

**PHYSICAL THERAPIST  
CLINICAL PERFORMANCE INSTRUMENT  
FOR STUDENTS**

**June 2006**

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



ISBN # 1-931369-25-9

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[Publication No. E-42]

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<sup>1</sup> Terms used in this instrument are denoted by an asterisk (\*) and can be found in the Glossary.

## **COPYRIGHT, DISCLAIMER, AND VALIDITY AND RELIABILITY IN USING THE INSTRUMENT**

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# CLINICAL PERFORMANCE INSTRUMENT

## INTRODUCTION

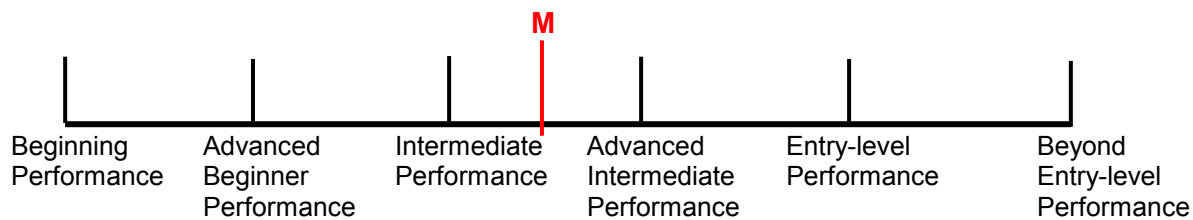
- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Clinical Performance Instrument (PT CPI) at [www.apta/education](http://www.apta/education) (TBD).
- The PT CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.
- Every performance criterion\* in this instrument is important to the overall assessment of clinical competence, and all criteria are observable in every clinical experience.
- All performance criteria should be rated based on observation of student performance relative to entry-level.
- The PT CPI from any previous student experience should not be shared with any subsequent experiences.
- The PT CPI consists of 18 performance criteria.
- Each performance criterion includes a list of sample behaviors, a section for midterm and final comments for each performance dimension, a rating scale consisting of a line with 6 defined anchors, and a significant concerns box for midterm and final evaluations.
- Terms used in this instrument are denoted by an asterisk (\*) and can be found in the Glossary.
- Summative midterm and final comments and recommendations are provided at the end of the CPI.
- **Altering this instrument is a violation of copyright law.**

### **Instructions for the Clinical Instructor**

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

### ***Rating Scale***

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



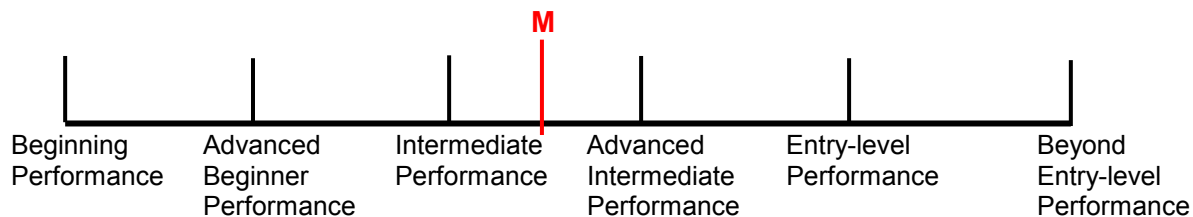
- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of "intermediate performance," however the student has yet to satisfy the definition associated with "advanced intermediate performance." In order to place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

### **Instructions for the Student**

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

### ***Rating Scale***

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



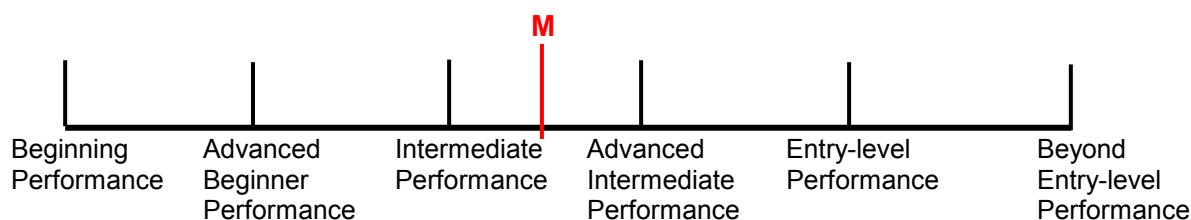
- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the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

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

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

#### ***Rating Scale***

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



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

#### ***Determining a Grade***

- Each academic institution determines what constitutes satisfactory performance. The guide below is provided to assist the program in identifying what is expected for the student's performance depending upon their level of education\* and clinical experience within the program.




- First clinical experience: Depending upon your academic curriculum, ratings of student performance may be expected in the first two intervals between beginning clinical performance,\* advanced beginner performance, and intermediate clinical performance.
- Intermediate clinical experiences: Depending upon your academic curriculum, student performance ratings are expected to progress along the continuum ranging from a minimum of advanced beginner clinical performance (interval 2) to advanced intermediate clinical performance\* (interval 4). The ratings on the performance criteria will be dependent upon the clinical setting, level of didactic and clinical experience within the curriculum, and expectations of the clinical site and the academic program.
- Final clinical experience: Students should achieve ratings of entry-level or beyond (interval 5) for all 18 performance criteria.
- At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:
  - clinical setting,
  - experience with patients or clients\* in that setting,
  - relative weighting or importance of each performance criterion,
  - expectations for the clinical experience,
  - progression of performance from midterm to final evaluations,
  - level of experience within the didactic and clinical components,
  - whether or not “significant concerns” box was checked, and
  - the congruence between the CI’s narrative midterm and final comments related to the five performance dimensions and the ratings provided.

## COMPONENTS OF THE FORM

### Performance Criteria\*

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

### Red Flag Item

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

### Sample Behaviors

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

### Midterm and Final Comments

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

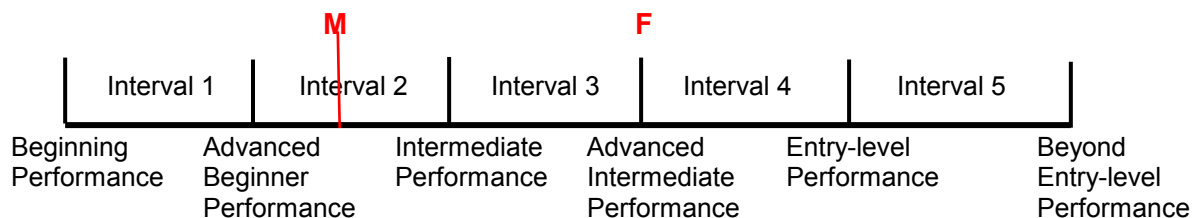
### Performance Dimensions

- **Supervision/guidance\*** refers to the level and extent of assistance required by the student to achieve entry-level performance.
  - As a student progresses through clinical education experiences\*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation\* and may vary with the complexity of the patient or environment.
- **Quality\*** refers to the degree of knowledge and skill proficiency demonstrated.
  - As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.

- **Complexity\*** refers to the number of elements that must be considered relative to the patient\*, task, and/or environment.
  - As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
- **Consistency\*** refers to the frequency of occurrences of desired behaviors related to the performance criterion.
  - As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
- **Efficiency\*** refers to the ability to perform in a cost-effective and timely manner.
  - As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

#### Rating Student Performance

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



## 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 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:**

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  
**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

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



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

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PATIENT MANAGEMENT  
**CLINICAL REASONING\***



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

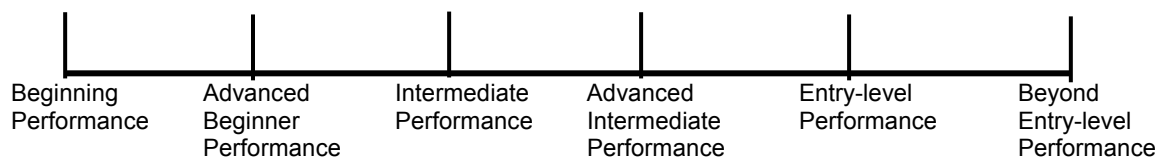
**SAMPLE BEHAVIORS**

- 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:**



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



Midterm

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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

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PATIENT MANAGEMENT  
**EXAMINATION\***

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

**SAMPLE BEHAVIORS**

- a. Obtains a history\* from patients and other sources as part of the examination.\*
- b. Utilizes information from history and other data (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

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



Midterm

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PATIENT MANAGEMENT  
**EVALUATION\***

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

**SAMPLE BEHAVIORS**

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

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

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

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

Beginning Performance	Advanced 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

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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

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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

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## 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.



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PATIENT MANAGEMENT  
**EDUCATIONAL INTERVENTIONS\***

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

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**PATIENT MANAGEMENT  
DOCUMENTATION\***

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

**SAMPLE BEHAVIORS**

- a. Selects relevant information to document the delivery of physical therapy care.
- b. Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication\* with others involved in the delivery of care.
- c. Produces documentation (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

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



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PATIENT MANAGEMENT  
**OUTCOMES ASSESSMENT\***

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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



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## PATIENT MANAGEMENT FINANCIAL RESOURCES

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

### SAMPLE BEHAVIORS

- a. Schedules patients, equipment, and space.
- b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
- c. Sets priorities for the use of resources to maximize patient and facility outcomes.
- d. Uses time effectively.
- e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
- f. Provides recommendations for equipment and supply needs.
- g. Submits billing charges on time.
- h. Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.
- i. Requests and obtains authorization for clinically necessary reimbursable visits.
- j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
- k. Negotiates with reimbursement entities for changes in individual patient services.
- l. Utilizes the facility's information technology effectively.
- m. Functions within the organizational structure of the practice setting.
- n. Implements risk-management strategies (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

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



Midterm

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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

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



**Midterm**

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**Final**

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## 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.

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Signature of Student

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Date

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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.

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Evaluator Name (1) (Print)

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Position/title

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Signature of Evaluator (1)

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Date

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Evaluator Name (2) (Print)

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Position/Title

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Signature of Evaluator (2)

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Date

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CCCE Signature

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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 able to maintain 75% of a full-time physical therapist's caseload.

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

**Assessment:** The measurement or quantification of a variable or the placement of a value on something. Assessment should not be confused with [examination](#) or [evaluation](#).

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

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

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

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

**Case management:** The coordination of patient care or client activities.

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

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

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

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

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

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

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

**Cognitive:** Characterized by awareness, reasoning, and judgment.

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

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

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

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

**Complexity:** Multiple requirements of the tasks or environment (eg, simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.

**Complex patient:** Refers to patients presenting with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and multifaceted psychosocial needs. As a student progresses through clinical education experiences, the student should be able to manage patients with increasingly more complex conditions with fewer elements or interventions controlled by the CI.

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

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

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

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

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

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

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

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

**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 through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

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

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

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

**Evaluation:** A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)



**Evidenced-based practice:** Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. (Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical Epidemiology: A Basic Science for Clinical Medicine*. 2nd ed. Boston: Little, Brown and Company; 1991:1.) Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

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

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

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

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

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

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

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

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

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

**Health care provider:** A person or organization offering health services directly to patients or clients.

**Health promotion:** The combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health. (Green LW, Kreuter MW. *Health Promotion Planning*. 2<sup>nd</sup> 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 2<sup>nd</sup> Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

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

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

**Intervention:** The purposeful interaction of the physical therapist with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition. ([Guide to Physical Therapist Practice](#). Rev 2<sup>nd</sup> 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 2<sup>nd</sup> 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 2<sup>nd</sup> 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

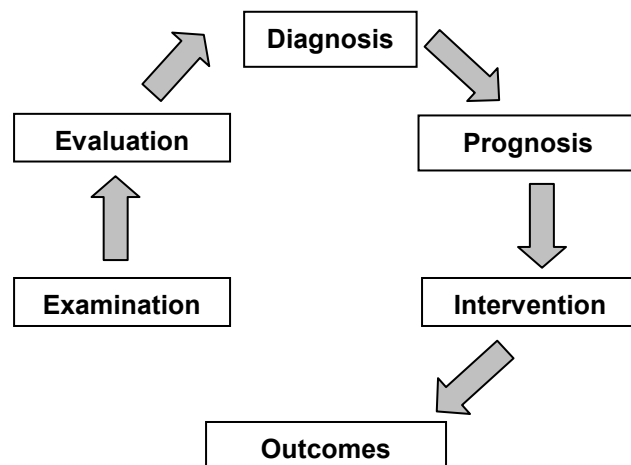
expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

**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.tmc.org/other\\_resources/glossaryquality.html#quality](http://www.tmc.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\* 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 re-examinations of patient status.
- i) Performs an examination using evidence based test and measures.

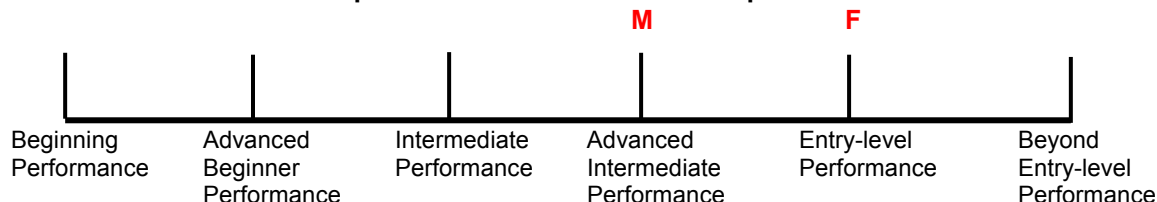
**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including *supervision/ guidance, quality, complexity, consistency, and efficiency*.)

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:**



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



Midterm

☐


Final

☐



## APPENDIX A

### EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)

#### EXAMINATION\*

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

##### SAMPLE BEHAVIORS

- e) Obtains a history from patients and other sources as part of the examination.
- f) Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate 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.

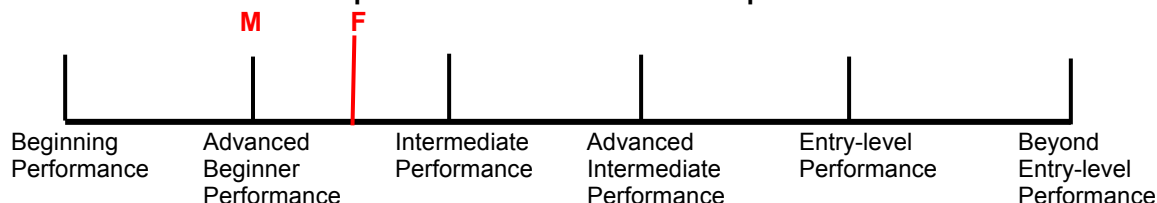
**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including *supervision/guidance, quality, complexity, consistency, and efficiency\**.)

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\* tests and measures.

##### SAMPLE BEHAVIORS

- i) Obtains a history from patients and other sources as part of the examination.
- j) Utilizes information from history and other data (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.

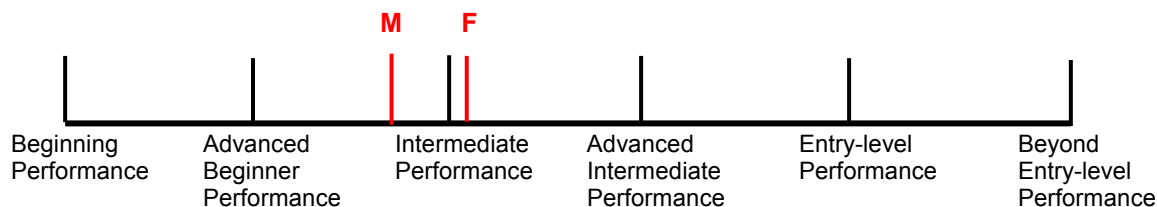
**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including *supervision/guidance, quality, complexity, consistency, and efficiency*\*)

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*.<sup>1</sup>

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

<sup>1</sup> *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists (Draft 3)*. Commission on Accreditation in Physical Therapy Education, APTA: Alexandria, VA; 2004:7-10.

## APPENDIX C

### DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<b>Performance Dimensions</b>	
<b>Supervision/ Guidance</b>	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Quality</b>	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</li> </ul>
<b>Complexity</b>	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Consistency</b>	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</li> </ul>
<b>Efficiency</b>	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> <li>As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</li> </ul>
<b>Rating Scale Anchors</b>	
<b>Beginning performance</b>	<ul style="list-style-type: none"> <li>A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</li> <li>At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</li> <li>Performance reflects little or no experience.</li> <li>The student does not carry a caseload.</li> </ul>
<b>Advanced beginner performance</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The student may begin to share a caseload with the clinical instructor.</li> </ul>
<b>Intermediate performance</b>	<ul style="list-style-type: none"> <li>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.</li> <li>At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</li> <li>The student is <b>capable of</b> maintaining 50% of a full-time physical therapist's caseload.</li> </ul>
<b>Advanced intermediate performance</b>	<ul style="list-style-type: none"> <li>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.</li> <li>At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</li> <li>The student is <b>capable of</b> maintaining 75% of a full-time physical therapist's caseload.</li> </ul>
<b>Entry-level performance</b>	<ul style="list-style-type: none"> <li>A student who is <b>capable of</b> functioning without guidance or clinical supervision managing patients with simple or complex conditions.</li> <li>At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</li> <li>Consults with others and resolves unfamiliar or ambiguous situations.</li> <li>The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.</li> </ul>
<b>Beyond entry-level performance</b>	<ul style="list-style-type: none"> <li>A student who is <b>capable of</b> 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.</li> <li>At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.</li> <li>The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.</li> <li>The student is capable of supervising others.</li> <li>The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.</li> </ul>

**CLINICAL SITE INFORMATION FORM (CSIF)**  
**developed by**  
**APTA Department of Physical Therapy Education**

**Why have a consistent Clinical Site Information Form?**

The primary purpose of this form is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites. This information will facilitate clinical site selection, student placements, assessment of learning experiences and clinical practice opportunities available to students; and provide assistance with completion of documentation for accreditation in clinical education.

**How is the form designed?**

The form is divided into two sections, [Information for Academic Programs - Part I](#) (pages 3-14) and [Information for Students - Part II](#) (pages 15-17), to allow ease in retrieval of information for academic programs and for students, especially if the academic program is using a database to manage the information. Duplication of information being requested is kept to a minimum except when separation of Part I and Part II of the form would omit critical information needed by both students and the academic program. The form is also designed using a check-off format wherever possible to reduce the amount of time required for completion. This instrument can be retrieved from APTA's website at [www.apta.org](http://www.apta.org). Simply select the link titled "PT Education", then the link titled "Clinical Education" and choose "Clinical Site Information Form".

Although using a computer to complete the form is not mandatory, it is highly recommended to facilitate legible updates with minimal time investment from your facility. Additionally, the information provided will be more legible to students, academic programs, and the APTA's Department of Physical Therapy Education. The form includes several features designed to streamline navigation, including a hyperlinked [index](#) on page 18. (Please note that several of the hyperlinks contained in the document require your computer to have an open internet connection and a web browser).

If you prefer to complete the form manually, you may download the CSIF from APTA's website (see above). If you do not have access to a computer for this purpose, hard copies of the CSIF are available from the APTA Department of Physical Therapy Education, as well as from all PT and PTA academic programs through their Academic Coordinator of Clinical Education (ACCE).

**What should I do once the form has been completed?**

We encourage you to invest the time to complete the form thoroughly and accurately. Once the form has been completed, the clinical education site may e-mail the instrument to each academic program with which it affiliates, minimizing administrative time and associated costs. **Please remember to make a copy of this form and retain for your records!** To assist in maintaining accurate and relevant information about your physical therapy service for academic programs and students, we encourage you to update this form on an annual basis.

In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, we request that a copy of the completed form be e-mailed to the Department of Physical Therapy Education at [csif@apta.org](mailto:csif@apta.org) or mail to:



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

### DIRECTIONS FOR COMPLETION:

**If using a computer to complete this form:**

When completing this form, after opening the original form, and before entering your facility's information, **save the form**. The title should be your zip code, your site's name, and the date (eg, 90210BevHillsRehab10-26-99. Please note that the date must be set apart with dashes; if slashes are used, the computer will unsuccessfully search for a directory and return an error message). Saving the document will preserve the original copy on the disk or hard drive, allowing for you to easily update your information. When completing, use the tab key or arrow keys to move to the desired blank space (the form is comprised of a series of tables to enable use of the tab key for easier data entry). Enter relevant information only in blank spaces as appropriate to your clinical site.

**What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?**

If your physical therapy service is associated with multiple satellite sites (for example, corporate hospital mergers) that offer clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, you will need to complete **pages 3 and 4**. On **page 3**, provide the primary clinical site for the clinical experience. On **page 4**, indicate other clinical sites or satellites associated with the primary clinical site. *Please note that if the individual facility information varies with each satellite site that offers a clinical experience, it will be necessary to duplicate a blank CSIF and complete the form for each satellite site that offers different clinical learning experiences.*

**What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?**

If specific items on the form do not apply to your clinical education site at the time you are completing the form, please leave the item blank. Opportunities to provide comments have been made available throughout the form.

**CLINICAL SITE INFORMATION FORM**

<b><i>I. Information About the Clinical Site</i></b>					Date (   /   /   )	
Person Completing Questionnaire						
E-mail address of person completing questionnaire						
Name of Clinical Center						
Street Address						
City			State		Zip	
Facility Phone					Ext.	
PT Department Phone					Ext.	
PT Department Fax						
PT Department E-mail						
Web Address						
Director of Physical Therapy						
Director of Physical Therapy E-mail						
Center Coordinator of Clinical Education (CCCE) / Contact Person						
CCCE / Contact Person Phone						
CCCE / Contact Person E-mail						

**Complete the following table(s) if there are multiple sites that are part of the same health care system or practice. Copy this table before entering information if you need more space.**

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number		Facility E-mail			
Director of Physical Therapy			E-mail		
Center Coordinator of Clinical Education/contact (CCCE)			E-mail		

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number		Facility E-mail			
Director of Physical Therapy			E-mail		
Center Coordinator of Clinical Education/contact (CCCE)			E-mail		

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number		Facility E-mail			
Director of Physical Therapy			E-mail		
Center Coordinator of Clinical Education/contact (CCCE)			E-mail		

*Clinical Site Accreditation/Ownership*

Yes	No		Date of Last Accreditation/Certification
		1. Is your clinical site certified/ accredited? If no, go to #3.	
		2. If yes, by whom?	
		JCAHO	
		CARF	
		Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
		Other	
		3. Who or what type of entity owns your clinical site? ___ PT owned ___ Hospital Owned ___ General business / corporation ___ Other (please specify)_____	

4. Place the **number 1** next to your clinical site's primary classification -- noted in **bold type**. Next, if appropriate, mark (X) **up to four additional bold typed categories** that describe other clinical centers associated with your primary classification. Beneath each of the **five possible bold typed categories**, mark (X) the specific learning experiences/settings that best describe that facility.

	<b>Acute Care/Hospital Facility</b>		Functional Capacity Exam- FCE		spinal cord injury
	university teaching hospital		industrial rehab		traumatic brain injury
	pediatric		other (please specify)		other
	cardiopulmonary		<b>Federal/State/County Health</b>		<b>School/Preschool Program</b>
	orthopedic		Veteran's Administration		school system
	other		pediatric develop. ctr.		preschool program
	<b>Ambulatory Care/Outpatient</b>		adult develop. ctr.		early intervention
	geriatric		other		other
	hospital satellite		<b>Home Health Care</b>		<b>Wellness/Prevention Program</b>
	medicine for the arts		agency		on-site fitness center
	orthopedic		contract service		other
	pain center		hospital based		<b>Other</b>
	pediatric		other		international clinical site
	podiatric		<b>Rehab/Subacute Rehab</b>		administration
	sports PT		inpatient		research
	other		outpatient		other
	<b>ECF/Nursing Home/SNF</b>		pediatric		
	<b>Ergonomics</b>		adult		
	work hardening/conditioning		geriatric		

- 4a. Which of these best characterizes your clinic's location? Indicate with an 'X'.

rural		suburban		urban	
-------	--	----------	--	-------	--

5. If your clinical site provides inpatient care, what are the number of:

	Acute beds
	ECF beds
	Long term beds
	Psych beds
	Rehab beds
	Step down beds
	Subacute/transitional care unit
	Other beds (please specify):
	<b>Total Number of Beds</b>

## ***II. Information about the Provider of Physical Therapy Service at the Primary Center***

6. PT Service hours

<b>Days of the Week</b>	<b>From: (a.m.)</b>	<b>To: (p.m.)</b>	<b>Comments</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

7. Describe the staffing pattern for your facility:      Standard 8 hour day\_\_\_\_      Varied schedules\_\_\_\_  
(Enter additional remarks in space below, including description of weekend physical therapy staffing pattern).

--

8. Indicate the number of full-time and part-time budgeted and filled positions:

	<b>Full-time budgeted</b>	<b>Part-time budgeted</b>
PTs		
PTAs		
Aides/Techs		

9. Estimate an average number of **patients per therapist treated per day** by the provider of physical therapy.

<b>INPATIENT</b>		<b>OUTPATIENT</b>	
	Individual PT		Individual PT
	Individual PTA		Individual PTA
	Total PT service per day		Total PT service per day



### III. Available Learning Experiences

10. Please mark (X) the *diagnosis related* learning experiences available at your clinical site:

	Amputations		Critical care/Intensive care		Neurologic conditions
	Arthritis		Degenerative diseases		Spinal cord injury
	Athletic injuries		General medical conditions		Traumatic brain injury
	Burns		General surgery/Organ Transplant		Other neurologic conditions
	Cardiac conditions		Hand/Upper extremity		Oncologic conditions
	Cerebral vascular accident		Industrial injuries		Orthopedic/Musculoskeletal
	Chronic pain/Pain		ICU (Intensive Care Unit)		Pulmonary conditions
	Connective tissue diseases		Mental retardation		Wound Care
	Congenital/Developmental				Other (specify below)

11. Please mark (X) all *special programs/activities/learning opportunities* available to students during clinical experiences, or as part of an independent study.

	Administration		Industrial/Ergonomic PT		Prevention/Wellness
	Aquatic therapy		Inservice training/Lectures		Pulmonary rehabilitation
	Back school		Neonatal care		Quality Assurance/CQI/TQM
	Biomechanics lab		Nursing home/ECF/SNF		Radiology
	Cardiac rehabilitation		On the field athletic injury		Research experience
	Community/Re-entry activities		Orthotic/Prosthetic fabrication		Screening/Prevention
	Critical care/Intensive care		Pain management program		Sports physical therapy
	Departmental administration		Pediatric-General (emphasis on):		Surgery (observation)
	Early intervention		Classroom consultation		Team meetings/Rounds
	Employee intervention		Developmental program		Women's Health/OB-GYN
	Employee wellness program		Mental retardation		Work Hardening/Conditioning
	Group programs/Classes		Musculoskeletal		Wound care
	Home health program		Neurological		Other (specify below)

12. Please mark (X) all *Specialty Clinics* available as student learning experiences.

	Amputee clinic		Neurology clinic		Screening clinics
	Arthritis		Orthopedic clinic		Developmental
	Feeding clinic		Pain clinic		Scoliosis
	Hand clinic		Preparticipation in sports		Sports medicine clinic
	Hemophilia Clinic		Prosthetic/Orthotic clinic		Other (specify below)
	Industry		Seating/Mobility clinic		

13. Please mark (X) all *health professionals* at your clinical site with whom students might observe and/or interact.

	Administrators		Health information technologists		Psychologists
	Alternative Therapies		Nurses		Respiratory therapists
	Athletic trainers		Occupational therapists		Therapeutic recreation therapists
	Audiologists		Physicians (list specialties)		Social workers
	Dietitians		Physician assistants		Special education teachers
	Enterostomal Therapist		Podiatrists		Vocational rehabilitation counselors
	Exercise physiologists		Prosthetists /Orthotists		Others (specify below)

14. List all PT and PTA education programs with which you currently affiliate.


15. What criteria do you use to select clinical instructors? **(mark (X) all that apply):**

	APTA Clinical Instructor Credentialing		Demonstrated strength in clinical teaching
	Career ladder opportunity		No criteria
	Certification/Training course		Therapist initiative/volunteer
	Clinical competence		Years of experience
	Delegated in job description		Other (please specify)

16. How are clinical instructors trained? **(mark (X) all that apply)**

	1:1 individual training (CCCE:CI)		Continuing education by consortia
	Academic for-credit coursework		No training
	APTA Clinical Instructor Credentialing		Professional continuing education (eg, chapter, CEU course)
	Clinical center inservices		Other (please specify)
	Continuing education by academic program		

17. On *pages 9 and 10* please provide information about individual(s) serving as the CCCE(s), and on *pages 11 and 12* please provide information about individual(s) serving as the CI(s) at your clinical site.

## ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

*Please update as each new CCCE assumes this position.*

<b>NAME:</b>		<b>Length of time as the CCCE:</b>
<b>DATE: (mm/dd/yy)</b>		<b>Length of time as the CI:</b>
<b>PRESENT POSITION:</b> (Title, Name of Facility)	<b>Mark (X) all that apply:</b> ____ PT ____ PTA ____ Other, specify	<b>Length of time in clinical practice:</b>
<b>LICENSURE:</b> (State/Numbers)		<b>Credentialed Clinical Instructor:</b> Yes_____ No_____
<b>Eligible for Licensure:</b> Yes_____ No_____		<b>Certified Clinical Specialist:</b>
		<b>Area of Clinical Specialization:</b>
		<b>Other credentials:</b>

### SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (start with most current):

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		

### SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO

**CONTINUING PROFESSIONAL PREPARATION RELATED DIRECTLY TO CLINICAL TEACHING RESPONSIBILITIES** (for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last five years):

[illegible]

### CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site **who are CIs**.

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI  Specialist Certification  Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure

(Continued on next page)

**CLINICAL INSTRUCTOR INFORMATION (continued)**

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure

18. Indicate professional educational levels at which you accept PT and PTA students for clinical experiences (**mark (X) all that apply**).

Physical Therapist		Physical Therapist Assistant	
	First experience		First experience
	Intermediate experiences		Intermediate experiences
	Final experience		Final experience
	Internship		

	PT		PTA	
	From	To	From	To
19. Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.				
20. Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.				

	PT	PTA
21. Average number of PT and PTA students affiliating <u>per year</u> .		

22. What is the procedure for managing students with exceptional qualities that might affect clinical performance (eg, outstanding students, students with learning/performance deficits, learning disability, physically challenged, visually impaired)?

23. **Answer if the clinical center employs only one PT or PTA.** Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Yes	No	
		24. Does your clinical site provide written clinical education objectives to students? If no, go to # 27.
		25. Do these objectives accommodate:
		the student's objectives?
		students prepared at different levels within the academic curriculum?
		academic program's objectives for specific learning experiences?
		students with disabilities?
		26. Are all professional staff members who provide physical therapy services acquainted with the site's learning objectives?

27. When do the CCCE and/or CI discuss the clinical site's learning objectives with students?

**(mark (X) all that apply)**

	Beginning of the clinical experience		At mid-clinical experience
	Daily		At end of clinical experience
	Weekly		Other

28. How do you provide the student with an evaluation of his/her performance? **(mark (X) all that apply)**

	Written and oral mid-evaluation		Ongoing feedback throughout the clinical
	Written and oral summative final evaluation		As per student request in addition to formal and ongoing written & oral feedback
	Student self-assessment throughout the clinical		

Yes	No	
		29. Do you require a specific student evaluation instrument other than that of the affiliating academic program? If yes, please specify:

**OPTIONAL:** Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

--

**Information for Students - Part II**



***I. Information About the Clinical Site***

Yes	No	
		1. Do students need to contact the clinical site for specific work hours related to the clinical experience?
		2. Do students receive the same official holidays as staff?
		3. Does your clinical site require a student interview?
		4. Indicate the time the student should report to the clinical site on the first day of the experience:

***Medical Information***

Yes	No		Comments
		5. Is a Mantoux TB test required? a) one step_____	
		b) two step_____	
		5a. If yes, within what time frame?	
		6. Is a Rubella Titer Test or immunization required?	
		7. Are any other health tests/immunizations required prior to the clinical experience?	
		a) If yes, please specify:	
		8. How current are student physical exam records required to be?	
		9. Are any other health tests or immunizations required on-site?	
		a) If yes, please specify:	
		10. Is the student required to provide proof of OSHA training?	
		11. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
		12. Is the student required to have proof of health insurance?	
		a) Can proof be on file with the academic program or health center?	
		13. Is emergency health care available for students?	
		a) Is the student responsible for emergency health care costs?	
		14. Is other non-emergency medical care available to students?	
		15. Is the student required to be CPR certified? (Please note if a specific course is required).	
		a) Can the student receive CPR certification while on-site?	
		16. Is the student required to be certified in First Aid?	
		a) Can the student receive First Aid certification on-site?	

Yes	No		Comments
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		17. Is a criminal background check required (eg, Criminal Offender Record Information)?	
		a) Is the student responsible for this cost?	
		18. Is the student required to submit to a drug test?	
		19. Is medical testing available on-site for students?	

*Housing*

Yes	No			Comments
		20. Is housing provided for male students?		
		for female students? (If no, go to #26)		
\$		21. What is the average cost of housing?		
		22. If housing is <b>not</b> provided for either gender:		
		a) Is there a contact person for information on housing in the area of the clinic? (Please list contact person and phone #).		
		b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.		
		23. Description of the type of housing provided:		
		24. How far is the housing from the facility?		
		25. Person to contact to obtain/confirm housing:		
		Name:		
		Address:		
	City:	State:	Zip:	

*Transportation*

Yes	No			
		26. Will a student need a car to complete the clinical experience?		
		27. Is parking available at the clinical center?		
\$		a) What is the cost?		
		28. Is public transportation available?		
		29. How close is the nearest bus stop (in miles) to your site?		
		a) train station?		
		b) subway station?		
		30. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.		
		31. Please enclose printed directions and/or a map to your facility. <b>Travel directions can be obtained from several travel directories on the internet. (eg, <a href="#">Delorme</a>, <a href="#">Microsoft</a>, <a href="#">Yahoo</a>).</b>		

*Meals*

Yes	No		Comments
		32. Are meals available for students on-site? (If no, go to #33)	
		Breakfast (if yes, indicate approximate cost)	\$_____
		Lunch (if yes, indicate approximate cost)	\$_____
		Dinner (if yes, indicate approximate cost)	\$_____
		a) Are facilities available for the storage and preparation of food?	

*Stipend/Scholarship*

Yes	No		Comments
		33. Is a stipend/salary provided for students? If no, go to #36	
		a) How much is the stipend/salary? (\$ / week)	
		34. Is this stipend/salary in lieu of meals or housing?	
		35. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

*Special Information*

Yes	No		Comments
		36. Is there a student dress code? If no, go to # 37.	
		a) Specify dress code for men:	
		b) Specify dress code for women:	
		37. Do you require a case study or inservice from all students?	
		38. Does your site have a written policy for missed days due to illness, emergency situations, other?	

*Other Student Information*

Yes	No		
		39. Do you provide the student with an on-site orientation to your clinical site?	
<b>(mark X)</b>		a) What does the orientation include? <b>(mark (X) all that apply)</b>	
		Documentation/billing	Required assignments (eg, case study, diary/log, inservice)
		Learning style inventory	Review of goals/objectives of clinical experience
		Patient information/assignments	Student expectations
		Policies and procedures	Supplemental readings
		Quality assurance	Tour of facility/department
		Reimbursement issues	Other (specify below)

**In appreciation...**

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical teachers and role models. Your contributions to students' professional growth and development ensure that patients today and tomorrow receive high-quality patient care services.

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# **PHYSICAL THERAPIST STUDENT EVALUATION: CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION**

June 12, 2003



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

## **PREAMBLE**

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

### **Key Assumptions**

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

### **Acknowledgement**

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

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

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**GENERAL INFORMATION AND SIGNATURES**General Information

Student Name \_\_\_\_\_

Academic Institution \_\_\_\_\_

Name of Clinical Education Site \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Clinical Experience Number \_\_\_\_\_ Clinical Experience Dates \_\_\_\_\_

Signatures

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

- Name of Clinical Education Site \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- Clinical Experience Number \_\_\_\_\_
- 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

- Did you receive information from the clinical facility prior to your arrival? ☐ Yes ☐ No
- Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? ☐ Yes ☐ No
- 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

- 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	0-12 years	0	Critical care, ICU, Acute	0
Neuromuscular	0	13-21 years	0	SNF/ECF/Sub-acute	0
Cardiopulmonary	0	22-65 years	0	Rehabilitation	0
Integumentary	0	over 65 years	0	Ambulatory/Outpatient	0
Other (GI, GU, Renal, Metabolic, Endocrine)	0			Home Health/Hospice	0
				Wellness/Fitness/Industry	0

- 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	0
• Screening	0	Prognosis	0
• History taking	0	Plan of Care	0
• Systems review	0	Interventions	0
• Tests and measures	0	Outcomes Assessment	0
Evaluation	0		



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.	0
Providing effective role models for problem solving, communication, and teamwork.	0
Demonstrating high morale and harmonious working relationships.	0
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	0
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	0
Using evidence to support clinical practice.	0
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	0
Being involved in district, state, regional, and/or national professional activities.	0

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
- ☐ from other disciplines or service departments (Please specify \_\_\_\_\_)
12. Identify the ratio of students to CIs for your clinical experience:
- ☐ 1 student to 1 CI
- ☐ 1 student to greater than 1 CI
- ☐ 1 CI to greater than 1 student; Describe \_\_\_\_\_
13. How did the clinical supervision ratio in Question #12 influence your learning experience? \_\_\_\_\_
14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)
- ☐ Attended in-services/educational programs
- ☐ Presented an in-service
- ☐ Attended special clinics
- ☐ Attended team meetings/conferences/grand rounds
- ☐ Directed and supervised physical therapist assistants and other support personnel
- ☐ Observed surgery
- ☐ Participated in administrative and business practice management
- ☐ Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines) \_\_\_\_\_
- ☐ Participated in opportunities to provide consultation
- ☐ Participated in service learning
- ☐ Participated in wellness/health promotion/screening programs
- ☐ Performed systematic data collection as part of an investigative study
- ☐ Other; Please specify \_\_\_\_\_
15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc. \_\_\_\_\_

### Overall Summary Appraisal

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

- ☐ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
  - ☐ Time well spent; would recommend this clinical education site to another student.
  - ☐ Some good learning experiences; student program needs further development.
  - ☐ Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? \_\_\_\_\_
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.  
\_\_\_\_\_
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? \_\_\_\_\_
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? \_\_\_\_\_
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? \_\_\_\_\_

## SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

### Assessment of Clinical Instruction

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

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.	0	0
The clinical education site had written objectives for this learning experience.	0	0
The clinical education site's objectives for this learning experience were clearly communicated.	0	0
There was an opportunity for student input into the objectives for this learning experience.	0	0
The CI provided constructive feedback on student performance.	0	0
The CI provided timely feedback on student performance.	0	0
The CI demonstrated skill in active listening.	0	0
The CI provided clear and concise communication.	0	0
The CI communicated in an open and non-threatening manner.	0	0
The CI taught in an interactive manner that encouraged problem solving.	0	0
There was a clear understanding to whom you were directly responsible and accountable.	0	0
The supervising CI was accessible when needed.	0	0
The CI clearly explained your student responsibilities.	0	0
The CI provided responsibilities that were within your scope of knowledge and skills.	0	0
The CI facilitated patient-therapist and therapist-student relationships.	0	0
Time was available with the CI to discuss patient/client management.	0	0
The CI served as a positive role model in physical therapy practice.	0	0
The CI skillfully used the clinical environment for planned and unplanned learning experiences.	0	0
The CI integrated knowledge of various learning styles into student clinical teaching.	0	0
The CI made the formal evaluation process constructive.	0	0
The CI encouraged the student to self-assess.	0	0

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.**

ANGELO STATE UNIVERSITY  
Archer College of Health and Human Services  
Doctor of Physical Therapy Program

**Clinical Practicum Mid-term Site Visit Evaluation Form**

Date of Visit \_\_\_\_\_ Phone \_\_\_\_\_ Site \_\_\_\_\_

Student \_\_\_\_\_

Clinical Practicum I II III (Circle one)      Dates of Practicum \_\_\_\_\_

Facility \_\_\_\_\_ Type of Practice \_\_\_\_\_

Clinical Instructor(s) \_\_\_\_\_

CCCE \_\_\_\_\_

Student Schedule \_\_\_\_\_

Days Absent \_\_\_\_\_ Days Made Up \_\_\_\_\_

**MID-TERM EVALUATION**

Completed mid-term evaluation available for review

Student Evaluation      Yes \_\_\_ No \_\_\_      Clinical Instructor Evaluation      Yes \_\_\_ No \_\_\_

If no, please review evaluations with student and clinical instructor/CCCE verbally.

**COMMENTS**

Student Comments: [Focus on orientation, patient load (types, amount), special experiences, level of supervision/feedback]

Clinical Instructor/facility strengths:

Clinical Instructor/facility weaknesses:

Other comments: (Does the CI understand our systems approach? Have any difficulties arisen?  
Level of didactic preparation)

Clinical Instructor Comments: (Focus on professional behavior/attitude, communication, documentation, problem solving, selection of evaluation procedures, performance, implementation of solution, patient progression)

Student strengths:

Student weaknesses:

Other Comments: (inservice, management skills)

ACCE/Faculty Comments:

Site Visitor Signature \_\_\_\_\_ Date \_\_\_\_\_

ANGELO STATE UNIVERSITY  
Doctor of Physical Therapy Program  
Clinical Practicum I: Course Outcomes

Class \_\_\_\_\_ Dates of Practicum \_\_\_\_\_

1. Facility Type: (Please check only one) ☐ Acute Care/Hospital ☐ Ambulatory Care/Outpatient ☐ ECF/Nursing Home/SNF ☐ Federal/State/county Health ☐ Home Health Care ☐ Rehab/Subacute Rehab ☐ School/Preschool Program ☐ Wellness/Prevention Program ☐ Other (Please specify \_\_\_\_\_)

2. (Please check one) Are you the ☐ Clinical Instructor ☐ Center Coordinator of Clinical Education ☐ Both

3. Was this a split rotation? ☐ Yes ☐ No If yes, were you the first or second clinical instructor for the student? ☐ First ☐ Second

4. Please check the response that best describes the **VALUE** you, the clinical instructor, place in each of the following categories:

5. Please check the response that best describes the **LEVEL OF ACADEMIC PREPARATION** in each of the categories:

		High	Mode- rate	No Value
1	Oral/Written Communication Skills			
2	Critical Thinking Skills			
3	Problem Solving Skills			
4	Interpersonal Skills			
5	Professional Behavior			
6	Safety Awareness			
7	Professional Development			
8	Ethical/legal Practice			
9	Supervisory Administrative Skills			
10	Teaching Skills			
11	Individual and Cultural Differences			
12	Screening Skills			
13	Examination/Evaluation Skills for Basic Musculoskeletal and/or Cardiopulmonary Problems			
14	Diagnosis/Prognosis/ Plan of Care Skills for Basic Musculoskeletal and/or Cardiopulmonary Problems			
15	Physical Therapist Clinical Skills for Basic Musculoskeletal and/or Cardiopulmonary Problems			
16	Consultation Skills			
17	Prevention/Wellness Skills			
18	Management of Resources			
19	Outcomes Measurement/Evaluation			
20	Assessment of Quality of Service			

Well Above Average	Above Average	Average	Below Average	Well Below Average

Please turn the page over to complete the survey. ⇒

6. Please circle your response to the following statement:

“The academic preparation of this Angelo State University MPT student compares favorably with MPT students from other academic programs on their first clinical experience.”

Strongly Agree

Agree

Disagree

Strongly Disagree

No Opinion/Experience

Additional Comments:

**Please complete the following.**

Name of Facility \_\_\_\_\_

Clinical Instructor's name (please print) \_\_\_\_\_

Clinical Instructor's Signature \_\_\_\_\_ Date completed \_\_\_\_\_

Name of person completing this form if different from above (print) \_\_\_\_\_ Signature \_\_\_\_\_

**Please return this document in the pre-addressed envelope or fax to Jimmy Villers, PT, DPT, ACCE at (325) 942-2548.** In addition, please accept our sincere appreciation for your input. If you have any questions, please feel free to contact the Academic Coordinator of Clinical Education (325-942-2547 or james.villers@angelo.edu)

**STUDENT CLINICAL EXPERIENCE:  
PROGRAM AND INSTITUTIONAL AFFILIATION AGREEMENT**

Appendix 6



Angelo State University  
College or Department: \_\_\_\_\_  
ASU Station # \_\_\_\_\_  
San Angelo, Texas 76909-\_\_\_\_\_  
Phone (        )                      / Fax (        )

*For Department of Origin Use Only*

Department of Origin: \_\_\_\_\_

Department Approval: \_\_\_\_\_

*For Contract Admin. Use Only*

Contract Admin. Approval: \_\_\_\_\_

Contract Number: \_\_\_\_\_

**Description:**

Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Facility Representative: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Original Agreement Term:    Begin Date \_\_\_\_\_    End Date \_\_\_\_\_

Programs Covered:        DPT        LVN-RN        BSN        MSN        RNFA        FNP

This agreement is made and entered by and between \_\_\_\_\_, hereinafter called "FACILITY" and ANGELO STATE UNIVERSITY, an institution of higher education of the State of Texas, and member, Texas Tech University System, *College of Health and Human Services, Department of Nursing and Rehabilitation Sciences, San Angelo, Texas*, hereinafter called "ASU".

WHEREAS, FACILITY operates accredited or licensed facilities at \_\_\_\_\_, and

WHEREAS, ASU operates an accredited College of Health and Human Services, and

WHEREAS, the Parties desire to advance health professional education and aid in meeting the ever increasing demand in the State and Nation for trained health professionals, and to make available better health service to patients, and

WHEREAS, it is deemed advisable and to the best interest of the parties to establish an affiliation for the purpose of carrying out these objectives,

NOW THEREFORE, for and in consideration of the foregoing and in further consideration of the mutual benefits, the Parties hereto agree as follows:

**1. ORIGINAL TERM, RENEWAL, AND TERMINATION**

The original term of this agreement starts \_\_\_\_\_ and ends \_\_\_\_\_. Thereafter, this agreement shall automatically renew on an annual basis unless thirty (30) days written notice of intent to terminate the agreement is given by either party to the agreement.

Either party may terminate this agreement at any time, with or without cause, by giving the other party thirty (30) days written notice of its intent to terminate the agreement.

However, students assigned at FACILITY when termination notice is given shall be permitted to complete their current rotation at ASU's option.



**FACILITY will:**

1. Allow the use of its facilities for the clinical experience requirement of ASU's students.
2. Provide clinical staff supervision by currently licensed professionals in the appropriate health field for ASU's students.
3. Provide access for faculty and students to patients and patient medical records at its facilities as part of the students' clinical experience requirement.
4. Periodically, review the specific programmatic efforts and number of students to participate at its facilities, both factors being subject to mutual agreement of both Parties prior to the beginning of the clinical experience.
5. Maintain responsibility for the policies, procedures, and administrative guidelines to be used in the operation of its facilities.
6. Encourage its staff to participate in the educational activities of ASU.
7. Participate, if requested by ASU, in any annual program review activities of ASU which are directed toward continuing program improvement.
8. Maintain authority and responsibility for care given to its patients.

**ASU will:**

1. Maintain the authority and responsibility for education programs for its students which may be conducted within FACILITY facilities.
2. Consider for clinical and/or adjunct faculty appointment those members of FACILITY's staff who contribute significantly to the academic program, subject to academic standards and rank used by ASU.
3. Inform its faculty and students of the requirement to comply with FACILITY's policies and procedures, when in attendance at FACILITY's facilities, and patient confidentiality requirements, only insofar as there is no conflict with the policies, rules and regulations of ASU or the laws and the Constitution of the State of Texas.
4. Provide faculty participation, if requested by FACILITY, and if available, on committees and task forces of FACILITY.
5. Maintain professional liability insurance (1,000,000 per occurrence/3,000,000 aggregate) for students during the term of this agreement and any extensions thereof.
6. Maintain evidence that each Student is drug-free and free from contagious disease and does not otherwise present a health hazard to patients, employees, volunteers or guests. Such evidence shall include documentation of a drug screen as well as a record of immunizations for MMR, Hepatitis B, PPD (TB test), Varicella, and Diphtheria-Tetanus. Both records shall be available to FACILITY upon request.
7. If required by Facility, University will use good faith efforts to direct Students to a third party vendor at Student cost for the purposes of performing drug testing, health care and criminal background checks. All results will be submitted by the vendor to the Facility without involvement by University.
8. Maintain evidence that each student has completed a current basic life support training course, and provide such evidence to FACILITY upon request.
9. Inform all students that they are not employees of FACILITY and have no claim against FACILITY for any employment benefits.

**3. SEVERABILITY**

If any term or provision of this agreement is held to be invalid for any reason, the invalidity of that section shall not affect the validity of any other section of this agreement provided that any invalid provision is not material to the overall purpose and operations of this agreement. The remaining provisions of this agreement shall continue in full force and effect and shall in no way be affected, impaired, or invalidated.

#### 4. AMENDMENT

Appendix 6

This agreement may be amended in writing to include any provisions that are agreed to by the contracting parties.

#### 5. VENUE

This agreement shall be governed by and construed and enforced in accordance with the laws of the State of Texas. Venue will be in accordance with the Texas Civil Practice & Remedies Code and any amendments thereto.

#### 6. ASSIGNMENT

Neither party shall have the right to assign or transfer their rights to any third parties under this agreement without the prior written consent of the other party.

#### 7. INDEPENDENT CONTRACTOR STATUS

Nothing in this agreement is intended nor shall be construed to create an employer/employee relationship between contracting parties. The sole interest and responsibility of the parties is to ensure that the services covered by this agreement shall be performed and rendered in a competent, efficient, and satisfactory manner.

**IN WITNESS WHEREOF, the undersigned parties do hereby bind themselves to the faithful performance of this contract.**

ANGELO STATE UNIVERSITY

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## **EXHIBIT A**

**(List all facility-operated accredited or licensed locations)**

**CLINICAL AFFILIATION CONTRACT INITIATION****Facility Name:** \_\_\_\_\_**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_**Website:** \_\_\_\_\_**Physical Address (if different):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CCCE Name/Credentials/Clin Exp:** \_\_\_\_\_**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

1. Please check ONE box that best describes your facility: ☐ Acute Care Hospital ☐ Ortho/Sports Rehab  
☐ Pediatric ☐ Inpatient Rehab ☐ Subacute/SNU/SNF/TCU ☐ CORF  
☐ Long-term Acute Care ☐ Outpatient Rehab

2. Number of PT's at facility: \_\_\_\_\_

3. Other clinical staff (certification, number of staff): \_\_\_\_\_

4. Do you have current contracts with other student programs? ☐ Yes ☐ No

\_\_\_\_\_

5. Will you use ASU's contract or do you have a Facility Contract? ☐ ASU ☐ Facility

6. Legal contact or contract manager: \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other comments:** \_\_\_\_\_

\_\_\_\_\_

**Reviewed by ACCE:** \_\_\_\_\_

Angelo State University  
Archer College of Health and Human Services  
Doctor of Physical Therapy Program  
Report of Onsite/Phone Visit

**Clinical Center:** \_\_\_\_\_

**Site Representative:** \_\_\_\_\_

City, State \_\_\_\_\_

Person completing visit: \_\_\_\_\_ Date \_\_\_\_\_

Type of visit: Site \_\_\_\_\_ Phone \_\_\_\_\_

**Current Site Information**

Date of most recent Clinical Site Information Form (CSIF) \_\_\_\_\_

Date of last contract renewal \_\_\_\_\_

**Staff Interaction (Inter and Intra-departmental)**

	Yes	No	N/A
In your opinion, is there a good working relationship between			
Physical therapists			
PT's and nursing			
PT's and occupational therapists			
PT's and speech pathologists			
PT's and social workers			
PT's and PTA's			
PT's and support staff			
PT's and physicians			

Comments:

**Staff Development:**

How often does your staff attend continuing education courses?

How does the facility support this?

Provides funds      \_\_\_ Yes \_\_\_ No

Provides release time      \_\_\_ Yes \_\_\_ No

Does your facility have a policy on in-service training? \_\_\_ Yes \_\_\_ No

If so, what is the policy?

Are students encouraged to

Attend in-service training? \_\_\_ Yes \_\_\_ No

Provide an in-service? \_\_\_ Yes \_\_\_ No

Does your administration support post-professional study?

Provides funds      \_\_\_ Yes \_\_\_ No

Provides release time      \_\_\_ Yes \_\_\_ No

Other (please specify) \_\_\_\_\_

What is the average length of employment in your facility?

\_\_\_ ≤ 1 yrs. \_\_\_ 1-2 yrs. \_\_\_ 3-5 yrs. \_\_\_ 6-8 yrs. \_\_\_ 9-10 yrs. \_\_\_ ≥ 10 yrs.

**Professional Activities**

Are staff members encouraged to be active in the profession at the local, state and/or national level?

☐ Yes ☐ No

Are professional dues paid?

Fully paid ☐ Yes ☐ No

Partially paid ☐ Yes ☐ No

Not paid ☐ Yes ☐ No

Comments:

Have any staff members held office or positions on committees?

Have any staff members presented posters or made professional presentations?

**Support of Clinical Education**

What is your department's philosophy towards students?

How does your administration demonstrate support of staff participation in clinical education activities?

Does your department demonstrate support of clinical education through any of the following ways?

	Yes	No
In-services		
Clinical education conferences		
Clinical Instructor training		

Who provides the clinical instructor training (if provided)?

Who funds clinical instructor training?

Is the productivity requirement different for a PT acting as a CI for a student?

Is there a productivity requirement for a student? ☐ Yes ☐ No If yes, what is it?

What criteria do you use to select your CI's? Check all that apply

- ☐ Number of years of experience
- ☐ Mandatory (everyone is required to be a CI)
- ☐ Volunteers
- ☐ Demonstrated clinical skill and/or professional behavior
- ☐ Other (please specify) \_\_\_\_\_

Who evaluates the CI? Check all that apply

- ☐ Student
- ☐ Center Coordinator of Clinical Education (CCCE)
- ☐ Supervisor

Does this evaluation affect the overall performance review of the CI? ☐ Yes ☐ No

### Opportunities for the Student

Which of the following management practice opportunities can you provide for the student? (Check all that apply)

- ☐ Quality Assurance
- ☐ Reimbursement
- ☐ Scheduling
- ☐ Use of supportive personnel

Do students have the opportunity to participate in any of these scholarly activities at your facility? (check all that apply)

- ☐ Journal Club
- ☐ Literature review
- ☐ Case study
- ☐ Research

Are students included in staff meetings? ☐ Yes ☐ No

Do you practice any of the collaborative models of clinical education? ☐ Yes ☐ No

- ☐ 2:1 (2 students to 1 clinical instructor)
- ☐ 3:1 (3 students to 1 clinical instructor)
- ☐ job sharing CI's
- ☐ other

Comments

Would you like to know more about and/or try any of the collaborative models?

Is there a written student policy manual? ☐ Yes ☐ No

(It usually includes objectives, learning experiences, administrative procedures, patient care procedures, ethical standards, incident reports, personnel policies, emergency procedures, and note-writing system)

Is there a written anti-discrimination policy at your facility? ☐ Yes ☐ No

If so, can we assume that it applies to students? ☐ Yes ☐ No

What level student is your facility able to accommodate?

- ☐ First clinical rotation
- ☐ Second clinical rotation
- ☐ Third (final) clinical rotation

### Student Evaluation

What methods are used to evaluate student performance?

- ☐ Verbal feedback
- ☐ Written assessments
- ☐ Self assessment
- ☐ Clinical logs

\_\_\_ Other (specify) \_\_\_\_\_

When do you feel it is necessary to contact the ACCE regarding a student performance situation?

Do you have a procedure in place to manage students who are not meeting clinical objectives?

\_\_\_Yes \_\_\_ No

Is that procedure in writing? \_\_\_Yes \_\_\_ No

Do you share it with the student? \_\_\_Yes \_\_\_ No

What is the procedure?

### CCCE Role

What are your responsibilities as the CCCE in your facility?

Does administrative support given by the facility include appropriate:

- |    |   |               |
|----|---|---------------|
| a. | Financial support                       | ___Yes ___ No |
| b. | Relief from patient care                | ___Yes ___ No |
| c. | Relief from other administrative duties | ___Yes ___ No |
| d. | Other _____                             | ___Yes ___ No |

Have you attended any training program(s) for CIs/CCCEs? \_\_\_Yes \_\_\_ No

Do you discuss objectives with the student? \_\_\_Yes \_\_\_ No

Do you provide orientation for the student? \_\_\_Yes \_\_\_ No

Do you act as a consultant during the student evaluation process? \_\_\_Yes \_\_\_ No

How do you handle/intervene problem situations between the student and the CI?

As the CCCE, what is the level of your involvement with the student?

\_\_\_Yes \_\_\_ No Direct observation

\_\_\_Yes \_\_\_ No Indirect observation

\_\_\_Yes \_\_\_ No Consultative meetings

\_\_\_Yes \_\_\_ No Daily

\_\_\_Yes \_\_\_ No Weekly

\_\_\_Yes \_\_\_ No Midterm

\_\_\_Yes \_\_\_ No Exit interview

\_\_\_Yes \_\_\_ No Other \_\_\_\_\_

### Clinical Assignments

How do you prioritize requests to take students from a program in a given year?

How do you determine the number of students you will accept?

Can you commit to taking students 1 to 1.5 years in advance? \_\_\_Yes \_\_\_ No

Are you willing to be contacted at the last minute when another placement cancels?

\_\_\_Yes \_\_\_ No

Under what circumstances would you cancel a student rotation?



How much notice would you give the educational program if you had to cancel the placement?

When would you drop a program from your affiliation list?

**Interviewer Impressions**

The philosophy, administration, staff, space, learning opportunities, etc., of this facility is compatible with Angelo State University Physical Therapy Program.      ☐ Yes   ☐ No

I recommend this site for these reasons:

I do not recommend this site for these reasons:

Areas of concern:

Comments:

Signature: \_\_\_\_\_

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

Adapted from the form used by St. Louis University. That form was developed from the Standards for Clinical Education – APTA and Clinical Education Guidelines and Assessments.

Angelo State University  
Archer College of Health and Human Services

Doctor of Physical Therapy Program

Clinical Instructor Evaluation Form

Clinical Instructor: \_\_\_\_\_ Facility: \_\_\_\_\_

Years of Clinical Practice \_\_\_\_\_ Degree \_\_BSPT \_\_ MPT \_\_DPT

Yes \_\_ No \_\_ Current license to practice in the state of the facility.

Yes \_\_ No \_\_ APTA member

Yes \_\_ No \_\_ Advanced Certifications \_\_\_\_\_

Yes \_\_ No \_\_ \* Credentialed Clinical Instructor (APTA, Texas Consortium or other)

\*Optional, but desired

Circle the word that best expresses your assessment of this clinical instructor. Please comment when appropriate.

1. Communicates effectively with student physical therapist, Center Coordinator of Clinical Education, and Academic Coordinator of Clinical Education.

Poor Fair Good Very Good Excellent Comments

2. Evaluates each student's progress appropriately.

Poor Fair Good Very Good Excellent Comments

3. Supervises each student effectively.

Poor Fair Good Very Good Excellent Comments

4. Provides appropriate learning experiences based on student's knowledge and skill level.

Poor Fair Good Very Good Excellent Comments

5. Practices in a safe, ethical and legal manner.

Poor Fair Good Very Good Excellent Comments

6. Maintains clinical competence through continuing education.

Poor Fair Good Very Good Excellent Comments

7. Models professional behavior.

Poor Fair Good Very Good Excellent Comments

8. Recognizes appropriate role of student in clinical setting.

Poor Fair Good Very Good Excellent Comments

I recommend that ASU student physical therapists continue to be assigned to this Clinical Instructor  
\_\_\_\_\_ without reservation. \_\_\_\_\_ after further communication/training. \_\_\_\_\_ do not recommend.

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

**PHYSICAL THERAPY  
CLINICAL ADVISORY BOARD  
2016-17**

<b><u>NAME</u></b>	<b><u>COLLEGE/DEPARTMENT/TITLE</u></b>	<b><u>TERM EXPIRES</u></b>
Dr. James Villers, PT, DPT, Chair	Assistant Clinical Professor of Physical Therapy/ Academic Coordinator of Clinical Education	Standing
Ms. Casie Feathers, PT, MPT	Shannon Medical Center Rehab Director, CCCE	Standing
Dr. Karen McSpadden, PT, DPT	West Texas Rehabilitation Center, Adult, CCCE	Standing
Ms. Regina Hartnett, PT, MPT	Shannon Medical Center Physical Therapist	Standing
Ms. Lindsay McMillan, PT, MPT	West Texas Rehabilitation Center, Pediatric, CCCE	Standing
Dr. Robert Wierzowiecki, PT, DPT	Senior Rehabilitation Solutions Rehab Director, CCCE	Standing
Dr. Brian Holik, PT, DPT	Shannon Clinic Staff Physical Therapist	Standing
Ms. Andrea Sanford, PT, MPT	Apex Therapy Rehab Director, CCCE	Standing

**Responsibility (charge):**

Act as consultants to the Academic Coordinator of Clinical Education by providing current news and information from their facilities and the local medical community; providing feedback to the core faculty about the strengths and weaknesses of the clinical preparation of the students and the administration of the clinical education program; offering suggestions for improvement of all aspects of the clinical education program; providing current information about the impact of issues facing clinicians including current and pending state and federal government regulations, reimbursement, etc.; evaluating and responding to ideas presented by the core faculty to update and improve the clinical education program; and offering suggestions about topics for training sessions and other means the core faculty can use to prepare and support the clinical education faculty.

**Appointment:**

A minimum of seven members will serve on the committee; the Chair and six community members. The community members are recommended by the Chair in accordance with the following guidelines: current employment in a healthcare facility in the San Angelo area that has an affiliation agreement with Angelo State University's Physical Therapy program; minimum of three years clinical experience preferably in more than one setting; active participation in the clinical education of Angelo State University's students; and experience with students from other physical therapy education programs is desirable. All committee members are approved and appointed by the President.

**Term of office:**

Standing membership.

**Chairperson:**

The Chair is appointed by virtue of position held.

**Members are notified by:**

Chair of the Committee

**ANGELO STATE UNIVERSITY  
DOCTOR OF PHYSICAL THERAPY PROGRAM  
PROBLEM RESOLUTION FORM**

Contact made by \_\_\_ phone \_\_\_ FAX \_\_\_ E-mail \_\_\_ visit

**Parties involved:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

**Nature of the Problem:**

**Fact Finding:**

Other persons input:

**Data verification:**

**Suggested steps for resolution:**

1)

2)

3)

4)

5)

6)

Info provided to: \_\_\_\_\_ On: (date) \_\_\_\_\_ By: \_\_\_ phone \_\_\_ FAX \_\_\_ e-mail \_\_\_ visit

Signature of person filing form: \_\_\_\_\_

Print name: \_\_\_\_\_

**Results (include date of resolution):**

Signature of person initiating form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

ANGELO STATE UNIVERSITY  
 Archer College of Health and Human Services  
 Doctor of Physical Therapy Program  
**STUDENT LETTER OF INTRODUCTION**

The student physical therapist will write a “letter of introduction” to each clinical site as assigned by the ACCE. This letter should include the following elements:

Introduction Letter:

1. Name, Address, Phone Number, ASU e-mail
2. Dates of Clinical Experience
3. Emergency Contact
4. Experience in patient/client care (include past clinical experiences, types of clinical experiences, types of patient/clients seen, past employment or volunteer experience, if relevant)
5. Your learning style – “I learn best when...”
6. Supervision preference – “I would be more comfortable when the CI supervises me in the following manner and times...”
7. Feedback preference – “I am most comfortable when feedback about my performance is given in the following manner and times...”
8. Explain the experience you wish to obtain from the site. List your goals for the learning experience. These should be specific. “I want to learn everything you can teach me,” is not an appropriate goal.
9. Discuss what you perceive are your strengths, limitations, and needs. (Consider evaluation skills, treatment plan development, treatment progression, time management, critical thinking, problem solving, etc...)
10. List 5 goals you want to obtain from the practicum
11. Discuss your most recent Generic Abilities self-assessment
12. Anything else you feel is relevant
13. Questions about travel or housing.

At the conclusion of the clinical experience, the student is required to write a “Thank You Letter.” This letter should be sent to the facility. A copy of the letter must be submitted to the ACCE.

The following information should be included in the “Thank You Letter”:

1. Sincere thank you for the clinical experience.
2. What was most beneficial to you? Emphasis on utilizing the experience in the future and its contribution to your education. Candidly share your perception of experiences if relevant.
3. Discuss the goals you have accomplished.
4. Discuss the skills you have developed (consider evaluation skills, treatment plan development, treatment implementation, communication, documentation, time management, critical thinking, problem solving, etc...).
5. This letter can be either formal or informal. Please remember that you are a professional and representing the Angelo State University Physical Therapy program.

Student Name:

**PT Student Self-Assessment for Clinical Education**

1. What is your preferred learning style?
2. What are your personal strengths?
3. What area of clinical practice do you feel the best prepared?
4. What area of clinical practice do you feel the least prepared?
5. What are you afraid your clinical instructor will expect of you?
6. What do you hope your clinical instructor will expect of you?
7. When there is a situation where you do not know the answer, what do you do?
8. Anything else you would like your CI to know?

ANGELO STATE UNIVERSITY  
 Archer College of Health and Human Services  
 Doctor of Physical Therapy Program  
GIVING AND RECEIVING FEEDBACK\*

Feedback acts like a mirror. Feedback allows individuals to reflect back their observations of another person's behavior. Feedback, however, goes one step further than a mirror—the individuals giving the feedback can give their interpretation of or reaction to the observed behavior.

The following outline provides techniques, which should promote good giving and receiving of feedback.

GIVING:

1. Give specific and direct feedback: You will provide more effective feedback by reporting exact behaviors rather than general impressions. We have difficulty seeing when we use a steamed over mirror.
2. Share the effect: Let the person know the results of the behavior, e.g., the positive or negative effect on a patient of a specific intervention used by a student.
3. Give balanced feedback: Balance the negative with positive. Balanced feedback gives the person a truer picture of him/herself.
4. Give immediate feedback: Give feedback as soon after the event as possible. Waiting to give feedback until later clouds our recall and does not have as great an impact.
5. Be brief: You will have greater impact if you provide other individuals with short, simple and to the point observations of their behavior.
6. Speak to the behavior: Your feedback should report OBSERVABLE BEHAVIOR not interpretations, judgments, hunches, projections and so forth.

RECEIVING:

Many things affect whether or not a person hears feedback. That person's openness or defensiveness, the day, the language used, the effectiveness of the feedback giver, general security, trust of the giver, ability to hear and attend, and so forth all can affect one's ability to hear feedback.

If the individual providing the feedback does so in the above manner and the receiver listens, then communication takes place. Communication of information is helpful to both the giver and receiver. Some of us block feedback, however, because we believe or fear that it will influence or change us. REMEMBER this important fact about getting feedback—YOU DO NOT HAVE TO DO ANYTHING WITH THE FEEDBACK. You do not have to change if you hear it. You may wish to modify an approach or an intervention, but you do not really have to "change."

The following may help you HEAR more of and, therefore, use more effectively the feedback you receive.

1. Concentrate on listening: You do not need to respond. Listening, rather than thinking of a response, will allow you to hear completely the feedback offered.
2. If you want to respond, wait a few seconds to process what you heard—let what was said to you really sink in.
3. Repeat the gist of what you heard to yourself silently or out loud.
4. Ask for clarification if you think you need it.
5. Take notes and reflect on them later.

**Professional Behaviors Assessment  
Physical Therapy Program  
Angelo State University**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

## Directions:

1. Read the description of each Professional Behavior.
2. Assess your performance relative to the Professional Behaviors by using the behavioral criteria.
3.
  - a) Highlight all criteria that describes behaviors you demonstrate in Beginning, Intermediate, Entry Level, or Post-Entry Level Professional Behaviors.
  - b) Identify the level within which you predominately function.
  - c) Document specific examples of when you demonstrated behaviors from the highest level highlighted.
  - d) For each Professional Behavior, list the areas in which you wish to improve and action plan to address each.
4. Schedule a meeting with your advisor by October 1. Discuss the Profession Behaviors Assessment form with your advisor by October 31.
5. Have your advisor sign that they have read and discussed your assessment; sign and return only the signature page to Dr. Huckaby.
6. Post Professional Behaviors Assessment document as Journal Entry in Blackboard under the class relative to your schedule PT 7550, PT 7242, or PT 7243 by October 31.

**\*\*Professional Behaviors were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities – Marquette University.**

Student Signature: \_\_\_\_\_

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

Advisor Signature: \_\_\_\_\_

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



## Professional Behaviors

**1. Critical Thinking** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

<p><b>Beginning Level:</b></p> <ul style="list-style-type: none"> <li>❖ Raises relevant questions</li> <li>❖ Considers all available information</li> <li>❖ Articulates ideas</li> <li>❖ Understands the scientific method</li> <li>❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)</li> <li>❖ Recognizes holes in knowledge base</li> <li>❖ Demonstrates acceptance of limited knowledge and experience</li> </ul>	<p><b>Intermediate Level:</b></p> <ul style="list-style-type: none"> <li>❖ Feels challenged to examine ideas</li> <li>❖ Critically analyzes the literature and applies it to patient management</li> <li>❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas</li> <li>❖ Seeks alternative ideas</li> <li>❖ Formulates alternative hypotheses</li> <li>❖ Critiques hypotheses and ideas at a level consistent with knowledge base</li> <li>❖ Acknowledges presence of contradictions</li> </ul>	<p><b>Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Distinguishes relevant from irrelevant patient data</li> <li>❖ Readily formulates and critiques alternative hypotheses and ideas</li> <li>❖ Infers applicability of information across populations</li> <li>❖ Exhibits openness to contradictory ideas</li> <li>❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently</li> <li>❖ Justifies solutions selected</li> </ul>	<p><b>Post-Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Develops new knowledge through research, professional writing and/or professional presentations</li> <li>❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process</li> <li>❖ Weighs information value based on source and level of evidence</li> <li>❖ Identifies complex patterns of associations</li> <li>❖ Distinguishes when to think intuitively vs. analytically</li> <li>❖ Recognizes own biases and suspends judgmental thinking</li> <li>❖ Challenges others to think critically</li> </ul>
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

**2. Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

<p><b>Beginning Level:</b></p> <ul style="list-style-type: none"> <li>❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting</li> <li>❖ Recognizes impact of non-verbal communication in self and others</li> <li>❖ Recognizes the verbal and non-verbal characteristics that portray confidence</li> <li>❖ Utilizes electronic communication appropriately</li> </ul>	<p><b>Intermediate Level:</b></p> <ul style="list-style-type: none"> <li>❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</li> <li>❖ Restates, reflects and clarifies message(s)</li> <li>❖ Communicates collaboratively with both individuals and groups</li> <li>❖ Collects necessary information from all pertinent individuals in the patient/client management process</li> <li>❖ Provides effective education (verbal, non-verbal, written and electronic)</li> </ul>	<p><b>Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups</li> <li>❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing</li> <li>❖ Maintains open and constructive communication</li> <li>❖ Utilizes communication technology effectively and efficiently</li> </ul>	<p><b>Post Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning</li> <li>❖ Effectively delivers messages capable of influencing patients, the community and society</li> <li>❖ Provides education locally, regionally and/or nationally</li> <li>❖ Mediates conflict</li> </ul>
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

**3. Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

<p><b>Beginning Level:</b></p> <ul style="list-style-type: none"> <li>❖ Recognizes problems</li> <li>❖ States problems clearly</li> <li>❖ Describes known solutions to problems</li> <li>❖ Identifies resources needed to develop solutions</li> <li>❖ Uses technology to search for and locate resources</li> <li>❖ Identifies possible solutions and probable outcomes</li> </ul>	<p><b>Intermediate Level:</b></p> <ul style="list-style-type: none"> <li>❖ Prioritizes problems</li> <li>❖ Identifies contributors to problems</li> <li>❖ Consults with others to clarify problems</li> <li>❖ Appropriately seeks input or guidance</li> <li>❖ Prioritizes resources (analysis and critique of resources)</li> <li>❖ Considers consequences of possible solutions</li> </ul>	<p><b>Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Independently locates, prioritizes and uses resources to solve problems</li> <li>❖ Accepts responsibility for implementing solutions</li> <li>❖ Implements solutions</li> <li>❖ Reassesses solutions</li> <li>❖ Evaluates outcomes</li> <li>❖ Modifies solutions based on the outcome and current evidence</li> <li>❖ Evaluates generalizability of current evidence to a particular problem</li> </ul>	<p><b>Post Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Weighs advantages and disadvantages of a solution to a problem</li> <li>❖ Participates in outcome studies</li> <li>❖ Participates in formal quality assessment in work environment</li> <li>❖ Seeks solutions to community health-related problems</li> <li>❖ Considers second and third order effects of solutions chosen</li> </ul>
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

**4. Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

<p><b><i>Beginning Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Maintains professional demeanor in all interactions</li> <li>❖ Demonstrates interest in patients as individuals</li> <li>❖ Communicates with others in a respectful and confident manner</li> <li>❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons</li> <li>❖ Maintains confidentiality in all interactions</li> <li>❖ Recognizes the emotions and bias that one brings to all professional interactions</li> </ul>	<p><b><i>Intermediate Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions</li> <li>❖ Establishes trust</li> <li>❖ Seeks to gain input from others</li> <li>❖ Respects role of others</li> <li>❖ Accommodates differences in learning styles as appropriate</li> </ul>	<p><b><i>Entry Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Demonstrates active listening skills and reflects back to original concern to determine course of action</li> <li>❖ Responds effectively to unexpected situations</li> <li>❖ Demonstrates ability to build partnerships</li> <li>❖ Applies conflict management strategies when dealing with challenging interactions</li> <li>❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</li> </ul>	<p><b><i>Post Entry Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Establishes mentor relationships</li> <li>❖ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction</li> </ul>
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

**5. Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

<p><b><i>Beginning Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Demonstrates punctuality</li> <li>❖ Provides a safe and secure environment for patients</li> <li>❖ Assumes responsibility for actions</li> <li>❖ Follows through on commitments</li> <li>❖ Articulates limitations and readiness to learn</li> <li>❖ Abides by all policies of academic program and clinical facility</li> </ul>	<p><b><i>Intermediate Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Displays awareness of and sensitivity to diverse populations</li> <li>❖ Completes projects without prompting</li> <li>❖ Delegates tasks as needed</li> <li>❖ Collaborates with team members, patients and families</li> <li>❖ Provides evidence-based patient care</li> </ul>	<p><b><i>Entry Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Educates patients as consumers of health care services</li> <li>❖ Encourages patient accountability</li> <li>❖ Directs patients to other health care professionals as needed</li> <li>❖ Acts as a patient advocate</li> <li>❖ Promotes evidence-based practice in health care settings</li> <li>❖ Accepts responsibility for implementing solutions</li> <li>❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings</li> </ul>	<p><b><i>Post Entry Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Recognizes role as a leader</li> <li>❖ Encourages and displays leadership</li> <li>❖ Facilitates program development and modification</li> <li>❖ Promotes clinical training for students and coworkers</li> <li>❖ Monitors and adapts to changes in the health care system</li> <li>❖ Promotes service to the community</li> </ul>
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

**6. Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

<p><b>Beginning Level:</b></p> <ul style="list-style-type: none"> <li>❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics</li> <li>❖ Demonstrates awareness of state licensure regulations</li> <li>❖ Projects professional image</li> <li>❖ Attends professional meetings</li> <li>❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</li> </ul>	<p><b>Intermediate Level:</b></p> <ul style="list-style-type: none"> <li>❖ Identifies positive professional role models within the academic and clinical settings</li> <li>❖ Acts on moral commitment during all academic and clinical activities</li> <li>❖ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making</li> <li>❖ Discusses societal expectations of the profession</li> </ul>	<p><b>Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary</li> <li>❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity</li> <li>❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development</li> <li>❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices</li> <li>❖ Discusses role of physical therapy within the healthcare system and in population health</li> <li>❖ Demonstrates leadership in collaboration with both individuals and groups</li> </ul>	<p><b>Post Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Actively promotes and advocates for the profession</li> <li>❖ Pursues leadership roles</li> <li>❖ Supports research</li> <li>❖ Participates in program development</li> <li>❖ Participates in education of the community</li> <li>❖ Demonstrates the ability to practice effectively in multiple settings</li> <li>❖ Acts as a clinical instructor</li> <li>❖ Advocates for the patient, the community and society</li> </ul>
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

**7. Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

<p><b><i>Beginning Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Demonstrates active listening skills</li> <li>❖ Assesses own performance</li> <li>❖ Actively seeks feedback from appropriate sources</li> <li>❖ Demonstrates receptive behavior and positive attitude toward feedback</li> <li>❖ Incorporates specific feedback into behaviors</li> <li>❖ Maintains two-way communication without defensiveness</li> </ul>	<p><b><i>Intermediate Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Critiques own performance accurately</li> <li>❖ Responds effectively to constructive feedback</li> <li>❖ Utilizes feedback when establishing professional and patient related goals</li> <li>❖ Develops and implements a plan of action in response to feedback</li> <li>❖ Provides constructive and timely feedback</li> </ul>	<p><b><i>Entry Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Independently engages in a continual process of self-evaluation of skills, knowledge and abilities</li> <li>❖ Seeks feedback from patients/clients and peers/mentors</li> <li>❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</li> <li>❖ Uses multiple approaches when responding to feedback</li> <li>❖ Reconciles differences with sensitivity</li> <li>❖ Modifies feedback given to patients/clients according to their learning styles</li> </ul>	<p><b><i>Post Entry Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Engages in non-judgmental, constructive problem-solving discussions</li> <li>❖ Acts as conduit for feedback between multiple sources</li> <li>❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients</li> <li>❖ Utilizes feedback when analyzing and updating professional goals</li> </ul>
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

**8. Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

<p><b>Beginning Level:</b></p> <ul style="list-style-type: none"> <li>❖ Comes prepared for the day's activities/responsibilities</li> <li>❖ Identifies resource limitations (i.e. information, time, experience)</li> <li>❖ Determines when and how much help/assistance is needed</li> <li>❖ Accesses current evidence in a timely manner</li> <li>❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards</li> <li>❖ Self-identifies and initiates learning opportunities during unscheduled time</li> </ul>	<p><b>Intermediate Level:</b></p> <ul style="list-style-type: none"> <li>❖ Utilizes effective methods of searching for evidence for practice decisions</li> <li>❖ Recognizes own resource contributions</li> <li>❖ Shares knowledge and collaborates with staff to utilize best current evidence</li> <li>❖ Discusses and implements strategies for meeting productivity standards</li> <li>❖ Identifies need for and seeks referrals to other disciplines</li> </ul>	<p><b>Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Uses current best evidence</li> <li>❖ Collaborates with members of the team to maximize the impact of treatment available</li> <li>❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations</li> <li>❖ Gathers data and effectively interprets and assimilates the data to determine plan of care</li> <li>❖ Utilizes community resources in discharge planning</li> <li>❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate</li> <li>❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities</li> </ul>	<p><b>Post Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)</li> <li>❖ Applies best evidence considering available resources and constraints</li> <li>❖ Organizes and prioritizes effectively</li> <li>❖ Prioritizes multiple demands and situations that arise on a given day</li> <li>❖ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care</li> </ul>
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:



**9. Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

<p><b><i>Beginning Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Recognizes own stressors</li> <li>❖ Recognizes distress or problems in others</li> <li>❖ Seeks assistance as needed</li> <li>❖ Maintains professional demeanor in all situations</li> </ul>	<p><b><i>Intermediate Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Actively employs stress management techniques</li> <li>❖ Reconciles inconsistencies in the educational process</li> <li>❖ Maintains balance between professional and personal life</li> <li>❖ Accepts constructive feedback and clarifies expectations</li> <li>❖ Establishes outlets to cope with stressors</li> </ul>	<p><b><i>Entry Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Demonstrates appropriate affective responses in all situations</li> <li>❖ Responds calmly to urgent situations with reflection and debriefing as needed</li> <li>❖ Prioritizes multiple commitments</li> <li>❖ Reconciles inconsistencies within professional, personal and work/life environments</li> <li>❖ Demonstrates ability to defuse potential stressors with self and others</li> </ul>	<p><b><i>Post Entry Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Recognizes when problems are unsolvable</li> <li>❖ Assists others in recognizing and managing stressors</li> <li>❖ Demonstrates preventative approach to stress management</li> <li>❖ Establishes support networks for self and others</li> <li>❖ Offers solutions to the reduction of stress</li> <li>❖ Models work/life balance through health/wellness behaviors in professional and personal life</li> </ul>
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

**10. Commitment to Learning** – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

<p><b><i>Beginning Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Prioritizes information needs</li> <li>❖ Analyzes and subdivides large questions into components</li> <li>❖ Identifies own learning needs based on previous experiences</li> <li>❖ Welcomes and/or seeks new learning opportunities</li> <li>❖ Seeks out professional literature</li> <li>❖ Plans and presents an in-service, research or cases studies</li> </ul>	<p><b><i>Intermediate Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice</li> <li>❖ Applies new information and re-evaluates performance</li> <li>❖ Accepts that there may be more than one answer to a problem</li> <li>❖ Recognizes the need to and is able to verify solutions to problems</li> <li>❖ Reads articles critically and understands limits of application to professional practice</li> </ul>	<p><b><i>Entry Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Respectfully questions conventional wisdom</li> <li>❖ Formulates and re-evaluates position based on available evidence</li> <li>❖ Demonstrates confidence in sharing new knowledge with all staff levels</li> <li>❖ Modifies programs and treatments based on newly-learned skills and considerations</li> <li>❖ Consults with other health professionals and physical therapists for treatment ideas</li> </ul>	<p><b><i>Post Entry Level:</i></b></p> <ul style="list-style-type: none"> <li>❖ Acts as a mentor not only to other PT's, but to other health professionals</li> <li>❖ Utilizes mentors who have knowledge available to them</li> <li>❖ Continues to seek and review relevant literature</li> <li>❖ Works towards clinical specialty certifications</li> <li>❖ Seeks specialty training</li> <li>❖ Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)</li> <li>❖ Pursues participation in clinical education as an educational opportunity</li> </ul>
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

**Professional Development Plan:**

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**Based on my assessment of my Professional Behaviors and the areas I have identified for improvement, I am setting the following goals:**

**To accomplish these goals, I will take the following specific actions:**



## ANGELO STATE UNIVERSITY

Physical Therapy Program

ASU Station 10923

San Angelo, Texas 76909-0923

(325) 942-2545

(325) 942-2548 FAX

**Student Health Form**

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Blood type \_\_\_\_\_

IMMUNIZATIONS	Date Initial Series Completed	Booster Date
Poliomyelitis		
Mumps		
Measles		
Rubella		
Pertussis		
Tetanus		
Diphtheria		
Chicken Pox*		
Chest X-Ray or P.P.D test**		
Flu		
Hepatitis B Series***		

\*Students must show evidence of immunity by history, immunization or titer.

\*\*Students must have separate document showing test/results. Will be required annually.

\*\*\*Students declining this series must sign Declination Form on reverse side.

I have examined \_\_\_\_\_ and  
Student name

find him/her to be in good physical health. I also find that the above-named student is free from the above listed diseases.

Restrictions or Limitations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

Physician License # \_\_\_\_\_

Physician Name (printed) \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_



ANGELO STATE UNIVERSITY  
Physical Therapy Program  
ASU Station 10923  
San Angelo, Texas 76909-0923  
(325) 942-2545  
(325) 942-2548 FAX

### Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at my own expense. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I also understand that I may be refused placement at clinical sites that require proof of Hepatitis B vaccination. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can initiate the vaccination series.

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Signature of Student

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Date



## Doctor of Physical Therapy Program

### Authorization for Clinical Practicum and Laboratory Participation During Pregnancy

Student's Name: \_\_\_\_\_ 1<sup>st</sup> yr \_\_\_\_\_ 2<sup>nd</sup> yr \_\_\_\_\_ 3<sup>rd</sup> yr \_\_\_\_\_

Due Date \_\_\_\_\_

May student continue in activities listed below until estimated date of confinement? (yes/no)

Classroom \_\_\_\_\_ Lab \_\_\_\_\_ Field Work \_\_\_\_\_ Full Time Clinical Experience \_\_\_\_\_

(Responsibilities which require physical effort: lab and full time clinical experiences)

If student cannot continue activities until confinement, when should she be placed on leave and for which activities?

\_\_\_\_\_

When may she return to activities? \_\_\_\_\_

Any additional restrictions during pregnancy? \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone

#### Policy:

When a pregnancy has been verified, the student should immediately notify the Physical Therapy Program Director and the Academic Coordinator of Clinical Education. Approval to continue study during pregnancy must be requested and authorization will not be granted until the student's physician has attested to the fact that it is safe for the student to carry out her educational responsibilities. The physician should also state the estimated due date and how long before delivery the student may continue her education.

Continuance of education is with the understanding that the student will finish any semester which is started. It is also understood that the student exonerates the Physical Therapy Program, College, the University, and the clinical site from any responsibility for complications or accidents due to pregnancy.

I am aware of the risks of my continued participation in the Clinical Practicum and Laboratory program during my pregnancy. In consideration of being allowed by Angelo State University to continue to participate in the program, I (for myself, my heirs, executors, and administrators) release, discharge, and agree to indemnify the Board of Regents, Texas Tech University System, Angelo State University and all of their agents and employees from any claims, personal injury, or damage due in whole or in part to pregnancy.

I understand and agree with the conditions set forth in this policy.

Student \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

**Angelo State University  
Physical Therapy Department  
Health Authorization for Clinical Practicum  
& Laboratory Participation**

Student's Name: \_\_\_\_\_ 1<sup>st</sup> yr \_\_\_\_\_ 2<sup>nd</sup> yr \_\_\_\_\_ 3<sup>rd</sup> yr \_\_\_\_\_

Reason: \_\_\_\_\_

May student participate in activities listed below? (yes/no) \_\_\_\_\_

Classroom: \_\_\_\_\_ Lab: \_\_\_\_\_ Field Work: \_\_\_\_\_ Full Time Clinical Experience: \_\_\_\_\_

(Responsibilities which require physical effort: lab and full time clinical experiences)

Lab: - Electrical Stimulation

- Nerve Conduction Velocity Testing
- Submaximal Graded Exercise Testing
- Ultrasound
- Diathermy (deep heat)
- Hubbard Tank (full body immersion)

If student cannot participate in certain activities, which activities:

Are absolutely contraindicated: a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

Have relative contraindications: a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

Are not contraindicated: a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

Please identify any specific emergency procedures:

\_\_\_\_\_

Any additional restrictions?

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone

Policy:

When a medical condition has been verified, the student should immediately notify the Physical Therapy Program Director and the Academic Coordinator of Clinical Education. Approval to continue study during this time must be requested and authorization will not be granted until the student's physician has attested to the fact that it is safe for the student to carry out their educational responsibilities. The physician should also state the estimated time the student must be under medical restrictions.

Continuance of education is with the understanding that the student will finish any semester which is started. It is also understood that the student exonerates the Physical Therapy Program, the College, the University, and the clinical site from any responsibility for complications or accidents due to medical restrictions.

I understand and agree with the conditions set forth in this policy.

Student \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_



## Technical Standards – Doctor of Physical Therapy Program

## Policy Statement

“Angelo State University is committed to the principle that no qualified person, on the basis of a disability, be excluded from the participation in or be denied the benefit of services, programs, or activities of the University, or be subjected to discrimination by the university, as provided by the Americans with Disabilities Act of 1990 (ADA), the Americans with Disabilities Act Amendments Act of 2008 (ADAAA) and subsequent legislation.” The university will review requests for accommodation on a case-by-case basis.

The Physical Therapy Program supports the Mission of Angelo State University (ASU) by providing access to a graduate, entry-level professional Doctor of Physical Therapy program that prepares a globally diverse, reflective, service-oriented, and flexible physical therapist practitioner capable of multiple styles of thinking and learning. Enrolled students are expected to complete the academic and clinical requirements of the professional program. The purpose of this document is to broadly delineate the cognitive, affective and psychomotor skills deemed essential for completion of this program and performance as a competent generalist physical therapist. Candidates for the degree must be able to meet these standards for completion of degree requirements.

## I. Cognitive skills to be demonstrated in all classroom, laboratory and clinical situations

- A. The student physical therapist must possess the ability to independently:
  - 1. Measure, calculate, reason, analyze, integrate, retain and synthesize information to formulate effective solutions to problems congruent with a physical therapist.
  - 2. Examples of such behaviors:
    - a. Student physical therapists must be able to read, write, speak and understand English at a level consistent with successful course completion and development of positive patient/client-therapist relationships.
    - b. Student physical therapists must exercise critical thinking, decision-making and sound judgment.
    - c. Student physical therapists must be able to plan and supervise intervention procedures in a safe manner.

## II. Affective skills to be demonstrated in all classroom, laboratory and clinical situations

- A. Student physical therapists must possess the emotional health and stability required to fully utilize their intellectual abilities, to adapt to changing environments and to function effectively in stressful situations.
- B. Student physical therapists must demonstrate ethical behaviors in compliance with the ethical standards of the American Physical Therapy Association.
- C. Student physical therapists must be able to communicate in both oral and written form with patient/clients and other members of the health care community to:
  - 1. Effectively and sensitively elicit information.
  - 2. Convey information essential for safe and effective care.
- D. Student physical therapists must be aware of and interpret non-verbal communications.
- E. Student physical therapists must be able to acknowledge and respect individual values and opinions to foster harmonious working relationships with colleagues, peers, and patients/clients.

### III. Physical/Psychomotor skills to be demonstrated in all classroom, laboratory and clinical situations

- A. Student physical therapists must have sufficient motor function and endurance as reasonably required to perform the following:
  - 1. Safely provide general physical therapist examination, evaluation and intervention procedures as identified in the *Guide to Physical Therapist Practice* for eight hour days.
  - 2. Perform CPR according to the guidelines of the American Heart Association.
  - 3. Perform patient transfers (lifting 50 pounds to waist level).
- B. Student physical therapists must have sufficient coordination and balance in sitting and standing to safely engage in physical therapist procedures such as the following:
  - 1. Moving and positioning patients/clients.
  - 2. Gait training.
  - 3. Stabilizing and supporting patients/clients.
  - 4. Manipulation of equipment and tools used in patient/client examination, evaluation and intervention.
- C. Student physical therapists must have sufficient fine motor skills to safely and effectively engage in physical therapists procedures such as the following:
  - 1. Manipulation of equipment and tools used in patient/client examination, evaluation and intervention
  - 2. Legibly recording/documenting exams, evaluations and interventions in the clinic's standard medical records in a timely manner and consistent with acceptable norms of the clinic.
  - 3. Legibly recording thoughts for written assignments and exams.
  - 4. Assessment and intervention of soft tissue restrictions and joint dysfunctions.
  - 5. Palpation of muscle tone, skin quality and temperature.
- D. Student physical therapists must have visual acuity necessary to obtain accurate information from patients/clients and the treatment environment in the performance of routine physical therapist activities such as the following:
  - 1. Observation and inspection of patient's/client's skin condition, movements, body mechanics, gait pattern and postures.
  - 2. Observation of environmental safety hazards.
  - 3. Reading dials/LED displays on equipment.
  - 4. Reading digits/scales on diagnostic tools.
- E. Student physical therapists must have auditory acuity necessary to obtain accurate information from patients/clients and the treatment environment in the performance of routine physical therapist activities such as the following:
  - 1. Blood pressure
  - 2. Lung/heart auscultation
  - 3. Patient calls or equipment alarms
  - 4. Verbal communication
- F. Student physical therapists must have sufficient non-material handling and repetitive movement ability to safely provide examination, evaluation and intervention procedures as identified in the *Guide to Physical Therapist Practice* for 8 hour days such as the following:
  - 1. Crouching, kneeling, or squatting

2. Reaching
3. Standing
4. Ambulation
5. Bending or stooping
6. Sitting

In accordance with University policy, Student Affairs is the designated campus department charged with the responsibility of reviewing and authorizing requests for reasonable accommodations based on a disability, and it is the student's responsibility to initiate such a request by emailing [ADA@angelo.edu](mailto:ADA@angelo.edu), or by contacting:

Mrs. Dallas Swafford  
Director of Student Development  
Office of Student Affairs  
University Center, Suite 112  
325-942-2047 Office  
325-942-2211 FAX  
[Dallas.Swafford@angelo.edu](mailto:Dallas.Swafford@angelo.edu)

When a student states he or she could meet the program's essential functions with accommodation(s), the Office of Student Affairs will confirm that the stated condition qualifies as a disability under applicable laws. If a student states he or she can meet the essential functions but needs accommodation, then the University will determine if it agrees that the student can meet the essential functions with reasonable accommodation; this includes a review of whether or not the accommodations requested are reasonable, taking into account whether or not accommodations would jeopardize clinician/patient safety or the educational process of the student or the institution, including all course work, clinical educational experiences and internships deemed essential to graduation.

Students are required to read and sign the DPT program technical standards form and to update their responses on this form if their health status changes. Students who require accommodation to meet the essential technical standards must obtain verification by the authorized institutional office (see above) as defined by the sponsoring institution policy that proper accommodation has been provided for the student to meet the standard.

These Technical Standards have been adapted from the following sources:

American Physical Therapy Association. *Standards of Practice for Physical Therapy*, 2013.

American Physical Therapy Association. *Guide to Professional Conduct*, 2010.

American Physical Therapy Association. *Guide to Physical Therapist Practice*. Alexandria, Virginia: American Physical Therapy Association, 2014.

American Physical Therapy Association. *Normative Model of Physical Therapist Professional Education: Version 2004*. Alexandria, Virginia: American Physical Therapy Association, 2004.

American Physical Therapy Association. Section on Education, Academic Administrators Special Interest Group. *Technical Standards Essential Functions*. Alexandria, Virginia: American Physical Therapy Association, September 1998.

Angelo State University. *Student Handbook*.

May, WW, Morgan, BJ, Lemke, JC, Karst, GM, Stone, HL. Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education*. 1995:9:3-6.

*Dictionary of Occupational Titles*, U.S. Department of Labor, 1991, Vol. I & II Code 076.121-014 Physical Therapist

**Acknowledgment of Receipt of Information/Statement of Understanding**

My signature confirms that I have received, read, understood, and am able to fulfill the Doctor of Physical Therapy Program's Technical Standards. If I do not understand any of the information, I may request clarification from the Physical Therapy Program Director.

Name: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Process for Clinical Site Selections  
Doctor of Physical Therapy Program

1. Solicitation of sites
  - a. Placement forms are sent to all active sites on March 1 for the following year.
  - b. Deadline for response is April 30.
  - c. Placements are logged into the database as received.
  - d. Sites that have not responded will be called beginning May 1.
2. Confirmation of sites (\*new procedure)
  - a. \*Sites will be reserved for acute care, orthopedic and neuro placements beginning May 1
  - b. \*Enough sites plus 1 or 2 extra will be reserved for ASU without a student name for each rotation.
  - c. Sites will be given a student name as soon as the student has been assigned.
  - d. Sites with unused placements will be called as soon as it is known that they will not be needed to allow other programs access to that site.
3. Selection of sites
  - a. At least 6 months prior to the start of the rotation, a list of available sites will be given to the students.
  - b. Students will submit a list of at least 5 sites with a rationale for choosing the site.
  - c. Sites with reserved placements will be marked.
  - d. Students will be encouraged, but not required, to choose from those sites that have been reserved (2a).
  - e. Students may request sites that are not on the site list and/or do not have a current contract with the program with the understanding that site assignment and confirmation will be delayed.
  - f. Students will be strongly encouraged to speak with the ACCE regarding preferences to assist student to make appropriate selections.
4. Site assignments/confirmations
  - a. The ACCE is the final authority for making decisions regarding site assignments.
  - b. ACCE will match students with available sites with students learning desires based on student performance in class/lab, student's written rationale and clinic characteristics.
  - c. When several students choose the same site, the student whose GPA and classroom/lab performance matches best with the site's expectations will be assigned to the site. Professional behaviors (See e below) will also be considered when making site assignments.
  - d. The ACCE will consult with student advisors and faculty members who have instructed the students to determine classroom/lab performance and professional behavior.
  - e. The following professional behaviors will be used to determine student preference in site selection. These professional behaviors should be part of each syllabus.
    - i. Punctuality
    - ii. Appropriate dress

- iii. Class preparation
  - iv. Class participation
  - v. Absence notification prior to beginning of class
  - vi. Response to feedback
  - vii. Conflict management
  - f. ACCE with student's advisor and/or student's instructors will assist students to choose alternate sites when the student's site selections are unsuitable or unavailable.
  - g. Site confirmation will be managed by the ACCE. Confirmations will begin as soon as possible after the site assignments have been completed.
  - h. Students will be informed by e-mail when the site is confirmed.
  - i. Students are prohibited from contacting sites until the site has been confirmed for that student.
  - j. Students are encouraged to meet with the ACCE at any point during the assignment/confirmation process for status updates.
5. Grievance procedure
- a. Students who are unhappy with a site assignment should meet with the ACCE within 2 weeks of receiving the assignment.
  - b. If the problem is not resolved, the student should meet with the program director.
  - c. If the problem remains unresolved, the student may request a meeting of an ad hoc committee consisting of the ACCE, a clinician, the student's advisor and a student from a different cohort.

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**GUIDELINES FOR INSERVICE EDUCATION PROGRAMS**

The content of the in-service education program must either focus on the physical therapy profession in general or a specific topic of interest to the student and the audience. Discuss potential topics with the CCCE/CI. The CCCE/CI has final approval of the topic. The date and time of the in-service should be scheduled prior to the last day of the internship. The student must provide the ACCE/faculty evaluator with the date and time of the in-service as soon as it is scheduled.

The in-service program should be a minimum of 20 minutes in length or as requested by the facility. The student will be evaluated for both the written outline and the oral presentation.

I. Objectives for the Experience

At the completion of this activity, the student physical therapist will:

- A. Demonstrate a comprehensive understanding of a topic relevant to physical therapy practice.
- B. Demonstrate skills in library research and organization pertinent to the presentation.
- C. Utilize skills in team communication by using other members of the health care team as resources for the presentation.
- D. Employ skills in independent thinking by choosing the topic, developing it, and delivering the presentation.
- E. Deliver the material in an organized, professional manner using good communication skills and a variety of teaching methods.
- F. Encourage discussion by responding to the questions and comments of the audience.
- G. Reflect on the work by accepting feedback related to the effort.

II. The written outline must include:

- A. Title of In-service
- B. Description of Target Audience
- C. Objectives (written in behavioral terms, ABCD format)
- D. Teaching Methods Used
- E. Brief Synopsis of Program Content
- F. Evaluation Method(s) to be used to:
  - i. Assess your performance
  - ii. Assess the level of knowledge of the audience after your presentation

The written outline must be submitted in program format as defined in the Student Handbook.

i. Documents to submit.

- A. Written outline as above
- B. In-service presentation (power point)
- C. Evaluation forms completed at the time of the presentation

All items must be received by the assignment deadline to receive full credit for this assignment. Please see the policy on late assignments for penalties associated with late submissions.

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**GUIDELINES FOR ORAL CASE PRESENTATIONS**

This is the presentation assignment for Clinical Practicum II. A case presentation is a focused report on one patient or several patients with the same diagnosis. Follow the outline below for information on the material to include in your case report. Your CI/CCCE has final approval on the subject for this report. The case report is due to the ACCE on Wednesday of Week 10. It may be presented before or after this due date.

I. Objectives for the Experience

At the completion of this presentation, the student physical therapist will:

- A. Demonstrate a comprehensive understanding of the total patient/client.
- B. Develop skills in library research and organization pertinent to the presentation.
- C. Develop skills in team communication through the utilization of other members of the health care team as resources for the presentation.
- D. Develop skills in independent thinking by choosing the case, developing it, and carrying out the presentation.
- E. Deliver the case presentation in an organized, professional manner using good communication skills and a variety of teaching methods.
- F. Encourage discussion by responding to the questions and comments of the audience.
- G. Reflect on the work by accepting feedback related to the effort.

II. Material to Include

Choose a patient/client that you have evaluated, that you have particular interest in, and that there is available information for your use.

- A. Introduction:
  - i. Purpose of the report
  - ii. A brief background sketch of the patient/client including: history, psychosocial and economic influences.
  - iii. Background information found through research about the disease, dysfunction or disability and possible interventions.
  - iv. Subjective findings including all pertinent findings from the medical, social and disability history.
- B. Examination
  - i. Objective findings including:
    - 1. Your test and measures with results including functional status, impairments and outcome measures.
    - 2. Information from data-base including norms for the selected outcome measures for your patient.
    - 3. Additional evaluative findings.
    - 4. Pertinent data collected by other team members.
    - 5. Appropriate references.
  - ii. Evidence to support the use of the tools you chose
- C. Evaluation
  - i. Your assessment, patient problem list, PT diagnosis, prognosis and client goals.
  - ii. Your plan for physical therapy intervention including Coordination/Communication, Patient Education and Procedural Interventions.
  - iii. Evidence to support your prognosis and intervention plan.
- D. Interventions/Outcomes



- E. Describe your course of treatment noting modifications, problems, patient/client and team responses, and results.
  - Discussion
    - i. Suggest plans for follow-up with regard to discharge, equipment, future client goals and expectations.
    - ii. Relate this study/outcomes to current literature
    - iii. Ideas for future research
- F. Summary
  - i. Brief description of findings
  - ii. Impact on clinical practice
  - iii. Significant points in the report

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**GUIDELINES FOR SPECIAL PROJECTS**

A special project is an identifiable contribution the student makes to the facility that remains after the student finishes the clinical experience. This is the required presentation for Clinical Practicum III. The project can take any form mutually agreed upon by the CI and the student. The project must be evaluated by and presented to the clinical site. Some sample ideas are:

1. Evidence Based Patient Home Programs
2. Flow Sheets
3. Slide Presentations/CD-ROM/DVD
4. Evaluation Form
5. Videotapes/CD-ROM/DVD for Patient/Client Education
6. Other Patient education materials such as booklet(s).
7. Marketing tools such as brochures
8. Files of journal articles with evidence-based protocols

**Objectives for the Special Project**

At the completion of the project, the student physical therapist will:

- A. Demonstrate a comprehensive understanding of the needs of the clinical site.
- B. Demonstrate skills in library research and organization pertinent to the project.
- C. Utilize team communication by using other members of the health care team as resources for the project.
- D. Demonstrate independent thinking by choosing the project, developing it, and carrying out the project.
- E. Present the special project to the clinical facility in an organized, professional manner using good communication skills and a variety of teaching methods.
- F. Encourage discussion by responding to the questions and comments of the audience.
- G. Reflect on the work by accepting feedback related to the effort.

The student physical therapist will submit a copy of the project with a cover sheet that includes the following information:

- A. Title of the project
- B. Purpose of the project
- C. Objectives(s) of the project
- D. Description of the project
- E. Presentation of the project (details about the presentation including date, names of those present, outline of presentation)
- F. Evaluation of the project
  - a. Student assessment of project
  - b. Department (CI, CCCE, other professionals evaluation)

Reviewed April 11, 2012

Weekly Activity Log

Student \_\_\_\_\_ Date \_\_\_\_\_

Facility \_\_\_\_\_ Week # \_\_\_\_\_

Complete this log on a weekly basis. Have the Clinical Instructor review and sign logs prior to mailing. The logs are to be returned to the ACCE every two weeks. Use additional page if more space is required.

- I. Patient Contact: List the types of patient dysfunctions/pathology you evaluated or treated. Indicate if it was an initial evaluation or re-evaluation.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

- II. Continuing Education (inservices, field trips, observation in other departments, videos, reading assignments—list topic and source, etc)

- 1.
- 2.
- 3.
- 4.
- 5.

- III. Topics Discussed with Clinical Instructor (treatment ideas, patient problems, student strengths/weaknesses, CI strengths/weaknesses, etc. BE SPECIFIC)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

IV. Areas Improved :

- 1.
- 2.
- 3.
- 4.
- 5.

V. Goals for Next Week:

- 1.
- 2.
- 3.
- 4.
- 5.

VI. Comments:

Clinical Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**GUIDELINES FOR WRITTEN REFLECTIVE PRACTICE**

During each full time experience, student physical therapists are expected to participate in one activity of reflection. A journal is required for Clinical Practicum I; a reflective case study is required for Clinical Practicum II. The student may choose to do either a journal or case study for Clinical Practicum III. This activity is graded. Students must meet master (80%) to pass the activity. Journals should be submitted each week by e-mail or regular mail or FAX. The reflective case study is due on Friday of the next to last week of the clinical experience.

**GUIDELINES FOR WEEKLY JOURNAL ENTRIES**

1. Write at least two journal entries per week. Date each entry. You may write more if you wish.
2. Suggested areas for reflection:
  - A. Your role as a student physical therapist
  - B. Thoughts about a specific patient/client
  - C. Your needs now that you are in clinic (knowledge, skills, generic abilities)
  - D. Thoughts about the environment you are in (department, staff, healthcare)
  - E. Your expectations
  - F. Unusual or thought provoking experiences
  - G. Challenges in patient care or other aspects of the experience
3. Please maintain the confidentiality of your patient/clients in your entries.

**GUIDELINES FOR REFLECTIVE CASE STUDY**

1. Choose a patient/client that you have evaluated, that you have particular interest in, and that there is available information for your use.
2. Develop a case history based on the following outline:
  - A. History –
    - i. Social and medical history
    - ii. Current medical status
    - iii. Medications.
  - B. Physical Therapist Examination
    - i. Current objective findings including functional status and impairments
    - ii. Evidence to support the tools including outcome measures that you used for this evaluation
  - C. Physical Therapist Assessment and Goals
    - i. Problem list and assessment with prognosis and benefit statement
    - ii. Disability goals
    - iii. Long term functional goals
    - iv. Short term functional goals.
    - v. Impairment goals.
    - vi. Evidence to support the goals/time frames and prognosis.
  - D. Physical Therapist Plan of Care
    - i. Coordination/Communication
    - ii. Patient Education
    - iii. Procedural interventions.
    - iv. The progressions you used.

- v. Evidence to support the POC
- E. Course of Physical Therapy for the Patient/Client
  - i. Your reassessment findings
  - ii. Discharge planning
  - iii. Any involvement of other health care practitioners.
- F. Outcome –
  - i. Indicate the clinical prognosis
  - ii. Functional outcome of this patient/client using standard outcome measuring tool.
- G. Reflection – reflect on this case and your involvement; then write about:
  - i. Your application of technical skills
    - a. What skills did you perform well?
    - b. What skills do you need to improve?
  - ii. Your knowledge base.
    - a. What background information and skills did you need to know to examine and evaluate this patient/client?
    - b. What skills did you need to implement a safe, effective, evidence-based treatment program for this patient?
  - iii. Reflect and write about your interpretation and reactions to this patient/client.
    - a. How do you feel about your diagnosis of the patient/client problem?
    - b. How do you feel about your ability to treat this patient?
  - iv. What were the challenges you faced with this patient/client?
  - v. Reflect and write about ‘what ought to have happened’ if there were unlimited time, money, motivation, etc.

If you have any questions about the expectations of this assignment, please discuss them with the ACCE.

Written case study must adhere to writing guidelines as defined in the Student Handbook.

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**Discussion Board Assignments**

**General Criteria - Online Discussion Board Assignments**

Online Classroom Participation on the Discussion Board: Grading and Evaluation Guidelines for Student Participation.

- A mastery level of 80% is required on the Discussion Board assignment and is based on your weekly participation in online discussions.
- Discussion Board assignments must be posted by noon on Saturday each week. One-half credit will be given up to one week on late postings after which no credit will be assigned..
- Initial responses to the question of the week are worth a maximum of 7 points; responses to classmate's postings are worth a maximum of 3 points for a total of 10 points per week.
- The following guidelines are intended to help you achieve the grade you desire for the discussion board portion of your course grade.

To achieve the maximum credit for your posting/discussion each week:

- Your initial posting should be between 100 and 150 words in length and posted early enough in the week to allow time for you to reply substantively to your fellow learners.
- Your reply to your fellow learners should be between 50 and 100 words in length.
- Your postings should be professional (no slang or cursing) and respectful in tone to your fellow learners.
- Your comments should integrate and reflect your evaluation of the question and include references in AMA format as appropriate. Please include examples from your physical therapy experiences and/or relevant literature as they pertain to the discussion questions.
- Your comments may agree or disagree with your peers or authors when accompanied by well-stated rationale and a respectful tone is used.
- Your comments may include further questions or requests for clarification.
- Your comments should reflect that you "listen" to the ongoing discussion (as evidenced by responding substantively at least once to a peer's comments during the week). It is important to respond to your classmates with praise on a "job well done" but comments that are the appropriate length stating "Good Job" with a lot of words, etc. that do not advance the discussion will not be counted as your substantive reply to your fellow learners for the week.

Policy reviewed 6/15

**CLINICAL PROBATION TRACKING FORM**

Student \_\_\_\_\_

Clinical Instructor(s) \_\_\_\_\_

**First Clinical Probation:**

\_\_\_\_\_  
(date)

Reason for first clinical probation:

1. A "Significant Concerns" box is checked on the CPI  
**and/or**
2. Student ratings on CPI fall below mastery level at mid-term (average of numbers is greater than .5 below listed expectation)  
**and/or**
3. Other (Please specify): \_\_\_\_\_

Requirements to be removed from first clinical probation:

Outcome:

---

**Second Clinical Probation:**

\_\_\_\_\_  
(date)

Reason for second clinical probation:

1. A "Significant Concerns" box is checked on the CPI  
**and/or**
2. Student ratings on CPI fall below mastery level at mid-term (average of numbers is greater than .5 below listed expectation)  
**and/or**
3. Other (please specify): \_\_\_\_\_

Requirements to be removed from second clinical probation:

Outcome:

---

*Academic Committee meeting* \_\_\_\_\_ (date).

Outcome:

file:

Student file

Academic Advisor: \_\_\_\_\_

Program Administrator: \_\_\_\_\_



### **§322.4. Practicing in a Manner Detrimental to the Public Health and Welfare.**

(a) The board may deny a license to or discipline an applicant/respondent who is found to be practicing in a manner detrimental to the public health and welfare. The board may deny a registration for a physical therapy facility to an applicant or discipline a physical therapy facility required to be registered by the act which is found to be practicing in a manner detrimental to the public health and welfare.

(b) Practicing in a manner detrimental to the public health and welfare may include, but is not limited to, the following:

- (1) failing to document physical therapy services, inaccurately recording, falsifying, or altering patient/client records;
- (2) obtaining or attempting to obtain or deliver medications through means of misrepresentation, fraud, forgery, deception, and/or subterfuge;
- (3) failing to supervise and maintain the supervision of supportive personnel, licensed or unlicensed, in compliance with the Act and rule requirements;
- (4) aiding, abetting, authorizing, condoning, or allowing the practice of physical therapy by any person not licensed to practice physical therapy;
- (5) permitting another person to use an individual's physical therapist's or physical therapist assistant's license for any purpose;
- (6) failing to cooperate with the agency by not furnishing papers or documents requested or by not responding to subpoenas issued by the agency;
- (7) interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the agency or the board, or by the use of threats or harassment against any patient/client or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
- (8) engaging in sexual contact with a patient/client as the result of the patient/client relationship;
- (9) practicing or having practiced with an expired temporary or permanent license;
- (10) failing to conform to the minimal standards of acceptable prevailing practice, regardless of whether or not actual injury to any person was sustained, including, but not limited to:
  - (A) failing to assess and evaluate a patient's/client's status;
  - (B) performing or attempting to perform techniques or procedures or both in which the physical therapist or physical therapist assistant is untrained by education or experience;
  - (C) delegating physical therapy functions or responsibilities to an individual lacking the ability or knowledge to perform the function or responsibility in question; or
  - (D) causing, permitting, or allowing physical or emotional injury or impairment of dignity or safety to the patient/client;
- (11) intentionally or knowingly offering to pay or agreeing to accept any remuneration directly or indirectly, overtly or covertly, in cash or in kind, to or from any person, firm, association of persons, partnership, or corporation for receiving or soliciting patients or patronage, regardless of source of reimbursement, unless said business arrangement or payments practice is acceptable under 42 United States Code §1320a-7b(b) or its regulations;
- (12) advertising in a manner which is false, misleading, or deceptive;

- (13) knowingly falsifying and/or forging a referring practitioner's referral for physical therapy;
- (14) failing to register a physical therapy facility which is not exempt or failing to renew the registration of a physical therapy facility which is not exempt;
- (15) practicing in an unregistered physical therapy facility which is not exempt;
- (16) failing to notify the board of any conduct by another licensee which reasonably appears to be a violation of the Practice Act and rules, or aids or causes another person, directly or indirectly, to violate the Practice Act or rules of the board;
- (17) abandoning or neglecting a patient under current care without making reasonable arrangements for the continuation of such care; and
- (18) failing to maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communication, including compliance with HIPAA regulations.

Source Note: The provisions of this §322.4 adopted to be effective April 15, 1999, 24 TexReg 2935; amended to be effective June 7, 2009, 34 TexReg 3515; amended to be effective April 4, 2011, 36 TexReg 212; amended to be effective May 17, 2015, 40 TXReg 2666.

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Clinical Site Update Form

Date \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Phone (\_\_\_\_) \_\_\_\_\_ Facility Fax (\_\_\_\_) \_\_\_\_\_

PT Program Phone (\_\_\_\_) \_\_\_\_\_ PT Program Fax (\_\_\_\_) \_\_\_\_\_

Web Address \_\_\_\_\_ E-mail \_\_\_\_\_

PT Program Director \_\_\_\_\_

CCCE \_\_\_\_\_

**I. Facility**

A. Owned by (Name and location) \_\_\_\_\_  
\_\_\_\_\_

B. Has there been a change in facility ownership? \_\_\_\_ No \_\_\_\_ Yes  
If yes, date of new ownership \_\_\_\_\_

C. PT Program owned by (Name and location) \_\_\_\_\_  
\_\_\_\_\_

D. Has there been a change in PT Program ownership? \_\_\_\_ No \_\_\_\_ Yes  
If yes, date of new ownership \_\_\_\_\_  
Is this a POPTS? \_\_\_\_ No \_\_\_\_ Yes

E. Type of Facility (check one)

<input type="checkbox"/>	Acute Care/Hospital Facility	<input type="checkbox"/>	Ambulatory Care/Outpatient Center	<input type="checkbox"/>	ECF/Nursing Home/SNF
<input type="checkbox"/>	Federal/State/County Health	<input type="checkbox"/>	Home Health Care	<input type="checkbox"/>	Industrial Rehabilitation Facility
<input type="checkbox"/>	Private Practice	<input type="checkbox"/>	Rehabilitation/Sub-acute Rehabilitation	<input type="checkbox"/>	School/Preschool System
<input type="checkbox"/>	Wellness/Prevention Program	<input type="checkbox"/>	Psychiatric Unit	<input type="checkbox"/>	National/State/Local Agency
<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	

F. Accreditation/certification by: (place date of last accreditation in blank)

<input type="checkbox"/>	JCAHO	<input type="checkbox"/>	CARF	<input type="checkbox"/>	CORF
<input type="checkbox"/>	Health Department	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	Other (Please specify )

**II. Personnel**

A. Staffing: number of PT's \_\_\_\_ PTAs \_\_\_\_ Support personnel \_\_\_\_ Any changes? No \_\_\_\_  
Yes \_\_\_\_

Explain \_\_\_\_\_

Number of CI's \_\_\_\_\_

Has there been a change in (check all that apply):

1. PT Program administration? No \_\_\_\_ Yes \_\_\_\_ Explain \_\_\_\_\_

2. CCCE? No \_\_\_\_ Yes \_\_\_\_ Explain \_\_\_\_\_

Has there been a change in (check appropriate spaces)

3. CI's? No \_\_\_\_ Yes \_\_\_\_ Explain \_\_\_\_\_

B. Staff training and development:

1. Continuing Education courses attended \_\_\_\_\_

2. Special/Advanced training received: \_\_\_\_\_

3. Continuing Education needs: \_\_\_\_\_

**III. Program news**

A. Available student opportunities: \_\_\_\_\_

B. New programs/services offered: \_\_\_\_\_

C. New Equipment: \_\_\_\_\_

D. Additional Information/Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_