PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

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American PhysicalTherapy Association Department of PhysicalTherapy Education 1111North 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 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 Cl(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 Cl 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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GENERAL INFORMATION AND SIGNATURES

Genera/Information	
Student Name	
Academic Institution <u>UMass Lowell</u>	
Name of Clinical Education Site Nashoba Valley Medical Center	
Address 200 Groton Road City Aver State MA	
Clinical Experience Number _a Clinical Experience Dates <u>January-March</u>	2018
Sianatures	
I have reviewed information contained in this physical therapist student eveducation experience and of clinical instruction. I recognize that the inform to facilitate accreditation requirements for clinical instructor qualifications for academic program. I understand that my personal information will not be a	ation below is being collected or students supervisedin this
r Name (Print name)	<u>3-16-18</u> Date
or Name (Provide signature)	
Entry-level PT degree earned MSPT Highest degree earned Degree area Years experience as a Cl ::!'i.I Years experience as a cliniciant7 Areas of expertise £ill Clinical Certification, specify area APTA Credentialed Cl DYes r> No Other Cl Credential State DYes No Professional organization memberships r;;<: APTA DOther</td <td></td>	
Additional Clinical Instructor Name (Print name)	Date
Additional Clinical Instructor Name (Provide signature) Entry-level PT degree earned	

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 Nashoba Valley Medical Center						
	Address <u>200 Gr</u>	oton Road		CityAyer	State	MA	
2.	Clinical Experie	ence Number					
3.	Specify the number of weeks for each applicable clinical experience/rotation.						
	12 Ambulatory ECF/Nul Federal/	e/Inpatient Hosp / Care/Outpatie rsing Home/SNI State/County Ho al/Occupational I	nt - ealth	Private Practice Rehabilitation/Sub-acute School/Preschool Wellness/Preve Other	e Rehab ol Progra	m	
Orient	ation						
4.	Did you receive	e information fro	m the clinical fac	ility prior to your arrival?	DY	es	t8l No
5.	Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?			t8l \	Yes	0No	
6.	What else could	d have been pro	vided during the	orientation? N/A			
Patient/Client Management and the Practice Environment							
	For questions	7, 8, and 9, us 1= Never		4-point rating scale: 3 = Occasionally	4=Ofte	∍n	

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	2	Critical care, ICU, Acute	4
Neuromuscular	3	13-21 years	3.4	SNF/ECF/Sub-acute	ja en Gregori
Cardiopulmonary	4	22-65 years	4	Rehabilitation	
Integumentary	1	over 65 years	4	Ambulatory/Outpatient	4
Other (GI, GU, Renal,	2			Home Health/Hospice	100
Metabolic, Endocrine)				Wellness/Fitness/Industry	2

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	10 Sept. 4 Sept. 1		
Screening	4	Prognosis	4		
History taking	4		4		
Systems review	4	Interventions	Section 4 - 3 state		
Tests and measures	4	Outcomes Assessment	in in the Armstra		
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
	4
Demonstrating nigh morale and narmonious working relationships.	4
Adhering to ethical codes and legal statutes and standards (eg, Medicar HIPAA,	4
informed consent, APTA Code of Ethics, etc).	ATTILITY OF THE STREET
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	4 3 3 6
Using evidence to support clinical practice.	4
Being involved in professional development (eg, degree anchen degree continuing	4
education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national prof	4.2

	Being involved in district, state, regional, and/or national prof				
1D.	What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth? Slightly more outlines for new tasks before independence.				
<u>Clinic</u>	al Experience				
11.	Were there other students at this clinical facility during your clinical experience? (Check all th apply):				
	D Physical therapist students O Physical therapist assistant students from other disciplines or service departments (Please specify;_				
12.	Identify the ratio of students to Cis for your clinical experience:				
	[83 1 student to 1 CI D 1 student to greater than 1 CI O 1 CI to greater than 1 student; Describe				
13.	How did the clinical supervision ratio in Question #12 influence your learning experience? Having one Cl allowed me to understand his style and then work out rny own with his guidance.				
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) nursing 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 is free in the back

of the hospital with an entrance to PT nearby. It is located near downtown Ayer for food and other resources.

Overall SummarvAppraisal

16.

1:8]	Excellent clinical learning experience; would not hesitate to recommend this clinical
	education site to another student.
D	Time well spent; would recommend this clinical education site to another student.
D	Some good learning experiences; student program needs further development.
D	Student clinical education program is not adequately developed at this time.

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

- 17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? Be comfortable being independent or be open-minded to a transition to greater independence shortly. Good ortho and MS skills are helpful.
- 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.

 Graston and theratouch
- 19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? Don't be defensive and accept the critiques from all staff members as they can each improve your skills from their diverse backgrounds.
- 20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience? MS I-III, Clinical Anantomy, PT interventions I-III
- 21. What curricular suggestions do you have that would have prepared you better for this clinical experience? Learning about basic structures of billing was helpful to know including G-eodes.

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.		
The clinical education site's objectives for this learning experience were clearly communicated.	3 1 5 miles	5
There was an opportunity for student input into the objectives for this learning experience.	1000000 (10000) 15000000	4 5
The CI provided constructive feedback on student performance.	5	5
The CI provided timely feedback on student performance.	5	5 cm
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.	h 4 5 h 1 h	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

	learning experience	9S				
	The CI integrated in clinical teaching.	nowledge of various	s learning styles into s	student	5	5
	The CI made the fo	ormal evaluation pro	cess constructive.		5	- 5
	The CI encouraged	I the student to self-	assess.		5	5
23.	Was your Cl'(s) evalua	ation of your level of	performance in agree	ment with you	ır self-assess	ment?
	Midterm Evaluation	0Yes0No	Final Evaluation	O Yes O	No	

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

Midterm Evaluation N/A

Final Evaluation There were times when my Cl had to change my supervision to another staff member which helped me to see their strengths and styles.

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

Midterm Comments My CI had me completing all paperwork by the second day setting the tone of independence right away. I was near independent within the first two weeks which enhanced my self-reliance, but also my self-confidence.

Final Comments My CI continued to give me independence and let my clinical judgement determine what was appropriate for inpatient's discharge locations, which was very valuable. Additionally, he encouraged a focus on appropriate time for discarging outpatients.

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

Midterm Comments N/A

Final Comments <u>liust</u> wanted to note that the entire staff was incredibly supportive and helpful. <u>By</u> the end of the clinical. I felt like a member of the staff and had direct interractions with nurses, doctors, scheduling staff, and insurance billing. If they were to approach my Cl. he would have them directly seek me out or have me approach them. This last step of independence was something that felt missing from many other internships.

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.