

American Physical Therapy Association

USING THE APTA PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT FOR STUDENTS

A Self-Guided Training Course

Module 1: Introduction, Performance Criteria and
Red Flag Criteria

ACKNOWLEDGEMENT

We would like to acknowledge the work of Nora Francis, PT, DHS, OTR, who developed this PT CPI Training Program as part of her final juried project for the Doctor of Health Science degree at the University of Indianapolis



Nora Francis, PT, DHS, OTR

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- Northwestern University, Feinberg School of Medicine
- Department of Physical Therapy and Human Movement Sciences

GOAL

At the completion of the training module, the participant will be able to use the Physical Therapist Clinical Performance Instrument (PT CPI) to accurately evaluate student clinical performance.

OBJECTIVES

1. Discuss the expectations for clinical instructors (CIs) in the evaluation of student performance.
2. Describe the organization and content of the performance criteria.
3. Develop a plan for students who demonstrate deficiency in any of the red flag performance criteria.
4. Discuss the possible outcomes of a student who demonstrates performance difficulties with a red flag item.

INTRODUCTION

1. Evaluation of student performance involves a partnership between the academic institution, the clinical facility, and the student.
2. Academic programs and patients/clients expect clinical instructors (CIs) to provide honest feedback about a student's ability to effectively practice as a physical therapist.
3. The PT CPI is used to provide documentation of student performance and is based on the CI's direct observation of student performance.
4. The PT CPI
 - a. Is applicable to a broad range of clinical settings.
 - b. Can be used throughout the continuum of clinical education experiences.
5. The PT CPI should be used on an actual clinical experience only after this training module has been completed.

COMPONENTS OF THE INSTRUMENT

The following sections will provide detailed information about each component of the PT CPI: Version 2006.

- Performance Criteria, including the five Red Flag Criteria.
- Sample Behaviors
- Performance Dimensions
- Written Comments
- Rating Scale and Anchor Definitions
- Significant Concerns Box
- Summative Comments

PERFORMANCE CRITERIA

- Performance criteria describe all essential knowledge, skills, and behaviors of a physical therapist performing at entry-level.
- Each performance criterion is essential to the overall assessment of clinical competence and each is observable during every clinical experience.

SAFETY



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

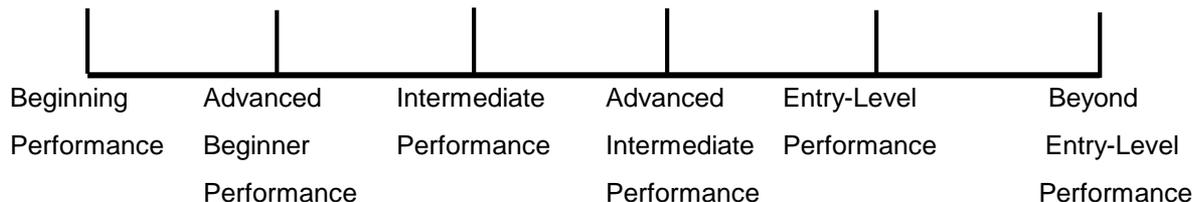
SAMPLE BEHAVIORS

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

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

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

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



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

PERFORMANCE CRITERIA

The criteria are grouped by two aspects of practice

- **Professional practice (Items 1 – 6)**
- **Patient management (Items 7 – 18)**

PERFORMANCE CRITERIA

Professional Practice

1. Safety
2. Professional Behavior
3. Accountability
4. Communication
5. Cultural Competence
6. Professional Development

Patient Management

7. Clinical Reasoning
8. Screening
9. Examination
10. Evaluation
11. Diagnosis and Prognosis
12. Plan of Care
13. Procedural Interventions
14. Educational Interventions
15. Documentation
16. Outcomes Assessment
17. Financial Resources
18. Direction and Supervision of Personnel

PERFORMANCE CRITERIA

- CIs are expected to design learning experiences for students to have opportunities to practice skills and behaviors consistent with the students' educational preparation.
- CIs must rate student performance on all 18 performance criteria; no item may be skipped. CIs rate all performance criteria based on direct observation of student performance relative to entry-level.

PERFORMANCE CRITERIA

Example

- A student has completed the first year of coursework including basic sciences, examination skills, and functional mobility courses and is participating in the first full-time clinical experience in an acute care setting.
- The student has additional coursework related to examination, evaluation, diagnosis, and intervention for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary conditions in the next 2 years of the program.
- The CI is expected to provide the student with opportunities to practice patient interviews, beginning examination skills, and basic functional mobility tasks. Because of the student's limited academic preparation in Procedural Interventions, it is expected that even at final evaluation, the student will consistently require CI supervision for designing and implementing the plan of care, perhaps even for patients/clients with simple conditions.

PERFORMANCE CRITERIA

Example

- Therefore, the CI will likely need to rate this student's performance closer to Beginning Performance on Item #13 – Procedural Interventions.

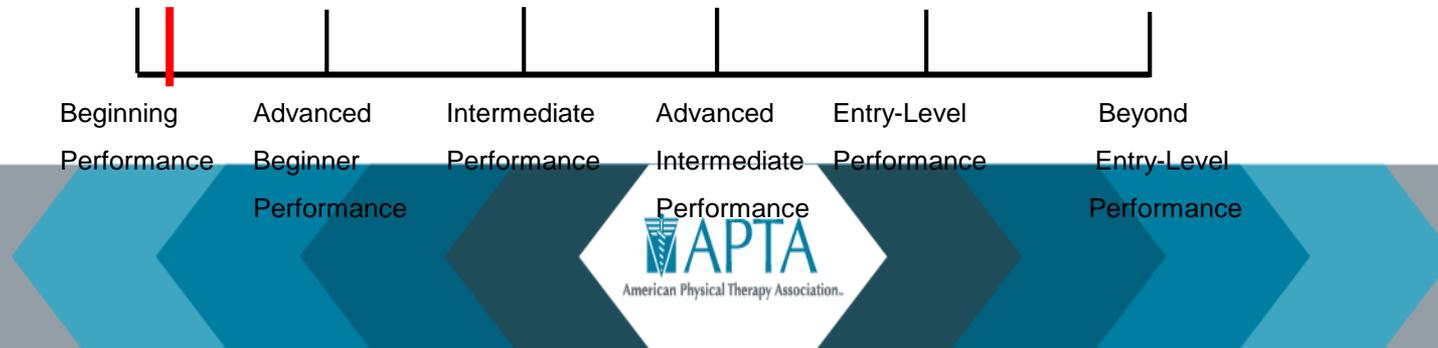
PROCEDURAL INTERVENTIONS

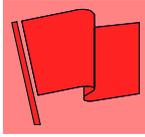
13. Performs physical therapy interventions in a competent manner.

SAMPLE BEHAVIORS

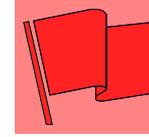
- a. Performs interventions* safely, effectively, efficiently, fluidly, and in a coordinated and technically competent* manner. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques*: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).
- b. Performs interventions consistent with the plan of care.
- c. Utilizes alternative strategies to accomplish functional goals.
- d. Follows established guidelines when implementing an existing plan of care.
- e. Provides rationale for interventions selected for patients presenting with various diagnoses.
- f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
- g. Assesses patient response to interventions and adjusts accordingly.
- h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
- i. Considers prevention*, health, wellness* and fitness* in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
- j. Incorporates the concept of self-efficacy in wellness and health promotion.*

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

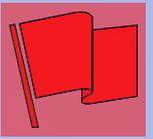
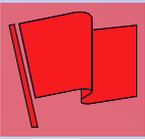




RED FLAG ITEMS



- The five red flag items are designated with a flag.
- These criteria represent foundational elements of clinical practice. Although effective student performance of these criteria is essential, the red flag items are not intended to stand alone in evaluation of student performance.
- All 18 performance criteria are critical to the overall assessment of clinical competence and all are observable during every clinical experience.



RED FLAG PERFORMANCE ITEMS

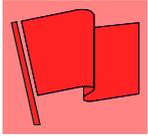
Professional Practice

1. **Safety**
2. **Professional Behavior**
3. **Accountability**
4. **Communication**
5. **Cultural competence**
6. **Professional Development**

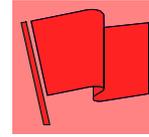
Patient Management

7. **Clinical Reasoning**
8. **Screening**
9. **Examination**
10. **Evaluation**
11. **Diagnosis and Prognosis**
12. **Plan of Care**
13. **Procedural Interventions**
14. **Educational Interventions**
15. **Documentation**
16. **Outcomes Assessment**
17. **Financial Resources**
18. **Direction and Supervision of Personnel**

New Item for PT CPI: Version 2006

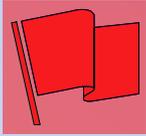


RED FLAG ITEMS

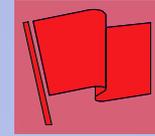


Students who demonstrate difficulty with any of the red flag performance criteria require:

1. Immediate attention.
2. Documentation that describes performance deficiency.
3. Telephone call to the ACCE/DCE.
3. Development of a plan with the student, clinical site, and academic program to address and improve performance.

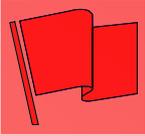


RED FLAG ITEMS

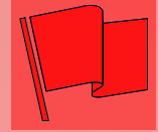


Possible outcomes resulting from a student that demonstrates performance difficulties with a red flag item include:

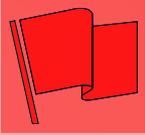
1. Remediation activities.
2. Extension of the clinical experience.
3. Development of a learning plan or learning contract.
4. Assignment of a failing grade for the experience if the student does not improve performance based on feedback by the CI and the university.
5. Dismissal from the physical therapist program if the student has demonstrated performance deficits in previous clinical experiences and does not improve performance following feedback and remediation activities.



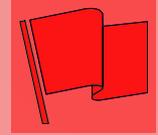
RED FLAG CHECKPOINT!



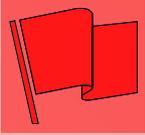
You are supervising a student during an 8-week clinical internship in an acute care hospital. This is the student's second of four clinical placements. At mid-evaluation, the CI has observed that the student lacks confidence with his communication skills. He is unable to consistently provide a clear and concise summary of his findings and plan of care to patients using terminology that the patients are able to understand. He asks appropriate questions during patient interactions but often fails to integrate the patients' responses into the plan for the day and requires CI cueing to recognize and respond to nonverbal communication. He requires supervision and guidance to modify his communication according to the patient needs.



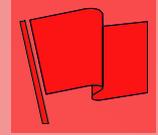
RED FLAG CHECKPOINT!



- 1. This student's performance requires which of the following?**
 - a) Immediate attention by the student and CI.**
 - b) Documentation that describes performance deficiency.**
 - c) Telephone call to the ACCE/DCE.**
 - d) Development of a plan for the student to improve performance.**
 - e) All of the above.**



RED FLAG CHECKPOINT! RESPONSE



Correct Response: e) All of the above.

Feedback:

- **Because communication is one of the red flag criteria that is a foundational element of clinical practice, multiple interventions are required to assure that all parties are informed, a mutually agreed upon plan for improvement is developed between the student, CI and ACCE/DCE, and ample time is allowed to implement and evaluate the outcome of the plan.**

Congratulations!

You have now completed Module 1:
Introduction, Performance Criteria and Red Flag
Criteria.

Please proceed next to Module 2: Sample
Behaviors, Performance Dimensions and
Written Comments!

American Physical Therapy Association

USING THE APTA PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT FOR STUDENTS

A Self-Guided Training Course

Module 2: Sample Behaviors, Performance
Dimensions and Written Comments

OBJECTIVES

1. Describe how the sample behaviors are used in evaluation of student performance.
2. Discuss how to use the performance dimensions in writing comments and rating student performance.
3. Discuss the expectations for the content of mid- and final evaluations written comments sections.

SAMPLE BEHAVIORS

1. The sample behaviors serve as a guide, not an exhaustive list, to the CI in assessing student competence on each performance criterion.
2. The list of behaviors is not intended to be used as a checklist of items that the student must complete to demonstrate satisfactory performance on each performance criteria. *This is a common error made many CIs.*
 - a. All behaviors need *not* be present to rate student performance at any level.
 - b. All behaviors need *not* be present to determine the rating or achievement of entry-level practice.

SAFETY



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

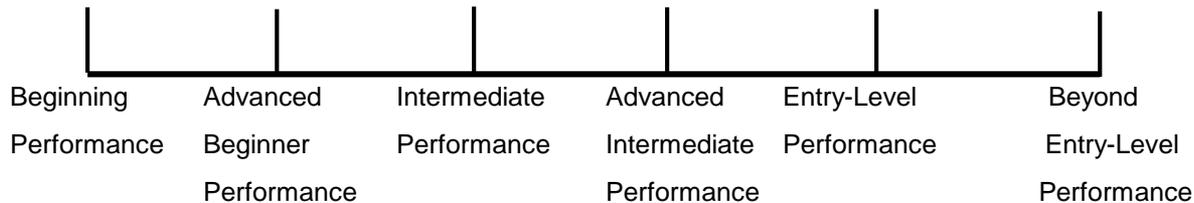
SAMPLE BEHAVIORS

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

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

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

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



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

SAMPLE BEHAVIORS CHECKPOINT!

A CI must observe all sample behaviors to rate student performance relative to Entry-Level Performance.

True or False?

SAMPLE BEHAVIORS CHECKPOINT! RESPONSE

Correct response: False.

Feedback:

The sample behaviors are examples of behaviors the CI may observe in assessing student performance. Students are not expected to demonstrate all of the skills or behaviors contained in the sample behavior boxes for the CI to rate each performance criterion.

PERFORMANCE DIMENSIONS

- Performance dimensions describe aspects of clinical competence that are common to all types and levels of internships.
- CIs are expected to address the performance dimensions in the written comments and when providing ongoing student feedback.
- CIs are also expected to consider the performance dimensions when determining where to mark student performance on the rating scale.

SAFETY



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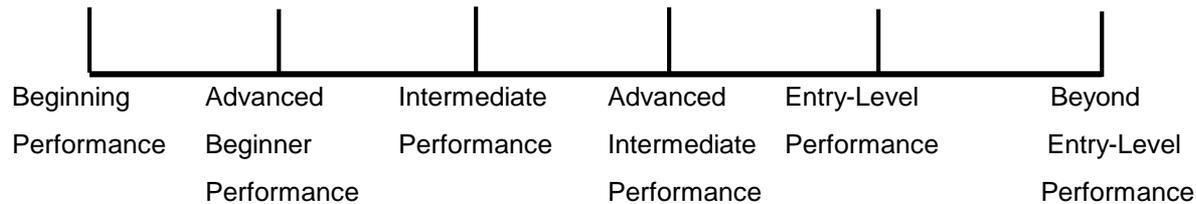
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FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

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



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

PERFORMANCE DIMENSIONS

Supervision/Guidance

- Refers to the level of supervision and extent of assistance that is required for the student to achieve entry-level performance.
- As a student progresses across all clinical education experiences, the degree of supervision/guidance is expected to progress from 100% supervision to being capable of independent performance with consultation.
- The degree of supervision/guidance also may vary with the complexity of the patient or environment.

PERFORMANCE DIMENSIONS

Quality

- Indicates the degree of knowledge and skill proficiency demonstrated by the student.
- As a student progresses across all clinical education experiences, quality is expected to range from demonstration of limited skill to a highly skilled performance.

PERFORMANCE DIMENSIONS

Complexity

- Represents the number of elements that must be considered relative to the task, patient, and/or environment.
- A complex patient is one who presents with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and/or multifaceted psychosocial needs.
- As the student progresses across all clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.

PERFORMANCE DIMENSIONS

Consistency

- Refers to the frequency of occurrences of desired behaviors related to the performance criterion.
- As student progresses across all clinical education experiences, consistency of effective performance is expected to progress from infrequently to routinely.

PERFORMANCE DIMENSIONS

Efficiency

- Relates to the student's ability to perform in a cost-effective and timely manner.
- As the student progresses across all clinical education experiences, efficiency progresses from a high expenditure of time and effort to economical and timely performance.
- Student caseload is one way to evaluate efficiency of the student's clinical performance.

MIDTERM AND FINAL COMMENTS

- CIs are required to provide written, descriptive comments for all performance criteria at mid- and final evaluations.
- Comments are provided in an expandable box that allows for unlimited narrative text.
- The written comments are expected to reflect student performance based on the sample behaviors and the five performance dimensions.
- The written comments should change between mid- and final evaluations to reflect the student's status and progress toward entry-level performance.

SAFETY



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

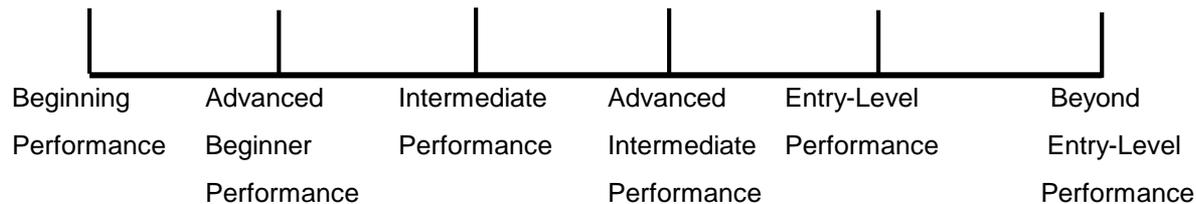
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MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

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

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



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

MIDTERM AND FINAL COMMENTS

- Special note! Adherence to HIPAA (US) and PIPEDA (Canada) regulations is required when CIs comment on student performance that includes patient examples. The written comments must not include identifying information that can be linked to a patient.

MIDTERM AND FINAL COMMENTS

These examples do not adhere to HIPAA or PIPEDA Regulations.

- Student consistently requires supervision and cueing when performing exams for patients with complex conditions of the spine (Hendricks, Rodriguez)

MIDTERM AND FINAL COMMENTS

This example adheres to HIPAA and PIPEDA Regulations.

- Student requires cueing 50% of the time when performing exams for pediatric patients with neurological diagnoses that are new to the student.

MIDTERM AND FINAL COMMENTS

Exercise

At midterm for a final clinical experience, the CI observes that the student requires supervision 75% of the time to perform an accurate examination.

The student has problems selecting appropriate tests and measures, justifying the tests selected, and performing tests correctly with patients who have simple and complex conditions. Her lack of skill results in her inability to complete the patient examination in the typical time allotted.

MIDTERM AND FINAL COMMENTS

Exercise

Select the optimal written midterm comments for performance criterion #8 Examination, based on the scenario provided.

Comment 1: Student is struggling in this area; will improve with practice.

Comment 2: Student needs to be more accurate with goniometry, MMT, and special tests for the spine. Requires frequent cueing and correction.

Comment 3: Student needs help with selecting the best test and measures and is unable to provide a sound rationale for the tests she selects. New patient exam sessions run over time by 15–20 minutes.

Comment 4: Student does not consistently conduct a thorough patient interview; requires guidance 75% of the time to select relevant tests. Even when guided, has difficulty explaining the rationale for the tests. Does not perform examination techniques (goniometry) accurately. Requires assistance with examinations for patients with simple conditions 75% of the time and for all patients with complex conditions. Unable to complete 60% of the examinations in the scheduled time.

MIDTERM AND FINAL COMMENTS

Feedback

- Comment 1: CIs often provide written comments similar to these. However, these comments are nonspecific and do not address the performance dimensions.
- Comment 2: These comments consider the quality of the student's performance and the amount of supervision required. However, they do not address the efficiency, complexity, or consistency of the student's performance.
- Comment 3: These comments address the supervision required by the CI and the inefficiency of the student's performance of initial examinations and evaluations. However, they do not address complexity, consistency, or quality of the student's performance.
- Comment 4: This is the correct answer because it includes descriptions of the student's performance related to each of the performance dimensions (quality, complexity, supervision/guidance, consistency, and efficiency).

Congratulations!

You have now completed Module 2: Sample Behaviors, Performance Dimensions and Written Comments

Please proceed next to Module 3: Rating Scale and Anchor Definitions!

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A Self-Guided Training Course

Module 3: Rating Scale and Anchor Definitions

OBJECTIVES

1. Describe the continuum of performance that is reflected in the rating scale.
2. Appropriately mark the rating scale to describe a student's clinical performance at mid- and final evaluations.
3. Use the anchor definitions to guide the mid- and final evaluation marks on the rating scale.

RATING SCALE

- The rating scale is a *categorical, ordered scale* with specific criteria within each category.
- The scale allows progress to be shown within each category.

SAFETY



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

SAMPLE BEHAVIORS

- a. Establishes and maintains safe working environment.
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MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

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

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

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

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

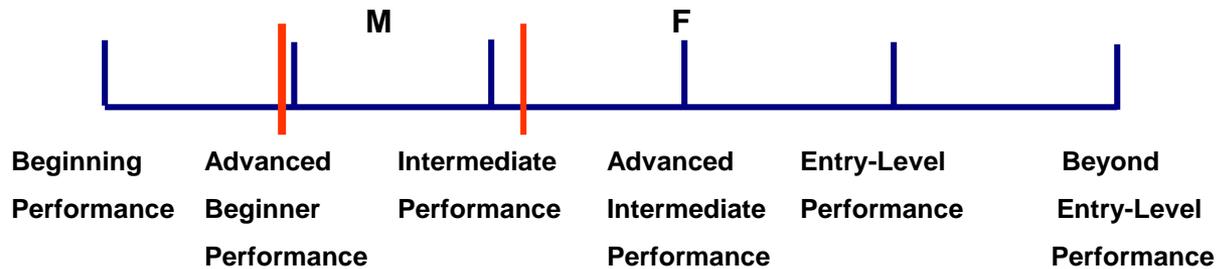
RATING SCALE

The rating scale is designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.”

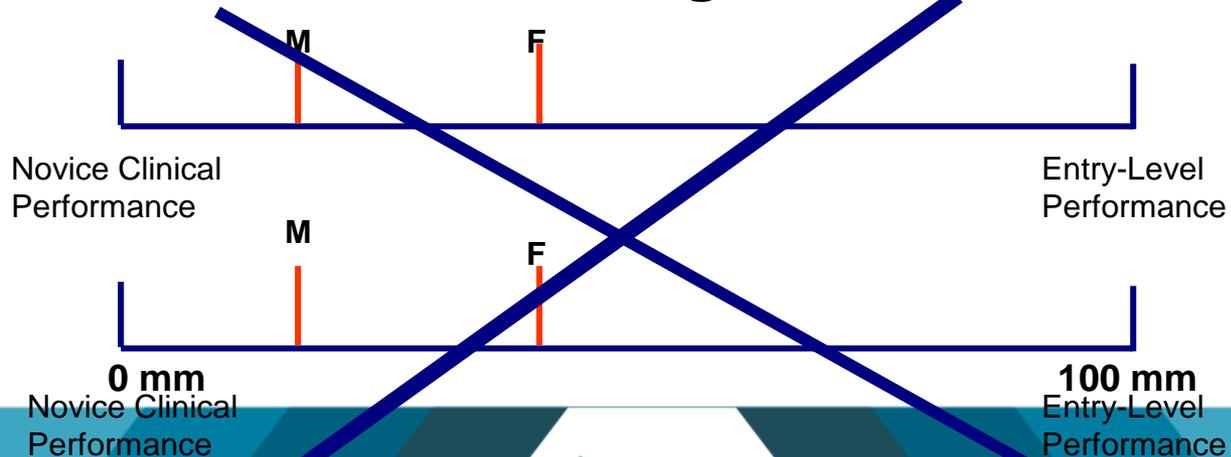
- The rating scale is not designed to be a visual analog scale.
- The rating scale is not designed to be used as a numerical interval scale.

RATING SCALE

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



Visual Analog Scale



RATING SCALE

Each performance criterion is rated based on the CI's observation of student performance compared to the performance criteria and is rated relative to entry-level performance.

COMMON RATER ERRORS

Halo Effect

- Halo bias occurs when the global impression of the student (e.g., liking or not liking the student) influences specific ratings.
- Halo bias can artificially increase or decrease all ratings in response to the overall impression of the student.
- Halo bias can be avoided by careful attention to the specific behavioral criteria required for each performance criterion and conscious suppression of general impressions while completing the evaluation of the student's performance.

COMMON RATER ERRORS

Error of Leniency

- Error of leniency is the tendency to avoid harsh evaluations, usually to avoid the discomfort associated with delivering candid and honest feedback.
- Leniency can be reduced by providing the student with accurate, objective, and balanced feedback.

RATING SCALE

The rating scale consists of:

- a horizontal line
- six vertical lines defined by anchors at the two ends and intermediate points.



**Beginning
Performance**

**Advanced
Beginner
Performance**

**Intermediate
Performance**

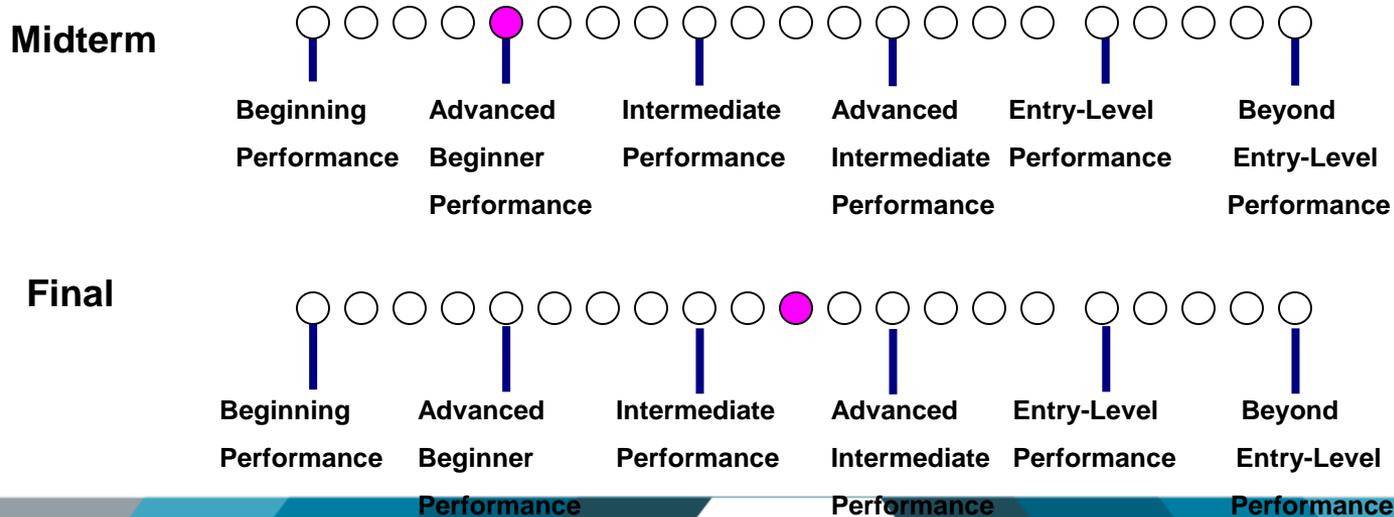
**Advanced
Intermediate
Performance**

**Entry-Level
Performance**

**Beyond
Entry-Level
Performance**

RATING SCALE

On the PT CPI Web, student performance is marked by clicking on the rating scale with radial buttons at mid-evaluation and a second rating scale for the final evaluation.



RATING SCALE

Rating marks may be placed either on a vertical line (anchor) or in between the anchors (interval).

- A rating mark on a vertical line indicates student performance matches all of the specific elements defined by that anchor.
- A rating mark in an interval indicates that student performance is between the two anchor definitions that define that interval.

RATING SCALE

Marking the rating scale requires the CI to consider:

- Each separate performance criterion
- Sample behaviors
- Written comments expressed in relation to the five performance dimensions
- Anchor definitions
- Professional judgment

RATING SCALE CHECKPOINT!

A student must demonstrate all of the elements defined by an anchor to be rated at that level of performance.

True or False?

RATING SCALE CHECKPOINT! RESPONSE

Correct response: True.

Feedback:

A rating mark on the vertical anchor line indicates that the student's performance matches all of the elements defined by that anchor.

If the student performance does not match all of the items included in the anchor definition, the CI should mark the rating scale in the previous interval.

ANCHOR DEFINITIONS

- Each anchor on the rating scale defines a level of clinical performance and includes each of the performance dimensions that the CI may observe.
- **Stop!** Make sure that you keep handy the anchor definitions that are found on the next pages.
- You will need this reference for this module.
 - This is a handy reference guide when completing the PT CPI for all student evaluations.

Anchor Definitions – Page 1

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
Supervision/ Guidance	Level and extent of assistance required by the student to achieve entry-level performance. <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
Quality	Degree of knowledge and skill proficiency demonstrated. <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
Complexity	Number of elements that must be considered relative to the task, patient, and/or environment. <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
Consistency	Frequency of occurrences of desired behaviors related to the performance criterion. <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
Efficiency	Ability to perform in a cost-effective and timely manner. <ul style="list-style-type: none"> ▪ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

Continued on next page

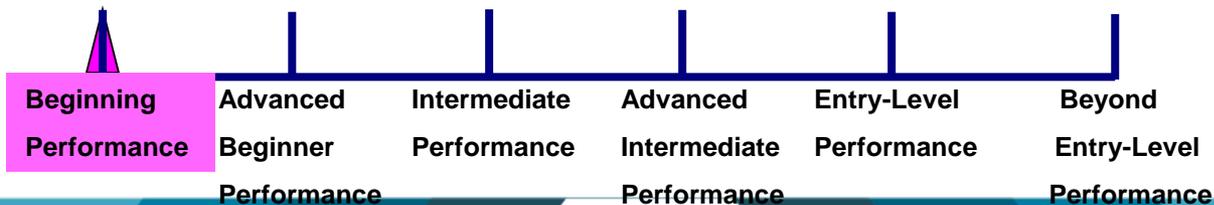
Rating Scale Anchors

Beginning performance	<ul style="list-style-type: none"> • A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. • At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner. • Performance reflects little or no experience. • The student does not carry a caseload.
Advanced beginner performance	<ul style="list-style-type: none"> • A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. • At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. • The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> • A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. • At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 50% of a full-time physical therapist's caseload.
Advanced intermediate performance	<ul style="list-style-type: none"> • A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. • At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 75% of a full-time physical therapist's caseload.
Entry-level performance	<ul style="list-style-type: none"> • A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. • At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. • Consults with others and resolves unfamiliar or ambiguous situations. • The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.
Beyond entry-level performance	<ul style="list-style-type: none"> • A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations. • At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others. • The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed. • The student is capable of supervising others. • The student willingly assumes a leadership role for managing patients with more difficult or complex conditions. • Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

ANCHOR DEFINITIONS

Beginning Performance

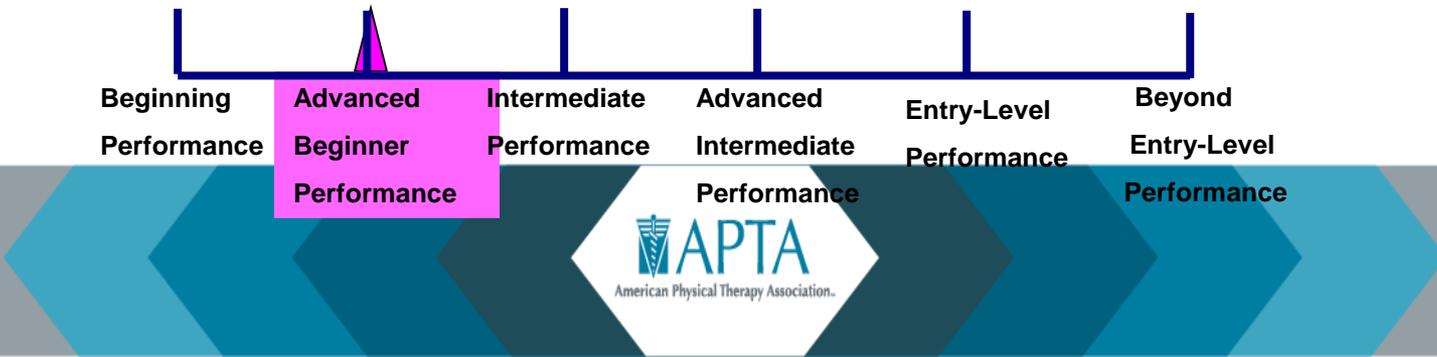
- A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.
- At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner.
- Performance reflects little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



ANCHOR DEFINITIONS

Advanced Beginner Performance

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



ANCHOR DEFINITIONS

Example

Professional Practice, Criterion #3 Accountability:

A student is participating in a first full-time clinical experience and is practicing with patients from the inner city. The CI observes that the student arrives early and stays late to accommodate the unique needs of this patient population without prompting from the CI. The student consistently identifies billing and legal issues with providing pro bono care.

Although patients are unable to pay for services, the student manages them with dignity and respect. The student is beginning to share a caseload with the CI and requires clinical supervision 75% of the time for patients with simple or complex conditions.

ANCHOR DEFINITIONS CHECKPOINT!

What is the appropriate rating for this student's current clinical performance for criterion #3 – Accountability?

ANCHOR DEFINITIONS CHECKPOINT! RESPONSE

Correct Response: This student would be rated as *Advanced Beginner Performance*.

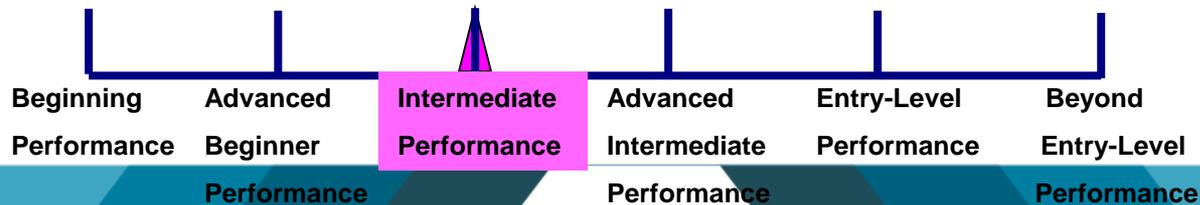
Feedback:

Although the student is consistently demonstrating many of the key elements of professional accountability, the amount of clinical supervision required and the sharing of a caseload with the CI limit the student's rating to the **Advanced Beginner level.**

ANCHOR DEFINITIONS

Intermediate Performance

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



ANCHOR DEFINITIONS

Example

Patient Management - Criterion #11 Diagnosis and Prognosis

A student is participating in an intermediate clinical experience in an outpatient setting. The CI observes that the student requires CI assistance to list differential diagnoses for patients with straightforward orthopedic conditions less than 50% of the time and 70% of the time for patients with complex orthopedic problems. The student effectively uses evidence to determine the patients' prognosis and carries 50% of the CI's caseload.

ANCHOR DEFINITIONS CHECKPOINT!

What is the appropriate rating for this student's current clinical performance for criterion #11: Diagnosis and Prognosis?

ANCHOR DEFINITIONS CHECKPOINT! RESPONSE

Correct Response: This student would be rated at the *Intermediate Performance* level.

Feedback:

The amount of assistance that this student requires and the efficiency that the student demonstrates as characterized by carrying 50% of the CI's caseload, are consistent with the definition of Intermediate Performance.

ANCHOR DEFINITIONS CHECKPOINT!

You are the CI for a student during an intermediate experience. At times, the student requires supervision to effectively guard patients during gait activities, even with patients who have simple conditions. In addition, the student does not consistently demonstrate initiative as demonstrated by preparing in advance for the patients that will be seen by the student. Which of the following is true?

- a. This performance is unacceptable for a student who is participating in an intermediate experience.
- b. The student is demonstrating satisfactory performance with the red flag performance criteria.
- c. Continued similar performance in these areas for the remainder of the experience would not be cause for concern.
- d. The student is ready to progress to his/her final clinical experiences.

ANCHOR DEFINITIONS CHECKPOINT! RESPONSE

Correct Response: a. Feedback

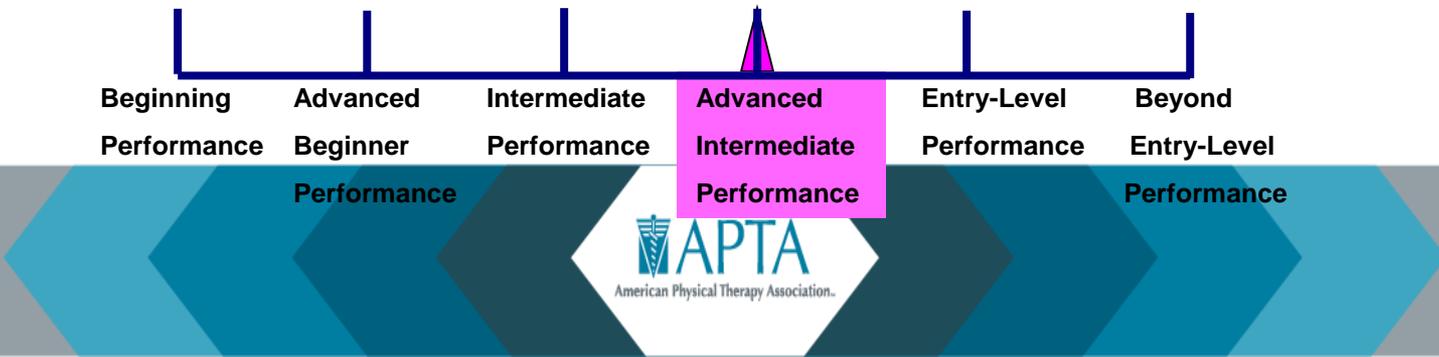
Feedback:

Even students who are participating in their first clinical experience are expected to practice in a safe manner and consistently demonstrate professional behavior. Therefore, the clinical performance described in the scenario would be cause for significant concern even for a student on a first internship experience. Students participating in intermediate experiences are expected to demonstrate safe practice with patients who have simple conditions and may require assistance for patients with complex conditions or for situations that involve complex environments, such as the intensive care unit. In addition, students are expected to consistently demonstrate initiative.

ANCHOR DEFINITIONS

Advanced Intermediate Performance

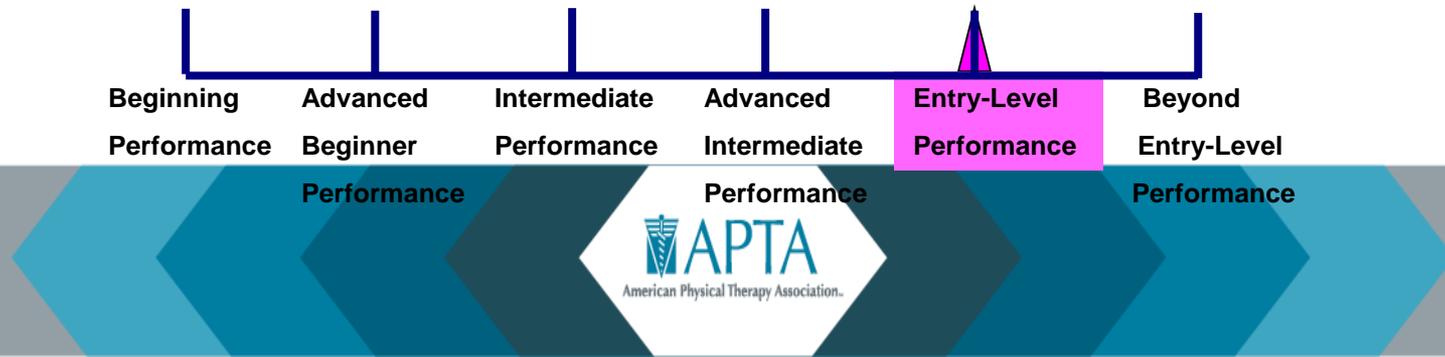
- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and who is independent managing patients with simple conditions.
- At this level, the student is proficient with simple tasks and requires only occasional cueing for skilled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



ANCHOR DEFINITIONS

Entry-Level Performance

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



ANCHOR DEFINITIONS

Example

Practice Management, item # 18: Direction and Supervision of Support Personnel

A student is participating in a final clinical experience in an inpatient rehabilitation setting. The CI observes that the student independently determines when patients are appropriate for the physical therapist assistant (PTA) to provide selected interventions. The student effectively and efficiently supervises and directs the services provided by the PTA for patients with simple and complex conditions. The student also reviews documentation and provides feedback to the PTA without prompting from the CI. The student consistently demonstrates respect for the PTA and office personnel. The student is capable of carrying 100% caseload with assistance from support personnel without difficulty.

ANCHOR DEFINITIONS CHECKPOINT!

What is the appropriate rating for this student's current clinical performance for criterion # 18 – Direction and Supervision of Support Personnel?

ANCHOR DEFINITIONS CHECKPOINT! RESPONSE

Correct Response: This student would be rated at *Entry-Level Performance*.

Feedback:

The student described in the scenario is demonstrating the skills and behaviors that encompass all of the performance dimensions (quality, consistency, supervision/guidance, complexity, and efficiency) as contained in the definition of Entry-Level Performance.

ANCHOR DEFINITIONS

ADDITIONAL IMPORTANT CHECKPOINT!

Students on the first or early intermediate experiences are not expected to be rated at Entry-Level Performance on any of the performance criteria.

- Students at this level of experience have **remaining academic and clinical coursework** to complete!

ANCHOR DEFINITIONS

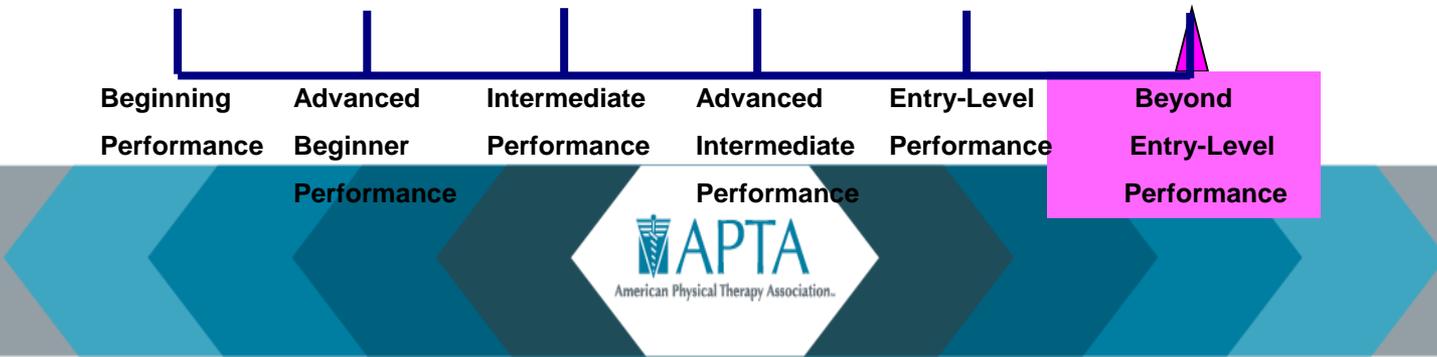
Beyond Entry-Level Performance

- A student who is **capable of** functioning without clinical supervision or guidance when managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.
- The student is **capable of** maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed. The student is also capable of supervising others.

ANCHOR DEFINITIONS

Beyond Entry-Level Performance (cont.)

- The student willingly assumes a leadership role for managing patients with more difficult or complex conditions.
- The student also actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.



Congratulations!

You have now completed Module 3: Rating Scale and Anchor Definitions

Please proceed next to
Module 4: Significant Concerns and Summative Comments!

American Physical Therapy Association

USING THE APTA PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT FOR STUDENTS

A Self-Guided Training Course Module 4: Significant Concerns and Summative Comments

OBJECTIVES

1. Describe how to use the Significant Concerns Box.
2. Appropriately use the Summative Comments section to summarize the student's strengths, areas to develop, additional comments, and recommendations for future growth and development.

SIGNIFICANT CONCERNS

The CI is expected to check the Significant Concerns Box when the student's performance does not meet CI expectations, and the deficits in the observed knowledge, skills, or behavior place the student at risk for not completing the experience or internship successfully.

SAFETY



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

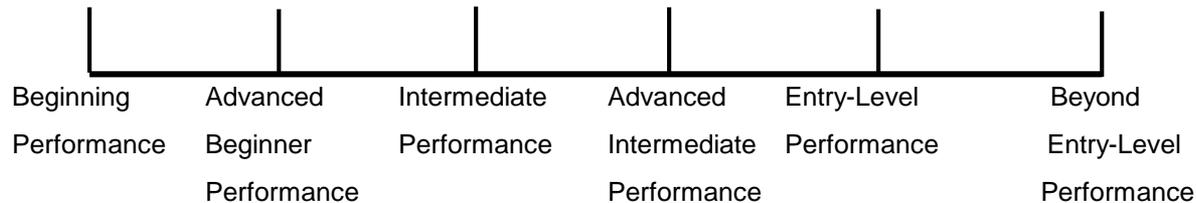
SAMPLE BEHAVIORS

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

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

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

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



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



Midterm



Final

SIGNIFICANT CONCERNS

When there are significant concerns about the student's knowledge, skills or behaviors, the CI or SCCE/CCCE is expected to call the ACCE/DCE to report the concerns and develop a mutually agreed upon plan for improvement.

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



Midterm



Final

SIGNIFICANT CONCERNS

The significant concerns box provides an early warning system to identify student performance problems, thereby enabling the CI, student, SCCE/CCCE, and ACCE/DCE to determine a mechanism for remediation and performance improvement.

SIGNIFICANT CONCERNS

When the Significant Concerns Box is checked, written comments are needed to substantiate the concern.

Additional documentation may also be required, such as:

- Written specific descriptions of student deficiencies
- Critical Incident Report (provided on the PT CPI Web)
- Anecdotal Record
- Weekly/summary planning sheets
- Learning development plan/learning contract

If you would like more information about how to use these documents, you are invited to participate in [APTA's Credentialed Clinical Instructor Program \(CCIP\)](#).

SUMMATIVE COMMENTS

- The Summative Comments section is located after the last performance criterion.
- Summative comments are used to provide a summary of the student's performance across all 18 criteria at mid- and final evaluations.

SUMMATIVE COMMENTS

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

AREAS OF STRENGTH

Midterm:

Final:

AREAS FOR FURTHER DEVELOPMENT

Midterm:

Final:

SUMMATIVE COMMENTS

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

OTHER COMMENTS

Midterm:

Final:

RECOMMENDATIONS

Midterm:

Final:

SUMMATIVE COMMENTS

- Summative Comments provide a mechanism for the CI to comment on the overall strengths, areas requiring further development, other general comments, and any specific recommendations with respect to the learner's needs, interests, planning, or performance.
- Comments should be based on the student's performance relative to stated objectives for the clinical experience and should be consistent with the written comments and ratings for each performance criterion.
- This section of the PT CPI is simply a way to summarize the written comments that the CI has entered on each of the 18 performance criteria.

SUMMATIVE COMMENTS

Intermediate Internship Mid-evaluation by CI

AREAS OF STRENGTH

- Performance on all red flag items
- Accuracy of self-assessment
- Performs patient exams in a technically competent manner
- Selects interventions appropriate to the diagnosis and plan of care

AREAS FOR FURTHER DEVELOPMENT

- Selecting relevant examination procedures
- Efficiency of exams
- Efficiency and accuracy of documentation
- Differential diagnosis skills

OTHER COMMENTS

- Given this student's level of academic preparation, he has progressed more quickly in the first three weeks than expected relative to the performance objectives for this clinical experience.

RECOMMENDATIONS

- The student has had limited exposure in managing patients with complex neurological conditions and deficits. Therefore, we will seek opportunities for increased practice with this patient population.

Congratulations!

You have now completed Module 4:
Significant Concerns and Summative
Comments!

Please proceed to the final Module 5: Using the
Form, Assigning a Grade, and Copyright Laws!

American Physical Therapy Association

USING THE APTA PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT FOR STUDENTS

A Self-Guided Training Course

Module 5: Using the Form, Assigning a Grade,
and Copyright Laws

OBJECTIVES

1. Discuss the logistics and timing for the CI to appropriately complete the PT CPI.
2. Describe the roles of the CI, CCCE, and DCE/ACCE in assigning a grade for a full-time clinical experience.
3. Adhere to the copyright laws that govern the use of the PT CPI.

USING THE FORM

1. The CI assesses student performance throughout the clinical experience. It is helpful for the CI to maintain notes or a journal of examples of student performance and refer to the notes when completing the PT CPI.
2. The CI completes the PT CPI and reviews it with the student at mid- and final evaluations.

USING THE FORM

Sources of information to assess student performance include:

- CI(s)
- Other physical therapists
- Physical therapist assistants (PTAs)
- Other health professionals
- Patients/clients
- Other students
- Student self-assessment

USING THE FORM

Methods of data collection for the PT CPI may include but not be limited to:

- Direct observation (required)
- Documentation review
- Role playing
- Interviews
- Standardized practical activities
- Portfolios
- Journals
- Computer-generated tests
- Patient and outcome surveys

USING THE FORM

Clinical Instructor

- At the final evaluation, the CI is expected to provide recommendations for the student's continued learning in the Summative Comments section of the PT CPI.
- Refer to Module 4, Summative Comments, if you would like to refresh your memory.

USING THE FORM

Student

- The student self-assesses performance on a separate copy/file of the PT CPI including written comments and ratings.
- The student reviews his/her completed self-assessment and the CI's assessment of his/her performance with the CI at mid- and final evaluations.

USING THE FORM

CI and Student

- At mid-evaluation, the CI and student use the performance criteria ratings and summative comments to develop a collaborative plan for the remainder of the experience.

USING THE FORM

Signatures

- The CI, student, and CCCE sign the signature page at mid-evaluation and final evaluation.
- The signatures attest that all parties have read and understood the disclaimer and directions, completed on-line training, completed the student evaluation according to directions and training, and prepared, reviewed, and discussed the evaluation at mid- and final evaluations.

USING THE FORM

Signatures

FINAL EVALUATION

For the Student

I, the student, have read and understood the disclaimer and directions for the PT CPI. I have completed the on-line training prior to using this instrument. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

Signature of Student

Date

Name of Academic Institution

For the Evaluator(s)

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

Evaluator Name (1) (Print)

Position/title

Signature of Evaluator (1)

Date

Evaluator Name (2) (Print)

Position/Title

Signature of Evaluator (2)

Date

CCCE Signature

Date

ASSIGNING A GRADE

- The CI is responsible for completely documenting the student's use of knowledge, skills, and behaviors during the clinical internship on all 18 items of the PT CPI at mid- and final evaluations.
- The CI must rate student performance based on his/her direct observations.
- The ACCE/DCE uses the documentation on the PT CPI as one component of assigning a grade for a clinical internship.

ASSIGNING A GRADE

The ACCE/DCE assigns a grade according to academic institution policy based on (but not limited to):

- A review of the completed PT CPI at the end of the clinical experience.
- A review of the student feedback on the clinical experience.
- Additional written documentation from the CI, if available.
- Additional written documentation from the CCCE, if provided.
- Additional verbal information from the CI and student, as offered or requested.
- Any additional assignments as required by the academic program.

GUIDELINES FOR DETERMINING A GRADE

- The rating scale is designed to reflect a continuum of performance and is not designed to be a visual analog scale.
- Attempts to quantify a rating on the scale in millimeters or as a percentage are invalid uses of the PT CPI.

GUIDELINES FOR DETERMINING A GRADE

Academic institutions must never bias or influence CI ratings of student performance. It is inappropriate for the ACCE/DCE to:

- Provide a pre-marked PT CPI with minimum performance expectations. Pre-marking the form biases the rater and makes the instrument invalid.
- Send an additional page that identifies specific pre-marked expectations on the rating scale.
- Add or delete items from the PT CPI.
- Require CIs to rate student performance only on selected performance criteria.

FACTORS TO CONSIDER WHEN ASSIGNING A GRADE

- Clinical setting and complexity of the environment
- Experience with patients in that setting and the level of patient complexity
- Level of didactic and clinical experience completed within the curriculum
- Expectations of the clinical site and of the academic program
- Relative weighting or importance of each performance criterion
- Progression of performance from mid- to final evaluations
- Whether or not a “Significant Concerns” box was checked
- Congruence between the CI’s written mid- and final evaluation comments, the five performance dimensions, and the ratings provided

ASSIGNING A GRADE CHECKPOINT!

- **Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience.**
- **Thus, the ACCE/DCE may quantify the rating scale by measuring it in millimeters or assigning a percentage based on where the vertical mark is placed on the rating scale to assist in assigning a grade.**

True or False?

ASSIGNING A GRADE CHECKPOINT!

Response

Correct Response: False

Feedback:

The rating scale is not designed to be used as a numerical scale. It is inappropriate to measure the scale in millimeters or assign a percentage score based on the vertical mark on the scale. Doing so is an invalid use of the instrument.

PT CPI AND COPYRIGHT LAWS

1. **Copyright laws protect the PT CPI.**
2. ***Altering this instrument is a violation of copyright law.***
 - a. Preparing a work based on the PT CPI by transforming, adapting, abridging, condensing, or otherwise adapting it without the APTA's permission constitutes an infringement of copyright.
 - b. Any person who infringes on APTA's copyright in the PT CPI shall be subject to criminal liability in accordance with § 506 (Criminal offenses) of Title 17 and § 2319 (Criminal infringement of a copyright) of Title 18 of the United States Code.
 - c. Therefore, users of this instrument will not alter, add, or revise the tool in any way from the currently published version.
3. Please see [FAQs on copyright](#) or contact permissions@apta.org.

PT CPI AND COPYRIGHT LAWS (Cont.)

4. Psychometric properties of the PT CPI remain valid and reliable only if the instrument is used as designed and tested.
5. Participants in the training are required to acknowledge receipt of the copyright information and agree to use the instrument appropriately.

COPYRIGHT LAWS CHECKPOINT!

You are supervising a student during an intermediate experience. The information packet that you received from the academic program about their curriculum, specific student learning objectives, and student background information also includes instructions that the CI must rate the student on the PT CPI at Entry-Level Performance on all of the Red Flag criteria.

What should be your next step?

COPYRIGHT LAWS CHECKPOINT!

Response

Correct Response:

You should call the ACCCE/DCE to discuss your plan to rate the student's performance based on the anchor definitions, the sample behaviors for the red flag items, and your direct observation of the student's skills and behaviors with patients. Universities must never manipulate or influence CI ratings of students' clinical performance.

CONGRATULATIONS!

You have now completed Modules 1-5 of the PT
CPI online training program!

Thank you for your participation in this
instructional program!

Please proceed to the [course evaluation final assessment](#) to satisfactorily complete this course and earn CEUs.

Thank you!