

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.

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 Hospital for Special Surgery
Address 535 E 70th St, New York, NY 10021
2. Clinical Experience Number : 3
3. Specify the number of weeks for each applicable clinical experience/rotation.
Acute Care/Inpatient Hospital Facility

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes
6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

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

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

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

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

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

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	2

• Screening	4	Prognosis	4
• History taking	4	Plan of Care	4
• Systems review	4	Interventions	4
• Tests and measures	4	Outcomes Assessment	4
Evaluation			

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	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? No suggestions; professional growth is truly a strongpoint for HSS. Students would be hard-pressed to find another site that invests as much in educational opportunities.

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

Physical therapist students: Yes

Physical therapist assistant students: No

from other disciplines or service departments (Please specify): N/A

12. Identify the ratio of students to CIs for your clinical experience:

1 student to 1 CI

13. How did the clinical supervision ratio in Question #12 influence your learning experience? I had 1 CI at a time. This provided continuity in the learning experience. My CI was able to track my progress from the beginning and tailor her instruction to my level. Another CI did fill in for 2 weeks while my CI was on vacation. This allowed me a chance to observe a different treatment style, which was helpful.
14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience?
 - Attended in-services/educational programs
 - Presented an in-service
 - Attended special clinics: general outpatient and outpatient sports
 - Attended team meetings/conferences/grand rounds
 - Directed other support personnel: rehab aides
 - Observed surgery: thoracolumbar fusion
 - Participated in administrative and business practice management
 - Participated in collaborative treatment with other disciplines to provide patient/client care (PT and OT)
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. There are a lot of options for lunch/dinner. Staff usually eat together in the department multi-purpose room. Navy blue scrubs with a lab coat is the dress code. You will need a goniometer. you will not need a measuring tape, gait belt, reflex hammer or stethoscope. You will present an inservice.

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience?
 - Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
 - You will mainly treat patients who have received hip or knee replacements, or who have undergone spinal decompression/ fusion. Therefore, you should know cold: hip precautions (anterior, posterolateral, modified posterolateral), spinal precautions, and all weight-bearing precautions for LE. Know contraindications for performing knee ROM. Be able to recognize a PCA, and A line. Familiarize yourself with dural tears, prolonged post-operative ileus, acute blood loss anemia/estimated blood loss (EBL). It would be helpful to review norms for H&H. Review proper technique for the log roll for patients with spinal precautions. All UE treatments are performed by OT at this site, so you will likely not treat shoulders.
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. N/A
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? Do all of the research/ review listed in #17.
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? Writing comprehensive assessments.
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? *Create a class called Acute Care PT, where you pull together a lot of the disparate topics taught across various classes (cardiopulmonary PT, Geriatrics, PT interventions)*

and provide students with a setting-specific course that can better distill the key information from various topics in order to simulate the acute care setting.

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.	5	5
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	5
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 Final Evaluation Yes

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

Midterm Evaluation: N/A; My CI and routinely (often, after each treatment session, and through the weekly assessments) communicated about areas of strength and areas for improvement. In this way, by the midterm we there were no surprises.

Final Evaluation: N/A; same as above

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

Midterm Comments: Before we started to see patients, I would practice scheduling for the day and my CI would point out ways that I could arrange the schedule more efficiently. Before each treatment session, she asked me to review the pt's past medical history, current status, special considerations, and plan of care. Also, when she noticed deficiencies in my performance that were slow to correct, she created a simulated patient experience, where I could practice my technique on her (guarding, bed mobility, verbal cueing). My CI was also very involved in ensuring the success of my presentation of my inservice, and sat for 2 "dry runs" of it, before presenting it to the department. All of these measures were very helpful.

Final Comments : same as above

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

Midterm and Final Comments: My CI was exemplary. She took every step to make me a better clinician.

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.