

Assurance of Student Learning Report

2023-2024

College of Health and Human Performance

Physical Therapy

0013

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Is this an online program? ☐ Yes ☒ No

Please make sure the Program Learning Outcomes listed match those in CourseLeaf . Indicate verification here
☒ Yes, they match! (If they don't match, explain on this page under **Assessment Cycle**)

Use this page to list learning outcomes, measurements, and summarize results for your program. Detailed information must be completed in the subsequent pages. Add more Outcomes as needed.

Program Student Learning Outcome 1: Program **students** will demonstrate competence in physical therapy knowledge and clinical skills

Instrument 1 National physical therapy examination (NPTE)

Instrument 2 DPT Comprehensive Exam (DPT-CE)

Instrument 3 Clinical Performance Instrument (CPI 3.0)

Based on your results, check whether the program met the goal Student Learning Outcome 1.

☐ Met

☒ Not Met

Program Student Learning Outcome 2: Program **students** will demonstrate integrity, professional behaviors, interprofessional collaboration and empathetic attitudes in their practices

Instrument 1 Clinical Performance Instrument 3.0 Professional Practice Item # 1 – Professionalism: Ethical Practice

Instrument 2 Clinical Performance Instrument 3.0 Professional Practice Item # 3 – Professionalism: Professional Growth

Instrument 3

Based on your results, check whether the program met the goal Student Learning Outcome 2.

☒ Met

☐ Not Met

Program Student Learning Outcome 3: Program students will disseminate the results of scholarly activity in a professional venue

Instrument 1 Oral presentation of research, DPT 785

Instrument 2 Peer-reviewed acceptance of scholarly project at a professional conference/meeting.

Instrument 3

Based on your results, check whether the program met the goal Student Learning Outcome 3.

☒ Met

☐ Not Met

Assessment Cycle Plan:

All outcomes were assessed this 2023-2024 cycle. Instrument 1 for SLO-1 was amended to reflect data from the DPT cohort graduating in 2023 given the timeline for the NPTE and availability of official scores occurring in the 2023-2024 AY. Outcomes for the 2024 DPT cohort using measurement instrument 1 (NPTE) will be reported in the ASL report for AY 2024-2025. All remaining SLO's contained in this report reflect data collected for the 2024 graduating DPT cohort (SLO 1, 2, 3). In the next cycle, the addition of a 4th SLO will be considered – Program Students will be actively engaged in patient and/or professional advocacy activities. This outcome will be tied to a course assignment in DPT 760 Professional Issues and a rubric will be developed.

Program Student Learning Outcome 1				
Program Student Learning Outcome	Program students will demonstrate competence in physical therapy knowledge and clinical skills			
Measurement Instrument 1	The National Physical Therapy Examination (NPTE). The NPTE is developed by the Federation of State Boards of Physical Therapy (FSBPT) to assess entry-level competence. All graduates from an accredited program of physical therapy are required to take and pass the NPTE before becoming licensed as a physical therapist. The NPTE consists of 200 items that cover the major areas of physical therapy practice reflected in 4 content areas and 5 body systems. (Direct measure)			
Criteria for Student Success	Program graduates will pass the NPTE within 18-months of graduation.			
Program Success Target for this Measurement	100% Ultimate Pass Rate on the NPTE 85% First Time Pass Rate on the NPTE	Percent of Program Achieving Target	100% Ultimate Pass Rate on the NPTE 96.6% First Time Pass Rate on the NPTE	
Methods	The NPTE exam is offered 4 times each calendar year (January, April, July, October). DPT program graduates register to take the NPTE at specific testing centers,with WKU DPT Graduates typically registering to take the exam in July following their May graduation. Due to the date of the NPTE occurring after program graduation, this outcome has been amended to assess the cohort graduating in the prior AY when official exam scores are available to review during the AY reflected in the current ASL report. Thus, in this ASL report, data is reported for the 2023 cohort. The program director/department chair downloads official NPTE reports from the FSBPT that are available at specified times following each exam			
Measurement Instrument 2	The PEAT (Practice Exam and Assessment Tool , published by FSBPT) or the Therapy Exam Prep(TEP) . Both the PEAT and the TEP are standardized computer-based, multiple choice, timed examinations purchased by the program to serve as the department’s comprehensive examination (DPT-CE) that is administered during the final didactic course in the curriculum, DPT 790. Both exams consist of 200 items covering 4 content areas and 5 body systems. In this ASL report, data is reported for the 2024 cohort. (Direct measure)			
Criteria for Student Success	At the end of the program, students should achieve passing score on the DPT-CE.			
Program Success Target for this Measurement	100% Ultimate Pass Rate within 3 Attempts	Percent of Program Achieving Target	93% 28/30 Ultimate Pass Rate on the DPT-CE.	
Methods	The DPT-CE is administered as a component of DPT 790 (PT Seminar) which is the last didactic course in the curriculum and is offered in the final semester of the 3-year DPT curriculum, after students have completed all clinical education experiences. Each student has 3 attempts to pass the DPT-CE. Attempt 1 is provided with the PEAT standardized exam and attempts 2 and 3 are provided with TEP standardized exam versions A and B, respectively. The PEAT was issued on April 18, 2024. Second and third attempts were administered on April 26, 2024 and May 1 2024, respectively, for students needing subsequent re-takes of the DPT-CE. The DPT faculty member serving as primary instructor for DPT 790 schedules the DPT-CE within a 5-hour block, with preference scheduling at the WKU Testing Center. The course instructor and the department chair review score reports of each student to determine pass rates based on the exam pass rate established by the PEAT.			
Measurement Instrument 3	The Clinical Performance Instrument 3.0 (CPI 3.0). The CPI 3.0 is an assessment tool developed by the American Physical Therapy Association (APTA) for use in quantifying student performance in the clinical environment against entry-level expectations of a licensed physical therapist. The CPI 3.0 contains 12 distinct criteria of behaviors and actions expected of a physical therapist in clinical practice. Items 1-3 pertain to measures of Professional Practice, items 4-5 relate to interpersonal aspects of PT, items 6-9 pertain to technical aspects of Patient Management in PT, items 10-11 relate to business aspects of PT, and item 12 relates to responsibility in guiding and coordinating support staff. Students are assessed by clinical faculty/instructors (CI) on their performance at mid-term and completion of each clinical experience using A 6- point Likert ranking with “beginning” on the left (or low) end of the scale and “beyond entry-level” on the right (or upper) end of the scale are used to assess student performance in each area. Clinical instructors provide direct supervision and clinical			

	instruction of DPT students during full time clinical educational experiences under agreement between WKU and affiliating sites to which the CI's are employed. Prior to commencing clinical supervision and instruction, CI's complete online training developed for the APTA in use of the CPI 3.0 and are required to pass a competency assessment. CPI 3.0 software converts the Likert rankings to numeric scores of 1-6, where entry-level corresponds to scores of 5 and beyond entry level performance corresponds to a score of 6. For SLO-1, items 6-9 within the CPI 3.0 are used to assess student learning.		
Criteria for Student Success	For each CPI 3.0 item relating to Patient Management (items 6-9), students will achieve a rating of entry-level (5) by the completion of the final clinical experience as assessed by clinical faculty/instructors		
Program Success Target for this Measurement	100%	Percent of Program Achieving Target	100%
Methods	CPI 3.0 is an online database of student evaluation data input by CI's and students during clinical education experiences. Final CPI rankings of items 6-9 by CI's during the last two clinical experiences (DPT 753, DPT 754) are used to assess SLO 1. CPI scores range from 1-6, where entry-level corresponds to scores of 5 and beyond entry level performance corresponds to a score of 6. The Director of Clinical Education downloads the relevant data from CPI 3.0 into an Excel workbook for analysis. For each item examined, the number and percent of students achieving a score of 5 or higher is calculated. The data is stored in the WKU-DPT shared drive to which access is limited to DPT faculty and staff.		
Based on your results, highlight whether the program met the goal Student Learning Outcome 1.			<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
Results, Conclusion, and Plans for Next Assessment Cycle (Describe what worked, what didn't, and plan going forward)			
<p>Results SLO-1 Measurement Instrument 1 – FSBPT Pass Rate report for the NPTE. 30/30 students from the 2023 graduating DPT cohort took the NPTE in July 2023. 29/30 students passed the NPTE on the first attempt, placing the program in the 92 percentile of 265 DPT programs. 100% of students ultimately passes the NPTE, placing the program in the 100th percentile (83 or 265 programs achieved a 100% ultimate pass rate). The program met the goal of 100% Ultimate Pass Rate on the NPTE and exceeded the goal of 85% First Time Pass Rate on the NPTE.</p> <p>Results SLO-1 Measurement Instrument 2- DPT-CE. 30/30 students took the DPT-CE (PEAT-A) on 4/18/24, with 16/30 (53.3%) passing the examination on the first attempt. 14 students completed a 2nd Re-take (TEP-A) on 4/26/24, with 7/14 passing the examination on the second attempt. 7 students completed a 3rd Re-take (TEP-B) on 5/1/24, with 5/7 passing on the 3rd attempt. In total, 28/30 (93.3%) passed the DPT-CE. <u>Action Plan:</u> The 2 students who did not pass the DPT-CE have been provided a remediation plan, associated with the course DPT-790, that is in place through May 21, 2024 at which the students will complete a 4th attempt to pass the DPT-CE (PEAT-B).</p> <p>Results SLO-1 Measurement Instrument 3-CPI 3.0: 28/30 students from the DPT 2024 graduating cohort completed all clinical experiences by the completion of spring 2024 semester. By the end of their final clinical experience, 28/28 (100%) of students who had completed all clinical experiences attained "Entry Level" or higher on all CPI 3.0 items related to technical aspects of patient client management. There were 2 students in the DPT 2024 graduating cohort who have not completed DPT 754 at the time of this ASL report due to deceleration of clinical education within the program. These students are completing their final clinical experience during summer semester 2024 and are expected to reach entry level by the end of their final experience scheduled to end in August 2024. <u>Action Plan:</u> Include the two students who will complete their final clinical experience at the end of summer semester 2024 in the next cycle for ASL.</p> <p>Conclusions: SLO-1 was assessed with 3 instruments providing direct measurements of student learning. As identified in the ASL 2022-2023 action plan, the program adapted a new instrument, the CPI 3.0, to assess indicator 3. SLO-1 targets were met in 2/3 indicators.</p> <p>Plans for Next Assessment Cycle: Results of SLO-1 were discussed with all DPT faculty during the end of semester retreat held on 5/8/24. During this meeting, the student remediation plan for 2 students in DPT-790 related to measurement instrument 2 (DPT-CE) was presented. The outcome of each student remediation will be reviewed during the fall faculty retreat to be scheduled in August 2024. AY 2023-2024 was the second year in which the PEAT and TEP were utilized as the standardized examinations for the DPT-CE that is administered as a requirement for the course DPT 790. The data from the two years of using these examinations will also be reviewed during the August 2024 retreat.</p>			

Program Student Learning Outcome 2			
Program Student Learning Outcome	Program students will demonstrate integrity, professional behaviors, interprofessional collaboration and empathetic attitudes in their practices.		
Measurement Instrument 1	Direct measure of student learning. Item 1 of the CPI 3.0 (Professionalism:Ethical Practice) was selected to track SLO 2 based on the sample behaviors used to guide the assessment of student competence in their ability to “Practice according to the Code of Ethics for the Physical Therapist: demonstrates respect for self, the patient/client, and colleagues in all situations.”		
Criteria for Student Success	At the end of Students will be “entry-level” on criterion item 1-Professionalism:Ethical Practice by the completion of the final clinical experience.		
Program Success Target for this Measurement	100%	Percent of Program Achieving Target	100%
Methods	Final CPI 3.0 rankings of item 1 by the clinical faculty/instructors during the last two clinical experiences (DPT 753, DPT 754) are used to assessment SLO 2. CPI scores range from 1-6, where entry-level corresponds to a score of 5 and beyond entry level performance corresponds to a score of 6. The Director of Clinical Education downloads the relevant data from CPI 3.0 into an Excel workbook for analysis. The number and percent of students achieving a score of 5 or higher on items 1-5 is calculated. The data is stored in the WKU-DPT shared drive to which access is limited to DPT faculty and staff.		
Measurement Instrument 2	Direct measure of student learning. Item 2 of the CPI 3.0 (Legal Practice) was selected to track SLO 2 based on the sample behaviors used to guide the assessment of student competence in the ability to “practice in a manner consistent with established legal and professional standards and ethical guidelines”.		
Criteria for Student Success	Students will be “entry-level” on criterion item 2- Legal Practice at the completion of the final clinical experience.		
Program Success Target for this Measurement	100%	Percent of Program Achieving Target	100%
Methods	Final CPI rankings of item 3 by the clinical faculty/instructors during the last two clinical experiences (DPT 753, DPT 754 are used to assessment SLO 2. The Director of Clinical Education downloads the relevant data from CPI-web into an Excel workbook for analysis. The number and percent of students achieving a score of 17 or higher on item 2 is calculated. The data is stored in the WKU-DPT shared drive to which access is limited to DPT faculty and staff.		
Measurement Instrument 3	Direct measure of student learning. Item 4 of the CPI 3.0 (Interpersonal: Communication) was selected to track SLO 2 based on the sample behaviors used to guide the assessment of student competence in “Demonstrate effective communication with patients/clients with respect and empathy in order to meet patient/client goals.”		
Criteria for Student Success	Students will be “entry-level” on criterion item 4-Legal Practice at the completion of the final clinical experience.		
Program Success Target for this Measurement	100%	Percent of Program Achieving Target	100%
Methods	Final CPI rankings of item 4 by the clinical faculty/instructors during the last two clinical experiences (DPT 753, DPT 754 are used to assessment SLO 2. The Director of Clinical Education downloads the relevant data from CPI-web into an Excel workbook for analysis. The number and percent of students achieving a score of 17 or higher on item 2 is calculated. The data is stored in the WKU-DPT shared drive to which access is limited to DPT faculty and staff.		
Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 2.			<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
Results, Conclusion, and Plans for Next Assessment Cycle (Describe what worked, what didn’t, and plan going forward)			

28/30 students from the DPT 2024 graduating cohort completed all clinical experiences by the completion of spring 2024 semester. By the end of their final clinical experience, 28/28 (100%) of students who had completed all clinical experiences attained “Entry Level” or higher on CPI 3.0 items 1, 3, and 4 (measurement instruments 1, 2, and 3, respectively) that were used to assess SLO-2. There were 2 students in the DPT 2024 graduating cohort who have not completed DPT 754 at the time of this ASL report due to deceleration of clinical education within the program. These students are completing their final clinical experience during summer semester 2024 and are expected to reach entry level on CPI items 1, 3, 4 by the end of their final experience scheduled to end in August 2024. Action Plan: Include the two students who will complete their final clinical experience at the end of summer semester 2024 in the next cycle for ASL.

Conclusions: SLO-2 was assessed with 3 instruments providing direct measurements of student learning. As identified in the ASL 2022-2023 action plan, the program adapted a new instrument, the CPI 3.0, to SLO-2. In addition, a third measurement instrument (item 4 from the CPI 3.0) was added to this ASL cycle to assess SLO-2. SLO-2 targets were met in 3/3 indicators.

Plans for Next Assessment Cycle: Results of SLO-2 were discussed with all DPT faculty during the end of semester retreat held on 5/8/24. No changes are planned for SLO-2 in the next cycle. The 2 students in the DPT 2024 graduating cohort who decelerated in the clinical education component of the curriculum will be included in the assessment of SLO-2 in the next cycle.

Program Student Learning Outcome 3			
Program Student Learning Outcome	Program students will disseminate the results of scholarly activity in a professional venue		
Measurement Instrument 1	Direct measure of student learning. The DPT curriculum includes five research courses offered in sequence over the three-year program. Across this course sequence, students work with faculty mentors to complete a research project. DPT 785 (Research in Physical Therapy V) is the final course in this sequence and is offered in fall semester of year 3. Students are required to conduct an oral presentation of their completed scholarly project and to respond to questions from DPT faculty as a component of the grading assessment for DPT 785.		
Criteria for Student Success	Students should attain an average score of ≥ 1 (proficient) across all items on the DPT 785 Oral Exam Rubric from all faculty raters. For each criterion identified in the rubric, scores ranged from 0-2, where 0=novice, 1=proficient, and 2=excellent).100%		
Program Success Target for this Measurement	100%	Percent of Program Achieving Target	100% (30/30)
Methods	All DPT faculty were present for each student research presentation. Using DPT 785 Oral Presentation Rubric, faculty evaluated students on the ability to clearly articulate the background information, project methodology, data analysis and results, clinical implication of findings, and responses to faculty questions. For each criterion identified in the rubric, scores ranged from 0-2, where 0=novice, 1=proficient, and 2=excellent). The research project faculty mentor tabulated rubric scores for each student in their mentor group. The DPT department chair and the assessment chair reviewed the average rubric scores for each student to determine the percentage of students achieving the criteria for success.		
Measurement Instrument 2	Peer Review Acceptance of Scholarly Research Disseminated as Manuscript Publication or Conference Presentation		
Criteria for Student Success	Students will collaborate with DPT faculty research mentors to dissemination the results of their program required scholarly product as a peer-reviewed manuscript publication or peer-reviewed poster/platform presentation at a professional conference.		
Program Success Target for this Measurement	45%	Percent of Program Achieving Target	83% (5/6)
Methods	The number of student research project group manuscript and/or abstract submissions to a peer reviewed journal or conference will be tracked by the Department Chair. The accepted number of peer reviewed disseminations will be reported as a percentage of the graduating class.		

Measurement Instrument 3			
Criteria for Student Success			
Program Success Target for this Measurement	45%	Percent of Program Achieving Target	50% (4/8)
Methods			
Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 3.			<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
Results, Conclusion, and Plans for Next Assessment Cycle (Describe what worked, what didn't, and plan going forward)			
<p>Results: 30/30 students achieved the program target for SLO-3 measurement instrument 1. The percent of program achieving SLO-3 measurement instrument 2 was 83%, exceeding the target of 45%. SLO-3 was achieved in 2/2 measurement instruments.</p> <p>Conclusions: In prior ASL reports, SLO-3 included a measurement instrument in which the oral presentation of student scholarly activity product in a local professional meeting was assessed by licensed physical therapists in attendance. Despite revising the format of the local professional meeting in which this oral presentation occurred, attendance of licensed physical therapists remained low, limiting the availability of individuals to complete the rubric assessment. Program faculty, with advisory board consultation, decided to remove this measurement instrument from SLO-3, effective AY 2023-2024. Effectiveness of student oral presentation of their completed scholarly product continues to be assessed with the rubric identified in measurement instrument 1.</p> <p>Plans for Next Assessment Cycle: The program plans to develop a process by which students present their scholarly projects across the continuum of the 3-year curriculum beginning with presentation of project methodology in year-1 at the WKU Student Showcase and culminating with the oral presentation of the completed scholarly product in year-3 associated with the course DPT 785. During AY 2024-2025, the program will review this indicator for SLO-3 and revise in accordance with the processes implemented to expand opportunities for students to orally disseminate their scholarly project.</p>			

***** Please include Curriculum Map (below/next page) as part of this document**

Doctor of Physical Therapy Program 2023-2024 Curriculum Mapping

The DPT program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) and is required to maintain compliance with all standards and elements identified in the document “Standards and Required Elements for Accreditation of Physical Therapist Education Programs”. Standard 7 pertains to curricular content and is worded:

“The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment”

There are 4 elements within Standard 7 containing a total of 100 identified content and learning experiences. The DPT program is required to provide evidence of compliance with Standard 7 by identifying specific courses in which the required content and learning experiences are instructed, course objectives that demonstrate the expected level of achievement and the placement of the courses within the curriculum sequence.

A component of evidence for compliance with Standard 7 is provided through the development of a curriculum map developed using EXXAT software. Curriculum mapping using EXXAT software was initiated in May 2019 (AY 2018-2019) with subsequent revisions and remapping in Jan 2021 (AY 2020-2021). In January 2024, program accreditation standards were updated, necessitating a re-mapping of all course syllabi objectives to the new standards. The process for developing a curriculum map involved uploading all syllabi and associated learning objectives into EXXAT software followed by faculty identifying the learning attribute (the different development levels the student will experience through the curriculum) associated with each course objective.

The **DPT 2023-2024 curriculum map required for WKU Assurance of Learning** annual report was developed in April and May 2024 on three separate 3-5- hour workdays involving all faculty. The DPT curriculum map is organized in an Excel spreadsheet containing 108 rows reflective of the 100 identified content and learning experiences from Standard 7. Moving horizontally across the spreadsheet, the courses within the curriculum are listed in chronological order. Objectives within each course are mapped to each component of Standard 7 and the expected level of achievement for each objective is identified. This map allows the faculty to assess the breadth within which the required learning standards are covered within the curriculum and the continuity of learning achievement from beginning to intermediate to advanced. The Preface tab of the spreadsheet provides a summary of the curriculum mapping to all components of Standard 7.

DPT Curriculum Map Organization

Tab	Standard	Description
	7A	<u>The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice in:</u>
1	7A	Anatomy
2	7A	Cardiovascular system
3	7A	Endocrine and metabolic system
4	7A	Gastrointestinal system
5	7A	Genital and reproductive system
6	7A	Hematologic system
7	7A	Hepatic and biliary system
8	7A	Immune system
9	7A	Integumentary system
10	7A	Lymphatic
11	7A	Musculoskeletal system
12	7A	Neurological system
	7A	Pulmonary System
	7A	Renal and urologic systems
	7A	Body Systems and interactions
	7A	Differential Diagnosis
	7A	Health and surgical conditions seen in physical therapy
	7A	Genetics
	7A	Exercise Science
	7A	Biomechanics
	7A	Kinesiology
	7A	Neuroscience
	7A	Motor control and motor learning
	7A	Diagnostic imaging
	7A	Nutrition
	7A	Pharmacology
	7A	Pain and pain experiences
13	7A	Psychosocial aspects of health and disability
	7B	<u>The physical therapist professional curriculum includes content and learning experiences in:</u>
	7B	The physical therapist professional curriculum includes content and learning experiences in ethics, values, professional responsibilities, service, and leadership in the ever-changing health care environment.
14	7B	Practice in a manner consistent with all principles of the APTA Code of Ethics for the Physical Therapist and the Core Values for the Physical
15		Therapist and Physical Therapist Assistant.

16	7B	Provide learning experiences to develop service and leadership skills and abilities: legislative and political advocacy, community collaboration, health care disparity
17	7B	Practice within the legal framework of one's jurisdiction(s) and relevant federal and state requirements.
23	7C	<u>The physical therapist professional curriculum includes content and learning experiences about the following:</u>
	7C	Provide learning experiences in contemporary physical therapy knowledge and practice including evidence-informed practice
24	7C	Provide learning experiences in contemporary physical therapy knowledge and practice including interpretation of statistical evidence
25	7C	Provide learning experiences in contemporary physical therapy knowledge and practice including clinical reasoning and decision making
26	7C	Provide learning experiences in contemporary physical therapy knowledge and practice including scholarly inquiry
27	7C	Provide teaching and learning experiences to improve skills and abilities to educate and communicate in a manner that meets the needs of the patient, caregiver, and other health care professionals.
28	7C	Provide learning experiences that advance understanding of health care disparities* in relation to physical therapy.
29	7C	Recognize and adjust personal behavior to optimize inclusive and equitable patient care and patient care environments.
39	7D	<u>The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for entry-level practice of physical therapy for patient and client management in the ever-changing health care environment.</u>
		<u>Professional Ethics, Values and Responsibilities</u>
40	7D1	Complete an examination and screening to inform patient and client management:
41	7D1A	Perform a comprehensive subjective examination. - Complete an examination and screening to inform patient and client management: Perform a comprehensive subjective examination.
42	7D1B	Perform a systems review. - Complete an examination and screening to inform patient and client management: Perform a systems review.
43	7D1C	Select and administer age-appropriate tests and measures - Complete an examination and screening to inform patient and client management: Select and administer age-appropriate tests and measures that assess each of the following throughout the life span:
44	7D1.C1	Cardiovascular system - Complete an examination and screening to inform patient and client management: Select and administer age-appropriate tests and measures that assess each of the following throughout the life span: Cardiovascular system
45	7D1.C2	Pulmonary system - Complete an examination and screening to inform patient and client management: Select and administer age-appropriate tests and measures that assess each of the following throughout the life span: Pulmonary system
46	7D1.C3	Neurological system - Complete an examination and screening to inform patient and client management: Select and administer age-appropriate tests and measures that assess each of the following throughout the life span: Neurological system
47	7D1.C4	Musculoskeletal system - Complete an examination and screening to inform patient and client management: Select and administer age-appropriate tests and measures that assess each of the following throughout the life span: Musculoskeletal system

48	7D1.C5	Integumentary and lymphatic systems - Complete an examination and screening to inform patient and client management: Select and administer age-appropriate tests and measures that assess each of the following throughout the life span: Integumentary and lymphatic systems
49	7D1.C6	Growth and human development - Complete an examination and screening to inform patient and client management: Select and administer age-appropriate tests and measures that assess each of the following throughout the life span: Growth and human development
50	7D1.C7	Pain and pain experiences - Complete an examination and screening to inform patient and client management: Select and administer age-appropriate tests and measures that assess each of the following throughout the life span: Pain and pain experiences
51	7D1.C8	Psychosocial aspects - Complete an examination and screening to inform patient and client management: Select and administer age-appropriate tests and measures that assess each of the following throughout the life span: Psychosocial aspects
52	7D1.C9	Mental health aspects - Complete an examination and screening to inform patient and client management: Select and administer age-appropriate tests and measures that assess each of the following throughout the life span: Mental health aspects
53	7D1.D	Complete an examination and screening to inform patient and client management: Determine when patients and clients need further examination or consultation by a physical therapist or referral to other professional(s).
54	7D1.E	Complete an examination and screening to inform patient and client management: Provide physical therapist services through direct access.
55	7D2	Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments. <u>Describe a patient's or client's impairments to body functions and structures, activity limitations, and participation restrictions according to the International Classification of Function, Disability, and Health (ICF).</u>
56	7D3	
57	7D4	Determine a physical therapy diagnosis that guides future patient and client management. Determine a prognosis that includes patient and client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.
58	7D5	Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients and clients, caregivers, payers, other professionals, and other appropriate individuals.
59	7D6	
60	7D7	Determine and supervise the components of the plan of care that may be directed to the physical therapist assistant based on: Team-based care - Determine and supervise the components of the plan of care that may be directed to the physical therapist assistant based on:Team-based care.
61	7D7.A	The needs of the patient or client - Determine and supervise the components of the plan of care that may be directed to the physical therapist assistant based on:The needs of the patient or client
62	7D7.B	The education, training, and competence of the PTA. - Determine and supervise the components of the plan of care that may be directed to the physical therapist assistant based on: The education, training, and competence of the PTA.
	7D7.C	Jurisdictional law and payor policies. - Determine and supervise the components of the plan of care that may be directed to the physical therapist assistant based on: Jurisdictional law and payor policies.
	7D7.D	

63	7D7.E	Facility policies. - Determine and supervise the components of the plan of care that may be directed to the physical therapist assistant based on: Facility policies.
64	7D8	Determine and supervise activities that may be directed to unlicensed support personnel based on: The needs of the patient or client - Determine and supervise activities that may be directed to unlicensed support personnel based on: The needs of the patient or client
65	7D8.A	The education, training, and competence of the unlicensed personnel. - Determine and supervise activities that may be directed to unlicensed support personnel based on: The education, training, and competence of the unlicensed personnel.
66	7D8.B	Jurisdictional law and payor policies. - Determine and supervise activities that may be directed to unlicensed support personnel based on: Jurisdictional law and payor policies.
67	7D8.C	
68	7D8.D	Facility policies. - Determine and supervise activities that may be directed to unlicensed support personnel based on: Facility policies.
69	7D9	Create a discontinuation of the episode of care plan that optimizes success for the patient in moving along the continuum of care.
70	7D10	Select and perform physical therapy interventions for each of the following to achieve patient and client goals and outcomes: Cardiovascular conditions (these should be A-H). - Select and perform physical therapy interventions for each of the following to achieve patient and client goals and outcomes: Cardiovascular conditions (these should be A-H).
71	7D10.A	Pulmonary conditions - Select and perform physical therapy interventions for each of the following to achieve patient and client goals and outcomes: Pulmonary conditions.
72	7D10.B	Neurological conditions - Select and perform physical therapy interventions for each of the following to achieve patient and client goals and outcomes: Neurological conditions.
73	7D10.C	Musculoskeletal conditions. - Select and perform physical therapy interventions for each of the following to achieve patient and client goals and outcomes: Musculoskeletal conditions.
74	7D10.D	Integumentary and lymphatic conditions - Select and perform physical therapy interventions for each of the following to achieve patient and client goals and outcomes: Integumentary and lymphatic conditions
75	7D10.E	Metabolic conditions - Select and perform physical therapy interventions for each of the following to achieve patient and client goals and outcomes: Metabolic conditions.
76	7D10.F	Human development - Select and perform physical therapy interventions for each of the following to achieve patient and client goals and outcomes: Human development.
77	7D10.G	Pain and pain experiences - Select and perform physical therapy interventions for each of the following to achieve patient and client goals and outcomes: Pain and pain experiences.
78	7D10.H	
80	7D11	Monitor and adjust the plan of care to optimize patient or client health outcomes. Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments of body functions and structures, activity limitations, and participation restrictions.
82	7D12	Educate others, using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students. Incorporate cultural humility* and social determinants of health* when providing patient and/or caregiver education.
83	7D13	Manage the delivery of care consistent with administrative policies and procedures of the practice environment, including environmental emergencies.*
84	7D14	
	7D15	<u>Complete documentation related to Elements 7D1-7D13 that follows guidelines and specific documentation formats required by jurisdiction's practice act, the practice setting, and other regulatory agencies.</u>

85	7D16	Participate in the case management process.
86	7D17	Participate in activities for ongoing assessment and improvement of quality services.
87	7D18	Participate in patient-centered interprofessional collaborative practice.
88	7D19	Use health informatics* in the health care environment.
89	7D20	Assess health care policies and their potential impact on the ever-changing health care environment and practice. Provide physical therapy services informed by cultural humility* that address primary,* secondary,* and tertiary* prevention, health promotion, and wellness to individuals, groups, and communities.
90	7D21	
91	7D22	Provide physical therapy services that address:
	7D22.A	JEDI, belonging,* and anti-racism* - Provide physical therapy services that address: JEDI, belonging,* and anti-racism*
	7D22.B	Health care disparities* and social determinants of health.* - Provide physical therapy services that address: Health care disparities* and social determinants of health.*
92	7D23	Assess, document, and minimize safety risks of individuals and the health care provider:
93	7D23.A	Design and implement strategies to improve safety in the health care setting as an individual and as a member of the interprofessional health care team.
94	7D23.B	Follow the safety policies and procedures of the facility
95	7424	Participate in the financial management of the practice setting, including accurate billing and payment for services rendered. Participate in practice management activities that may include marketing, public relations, regulatory and legal requirements, risk management, staffing, and continuous quality improvement.
96	7D25	

Western Kentucky University
Doctor of Physical Therapy

Scoring Rubric for Oral Presentation of Research Project DPT 785

Students:

Date: 12/4/2023

Faculty member:

Research Advisor:

	Not Acceptable (Novice) 0	Good (Proficient) 1	Excellent (Distinguished) 2
Communication -			
Tone of voice, volume; awareness of audience, eye contact; delivery of presentation	Limited to no awareness of audience; makes minimal eye contact; reads majority of presentation from notes or slides	Occasional difficulties with voice tone and clarity; sustains eye contact with audience for majority of presentation; minimal reliance on notes for delivery	Strong, clear tone of voice; confident in content area; sustains eye contact with audience throughout presentation; no reliance on notes for delivery
Response to questions	Direct but inadequate response to questions, lacks focus and understanding of topic.	Well focused responses to majority of questions; demonstrates good understanding of topic.	Well-focused responses to all questions with clear articulation; demonstrates thorough and profound understanding of the topic.
Communication -			
Tone of voice, volume; awareness of audience, eye contact; delivery of presentation	Limited to no awareness of audience; makes minimal eye contact; reads majority of presentation from notes or slides	Occasional difficulties with voice tone and clarity; sustains eye contact with audience for majority of presentation; minimal reliance on notes for delivery	Strong, clear tone of voice; confident in content area; sustains eye contact with audience throughout presentation; no reliance on notes for delivery
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	Not Acceptable (Novice) 0	Good (Proficient) 1	Excellent (Distinguished) 2
Response to questions	Direct but inadequate response to questions, lacks focus and understanding of topic.	Well focused responses to majority of questions; demonstrates good understanding of topic.	Well-focused responses to all questions with clear articulation; demonstrates thorough and profound understanding of the topic.
Communication -			
Tone of voice, volume; awareness of audience, eye contact; delivery of presentation	Tone of voice, volume; awareness of audience, eye contact; delivery of presentation	Tone of voice, volume; awareness of audience, eye contact; delivery of presentation	Tone of voice, volume; awareness of audience, eye contact; delivery of presentation
Response to questions	Direct but inadequate response to questions, lacks focus and understanding of topic.	Well focused responses to majority of questions; demonstrates good understanding of topic.	Well-focused responses to all questions with clear articulation; demonstrates thorough and profound understanding of the topic.
Communication -			
Tone of voice, volume; awareness of audience, eye contact; delivery of presentation	Tone of voice, volume; awareness of audience, eye contact; delivery of presentation	Tone of voice, volume; awareness of audience, eye contact; delivery of presentation	Tone of voice, volume; awareness of audience, eye contact; delivery of presentation
Response to questions	Direct but inadequate response to questions, lacks focus and understanding of topic.	Well focused responses to majority of questions; demonstrates good understanding of topic.	Well-focused responses to all questions with clear articulation; demonstrates thorough and profound understanding of the topic.
Content			
Background	No reference is made to literature or theory	Substantial idea development with adequate detail	Strong idea development; connects project development with published evidence
Purpose and Hypothesis	Unclear description of study purpose	Clear description of study purpose and hypothesis	Clear description of study purpose and hypothesis; relates study purpose and hypothesis to supporting evidence
Methods	Confusing, difficult to follow.	Clear, concise methods	Clear, concise methods with consideration of internal validity.
Data Analysis/ Results	Lacks good understanding of analysis; Unable to articulate study findings	Appropriate analysis with good rationale for choice; clear articulation of study findings.	Well-developed analytical choices; clear articulation of study findings strong explanation of visual aids

Discussion	Unable to articulate meaning of results.	Summarizes key findings but does not provide interpretation and/or relate findings to study objectives and/or previous research	Summarizes and interprets key findings with references to study objectives and previous research
Limitations	Does not discuss limitations	Presents limitations but does not account for potential bias or imprecision.	Discuss limitations of the study, taking into account sources of potential bias or imprecision.
	Not Acceptable (Novice) 0	Good (Proficient) 1	Excellent (Distinguished) 2
Conclusion	Does not provide conclusion summary or lacking in more than two of the following: Short overview; Brief statement of findings; Clinical relevance; generalizability	Lacks in one or two of the following: Short overview; Brief statement of findings; Clinical relevance; generalizability	Provides a short overview of the study, major findings; provides clinical relevance and/or generalizability; and identifies opportunities for future research.
Organization			
Organization of PowerPoint	Weak, disorganized	Clear, focused presentation that is logical; completes presentation within 1-2 minutes of allotted time	Clear and focused; logically organized; rich in style; completes presentation without exceeding allotted time
Wording, grammar	Many errors; excessive wording on more than 50% of slides	Error-free; <25% slides with excessive wording	Error-free; < 10% slides with excessive wording

Successful completion of the oral presentation:

The student must achieve an average score of 1 (proficient) from every faculty member.

Rater instructions:

1. For a score of '2' in an individual item, the student must attain all criterion outlined for that item.
2. Place a checkmark within the appropriate box for each category relevant to the student presentation.

Successful completion of the oral presentation:

- Each student is graded on the two areas for Communication and any additional areas he/she presents.
- The two areas of Organization are graded for the group as a whole in reference to the PowerPoint and group organization for effective delivery of the research.
- The student must achieve an average score of 1 from every faculty member.
- No more than 25% of the scored areas for an individual student receives a score of 0. Example: A student is scored in 4 areas, no more than 1 area may receive a score of 0.

Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0 and PTAs (PTA CPI) 3.0



Preliminary information for PT CPI and PTA CPI subscribers to assist with the transition to the revised tools.

In 2022, APTA made the decision to invest in the psychometric review of the PT and PTA CPIs to align the content and scoring model to best practices in 2023. That work was completed in partnership with Human Resources Research Organization (HumRRO) in November 2022. APTA is currently working with its new technology vendor, Competency.AI, to have these tools available for use in an electronic, mobile friendly platform.

APTA is aware that academic programs and clinical sites need to be able to review the revised proficiency domains, behaviorally anchored rating scales, and rater instructions for the revised tools ahead of their launch on the technology platform. This information is being provided to assist users prepare for the transition. **Note:** These sample paper versions of the revised tools do not include the fields for critical incident, narrative comments, and other features.

Content in the PT CPI tool is copyrighted to APTA. Academic and clinical institutions may review and share this information within their own programs/sites as necessary; however, the contents of this tool may not be reproduced or redistributed beyond the scope of a review without prior written approval from APTA.

Revised Uses of the CPIs

Formative Uses (Low-Stakes)

Providing a checkpoint for the student's progress during their clinical experience while helping to identify deficits and areas for growth in the student's performance and/or skills:

DCEs use performance ratings and comments on the midterm evaluation to determine if the student is on track to pass their clinical experience. Additionally, DCEs examine changes in ratings and feedback from the student's midterm evaluation to their final evaluation. If the CPI indicates gaps in the student's clinical performance, then the DCE and CI use that information to determine what types of additional support are necessary to help the student. The final CPI evaluation serves as a "mentoring guide" or tool for professional development before the student moves on to their next clinical experience.

When using the CPIs for this purpose, key stakeholders should take into consideration that CPI ratings are only completed at two points during the student's clinical experience (midterm and final); thus, the CPI does not serve as a tool to help *continuously* monitor the student's progress throughout their clinical experience. Moreover, CPI ratings should be based on where the student is at when the CPI is completed, not based on where they were in the weeks prior to the evaluation.

Facilitating the student's self-assessment of their clinical performance: The CPI serves as a tool to help students engage in self-assessment of their clinical performance at the midpoint and end of their clinical experiences. One useful feature of the CPIs is the sample behaviors embedded throughout the instruments. These sample behaviors provided in the CPI help guide students in creating thoughtful written comments. Ultimately, DCEs and CIs will work with students to guide and support students who rate themselves on the lower end or who rate themselves much higher than the ratings provided by their CI.

When using the CPIs for this purpose, key stakeholders should take into consideration that the length of the CPI could lead to limited written feedback from students. Thus, limited written comments from the student should not always be interpreted as lower levels of self-reflection. Further, the CPI provides only one checkpoint for students to complete a self-assessment; however, students should engage in self-assessment of their clinical performance on an ongoing basis.

Identifying areas of discordance in evaluation and/or expectations between the CI and the student: The CPI reinforces communication between the students and their instructors and provides insight into whether more frequent communication is needed. If the CI observes lower ratings from the student, they can work with the student to help instill confidence in the student. If necessary, CIs can provide the DCE with additional feedback on the student's performance in the form as an addendum to the original CPI after meeting with the student to discuss their ratings.

When using the CPIs for this purpose, key stakeholders should take into consideration that completing the CPI is already a large time commitment for the CI and asking the CI to meet again with the student to discuss their ratings adds to this time commitment. Key stakeholders should also keep in mind that allowing the CI and student to view each other's ratings and feedback before the CI and student have both signed off on their CPIs could sway the other's ratings.

Summative Use (High-Stakes)

Guiding the DCE's decision on the student's pass-fail status for their clinical experience: The CPI is used to provide data on a PT or PTA student's performance during their clinical experience. There are thresholds or criteria for the CPI performance ratings to help DCE's determine a student's pass-fail status for their clinical experience. DCEs also use the written comments from the CPI to support their decisions for whether a student passes or fails their clinical experience. Overall, key stakeholders described the CPI as most useful for determining readiness to enter practice when the student is participating in a clinical experience at the end of their clinical education program (i.e., a terminal clinical).

When using the CPIs for this purpose, key stakeholders should take into consideration that the CPI is only one piece of information that is used to determine a student's pass-fail status. Additionally, ratings and rating methods tend to be inconsistent across CIs due to differing interpretations of the rating scales. For example, CPI ratings are dependent on the CI's ability to conceptualize entry-level, especially if the CI is in a specialty setting (e.g., level-one trauma, pediatrics). Entry-level ratings should be based on readiness to practice in a *general* clinical setting, not readiness to practice in a *specific* specialty clinical setting. CIs may also interpret entry-level as practicing at the level the CI is currently at rather than at the level the CI was at when they first started practicing.

Inappropriate Uses of the CPIs

Standards 4.1 and 6.10 of the AERA/APA/NCME standards establish the need for test developers to identify potential limitations and inappropriate uses of test results to avoid misinterpretation and misuse of test scores by test users (AERA, APA, NCME, 2014). During our interviews, the key stakeholders identified the following for which the CPI should *not* be used. During the focus group workshops, we asked key stakeholders to confirm that each of the uses listed below were inappropriate. Group discussions were guided by the following questions:

- *Do you feel this an inappropriate use for the CPIs? Why or why not?*
- *Would this be an inappropriate use for all CPI users or for a specific group?*

In the end, each of the initial inappropriate uses for the PTA and PT CPIs were confirmed as being inappropriate during the focus group workshops. We provide further details on each use below.

Determining if a student is ready to sit for the Board exam: The CPI is more performance based while the Board exam is more knowledge based. Additionally, the CPI does not touch on didactic knowledge as it is not the intent of the tool. Overall, there are other academic factors that likely serve as more appropriate indicators to determine if a student is prepared for the Board exam.

Making comparisons about the relative effectiveness of education programs: The CPI should not be used to make judgments on the overall effectiveness of education programs, nor to compare the relative effectiveness of various education programs because the CPI does not account for differences in program design (e.g., the duration of the clinical experience, sequencing of clinical experiences). Key stakeholders stated that more breadth is necessary in comparing clinical education programs, not just the CPI; that's only one "piece of the puzzle."

As the single deciding factor for whether a student should be recommended for removal from their PT/PTA program: The red flag indicator in the CPI serves as a method of notifying the DCE of any immediate problems with the student's behavior or performance; however, the CI and DCE typically discuss any major concerns before using the red flag system is necessary. Key stakeholders described information from the CPI as a “consideration” but not a determining factor and stated that DCEs should not use the CPI as the only data point in making decision on a student's status. It should be used in combination with other data points. Despite this, the CPI provides a source of documentation and rationale for issues such as unethical or unprofessional behavior and safety concerns.

Do Not Reproduce

Final PT CPI BARS¹

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or “anchors” that describe the six performance levels (**Beginning Performance, Advanced Beginner, Intermediate Performance, Advanced Intermediate Performance, Entry-Level Performance, and Beyond Entry-Level Performance**), (3) percentage ranges for the student’s level of required clinical supervision and caseload (except for the ‘Professionalism’ domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. **It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.**

When making your ratings, think about all aspects of the student’s clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student’s typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. **Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors** representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where **(a) the student’s level of supervision and caseload falls on the rating scale** and **(b) the majority of the behaviors that best represent the student’s performance fall on the rating scale**. If the student’s clinical performance spans multiple performance levels, **consider where there is a preponderance of evidence and make your rating at that level.**

Finally, when making your ratings, it is important to remember the following:

- **Do not compare the student you are rating to other students.** Each student’s effectiveness should be determined by comparing their clinical behavior to the standards provided on the rating scales, and **not** by comparing them to others. In other words, you should make **absolute** rating judgments (e.g., comparing students to a specific, common standard), not **relative** rating judgments (i.e., comparing students to each other).
- **Do not allow your general impression of a student to influence your ratings of the separate performance criteria.** Rather, you should focus on one performance criterion at a time, not letting the student’s overall clinical performance or the ratings you have given that student on other performance criteria affect your current performance criterion rating.
- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student’s strengths and less effective clinical behaviors, as appropriate.

¹ While not reflected in the pages that follow, the stakeholders advised that a checkbox be included to denote any safety violations.

Professionalism: Ethical Practice

Description: *Practices according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Acknowledges that there are ethical practice standards by which they should abide. Identifies obvious unethical behaviors that occur in the clinical setting. Identifies, acknowledges, and accepts responsibility for their actions. Maintains patient/client confidentiality. Engages in a polite and respectful manner with patients/clients and colleagues. 		<ul style="list-style-type: none"> Articulates most of the policies and procedures of their clinical practice setting (e.g., OSHA, HIPAA). Articulates most of the elements of the Code of Ethics for the Physical Therapist. Reports clinical errors without prompting from the CI. Gathers objective information to support questions regarding any potentially unethical behaviors observed in the clinical setting. Seeks advice from CI on how to address potentially unethical behaviors observed in the clinical setting. Seeks assistance with executing plans for addressing unethical behaviors. Devotes appropriate time and effort to meet patient/client needs; does not rush treatment session or intervention. 		<ul style="list-style-type: none"> Abides by the policies and procedures of the clinical practice setting (e.g., OSHA, HIPAA). Adheres to the elements of the Code of Ethics for the Physical Therapist. Consistently identifies unethical behaviors. Uses resources (e.g., hospital ethics committee) for addressing and resolving ethical conflicts. Recognizes the need and advocates for physical therapy services to underserved and underrepresented patient/client populations. Strives to provide patient/client services that go beyond expected standards of practice. Sets an example for other healthcare providers in their daily actions. 	

Professionalism: Legal Practice

Description: *Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Acknowledges that there are legal and professional practice standards by which they should abide. Identifies obvious violations of legal and professional practice standards performed by others in the clinical setting. Adheres to patient/client privacy laws and practice standards (e.g., keeps patient/client documentation systems out of line of sight of others, speaks in a low volume when discussing a patient's/client's case). Discusses patient/client information only with others involved with that patient's/client's care. Identifies cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). 		<ul style="list-style-type: none"> Articulates most of the legal and professional practice standards related to patient/client care, including federal, state, and institutional regulations. Gathers some objective information to support questions regarding perceived illegal activity observed in the clinical practice setting. Reports clinical errors without prompting from CI. Seeks advice from CI on how to address violations of legal and professional practice standards observed in the clinical setting. Seeks appropriate sources to report any perceived violations of legal and professional practice standards observed in the clinical setting. 		<ul style="list-style-type: none"> Practices according to legal and professional standards, including federal, state, and institutional regulations related to patient/client care. Readily identifies violations of legal and professional practice standards. Gathers objective information to support any questions regarding perceived illegal activity observed in the clinical practice setting. Answers any questions to support reports of perceived illegal or unprofessional behavior. Articulates and resolves cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). Sets an example for other healthcare providers in their daily actions. 	

Professionalism: Professional Growth

Description: *Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Seeks guidance from CI for steps to improve their clinical performance and/or clinical practice knowledge. Participates in planning to improve clinical performance and/or clinical practice knowledge. Develops and prioritizes several short- and long-term goals for improving their clinical practice skills. Takes initiative to communicate their clinical practice goals and learning needs to the CI. Accepts feedback without defensiveness. 		<ul style="list-style-type: none"> Identifies areas of strength and areas for growth in an effort to improve their clinical performance and/or clinical practice knowledge. Identifies educational opportunities and resources that are relevant to their clinical setting. Researches diagnoses and treatments encountered in the clinic that are unfamiliar. Revises previously established short- and long-term goals for improving clinical practice skills after participating in additional educational opportunities. Implements new information in the clinical setting and reflects on effectiveness of different interventions. Provides effective feedback to CI related to clinical mentoring to advocate for their own learning needs. 		<ul style="list-style-type: none"> Self-assesses their clinical performance in an effort to improve patient/client care. Seeks out evidence-based research. Recognizes when referral to or consultation with individuals with greater experience/expertise is warranted in order to meet the patient's/client's needs. Participates in discussions with colleagues to foster their own professional growth or aide in the professional growth of their colleagues. Demonstrates the ability to effectively teach and/or share their professional knowledge. Shares articles or information with their colleagues for educational purposes within their areas of interest or within the needs of the patient/client population. Participates in the development of continuing education opportunities for the institution or on a local or national level. Seeks out additional opportunities to improve knowledge and skills that are beyond the day-to-day clinical practice expectations. 	


Interpersonal: Communication

Description: Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Introduces self and the role of PT to the patient/client. Demonstrates basic proficiency in identifying barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. Demonstrates basic proficiency in communicating appropriately with other healthcare providers. Identifies the patient's/client's preferred communication style and uses their preferred communication style throughout most of the episode of care. Accesses and begins using translation services with assistance. Discusses patient/client status with other healthcare providers. Differentiates between technical and layman terminology. Typically exhibits active listening for improved understanding. 		<ul style="list-style-type: none"> Distinguishes between effective and ineffective verbal and non-verbal communication with the patient/client. Uses appropriate translation services as needed (e.g., translator, sign language). Typically refrains from using technical jargon with the patient/client. Communicates with other clinicians regarding patient/client care in order to facilitate a continuum of care between clinicians/disciplines. Asks the patient/client pertinent questions related to their medical history and medical screening to gain information during the episode of care. Asks the patient/client appropriate follow-up questions throughout the episode of care to clarify and understand the patient's/client's responses. 		<ul style="list-style-type: none"> Demonstrates effective verbal and non-verbal communication with patients/clients in complex situations. Recognizes when communication is ineffective and seeks external assistance for mediation as needed. Demonstrates effective communication with patients/clients in difficult situations (e.g., difficult topics, emotional situations) with respect and empathy in order to meet patient's/client's goals. Establishes rapport and trust with patient/client and caregiver(s) through effective communication. Facilitates ongoing communication with physical therapist assistants and the intra/interprofessional teams regarding patient/client care. Provides constructive feedback to others on effective verbal and non-verbal communication, when appropriate. Diffuses or redirects situations of potential conflict. 	


Interpersonal: Inclusivity

Description: *Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Typically demonstrates respect for diversity and inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. Displays empathy in most patient/client interactions. Identifies some individual or cultural differences that may be impactful to the patient/client. Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). Responds professionally to patients/clients with conflicting values. 		<ul style="list-style-type: none"> Seeks additional information on patient/client populations with cultural differences with which they may be less familiar. Reflects on and identifies personal biases. Seeks out resources to manage personal biases. Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns. 		<ul style="list-style-type: none"> Provides patient/client care that does not vary in quality based on the patient's/client's personal characteristics, including age, disability, ethnicity, gender identity, race, sexual orientation, etc. Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care. Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care. Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care. Advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs. Advocates for patient/client populations on a local or national level. 	


Technical/Procedural: Clinical Reasoning

Description: *Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Performs chart review with assistance to determine a patient's/client's continued appropriateness for services. Identifies appropriate medical history and screening questions with assistance to ensure patient/client safety during the episode of care. Works with the CI to identify patient/client impairments, activity limitations, and participation restrictions. Selects basic therapeutic interventions that address the patient's/client's functional limitations. Explains their rationale for treatment choices according to the level of the experience and the didactic material covered up to that point. Articulates clinical thought processes using the International Classification of Functioning, Disability, and Health (ICF) model. Identifies all red flags that contraindicate treatment. Recognizes the need for clarification and seeks assistance from the CI as appropriate. 		<ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for non-complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with non-complex disorders. Identifies progression and regression situations. Uses hypothetico-deductive reasoning to talk through a patient/client case with the CI. Verbalizes rationale to support specific interventions. Demonstrates the ability to use pattern recognition to apply to patient/client cases. Recognizes when a CI needs to be notified based on a patient's/client's progress or reaction to care. 		<ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders. Identifies diverse interventions to progress or regress the patient's/client's plan of care. Acknowledges ineffectiveness of chosen interventions based on reflection. Articulates alternative options to provide effective patient/client care. Articulates the benefits and challenges of various treatment options. Provides suggestions to CI regarding changes in the plan of care citing evidence-based resources. Utilizes ongoing professional development and scholarly resources to make clinical decisions. 	

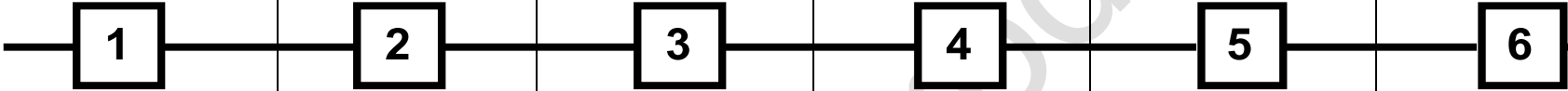
Technical/Procedural: Examination, Evaluation, and Diagnosis

Description: *Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Performs a comprehensive chart review for non-complex cases. Identifies appropriate subjective history questions, screening considerations, and basic objective tests and measures with assistance for non-complex cases. Performs an initial examination, including subjective history taking, previous medical history screening, and objective tests and measures with assistance for non-complex cases. Discusses anatomy as it relates to the patient's/client's condition(s). 		<ul style="list-style-type: none"> Performs a comprehensive chart review for complex cases. Uses subjective and objective data from examinations to develop a physical therapy diagnosis for non-complex cases. Sets appropriate short- and long-term goals for identified and/or anticipated deficits in non-complex cases. Performs re-examinations, including subjective history and objective tests and measures for non-complex cases. Develops differential diagnosis options for non-complex cases. Identifies limiting factors in recovery. Consistently makes appropriate patient/client discharge recommendations for non-complex cases. Seeks guidance from other healthcare providers when presented with ambiguous information. 		<ul style="list-style-type: none"> Performs initial examinations and re-examinations, including subjective history taking, previous medical history screening, and objective tests and measures for complex cases. Sets appropriate short- and long-term goals for identified and/or anticipated deficits in complex cases. Works through differential diagnoses within the examination/evaluation to arrive at 1-2 diagnoses for complex cases. Uses evidenced-based practice to perform and synthesize findings from the initial examination or re-examination to determine appropriateness for treatment or referral. Consistently makes appropriate patient/client discharge recommendations for complex cases. Contacts outside providers in the process of handing off the patient/client at discharge. 	


Technical/Procedural: Plan of Care and Case Management

Description: *Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Assists with developing a patient's/client's plan of care. Develops patient-/client-centered goals. Modifies goals based on the patient's/client's response to the treatment with assistance. Typically includes the patient/client in the plan of care development, including goal setting. Carries out an established plan of care that is safe, effective, and patient-/client-centered with assistance. Answers most of the technical questions from the patient/client effectively for non-complex cases. Assists with implementing use of routine outcome measures. Assists with re-evaluations and discusses findings with the CI. 		<ul style="list-style-type: none"> Demonstrates understanding of prognosis and designs a plan of care with an appropriate timeline for the patient's/client's specific diagnosis. Monitors and adjusts the plan of care using test and retest measures to determine the need for continued therapy services or discharge planning. Recognizes the patient's/client's tolerance to an activity and progresses or regresses the intensity of the activity accordingly. Suggests alternative interventions that are evidence-based and congruent with the plan of care. Recognizes where further referral to or consultation with other specialties might be warranted. Answers most of the technical questions from the patient/client effectively for complex cases. 		<ul style="list-style-type: none"> Progresses or regresses complex cases based on the patient's/client's reaction to the established plan of care. Demonstrates creativity by implementing innovative evidence-based activities to progress the patient/client while still adhering to the established plan of care. Communicates with other healthcare professionals on the status of the plan of care to ensure an appropriate discharge plan. Follows up with patients/clients and/or caregivers post-discharge. Utilizes all appropriate interprofessional team members to make clinical decisions regarding progression toward goals or discharge disposition. 	

Technical/Procedural: Interventions and Education

Description: *Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Identifies established protocols to direct patient/client therapeutic interventions. Identifies viable options for interventions with assistance to address objective and functional deficits. Performs basic therapeutic interventions that address one or more problems in patient's/client's diagnosis. Identifies the preferred learning style of the patient/client and adapts delivery of educational information to meet patient's/client's needs. Identifies some of the potential barriers to learning and collaboratively works with the CI in order to brainstorm ways to facilitate learning. 		<ul style="list-style-type: none"> Performs appropriate interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) safely, competently, and efficiently for non-complex cases. Delivers patient/client education using evidence-based decision making safely, competently, and efficiently for non-complex cases. Adapts interventions based on patient/client response. Educates the patient/client and/or caregiver(s) on anatomical rationale/reasoning component for the patient's/client's diagnosis for non-complex cases. Assesses the patient's/client's and caregiver's understanding of educational information. 		<ul style="list-style-type: none"> Performs appropriate interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) safely, competently, and efficiently for complex cases. Determines when interventions are ineffective and require modification using evidence-based decision making. Delivers patient/client education using evidence-based decision making safely, competently, and efficiently for complex cases. Educates patients/clients and caregivers on interventions for prevention (e.g., floor-to-sit transfers as part of a post-fall recovery strategy). Educates the patient's/client's caregivers on directing therapeutic interventions for patient/client self-management at home or post-discharge. Educates interprofessional team members on relevant topics by taking an active role in educational activities or in-service opportunities. 	

Business: Documentation

Description: *Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Understands most of the components of documentation of an initial evaluation (e.g., SOAP). Typically identifies the appropriate location within the documentation system for necessary components. Assists with producing documentation with accurate information regarding the patient's/client's status, interventions, assessment, and plan of care. Demonstrates awareness of the need for appropriate documentation as essential to the provision of care. Submits documentation but takes considerable time and effort to do so. 		<ul style="list-style-type: none"> Produces documentation that includes changes in patient/client status, interventions, a thorough assessment of patient/client tolerance, and progression toward goals. Produces documentation of the patient's/client's plan of care that is accurate and error-free. Provides a rationale for patient/client progression and regression. Submits and organizes documentation in a reasonably timely manner. 		<ul style="list-style-type: none"> Produces additional documentation to justify the need for ongoing services for the patient/client. Includes comparison statements across time and across interventions/techniques in the assessment of the patient's/client's response to skilled therapy. Provides documentation that supports external payer requirements. Participates in quality improvement review of documentation (e.g., chart audit, peer review, goals achievement). Submits and organizes documentation in a timely manner. 	

Business: Financial Management and Fiscal Responsibility

Description: Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Demonstrates a general understanding of billing practices according to legal/federal guidelines (e.g., Medicare 8-minute rule, current procedural terminology (CPT) codes, ICD-10 codes). Recognizes and follows most of the legal guidelines of insurance regulations for their clinical setting. Typically identifies the appropriate exercises and techniques that would fall under various CPT codes to ensure appropriate billing practices. Typically identifies where to find billing information in the patient's/client's electronic medical record or chart. Requires guidance from the CI related to time management. Demonstrates understanding of the basic requirements of the facility for patient/client treatment time. 		<ul style="list-style-type: none"> Demonstrates understanding of the nuances of insurance (e.g., copay, co-insurance, out-of-pocket (OOP)) and the implications for the patient's/client's financial needs and concerns. Typically identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient/client) and adjusts plan of care and schedule frequency to meet the patient's/client's needs and concerns. Appropriately bills patient/client according to legal guidelines and insurance regulations. Demonstrate appropriate time management with non-complex cases. Assists with scheduling to maximize time spent with patient/client and directs care to other team members as appropriate. Begins to broach the topic of the financial impact of care with patients/clients. 		<ul style="list-style-type: none"> Completes accurate, timely billing that is in accordance with each insurance agency's requirements. Answers insurance questions from the patient/client. Structures clinically appropriate treatment plan within patient/client payment restrictions to ensure adequate patient/client care. Advocates for patient/client needs through communication with insurance companies and providers. Demonstrates appropriate time management with complex cases. Demonstrates awareness of clinical supplies and the impact on the utilization of financial resources of the organization. Demonstrates awareness of equipment recommendations or continuum of care recommendations made for patient/client with regards to financial resources available to patient/client. 	

Responsibility: Guiding and Coordinating Support Staff

Description: Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist.

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Articulates most of the laws/rules (organizational, state, and federal) related to delegation to support staff and licensed personnel (e.g., PTA). Articulates most of the roles and responsibilities of those within the clinical setting. Articulates who can best serve the patient/client in the clinical setting for the task at hand. Communicates respectfully with support staff and licensed personnel (e.g., PTA). Seeks feedback from support staff on patient/client progression. 		<ul style="list-style-type: none"> Begins to delegate tasks, as appropriate, and in compliance with organizational/state/federal law to support staff and licensed personnel (e.g., PTA). Begins to identify changes that support staff may implement to address patient/client progression in their plan of care. Participates in caseload discussions to ensure patient/client outcomes are progressing as expected. Reviews documentation from support staff. 		<ul style="list-style-type: none"> Schedules patients/clients according to their plan of care. Identifies patient/client complexity model of care when scheduling patients/clients with a PT vs. PTA. Participates in caseload discussions with interprofessional colleagues about patient/client presentation, progression, and status to optimize patient/client outcomes. Anticipates and plans for the need for support staff. Supervises support staff and licensed personnel (e.g., PTA). Monitors the outcomes of patients/clients receiving physical therapy services delivered by support staff and licensed personnel (e.g., PTA) and provides feedback on areas for improvement. Develops and delivers support staff training to address the management of specific patient/client populations. 	

Final PTA CPI BARS²

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or “anchors” that describe the six performance levels (**Beginning Performance, Advanced Beginner, Intermediate Performance, Advanced Intermediate Performance, Entry-Level Performance, and Beyond Entry-Level Performance**), (3) percentage ranges for the student’s level of required clinical supervision and caseload (except for the ‘Professionalism’ domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. **It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.**

When making your ratings, think about all aspects of the student’s clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student’s typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. **Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors** representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where **(a) the student’s level of supervision and caseload falls on the rating scale** and **(b) the majority of the behaviors that best represent the student’s performance fall on the rating scale**. If the student’s clinical performance spans multiple performance levels, **consider where there is a preponderance of evidence and make your rating at that level.**

Finally, when making your ratings, it is important to remember the following:

- **Do not compare the student you are rating to other students.** Each student’s effectiveness should be determined by comparing their clinical behavior to the standards provided on the rating scales, and **not** by comparing them to others. In other words, you should make **absolute** rating judgments (e.g., comparing students to a specific, common standard), not **relative** rating judgments (i.e., comparing students to each other).
- **Do not allow your general impression of a student to influence your ratings of the separate performance criteria.** Rather, you should focus on one performance criterion at a time, not letting the student’s overall clinical performance or the ratings you have given that student on other performance criteria affect your current performance criterion rating.
- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student’s strengths and less effective clinical behaviors, as appropriate.

² While not reflected in the pages that follow, the stakeholders advised that a checkbox be included to denote any safety violations.

Professionalism: Ethical Practice						
Description: <i>Practices according to the Guide for Conduct; demonstrates respect for self, the patient/client, and colleagues in all situations.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> • Acknowledges that there are ethical practice standards by which they should abide. • Identifies obvious unethical behaviors that occur in the clinical setting. • Identifies, acknowledges, and accepts responsibility for their actions. • Maintains patient/client confidentiality. • Engages in a polite and respectful manner with patients/clients and colleagues. 		<ul style="list-style-type: none"> • Articulates most of the policies and procedures of their clinical practice setting (e.g., OSHA, HIPAA). • Articulates most of the elements of the Guide for Conduct. • Reports clinical errors without prompting from the CI. • Gathers objective information to support questions regarding any potentially unethical behaviors observed in the clinical setting. • Seeks advice from CI on how to address potentially unethical behaviors observed in the clinical setting. • Seeks assistance with executing plans for addressing unethical behaviors. • Devotes appropriate time and effort to meet patient/client needs; does not rush a treatment session or intervention. 		<ul style="list-style-type: none"> • Abides by the policies and procedures of the clinical practice setting (e.g., OSHA, HIPAA). • Adheres to the elements of the Guide for Conduct. • Consistently identified unethical behaviors. • Uses resources (e.g., hospital ethics committee) for addressing and resolving ethical conflicts. • Recognizes the need and advocates for physical therapy services to underserved and underrepresented patient/client populations. • Strives to provide patient/client services that go beyond expected standards of practice. • Sets an example for other healthcare providers in their daily actions. 	

Professionalism: Legal Practice						
Description: <i>Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Acknowledges that there are legal and professional practice standards by which they should abide. Identifies obvious violations of legal and professional practice standards performed by others in the clinical setting. Adheres to patient/client privacy laws and practice standards (e.g., keeps patient/client documentation systems out of the line of sight of others, speaks in a low volume when discussing a patient's/client's case). Discusses patient/client information only with others involved with that patient's/client's care. Identifies cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). 		<ul style="list-style-type: none"> Articulates most of the legal and professional practice standards related to patient/client care, including federal, state, and institutional regulations. Gathers some objective information to support questions regarding perceived illegal activity observed in the clinical practice setting. Reports clinical errors without prompting from CI. Seeks advice from CI on how to address violations of legal and professional practice standards observed in the clinical setting. Seeks appropriate sources to report any perceived violations of legal and professional practice standards observed in the clinical setting. 		<ul style="list-style-type: none"> Practices according to legal and professional standards including federal, state, and institutional regulations related to patient/client care. Readily identifies violations of legal and professional practice standards. Gathers objective information to support any questions regarding perceived illegal activity observed in the clinical practice setting. Answers any questions to support reports of perceived illegal or unprofessional behavior. Articulates and resolves cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). Sets an example for other healthcare providers in their daily actions. Works within the scope of what would be expected of the licensure and practice for their state. 	

Professionalism: Professional Growth						
Description: <i>Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Seeks guidance from CI for steps to improve their clinical performance and/or clinical practice knowledge. Participates in planning to improve clinical performance and/or clinical practice knowledge. Develops and prioritizes several short- and long-term goals for improving their clinical practice skills. Takes initiative to communicate their clinical practice goals and learning needs to the CI. Accepts feedback without defensiveness. 		<ul style="list-style-type: none"> Identifies areas of strength and areas for growth in an effort to improve their clinical performance and/or clinical practice knowledge. Identifies educational opportunities and resources that are relevant to their clinical setting. Researches diagnoses and treatments encountered in the clinic that are unfamiliar. Revises previously established short- and long-term goals for improving clinical practice skills after participating in additional educational opportunities. Implements new information in the clinical setting and reflects on the effectiveness of different interventions. Provides effective feedback to CI related to clinical mentoring to advocate for their own learning needs. 		<ul style="list-style-type: none"> Self-assesses their clinical performance in an effort to improve patient/client care. Seeks out evidence-based research. Recognizes when referral to or consultation with individuals with greater experience/expertise is warranted in order to meet the patient's/client's needs. Participates in discussions with colleagues to foster their own professional growth or aid in the professional growth of their colleagues. Demonstrates the ability to effectively teach and/or share their professional knowledge. Shares articles or information with their colleagues for educational purposes within their areas of interest or within the needs of the patient/client population. Supports the development of continuing education opportunities for the institution or on a local or national level. Seeks out additional opportunities to improve knowledge and skills that are beyond the day-to-day clinical practice expectations. 	


Interpersonal: Communication

Description: Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist regarding patient/client care.

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Introduces self and the role of PTA to the patient/client. Demonstrates basic proficiency in identifying barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. Demonstrates basic proficiency in communicating appropriately with other healthcare providers. Identifies the patient's/client's preferred communication style and uses their preferred communication style throughout most of the episode of care. Accesses and begins using translation services with assistance. Discusses patient/client status with other healthcare providers. Differentiates between technical and layman terminology. Typically exhibits active listening for improved understanding. 		<ul style="list-style-type: none"> Distinguishes between effective and ineffective verbal and non-verbal communication with the patient/client. Uses appropriate translation services as needed (e.g., translator, sign language). Typically refrains from using technical jargon with the patient/client. Communicates with other clinicians regarding patient/client care in order to facilitate a continuum of care between clinicians/disciplines. Asks the patient/client pertinent questions related to their medical history and medical screening to gain information during the episode of care. Asks the patient/client appropriate follow-up questions throughout the episode of care to clarify and understand the patient's/client's responses. 		<ul style="list-style-type: none"> Demonstrates effective verbal and non-verbal communication with patients/clients in complex situations. Recognizes when communication is ineffective and seeks external assistance for mediation as needed. Demonstrates effective communication with patients/clients in difficult situations (e.g., difficult topics, emotional situations) with respect and empathy in order to meet patient's/client's goals. Establishes rapport and trust with patient/client and caregiver(s) through effective communication. Facilitates ongoing communication with the physical therapist and the intra/interprofessional teams regarding patient/client care. Provides constructive feedback to others on effective verbal and non-verbal communication. Diffuses or redirects situations of potential conflict. 	

Interpersonal: Inclusivity

Description: *Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Typically demonstrates respect for diversity and inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. Displays empathy in most patient/client interactions. Identifies some individual or cultural differences that may be impactful to the patient/client. Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). Responds professionally to patients/clients with conflicting values. 		<ul style="list-style-type: none"> Seeks additional information on patient/client populations with cultural differences with which they may be less familiar. Reflects on and identifies personal biases. Seeks out resources to manage personal biases. Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns. 		<ul style="list-style-type: none"> Provides patient/client care that does not vary in quality based on the patient's/client's personal characteristics, including age, disability, ethnicity, gender identity, race, sexual orientation, etc. Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care. Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care. Advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs. Advocates for patient/client populations on a local or national level. 	

Technical/Procedural: Clinical Reasoning

Description: *Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement while supporting the physical therapist with clinical activities; ensures patient/client safety during the episode of care; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Performs chart review with assistance to determine a patient's/client's continued appropriateness for services. Identifies appropriate medical history and screening questions with assistance to ensure patient/client safety during the episode of care. Works with the CI to identify patient/client impairments, activity limitations, and participation restrictions. Selects basic therapeutic interventions that address the patient's/client's functional limitations. Explains their rationale for treatment choices according to the level of the experience and the didactic material covered up to that point. Articulates clinical thought processes using the International Classification of Functioning, Disability, and Health (ICF) model. Identifies all red flags that contraindicate treatment. Recognizes the need for clarification and seeks assistance from the CI as appropriate. 		<ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for non-complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with non-complex disorders. Identifies progression and regression situations. Uses hypothetico-deductive reasoning to talk through a patient/client case with the CI. Verbalizes rationale to support specific interventions. Demonstrates the ability to use pattern recognition to apply to patient/client cases. Recognizes when a CI needs to be notified based on a patient's/client's progress or reaction to care. 		<ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders. Identifies diverse interventions to progress or regress the patient's/client's plan of care. Acknowledges ineffectiveness of chosen interventions based on reflection. Articulates alternative options to provide effective patient/client care. Articulates the benefits and challenges of various treatment options. Provides suggestions to CI regarding changes in the plan of care citing evidence-based resources. Utilizes ongoing professional development and scholarly resources to make clinical decisions. 	

Technical/Procedural: Interventions: Therapeutic Exercise and Techniques						
Description: <i>Performs selected therapeutic exercises, manual therapy techniques, airway clearance, and integumentary repair and protection techniques in a competent manner.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Reviews patient/client chart for previous treatment notes. Competently performs basic therapeutic interventions for non-complex cases. Maintains patient/client safety throughout the patient's/client's episode of care while performing therapeutic interventions. Student relies on assistance from CI to help educate patients/clients on basic therapeutic exercises. Student relies on assistance from CI to prescribe basic therapeutic techniques. 		<ul style="list-style-type: none"> Competently performs therapeutic interventions for non-complex cases. Recognizes contraindications and precautions to prescribed interventions may require some cueing to apply knowledge appropriately for complex and non-complex cases. Makes adjustments to specific therapeutic exercises and techniques for non-complex cases. Identifies patient/client learning barriers and communicates to the supervising PT. 		<ul style="list-style-type: none"> Competently performs therapeutic interventions for complex cases. Recognizes contraindications and precautions to prescribed interventions and applies knowledge appropriately for complex and non-complex cases. Makes adjustments to specific therapeutic exercises and techniques within the plan of care for complex cases to progress the patient's/client's status and reach goals. Instructs others with respect to intervention performance, expected results, and identifying the need for adjustments. 	

Technical/Procedural: Interventions: Mechanical and Electrotherapeutic Modalities						
Description: <i>Applies selected mechanical and electrotherapeutic modalities in a competent manner.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Identifies possible mechanical and electrotherapeutic modalities that would be effective in patient/client treatment. Performs basic mechanical and electrotherapeutic modalities with assistance. Typically provides appropriate questioning of the patient/client following the intervention in order to check for an appropriate response and adjust the treatment intervention. 		<ul style="list-style-type: none"> Performs mechanical and electrotherapeutic modalities for non-complex cases. Identifies when to adjust mechanical and electrotherapeutic modalities for non-complex cases dependent on patient/client feedback. Implements and recommends discontinuation of mechanical and electrotherapeutic modalities for non-complex cases. 		<ul style="list-style-type: none"> Utilizes evidence-based practice to determine the most effective mechanical and electrotherapeutic modalities for complex cases. Identifies when to adjust mechanical and electrotherapeutic modalities for complex cases dependent on patient/client feedback. Implements and recommends discontinuation of mechanical and electrotherapeutic modalities for complex cases. Maintains patient/client safety throughout the patient's/client's episode of care while applying mechanical and electrotherapeutic modalities. 	

Technical/Procedural: Interventions: Functional Training and Application of Devices and Equipment						
Description: <i>Performs functional training in self-care and home management, including therapeutic activities; performs application and adjustment of devices and equipment in a competent manner.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> • Articulates the purpose of most therapeutic devices and equipment. • Typically provides appropriate instructions for use of devices and equipment. • Performs functional training activities for basic mobility skills (e.g., rolling, supine/sitting transfers, gait level ground) with assistance. • Applies basic therapeutic devices to patient/client. • Demonstrates improvement with body mechanics. 		<ul style="list-style-type: none"> • Instructs patient/client and/or caregiver(s) on the use of the device or equipment for non-complex cases. • Performs functional training activities for non-complex cases. • Progresses or regresses the need for device or equipment used with minimal cueing from the CI. • Begins to demonstrate the ability to safely perform functional training in more complicated situations (e.g., uneven ground, car transfer). • Consistently considers body mechanics. 		<ul style="list-style-type: none"> • Instructs the patient/client and/or caregiver(s) with the use of a device or equipment for complex cases. • Performs functional training activities for complex cases. • Identifies, fits, and trains patients/clients with appropriate equipment or devices during functional training across a variety of settings (e.g., in the patient's/client's room, in a physical therapy gym, during a home visit). • Progresses or regresses the need for device or equipment use. • Maintains patient/client safety throughout the patient's/client's episode of care while performing functional training. • Instructs other team members in proper handling skills, safety, and device prescriptions. • Recognizes emerging devices and indications for use. 	

Business: Documentation						
Description: <i>Produces quality documentation that includes changes in the patient's/client's status, a description and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Understands most of the components of documentation of an initial evaluation (e.g., SOAP). Typically identifies the appropriate location within the documentation system for necessary components. Assists with producing documentation with accurate information regarding the patient's/client's status, interventions, assessment, and plan of care. Demonstrates awareness of the need for appropriate documentation as essential to the provision of care. Submits documentation but takes considerable time and effort to do so. 		<ul style="list-style-type: none"> Produces documentation that includes changes in patient/client status, interventions, a thorough assessment of patient/client tolerance, and progression toward goals. Produces documentation of the patient's/client's plan of care that is accurate and error-free. Provides a rationale for patient/client progression and regression. Submits and organizes documentation in a reasonably timely manner. 		<ul style="list-style-type: none"> Produces additional documentation to justify the need for ongoing services for the patient/client. Includes comparison statements across time and across interventions/techniques in the assessment of the patient's/client's response to skilled therapy. Provides documentation that supports external payer requirements. Participates in quality improvement review of documentation (e.g., chart audit, peer review, goals achievement). Submits and organizes documentation in a timely manner. 	

Business: Resource Management						
Description: <i>Participates in the efficient delivery of physical therapy services; demonstrates appropriate understanding of time management and appropriate use of clinical supplies and equipment when supporting physical therapy services.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Typically adheres to the clinic's time schedule. Demonstrates awareness of their facility's productivity requirements. Demonstrates awareness of the need for timely documentation delivery. Demonstrates effective use of their facility's information technology (IT) resources. Manages simple physical therapy interventions in a timely manner. 		<ul style="list-style-type: none"> Effectively manages assigned portion of caseload and documentation within allotted work hours. Adjusts patient/client schedule as daily dynamics occur with assistance from the CI. Begins to identify and articulate which patient/client cases should be prioritized. Participates in quality assurance (QA)/quality improvement (QI) studies to improve clinical efficiency. 		<ul style="list-style-type: none"> Effectively manages full caseload and documentation within allotted work hours. Demonstrates effective time management skills and effective use of clinical supplies throughout treatment sessions. Manages multiple tasks simultaneously while maintaining the time schedule of the clinic. Assists other staff as able within their own time constraints. Plans ahead to determine how to maintain efficiency while treating a patient/client independently, in a group setting, or during a co-treatment (coTx) with other therapy staff. 	

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