

**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

©2003 American Physical Therapy Association. All rights reserved. Duplication of this form in its entirety is permitted; however, any revision, addition, or deletion is prohibited.

GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution UML

Name of Clinical Education Site FYZICAL Dizziness & Fall Prevention Center

Address 198 Massachusetts Avenue, Suite 101 City North Andover State MA

Clinical Experience Number 2 Clinical Experience Dates June 4-Aug 24

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) 8/24/18
Date

Primary Clinical Instructor Name (Print name) 8/24/18
Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned Doctorate
Highest degree earned DPT Degree area Physical Therapist
Years experience as a CI 6
Years experience as a clinician 8
Areas of expertise Neurological, Vestibular
Clinical Certification, specify area NCS
APTA Credentialed CI Yes No
Other CI Credential _____ State Yes No
Professional organization memberships APTA Other Neuro section

Additional Clinical Instructor Name (Print name) _____
Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____
Highest degree earned _____ Degree area _____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI Yes No
Other CI Credential _____ State Yes No
Professional organization memberships APTA Other _____

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site FYZICAL Dizziness and Fall Prevention Center
 Address 198 Massachusetts Avenue City North Andover State MA
2. Clinical Experience Number 2
3. Specify the number of weeks for each applicable clinical experience/rotation.
 _____ Acute Care/Inpatient Hospital Facility _____ Private Practice
10 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 12 Other Vestibular Rehabilitation

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? Everything necessary for my success was provided to me, including the information about which specific powerpoints and outcome measures I should familiarize myself with.

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	3	0-12 years	3	Critical care, ICU, Acute	1
Neuromuscular	4	13-21 years	3	SNF/ECF/Sub-acute	1
Cardiopulmonary	2	22-65 years	4	Rehabilitation	1
Integumentary	2	over 65 years	4	Ambulatory/Outpatient	4
Other (GI, GU, Renal, Metabolic, Endocrine)	2			Home Health/Hospice	1
				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).	4
Being involved in district, state, regional, and/or national professional activities.	4

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth? None; My CI was very involved in all areas of care and staff development. She often sent articles to myself and the other PTs/PTA from the JNPT and relevant topics to maximize our learning and care for patients. She was very involved in both APTA and FYZICAL franchise communities.

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? From this 1 on 1 experience I was able to access my CI every easily and ask any questions or advice within a reasonable amount of time. I believe this positively contributed to my learning and the speed at which I was able to make progress in my evaluations and treatments.
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. parking was free and easily accessible from the building

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? interest in vestibular therapy and fall prevention, knowledge of specific tests and measures related to BPPV and general knowledge of differential diagnosis of causes for dizziness.

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. COBALT testing for concussion, alternative HHIT testing

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? review vestibular material and sensory organization testing as well as other balance functional tests.

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? Neurological PT I and II

21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? none

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.	5	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.	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.	4	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	4
The supervising CI was accessible when needed.	5	5
The CI clearly explained your student responsibilities.	4	4
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.	4	4
The CI made the formal evaluation process constructive.	5	5
The CI encouraged the student to self-assess.	4	4

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 CI rated me higher in several areas, discussed discrepancies
Final Evaluation CI rated me higher in several areas, discussed discrepancies
25. What did your CI(s) do well to contribute to your learning?
Midterm Comments open and clear communication and good constructive feedback
Final Comments continued constructive criticism and analysis of areas of strength and ones to continue working on
26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?
Midterm Comments no changes necessary
Final Comments no changes necessary - wonderful experience

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.