

**PHYSICAL THERAPIST STUDENT
EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION**

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**American Physical Therapy Association
Department of Physical Therapy Education
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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 (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.

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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.

1. Name of Clinical Education Site D'Youville Center For Advanced Therapy

Address Varnum Ave City Lowell State Ma

2. Clinical Experience Number _____

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

_____ Acute Care/Inpatient Hospital Facility	_____ Private Practice
_____ Ambulatory Care/Outpatient	<u>12</u> Rehabilitation/Sub-acute Rehabilitation
<u>12</u> ECF/Nursing Home/SNF	_____ School/Preschool Program
_____ Federal/State/County Health	_____ Wellness/Prevention/Fitness Program
_____ Industrial/Occupational Health Facility	_____ Other _____

Orientation

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

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

6. What else could have been provided during the orientation? Orientation was not specific for PT, it was for all "new staff" including kitchen, nursing, ext. It was nice to get to know the background of the institution and the history which really helped set the tone of the facility. However, it would have been nice to have a PT only orientation with observation for a few hours prior to starting.

Patient/Client Management and the Practice Environment

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

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

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

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal	4	0-12 years	1	Critical care, ICU, Acute	1
Neuromuscular	4	13-21 years	1	SNF/ECF/Sub-acute	4
Cardiopulmonary	4	22-65 years	3	Rehabilitation	4
Integumentary	4	over 65 years	4	Ambulatory/Outpatient	1
Other (GI, GU, Renal, Metabolic, Endocrine)	4			Home Health/Hospice	2
				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	4
• Screening	4	Prognosis	4
• History taking	4	Plan of Care	4
• Systems review	4	Interventions	4
• Tests and measures	4	Outcomes Assessment	4
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, informed consent, APTA Code of Ethics, etc).	4
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	4
Using evidence to support clinical practice.	4
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	3
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? The 2-CI to one student model was difficult to handle in this setting due to the fact the one CI is in the SNF setting and the other setting (DCAT) is more advanced therapy creating different caseloads. This was an interesting exeperience since I got to basically see two different settings but the communication differences between he two settings was difficult to handle and acclimate as a student.

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 Occupational Therapy)

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? As previously stated above, the 2 CI model in two different buildings was difficult to handle as they had different expectations; it took communication with the CCCE to get this remedied. It was however and interesting exeperience to get clinical experience in both buildings as in one you get to exeperience the memory impaired unit, nursing home residents, and senior care whereas in the main building it is advanced therapy and these patients are geared more towards going home.

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) Multiple co-treats with OTs, COTAs, rehab aides with patients who are mobility or memory impaired, morbidly obese, or are nonverbal with alzheimers. This was an interesting experience because I was able to see how the different disciplines interact in complex patient care.
- 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. Large parking lot with free parking. Short commute as it is on Varnum ave right next to school

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? A student in this setting should be adaptable, flexible, open minded and patient. Working with the geriatrics community can be challenging and it can be difficult to come up with multiple different treatment ideas when something does not go as planned where flexibility comes in. Also working with the geriatric community we encountered patients who are memory impaired so you have to be prepared to repeat yourself and find new creative ways to engage them. In addition, a student here works in two buildings as stated above so you have to be flexible and able to work with either staff or either building depending on the needs of the facility.

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. At my last experience I was in outpatient so the entire inpatient rehab setting was new to me. I also got experience working with family and caregiver training which was new as well. In addition, working with memory impaired was a great challenge for learning how to give cues and commands. Treatments in this facility seem "simple" comared to outpatient orthopedics but you learn to breakdown tasks that are challenging to patients which really challenges your skills as a therapist.

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? Prior to starting chat with both CI's to determine what they are looking for. It their method of feedback is not working, immediately tell them because they want to help make you a strong student. Be as open minded as possible, review low level exercises and balance, review cardiac precautions, and all safety measures.

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? Geriatrics with Dr Mendes was helpful because she gave us a lot of complex cases which really reflect most of the patients in this affiliation and PT 1 was helpful for when we learned patient management as well as gaurding. Cardiopulmonary PT was helpful as well as there are a lot of cardiac issues with this patient population which you always had to be aware of.

21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? More understanding and clinical cases in a rehabilitation setting as I feel that most of

our course work focuses on acute or outpatient. I think we could also benefit from more education about safety, precautions, as well as contraindications.

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	5
The clinical education site had written objectives for this learning experience.	4	4
The clinical education site's objectives for this learning experience were clearly communicated.	5	5
There was an opportunity for student input into the objectives for this learning experience.	5	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

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 Sherry provided weekly goals to help facilitate my learning and growth. We had weekly conversations about goals which gave me an exact idea of where I stood and how I was doing

Final Comments Sherry provided weekly goals and always maintained open discussion about performance and how I was doing. She would point out specific things and specific examples of how I could improve and what I was doing well. In addition, she gradually increased my independence which helped make the transition.

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

Midterm Comments _____

Final Comments Maintaining open communication between the two CIS throughout the experience could have been better. It was remedied at midterm but that would have made the first half a lot less stressful.

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.