PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

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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 (Cls), 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 Cl 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 Cls 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.

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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.

	For questions	7, 8, and 9, us e 1= Never	e the following 2 = Rarely			4 = Often	
Patient,	/Client Managem						
6.	What else could	I have been pro	vided during the	orientation	on? <u>n/a</u>		
5.			ide you with an a you would need			⊠ Yes	□No
4.	Did you receive	information from	m the clinical fac	ility prior	to your arrival?		☐ No
<u>Orienta</u>	ation						
	10 Ambulatory ECF/Nu Federal	Care/Outpatien rsing Home/SN /State/County H	F	Rehabili	Private Practice ration/Sub-acute School/Prescho Wellness/Preve Other	e Rehabilitatior ol Program	
3.	Specify the number of weeks for each applicable clinical experience/rotation.						
2.	Clinical Experie	nce Number					
	Address <u>1285 C</u> State <u>FL</u>	reekside Blvd a	nd 399 9 th street	t north		City <u>Naples</u>	
1.	Name of Clinica	I Education Site	Naples Comm	unity Heal	<u>thcare</u>		

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

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal	4	0-12 years	1	Critical care, ICU, Acute	1
Neuromuscular	2	13-21 years	2	SNF/ECF/Sub-acute	1
Cardiopulmonary	1	22-65 years	4	Rehabilitation	1
Integumentary	1	over 65 years	4	Ambulatory/Outpatient	4
Other (GI, GU, Renal,	1			Home Health/Hospice	1
Metabolic, Endocrine)				Wellness/Fitness/Industry	1

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

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	3
Screening	4	Prognosis	3
History taking	4	Plan of Care	4
 Systems review 	4	Interventions	4
Tests and measures	4	Outcomes Assessment	3
Evaluation	4		

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.	4
Providing effective role models for problem solving, communication, and teamwork.	4
Demonstrating high morale and harmonious working relationships.	4
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA,	4
informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	4
Using evidence to support clinical practice.	3
Being involved in professional development (eg, degree and non-degree continuing	4
education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	2

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth? <u>Interprofessional meetings in regards to shared patients to ensure the best quality care.</u>

Clinical Experience

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) 					
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 					
How did the clinical supervision ratio in Question #12 influence your learning experience? <u>I was able to receive 1 on 1 attention with my CI. This enabled us to work together with his caseload. It</u>					
was beneficial for him to be able to learn how I learn best and to receive constructive criticism. 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					

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. NCH owns apartments that are designated for seasonal employees and students. Throughout this experience I learned that the availability of these spots is limited and should be reserved as soon as possible. The housing coordinator is named Sandy Danielson and she works in HR. The student is responsible for 150.00\$ as an enrollment fee as well as orientation online modules. NCH also requires a full background check report as opposed to an attestation from the university which is free to request (but takes a few weeks).

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)			
	\boxtimes	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? The PT student should review the majority of topics covered in Musculoskeletal Courses 1 and 2 including lecture and lab materials. The student should feel comfortable performing these in the clinical setting.
- 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.

 Prior to this clinical experience, I had not learned MS for the spine. I did not manually treat patients for neck or back pathology, but was able to conduct therapeutic exercise with these patients.
- 19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? I would advise patients to be confident in their abilities. I'd also remind them to remember it is their first clinical as to not expect to be able to jump into things right away.
- 20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? I believe that MS 1 and 2 helped me out the most for this clinical experience. I felt prepared to perform goniometry, special tests, MMT and joint mobilizations as well as understanding exercise progressions and following protocols. This was the bulk of my caseload intervention.
- 21. What curricular suggestions do you have that would have prepared you better for *this clinical* experience? *I would recommend the student practice organizing questions for evaluations and* documentation key points prior to clinical.

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.	4	4
The clinical education site had written objectives for this learning experience.	3	3
The clinical education site's objectives for this learning experience were clearly communicated.	4	4
There was an opportunity for student input into the objectives for this learning experience.	4	4
The CI provided constructive feedback on student performance.	5	5
The CI provided timely feedback on student performance.	5	5
The CI demonstrated skill in active listening.	5	5
The CI provided clear and concise communication.	5	5
The CI communicated in an open and non-threatening manner.	5	5
The CI taught in an interactive manner that encouraged problem solving.	5	5
There was a clear understanding to whom you were directly responsible and accountable.	5	5
The supervising CI was accessible when needed.	5	5
The CI clearly explained your student responsibilities.	5	5
The CI provided responsibilities that were within your scope of knowledge and skills.	5	5
The CI facilitated patient-therapist and therapist-student relationships.	5	5
Time was available with the CI to discuss patient/client management.	5	5
The CI served as a positive role model in physical therapy practice.	5	5
The CI skillfully used the clinical environment for planned and unplanned learning experiences.	5	5
The CI integrated knowledge of various learning styles into student clinical teaching.	5	5
The CI made the formal evaluation process constructive.	5	5
The CI encouraged the student to self-assess.	5	5

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The CI integrated knowledge of various learning styles into student clinical teaching.	5	5
The CI made the formal evaluation process constructive.	5	5
The CI encouraged the student to self-assess.	5	5
Was your Cl'(s) evaluation of your level of performance in agreement with your Midterm Evaluation ☐ Yes ☐ No Final Evaluation ☐ Yes ☐		essment?

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation n/a

Final Evaluation n/a

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

Midterm Comments My CI maintained open communication with me so that if I needed guidance in the moment he could step in and help and we would discuss my progress throughout the week.

Final Comments My CI would allow me to be hands on and take the lead on most of his patients which was a positive contribution to my experience.

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

Midterm Comments If at all possible, it would have been more condusive to my learning if I was able to have a caseload that did not include the spine so that I could treat 100% of the patients however, I understand this isn't typical for an office to be able to do. On the other hand, I gained valuable experience shadowing treatment that involved the spine. In addition, the education program would be even greater if students were allowed to observe surgery. I understand that this is in the works to be achieved for the next round of UML DPT students.

Final Comments see above

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.