experience:

Final:

AREAS FOR FURTHER DEVELOPMENT

Mid-experience:

Final:

RECOMMENDATIONS

Mid-experience:

Final:

OTHER COMMENTS

Mid-experience:

Final:

EVALUATION SIGNATURES

MID-EXPERIENCE EVALUATION

For the Student

I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PTA CPI. I have completed the on-line training (website) prior to using this instrument and completed the PTA CPI mid-experience 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 PTA 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 PTA CPI. I/We have prepared, reviewed, and discussed the mid-experience completed PTA CPI with the student with respect to his/her clinical performance.

_____ _____

Clinical Instructor Name (1) (*Print*) Position/Title

_____ _____

Signature of Clinical Instructor (1) Date

_____ _____

Clinical Instructor Name (2) (*Print*) Position/Title

_____ _____

Signature of Clinical Instructor (2) Date

_____ _____

Center Coordinator of Clinical Education (CCCE)* Name Position/Title

_____ _____

Signature of CCCE Date

FINAL EVALUATION

For the Student

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

Clinical Instructor Name (1) (*Print*) Position/Title

Signature of Clinical Instructor (1) Date

Clinical Instructor Name (2) (*Print*) Position/Title

Signature of Clinical Instructor (2) Date

Center Coordinator of Clinical Education Name (*Print*) Position/Title

Signature of CCCE Date

GLOSSARY

Academic coordinator 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 coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information on clinical sites.[1]

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.[7]

Activities of daily living (ADL): The self-care, communication, and mobility skills (eg, bed mobility, transfers, ambulation, dressing, grooming, bathing, eating, and toileting) required for independence in everyday living.[1]

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. [1]

Advanced beginner performance: A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions. At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance.
The student may begin to share the patient care workload with the clinical instructor.

Advanced intermediate performance: A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions. At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection. The student is capable of maintaining 75% of a full-time physical therapist assistant's patient care workload.

Aerobic activity/conditioning: The performance of therapeutic exercise and activities to increase endurance.[1]

Aerobic capacity: A measure of the ability to perform work or participate in activity over time using the body's oxygen uptake and delivery and energy release mechanisms.[1]

Affective: Relating to the expression of emotion (eg, affective behavior).

Airway clearance techniques: A broad group of activities used to manage or prevent consequences of impaired mucocilliary transport, or impaired cough.[1]

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. [7]

Anthropometric characteristics: Human body measurements such as height, weight, girth, and body fat composition.[1]

Assistive devices: A variety of implements or equipment used to aid patients in performing movements, tasks, or activities. Assistive devices include crutches, canes, walkers, wheelchairs, power devices, long-handled reachers, and static and dynamic splints.[1]

Beginning performance: A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions. At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner. Performance reflects little or no experience in application of essential skills with patients. The student does not carry a patient care workload with the clinical instructor.

Body mechanics: The interrelationships of the muscles and joints as they maintain or adjust posture in response to environmental forces. [1]

Caring: The concern, empathy, and consideration for the needs and values of others. [7]

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

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.[1]

Clinical education: That portion of a physical therapy program that is conducted in the health care environment rather than the academic environment.[1]

Clinical education experiences: The aspect of the curriculum in which students' learning occurs directly as a function of being immersed within physical therapy practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment. These experiences would be further defined by short and long duration (eg, part-time and full-time experiences) and those that vary how learning experiences are provided (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/clients across the life span and related activities. Part-time clinical education experiences are less than 35 hours per week. Full-time clinical education experiences are 35 or more hours per week. (CAPTE)[1]

Clinical education site: The physical therapy practice environment in which clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment. (Syn: clinical facility, clinical site, clinical center)[1]

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. These individuals are responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor, and affective domains as related to entry-level performance expectations and academic and clinical preparation. For a PTA student, the CI may be a physical therapist or a physical therapist assistant under the direction and supervision of a physical therapist. (Syn: *clinical teacher, clinical tutor, and clinical supervisor.*)[1]

Cognitive: Characterized by awareness, reasoning, and judgment.[1]

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.[1]

Compassion: The desire to identify with or sense something of another's experience; a precursor of caring.[7]

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 assistant'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.

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.[1]

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.

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

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.[8]

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*.) [2]

Cultural sensitivity: Awareness of cultural variables that may affect assessment and treatment.[6]

Data collection skills: Those processes/procedures used throughout the intervention to gather information about the patient's/client's progress through observation; measurement; subjective, objective, and functional findings. [1]

Direction: The act by which the physical therapist authorizes the physical therapist assistant to perform selected physical therapy interventions and related tasks; always preceded by a decision-making process through which the physical therapist determines when and what to direct; and always followed by supervision of the physical therapist assistant relative to the directed intervention or related task. [1]

Documentation: The recording of specific, functional, objective, and subjective pieces of information that are obtained through observation and measurement during intervention sessions and in consultation with the patient, the family, the physical therapist, or other members of the health care team. Recording can include handwritten entries, use of computerized medical records, dictation, etc. This includes information in the patient's/client's medical record that is considered a legal document; administrative documentation for non-direct patient/client care, such as total-quality management, continuous quality improvement, quality assurance, performance improvement, and utilization review; attendance records; peer review; chart audits; training materials; case studies; scheduling; preparation of charge slips for billing; and training and supervision of other physical therapist assistants and physical therapist assistant students. [1]

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. [1]

Entry-level performance: A student who is capable of completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist. At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection. The student consults with others to resolve unfamiliar or ambiguous situations. The student is capable of maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective* manner.

Entry-level work: The initial point of entry into the health system working under the direction and supervision of a physical therapist, and characterized by successful completion of an accredited physical therapist assistant education program and the acquisition of the appropriate credential (license/registration/certificate) to function as a physical therapist assistant. Also, characterized by little or no experience as a credentialed, working physical therapist assistant. [1]

Essential skills: Statements of knowledge, skills, and behaviors required to successfully meet the performance criteria.

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. [9] 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.

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. [7]

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. [1]

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. [4]

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.

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.) [4]

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. [4]

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. [3]

Impairment: A loss or abnormality of physiological, psychological, or anatomical structure or function.[4]

Integrity: *S*teadfast 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. [7]

Intermediate clinical performance: A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions. At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection. The student is capable of maintaining 50% of a full-time physical therapist assistant's patient care workload.

Intervention: The purposeful interaction of the physical therapist or physical therapist assistant 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 patient's/client's condition. [4]

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. [4]

Mobilization/manipulation: A manual therapy technique performed by physical therapists 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. [4]

Modality: A broad group of agents that may include thermal, acoustic, radiant, mechanical, or electrical energy to produce physiologic changes in tissues for therapeutic purposes. [1]

Modify interventions: Within the objective (measurable and observable) parameters documented in an established physical therapist plan of care, the physical therapist assistant may adjust the interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort. The physical therapist assistant completes written documentation of any adjustments to the interventions. Ongoing communication between the physical therapist and the physical therapist assistant occurs regarding the patient's/client's status. [1]

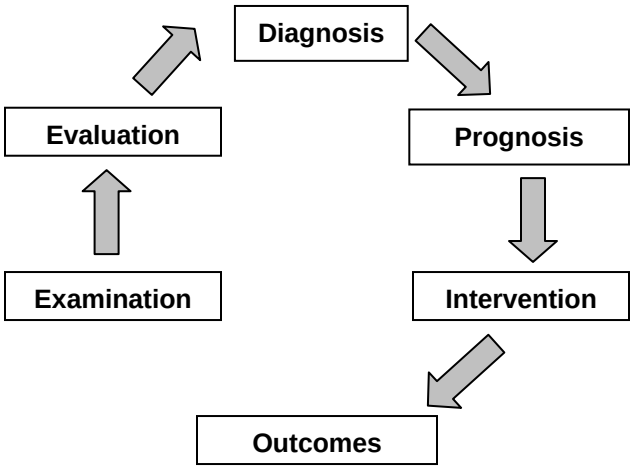
Multicultural/multilingual: Characteristics of populations defined by changes in the demographic patterns of consumers.

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.

Orthotic devices: Devices to support weak or ineffective joints or muscles, such as splints, braces, shoe inserts, and casts. [1]

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

Patient/client management model:



(Adapted from the *Guide to Physical Therapist Practice*.)[4]

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.

Performance Expectations: Level at which an entry-level physical therapist assistant is expected to demonstrate competence in the areas of knowledge, skills, and behaviors in the delivery of physical therapy services as directed by the physical therapist.[1]

Physical agent: A form of thermal, acoustic or radiant energy that is applied to tissues in a systematic manner to achieve a therapeutic effect: a therapeutic modality used to treat physical impairments.[1]

Physical therapist: A person who is a graduate of an accredited physical therapist professional education program and is licensed to practice physical therapy.[4]

Physical therapist assistant: A technically educated health care provider who assists the physical therapist in the provision of selected physical therapy interventions. The physical therapist assistant is the only individual who provides selected physical therapy interventions under the direction and supervision of the physical therapist. The physical therapist assistant is a graduate of an accredited physical therapist assistant associate degree program.[4]

Plan of care: Statements written by the physical therapist 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.[4]

Posture: The alignment and positioning of the body in relation to gravity, center of mass, and base of support.[1]

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. [4]

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. [7]

Protective devices: External supports to protect weak or ineffective joints or muscles. Protective devices include braces, protective taping, cushions, and helmets. [1]

Quality: The degree of skill or competence demonstrated (eg, limited skill, high skill), the relative effectiveness of the performance (eg, 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.

Resource management: The effective use and integration of human, fiscal, and systems resources that follows regulatory and legal guidelines. [1]

Social responsibility: The promotion of a mutual trust between the physical therapist assistant as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. [7]

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. [1]

Supportive devices: External supports to protect weak or ineffective joints or muscles. Support devices include supportive taping, compression garments, corsets, slings, neck collars, serial casts, elastic wraps, and oxygen. [1]

Technically competent: Correct performance of a skill.

Therapeutic exercise: A broad range of activities intended to improve strength, range of motion (including muscle length), cardiovascular fitness, or flexibility, or to otherwise increase a person's functional capacity. [1]

Wellness: An active process of becoming aware of and making choices toward a more successful existence. [5]

SOURCES

[1] A *Normative Model of Physical Therapist Assistant Education: Version 2007*, Alexandria, Va: American Physical Therapy Association; 2007.

[2] 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.

[3] Green LW, Kreuter MW. Health Promotion Planning. 2nd ed. Mountain View, CA: Mayfield Publishers; 1991:4.

[4] *Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.

[5] National Wellness Organization. A Definition of Wellness. Stevens Point, WI: National Wellness Institute Inc; 2003.)

[6] Paniagua FA. Assessing and Treating Culturally Diverse Clients. Thousand Oaks, Calif: Sage Publications; 1994.

[7] *Professionalism in Physical Therapy: Core Values*, American Physical Therapy Association, August 2003.

[8] Pusch MD, ed. *Multicultural Education*. Yarmouth, Maine: Intercultural Press Inc; 1999.

[9] 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.

APPENDIX A: DEFINITIONS OF PERFORMANCE DIMENSIONS & RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
	Performance Dimensions
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 or highly 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 direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions. • At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner. • Performance reflects little or no experience in application of essential skills with patients. • The student does not carry a patient care workload with the clinical instructor (a PTA directed and supervised by a physical therapist or a physical therapist).
Advanced beginner performance	• A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions. • At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance. • The student may begin to share the patient care workload with the clinical instructor.
Intermediate performance	• A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions. • At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection. • The student is **capable of** maintaining 50% of a full-time physical therapist assistant's patient care workload.
Advanced intermediate performance	• A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions. • At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection. • The student is **capable of** maintaining 75% of a full-time physical therapist assistant's patient care workload.
Entry-level performance	• A student who is **capable of** completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist. • At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection. • The student consults with others to resolve unfamiliar or ambiguous situations. • The student is **capable of** maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective* manner with the direction and supervision of the physical therapist.

APPENDIX B: EXAMPLES OF COMPLETED PTA CPI CRITERIA

EXAMPLE: COMPLETED ITEM FOR INITIAL CLINICAL EDUCATION EXPERIENCE (Competent)

SAFETY

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

ESSENTIAL SKILLS

- Ensures the safety of patient, self, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations).
- Uses acceptable techniques for safe handling of patients (eg, body mechanics*, guarding, level of assistance).
- Establishes and maintains safe working environment (eg, checking IV lines, other medical equipment, physical therapy equipment and assistive devices*; maintaining hazard free work space).
- Requests assistance when necessary (eg, requests assistance from clinical instructor, utilizes and monitors support personnel).
- Demonstrates knowledge of facility safety policies and procedures.
- Recognizes physiological and psychological changes in patients and
    c. Adjusts interventions accordingly within the plan of care or
    d. Withholds interventions and consults the clinical instructor and/or supervising physical therapist.

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

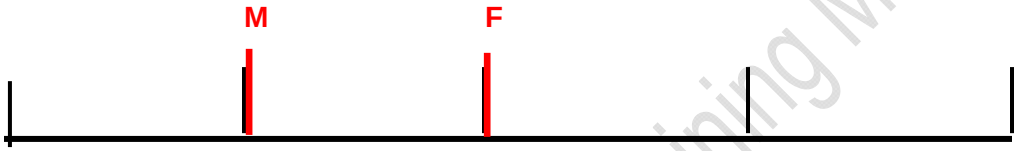
This student demonstrates consistent safety awareness and technique when treating children with basic developmental delay. He requires supervision from the CI 80% of the time to utilize proper guarding techniques to safely and effectively complete interventions within the allotted time frame. He is proficient in managing single IV lines during interventions, but continues to require supervision 80 – 90% of the time and frequent verbal cues from CI. His instructions to the children are age appropriate and clear resulting in safe patient interactions.

This student is demonstrating inconsistencies in use of safety and guarding techniques when treating children with complex neurological conditions such as a brain stem tumor that causes ataxia. He requires direct supervision and verbal cues at all times from CI to safely, efficiently, and effectively perform interventions. He is unable to manage Foley catheters and more than two IV lines without assistance from the CI. This student requires frequent input from the CI to identify potential safety issues when providing interventions.

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

This student has made good progress. When treating children with basic conditions, he is consistently able to manage a Foley catheter and up to two IV lines without assistance. He is requiring assistance from CI 30% of the time to carryover efficient and safe interventions with these patients. He is able to correctly verbalize to the eCI potential safety issues prior to the initiation of treatment of the complex patient. He can carryover interventions with complex patients with CI supervision 75% of the time. He is successfully instructing patients performing routine therapeutic exercise in self-pacing to improve patient tolerance. This student continues to require assistance from the CI 60% of the time when managing three or more IV lines and to consistently utilize proper guarding techniques throughout treatment session. Overall he is doing well. He is performing as expected at this level of educational preparation.

Rate this student's clinical performance based on the essential skills and comments above:



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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments above.

With Distinction ☐

EXAMPLE: COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)

CLINICAL PROBLEM SOLVING

7. Demonstrates clinical problem solving.

ESSENTIAL SKILLS

- Presents sound rationale for clinical problem solving, including review of data collected and ethical and legal arguments.
- Seeks clarification of plan of care and selected interventions from clinical instructor and/or
- supervising physical therapist.
- Collects and compares data from multiple sources (eg, chart review, patient, caregivers,
- team members, observation) to determine patient's readiness before initiating interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize
- patient safety and comfort while performing selected interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize intervention outcomes, including patient progression and/or intervention modifications.
- Demonstrates the ability to determine when the clinical instructor and/or supervising physical therapist needs to be notified of changes in patient status, changes or lack of change in intervention outcomes, and completion of intervention expectations (i.e. goals have been met).
- Demonstrates the ability to perform appropriately during an emergency situation to include notification of appropriate staff.

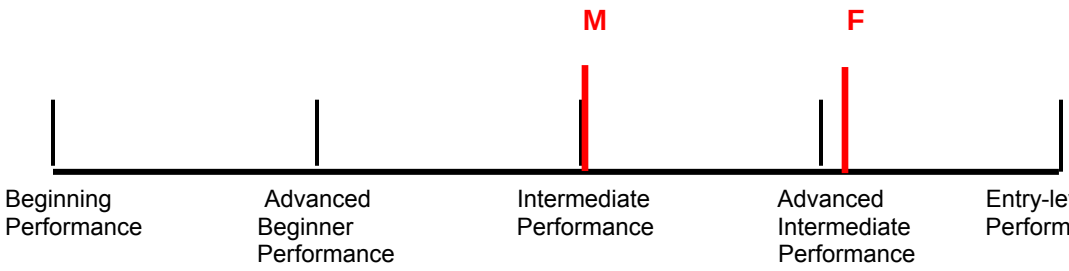
MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Student is able to select pertinent data from chart on patients with simple conditions 75% of the time and requires assistance to collect data for patients with complex conditions 75% of the time. Student is able to compare the results of data collection once gathered and determine if safety parameters are met with patients with simple patients at least 75% of the time. Student still requires assistance determining if safety parameters are met with complex patients, especially those with secondary cardiac-related conditions. Student does well assuring comfort and safety with all patients, but is not able to consistently determine appropriate modifications during the intervention when patients with complex conditions report discomfort. Student is able to determine patient progress and time to advance the patient within the plan of care on patients with simple conditions 80% of the time, but continues to require assistance with patients with complex conditions about 75% of the time.

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

Student continues to improve in this area both in performance and confidence. Student is now demonstrating proficiency in determining if the patient has met all safety parameters prior to initiating physical therapy on all patient with simple conditions. Only requires occasional clarification for decisions about patients with complex conditions. Student still requires minimal supervision (less than 20% of the time) implementing modifications to the intervention to improve the patient with complex condition's comfort. Student identifying need for progression or re-evaluation by the PT consistently, but still requires verbal cueing for correct progression of interventions for patients with complex conditions about 20% of the time.

Rate this student's clinical performance based on the essential skills and comments above:



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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)

INTERVENTIONS: THERAPEUTIC EXERCISE

8. Performs selected therapeutic exercises* in a competent manner.

Therapeutic Exercises Including:	
▼	Aerobic capacity/endurance conditioning/reconditioning*
▼	Balance, coordination, and agility training
▼	Body mechanics and postural stabilization
▼	Flexibility exercises
▼	Gait and locomotion training
▼	Neuromotor development training
▼	Relaxation
▼	Strength, power, and endurance training

Associated Data Collection Skills Including:	
▼	Anthropometric characteristics*
▼	Arousal, attention, and cognition
▼	Assistive & Adaptive devices*, orthotics*, prosthetics
▼	Body mechanics*
▼	Environmental, self-care, and home issues
▼	Gait, locomotion, and balance
▼	Muscle performance
▼	Neuromotor function
▼	Pain
▼	Posture
▼	Range of motion
▼	Sensory response
▼	Vital signs

▼ Indicates that a drop down box will be available with the following options:

Student performed skill
Student observed skill
Skill not available at this setting

ESSENTIAL SKILLS

- Reviews plan of care* and collects data on patient's current condition to assure readiness for therapeutic exercise.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected therapeutic exercises safely, effectively, efficiently, and in a coordinated and technically competent* manner consistent with the plan of care established by the physical therapist.
- Modifies therapeutic exercises within the plan of care to maximize patient safety and comfort.
- Modifies therapeutic exercises within the plan of care to progress the patient.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function*, including promotion of health, wellness, and fitness* as described in the plan of care*.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected therapeutic exercises.

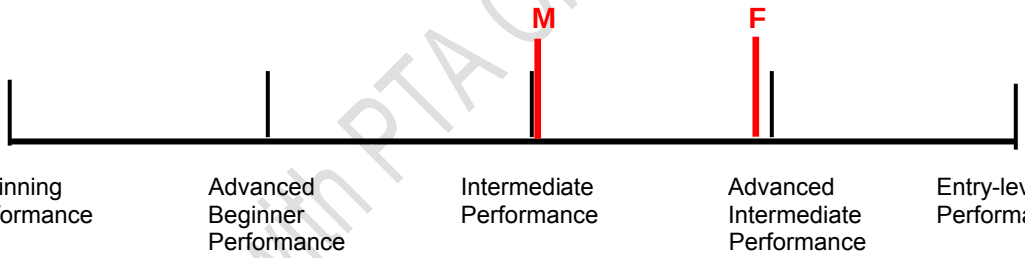
MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Student requires direct personal supervision 50% of the time while working with patients with simple conditions and 75% of time working with patients with complex conditions. At this point, student is maintaining a 50% of a full-time PTA caseload. Student is proficient with simple interventions (gait training, ROM). Student is inefficient with PNF (eg, hold-relax). Data collection skills are at the intermediate performance level, not at the expected advanced intermediate level at this time in the curriculum. Student is having difficulty identifying correct data collection skill to measure patient progress. Collection of vital signs, describing signs of cognitive deficits and assessing pain is efficient. However, data collection skills of sensory response, coordination and balance, grid measurement of posture are performed inconsistently and student requires assistance to complete. Not able to progress and modify resistive exercises including concentric, eccentric and isotonic without verbal cueing and direction. Student is not efficient in completing MMT (positions incorrect, not stabilizing) and does not apply MMT grading criteria correctly.

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

Student requires direct personal supervision 25-50% of the time working with patients with complex conditions (eg, patients with Parkinson's, cerebral palsy, s/p CVA). Student is able to perform independently with patients with simple conditions or situations where the student is very familiar. Student continues to select inappropriate data collection techniques and requires verbal cueing to document progress with patients with complex conditions in measurable terms. MMT skills have improved slightly, but student continues to be inefficient and inconsistent with grading, positioning and direction of pressure. Progression of exercises has improved, but student continues to require verbal cuing to prompt increasing exercise difficulty. Overall, there has been improvement, but student is still only able to manage less than 75% of a full-time PTA caseload.

Rate this student's clinical performance based on the essential skills and comments above:



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

Mid-experience ☒ ☎ **Final** ☒

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

APPENDIX C: INTERVENTIONS AND ASSOCIATED DATA COLLECTION TECHNIQUES

This table illustrates the connection between the interventions and associated data collection techniques used by physical therapist assistants to document patient/client progress. The table is **not** meant to be all-inclusive or restrictive, but to provide a guide for instruction of interventions and the data collection techniques that are essential indicators of the outcome or patient/client response to the intervention. The matrix that follows this table details each of the data collection categories including a list of the associated interventions, examples of techniques used, and sample terminal behavioral objectives. (*A Normative Model of Physical Therapist Assistant Education: Version 2007*. Alexandria, VA: American Physical Therapy Association; 2007.)

	Data Collection Techniques													
Procedural Interventions	**Anthropometric Characteristics**	**Arousal, Attention, and Cognition**	**Assistive & Adaptive Devices, Orthotics, Prosthetics**	**Body Mechanics**	**Environmental, Self-Care, and Home Issues**	**Gait, Locomotion, and Balance**	**Integumentary Integrity**	**Muscle Performance**	**Neuromotor Function**	**Pain**	**Posture**	**Range of Motion**	**Sensory Response**	**Vital Signs**
Therapeutic Exercise:														
• Aerobic capacity/endurance conditioning/ reconditioning	X					X								X
• Balance, coordination, and agility training						X			X		X			
• Body mechanics and postural stabilization				X				X			X			
• Flexibility exercises									X	X		X		
• Gait and locomotion training			X		X	X			X					
• Neuromotor development training		X							X					
• Relaxation		X							X					X
• Strength, power, and endurance training								X			X			

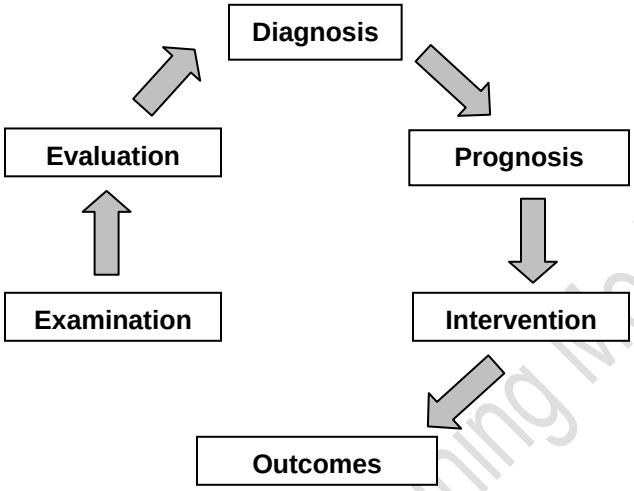
Interventions and Associated Data Collection Techniques (Continued)

	Data Collection Techniques													
Procedural Interventions	**Anthropometric Characteristics**	**Arousal, Attention, and Cognition**	**Assistive & Adaptive Devices, Orthotics, Prosthetics**	**Body Mechanics**	**Environmental, Self-Care, and Home Issues**	**Gait, Locomotion, and Balance**	**Integumentary Integrity**	**Muscle Performance**	**Neuromotor Function**	**Pain**	**Posture**	**Range of Motion**	**Sensory Response**	**Vital Signs**
Functional Training in Self-Care and Home Management		X	X	X	X	X			X					
Manual Therapy Techniques	X						X			X		X		
Application of Devices and Equipment	X		X				X			X	X		X	
Airway Clearance Techniques							X							X
Integumentary Repair and Protection Techniques	X						X			X			X	
Electrotherapeutic Modalities	X	X					X	X	X	X			X	
Physical Agents	X	X					X			X		X	X	X

APPENDIX D: PROBLEM SOLVING ALGORITHM UTILIZED BY PTAs IN PATIENT INTERVENTIONS

This algorithm, developed by APTA's Departments of Education, Accreditation, and Practice, is intended to reflect current policies and positions on the problem solving processes utilized by physical therapist assistants in the provision of selected interventions. The controlling assumptions are essential to understanding and applying this algorithm. (This document can be found in *A Normative Model of Physical Therapist Assistant Education: Version 2007*.)

Controlling Assumptions



- The physical therapist integrates the five elements of patient/client management – examination, evaluation, diagnosis, prognosis, and intervention – in a manner designed to optimize outcomes. Responsibility for completion of the examination, evaluation, diagnosis, and prognosis is borne solely by the physical therapist. The physical therapist's plan of care may involve the physical therapist assistant to assist with selected interventions. This algorithm represents the decision making of the physical therapist assistant within the intervention element.

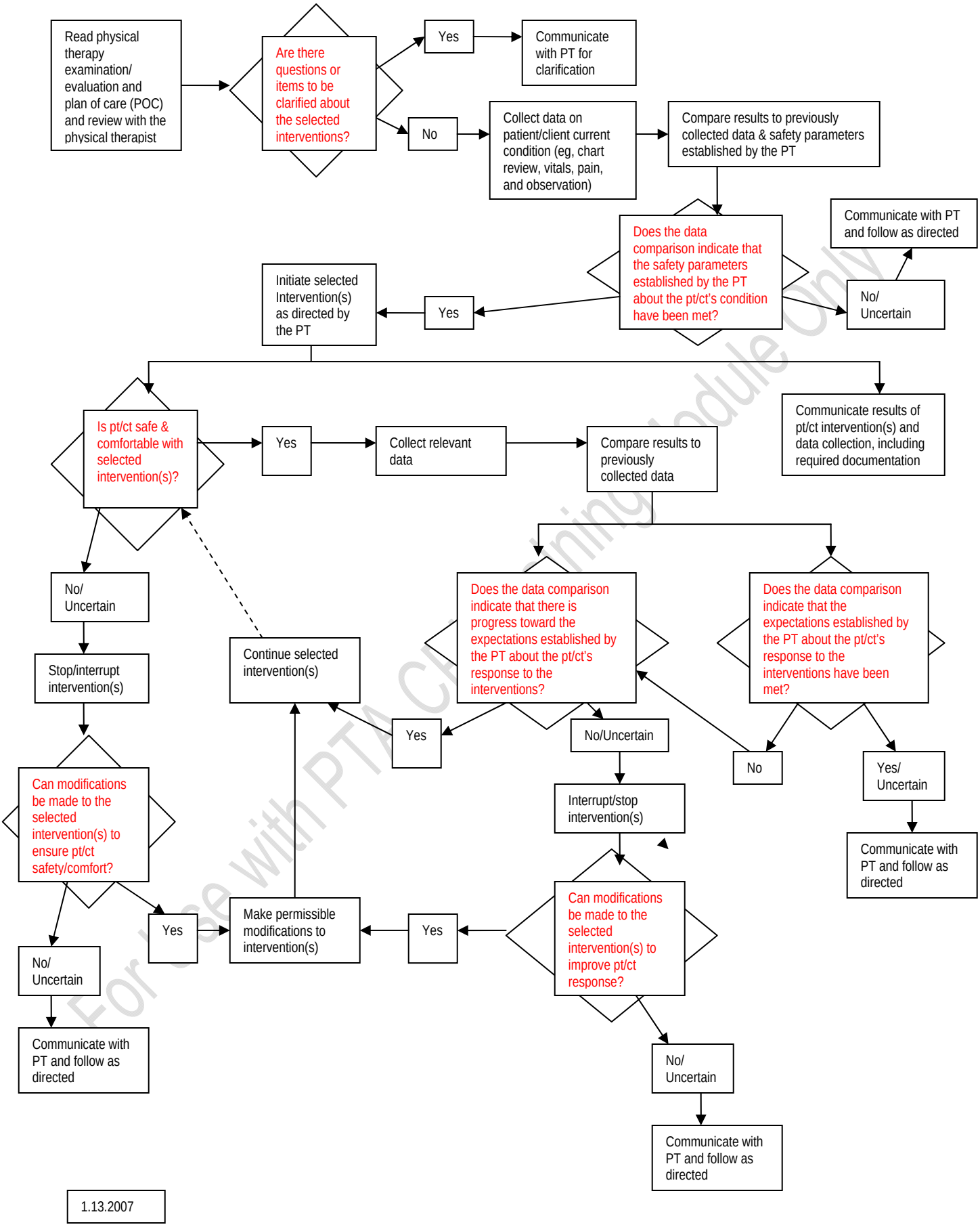
- The physical therapist will direct and supervise the physical therapist assistant consistent with APTA House of Delegates positions, including Direction and Supervision of the Physical Therapist Assistant (HOD P06-05-18-26); APTA core documents, including Standards of Ethical Conduct for the PTA; and federal and state legal practice standards; and institutional regulations.

- All selected interventions are directed and supervised by the physical therapist. Additionally, the physical therapist remains responsible for the physical therapy services provided when the physical therapist's plan of care involves the physical therapist assistant to assist with selected interventions.

- Selected intervention(s) includes the procedural intervention, associated data collection, and communication, including written documentation associated with the safe, effective, and efficient completion of the task.

- The algorithm may represent the thought processes involved in a patient/client interaction or episode of care. Entry into the algorithm will depend on the point at which the physical therapist assistant is directed by the physical therapist to provide selected interventions.

- Communication between the physical therapist and physical therapist assistant regarding patient/client care is ongoing. The algorithm does not intend to imply a limitation or restriction on communication between the physical therapist and physical therapist assistant.



APPENDIX E: PTA CPI PERFORMANCE CRITERIA MATCHED WITH EVALUATIVE CRITERIA FOR PTA PROGRAMS

This table provides the physical therapist assistant academic program with a mechanism to relate the performance criteria from the *Physical Therapist Assistant Clinical Performance Instrument* with the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*.[1]

Evaluative Criteria for Accreditation of Physical Therapist Assistant Programs	Physical Therapist Assistant Clinical Performance Instrument Performance Criteria (PC)
Communication (3.3.2.1)	**Communication** (PC #5)
Individual and Cultural Differences (3.3.2.2)	**Cultural Competence** (PC #4)
Behavior and Conduct (3.3.2.3 – 3.3.2.4)	**Clinical Behaviors** (PC#2; 3.3.2.3, 3.3.2.4) **Accountability** (PC# 3; 3.3.2.4, 3.3.2.5)
Plan of Care (3.3.2.6)	**Clinical Problem Solving** (PC #7 – 12)
Interventions – Functional Training (3.3.2.7.1 – 3.3.2.7.7)	**Interventions: Functional Training and Application of Devices and Equipment** (PC #12; 3.3.2.7.1 – 3.3.2.7.7)
Interventions – Infection Control Procedures (3.3.2.7.8, 3.3.2.7.9)	**Safety** (PC #1)
Interventions – Manual Therapy Techniques (3.3.2.7.10, 3.3.2.7.11)	**Interventions: Therapeutic Techniques** (PC #9)
Interventions – Physical Agents and Mechanical Agents (3.3.2.7.12 – 3.3.2.7.19)	**Interventions: Physical Agents and Mechanical Modalities** (PC #10; 3.3.2.7.12, 3.3.2.7.14 - 15, 3.3.2.7.17 – 19) **Interventions: Electrotherapeutic Modalities** (PC #11; 3.3.2.7.13, 3.3.2.7.16)
Interventions – Therapeutic Exercise (3.3.2.7.20 – 27)	**Interventions: Therapeutic Exercise** (PC #8; 3.3.2.7. 20, 3.3.2.7.21, 3.3.2.7.23-27) **Interventions: Therapeutic Techniques** (PC #9; 3.3.2.7.22)
Interventions – Wound Management (3.3.2.7.28, 3.3.2.7.29)	**Interventions: Therapeutic Techniques** (PC #9)
Data Collection – Aerobic Capacity and Endurance (3.3.2.8.1 – 3)	**Interventions: Therapeutic Exercise** (PC #8 ; 3.3.2.8.1) **Interventions: Therapeutic Techniques** (PC #9 ; 3.3.2.8.2, 3.3.2.8.3) **Interventions : Physical Agents and Mechanical Modalities** (PC #10 ; 3.3.2.8.1.1)
Data Collection – Anthropometrical Characteristics (3.3.2.8.4)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10) **Interventions: Electrotherapeutic Modalities** (PC #11) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Arousal, Mentation, and Cognition (3.3.2.8.5)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions : Physical Agents and Mechanical Modalities** (PC #10) **Interventions: Electrotherapeutic Modalities** (PC #11) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic Devices (3.3.2.8.6 – 3.3.2.8.8)	**Interventions: Therapeutic Exercise** (PC#8) **Functional Training and Application of Devices and Equipment** (PC #12)

Evaluative Criteria for Accreditation of Physical Therapist Assistant Programs	Physical Therapist Assistant Clinical Performance Instrument Performance Criteria (PC)
Data Collection – Gait, Locomotion and Balance (3.3.2.8.9)	**Interventions: Therapeutic Exercise** (PC#8) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Integumentary Integrity (3.3.2.8.10 – 3.3.2.8.13)	**Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10; 3.3.2.8.10 – 3.3.2.8.12) **Interventions: Electrotherapeutic Modalities** (PC #11; 3.3.2.8.10 – 3.3.2.8.12) **Functional Training and Application of Devices and Equipment** (PC #12; 3.3.2.8.10 – 3.3.2.8.12)
Data Collection – Joint Integrity and Mobility (3.3.2.8.14)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Muscle Performance (3.3.2.8.15 – 3.3.2.8.18)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Electrotherapeutic Modalities** (PC #11) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Neuromotor Development (3.3.2.8.19 – 3.3.2.8.21)	**Interventions: Therapeutic Exercise** (PC#8) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Pain (3.3.2.8.22, 3.3.2.8.23)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10) **Interventions: Electrotherapeutic Modalities** (PC #11) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Posture (3.3.2.8.24, 3.3.2.8.25)	**Interventions: Therapeutic Exercise (PC#8)** **Functional Training and Application of Devices and Equipment (PC #12)**
Data Collection – Range of Motion (3.3.2.8.26, 3.3.2.8.27)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10)
Data Collection – Self-care and Home Management and Community or Work Reintegration (3.3.2.8.28 – 3.3.2.8.31**)**	**Interventions: Therapeutic Exercise** (PC#8) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Ventilation, Respiration, and Circulation Examination (3.3.2.8.32 – 3.3.2.8.35)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10)
Adjusts interventions within plan of care (3.3.2.9**)**	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10) **Interventions: Electrotherapeutic Modalities** (PC #11) **Functional Training and Application of Devices and Equipment** (PC #12)

Evaluative Criteria for Accreditation of Physical Therapist Assistant Programs	Physical Therapist Assistant Clinical Performance Instrument Performance Criteria (PC)
Recognizes when to hold interventions (3.3.2.10)	**Safety** (PC #1) **Communication** (PC #5) **Clinical Problem Solving** (PC #7)
Knows scope of work (3.3.2.12)	**Communication** (PC #5) **Clinical Problem Solving** (PC #7)
Responds in emergency situations (3.3.2.15)	**Safety** (PC #1) **Clinical Problem Solving (PC #7)**
Documentation (3.3.2.16)	**Documentation (PC #13)**
Discharge Planning (3.3.2.17)	**Documentation (PC #13)**
Reads Literature (3.3.2.18)	**Self-Assessment and Lifelong Learning (PC #6)**
Education (3.3.2.19, 3.3.2.20)	**Clinical Behaviors (PC #2)**
Administration (3.3.2.21 – 3.3.2.24**)**	**Resource Management (PC #14)**
Social Responsibility (3.3.2.25, 3.3.2.26**)**	**Clinical Behaviors (PC #2)** **Accountability (PC #3)**
Career Development (3.3.2.27, 3.3.2.28)	**Self-Assessment and Lifelong Learning (PC #6)**

[1]Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. Commission on Accreditation in Physical Therapy Education, APTA: Alexandria, VA; 2007.

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

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.

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

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.

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

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.

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

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 than1 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).

1=*Strongly Disagree* 2=*Disagree* 3=*Neutral* 4=*Agree* 5=*Strongly Agree*

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

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.

PHYSICAL THERAPIST ASSISTANT 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 assistant student assessment of the clinical experience and Section 2-Physical therapist assistant 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 is extended to all 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

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 assistant student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications. 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/PTA 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/PTA 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: PTA 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 provided 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.

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

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. List the five (5) most common interventions that you provided to patients/clients during this clinical experience.

Components Of Care	Rating	Five Most Common Interventions
Data Collection		1. _____
Implementation of Established Plan of Care		2. _____
Selected Interventions		3. _____
• Coordination, communication, documentation		4. _____
• Patient/client related instruction		5. _____
• Direct Interventions		

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

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

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for your work 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 than1 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
- ☐ Observed surgery
- ☐ Participated in administrative and business management
- ☐ Participated in providing patient/client interventions collaboratively with other disciplines (please specify disciplines)_____
- ☐ Participated in service learning
- ☐ Performed systematic data collection as part of an investigative study
- ☐ Used physical therapy aides and other support personnel
- ☐ 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 assistant 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 assistant academic preparation, describe those subject areas not addressed. _____

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

20. What do you believe were the strengths of your physical therapist assistant 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: PTA STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR

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Midterm Comments _____

Final Comments _____

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Student Signature Page

By signing below, I acknowledge receipt of the Loma Linda University Department of Physical Therapy Policy and Procedure Manual for Clinical Education. I agree to follow the expectations and guidelines as outlined. I understand that the policies and procedures presented in the handbook are subject to change. I further understand that this handbook does not replace or nullify the contents of the School of Allied Health Professions Catalog or the Student Handbook.

Print Name_____

Signature_____ Date_____