Template

Program ______ Master’s of Physical Therapy ______

Department ______ Physical Therapy ______

Number of students enrolled in the program in Fall, 2011 ______93______

Faculty member completing template Susan M. McGinty, PT, EdD, Director______ (Date ______1-17-12______)

Period of reference in the template: 2006-07 to present

1. Please describe your program’s learning-outcomes trajectory since 2006-07: Has there been a transformation of organizational culture regarding the establishment of learning outcomes and the capacity to assess progress toward their achievement? If so, during which academic year would you say the transformation became noticeable? What lies ahead; what is the next likely step in developing a learning-outcomes organizational culture within the program?

[Please limit your response to 200 words or less]

The Department of Physical Therapy developed its first set of defined learning outcomes in response to a candidacy review for the baccalaureate program in 1996 as a requirement of accreditation by the Commission on Accreditation in Physical Therapy Education. We have developed and refined our ways of measuring our outcomes over the years. Data from the initial baccalaureate program helped inform our choices about curricular design for the Master’s degree program that began in 2001. By the 2006-7 year we had sufficient comparative data to use gathered from the outcomes of the Master’s curriculum (begun in 2001) to drive curricular changes. All faculty are involved in the evaluation of the program overall and of each individual student. Decisions about altering curriculum are made by the faculty as a whole (7 full-time faculty and 5 part-time faculty). We also began to formulate planning for learning outcomes and the assessments associated with them for our new DPT program that we were anticipating beginning as soon as all approvals were obtained. New learning outcomes for the new doctoral curriculum have been developed as has been the new assessment plan now on file with Academic Affairs.

2. Please list in prioritized order (or indicate no prioritization regarding) up to four desired learning outcomes (“takeaways” concerning such elements of curriculum as perspectives, specific content knowledge, skill sets, confidence levels) for students completing the program. For each stated outcome, please provide the reason that it was designated as desired by the faculty associated with the program.

a) Demonstrate professional competence
b) Demonstrate professional behaviors
c) Practice in an ethical and legal manner
d) Demonstrate scholarship

[Please limit your response per outcome to 300 words or less]
a) Demonstrate professional competence. As an applied healthcare discipline, professional competence for all skills is essential for effective and efficient care delivery and public safety. Faculty teaches a variety of skills to our students and students must be assessed in each of the areas. There are 10 separate objectives listed under the overarching learning outcome goal, each with multiple modifiers and objectives associated with them. A couple of the objectives under this first learning outcome are:

1.2 Determine the physical therapy needs of any individual seeking services.
   1.2.1 Perform an effective and efficient physical therapy screen.
   1.2.2 Carry out appropriate examinations in a safe and client-centered manner.
   1.2.3 Evaluate and interpret the results of examinations to arrive at a physical therapy diagnosis.
   1.2.4 Make a referral to another health care practitioner or agency when physical therapy is not indicated or the patient/client’s needs are beyond the expertise and training of the physical therapist practitioner.
   1.2.5 Determine the need for additional information and utilize technological search mechanisms to find that information.

1.5 Demonstrate effective verbal and written communication skills with patients, families, other health care professionals, and the public, to facilitate therapeutic interventions and interdisciplinary interactions and cooperation.
   1.5.1 Determine the appropriate documentation for the recording of patient/client information consistent with the fiscal intermediary and the treatment setting.
   1.5.2 Demonstrate thorough, yet concise, documentation that meets the requirements of professional documentation.
   1.5.3 Communicate efficiently and effectively with other health care providers involved in the patient/client’s care.

b) Demonstrate professional behaviors. Professionalism is one of the core values of physical therapy. Faculty has high expectations of students and graduates. Students are held to a nationally developed standard that identifies specific behavioral expectations (Generic Abilities—appended; Professionalism: Core Values—appended) of students and graduates in all facets of their life. Developing these skills is essential to success in the clinical environment and in the classroom. A student can be dismissed from the program for not meeting behavioral expectations in the area of professionalism. There are multiple facets of professionalism. The ones emphasized in our program include: recognizing and responding appropriately to cultural differences in the delivery of a clinical service; communicating effectively for varied audiences and purposes; participating in professional activities that serve the community; self-assessment, self-direction and recognition of the need for professional growth; demonstrating dependability, punctuality, initiative; recognizing own limits and accepting constructive criticism without defensiveness.

c) Practice in an ethical and legal manner. Faculty believes that legal and ethical practices are at the heart of being a successful clinician. It is important that our students recognize and
embrace the American Physical Therapy Association’s Code of Ethics. As with all professional disciplines, a Code of Ethics is central to the core of the profession. One of the examples that students must submit to their portfolios required to meet the conditions of their culminating project to meet the expectations identified in this criterion is that they must be able to demonstrate, in an in-depth written essay, the effective application of an ethical decision-making model to a case scenario.

d) Demonstrate scholarship. Faculty believes that the contemporary practice of physical therapy requires clinicians who are prepared to derive the best evidence from the professional literature to support their selection of the most effective interventions for their patients. As a result, this outcome learning goal is one of our central themes. Physical Therapy as a discipline has multiple historical experts in practice who dominated the practice arena for decades. As advances in the science of physical therapy have occurred, the foundations of the constructs on which some of these expert practitioners built their theories of practice have come under scrutiny. It is important for students and graduates to be prepared to diplomatically question the conventional wisdom when it is not supported with evidence. They also need to have the ability to keep their own knowledge current as some of the foundational theories presented to them today may not be supported in the future. If they are to grow as clinicians and maintain currency, they must be able to utilize these skills. It is not our intent to develop academic scholars and teachers, although some of our former students have pursued advanced degrees to move into the academic arena; we do expect our graduates to become knowledgeable consumers of scholarship. Our graduates, too, must participate in research and the dissemination of that research with faculty. They also may choose to participate in clinical research with us in the future to help advance the profession.

3. For undergraduate programs only, in what ways are the set of desired learning outcomes described above aligned with the University’s Baccalaureate Learning Goals? Please be as specific as possible.

[Please limit your response to 400 words or less]

NOT APPLICABLE—GRADUATE ONLY

4. For each desired outcome indicated in item 2 above, please:
   a) Describe the method(s) by which its ongoing pursuit is monitored and measured.
   b) Include a description of the sample of students (e.g., random sample of transfer students declaring the major; graduating seniors) from whom data were/will be collected and the frequency and schedule with which the data in question were/will be collected.
   c) Describe and append a sample (or samples) of the “instrument” (e.g., survey or test), “artifact” (e.g., writing sample and evaluative protocol, performance review sheet), or other device used to assess the status of the learning outcomes desired by the program.
   d) Explain how the program faculty analyzed and evaluated (will analyze and evaluate) the data to reach conclusions about each desired student learning outcome.

[Please limit your response to 200 words or less per learning outcome]
In order to encourage student success with reaching the outcome learning goals, assessment occurs on a frequent and coordinated timeline. Each course identifies which of the overarching outcome learning goals are addressed in the class and a grid was developed identifying each learning goal with specific objectives addressed in each class in the curriculum and how they are assessed. A copy of the curriculum grid is appended for clarification. Individual student progress is reviewed by all faculty mid-semester, at the end of each semester, and at the end of each academic year. Each student’s clinical performance is reviewed by the Academic Coordinator of Clinical Education and shared with faculty at the beginning of each fall semester. A convenience sample of student portfolios (usually 50-75% of all graduating students) is reviewed for each graduating class by the Physical Therapy Community Advisory Committee. Each year the Advisory Committee reviews at least one of the learning outcomes using a grading rubric developed for that purpose. In addition, the Director monitors the graduates’ success with the national licensure examination and the Academic Coordinator of Clinical Education compares the performance of our graduates with national benchmarks. An 80% pass point is required by the Commission on Accreditation in Physical Therapy Education. Pass points for the following graduating classes have been: 2006=100%; 2007=92.31%; 2008=100%; 2009=92.59%; 2010=96.77% exceeding the national and state averages in all years. All of these components are used to determine whether or not the program is meeting its learning outcome goals. If there are deficits, then faculty agrees to and plans for needed curricular change during their spring workday. For the specific criterion, each component requirement is described below.

a) Demonstrate professional competence.
Competency is measured in courses, during clinical internships, an on the national licensure examination referenced above. In practical examinations, students demonstrate they can select the requisite skill and apply it safely to a subject. (One grading rubric example appended.) A student must pass all practical examinations as well as other course requirements to pass a course.

Following relevant didactic instruction, students complete clinical internships where they are evaluated using the Clinical Performance Instrument (CPI), a nationally standardized instrument. This authentic assessment occurs by clinical faculty at the site with the student performing the skills with patients. Data gathered ensures all students meet entry-level competencies according to established benchmarks. (CPI is appended; PT400C final internship marks for 2011 class appended.) Without meeting benchmarks, a student cannot successfully pass the internship course and must remEDIATE prior to continuing in the curriculum. All required clinical internships must be successfully completed to receive the Certificate of Clinical Competency required for the MPT.

Any need for curricular change is identified and agreed to by faculty as a whole. A plan is developed and implemented with planned follow-up assessment usually on a two to three-year cycle.
b) Demonstrate professional behaviors.

Professional behavior expectations are delineated to students in their handbook, on our website, and during orientation and they are consistently evaluated. Both the Generic Abilities and Professionalism Core Values documents (both appended) are in their student handbooks. Expectations are also reinforced in every class such as this from PT208 syllabus: **Behavioral expectations**: Students are responsible for appropriate behaviors as defined by the generic abilities (appended). Failure to comply with behavioral expectations during class may result in a student first being warned that behavior is inappropriate, then, if inappropriate behavior continues, a student may be asked to leave a class. Repeated failure to comply with behavioral expectations can lead to failure in the course.” An Affective Grading Rubric (appended) is completed by the individual observing the behavioral issue. The rubric is shared with the student and referred to the student’s academic advisor. If more than one Affective Grading Rubric is received, the rubrics are referred to the campus disciplinary officer to begin a file. All components are considered in reviews each semester.

Criterion #2 on the CPI is Professional Behavior with specific benchmarks for meeting the standard. A student must meet entry-level in the majority of their internship experiences.

c) Practice in an ethical and legal manner.

One component of professionalism encompasses ethical and legal practice. Students are introduced to ethical theories and decision-making in the first semester, PT208. They are required to express mastery of the concepts in an essay utilizing an ethical decision-making model applied to a specific case. This essay is one writing component within this Graduate Writing Intensive course. Grades for essays fall 2011 included 2 C’s, 8 B’s and 19 A’s (grading rubric appended). This essay becomes one component of their portfolio. Ethical issues are threaded throughout the curriculum and reinforced in PT248 and PT268 in the second year of the curriculum.

The parameters of legal practice are threaded, too, with emphasis on the Physical Therapy Practice Act in California, a major focus during the PT248 and PT268 courses. Students complete training regarding the protection of human subjects and must obtain a certificate from the National Institute of Health demonstrating their knowledge in this area. The certificate is a component in student portfolios. Ultimately, demonstrating legal and ethical practice during internships is required and evaluated using the CPI, criterion 3: Accountability. All graduating students were at entry-level or beyond on their final clinical internship, PT400C in 2011.

d) Demonstrate scholarship.

It is our expectation of graduates that they be effective consumers of scholarship and evaluators of published research. They need to be able to determine the strength of evidence presented and appropriate application to a specific case. Students are required to complete multiple assignments associated with critiquing the literature and completing evidence-based
practice projects. They are required to submit two examples to their portfolios. In addition, students participate in a minimum of 100 hours of collaborative research with a faculty mentor. All students participate in a research symposium where they present their research to a combined group of students, faculty, and community members. An abstract from the research and a reflective essay about the research experience are additional components of the portfolio. All graduating students’ portfolios were complete and met all criteria. The quality of the portfolios are further assessed by the Community Advisory Committee at the spring meeting each May.

(If the requested data and/or analysis are not yet available for any of the learning outcomes, please explain why and describe the plan by which these will occur. Please limit your response to 500 words or less.)

5. Regarding each outcome and method discussed in items 2 and 4 above, please provide examples of how findings from the learning outcomes process have been utilized to address decisions to revise or maintain elements of the curriculum (including decisions to alter the program’s desired outcomes). If such decision-making has not yet occurred, please describe the plan by which it will occur.

[Please limit your response to 200 words or less per item]

a) The new DPT curriculum reflects using data from our assessment processes from the MPT. From data received from our graduates, Clinical Faculty, Faculty, and the Community Advisory Committee, we concluded more experiences in musculoskeletal patient management would enhance graduates’ entry-level skills. An additional course directed at higher level manual skills relevant to the spine was added to the DPT curriculum (PT665). In addition, a structured evaluation and documentation template was developed to enhance the teaching and learning of clinical problem-solving and increase compliance with all perceived needed elements in a thorough assessment across all courses. This will be used with a new mock electronic medical record system across the curriculum. Coursework was added in areas previously threaded or offered as electives or where faculty concluded greater depth would enhance graduate preparation including: Geriatrics, Diagnostic Imaging, Pharmacology, Health and Wellness and Pathophysiology. In addition, 6 additional weeks of clinical internship experiences were added to allow our students 12 weeks in a clinical setting to reach higher entry-level expectations with the new CPI.

b) The primary area of change with the new curriculum in the area of professional behaviors is the expectation of more consistent use of the application and language of the patient management model. This is a conceptual framework for professional behaviors and practice from the Guide to Physical Therapist Practice, expected now of all physical therapy curricula. This framework integrates the concepts from the World Health Organization’s International Classification of Function (ICF) into common terminology for patient classification. This language is integrated with our newly developed patient templates for use with the electronic medical record system.
c) We will continue to emphasize ethical and legal practice in physical therapy throughout the new curriculum. Syllabi have been updated to reflect multiple changes in laws governing the delivery of health care in the US and, will be updated regularly for currency as the new health care law is implemented.

d) The research methods courses have been updated and expanded in the new curriculum to reflect a greater expectation of the ability to use and apply evidence to support clinical decision-making across all courses. Students and graduates reported inconsistent use of and application of evidence-based assignments in the MPT curriculum. This is something that will be integrated in all courses in the new curriculum. The expanded research courses should also prepare our new doctoral students to meet benchmarks needed with research skills prior to beginning their doctoral culminating projects. These changes also reflect our assessment of the current literature in this area and the even greater need to prepare our graduates to be knowledgeable consumers of the professional literature. We are hopeful that the students’ new culminating doctoral projects will contribute to advancing the profession through dissemination at professional conferences and in publications. Efforts in this area contribute to meeting our obligations as physical therapy educators to the professional core value areas of professional duty and social responsibility.

6. Has the program systematically sought data from alumni to measure the longer-term effects of accomplishment of the program’s learning outcomes? If so, please describe the approach to this information-gathering and the ways in which the information will be applied to the program’s curriculum. If such activity has not yet occurred, please describe the plan by which it will occur. [Please limit your response to 300 words or less]

We have surveyed alumni every year 6-months after graduation using the same instrument that we give to graduating students at the time of graduation. We compare the results from this survey with the graduating students’ assessments to determine whether or not there is consistency in the findings or if graduates have changed in their perceptions of their preparation to enter practice with some experience. The most recent alumni survey (although a very small n--<10) was consistent with findings from current graduates. The only areas where graduates did not think they were well-prepared were in the areas of genitourinary and gastrointestinal examination and treatment. The data has been consistent over time. Faculty is comfortable with the level of minimal preparation in this area as it is believed this is not an area of expectation for entry-level clinicians. These areas represent just 2.1% of the national licensure examination; nationally this is not considered an essential knowledge area for entry-level clinicians. We do not anticipate including substantially more material in these areas in the new DPT curriculum. There may be more opportunities, however, to bring in national experts for presentations to our students and the clinical community that would serve to enhance their preparation in this area. We are fortunate to have a nationally recognized expert in this area practicing in Sacramento and she presents two lectures to our students every year. In addition,
we have consistently received recommendations from our students for an expansion of our offerings in the area of musculoskeletal patient management. This is reflected in the response to 5a. We are planning to survey alumni every 5 years in the new DPT curriculum.

7. Does the program pursue learning outcomes identified by an accrediting or other professional discipline-related organization as important? Does the set of outcomes pursued by your program exceed those identified as important by your accrediting or other professional discipline-related organization?

[Please limit your response to 300 words or less]

The Commission on Accreditation in Physical Therapy Education (CAPTE) does not dictate the specific learning outcomes that we are required to address. They do identify specific skills that need to be mastered by graduates and those are incorporated into our curriculum grid. CAPTE requires that we identify where each accreditation criterion is taught, how presented, and how evaluated. Specific learning outcomes are a requirement and strengthened the specificity of our objectives related to our overarching outcome learning goals. You will find our specific objectives related by class in the MPT curriculum grid appended. We have developed both new learning outcomes for the new DPT curriculum and developed a similar curriculum grid related to the new elements. The current outcome learning goals have met the accreditation requirements in the MPT program and we are confident that the new DPT criteria will meet the requirements. The new DPT curriculum will be reviewed by CAPTE in 2014-15.

8. Finally, what additional information would you like to share with the Senate Committee on Instructional Program Priorities regarding the program’s desired learning outcomes and assessment of their accomplishment?

[Please limit your response to 200 words or less]

The Department of Physical Therapy has a new Assessment Plan and Learning Outcome goals for the DPT curriculum that will begin in fall 2012. We will continue to track the progress of our current MPT students and will be evaluating the DPT curriculum according to the new plan that is posted on the Academic Affairs website.
Appendices

I. Curriculum Grid Masters

II. Sample rubric used for practical examination

III. *Clinical Performance Instrument*

IV. Generic Abilities

V. *Professionalism in Physical Therapy: Core Values*

VI. Affective Grading Rubric

VII. Grading Rubric—Ethics Essay

VIII. PT400C Graph of performance by physical therapy graduates December 2011.
Affective Grading Rubric

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Exceeds expectations</th>
<th>Meets expectations</th>
<th>Does not meet expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses a respectful communication style</td>
<td>Consistently demonstrates &amp; promotes respectful communication with all individuals in a professional setting</td>
<td>Consistently demonstrates respectful communication with all individuals in a professional setting</td>
<td>Does not demonstrate respectful communication with all individuals in a professional setting</td>
</tr>
<tr>
<td>2. Demonstrates ethical behavior in professional situations</td>
<td>Consistently demonstrates &amp; promotes ethical behavior in self &amp; others</td>
<td>Consistently demonstrates ethical behavior</td>
<td>Does not demonstrate consistent ethical behavior</td>
</tr>
<tr>
<td>3. Arrives promptly for all classroom and lab activities</td>
<td>Facilitates a timely start for all class &amp; lab activities</td>
<td>Consistently on time for all class &amp; lab activities</td>
<td>Not consistently on time for classroom &amp;/or lab activities</td>
</tr>
<tr>
<td>4. Is prepared for all classroom and lab activities</td>
<td>Consistently prepared &amp; facilitates class and lab activities</td>
<td>Consistently prepared for all class and lab activities</td>
<td>Not consistently prepared for all classroom &amp; lab activities</td>
</tr>
<tr>
<td>5. Demonstrates respect for others</td>
<td>Consistently respectful &amp; promotes respect towards others</td>
<td>Consistently respectful towards others</td>
<td>Not consistently respectful towards others</td>
</tr>
</tbody>
</table>

Comments and/or examples:

<table>
<thead>
<tr>
<th>Ability to receive constructive feedback</th>
<th>Exceeds expectations</th>
<th>Meets expectations</th>
<th>Does not meet expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Listens to feedback &amp; recommendations without becoming defensive</td>
<td>Consistently listens to &amp; facilitates discussion of feedback &amp; recommendations</td>
<td>Consistently listens to feedback &amp; recommendations without becoming defensive</td>
<td>Does not consistently listen to feedback &amp; recommendations without becoming defensive</td>
</tr>
<tr>
<td>2. Responds appropriately to feedback &amp; recommendations</td>
<td>Consistently responds to feedback &amp; recommendations in a positive manner &amp; changes in behavior(s)</td>
<td>Consistently responds to feedback &amp; recommendations in a positive manner</td>
<td>Does not consistently respond to feedback &amp; recommendations in a positive manner</td>
</tr>
</tbody>
</table>

Comments and/or examples:
<table>
<thead>
<tr>
<th><strong>Effective stress management</strong></th>
<th><strong>Exceeds expectations</strong></th>
<th><strong>Meets expectations</strong></th>
<th><strong>Does not meet expectations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Maintains composure in stressful situations</strong></td>
<td>Consistently maintains composure &amp; facilitates professional behavior in others</td>
<td>Consistently maintains composure in stressful situations</td>
<td>Does not consistently maintain composure in stressful situations</td>
</tr>
<tr>
<td><strong>2. Adjusts to changes by remaining flexible</strong></td>
<td>Consistently flexible &amp; promotes flexibility in others</td>
<td>Consistently flexible to changes</td>
<td>Is not consistently flexible to changes</td>
</tr>
<tr>
<td><strong>3. Limits impact of personal life on professionalism</strong></td>
<td>Consistently limits impact of personal life on professional behaviors in self and others</td>
<td>Consistently limits impact of personal life on professional behaviors</td>
<td>Does not consistently limit impact of personal life on professional behaviors</td>
</tr>
</tbody>
</table>

**Comments and examples:**

My signature below acknowledges only that I have received a copy of this report and does not imply agreement or disagreement with the contents of the report.

Name:_________________________ Signature:_________________________

Name of person filing report:____________________________
**GENERIC ABILITIES**

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession’s core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

<table>
<thead>
<tr>
<th>Generic Ability</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>The ability to self-assess, self correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.</td>
</tr>
<tr>
<td>2. Interpersonal Skills</td>
<td>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.</td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td>The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.</td>
</tr>
<tr>
<td>4. Effective Use of Time and Resources</td>
<td>The ability to obtain the maximum benefit from a minimum investment of time and resources.</td>
</tr>
<tr>
<td>5. Use of Constructive Feedback</td>
<td>The ability to identify sources of and seek out Feedback and to effectively use and provide feedback for improving personal interaction.</td>
</tr>
<tr>
<td>6. Problem-Solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
</tr>
<tr>
<td>7. Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively.</td>
</tr>
<tr>
<td>8. Responsibility</td>
<td>The ability to fulfill commitments and to be accountable for actions and outcomes.</td>
</tr>
<tr>
<td>9. Critical Thinking</td>
<td>The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.</td>
</tr>
<tr>
<td>10. Stress Management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
<th>Comments</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Falls, over stretching, over exertion (vitals monitored as appropriate)</td>
<td></td>
<td>P / F</td>
</tr>
<tr>
<td>Rapport</td>
<td>Appropriate professional interaction, remained on task</td>
<td></td>
<td>/10</td>
</tr>
<tr>
<td>LT Goal Statement</td>
<td>Made in objective, measurable terms</td>
<td></td>
<td>/10</td>
</tr>
<tr>
<td>Functional Test</td>
<td>Used appropriate test(s) or measure(s)</td>
<td></td>
<td>/10</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Test(s) or measure(s) interpreted correctly</td>
<td></td>
<td>/5</td>
</tr>
<tr>
<td>Impairment Test</td>
<td>Used appropriate test(s) or measure(s)</td>
<td></td>
<td>/10</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Test(s) or measure(s) interpreted correctly</td>
<td></td>
<td>/5</td>
</tr>
<tr>
<td>Intervention 1</td>
<td>Clearly articulated, appropriate rational</td>
<td></td>
<td>/10</td>
</tr>
<tr>
<td>Intervention 1</td>
<td>Performed correctly and modified appropriately to patient's response or hypothetical change in situation made by faculty (e.g., let's say this didn't work, what else would you try&quot;)</td>
<td></td>
<td>/10</td>
</tr>
<tr>
<td>Intervention 2</td>
<td>Clearly articulated, appropriate rational</td>
<td></td>
<td>/10</td>
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<tr>
<td>Intervention 2</td>
<td>Performed correctly and modified appropriately to patient's response or hypothetical change in situation made by faculty (e.g., let's say this didn't work, what else would you try&quot;)</td>
<td></td>
<td>/10</td>
</tr>
<tr>
<td>Instructions</td>
<td>Clear, concise, patient prepared prior to treatment initiation</td>
<td></td>
<td>/10</td>
</tr>
<tr>
<td>Safety</td>
<td>All above procedures must be performed safely</td>
<td></td>
<td>/50</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td>/150</td>
</tr>
</tbody>
</table>

Grading

A  135-150
B  120-134
C  105-133
D  90-104
F  89 and below
<table>
<thead>
<tr>
<th>Ethical Decision Steps</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gather Relevant information</td>
<td>Identified some information, however, neglected to identify some important facts</td>
<td>Identified most major facts related to the case</td>
<td>Identified all major facts related to the case and searched for more information from multiple sources</td>
</tr>
<tr>
<td>2. Identify conflicting principles &amp; duties</td>
<td>Identified one or two of the conflicting principles &amp; duties in the case</td>
<td>Identified more than two of the relevant conflicting ethical issues raised in the case</td>
<td>Identified most of the conflicting major ethical issues raised in the case</td>
</tr>
<tr>
<td>3. Determine approach</td>
<td>Unclear expression of ethics approach used, or inconsistent application of the approach to the case</td>
<td>Clearly expressed ethics approach and generally consistent application to the case</td>
<td>Clear ethics approach and consistent application to the case</td>
</tr>
<tr>
<td>4. Explore alternatives</td>
<td>Little of no identification of alternative courses of action or outcomes</td>
<td>Identified some of the possible alternatives and some of the outcomes</td>
<td>Identified most of the alternative courses and outcomes</td>
</tr>
<tr>
<td>5. Complete action</td>
<td>No identification of action or willingness to accept consequences; no expressed recognition of any possible personal consequences</td>
<td>Identification of action and some expression of willingness to accept consequences; some recognition of possible personal consequences</td>
<td>Clear expression of commitment to action and acceptance of consequences; recognition of possible personal cost.</td>
</tr>
<tr>
<td>Language:</td>
<td>Poor control of language conventions and ineffective use of vocabulary</td>
<td>Good control of language conventions with effective use of vocabulary</td>
<td>Consistent use of language conventions with and effective use of vocabulary</td>
</tr>
<tr>
<td>Spelling</td>
<td>Inconsistent accuracy</td>
<td>Consistent accuracy of sophisticated vocabulary</td>
<td>Consistent accuracy of sophisticated vocabulary</td>
</tr>
<tr>
<td>No.</td>
<td>Goal 1.0: Demonstrate Professional Competence</td>
<td>Objective</td>
<td>When taught in course</td>
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<td>---------------------------------------------</td>
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<td>----------------------</td>
</tr>
<tr>
<td>1.1</td>
<td>Compare and contrast normal biological, physiological, and psychological mechanisms of the human body with pathophysiological factors that lead to impairment</td>
<td>Weeks 1 - 12</td>
<td></td>
</tr>
<tr>
<td>1.1.1</td>
<td>Discuss the etiology and clinical features of major disorders</td>
<td>Weeks 1 - 12</td>
<td></td>
</tr>
<tr>
<td>1.1.1.a</td>
<td>Identify the etiology and common clinical signs and symptoms of cardiovascular, pulmonary, gastrointestinal, immune, endocrine, metabolic, musculoskeletal, neurologic, and oncologic disorders.</td>
<td>Weeks 1 - 12</td>
<td>Quizzes, Exams</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Describe how pathological processes effect normal function.</td>
<td>Weeks 2 - 14</td>
<td></td>
</tr>
<tr>
<td>1.1.2.a</td>
<td>Describe the pathophysiology and prognosis of cardiovascular, pulmonary, gastrointestinal, immune, endocrine, metabolic, musculoskeletal, neurologic, and oncologic disorders.</td>
<td>Weeks 1 - 14</td>
<td>Quizzes, Exams</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Discuss common medical/surgical treatments for major disorders</td>
<td>Weeks 2 - 14</td>
<td></td>
</tr>
<tr>
<td>1.1.3.a</td>
<td>Describe and discuss common medical/surgical treatment for cardiovascular, pulmonary, gastrointestinal, immune, endocrine, metabolic, musculoskeletal, neurologic, and oncologic disorders.</td>
<td>Weeks 2 - 14</td>
<td>Quizzes, Exams</td>
</tr>
<tr>
<td>1.1.4</td>
<td>Analyze the effects of pharmacological agents on human function.</td>
<td>Weeks 2 - 14</td>
<td></td>
</tr>
<tr>
<td>1.1.4.a</td>
<td>Examine the effects and side effects of medications commonly taken for medical treatment of cardiovascular, pulmonary, gastrointestinal, immune, endocrine, metabolic, musculoskeletal, neurologic, and oncologic disorders.</td>
<td>Weeks 2 - 14</td>
<td>Quizzes, Exams</td>
</tr>
<tr>
<td>1.2</td>
<td>Determine the physical therapy needs of any individual seeking services.</td>
<td>Weeks 1 - 14</td>
<td></td>
</tr>
<tr>
<td>1.2.1</td>
<td>Perform an effective and efficient physical therapy screen.</td>
<td>Weeks 1 - 14</td>
<td></td>
</tr>
<tr>
<td>1.2.1.a</td>
<td>Select and utilize appropriate information from the medical record, interview process and examination to differentiate between signs and symptoms appropriate to the practice of physical therapy from those requiring a medical referral.</td>
<td>Weeks 1 - 14</td>
<td>Mock Evaluations</td>
</tr>
<tr>
<td>1.2.2</td>
<td>Carry out appropriate examinations in a safe and client centered manner.</td>
<td>Weeks 1 - 14</td>
<td></td>
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<tr>
<td>No.</td>
<td>Objective</td>
<td>When taught in course</td>
<td>Outcome Measure</td>
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<tr>
<td>1.2.2.a</td>
<td>Organize and perform an interview process in a fashion that promotes the gathering of all pertinent information needed to differentiate between patients with signs and symptoms appropriate to the practice of physical therapy from those requiring a medical referral.</td>
<td>Weeks 1-3</td>
<td>Mock Evaluations</td>
</tr>
<tr>
<td>1.2.3</td>
<td>Evaluate and interpret the results of examinations to arrive at a physical therapy diagnosis.</td>
<td>Weeks 4-14</td>
<td></td>
</tr>
<tr>
<td>1.2.3.a</td>
<td>Define medical terminology specific to commonly encountered systemic disorders.</td>
<td>Weeks 1 - 14</td>
<td>Quizzes, Exams</td>
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<tr>
<td>1.2.3.b</td>
<td>Describe pain patterns and referral zones of common medical conditions.</td>
<td>Weeks 1 - 14</td>
<td>Quizzes, Exams, Mock Evaluations</td>
</tr>
<tr>
<td>1.2.3.c</td>
<td>Differentiate between systemic signs and symptoms from those involving the neuromusculoskeletal system.</td>
<td>Weeks 1 - 12</td>
<td>Quizzes, Exams, Mock Evaluations</td>
</tr>
<tr>
<td>1.2.4</td>
<td>Make a referral to another health care practitioner or agency when physical therapy is not indicated or the patient/client’s needs are beyond the expertise and training of the physical therapist practitioner.</td>
<td>Weeks 1 - 14</td>
<td></td>
</tr>
<tr>
<td>1.2.4.a</td>
<td>Recognize the roles and responsibilities of other medical professionals and the importance of collaboration in the provision of health care services.</td>
<td>Weeks 1 - 14</td>
<td>Quizzes, Exams</td>
</tr>
<tr>
<td>1.2.4.b</td>
<td>Engage in diagnostic reasoning to include collection and interpretation of findings, formulation of a hypothesis and consultation and collaboration with other practitioners on clinical impression.</td>
<td>Weeks 2 - 14</td>
<td>Quizzes, Exams, Mock Evaluations</td>
</tr>
</tbody>
</table>

**Goal 2.0: Demonstrate Professional Behaviors**

| 2.5 | Demonstrate professional responsibility in all interactions. | Weeks 1 - 16          |                         |
| 2.5.1 | Demonstrate dependability. | Weeks 1 - 16          |                         |
| 2.5.1.a | Demonstrate professional responsibility in all interactions with other healthcare professionals. (2.5.2., 2.5.3., 2.5.4., 2.5.5., 2.5.6, 2.5.7.) | Weeks 1 - 16          | Mock Evaluations, Class Participation |

**Goal 3.0: Practice in an Ethical and Legal Manner**

<p>| 3.3 | Adhere to all applicable state and federal laws. | Week 1 - 2            |                         |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>When taught in course</th>
<th>Outcome Measure</th>
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</thead>
<tbody>
<tr>
<td>3.3.1</td>
<td>Demonstrate awareness of state licensure regulations.</td>
<td>Week 1 - 2</td>
<td></td>
</tr>
<tr>
<td>3.3.1.a</td>
<td>Cite the California PT Practice Act and Physical Therapy Practice Regulations pertaining to a physical therapists ability to practice as a direct access practitioner.</td>
<td>Week 1 - 2</td>
<td>Quiz, Midterm Exam</td>
</tr>
<tr>
<td>3.3.1.b</td>
<td>Describe the difference between a primary practitioner and a direct access practitioner.</td>
<td>Week 1 - 2</td>
<td>Quiz, Midterm Exam</td>
</tr>
</tbody>
</table>
### PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES BOD P05-04-02-03 [Amended BOD 08-03-04-10]

<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.</td>
<td>1. Responding to patient's/client's goals and needs.</td>
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<tr>
<td></td>
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<td>2. Seeking and responding to feedback from multiple sources.</td>
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<td>3. Acknowledging and accepting consequences of his/her actions.</td>
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<td>4. Assuming responsibility for learning and change.</td>
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<td></td>
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<td>5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.</td>
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<td>6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.</td>
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<tr>
<td></td>
<td></td>
<td>7. Participating in the achievement of health goals of patients/clients and society.</td>
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<td>8. Seeking continuous improvement in quality of care.</td>
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<td>9. Maintaining membership in APTA and other organizations.</td>
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<td></td>
<td>10. Educating students in a manner that facilitates the pursuit of learning.</td>
</tr>
<tr>
<td>Altruism</td>
<td>Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.</td>
<td>1. Placing patient's/client's needs above the physical therapists.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Providing pro-bono services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Providing physical therapy services to underserved and underrepresented populations.</td>
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<tr>
<td></td>
<td></td>
<td>4. Providing patient/client services that go beyond expected standards of practice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Completing patient/client care and professional responsibility prior to personal needs.</td>
</tr>
<tr>
<td>Compassion/Caring</td>
<td>Compassion is the desire to identify with or sense something of another's</td>
<td>1. Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Providing pro-bono services.</td>
</tr>
<tr>
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<td></td>
<td>3. Providing physical therapy services to underserved and underrepresented populations.</td>
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<tr>
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<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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</tr>
<tr>
<td>Core Values</td>
<td>experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.</td>
<td>2. Understanding an individual’s perspective. 3. Being an advocate for patient’s/client’s needs. 4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc. 5. Designing patient/client programs/ interventions that are congruent with patient/client needs. 6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care. 7. Focusing on achieving the greatest well-being and the highest potential for a patient/client. 8. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases. 9. Embracing the patient’s/client’s emotional and psychological aspects of care. 10. Attending to the patient’s/client’s personal needs and comforts. 11. Demonstrating respect for others and considers others as unique and of value.</td>
</tr>
<tr>
<td>Excellence</td>
<td>Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.</td>
<td>1. Demonstrating investment in the profession of physical therapy. 2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions. 3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes. 4. Conveying intellectual humility in professional and interpersonal situations. 5. Demonstrating high levels of knowledge and skill in all aspects of the profession. 6. Using evidence consistently to support professional decisions. 7. Demonstrating a tolerance for ambiguity. 8. Pursuing new evidence to expand knowledge.</td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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<tr>
<td>Integrity</td>
<td>Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.</td>
<td>9. Engaging in acquisition of new knowledge throughout one’s professional career.</td>
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<td></td>
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<td>10. Sharing one’s knowledge with others.</td>
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<td>11. Contributing to the development and shaping of excellence in all professional roles.</td>
</tr>
<tr>
<td>Professional Duty</td>
<td>Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.</td>
<td>1. Demonstrating beneficence by providing “optimal care”.</td>
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<td>2. Facilitating each individual’s achievement of goals for function, health, and wellness.</td>
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<td>3. Preserving the safety, security and confidentiality of individuals in all professional contexts.</td>
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<td>4. Involved in professional activities beyond the practice setting.</td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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<tr>
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</tr>
<tr>
<td>Social Responsibility</td>
<td>Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.</td>
<td>1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.</td>
</tr>
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<td></td>
<td></td>
<td>2. Promoting cultural competence within the profession and the larger public.</td>
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<td>3. Promoting social policy that affect function, health, and wellness needs of patients/clients.</td>
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<td>4. Ensuring that existing social policy is in the best interest of the patient/client.</td>
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<td>5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.</td>
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<td>6. Promoting community volunteerism.</td>
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<td>7. Participating in political activism.</td>
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<td></td>
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<td>8. Participating in achievement of societal health goals.</td>
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<td>9. Understanding of current community wide, nationwide and worldwide issues and how they impact society’s health and well-being and the delivery of physical therapy.</td>
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<td>10. Providing leadership in the community.</td>
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<td>11. Participating in collaborative relationships with other health practitioners and the public at large.</td>
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<td></td>
<td></td>
<td>12. Ensuring the blending of social justice and economic efficiency of services.</td>
</tr>
</tbody>
</table>

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Relationship to Vision 2020: Professionalism
(Academic/Clinical Education Affairs Department, ext 3203)

[Document updated: 12/14/2009]

Explanation of Reference Numbers:
*BOD P00-00-00-00* stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
Assessment Outcomes.
Department of Physical Therapy
Terminal Clinical Courses – PT400A, PT400B, PT400C.
Sample data from Fall Semester, 2010

The Physical Therapist Clinical Performance Instrument for Students (CPI), 2006 [see attached] is employed to assess achievement of clinical competence. Both the student’s and the Clinical Instructor’s (CI’s) assessment are considered in the final evaluation. Grades are assigned as Credit/No Credit by the ACCE based on successful completion of all requirements. In general, the CPI must reflect competency commensurate with progress in the curriculum, show no “red flag” items marked and demonstrate progress from midterm to final within each rotation.

Determination of the student’s final grade (Credit/No Credit) on the CPI is based on the following:

1. Achieving at least threshold competency levels for all Performance Criteria 1, 2, 3, 4, & 7, and for at least 15 of 18 performance criteria overall. Marks on the CPI rating scale should be consistent with written documentation from both the student and the CI, and with the summary of strengths and weaknesses found at the end of the CPI form.

2. No areas of Significant Concern being marked on the CPI. If Significant Concerns are marked, it may be grounds for failing the affiliation or being required to do remedial work before receiving Credit.

3. The expected minimal threshold competency level for each of the 18 Performance Criterion varies by rotation. For 400A, ratings at or above “Intermediate Performance” is expected; for 400B, ratings at or above “advanced intermediate” is required; for 400C, ratings of entry-level or beyond (interval 5) is expected. (see illustration below) Achievement of the minimum threshold ratings is needed in order to pass the affiliation without remediation. Failing to attain threshold marks on less than 80% of the marked PC may result in an incomplete grade, and may mandate a remediation of the internship.

<table>
<thead>
<tr>
<th>PT400A</th>
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<tr>
<td></td>
<td>Beginning</td>
<td>Adv. Beginner</td>
<td>Intermediate</td>
<td>Advanced</td>
<td>Entry-level</td>
<td>Beyond</td>
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<tr>
<td></td>
<td>Performance</td>
<td>Performance</td>
<td>Performance</td>
<td>Intermediate</td>
<td>Performance</td>
<td>Entry-level</td>
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<td></td>
<td>Beginning</td>
<td>Adv. Beginner</td>
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<tr>
<td></td>
<td>Performance</td>
<td>Performance</td>
<td>Performance</td>
<td>Intermediate</td>
<td>Performance</td>
<td>Entry-level</td>
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<td></td>
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<td>Adv. Beginner</td>
<td>Intermediate</td>
<td>Advanced</td>
<td>Entry-level</td>
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<td>Performance</td>
<td>Performance</td>
<td>Performance</td>
<td>Intermediate</td>
<td>Performance</td>
<td>Entry-level</td>
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</table>
4. Determination of remediation will also consider clinical setting, experience with patients in that setting, relative importance of sub-threshold performance criteria, progression of performance from midterm to final evaluations, whether or not a “significant concerns” box was checked, and performance on relevant performance criteria in the other PT 400 courses. A deficit pattern demonstrated by persistent failure to meet Entry-Level marks on the same 3 items across all three rotations will suggest a need for remediation of the final (400C) rotation to try to attain needed competency.

5. Satisfactory completion of:
   a. Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form
   b. Bi-Weekly reflective journal
   c. CPI self-evaluation
   d. At least two weekly feedback forms, one at the end of week 1, and one at the end of week 5

**Summary Data**

Cohort summary data is illustrated below for the class graduating in 2011, starting with the final rotation first, and working backwards. The number of students (y axis) attaining green or blue marks represent passing marks for each performance criterion.

**400C CPI scores By Performance Criteria**

**M8, Class of 2011**

\[ n = 31 \]
400B CPI DATA
M8, Class of 2011
n=32
400A CPI scores By Performance Criteria
M8, Class of 2011

\( n = 32 \)
PHYSICAL THERAPIST

CLINICAL PERFORMANCE INSTRUMENT

FOR STUDENTS

June 2006

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314
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1 Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.
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VALIDITY AND RELIABILITY

The psychometric properties of the Instrument (ie, validity and reliability) are preserved only when it is used in accordance with the instructions that accompany it and only if the Instrument is not altered (by addition, deletion, revision, or otherwise) in any way.
INTRODUCTION

- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Clinical Performance Instrument (PT CPI) at www.apta.education (TBD).

- The PT CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.

- Every performance criterion* in this instrument is important to the overall assessment of clinical competence, and all criteria are observable in every clinical experience.

- All performance criteria should be rated based on observation of student performance relative to entry-level.

- The PT CPI from any previous student experience should not be shared with any subsequent experiences.

- The PT CPI consists of 18 performance criteria.

- Each performance criterion includes a list of sample behaviors, a section for midterm and final comments for each performance dimension, a rating scale consisting of a line with 6 defined anchors, and a significant concerns box for midterm and final evaluations.

- Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.

- Summative midterm and final comments and recommendations are provided at the end of the CPI.

- **Altering this instrument is a violation of copyright law.**
Instructions for the Clinical Instructor

• Sources of information to complete the PT CPI may include, but are not limited to, clinical instructors (CIs), other physical therapists, physical therapist assistants*, other professionals, patients/clients*, and students. Methods of data collection may include direct observation, videotapes, documentation review, role playing, interviews, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome surveys.

• Prior to beginning to use the instrument in your clinical setting it would be useful to discuss and reach agreement on how the sample behaviors would be specifically demonstrated at entry-level by students in your clinical setting.

• The CI(s) will assess a student’s performance and complete the instrument at midterm and final evaluation periods.

• The CI(s) reviews the completed instrument formally with the student at a minimum at the midterm evaluation and at the end of the clinical experience and signs the signature pages (midterm 35 and final 36) following each evaluation.

• Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance.

Rating Scale

• The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.

```
Beginning Performance  Advanced Performance  Intermediate Performance  Advanced Performance  Entry-level Performance  Beyond Performance
```

M

• The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance,” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
**Instructions for the Student**

- The student is expected to perform self-assessment based on CI feedback, student peer assessments, and patient/client assessments.
- The student self-assesses his/her performance on a separate copy of the instrument.
- The student reviews the completed instrument with the CI at the midterm evaluation and at the end of the clinical experience and signs the signature page (midterm 35 and final 36) following each evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance.

**Rating Scale**

- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.

![Rating Scale Diagram]

- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
Instructions for the Academic Coordinator/Director of Clinical Education (ACCE/DCE*)

- A physical therapist (PT) student assessment* system evaluates knowledge, skills, and attitudes and incorporates multiple sources of information to make decisions about readiness to practice.
- Sources of information may include clinical performance evaluations of students, classroom performance evaluations, students’ self-assessments, peer assessments, and patient assessments. The system is intended to enable clinical educators and academic faculty to obtain a comprehensive perspective of students' progress through the curriculum and competence* to practice at entry-level. The uniform adoption and consistent use of this instrument will ensure that all practitioners entering practice have demonstrated a core set of clinical attributes.
- The ACCE/DCE* reviews the completed form at the end of the clinical experience and assigns a grade or pass/fail according to institution policy.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.

```
| Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance |
```

- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance,” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
- Attempts to quantify a rating on the scale in millimeters or as a percentage would be considered an invalid use of the assessment tool. For example, a given academic institution may require their students to achieve a minimum student rating of “intermediate performance” by the conclusion of an initial clinical experience. It was not the intention of the developers to establish uniform grading criteria given the unique curricular design of each academic institution.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since clinical instructors (CIs) are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance. It would be inappropriate for the ACCE/DCE to provide a pre-marked PT CPI with minimum performance expectations, send an additional page of information that identify specific marked expectations, or add/delete items from PT CPI.

Determining a Grade

- Each academic institution determines what constitutes satisfactory performance. The guide below is provided to assist the program in identifying what is expected for the student’s performance depending upon their level of education* and clinical experience within the program.
First clinical experience: Depending upon your academic curriculum, ratings of student performance may be expected in the first two intervals between beginning clinical performance,* advanced beginner performance, and intermediate clinical performance.

Intermediate clinical experiences: Depending upon your academic curriculum, student performance ratings are expected to progress along the continuum ranging from a minimum of advanced beginner clinical performance (interval 2) to advanced intermediate clinical performance* (interval 4). The ratings on the performance criteria will be dependent upon the clinical setting, level of didactic and clinical experience within the curriculum, and expectations of the clinical site and the academic program.

Final clinical experience: Students should achieve ratings of entry-level or beyond (interval 5) for all 18 performance criteria.

At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:
- clinical setting,
- experience with patients or clients* in that setting,
- relative weighting or importance of each performance criterion,
- expectations for the clinical experience,
- progression of performance from midterm to final evaluations,
- level of experience within the didactic and clinical components,
- whether or not “significant concerns” box was checked, and
- the congruence between the CI’s narrative midterm and final comments related to the five performance dimensions and the ratings provided.
COMPONENTS OF THE FORM

Performance Criteria*
- The 18 performance criteria* describe the essential aspects of professional practice of a physical therapist* clinician performing at entry-level.
- The performance criteria are grouped by the aspects of practice that they represent.
- Items 1-6 are related to professional practice, items 7-15 address patient management, and items 16-18 address practice management*.

Red Flag Item
- A flag (✓) to the left of a performance criterion indicates a “red-flag” item.
- The five “red-flag” items (numbered 1, 2, 3, 4, and 7) are considered foundational elements in clinical practice.
- Students may progress more rapidly in the “red flag” areas than other performance criteria.
- Significant concerns related to a performance criterion that is a red-flag item warrants immediate attention, more expansive documentation*, and a telephone call to the ACCE/DCE*. Possible outcomes from difficulty in performance with a red-flag item may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical experience.

Sample Behaviors
- The sample of commonly observed behaviors (denoted with lower-case letters in shaded boxes) for each criterion are used to guide assessment* of students’ competence relative to the performance criteria.
- Given the diversity and complexity of clinical practice, it must be emphasized that the sample behaviors provided are not meant to be an exhaustive list.
- There may be additional or alternative behaviors relevant and critical to a given clinical setting and all listed behaviors need not be present to rate student performance at the various levels.
- Sample behaviors are not listed in order of priority, but most behaviors are presented in logical order.

Midterm and Final Comments
- The clinical instructor* must provide descriptive narrative comments for all performance criteria.
- For each performance criterion, space is provided for written comments for midterm and final ratings.
- Each of the five performance dimensions (supervision/guidance*, quality*, complexity*, consistency*, and efficiency*) are common to all types and levels of performance and should be addressed in providing written comments.

Performance Dimensions
- **Supervision/guidance*** refers to the level and extent of assistance required by the student to achieve entry-level performance.
  - As a student progresses through clinical education experiences*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation* and may vary with the complexity of the patient or environment.
- **Quality*** refers to the degree of knowledge and skill proficiency demonstrated.
  - As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.
• **Complexity** refers to the number of elements that must be considered relative to the patient*, task, and/or environment.
  - As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.

• **Consistency** refers to the frequency of occurrences of desired behaviors related to the performance criterion.
  - As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

• **Efficiency** refers to the ability to perform in a cost-effective and timely manner.
  - As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

**Rating Student Performance**

• Each performance criterion is rated relative to entry-level practice as a physical therapist.
• The rating scale consists of a horizontal line with 6 vertical lines defining anchors at each end and at four intermediate points along that line.
• The 6 vertical lines define the borders of five intervals.
• Rating marks may be placed on the 6 vertical lines or anywhere within the five intervals.
• The same rating scale is used for midterm evaluations and final evaluations.
• Place one vertical line on the rating scale at the appropriate point indicating the midterm evaluation rating and label it with an "**M**".
• Place one vertical line on the rating scale at the appropriate point indicating the final evaluation rating and label it with an "**F**".
• Placing a rating mark on a vertical line indicates the student’s performance matches the definition attached to that particular vertical line.
• Placing a rating mark in an interval indicates that the student’s performance is somewhere between the definitions attached to the vertical marks defining that interval.
• For completed examples of how to mark the rating scale, refer to *Appendix A: Examples*.

<table>
<thead>
<tr>
<th>Interval 1</th>
<th>Interval 2</th>
<th>Interval 3</th>
<th>Interval 4</th>
<th>Interval 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning</td>
<td>Advanced</td>
<td>Intermediate</td>
<td>Advanced</td>
<td>Entry-level</td>
</tr>
<tr>
<td>Performance</td>
<td>Beginner</td>
<td>Performance</td>
<td>Intermediate</td>
<td>Entry-level</td>
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<td>Performance</td>
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<td>Performance</td>
<td>Performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Beyond</td>
</tr>
</tbody>
</table>
Anchor Definitions

**Beginning performance***:
- A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.
- At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.
- Performance reflects little or no experience.
- The student does not carry a caseload.

**Advanced beginner performance***:
- A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.
- The student may begin to share a caseload with the clinical instructor.

**Intermediate performance***:
- A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.
- The student is capable of maintaining 50% of a full-time physical therapist’s caseload.

**Advanced intermediate performance***:
- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
- The student is capable of maintaining 75% of a full-time physical therapist’s caseload.

**Entry-level performance***:
- A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.
- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.
- Consults with others and resolves unfamiliar or ambiguous situations.
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.

**Beyond entry-level performance***:
- A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.
- The student is capable of supervising others.
- The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.
• Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

Significant Concerns Box
• Checking this box (☐) indicates that the student's performance on this criterion is unacceptable for this clinical experience.
• When the Significant Concerns Box is checked, written comments to substantiate the concern, additional documentation such as a critical incident form and learning contract are required with a phone call (☏) placed to the ACCE.
• The significant concerns box provides an early warning system to identify student performance problems thereby enabling the CI, student, and ACCE/DCE to determine a mechanism for remediation, if appropriate.
• A box is provided for midterm and final assessments*.

Summative Comments
• Summative comments should be used to provide a global perspective of the student’s performance across all 18 criteria at midterm and final evaluations.
• The summative comments, located after the last performance criterion, provide a section for the rater to comment on the overall strengths, areas requiring further development, other general comments, and any specific recommendations with respect to the learner’s needs, interests, planning, or performance.
• Comments should be based on the student’s performance relative to stated objectives* for the clinical experience.
CLINICAL PERFORMANCE INSTRUMENT INFORMATION

STUDENT INFORMATION (Student to Complete)

Student’s Name:__________________________________________________________
Date of Clinical Experience:_________________________ Course Number:________________________
E-mail:________________________________________________________________________
Total Number of Days Absent:________________________
Specify Clinical Experience(s)/Rotation(s) Completed:

_____Acute Care/Inpatient
_____Ambulatory Care/Outpatient
_____ECF/Nursing Home/SNF
_____Federal/State/County Health
_____Industrial/Occupational Health
_____Private Practice
_____Rehab/Sub-Acute Rehab
_____School/Pre-school
_____Wellness/Prevention/Fitness
_____Other; specify ____________________________

ACADEMIC PROGRAM INFORMATION (Program to Complete)

Name of Academic Institution:______________________________________________
Address:__________________________ (Department) __________________________ (Street)
__________________________________________ (City) _______________ (State/Province) ________ (Zip)
Phone:__________________________ ext.________ Fax:__________________________
E-mail:__________________________ Website:_______________________________

CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

Name of Clinical Site:_____________________________________________________
Address:_____________________________________________________________
__________________________________________ (Department) __________________________ (Street)
__________________________________________ (City) _______________ (State/Province) ________ (Zip)
Phone:__________________________ ext.________ Fax:__________________________
E-mail:__________________________ Website:_______________________________

Clinical Instructor’s* Name:________________________________________________
Clinical Instructor’s Name:________________________________________________
Clinical Instructor’s Name:________________________________________________
Center Coordinator of Clinical Education’s Name:____________________________
PROFESSIONAL PRACTICE
SAFETY

1. Practices in a safe manner that minimizes the risk to patient, self, and others.

SAMPLE BEHAVIORS

a. Establishes and maintains safe working environment.
b. Recognizes physiological and psychological changes in patients* and adjusts patient interventions* accordingly.
c. Demonstrates awareness of contraindications and precautions of patient intervention.
d. Ensures the safety of self, patient, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations, etc).
e. Requests assistance when necessary.
f. Uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance, etc.).
g. Demonstrates knowledge of facility safety policies and procedures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

<table>
<thead>
<tr>
<th>Beginning Performance*</th>
<th>Advanced Beginner Performance*</th>
<th>Intermediate Performance*</th>
<th>Advanced Intermediate Performance*</th>
<th>Entry-level Performance*</th>
<th>Beyond Entry-level Performance*</th>
</tr>
</thead>
</table>

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

 tả  Midterm  Final
2. Demonstrates professional behavior in all situations.

SAMPLE BEHAVIORS

- a. Demonstrates initiative (e.g., arrives well prepared, offers assistance, seeks learning opportunities).
- b. Is punctual and dependable.
- c. Wears attire consistent with expectations of the practice setting.
- d. Demonstrates integrity* in all interactions.
- e. Exhibits caring*, compassion*, and empathy* in providing services to patients.
- f. Maintains productive working relationships with patients, families, CI, and others.
- g. Demonstrates behaviors that contribute to a positive work environment.
- h. Accepts feedback without defensiveness.
- i. Manages conflict in constructive ways.
- j. Maintains patient privacy and modesty.
- k. Values the dignity of patients as individuals.
- l. Seeks feedback from clinical instructor related to clinical performance.
- m. Provides effective feedback to CI related to clinical/teaching mentoring.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance  Advanced Beginner Performance  Intermediate Performance  Advanced Intermediate Performance  Entry-level Performance  Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm  Final
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.

SAMPLE BEHAVIORS

a. Places patient’s needs above self interests.
b. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
c. Takes steps to remedy errors in a timely manner.
d. Abides by policies and procedures of the practice setting (e.g., OSHA, HIPAA, PIPEDA [Canada], etc.)
e. Maintains patient confidentiality.
f. Adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.*
g. Identifies ethical or legal concerns and initiates action to address the concerns.
h. Displays generosity as evidenced in the use of time and effort to meet patient needs.
i. Recognizes the need for physical therapy services to underserved and underrepresented populations.
j. Strives to provide patient/client services that go beyond expected standards of practice.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

 реализаций
4. Communicates in ways that are congruent with situational needs.

**SAMPLE BEHAVIORS**

a. Communicates, verbally and nonverbally, in a professional and timely manner.
b. Initiates communication* in difficult situations.
c. Selects the most appropriate person(s) with whom to communicate.
d. Communicates respect for the roles* and contributions of all participants in patient care.
e. Listens actively and attentively to understand what is being communicated by others.
f. Demonstrates professionally and technically correct written and verbal communication without jargon.
g. Communicates using nonverbal messages that are consistent with intended message.
h. Engages in ongoing dialogue with professional peers or team members.
i. Interprets and responds to the nonverbal communication of others.
j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
k. Seeks and responds to feedback from multiple sources in providing patient care.
l. Adjust style of communication based on target audience.
m. Communicates with the patient using language the patient can understand (eg, translator, sign language, level of education*, cognitive* impairment*, etc).

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*)

Rate this student’s clinical performance based on the sample behaviors and comments above:

<table>
<thead>
<tr>
<th>Beginning Performance</th>
<th>Advanced Performance</th>
<th>Intermediate Performance</th>
<th>Advanced Performance</th>
<th>Entry-level Performance</th>
<th>Beyond Entry-level Performance</th>
</tr>
</thead>
</table>

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

[ ] Midterm  [ ] Final
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.

**SAMPLE BEHAVIORS**

a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
b. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability* or health status.*
c. Provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system.
d. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
e. Values the socio-cultural, psychological, and economic influences on patients and clients* and responds accordingly.
f. Is aware of and suspends own social and cultural biases.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning
Performance
Advanced
Beginner
Performance
Intermediate
Performance
Advanced
Intermediate
Performance
Entry-level
Performance
Beyond
Entry-level
Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

ぐ Big Initial

ぐ Midterm  

ぐ Final

**SAMPLE BEHAVIORS**

- b. Seeks guidance as necessary to address limitations.
- c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development.
- d. Acknowledges and accepts responsibility for and consequences of his or her actions.
- e. Establishes realistic short and long-term goals in a plan for professional development.
- f. Seeks out additional learning experiences to enhance clinical and professional performance.
- g. Discusses progress of clinical and professional growth.
- h. Accepts responsibility for continuous professional learning.
- i. Discusses professional issues related to physical therapy practice.
- j. Participates in professional activities beyond the practice environment.
- k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
- l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc) to achieve optimal patient care.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

- Beginning Performance
- Advanced Beginner Performance
- Intermediate Performance
- Advanced Intermediate Performance
- Entry-level Performance
- Beyond Entry-level Performance

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- 🗨️ Midterm
- 🗨️ Final
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.

### SAMPLE BEHAVIORS

a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
b. Makes clinical decisions within the context of ethical practice.
c. Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers*, health care professionals, hooked on evidence, databases, medical records).
d. Seeks disconfirming evidence in the process of making clinical decisions.
e. Recognizes when plan of care* and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
f. Critically evaluates published articles relevant to physical therapy and applies them to clinical practice.
g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
h. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
i. Assesses patient response to interventions using credible measures.
j. Integrates patient needs and values in making decisions in developing the plan of care.
k. Clinical decisions focus on the whole person rather than the disease.
l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

### MIDTERM COMMENTS:
(Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

### FINAL COMMENTS:
(Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Advanced Intermediate Advanced Entry-level Beyond Performance Beginner Performance Performance Performance Performance Performance Performance Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

 Midlands Final
PATIENT MANAGEMENT

SCREENING*

8. Determines with each patient encounter the patient’s need for further examination or consultation* by a physical therapist* or referral to another health care professional.

SAMPLE BEHAVIORS

a. Utilizes test and measures sensitive to indications for physical therapy intervention.
b. Advises practitioner about indications for intervention.
c. Reviews medical history* from patients and other sources (eg, medical records, family, other health care staff).
d. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
e. Selects the appropriate screening* tests and measurements.
f. Conducts tests and measurements appropriately.
g. Interprets tests and measurements accurately.
h. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
i. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
j. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance  Advanced Beginner Performance  Intermediate Performance  Advanced Intermediate Performance  Entry-level Performance  Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm  Final
9. Performs a physical therapy patient examination using evidenced-based* tests and measures.

**SAMPLE BEHAVIORS**

<table>
<thead>
<tr>
<th>a.</th>
<th>Obtains a history* from patients and other sources as part of the examination.*</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.</td>
</tr>
<tr>
<td>c.</td>
<td>Performs systems review.</td>
</tr>
<tr>
<td>d.</td>
<td>Selects evidence-based tests and measures* that are relevant to the history, chief complaint, and screening. Tests and measures* (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.</td>
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<tr>
<td>e.</td>
<td>Conducts tests and measures accurately and proficiently.</td>
</tr>
<tr>
<td>f.</td>
<td>Sequences tests and measures in a logical manner to optimize efficiency*.</td>
</tr>
<tr>
<td>g.</td>
<td>Adjusts tests and measures according to patient’s response.</td>
</tr>
<tr>
<td>h.</td>
<td>Performs regular reexaminations* of patient status.</td>
</tr>
<tr>
<td>i.</td>
<td>Performs an examination using evidence based test and measures.</td>
</tr>
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</table>

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

<table>
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<tr>
<th>Beginning Performance</th>
<th>Advanced Performance</th>
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Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

[ ] Midterm

[ ] Final
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

**SAMPLE BEHAVIORS**

a. Synthesizes examination data and identifies pertinent impairments, functional limitations* and quality of life. [WHO – ICF Model for Canada]
b. Makes clinical judgments based on data from examination (history, system review, tests and measurements).
c. Reaches clinical decisions efficiently.
d. Cites the evidence to support a clinical decision.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

| Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance |

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- Midterm □
- Final □
11. Determines a diagnosis* and prognosis* that guides future patient management.

**SAMPLE BEHAVIORS**

a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis*.
b. Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.
c. Integrates data and arrives at an accurate prognosis* with regard to intensity and duration of interventions and discharge* status.
d. Estimates the contribution of factors (eg, preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
e. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

[ ] Beginning Performance  [ ] Advanced Performance  [ ] Intermediate Performance  [ ] Advanced Performance  [ ] Entry-level Performance  [ ] Beyond Performance

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm [ ]  Final [ ]
12. Establishes a physical therapy plan of care* that is safe, effective, patient-centered, and evidence-based.

**SAMPLE BEHAVIORS**

- Establishes goals* and desired functional outcomes* that specify expected time durations.
- Establishes a physical therapy plan of care* in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services.
- Establishes a plan of care consistent with the examination and evaluation.*
- Selects interventions based on the best available evidence and patient preferences.
- Follows established guidelines (e.g., best practice, clinical pathways, and protocol) when designing the plan of care.
- Progresses and modifies plan of care and discharge planning based on patient responses.
- Identifies the resources needed to achieve the goals included in the patient care.
- Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
- Discusses the risks and benefits of the use of alternative interventions with the patient.
- Identifies patients who would benefit from further follow-up.
- Advocates for the patients’ access to services.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

- Beginning Performance  | Advanced Beginner Performance  | Intermediate Performance  | Advanced Intermediate Performance  | Entry-level Performance  | Beyond Entry-level Performance

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☐ Midterm  ☐ Final
13. Performs physical therapy interventions* in a competent manner.

**SAMPLE BEHAVIORS**

a. Performs interventions* safely, effectively, efficiently, fluidly, and in a coordinated and technically competent* manner.
   Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques*: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).

b. Performs interventions consistent with the plan of care.

c. Utilizes alternative strategies to accomplish functional goals.

d. Follows established guidelines when implementing an existing plan of care.

e. Provides rationale for interventions selected for patients presenting with various diagnoses.

f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.

g. Assesses patient response to interventions and adjusts accordingly.

h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.

i. Considers prevention*, health, wellness* and fitness* in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.

j. Incorporates the concept of self-efficacy in wellness and health promotion.*

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

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**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm ☐ Final ☐
14. Educates* others (patients, caregivers, staff, students, other health care providers*, business and industry representatives, school systems) using relevant and effective teaching methods.

**SAMPLE BEHAVIORS**

a. Identifies and establishes priorities for educational needs in collaboration with the learner.
b. Identifies patient learning style (eg, demonstration, verbal, written).
c. Identifies barriers to learning (eg, literacy, language, cognition).
d. Modifies interaction based on patient learning style.
e. Instructs patient, family members and other caregivers regarding the patient’s condition, intervention and transition to his or her role at home, work, school or community.
f. Ensures understanding and effectiveness of recommended ongoing program.
g. Tailors interventions with consideration for patient family situation and resources.
h. Provides patients with the necessary tools and education* to manage their problem.
i. Determines need for consultative services.
j. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments*, corporate environmental assessments*).
k. Provides education and promotion of health, wellness, and fitness.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

[ ] Beginning Performance  [ ] Advanced Beginner Performance  [ ] Intermediate Performance  [ ] Advanced Intermediate Performance  [ ] Entry-level Performance  [ ] Beyond Entry-level Performance

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

[ ] Midterm  [ ] Final
15. Produces quality documentation* in a timely manner to support the delivery of physical therapy services.

**SAMPLE BEHAVIORS**

- a. Selects relevant information to document the delivery of physical therapy care.
- b. Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication* with others involved in the delivery of care.
- c. Produces documentation (eg, electronic, dictation, chart) that follows guidelines and format required by the practice setting.
- d. Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.
- e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
- f. Produces documentation that is accurate, concise, timely and legible.
- g. Utilizes terminology that is professionally and technically correct.
- h. Documentation accurately describes care delivery that justifies physical therapy services.
- i. Participates in quality improvement* review of documentation (chart audit, peer review, goals achievement).

**MIDTERM COMMENTS:**  (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:**  (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

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**Significant Concerns:**  If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- ☐ Midterm
- ☐ Final
PATIENT MANAGEMENT
OUTCOMES ASSESSMENT*

16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.*

SAMPLE BEHAVIORS

a. Applies, interprets, and reports results of standardized assessments throughout a patient’s episode of care.

b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.

c. Seeks information regarding quality of care rendered by self and others under clinical supervision.

d. Evaluates and uses published studies related to outcomes effectiveness.

e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.

f. Assesses the patient’s response to intervention in practical terms.

g. Evaluates whether functional goals from the plan of care have been met.

h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm  □  Final  □
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.

**SAMPLE BEHAVIORS**

a. Schedules patients, equipment, and space.
b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
c. Sets priorities for the use of resources to maximize patient and facility outcomes.
d. Uses time effectively.
e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
f. Provides recommendations for equipment and supply needs.
g. Submits billing charges on time.
h. Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.
i. Requests and obtains authorization for clinically necessary reimbursable visits.
j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
k. Negotiates with reimbursement entities for changes in individual patient services.
l. Utilizes the facility's information technology effectively.
m. Functions within the organizational structure of the practice setting.
n. Implements risk-management strategies (i.e., prevention of injury, infection control, etc).
o. Markets services to customers (e.g., physicians, corporate clients*, general public).
p. Promotes the profession of physical therapy.
q. Participates in special events organized in the practice setting related to patients and care delivery.
r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

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**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.
PATIENT MANAGEMENT
DIRECTION AND SUPERVISION OF PERSONNEL

18. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

SAMPLE BEHAVIORS

a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
b. Applies time-management principles to supervision and patient care.
c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (e.g., secretary, volunteers, PT Aides, Physical Therapist Assistants).
d. Determines the amount of instruction necessary for personnel to perform directed tasks.
e. Provides instruction to personnel in the performance of directed tasks.
f. Supervises those physical therapy services directed to physical therapist assistants* and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
i. Demonstrates respect for the contributions of other support personnel.
j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant’s ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Advanced Intermediate Advanced Entry-level Beyond Performance Performance Performance Performance Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm  Final
SUMMATIVE COMMENTS

Given this student's level of academic and clinical preparation and the objectives for this clinical experience, identify strengths and areas for further development. If this is the student's final clinical experience, comment on the student's readiness to practice as a physical therapist.

AREAS OF STRENGTH

Midterm:

Final:

AREAS FOR FURTHER DEVELOPMENT

Midterm:

Final:
OTHER COMMENTS

Midterm:

Final:

RECOMMENDATIONS

Midterm:

Final:
MIDTERM EVALUATION

For the Student
I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI midterm self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

__________________________________________ Date
Signature of Student

__________________________________________
Name of Academic Institution

For the Evaluator(s)
I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the midterm completed PT CPI with the student with respect to his/her clinical performance.

__________________________________________ Position/title
Evaluator Name (1) (Print)

__________________________________________ Date
Signature of Evaluator (1)

__________________________________________ Position/Title
Evaluator Name (2) (Print)

__________________________________________ Date
Signature of Evaluator (2)

__________________________________________
CCCE Signature

Date
FINAL EVALUATION

For the Student
I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI final self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

__________________________________________  _______________________
Signature of Student                                      Date

__________________________________________
Name of Academic Institution

For the Evaluator(s)
I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the final completed PT CPI with the student with respect to his/her clinical performance.

__________________________________________  _______________________
Evaluator Name (1) (Print)                                      Position/title

__________________________________________  _______________________
Signature of Evaluator (1)                                      Date

__________________________________________  _______________________
Evaluator Name (2) (Print)                                      Position/Title

__________________________________________  _______________________
Signature of Evaluator (2)                                      Date

__________________________________________  _______________________
CCCE Signature                                      Date
GLOSSARY

Academic coordinator/Director of clinical education (ACCE/DCE): Individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. This person also is responsible for the academic program and student performance, and maintaining current information on clinical sites.

Accountability: Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. (Professionalism in Physical Therapy: Core Values, August 2003.)

Adaptive devices: A variety of implements or equipment used to aid patients/clients in performing movements, tasks, or activities. Adaptive devices include raised toilet seats, seating systems, environmental controls, and other devices.

Advanced beginner performance: A student who requires clinical supervision 75% – 90% of the time with simple patients, and 100% of the time with complex patients. At this level, the student demonstrates developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions) but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.

Advanced intermediate performance: A student who requires clinical supervision less than 25% of the time with new or complex patients and is independent with simple patients. At this level, the student is proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 75% of a full-time physical therapist’s caseload.

Altruism: The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest. (Professionalism in Physical Therapy: Core Values, August 2003.)

Assessment: The measurement or quantification of a variable or the placement of a value on something. Assessment should not be confused with examination or evaluation.

Beginning performance: A student who requires close clinical supervision 100% of the time with constant monitoring and feedback, even with simple patients. At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner. Performance reflects little or no experience. The student does not carry a caseload.

Beyond entry-level performance: A student who requires no clinical supervision with simple, highly complex patients, and is able to function in unfamiliar or ambiguous situations. Student is capable of supervising others. At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others. Student is able to maintain 100% of a full-time physical therapist’s caseload, seeks to assist others where needed. The student willingly assumes a leadership role for managing more difficult or complex cases. Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

Caring: The concern, empathy, and consideration for the needs and values of others. (Professionalism in Physical Therapy: Core Values, August 2003.)

Caregiver: One who provides care, often used to describe a person other than a health care professional.

Case management: The coordination of patient care or client activities.
Center Coordinator of Clinical Education: Individual who administers, manages, and coordinates CI assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Client: An individual who is not necessarily sick or injured but who can benefit from a physical therapist=s consultation, professional advice, or services. A client also is a business, a school system, or other entity that may benefit from specific recommendations from a physical therapist.

Clinical decision making (CDM): Interactive model in which hypotheses are generated early in an encounter based on initial cues drawn from observation of the patient or client, a letter of referral, the medical record, or other resources.

Clinical education experiences: These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge and skills in the clinical environment. Experiences would include those of short and long duration (eg, part-time, full-time, internships) and those that provide a variety of learning experiences (eg, rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients across the life span and related activities.

Clinical indications: The patient factors (eg, symptoms, impairments, deficits) that suggest that a particular kind of care (examination, intervention) would be appropriate.

Clinical instructor (CI): Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. CIs are responsible for facilitating clinical learning experiences and assessing students’ performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Syn: clinical teacher, clinical tutor, and clinical supervisor.)

Clinical reasoning: A systematic process used to assist students and practitioners in inferring or drawing conclusions about patient/client care under various situations and conditions.

Cognitive: Characterized by awareness, reasoning, and judgment.

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.

Compassion: The desire to identify with or sense something of another’s experience; a precursor of caring. (Professionalism in Physical Therapy: Core Values, August 2003.)

Competence: The possession, application, and evaluation of requisite professional knowledge, skills, and abilities to meet or exceed the performance standards, based on the physical therapist’s roles and responsibilities, within the context of public health, welfare, and safety.

Competency: A significant, skillful, work-related activity that is performed efficiently, effectively, fluidly, and in a coordinated manner.

Complexity: Multiple requirements of the tasks or environment (eg, simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.
**Complex patient:** Refers to patients presenting with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and multifaceted psychosocial needs. As a student progresses through clinical education experiences, the student should be able to manage patients with increasingly more complex conditions with fewer elements or interventions controlled by the CI.

**Conflict management:** The act, manner, or practice of handling or controlling the impact of disagreement, controversy, or opposition; may or may not involve resolution of the conflict.

**Consistency:** The frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, and routinely). As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

**Consultation:** The rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time. ([Guide to Physical Therapist Practice](https://www.apta.org). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Consumer:** One who acquires, uses, or purchases goods or services; any actual or potential recipient of health care.

**Cost-effectiveness:** Economically worthwhile in terms of what is achieved for the amount of money spent; tangible benefits in relation to expenditures.

**Critical inquiry:** The process of applying the principles of scientific methods to read and interpret professional literature, participate in research activities, and analyze patient care outcomes, new concepts, and findings.

**Cultural awareness:** Refers to the basic idea that behavior and ways of thinking and perceiving are culturally conditioned rather than universal aspects of human nature. (Pusch MD, ed. Multicultural Education. Yarmouth, Maine: Intercultural Press Inc; 1999.)

**Cultural competence:** Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities. (Working definition adapted from Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.)

**Cultural sensitivity:** Awareness of cultural variables that may affect assessment and treatment. (Paniagua FA. Assessing and Treating Culturally Diverse Clients. Thousand Oaks, Calif: Sage Publications; 1994.)

**Diagnosis:** Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. ([Guide to Physical Therapist Practice](https://www.apta.org). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Diagnostic process:** The evaluation of information obtained from the patient examination organized into clusters, syndromes, or categories.
**Differential diagnosis:** The determination of which one of two or more different disorders or conditions is applicable to a patient or client.

**Direct access:** Practice mode in which physical therapists examine, evaluate, diagnose, and provide interventions to patients/clients without a referral from a gatekeeper, usually the physician.

**Disability:** The inability to perform or a limitation in the performance of actions, tasks, and activities usually expected in specific social roles that are customary for the individual or expected for the person’s status or role in a specific sociocultural context and physical environment. ([Guide to Physical Therapist Practice](https://www.apta.org/PTFA/GuideToPhysicalTherapistPractice/ClinicalPractice/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Disease:** A pathological condition or abnormal entity with a characteristic group of signs and symptoms affecting the body and with known or unknown etiology. ([Guide to Physical Therapist Practice](https://www.apta.org/PTFA/GuideToPhysicalTherapistPractice/ClinicalPractice/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Discharge:** The process of ending physical therapy services that have been provided during a single episode of care, when the anticipated goals and expected outcomes have been achieved. Discharge does not occur with a transfer (that is, when the patient is moved from one site to another site within the same setting or across setting during a single episode of care). ([Guide to Physical Therapist Practice](https://www.apta.org/PTFA/GuideToPhysicalTherapistPractice/ClinicalPractice/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Documentation:** All written forms of communication provided related to the delivery of patient care, to include written correspondence, electronic record keeping, and word processing.


**Education:** Knowledge or skill obtained or developed by a learning process; a process designed to change behavior by formal instruction and/or supervised practice, which includes teaching, training, information sharing, and specific instructions.

**Efficiency:** The ability to perform in a cost-effective and timely manner (eg, inefficient/slow, efficient/timely). As the student progresses though clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

**Empathy:** The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

**Entry-level performance:** A student who requires no guidance or clinical supervision with simple or complex patients. Consults with others and resolves unfamiliar or ambiguous situations. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 100% of a full-time physical therapist’s caseload in a cost effective manner.

**Episode of physical therapy prevention:** A series of occasional, clinical, educational, and administrative services related to primary prevention, wellness, health promotion, and to the preservation of optimal function. Prevention services and programs that promote health, wellness, and fitness are a vital part of the practice of physical therapy. No defined number or range of number of visits is established for this type of episode. ([Guide to Physical Therapist Practice](https://www.apta.org/PTFA/GuideToPhysicalTherapistPractice/ClinicalPractice/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Evaluation:** A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. ([Guide to Physical Therapist Practice](https://www.apta.org/PTFA/GuideToPhysicalTherapistPractice/ClinicalPractice/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
**Evidenced-based practice:** Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. (Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical Epidemiology: A Basic Science for Clinical Medicine.* 2nd ed. Boston: Little, Brown and Company; 1991:1.) Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

**Examination:** A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (*Guide to Physical Therapist Practice,* Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Excellence:** Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (*Professionalism in Physical Therapy: Core Values,* August 2003.)

**Fiscal management:** An ability to identify the fiscal needs of a unit and to manage available fiscal resources to maximize the benefits and minimize constraints.

**Fitness:** A dynamic physical state—comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities. (*Guide to Physical Therapist Practice,* Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Function:** The special, normal, or proper action of any part or organ; an activity identified by an individual as essential to support physical and psychological well-being as well as to create a personal sense of meaningful living; the action specifically for which a person or thing is fitted or employed; an act, process, or series of processes that serve a purpose; to perform an activity or to work properly or normally.

**Functional limitation:** A restriction of the ability to perform a physical action, activity, or task in a typically expected, efficient, or competent manner. (*Guide to Physical Therapist Practice,* Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Functional outcomes:** The desired result of an act, process, or intervention that serves a purpose (eg, improvement in a patient’s ability to engage in activities identified by the individual as essential to support physical or psychological well-being).

**Goals:** The intended results of patient/client management. Goals indicate changes in impairment, functional limitations, and disabilities and changes in health, wellness, and fitness needs that are expected as a result of implementing the plan of care. Goals should be measurable and time limited (if required, goals may be expressed as short-term and long-term goals.) (*Guide to Physical Therapist Practice,* Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Guide to Physical Therapist Practice:** Document that describes the scope of practice of physical therapy and assists physical therapists in patient/client management. Specifically, the Guide is designed to help physical therapists: 1) enhance quality of care, 2) improve patient/client satisfaction, 3) promote appropriate utilization of health care services, 4) increase efficiency and reduce unwarranted variation in the provision of services, and 5) promote cost reduction through prevention and wellness initiatives. The Guide also provides a framework for physical therapist clinicians and researchers as they refine outcomes data collection and analysis and develop questions for clinical research. (*Guide to Physical Therapist Practice,* Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Health care provider:** A person or organization offering health services directly to patients or clients.
**Health promotion:** The combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health. (Green LW, Kreuter MW. *Health Promotion Planning.* 2nd ed. Mountain View, Calif: Mayfield Publishers; 1991:4.)

**Health status:** The level of an individual's physical, mental, affective, and social function: health status is an element of well-being.

**History:** An account of past and present health status that includes the identification of complaints and provides the initial source of information about the patient. The history also suggests the patient's ability to benefit from physical therapy services.

**Personnel management:** Selection, training, supervision, and deployment of appropriately qualified persons for specific tasks/functions.

**Impairment:** A loss or abnormality of physiological, psychological, or anatomical structure or function. (*Guide to Physical Therapist Practice.* Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Integrity:** Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do. (*Professionalism in Physical Therapy: Core Values,* August 2003.)

**Intermediate clinical performance:** A student who requires clinical supervision less than 50% of the time with simple patients, and 75% of the time with complex patients. At this level, the student is proficient with simple tasks and is developing the ability to perform skilled examinations, interventions, and clinical reasoning. The student is able to maintain 50% of a full-time physical therapist's caseload.

**Intervention:** The purposeful interaction of the physical therapist with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition. (*Guide to Physical Therapist Practice.* Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Manual therapy techniques:** Skilled hand movements intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; modulate pain; and reduce soft tissue swelling, inflammation, or restriction. (*Guide to Physical Therapist Practice.* Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Mobilization/manipulation:** A manual therapy technique comprising a continuum of skilled passive movements to the joints and/or related soft tissues that are applied at varying speeds and amplitudes, including a small amplitude/high velocity therapeutic movement. (*Guide to Physical Therapist Practice.* Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Multicultural/multilingual:** Characteristics of populations defined by changes in the demographic patterns of consumers.

**Negotiation:** The act or procedure of treating another or others in order to come to terms or reach an agreement.

**Objective:** A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities.

**Outcomes assessment of the individual:** Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are
expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

**Outcomes assessment of groups of patients/clients:** Performed by the physical therapist and is a measure [or measures] of physical therapy care to groups of patients/clients including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of that physical therapy.

**Outcomes analysis:** A systematic examination of patient/client outcomes in relation to selected patient/client variables (eg, age, sex, diagnosis, interventions performed); outcomes analysis may be used in quality assessment, economic analysis of practice, and other processes.

**Patients:** Individuals who are the recipients of physical therapy and direct interventions.

**Patient/client management model:**

![Diagram of patient/client management model]


**Performance criterion:** A description of outcome knowledge, skills, and behaviors that define the expected performance of students. When criteria are taken in aggregate, they describe the expected performance of the graduate upon entry into the practice of physical therapy.

**Physical function:** Fundamental components of health status describing the state of those sensory and motor skills necessary for mobility, work, and recreation.

**Physical therapist:** A licensed health care professional who offers services designed to preserve, develop, and restore maximum physical function.

**Physical therapist assistant:** An educated health care provider who performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

**Plan of care:** (Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. *(Guide to Physical Therapist Practice*, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
Practice management: The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.

Practitioner of choice: Consumers choose the most appropriate health care provider for the diagnosis, intervention, or prevention of an impairment, functional limitation, or disability.

Presenting problem: The specific dysfunction that causes an individual to seek attention or intervention (i.e., chief complaint).

Prevention: Activities that are directed toward 1) achieving and restoring optimal functional capacity, 2) minimizing impairments, functional limitations, and disabilities, 3) maintaining health (thereby preventing further deterioration or future illness), 4) creating appropriate environmental adaptations to enhance independent function. Primary prevention: Prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts. Secondary prevention: Efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. Tertiary prevention: Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Professional duty: Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. (Professionalism in Physical Therapy: Core Values, August 2003.)

Professionalism: The conduct, aims, or qualities that characterize or mark a profession or a professional person; A systematic and integrated set of core values that through assessment, critical reflection, and change, guides the judgment, decisions, behaviors, and attitudes of the physical therapist, in relation to patients/clients, other professionals, the public, and the profession. (APTA Consensus Conference to Develop Core Values in Physical Therapy, July 2002, Alexandria, Va)

Prognosis: The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Quality: The degree of skill or competence demonstrated (e.g., limited skill, high skill), the relative effectiveness of the performance (e.g., ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

Quality improvement (QI): A management technique to assess and improve internal operations. Quality improvement focuses on organizational systems rather than individual performance and seeks to continuously improve quality rather than reacting when certain baseline statistical thresholds are crossed. The process involves setting goals, implementing systematic changes, measuring outcomes, and making subsequent appropriate improvements. (www.tmci.org/other_resources/glossaryquality.html#quality)

Role: A behavior pattern that defines a person’s social obligations and relationships with others (e.g., father, husband, son).

Reexamination: The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Screening: Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: Cognitive screening.)
**Social responsibility:** The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. *(Professionalism in Physical Therapy: Core Values, August 2003.)*

**Supervision/guidance:** Level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or environment.

**Technically competent:** Correct performance of a skill.

**Tests and measures:** Specific standardized methods and techniques used to gather data about the patient/client after the history and systems review have been performed. *(Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)*

**Treatment:** The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. *(Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)*

**Wellness:** An active process of becoming aware of and making choices toward a more successful existence. *(National Wellness Organization. A Definition of Wellness. Stevens Point, Wis: National Wellness Institute Inc; 2003.)*
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Competent)

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

| a) | Obtains a history from patients and other sources as part of the examination.* |
| b) | Utilizes information from history and other data (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures. |
| c) | Performs systems review. |
| d) | Selects evidence-based tests and measures* that are relevant to the history, chief complaint, and screening. |

Tests and measures* (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.

e) | Conducts tests and measures accurately and proficiently. |
f) | Sequences tests and measures in a logical manner to optimize efficiency*. |
g) | Adjusts tests and measures according to patient's response. |
h) | Performs regular re-examinations of patient status. |
i) | Performs an examination using evidence based test and measures. |

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

This student requires guidance 25% of the time in selecting appropriate examination methods based on the patient's history and initial screening. Examinations are performed consistently, accurately, thoroughly, and skillfully. She almost always is able to complete examinations in the time allotted, except for patients with the most complex conditions. She manages a 75% caseload of the PT with some difficulty and requires assistance in completing the examination for a patient with a complex condition of dementia and multiple diagnoses. Overall she has achieved a level of performance consistent with advanced intermediate performance for this criterion and continues to improve in all areas.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*.)

This student requires no guidance in selecting appropriate examination methods for patients with complex conditions and with multiple diagnoses. Examinations are performed consistently and skillfully. She consistently selects all appropriate examination methods based on the patient's history and initial screening. She consistently completes examinations in the time allotted and manages a 100% caseload of the PT. She is able to examine a number of patients with complex conditions and with multiple diagnoses with only minimal input from the CI. Overall this student has improved across all performance dimensions to achieve entry-level clinical performance.

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance  Advanced Beginner Performance  Intermediate Performance  Advanced Intermediate Performance  Entry-level Performance  Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm  Final
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

e) Obtains a history from patients and other sources as part of the examination.
f) Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
g) Performs systems review.
h) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.

Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.

j) Conducts tests and measures accurately and proficiently.
k) Sequences tests and measures in a logical manner to optimize efficiency*.
l) Adjusts tests and measures according to patient's response.
m) Performs regular re-examinations of patient status.
n) Performs an examination using evidence based test and measures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*.)

This student requires guidance 75% of the time to select relevant tests and measures and does not ask relevant background questions to identify tests and measures needed. Tests and measures selected are inappropriate for the patient's diagnosis and condition. When questioned, he is unable to explain why specific tests and measures were selected. He is not accurate in performing examination techniques (eg, fails to correctly align the goniometer, places patients in uncomfortable examination positions) and requires assistance when completing exams on all patients with complex conditions and with 75% of patients with simple conditions. He is unable to complete 60% of the exams in the time allotted and demonstrates difficulty across all performance dimensions for the final clinical experience.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*.)

This student requires guidance 50% of the time to select relevant tests and measures. He selects tests and measures that are appropriate for patients with simple conditions 50% of the time, however 50% of the time is unable to explain the tests and measures selected. Likewise, 50% of the time, he selects tests and measures that are inappropriate for the patient's diagnosis. He demonstrates 50% accuracy in performing the required examination techniques, including goniometry and requires assistance to complete examinations on 95% of patients with complex conditions and 50% of patients with simple conditions. He is unable to complete 50% of the exams in the time allotted. Although some limited improvement has been shown, performance across all performance dimensions for the final clinical experience is still in the advanced beginner performance interval, which is below expected performance of entry-level on this criterion for a final clinical experience.

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Beginning Performance | Advanced Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

中考   Final
APPENDIX A
COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

i) Obtains a history from patients and other sources as part of the examination.

j) Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.

k) Performs systems review.

l) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.

Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.

o) Conducts tests and measures accurately and proficiently.

p) Sequences tests and measures in a logical manner to optimize efficiency*.

q) Adjusts tests and measures according to patient's response.

r) Performs regular re-examinations of patient status.

s) Performs an examination using evidence based test and measures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*.)

This student requires supervision for managing patients with simple conditions 50% of the time and managing patients with complex neurological conditions 95% of the time. He selects relevant examination methods for patients with simple conditions 85% of the time, however sometimes over tires patients during the examination. He requires limited assistance to perform examination methods accurately (sensory testing) and completes examinations in the time allotted most of the time. He carries a 25% caseload of the PT and is able to use good judgment in the selection and implementation of examinations for this level of clinical experience.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*.)

The student requires supervision for managing patients with simple conditions 25% of the time and managing patients with complex conditions 75% of the time. He selects relevant examination methods for patients with simple conditions 100% of the time and consistently monitors the patient’s fatigue level during the examination. He performs complete and accurate examinations of patients with simple orthopedic conditions and is beginning to describe movement patterns in patients with complex neurological conditions. However, he continues to require frequent input to complete a neurologish examination and is unable to consistently complete examinations in the time allotted. He carries a 50% caseload of the PT and has shown improvement in advancing from advanced beginner performance to intermediate performance for this second clinical experience.

Rate this student’s clinical performance based on the sample behaviors and comments above:

M        F
Beginning Performance  Advanced Beginner Performance  Intermediate Performance  Advanced Intermediate Performance  Entry-level Performance  Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.
APPENDIX B
PT CPI Performance Criteria Matched with Evaluative Criteria for PT Programs

This table provides the physical therapist academic program with a mechanism to relate the performance criteria from the Physical Therapist Clinical Performance Instrument with the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists.¹

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| Supervision/Guidance    | Level and extent of assistance required by the student to achieve entry-level performance.  
|                         | - As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment. |
| Quality                 | Degree of knowledge and skill proficiency demonstrated.  
|                         | - As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.                                                          |
| Complexity              | Number of elements that must be considered relative to the task, patient, and/or environment.  
|                         | - As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI. |
| Consistency             | Frequency of occurrences of desired behaviors related to the performance criterion.  
|                         | - As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.                                                     |
| Efficiency              | Ability to perform in a cost-effective and timely manner.  
|                         | - As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance. |
| **Rating Scale Anchors** |                                                                                                                                                |
| Beginning performance   | - A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.  
|                         | - At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.  
|                         | - Performance reflects little or no experience.  
|                         | - The student does not carry a caseload.                                                                                                          |
| Advanced/beginner       | - A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.  
| performance             | - At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.  
|                         | - The student may begin to share a caseload with the clinical instructor.                                                                           |
| Intermediate performance| - A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.  
|                         | - At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.  
|                         | - The student is capable of maintaining 50% of a full-time physical therapist's caseload.                                                                |
| Advanced/intermediate   | - A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.  
| performance             | - At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.  
|                         | - The student is capable of maintaining 75% of a full-time physical therapist's caseload.                                                                |
| Entry-level performance | - A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.  
|                         | - At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.  
|                         | -Consults with others and resolves unfamiliar or ambiguous situations.  
|                         | - The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner. |
| Beyond entry-level      | - A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.  
| performance             | - At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.  
|                         | - The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.  
|                         | - The student is capable of supervising others.  
|                         | - The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions. |

*Leadership role assumes a supervisory role and may include additional responsibilities or duties.

**APPENDIX C**

**DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS**