

# **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

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## GENERAL INFORMATION AND SIGNATURES

### General Information

Student Name \_\_\_\_\_

Academic Institution University of Massachusetts Lowell

Name of Clinical Education Site Northeast Rehab Hospital (Pease/Portsmouth, NH location)

Address 105 Corporate Drive City Portsmouth State NH

Clinical Experience Number 2 Clinical Experience Dates 6/4/2018-8/24/2018

### 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.

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\_\_\_\_\_  
Student Name (Provide signature) 8/26/2018  
Date

\_\_\_\_\_  
Primary Clinical Instructor Name (Print name) \_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned DPT  
Highest degree earned DPT Degree area PT  
Years experience as a CI \_\_\_\_\_  
Years experience as a clinician 7  
Areas of expertise IP Rehab  
Clinical Certification, specify area \_\_\_\_\_  
APTA Credentialed CI ☒ Yes ☐ No  
Other CI Credential \_\_\_\_\_ State ☐ Yes ☐ No  
Professional organization memberships ☒ APTA ☐ Other \_\_\_\_\_

\_\_\_\_\_  
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 NRH Portsmouth

Address 105 Corporate Drive

City Portsmouth

State NH

2. Clinical Experience Number 2

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

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

### 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? Nothing - the orientation at Salem was very thorough, and the informal orientation I received during my first day at the Portsmouth location was very helpful as well.

### 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	2	SNF/ECF/Sub-acute	1
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	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	3
• 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? I really could not come up with improvements for the environment at NRH Pease - every single person there contributed to my learning in a positive, supportive way, and all of the OTs, PTs, and of course my wonderful CI were interested in my learning, growth, and development, and were vital in doing so.

### 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 OT)
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? My CI was absolutely fantastic, and I think provided me with the perfect amount of guidance and supervision while allowing me freedom to think and act on my own accord and develop independent rapport with my pts. She was always available and happy to help, but was not always looking over my shoulder either. Even up until my last week, she was not afraid to share her experiences with similar pts and give me suggestions as indicated, but also allowed and encouraged me to develop my own plan of care independently. Kristen used the perfect combination of hands off learning yet always there to share input and experience, and provide help when needed.
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) OT, ST, nursing, physicians
  - ☐ 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. I lived close enough to commute, and was able to drive up every day, so have no housing recs. There is plenty of parking on site for free, and no cafeteria but several local locations to go out and buy food if necessary.

### 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? Safety is huge, considering these pts are still quite acute and complex - transfers and functional mobility with whatever assist indicated is what most of the day will be, so students need to be safe doing this. There are O2 lines and tanks, wound vac lines, dressings, etc that you need to be mindful of. There will inevitably be numerous toileting experiences, so students should be respectful and professional to maintain the dignity of their patients. Checking vitals regularly, and frequently asking your patients how they are doing is important, because again, they are all still complex and relatively acute. Communication is huge, with pts and their family members, your CI, and other disciplines is so important. With that said, I never felt like I was not well equipped to do all of this, because my CI was very close in the beginning until I was comfortable with everything, and even then she was never far away..
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. Toileting, changing, catheters, O2 lines, wound vacs, braces and orthotics... all of those extra things to think about that we perhaps breezed over but never had any physical experience with took a little time to become familiar with, but there was nothing that I felt I was wildly unprepared for, and nothing that I could not be taught while at the facility.
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? Do your homework, do research, check your evals the night before so that you can be prepared the next day, and stay on top of paperwork so that you do not end up with an overwhelming amount on one day (as of now this location has paper doc).
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? Red flag training (DVTs, change in vitals, etc), cardio/pulm knowledge, importance of functional mobility training, motor learning with neuro rehab, proper AD use and adjustment, proper guarding/transfer/assist techniques
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? More knowledge on orthotics including the orthotics and devices used on amputees prior to prosthetics would have been useful, more knowledge on disease pathology would have been useful (I came across several diseases/conditions that I had never heard of before), more knowledge on insurance regarding AD and w/c orders (what is required for w/c orders) would have been helpful



## 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	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 (See above, Assessment of Clinical Instruction, 5 was not an option for the 2<sup>nd</sup> and 4<sup>th</sup> categories in the final section). We did not have the exact same rankings, but our comments were extremely similar and we were on the same page for all objectives, including strengths and areas to improve.

Final Evaluation Again, our ranking was not exactly the same, but we were on the same page and had a very healthy discussion on areas I can continue to improve upon in my last clinical as well as strategies to help me do that, so that I can be the best clinician I can be!

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

Midterm Comments See below

Final Comments Kristen was an absolutely amazing CI - I could not imagine a better instructor to work with. She never made me feel uncomfortable with my responsibilities, and was always there if needed, but also gave me enough space to develop my own rapport with pts and work independently in a safe environment. Kristen was always available for suggestions, assistance, guidance, and to answer questions, but she still encouraged me to come up with my own answers. If I could not come up with a good answer to a solution, she never made me feel like I was doing anything wrong by not knowing all the answers, and was positive and encouraging with me. I always felt like I could ask her questions as well as do some self reflection with her so that we could both be aware of areas I could strengthen in myself. I honestly will be eternally grateful that I was able to learn from such an amazing CI, PT, and person so that I can strive to be the clinician that she is.

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

Midterm Comments See below

Final Comments I honestly would not have changed a thing. Kristen did continue to do a lot of "behind the scenes" work, tracking down nurses or our physicians to communicate with them so that I could focus on the patients themselves, and this did prevent me from fully taking over that role as a PT, but I gained plenty of experience in this area without the added stress of tracking someone else down amid a full caseload. I think that if another student were struggling in this area, making them take on more of this role might be beneficial, but I do not feel as though I personally missed out on any learning opportunities by not always having to be the one to track other staff members down. Again, I honestly could not imagine having a more perfect CI!

**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.**