

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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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name :

Academic Institution : University of Massachusetts Lowell

Name of Clinical Education Site: NYU-Lutheran Medical Center

Address: 150 55th St. Brooklyn, NY 11220

Clinical Experience Number: 2 Clinical Experience Dates 6/6/16 - 8/26/16

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: _____ Date: 8/30/16

Primary Clinical Instructor Name: _____ Date

Primary Clinical Instructor Name (Provide signature) _____

Entry-level PT degree earned: **DPT**
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 : **NYU-Lutheran Medical Center**
Address **150 55th St., Brooklyn, NY**
2. Clinical Experience Number: **2**
3. Specify the number of weeks for each applicable clinical experience/rotation.
Ambulatory Care/Outpatient: **10 weeks**
Rehabilitation/Sub-acute Rehabilitation: **12 weeks**

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? **General organizational structure of the rehab department.**

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	2
Neuromuscular	4	13-21 years	1	SNF/ECF/Sub-acute	1
Cardiopulmonary	3	22-65 years	4	Rehabilitation	4
Integumentary	2	over 65 years	4	Ambulatory/Outpatient	1
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	1
• Screening	3	Prognosis	2
• History taking	3	Plan of Care	3
• Systems review	3	Interventions	4
• Tests and measures	3	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.	2

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?
Make it a part of every internship that students will spend some time in some of the other settings or ancillary services offered through the hospital (wheelchair clinic; prosthetic/orthotic clinic; EMG clinic; cardiac rehab, acute care vs subacute vs rehab).

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 (**yes**)
 from other disciplines or service departments (**OT, SLP**)
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?
In my opinion, having more than 1 student/ CI would hinder the learning of the student. However, I believe that having more than 1 CI/ student is advantageous to the student, as that student is able to experience multiple styles/approaches/perspectives.
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 team meetings
 Directed and supervised **other support personnel (volunteers and rehab aides)**

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.

The subway stop is less than a 10-minute walk from the hospital, making commuting from most places in Brooklyn fairly easy (less than 1 hour). There is a ferry that will take you to and from Southern Manhattan to a dock just 2 blocks from the hospital—and it is free with your NYU-Lutheran ID badge! Biking to the hospital is a possibility, but the shower in the very small men's locker room is being used for storage as of 8/16, and so, showering is not an option. I'm not sure about the women's locker room.

Lunch breaks are 1-hour long. There is a cafe and a cafeteria in the hospital and many inexpensive lunch spots near the hospital. Students usually eat together in the rehab gym and the staff eat separately (in the cafeteria).

Unless things change, you will wear a lab coat during your working hours. Of the things that you are asked to bring with you, I frequently used a goniometer and reflex hammer, but never used my personal stethoscope or measuring tape. Also, gait belts are not widely used in the rehab gym. Therefore, if you were trained at UML on the use of gait belts, you will likely have to relearn how to guard a pt during your first few days in rehab, unless you choose to use your own belt, anyway.

As is the case with NYC, in general, the pts here are very linguistically and culturally diverse. If you have learned a foreign language, and need incentive to brush up on it, or were thinking of picking up some useful PT-related phrases in a foreign language, then it might pay off at NYU-Lutheran. While I was there, of the pts who could not speak English, the caseload was heavily Spanish, Russian, Cantonese, and/or Mandarin-speaking.

Overall Summary Appraisal

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

Time well spent; would 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?

In order to function in this environment, a student should be able to work with patients with only distant supervision from a CI.

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.

I feel that my previous academic work prepared me as much as it could have for this experience.

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?

Study after hours. Be particularly familiar with interventions for stroke (gait, balance).

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

I feel that my Neuroanatomy, Neurophysiology, and Neuro PT (1,2) courses all laid a strong foundation for understanding stroke and other neurological conditions that I witnessed and treated in the hospital.

21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

Bring back the winter internship, where students might get a chance to briefly see the inpatient rehab or acute care setting in a hospital.

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.	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.	4	4
The CI provided timely feedback on student performance.	4	4
The CI demonstrated skill in active listening.	4	4
The CI provided clear and concise communication.	5	5
The CI communicated in an open and non-threatening manner.	4	4
The CI taught in an interactive manner that encouraged problem solving.	4	4
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.	4	4
The CI provided responsibilities that were within your scope of knowledge and skills.	4	5
The CI facilitated patient-therapist and therapist-student relationships.	4	4
Time was available with the CI to discuss patient/client management.	4	4
The CI served as a positive role model in physical therapy practice.	4	4

The CI skillfully used the clinical environment for planned and unplanned learning experiences.	4	4
The CI integrated knowledge of various learning styles into student clinical teaching.	4	4
The CI made the formal evaluation process constructive.	4	4
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** Final Evaluation **n/a (not completed at this time)**

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

Midterm Evaluation: **no significant disagreements. Any inconsistencies were addressed in person during a private meeting.**

Final Evaluation: **n/a (not completed at this time)**

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

Midterm Comments: **My CI encouraged independence which improved my confidence and self-reliance while working with patients. She encouraged me to take the lead on evaluations of many patients. She encouraged clinical reasoning skills and facilitated creativity in the form of novel interventions. From time to time, she also asked questions such as, "Given the pt's diagnosis, how would you expect them to present?"**

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 Comments: **I would have benefitted from more feedback (constructive criticism, suggestions) and challenging of my clinical reasoning skills (through questioning, small research assignments, etc).**

Final Comments: **same as 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.