PHYSICAL THERAPIST ASSISTANT

CLINICAL PERFORMANCE INSTRUMENT

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COPYRIGHT

DISCLAIMER

VALIDITY AND RELIABILITY

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

CLINICAL PERFORMANCE INSTRUMENT

INTRODUCTION

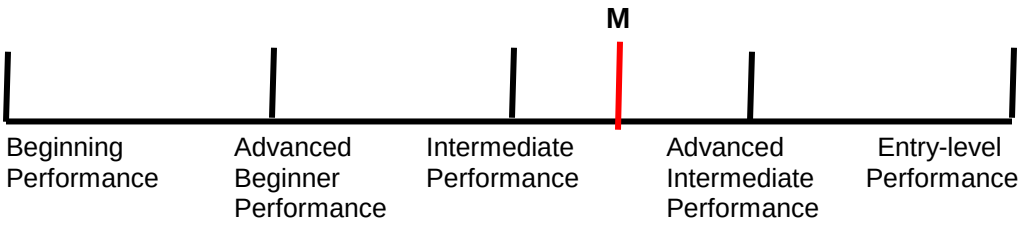
- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Assistant Clinical Performance Instrument (PTA CPI) at www.apta.org/education **(TBD).**
- Terms used in this instrument that can be found in the Glossary are denoted by an asterisk (*) when they first appear in the document.
- The PTA CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical education experiences*.
- Every performance criterion* in this instrument is important to the overall assessment of clinical competence*, and the criteria are observable in every clinical education experience.
- All performance criteria should be rated based on observation of student performance relative to entry-level.*
- To avoid rater bias, the PTA CPI from any previous student clinical education experience should not be shared with any subsequent clinical education experiences.
- The PTA CPI consists of fourteen (14) performance criteria.
- Each performance criterion includes a list of essential skills*, a section for mid-experience and final comments for each performance dimension*, a rating scale consisting of a line with five (5) defined anchors, and a significant concerns box for mid-experience and final evaluations.
- Summative mid-experience and final comments and recommendations are provided at the end of the PTA CPI.
- **Altering this instrument is a violation of copyright law**.

Instructions for the Clinical Instructor

- Sources of information to complete the PTA CPI may include, but are not limited to, clinical instructors (CIs)*, other physical therapist assistants*, physical therapists*, other healthcare providers*, patients*, and students. Methods of data collection may include direct observation, videotapes, documentation review, role playing, interviews, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome surveys.
- Prior to beginning to use the instrument in your clinical setting, it would be helpful to discuss and reach agreement on how the performance criteria will be specifically demonstrated at entry-level by PTA students in your clinical setting.
- The CI(s) will assess a student's performance and complete the instrument, including the rating scale and comments, at mid-experience and final evaluation periods. Additionally, the instrument may be used on a daily basis to document observations.
- The CI(s) will document the procedural interventions* and related data collection skills* performed by, observed by, or not available to the student using the drop down boxes in the left column of the procedural interventions and data collection skills tables.
- The CI(s) reviews the completed instrument formally with the PTA student at a minimum at the mid-experience evaluation and at the end of the clinical experience and signs the signature pages following each evaluation. The summative page should be completed as part of the final evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades, it is essential for them to rate student performance based only on their direct observations.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from "Beginning Performance*" to "Entry-Level Performance*." (See Appendix B) Student performance should be described in relation to one or more of the five (5) anchors. For example, consider the following rating on a selected performance criterion.



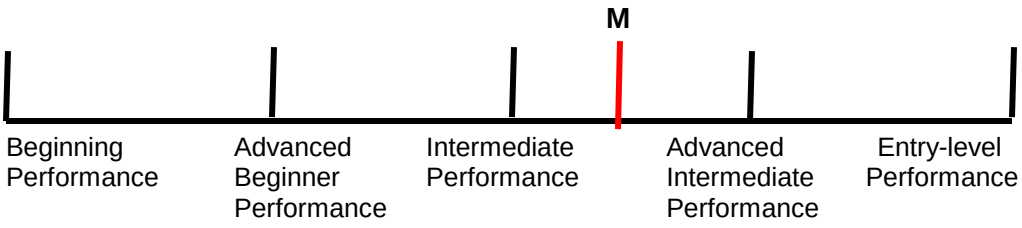
- The rating scale is NOT a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of "intermediate performance," however the student has yet to satisfy the definition associated with "advanced intermediate performance." In order to place the rating on an anchor, <u>all</u> of the conditions of that level of the rating must be satisfied as provided in the definition for each of the 5 anchors.

Instructions for the Student

- The student is expected to perform self-assessment at mid-experience and final evaluation based on formal and informal feedback from others, including CI*, other healthcare providers, student peer assessments, and patient* assessments.
- The student self-assesses his/her performance on a separate copy of the instrument.
- The student documents the procedural interventions* and related data collection skills* that have been performed, observed, or are not available at the clinical site using the provided drop down boxes.
- The student reviews the completed instrument with the CI at the mid-experience evaluation and at the end of the clinical experience and signs the signature page following each evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from "Beginning Performance*" to "Entry-Level Performance*." (See Appendix B) Student performance should be described in relation to one or more of the five anchors. For example, consider the following rating on a selected performance criterion.



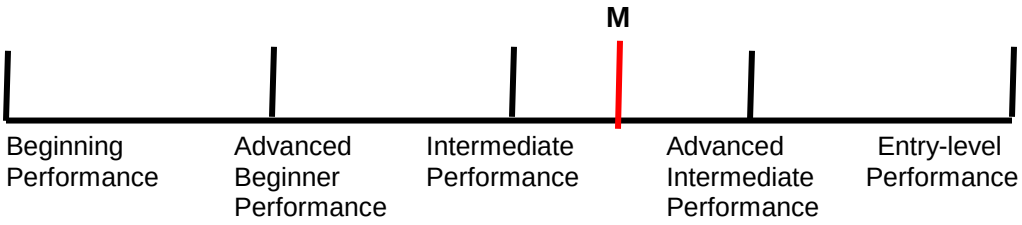
- The rating scale is NOT a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of "intermediate performance" however the student has yet to satisfy the definition associated with "advanced intermediate performance." In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 5 anchors.

Instructions for the Academic Coordinator/Director of Clinical Education (ACCE/DCE*)

- An effective system for evaluating the knowledge, skills, and behaviors of the physical therapist assistant (PTA) student incorporates multiple sources of information to make decisions about readiness for entry-level work*.
- Sources of information may include clinical performance evaluations of students, classroom performance evaluations, students' self-assessments, peer assessments, and patient assessments. The system is intended to enable clinical educators and academic faculty to obtain a comprehensive perspective of students' progress through the curriculum and competence to work at entry-level. The uniform adoption and consistent use of this instrument will ensure that all physical therapist assistants entering the clinical environment have demonstrated competence in the requisite knowledge, skills, and behaviors.
- The ACCE/DCE* reviews the completed form at the end of the clinical education experience* and assigns a grade or pass/fail according to institution policy.
- Additionally, the ACCE/DCE reviews the procedural interventions* and related data collection skills* performed by the student to identify areas that have not yet been addressed in the clinical education* component of the curriculum.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from "Beginning Performance*" to "Entry-Level Performance*." (See Appendix B) Student performance should be described in relation to one or more of the five anchors. For example, consider the following rating on a selected performance criterion.



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

Determining a Grade

- Each academic institution determines what constitutes satisfactory performance. The guide below is provided to assist the program in identifying what is expected for the student's performance depending upon their level of education* and clinical education experience within the program.
- First clinical experience: Depending upon the academic curriculum, ratings of student performance may be expected in the first two intervals between beginning performance, advanced beginner performance, and intermediate clinical performance.
- Intermediate clinical experiences: Depending upon the academic curriculum, student performance ratings are expected to progress along the continuum ranging from a minimum of advanced beginner clinical performance (interval 2) to advanced intermediate clinical performance (interval 4). The ratings on the performance criteria will be dependent upon the clinical setting, level of didactic and clinical education experience within the curriculum, and expectations of the clinical site and the academic program.
- Final clinical experience*:* Students should achieve ratings of entry-level for all 14 performance criteria.
- At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:
    - clinical setting
    - experience with patients in that setting
    - relative weighting or importance of each performance criterion
    - expectations for the clinical experience
    - expectations of the clinical site
    - progression of performance from mid-experience to final evaluations
    - level of experience within the didactic and clinical components
    - whether or not "significant concerns" box or "with distinction" box were checked
    - congruence between the CI's narrative mid-experience and final comments related to the five performance dimensions and the ratings provided
    - additional assignments (eg, journal, in-service education provided)
    - site visit information

COMPONENTS OF THE FORM

Performance Criteria

- The 14 performance criteria describe the essential aspects of the clinical work of a physical therapist assistant performing at entry-level.
- The performance criteria are grouped by the aspects of clinical work that they represent.
- Items 1-6 are related to behavioral expectations, items 7-13 address patient interventions*, and item 14 addresses resource management*.

Red Flag Item

- A flag () to the left of a performance criterion indicates a "red-flag" item.
- The five "red-flag" items (numbered 1, 2, 3, 5, and 7) are considered foundational elements in clinical work.
- Students may progress more rapidly in the "red flag" areas than other performance criteria.
- A significant concern related to a "red-flag" performance criterion item warrants immediate attention, more expansive documentation*, and a telephone call to the ACCE/DCE*. Actions taken to address these concerns may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical education experience.

Procedural Interventions and Related Data Collection Techniques

- Performance criteria 8 – 12 address categories of procedural interventions commonly performed by the entry-level PTA.
- Common procedural interventions associated with each category are provided. Given the diversity and complexity of the clinical environment, it must be emphasized that ***the procedural intervention skills provided are not meant to be an exhaustive list.***
- Those data collection skills most commonly utilized to measure patient progress relative to the performance of the procedural interventions are provided. Given the diversity and complexity of the clinical environment, it must be emphasized that ***the associated data collection skills provided are not meant to be an exhaustive list.***
- Drop down boxes provide the following options for documenting the student's exposure to the listed skills:
  - Student performed skill
  - Student observed skill
  - Skill not available at this setting
- Documentation of skill competence should be summarized using the rating scale and in the mid-experience and final comment sections.

Essential Skills

- The essential skills (denoted with bullets in shaded boxes) for each criterion are used to guide the evaluation of students' competence relative to the performance criteria.
- Given the diversity and complexity of the clinical environment, it must be emphasized that ***the essential skills provided are not meant to be an exhaustive list.***
- There may be additional or alternative skills relevant and critical to a given clinical setting and all listed essential skills need not be present to rate student performance at the various levels.
- Essential skills are not listed in order of priority, but most are presented in logical order.

Mid-experience and Final Comments

- The clinical instructor* must provide descriptive comments for all performance criteria.
- For each performance criterion, space is provided for written comments for mid-

experience and final ratings.
- Each of the five performance dimensions (supervision/guidance*, quality*, complexity*, consistency*, and efficiency*) are common to all types and levels of performance and should be addressed in providing written comments. The performance dimensions appear above the comment boxes on each page for quick reference.

Performance Dimensions

Supervision/guidance* refers to the level and extent of assistance required by the student to achieve entry-level performance. As a student progresses through clinical education experiences*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with customary direction and supervision by the physical therapist and may vary with the complexity of the patient or environment.

Quality* refers to the degree of knowledge and skill proficiency demonstrated. As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance of an intervention.

Complexity* refers to the number of elements that must be considered relative to the patient*, task, and/or environment. As a student progresses through clinical education experiences, the level of complexity of tasks, patient care, and the environment should increase, with fewer elements being controlled by the CI.

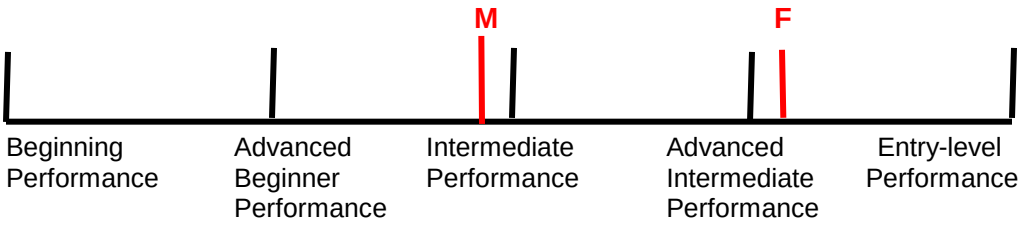
Consistency* refers to the frequency of occurrences of desired behaviors related to the performance criterion. As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

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

Rating Student Performance

- Each performance criterion is rated relative to entry-level work as a physical therapist assistant.
- The rating scale consists of a horizontal line with 5 vertical lines that serve as defined anchors and identify the borders of four intervals.
- Rating marks may be placed on the horizontal line, including on the 5 anchor lines or anywhere within the four intervals.
- The same rating scale is used for mid-experience evaluations and final evaluations.
- Place one vertical line on the rating scale at the appropriate point indicating the mid-experience evaluation rating and label it with an "**M**".
- Place one vertical line on the rating scale at the appropriate point indicating the final evaluation rating and label it with an "**F**".
- Placing a rating mark on an anchor line indicates the student's performance matches the corresponding definition.
- Placing a rating mark in an interval indicates that the student's performance is somewhere between the anchor definitions for that interval.

- For completed examples of how to mark the rating scale, refer to *Appendix C: Examples*.



Anchor Definitions

Beginning performance*:

- A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions.
- At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner.
- Performance reflects little or no experience in application of essential skills with patients.
- The student does not carry a patient care workload with the clinical instructor (a PTA directed and supervised by a physical therapist or a physical therapist).

Advanced beginner performance*:

- A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance.
- The student may begin to share the patient care workload with the clinical instructor.

Intermediate performance*:

- A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions.
- At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection.
- The student is **capable of** maintaining 50% of a full-time physical therapist assistant's patient care workload.

Advanced intermediate performance*:

- A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions.
- At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection.
- The student is **capable of** maintaining 75% of a full-time physical therapist assistant's patient care workload with direction and supervision from the physical therapist.

Entry-level performance*:

- A student who is **capable of** completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist.
- At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection.
- The student consults with others to resolve unfamiliar or ambiguous situations.
- The student is **capable of** maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective* manner with direction and supervision from the physical therapist.

Significant Concerns Box

- Checking this box (☐) indicates that the student's performance on this criterion is unacceptable for this clinical experience.
- When the Significant Concerns Box is checked, written comments to substantiate the concern, additional documentation such as a critical incident form and learning contract are required with a phone call (☎) placed to the ACCE/DCE.
- The significant concerns box provides an early warning system to identify student performance problems thereby enabling the CI, student, and ACCE/DCE to determine a mechanism for remediation, if appropriate.
- The CI **should not** wait until the mid-experience or final evaluation* to contact the ACCE/DCE regarding student performance.

With Distinction Box

- Checking this box (☐) indicates that the student's performance on this criterion is **beyond that expected of entry-level performance**. The marking on the rating scale must indicate entry-level performance.
- The student may have additional degrees or experiences that contribute to the advanced performance of the specific criterion.
- The rationale for checking this box **must** be provided in the mid-experience or final comment section.

Summative Comments

- Summative comments should be used to provide a global perspective of the student's performance across all 14 criteria at mid-experience and final evaluations.
- The summative comments, located after the last performance criterion on pages 34 and 35, provide a section for the rater to comment on the overall strengths, areas requiring further development, other general comments, and any specific recommendations with respect to the learner's needs, interests, planning, or performance.
- Comments should be based on the student's performance relative to stated objectives* for the clinical experience.

STUDENT INFORMATION (Student to Complete)

Student's Name:_____

Date of Clinical Experience:_____ Total Number of Days Absent ____

Student's E-mail:_____ Number ___ of ___ full-time clinical experiences

Check Off Setting Type(s) for Clinical Experience(s)/Rotation(s) Completed:

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

ACADEMIC PROGRAM INFORMATION (Program to Complete)

Name of Academic Institution: _____

ACCE/DCE's Name: _____

Address:_____

_____

(City) (State/Province) (Zip)

Phone: _____ext._____Fax: _____

ACCE/DCE's E-mail: _____Website:_____

CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

Name of Clinical Site: _____

Address: _____

(Department) (Street)

_____

(City) (State/Province) (Zip)

Phone: _____ext._____Fax: _____

E-mail: _____Website:_____

Clinical Instructor's* Name: _____Credentialed CI? Y N

Clinical Instructor's Name: _____Credentialed CI? Y N

Center Coordinator of Clinical Education's Name: _____

Check Off Setting Type:

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

SAFETY

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

ESSENTIAL SKILLS

- Ensures the safety of patient, self, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations).
- Uses acceptable techniques for safe handling of patients (eg, body mechanics*, guarding, level of assistance).
- Establishes and maintains safe working environment (eg, awareness of all indwelling lines and catheters, other medical equipment, physical therapy equipment and assistive devices*; maintaining hazard free work space).
- Requests assistance when necessary (eg, requests assistance from clinical instructor, utilizes and monitors support personnel).
- Demonstrates knowledge of facility safety policies and procedures.
- Recognizes physiological and psychological changes in patients and
    a. adjusts interventions accordingly within the plan of care or
    b. withholds interventions and consults the clinical instructor and/or supervising physical therapist.

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

(***All comment boxes will expand as text is added.)***

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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

CLINICAL BEHAVIORS

2. Demonstrates expected clinical behaviors in a professional manner in all situations.

ESSENTIAL SKILLS

- Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities).
- Is punctual and dependable.
- Wears attire consistent with expectations of the work setting and PTA Program.
- Demonstrates integrity* in all interactions.
- Exhibits caring*, compassion*, and empathy* in providing services to patients.
- Maintains productive working relationships with clinical instructor, supervising physical therapist, patients, families, team members, and others.
- Demonstrates behaviors that contribute to a positive work environment.
- Accepts feedback without defensiveness.
- Manages conflict in constructive ways.
- Maintains patient privacy and modesty.
- Values the dignity of patients as individuals.
- Seeks feedback from clinical instructor related to clinical performance.
- Provides effective feedback to CI related to clinical/teaching mentoring.
- Responds to unexpected changes in the patient's schedule and facility's requirements.
- Promotes the profession of physical therapy.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

ACCOUNTABILITY*

3. Performs in a manner consistent with established legal standards, standards of the profession, and ethical guidelines.

ESSENTIAL SKILLS

- Places patient's needs above self-interests.
- Identifies, acknowledges, and accepts responsibility for actions and reports errors.
- Takes steps to remedy errors in a timely manner.
- Abides by policies and procedures of the facility (eg, OSHA, HIPAA).
- Maintains patient confidentiality.
- Adheres to legal standards including all federal, state/province, and institutional regulations related to patient care and fiscal management*.
- Identifies ethical or legal concerns and initiates action to address the concerns.
- Adheres to ethical standards (eg, *Guide for Conduct of the Physical Therapist Assistant*, *Standards of Ethical Conduct for the Physical Therapist Assistant*).
- Strives to exceed the minimum performance and behavioral requirements.
- Submits accurate billing charges on time.
- Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

CULTURAL COMPETENCE*

4. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.

ESSENTIAL SKILLS

- Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
- Communicates effectively and with sensitivity, especially when there are language barriers, by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
- Provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system.
- Demonstrates an understanding of the socio-cultural, psychological, and economic influences on patients and responds accordingly.
- Is aware of own social and cultural biases and does not allow biases to negatively impact patient care.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments above.

With Distinction ☐

COMMUNICATION*

5. Communicates in ways that are congruent with situational needs.

ESSENTIAL SKILLS

- Communicates with clinical instructor and supervising physical therapist to:
  - review physical therapist examination/evaluation and plan of care.
  - ask questions to clarify selected interventions.
  - report instances when patient's current condition does not meet the safety parameters established by the physical therapist (eg, vital signs, level of awareness, red flags).
  - report instances during interventions when patient safety/comfort cannot be assured.
  - report instances when comparison of data indicates that the patient is not demonstrating progress toward expected goals established by the physical therapist in response to selected interventions.
  - report when data comparison indicates that the patient response to interventions have met the expectations established by the physical therapist.
  - report results of patient intervention and associated data collection.

a. Communicates verbally, nonverbally, and in writing in an effective, respectful, and timely manner.
b. Listens actively and attentively to understand what is being communicated by others.
c. Interprets and responds appropriately to the nonverbal communication of others.
d. Adjusts style of communication based on target audience (eg, age appropriateness, general public, professional staff).
e. Communicates with the patient using language the patient can understand (eg, translator, sign language, level of education*, cognitive* impairment*).
f. Initiates communication in difficult situations to promote resolution (eg, conflict with CI, unsatisfied patients, caregivers*, and/or family).
g. Selects the most appropriate person(s) with whom to communicate (eg, clinical instructor, physical therapist, nursing staff, social worker).
h. Self evaluates effectiveness of communication and modifies communication accordingly.
i. Seeks and responds to feedback from multiple sources in providing patient care.
j. Instructs members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

SELF-ASSESSMENT AND LIFELONG LEARNING

6. Participates in self-assessment and develops plans to improve knowledge, skills, and behaviors.

ESSENTIAL SKILLS

- Identifies strengths and limitations in clinical performance, including knowledge, skills, and behaviors.
- Seeks guidance as necessary to address limitations.
- Uses self-assessment skills, including soliciting feedback from others and reflection to improve clinical knowledge, skills and behaviors.
- Acknowledges and accepts responsibility for and consequences of own actions.
- Establishes realistic short and long-term goals in a plan for improving clinical skills and behaviors.
- Seeks out additional learning experiences to enhance clinical performance.
- Accepts responsibility for continuous learning.
- Discusses professional issues related to physical therapy practice.
- Provides and receives feedback from team members regarding performance, behaviors, and goals.
- Seeks current knowledge and theory (in-service education, case presentation, journal club, projects) to achieve optimal patient care.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

CLINICAL PROBLEM SOLVING

7. Demonstrates clinical problem solving.

ESSENTIAL SKILLS

- Presents sound rationale for clinical problem solving, including review of data collected and ethical and legal arguments.
- Seeks clarification of plan of care and selected interventions from clinical instructor and/or supervising physical therapist.
- Collects and compares data from multiple sources (eg, chart review, patient, caregivers, team members, observation) to determine patient's readiness before initiating interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize patient safety and comfort while performing selected interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize intervention outcomes, including patient progression and/or intervention modifications.
- Demonstrates the ability to determine when the clinical instructor and/or supervising physical therapist needs to be notified of changes in patient status, changes or lack of change in intervention outcomes, and completion of intervention expectations (ie, goals have been met).
- Demonstrates the ability to perform appropriately during an emergency situation to include notification of appropriate staff.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: THERAPEUTIC EXERCISE

8. Performs selected therapeutic exercises* in a competent manner.

Therapeutic Exercises Including:	
▼	Aerobic capacity/endurance conditioning/reconditioning*
▼	Balance, coordination, and agility training
▼	Body mechanics and postural stabilization
▼	Flexibility exercises
▼	Gait and locomotion training
▼	Neuromotor development training
▼	Relaxation
▼	Strength, power, and endurance training

Associated Data Collection Skills Including:	
▼	Anthropometric characteristics*
▼	Arousal, attention, and cognition
▼	Assistive & Adaptive devices*
▼	Body mechanics*
▼	Environmental, self-care, and home issues
▼	Gait, locomotion, and balance
▼	Muscle function
▼	Neuromotor function
▼	Pain
▼	Posture
▼	Range of motion
▼	Sensory response
▼	Vital signs

▼ Indicates that a drop down box will be available with the following options:
Student performed skill
Student observed skill
Skill not available at this setting

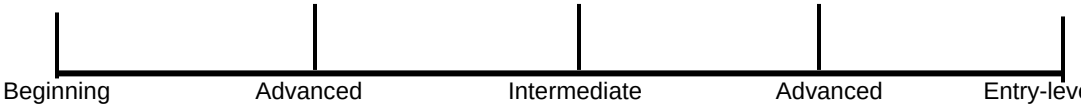
ESSENTIAL SKILLS

- Reviews plan of care* and collects data on patient's current condition to assure readiness for therapeutic exercise.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected therapeutic exercises safely, effectively, efficiently, and in a coordinated and technically competent* manner consistent with the plan of care established by the physical therapist.
- Modifies therapeutic exercises within the plan of care to maximize patient safety and comfort.
- Modifies therapeutic exercises within the plan of care to progress the patient.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function*, including promotion of health, wellness, and fitness* as described in the plan of care*.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected therapeutic exercises.

MID-EXPERIENCE 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 essential skills and comments above:



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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: THERAPEUTIC TECHNIQUES

9. Applies selected manual therapy*, airway clearance*, and integumentary repair and protection techniques in a competent manner.

Manual Therapy Techniques Including:	
▼	Massage – connective tissue and therapeutic
▼	Passive range of motion
Breathing Strategies/Oxygenation Including:	
▼	Breathing techniques (eg, pursed lip breathing, paced breathing)
▼	Re-positioning to alter work of breathing and maximize ventilation and perfusion
▼	Administration of prescribed oxygen
Integumentary Repair/Protection Including:	
▼	Wound cleansing and dressing
▼	Repositioning
▼	Patient education
▼	Edema management

Associated Data Collection Techniques Including:	
▼	Anthropometric characteristics
▼	Integumentary integrity
▼	Pain
▼	Range of motion
▼	Sensory Response
▼	Vital signs

▼ ***Indicates that a drop down box will be available with the following options:***
Student performed skill
Student observed skill
Skill not available at this setting

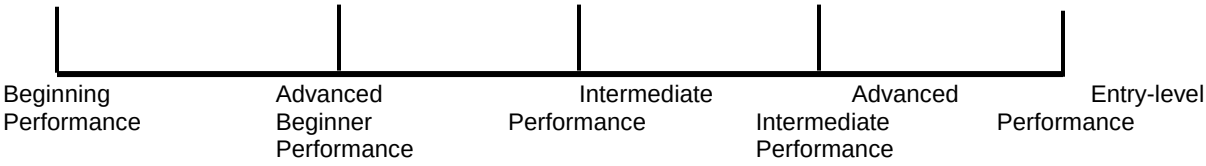
ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for therapeutic techniques.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected therapeutic techniques safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Modifies therapeutic techniques within the plan of care to maximize patient safety and comfort.
- Modifies therapeutic techniques within the plan of care to progress patient.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected therapeutic techniques.

MID-EXPERIENCE 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 essential skills and comments above:



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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: PHYSICAL AGENTS AND MECHANICAL MODALITIES

10. Applies selected physical agents* and mechanical modalities in a competent manner.

Physical Agents Including:	
▼	Cryotherapy (eg, cold pack, ice massage, vapocoolant spray)
▼	Thermotherapy (eg, dry heat, hot packs, paraffin baths, hydrotherapy)
▼	Ultrasound
Mechanical Modalities Including:	
▼	Mechanical compression, compression bandaging and garments
▼	Mechanical motion devices (eg, CPM)
▼	Intermittent, positional, and sustained traction devices

Associated Data Collection Techniques Including:	
▼	Anthropometric characteristics
▼	Arousal, attention, and cognition
▼	Integumentary integrity
▼	Pain
▼	Range of motion
▼	Sensory Response
▼	Vital signs

▼ ***Indicates that a drop down box will be available with the following options:***
Student performed skill
Student observed skill
Skill not available at this setting

ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for physical agents and mechanical modalities.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected physical agents and mechanical modalities safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Adjusts physical agents and mechanical modalities within the plan of care to maximize patient safety and comfort.
- Modifies physical agents and mechanical modalities within the plan of care to maximize patient response to the interventions.
- Progresses physical agents and mechanical modalities as described in the plan of care.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected physical agents and mechanical modalities.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS: ELECTROTHERAPEUTIC MODALITIES

11. Applies selected electrotherapeutic modalities in a competent manner.

Electrotherapeutic Modalities Including:	
▼	Biofeedback
▼	Iontophoresis
▼	Electrical stimulation for muscle strengthening
▼	Electrical stimulation for tissue repair
▼	Electrical stimulation for pain management

Associated Data Collection Techniques Including:	
▼	Anthropometric characteristics
▼	Arousal, attention, and cognition
▼	Integumentary integrity
▼	Muscle function
▼	Neuromotor function
▼	Pain
▼	Sensory response

▼ ***Indicates that a drop down box will be available with the following options:***
Student performed skill
Student observed skill
Skill not available at this setting

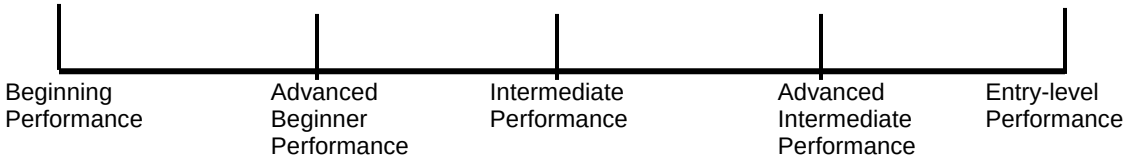
ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for electrotherapeutic modalities.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs electrotherapeutic modalities safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Adjusts electrotherapeutic modalities within the plan of care to maximize patient safety and comfort.
- Modifies electrotherapeutic modalities within the plan of care to maximize patient response to the interventions.
- Progresses electrotherapeutic modalities as described in the plan of care.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected electrotherapeutic modalities.

MID-EXPERIENCE 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 essential skills and comments above:



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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

INTERVENTIONS:
FUNCTIONAL TRAINING AND APPLICATION OF DEVICES AND EQUIPMENT

12. Performs functional training* in self-care and home management and application and adjustment of devices and equipment in a competent manner.

Functional Training Including:	
▼	ADL* training – specifically:
▼	Transfers
▼	Bed mobility
▼	Device and equipment use and training
▼	Injury prevention or reduction
Application/Adjustment of Devices/Equipment Including:	
▼	Adaptive devices*
	Assistive devices* including:
▼	Cane
▼	Crutches
▼	Walkers
▼	Wheelchairs
▼	Long handled reachers
▼	Orthotic devices* (eg, braces, splints)
▼	Prosthetic devices – upper and lower extremity
▼	Protective devices* (eg, braces)
▼	Supportive devices* (eg, compression garments, elastic wraps, soft neck collars, slings, supplemental oxygen equipment)

Associated Data Collection Techniques Including:	
▼	Anthropometric characteristics
▼	Arousal, attention, and cognition
▼	Assistive and adaptive devices
▼	Body mechanics
▼	Environmental barriers, self-care, and home issues
▼	Gait, locomotion, and balance
▼	Integumentary integrity
▼	Neuromotor function
▼	Pain
▼	Posture
▼	Sensory Response

▼ ***Indicates that a drop down box will be available with the following options:***
Student performed skill
Student observed skill
Skill not available at this setting

ESSENTIAL SKILLS

- Reviews plan of care and collects data on patient's current condition to assure readiness for functional training and application of devices and equipment.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs functional training and application of devices and equipment safely, effectively, efficiently, and in a coordinated and technically competent manner consistent with the plan of care established by the physical therapist.
- Adjusts functional training and application of devices and equipment within the plan of care to maximize patient safety and comfort.
- Modifies functional training and application of devices and equipment within the plan of care to maximize patient response to the interventions.
- Progresses functional training and application of devices and equipment as described in the plan of care.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function, including promotion of health, wellness, and fitness as described in the plan of care.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to functional training and application of devices and equipment.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments above.

With Distinction ☐

DOCUMENTATION

13. Produces quality documentation* in a timely manner to support the delivery of physical therapy services.

ESSENTIAL SKILLS

- Selects relevant information to document the delivery of physical therapy care.
- Documents all aspects of physical therapy care provided, including interventions, patient response to interventions (eg, vital signs, pain, observation), selected data collection measurements, and communication with family and others involved in the delivery of care.
- Produces documentation that is accurate, concise, timely, legible, grammatically and technically correct (eg, abbreviations, terminology, etc).
- Produces documentation (eg, electronic, dictation, chart) consistent with guidelines, format, and requirements of the facility, regulatory agencies, and third-party payers.

MID-EXPERIENCE 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 essential skills and comments above:

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

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments above.

With Distinction ☐

RESOURCE MANAGEMENT

14. Participates in the efficient delivery of physical therapy services.

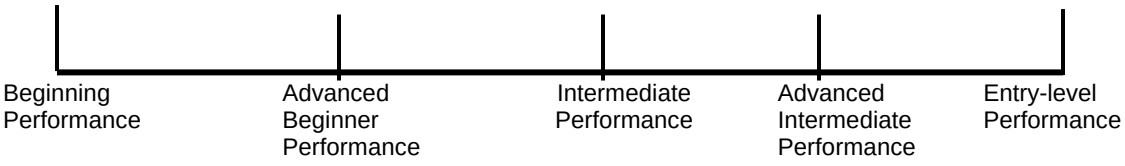
ESSENTIAL SKILLS

- Schedules patients, equipment, and space.
- Coordinates with physical therapist and others to facilitate efficient and effective patient care.
- Sets priorities for the use of resources to maximize patient and facility outcomes.
- Uses time effectively.
- Utilizes the facility's information technology effectively.
- Implements risk-management strategies (eg, prevention of injury, infection control).
- Uses equipment in an efficient and effective manner assuring that the equipment is safe prior to use.
- Utilizes services of the physical therapy aide and other support personnel as allowed by law to increase the efficiency of the operation of the physical therapy services.
- Participates in established quality improvement activities (productivity, length of stay, referral patterns, and reimbursement trends).
- Participates in special events organized in the practice setting related to patients and care delivery as well as health and wellness promotion.

MID-EXPERIENCE 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 essential skills and comments above:



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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

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 work as a physical therapist assistant.

AREAS OF STRENGTH

Mid-experience:

Final:

AREAS FOR FURTHER DEVELOPMENT

Mid-experience:

Final:

RECOMMENDATIONS

Mid-experience:

Final:

OTHER COMMENTS

Mid-experience:

Final:

EVALUATION SIGNATURES

MID-EXPERIENCE EVALUATION

For the Student

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

Signature of Student _____ Date _____

Name of Academic Institution _____

For the Evaluator(s)

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

Clinical Instructor Name (1) (*Print*) _____ Position/Title _____

Signature of Clinical Instructor (1) _____ Date _____

Clinical Instructor Name (2) (*Print*) _____ Position/Title _____

Signature of Clinical Instructor (2) _____ Date _____

Center Coordinator of Clinical Education (CCCE)* Name _____ Position/Title _____

Signature of CCCE _____ Date _____

FINAL EVALUATION

For the Student

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

Signature of Student _____ Date _____

Name of Academic Institution _____

For the Evaluator(s)

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

Clinical Instructor Name (1) (*Print*) _____ Position/Title _____

Signature of Clinical Instructor (1) _____ Date _____

Clinical Instructor Name (2) (*Print*) _____ Position/Title _____

Signature of Clinical Instructor (2) _____ Date _____

Center Coordinator of Clinical Education Name (*Print*) _____ Position/Title _____

Signature of CCCE _____ Date _____

GLOSSARY

Academic coordinator of clinical education (ACCE/DCE): Individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. This person also is responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information on clinical sites.[1]

Accountability: Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society.[7]

Activities of daily living (ADL): The self-care, communication, and mobility skills (eg, bed mobility, transfers, ambulation, dressing, grooming, bathing, eating, and toileting) required for independence in everyday living.[1]

Adaptive devices: A variety of implements or equipment used to aid patients/clients in performing movements, tasks, or activities. Adaptive devices include raised toilet seats, seating systems, environmental controls, and other devices. [1]

Advanced beginner performance: A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions. At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance. The student may begin to share the patient care workload with the clinical instructor.

Advanced intermediate performance: A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions. At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection. The student is capable of maintaining 75% of a full-time physical therapist assistant's patient care workload.

Aerobic activity/conditioning: The performance of therapeutic exercise and activities to increase endurance.[1]

Aerobic capacity: A measure of the ability to perform work or participate in activity over time using the body's oxygen uptake and delivery and energy release mechanisms.[1]

Affective: Relating to the expression of emotion (eg, affective behavior).

Airway clearance techniques: A broad group of activities used to manage or prevent consequences of impaired mucocilliary transport, or impaired cough.[1]

Altruism: The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest. [7]

Anthropometric characteristics: Human body measurements such as height, weight, girth, and body fat composition.[1]

Assistive devices: A variety of implements or equipment used to aid patients in performing movements, tasks, or activities. Assistive devices include crutches, canes, walkers, wheelchairs, power devices, long-handled reachers, and static and dynamic splints.[1]

Beginning performance: A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions. At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner. Performance reflects little or no experience in application of essential skills with patients. The student does not carry a patient care workload with the clinical instructor.

Body mechanics: The interrelationships of the muscles and joints as they maintain or adjust posture in response to environmental forces. [1]

Caring: The concern, empathy, and consideration for the needs and values of others. [7]

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

Center Coordinator of Clinical Education: Individual who administers, manages, and coordinates CI assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.[1]

Clinical education: That portion of a physical therapy program that is conducted in the health care environment rather than the academic environment.[1]

Clinical education experiences: The aspect of the curriculum in which students' learning occurs directly as a function of being immersed within physical therapy practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment. These experiences would be further defined by short and long duration (eg, part-time and full-time experiences) and those that vary how learning experiences are provided (eg, rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients/clients across the life span and related activities. Part-time clinical education experiences are less than 35 hours per week. Full-time clinical education experiences are 35 or more hours per week. (CAPTE)[1]

Clinical education site: The physical therapy practice environment in which clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment. (Syn: clinical facility, clinical site, clinical center)[1]

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

Clinical instructor (CI): Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. These individuals are responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor, and affective domains as related to entry-level performance expectations and academic and clinical preparation. For a PTA student, the CI may be a physical therapist or a physical therapist assistant under the direction and supervision of a physical therapist. (Syn: *clinical teacher, clinical tutor, and clinical supervisor.*)[1]

Cognitive: Characterized by awareness, reasoning, and judgment.[1]

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.[1]

Compassion: The desire to identify with or sense something of another's experience; a precursor of caring.[7]

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

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

Complexity: Multiple requirements of the tasks or environment (eg, simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.

Conflict management: The act, manner, or practice of handling or controlling the impact of disagreement, controversy, or opposition; may or may not involve resolution of the conflict.[1]

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

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

Cultural awareness: Refers to the basic idea that behavior and ways of thinking and perceiving are culturally conditioned rather than universal aspects of human nature.[8]

Cultural competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. "Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities. (Working definition adapted from *Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda*.) [2]

Cultural sensitivity: Awareness of cultural variables that may affect assessment and treatment.[6]

Data collection skills: Those processes/procedures used throughout the intervention to gather information about the patient's/client's progress through observation; measurement; subjective, objective, and functional findings. [1]

Direction: The act by which the physical therapist authorizes the physical therapist assistant to perform selected physical therapy interventions and related tasks; always preceded by a decision-making process through which the physical therapist determines when and what to direct; and always followed by supervision of the physical therapist assistant relative to the directed intervention or related task. [1]

Documentation: The recording of specific, functional, objective, and subjective pieces of information that are obtained through observation and measurement during intervention sessions and in consultation with the patient, the family, the physical therapist, or other members of the health care team. Recording can include handwritten entries, use of computerized medical records, dictation, etc. This includes information in the patient's/client's medical record that is considered a legal document; administrative documentation for non-direct patient/client care, such as total-quality management, continuous quality improvement, quality assurance, performance improvement, and utilization review; attendance records; peer review; chart audits; training materials; case studies; scheduling; preparation of charge slips for billing; and training and supervision of other physical therapist assistants and physical therapist assistant students. [1]

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

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

Empathy: The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner. [1]

Entry-level performance: A student who is capable of completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist. At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection. The student consults with others to resolve unfamiliar or ambiguous situations. The student is capable of maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective* manner.

Entry-level work: The initial point of entry into the health system working under the direction and supervision of a physical therapist, and characterized by successful completion of an accredited physical therapist assistant education program and the acquisition of the appropriate credential (license/registration/certificate) to function as a physical therapist assistant. Also, characterized by little or no experience as a credentialed, working physical therapist assistant. [1]

Essential skills: Statements of knowledge, skills, and behaviors required to successfully meet the performance criteria.

Evidenced-based practice: Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. [9] Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

Excellence: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. [7]

Fiscal management: An ability to identify the fiscal needs of a unit and to manage available fiscal resources to maximize the benefits and minimize constraints. [1]

Fitness: A dynamic physical state—comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities. [4]

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

Goals: The intended results of patient/client management. Goals indicate changes in impairment, functional limitations, and disabilities and changes in health, wellness, and fitness needs that are expected as a result of implementing the plan of care. Goals should be measurable and time limited (if required, goals may be expressed as short-term and long-term goals.) [4]

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

Health care provider: A person or organization offering health services directly to patients or clients.

Health promotion: The combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health. [3]

Impairment: A loss or abnormality of physiological, psychological, or anatomical structure or function.[4]

Integrity: *S*teadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do. [7]

Intermediate clinical performance: A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions. At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection. The student is capable of maintaining 50% of a full-time physical therapist assistant's patient care workload.

Intervention: The purposeful interaction of the physical therapist or physical therapist assistant with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the patient's/client's condition. [4]

Manual therapy techniques: Skilled hand movements intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; modulate pain; and reduce soft tissue swelling, inflammation, or restriction. [4]

Mobilization/manipulation: A manual therapy technique performed by physical therapists comprising a continuum of skilled passive movements to the joints and/or related soft tissues that are applied at varying speeds and amplitudes, including a small amplitude/high velocity therapeutic movement. [4]

Modality: A broad group of agents that may include thermal, acoustic, radiant, mechanical, or electrical energy to produce physiologic changes in tissues for therapeutic purposes. [1]

Modify interventions: Within the objective (measurable and observable) parameters documented in an established physical therapist plan of care, the physical therapist assistant may adjust the interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort. The physical therapist assistant completes written documentation of any adjustments to the interventions. Ongoing communication between the physical therapist and the physical therapist assistant occurs regarding the patient's/client's status. [1]

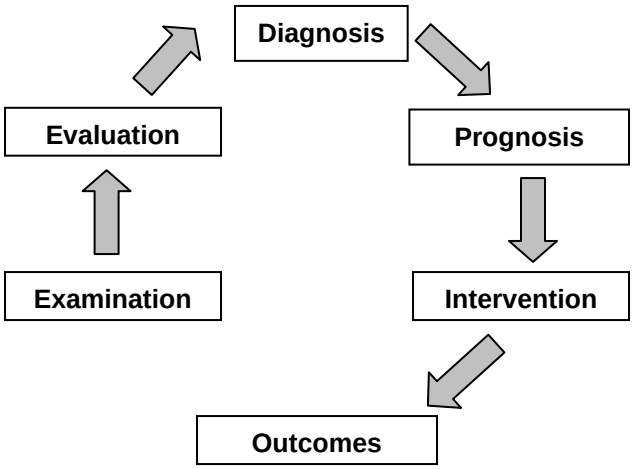
Multicultural/multilingual: Characteristics of populations defined by changes in the demographic patterns of consumers.

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

Orthotic devices: Devices to support weak or ineffective joints or muscles, such as splints, braces, shoe inserts, and casts. [1]

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

Patient/client management model:



(Adapted from the *Guide to Physical Therapist Practice*.) [4]

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

Performance Expectations: Level at which an entry-level physical therapist assistant is expected to demonstrate competence in the areas of knowledge, skills, and behaviors in the delivery of physical therapy services as directed by the physical therapist. [1]

Physical agent: A form of thermal, acoustic or radiant energy that is applied to tissues in a systematic manner to achieve a therapeutic effect: a therapeutic modality used to treat physical impairments. [1]

Physical therapist: A person who is a graduate of an accredited physical therapist professional education program and is licensed to practice physical therapy. [4]

Physical therapist assistant: A technically educated health care provider who assists the physical therapist in the provision of selected physical therapy interventions. The physical therapist assistant is the only individual who provides selected physical therapy interventions under the direction and supervision of the physical therapist. The physical therapist assistant is a graduate of an accredited physical therapist assistant associate degree program. [4]

Plan of care: Statements written by the physical therapist that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. [4]

Posture: The alignment and positioning of the body in relation to gravity, center of mass, and base of support. [1]

Prevention: Activities that are directed toward 1) achieving and restoring optimal functional capacity, 2) minimizing impairments, functional limitations, and disabilities, 3) maintaining health (thereby preventing further deterioration or future illness), 4) creating appropriate environmental adaptations to enhance

independent function. *Primary prevention:* Prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts. *Secondary prevention:* Efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. *Tertiary prevention:* Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases. [4]

Professional duty: Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. [7]

Protective devices: External supports to protect weak or ineffective joints or muscles. Protective devices include braces, protective taping, cushions, and helmets. [1]

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

Resource management: The effective use and integration of human, fiscal, and systems resources that follows regulatory and legal guidelines. [1]

Social responsibility: The promotion of a mutual trust between the physical therapist assistant as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. [7]

Supervision/guidance: Level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or environment. [1]

Supportive devices: External supports to protect weak or ineffective joints or muscles. Support devices include supportive taping, compression garments, corsets, slings, neck collars, serial casts, elastic wraps, and oxygen. [1]

Technically competent: Correct performance of a skill.

Therapeutic exercise: A broad range of activities intended to improve strength, range of motion (including muscle length), cardiovascular fitness, or flexibility, or to otherwise increase a person's functional capacity. [1]

Wellness: An active process of becoming aware of and making choices toward a more successful existence. [5]

SOURCES

[1] A *Normative Model of Physical Therapist Assistant Education: Version 2007*, Alexandria, Va: American Physical Therapy Association; 2007.

[2] Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.

[3] Green LW, Kreuter MW. Health Promotion Planning. 2nd ed. Mountain View, CA: Mayfield Publishers; 1991:4.

[4] *Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.

[5] National Wellness Organization. A Definition of Wellness. Stevens Point, WI: National Wellness Institute Inc; 2003.)

[6] Paniagua FA. Assessing and Treating Culturally Diverse Clients. Thousand Oaks, Calif: Sage Publications; 1994.

[7] *Professionalism in Physical Therapy: Core Values*, American Physical Therapy Association, August 2003.

[8] Pusch MD, ed. *Multicultural Education*. Yarmouth, Maine: Intercultural Press Inc; 1999.

[9] Sackett DL, Haynes RB, Guyatt GH, Tugwell P. Clinical Epidemiology: A Basic Science for Clinical Medicine. 2nd ed. Boston: Little, Brown and Company; 1991:1.

APPENDIX A: DEFINITIONS OF PERFORMANCE DIMENSIONS & RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
	Performance Dimensions
Supervision/ Guidance	Level and extent of assistance required by the student to achieve entry-level performance. • As a student progresses through clinical education experiences*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation* and may vary with the complexity of the patient or environment.
Quality	Degree of knowledge and skill proficiency demonstrated. • As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.
Complexity	Number of elements that must be considered relative to the task, patient, and/or environment. • As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
Consistency	Frequency of occurrences of desired behaviors related to the performance criterion. • As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
Efficiency	Ability to perform in a cost-effective and timely manner. • As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
	Rating Scale Anchors
Beginning performance	• A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions. • At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner. • Performance reflects little or no experience in application of essential skills with patients. • The student does not carry a patient care workload with the clinical instructor (a PTA directed and supervised by a physical therapist or a physical therapist).
Advanced beginner performance	• A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions. • At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance. • The student may begin to share the patient care workload with the clinical instructor.
Intermediate performance	• A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions. • At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection. • The student is **capable of** maintaining 50% of a full-time physical therapist assistant's patient care workload.
Advanced intermediate performance	• A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions. • At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection. • The student is **capable of** maintaining 75% of a full-time physical therapist assistant's patient care workload.
Entry-level performance	• A student who is **capable of** completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist. • At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection. • The student consults with others to resolve unfamiliar or ambiguous situations. • The student is **capable of** maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective* manner with the direction and supervision of the physical therapist.

APPENDIX B: EXAMPLES OF COMPLETED PTA CPI CRITERIA

EXAMPLE: COMPLETED ITEM FOR INITIAL CLINICAL EDUCATION EXPERIENCE (Competent)

SAFETY

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

ESSENTIAL SKILLS

- Ensures the safety of patient, self, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations).
- Uses acceptable techniques for safe handling of patients (eg, body mechanics*, guarding, level of assistance).
- Establishes and maintains safe working environment (eg, checking IV lines, other medical equipment, physical therapy equipment and assistive devices*; maintaining hazard free work space).
- Requests assistance when necessary (eg, requests assistance from clinical instructor, utilizes and monitors support personnel).
- Demonstrates knowledge of facility safety policies and procedures.
- Recognizes physiological and psychological changes in patients and
    c. Adjusts interventions accordingly within the plan of care or
    d. Withholds interventions and consults the clinical instructor and/or supervising physical therapist.

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

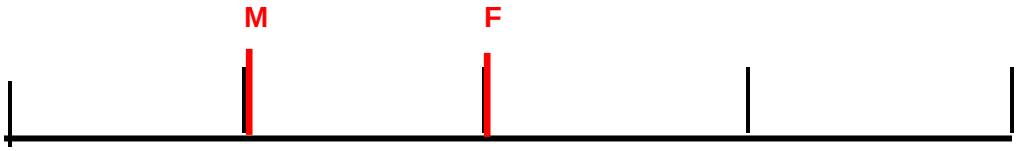
This student demonstrates consistent safety awareness and technique when treating children with basic developmental delay. He requires supervision from the CI 80% of the time to utilize proper guarding techniques to safely and effectively complete interventions within the allotted time frame. He is proficient in managing single IV lines during interventions, but continues to require supervision 80 – 90% of the time and frequent verbal cues from CI. His instructions to the children are age appropriate and clear resulting in safe patient interactions.

This student is demonstrating inconsistencies in use of safety and guarding techniques when treating children with complex neurological conditions such as a brain stem tumor that causes ataxia. He requires direct supervision and verbal cues at all times from CI to safely, efficiently, and effectively perform interventions. He is unable to manage Foley catheters and more than two IV lines without assistance from the CI. This student requires frequent input from the CI to identify potential safety issues when providing interventions.

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

This student has made good progress. When treating children with basic conditions, he is consistently able to manage a Foley catheter and up to two IV lines without assistance. He is requiring assistance from CI 30% of the time to carryover efficient and safe interventions with these patients. He is able to correctly verbalize to the eCI potential safety issues prior to the initiation of treatment of the complex patient. He can carryover interventions with complex patients with CI supervision 75% of the time. He is successfully instructing patients performing routine therapeutic exercise in self-pacing to improve patient tolerance. This student continues to require assistance from the CI 60% of the time when managing three or more IV lines and to consistently utilize proper guarding techniques throughout treatment session. Overall he is doing well. He is performing as expected at this level of educational preparation.

Rate this student's clinical performance based on the essential skills and comments above:



Beginning Performance*

Advanced Beginner Performance*

Intermediate Performance*

Advanced Intermediate Performance*

Entry-level Performance*

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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments above.

With Distinction ☐

EXAMPLE: COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)

CLINICAL PROBLEM SOLVING

7. Demonstrates clinical problem solving.

ESSENTIAL SKILLS

- Presents sound rationale for clinical problem solving, including review of data collected and ethical and legal arguments.
- Seeks clarification of plan of care and selected interventions from clinical instructor and/or
- supervising physical therapist.
- Collects and compares data from multiple sources (eg, chart review, patient, caregivers,
- team members, observation) to determine patient's readiness before initiating interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize
- patient safety and comfort while performing selected interventions.
- Demonstrates sound clinical decisions within the plan of care to assess and maximize intervention outcomes, including patient progression and/or intervention modifications.
- Demonstrates the ability to determine when the clinical instructor and/or supervising physical therapist needs to be notified of changes in patient status, changes or lack of change in intervention outcomes, and completion of intervention expectations (i.e. goals have been met).
- Demonstrates the ability to perform appropriately during an emergency situation to include notification of appropriate staff.

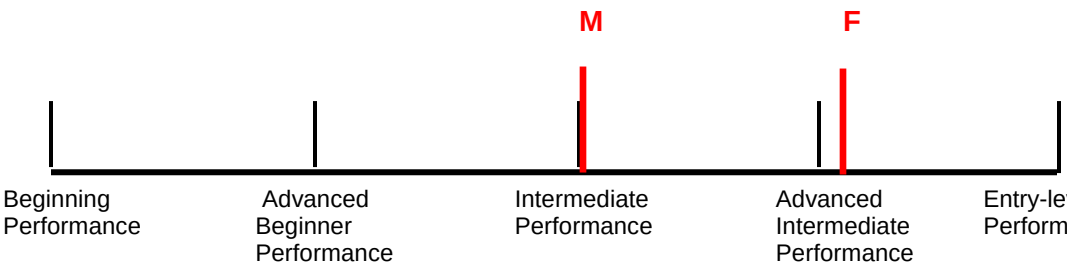
MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Student is able to select pertinent data from chart on patients with simple conditions 75% of the time and requires assistance to collect data for patients with complex conditions 75% of the time. Student is able to compare the results of data collection once gathered and determine if safety parameters are met with patients with simple patients at least 75% of the time. Student still requires assistance determining if safety parameters are met with complex patients, especially those with secondary cardiac-related conditions. Student does well assuring comfort and safety with all patients, but is not able to consistently determine appropriate modifications during the intervention when patients with complex conditions report discomfort. Student is able to determine patient progress and time to advance the patient within the plan of care on patients with simple conditions 80% of the time, but continues to require assistance with patients with complex conditions about 75% of the time.

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

Student continues to improve in this area both in performance and confidence. Student is now demonstrating proficiency in determining if the patient has met all safety parameters prior to initiating physical therapy on all patient with simple conditions. Only requires occasional clarification for decisions about patients with complex conditions. Student still requires minimal supervision (less than 20% of the time) implementing modifications to the intervention to improve the patient with complex condition's comfort. Student identifying need for progression or re-evaluation by the PT consistently, but still requires verbal cueing for correct progression of interventions for patients with complex conditions about 20% of the time.

Rate this student's clinical performance based on the essential skills and comments above:



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

Mid-experience ☐ ☎ **Final** ☐

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)

INTERVENTIONS: THERAPEUTIC EXERCISE

8. Performs selected therapeutic exercises* in a competent manner.

Therapeutic Exercises Including:	
▼	Aerobic capacity/endurance conditioning/reconditioning*
▼	Balance, coordination, and agility training
▼	Body mechanics and postural stabilization
▼	Flexibility exercises
▼	Gait and locomotion training
▼	Neuromotor development training
▼	Relaxation
▼	Strength, power, and endurance training

Associated Data Collection Skills Including:	
▼	Anthropometric characteristics*
▼	Arousal, attention, and cognition
▼	Assistive & Adaptive devices*, orthotics*, prosthetics
▼	Body mechanics*
▼	Environmental, self-care, and home issues
▼	Gait, locomotion, and balance
▼	Muscle performance
▼	Neuromotor function
▼	Pain
▼	Posture
▼	Range of motion
▼	Sensory response
▼	Vital signs

▼ Indicates that a drop down box will be available with the following options:
Student performed skill
Student observed skill
Skill not available at this setting

ESSENTIAL SKILLS

- Reviews plan of care* and collects data on patient's current condition to assure readiness for therapeutic exercise.
- Applies knowledge of contraindications and precautions for selected intervention.
- Performs selected therapeutic exercises safely, effectively, efficiently, and in a coordinated and technically competent* manner consistent with the plan of care established by the physical therapist.
- Modifies therapeutic exercises within the plan of care to maximize patient safety and comfort.
- Modifies therapeutic exercises within the plan of care to progress the patient.
- Instructs patient, family members and other caregivers regarding strategies to minimize the risk of injury and to enhance function*, including promotion of health, wellness, and fitness* as described in the plan of care*.
- Identifies barriers to learning (eg, literacy, language, cognition) and adjusts instructional techniques to meet patient learning style (eg, demonstration, verbal, written).
- Collects relevant data accurately and proficiently to measure and report patient response to selected therapeutic exercises.

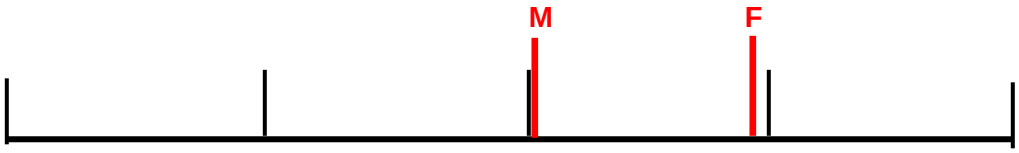
MID-EXPERIENCE COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

Student requires direct personal supervision 50% of the time while working with patients with simple conditions and 75% of time working with patients with complex conditions. At this point, student is maintaining a 50% of a full-time PTA caseload. Student is proficient with simple interventions (gait training, ROM). Student is inefficient with PNF (eg, hold-relax). Data collection skills are at the intermediate performance level, not at the expected advanced intermediate level at this time in the curriculum. Student is having difficulty identifying correct data collection skill to measure patient progress. Collection of vital signs, describing signs of cognitive deficits and assessing pain is efficient. However, data collection skills of sensory response, coordination and balance, grid measurement of posture are performed inconsistently and student requires assistance to complete. Not able to progress and modify resistive exercises including concentric, eccentric and isotonic without verbal cueing and direction. Student is not efficient in completing MMT (positions incorrect, not stabilizing) and does not apply MMT grading criteria correctly.

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

Student requires direct personal supervision 25-50% of the time working with patients with complex conditions (eg, patients with Parkinson's, cerebral palsy, s/p CVA). Student is able to perform independently with patients with simple conditions or situations where the student is very familiar. Student continues to select inappropriate data collection techniques and requires verbal cueing to document progress with patients with complex conditions in measurable terms. MMT skills have improved slightly, but student continues to be inefficient and inconsistent with grading, positioning and direction of pressure. Progression of exercises has improved, but student continues to require verbal cuing to prompt increasing exercise difficulty. Overall, there has been improvement, but student is still only able to manage less than 75% of a full-time PTA caseload.

Rate this student's clinical performance based on the essential skills and comments above:



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

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

Mid-experience ☒ ☎ **Final** ☒

If performance on this criterion is beyond entry-level, check the "With Distinction" box and provide supportive comments.

With Distinction ☐

APPENDIX C: INTERVENTIONS AND ASSOCIATED DATA COLLECTION TECHNIQUES

This table illustrates the connection between the interventions and associated data collection techniques used by physical therapist assistants to document patient/client progress. The table is **not** meant to be all-inclusive or restrictive, but to provide a guide for instruction of interventions and the data collection techniques that are essential indicators of the outcome or patient/client response to the intervention. The matrix that follows this table details each of the data collection categories including a list of the associated interventions, examples of techniques used, and sample terminal behavioral objectives. (*A Normative Model of Physical Therapist Assistant Education: Version 2007*. Alexandria, VA: American Physical Therapy Association; 2007.)

	Data Collection Techniques													
Procedural Interventions	**Anthropometric Characteristics**	**Arousal, Attention, and Cognition**	**Assistive & Adaptive Devices, Orthotics, Prosthetics**	**Body Mechanics**	**Environmental, Self-Care, and Home Issues**	**Gait, Locomotion, and Balance**	**Integumentary Integrity**	**Muscle Performance**	**Neuromotor Function**	**Pain**	**Posture**	**Range of Motion**	**Sensory Response**	**Vital Signs**
Therapeutic Exercise: • Aerobic capacity/endurance conditioning/ reconditioning	X					X								X
• Balance, coordination, and agility training						X			X		X			
• Body mechanics and postural stabilization				X				X			X			
• Flexibility exercises									X	X		X		
• Gait and locomotion training			X		X	X			X					
• Neuromotor development training		X							X					
• Relaxation		X							X					X
• Strength, power, and endurance training								X			X			

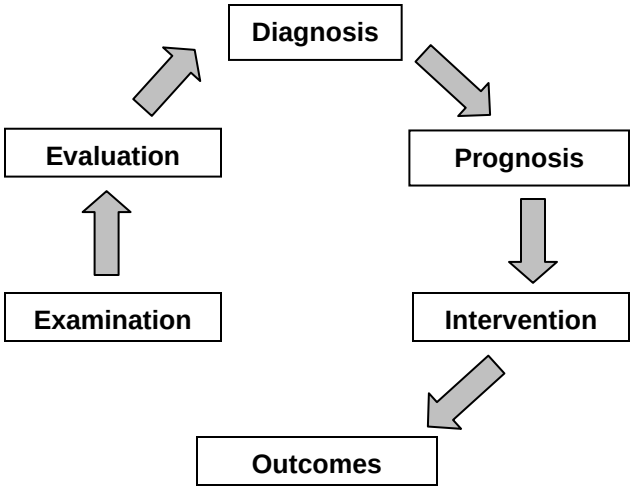
Interventions and Associated Data Collection Techniques (Continued)

	Data Collection Techniques													
Procedural Interventions	**Anthropometric Characteristics**	**Arousal, Attention, and Cognition**	**Assistive & Adaptive Devices, Orthotics, Prosthetics**	**Body Mechanics**	**Environmental, Self-Care, and Home Issues**	**Gait, Locomotion, and Balance**	**Integumentary Integrity**	**Muscle Performance**	**Neuromotor Function**	**Pain**	**Posture**	**Range of Motion**	**Sensory Response**	**Vital Signs**
Functional Training in Self-Care and Home Management		X	X	X	X	X			X					
Manual Therapy Techniques	X						X			X		X		
Application of Devices and Equipment	X		X				X			X	X		X	
Airway Clearance Techniques							X							X
Integumentary Repair and Protection Techniques	X						X			X			X	
Electrotherapeutic Modalities	X	X					X	X	X	X			X	
Physical Agents	X	X					X			X		X	X	X

APPENDIX D: PROBLEM SOLVING ALGORITHM UTILIZED BY PTAs IN PATIENT INTERVENTIONS

This algorithm, developed by APTA's Departments of Education, Accreditation, and Practice, is intended to reflect current policies and positions on the problem solving processes utilized by physical therapist assistants in the provision of selected interventions. The controlling assumptions are essential to understanding and applying this algorithm. (This document can be found in *A Normative Model of Physical Therapist Assistant Education: Version 2007*.)

Controlling Assumptions



- The physical therapist integrates the five elements of patient/client management – examination, evaluation, diagnosis, prognosis, and intervention – in a manner designed to optimize outcomes. Responsibility for completion of the examination, evaluation, diagnosis, and prognosis is borne solely by the physical therapist. The physical therapist's plan of care may involve the physical therapist assistant to assist with selected interventions. This algorithm represents the decision making of the physical therapist assistant within the intervention element.

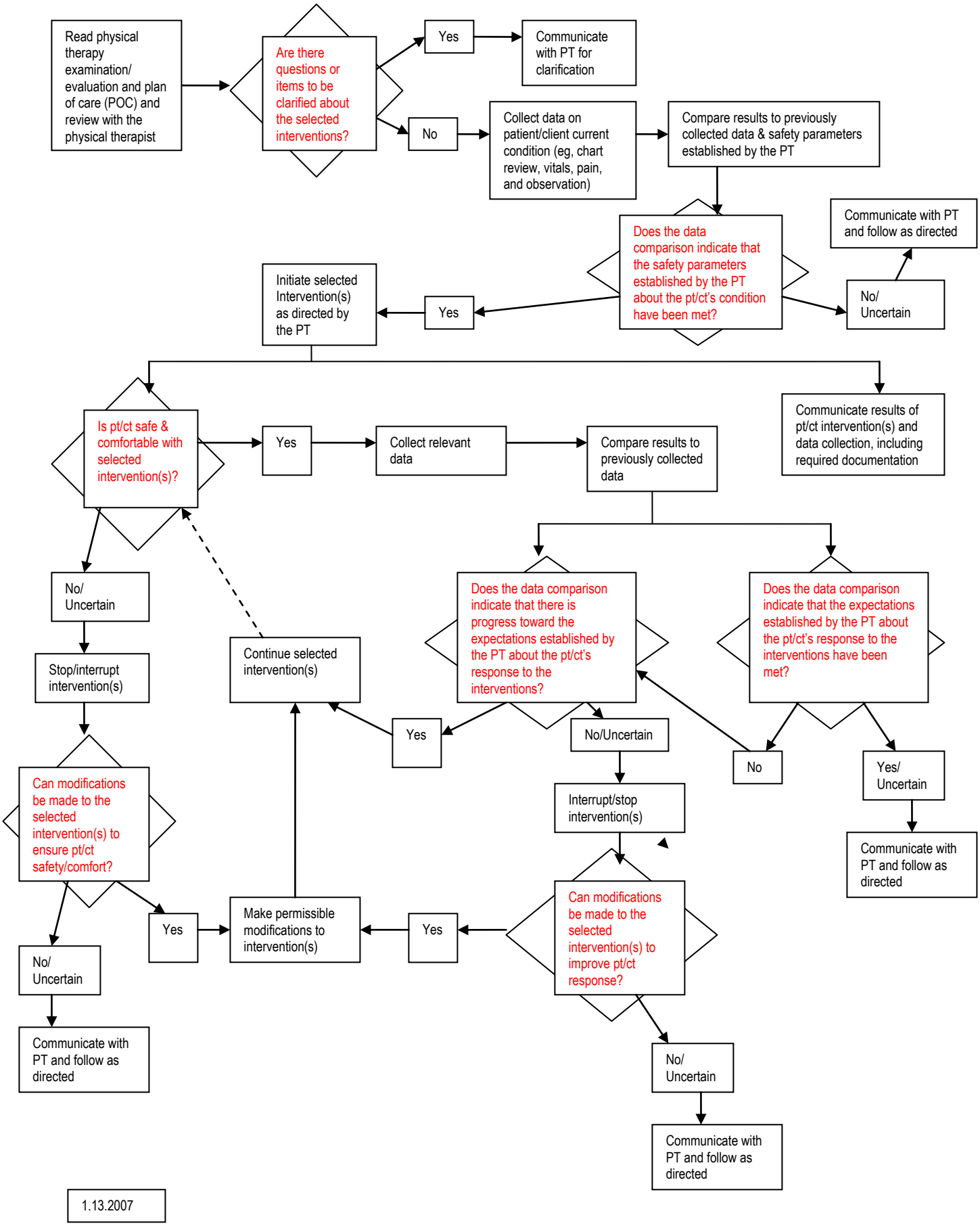
- The physical therapist will direct and supervise the physical therapist assistant consistent with APTA House of Delegates positions, including Direction and Supervision of the Physical Therapist Assistant (HOD P06-05-18-26); APTA core documents, including Standards of Ethical Conduct for the PTA; and federal and state legal practice standards; and institutional regulations.

- All selected interventions are directed and supervised by the physical therapist. Additionally, the physical therapist remains responsible for the physical therapy services provided when the physical therapist's plan of care involves the physical therapist assistant to assist with selected interventions.

- Selected intervention(s) includes the procedural intervention, associated data collection, and communication, including written documentation associated with the safe, effective, and efficient completion of the task.

- The algorithm may represent the thought processes involved in a patient/client interaction or episode of care. Entry into the algorithm will depend on the point at which the physical therapist assistant is directed by the physical therapist to provide selected interventions.

- Communication between the physical therapist and physical therapist assistant regarding patient/client care is ongoing. The algorithm does not intend to imply a limitation or restriction on communication between the physical therapist and physical therapist assistant.


Read physical therapy examination/ evaluation and plan of care (POC) and review with the physical therapist
Are there questions or items to be clarified about the selected interventions?
Yes
Communicate with PT for clarification
No
Collect data on patient/client current condition (eg, chart review, vitals, pain, and observation)
Compare results to previously collected data & safety parameters established by the PT
Does the data comparison indicate that the safety parameters established by the PT about the pt/ct's condition have been met?
Communicate with PT and follow as directed
No/ Uncertain
Yes
Initiate selected Intervention(s) as directed by the PT
Is pt/ct safe & comfortable with selected intervention(s)?
Yes
Collect relevant data
Compare results to previously collected data
Communicate results of pt/ct intervention(s) and data collection, including required documentation
No/ Uncertain
Stop/interrupt intervention(s)
Continue selected intervention(s)
Does the data comparison indicate that there is progress toward the expectations established by the PT about the pt/ct's response to the interventions?
Does the data comparison indicate that the expectations established by the PT about the pt/ct's response to the interventions have been met?
Yes
No/Uncertain
No
Yes/ Uncertain
Interrupt/stop intervention(s)
Communicate with PT and follow as directed
Can modifications be made to the selected intervention(s) to ensure pt/ct safety/comfort?
Yes
Make permissible modifications to intervention(s)
Yes
Can modifications be made to the selected intervention(s) to improve pt/ct response?
No/ Uncertain
Communicate with PT and follow as directed
No/ Uncertain
Communicate with PT and follow as directed
1.13.2007

APPENDIX E: PTA CPI PERFORMANCE CRITERIA MATCHED WITH EVALUATIVE CRITERIA FOR PTA PROGRAMS

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

Evaluative Criteria for Accreditation of Physical Therapist Assistant Programs	Physical Therapist Assistant Clinical Performance Instrument Performance Criteria (PC)
Communication (3.3.2.1)	**Communication** (PC #5)
Individual and Cultural Differences (3.3.2.2)	**Cultural Competence** (PC #4)
Behavior and Conduct (3.3.2.3 – 3.3.2.4)	**Clinical Behaviors** (PC#2; 3.3.2.3, 3.3.2.4) **Accountability** (PC# 3; 3.3.2.4, 3.3.2.5)
Plan of Care (3.3.2.6)	**Clinical Problem Solving** (PC #7 – 12)
Interventions – Functional Training (3.3.2.7.1 – 3.3.2.7.7)	**Interventions: Functional Training and Application of Devices and Equipment** (PC #12; 3.3.2.7.1 – 3.3.2.7.7)
Interventions – Infection Control Procedures (3.3.2.7.8, 3.3.2.7.9)	**Safety** (PC #1)
Interventions – Manual Therapy Techniques (3.3.2.7.10, 3.3.2.7.11)	**Interventions: Therapeutic Techniques** (PC #9)
Interventions – Physical Agents and Mechanical Agents (3.3.2.7.12 – 3.3.2.7.19)	**Interventions: Physical Agents and Mechanical Modalities** (PC #10; 3.3.2.7.12, 3.3.2.7.14 - 15, 3.3.2.7.17 – 19) **Interventions: Electrotherapeutic Modalities** (PC #11; 3.3.2.7.13, 3.3.2.7.16)
Interventions – Therapeutic Exercise (3.3.2.7.20 – 27)	**Interventions: Therapeutic Exercise** (PC #8; 3.3.2.7. 20, 3.3.2.7.21, 3.3.2.7.23-27) **Interventions: Therapeutic Techniques** (PC #9; 3.3.2.7.22)
Interventions – Wound Management (3.3.2.7.28, 3.3.2.7.29)	**Interventions: Therapeutic Techniques** (PC #9)
Data Collection – Aerobic Capacity and Endurance (3.3.2.8.1 – 3)	**Interventions: Therapeutic Exercise** (PC #8 ; 3.3.2.8.1) **Interventions: Therapeutic Techniques** (PC #9 ; 3.3.2.8.2, 3.3.2.8.3) **Interventions : Physical Agents and Mechanical Modalities** (PC #10 ; 3.3.2.8.1.1)
Data Collection – Anthropometrical Characteristics (3.3.2.8.4)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10) **Interventions: Electrotherapeutic Modalities** (PC #11) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Arousal, Mentation, and Cognition (3.3.2.8.5)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions : Physical Agents and Mechanical Modalities** (PC #10) **Interventions: Electrotherapeutic Modalities** (PC #11) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic Devices (3.3.2.8.6 – 3.3.2.8.8)	**Interventions: Therapeutic Exercise** (PC#8) **Functional Training and Application of Devices and Equipment** (PC #12)

Evaluative Criteria for Accreditation of Physical Therapist Assistant Programs	Physical Therapist Assistant Clinical Performance Instrument Performance Criteria (PC)
Data Collection – Gait, Locomotion and Balance (3.3.2.8.9)	**Interventions: Therapeutic Exercise** (PC#8) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Integumentary Integrity (3.3.2.8.10 – 3.3.2.8.13)	**Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10; 3.3.2.8.10 – 3.3.2.8.12) **Interventions: Electrotherapeutic Modalities** (PC #11; 3.3.2.8.10 – 3.3.2.8.12) **Functional Training and Application of Devices and Equipment** (PC #12; 3.3.2.8.10 – 3.3.2.8.12)
Data Collection – Joint Integrity and Mobility (3.3.2.8.14)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Muscle Performance (3.3.2.8.15 – 3.3.2.8.18)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Electrotherapeutic Modalities** (PC #11) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Neuromotor Development (3.3.2.8.19 – 3.3.2.8.21)	**Interventions: Therapeutic Exercise** (PC#8) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Pain (3.3.2.8.22, 3.3.2.8.23)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10) **Interventions: Electrotherapeutic Modalities** (PC #11) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Posture (3.3.2.8.24, 3.3.2.8.25)	**Interventions: Therapeutic Exercise (PC#8)** **Functional Training and Application of Devices and Equipment (PC #12)**
Data Collection – Range of Motion (3.3.2.8.26, 3.3.2.8.27)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10)
Data Collection – Self-care and Home Management and Community or Work Reintegration (3.3.2.8.28 – 3.3.2.8.31**)**	**Interventions: Therapeutic Exercise** (PC#8) **Functional Training and Application of Devices and Equipment** (PC #12)
Data Collection – Ventilation, Respiration, and Circulation Examination (3.3.2.8.32 – 3.3.2.8.35)	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10)
Adjusts interventions within plan of care (3.3.2.9**)**	**Interventions: Therapeutic Exercise** (PC#8) **Interventions: Therapeutic Techniques** (PC #9) **Interventions : Physical Agents and Mechanical Modalities** (PC #10) **Interventions: Electrotherapeutic Modalities** (PC #11) **Functional Training and Application of Devices and Equipment** (PC #12)

Evaluative Criteria for Accreditation of Physical Therapist Assistant Programs	Physical Therapist Assistant Clinical Performance Instrument Performance Criteria (PC)
Recognizes when to hold interventions (3.3.2.10)	**Safety** (PC #1) **Communication** (PC #5) **Clinical Problem Solving** (PC #7)
Knows scope of work (3.3.2.12)	**Communication** (PC #5) **Clinical Problem Solving** (PC #7)
Responds in emergency situations (3.3.2.15)	**Safety** (PC #1) **Clinical Problem Solving (PC #7)**
Documentation (3.3.2.16)	**Documentation (PC #13)**
Discharge Planning (3.3.2.17)	**Documentation (PC #13)**
Reads Literature (3.3.2.18)	**Self-Assessment and Lifelong Learning (PC #6)**
Education (3.3.2.19, 3.3.2.20)	**Clinical Behaviors (PC #2)**
Administration (3.3.2.21 – 3.3.2.24**)**	**Resource Management (PC #14)**
Social Responsibility (3.3.2.25, 3.3.2.26**)**	**Clinical Behaviors (PC #2)** **Accountability (PC #3)**
Career Development (3.3.2.27, 3.3.2.28)	**Self-Assessment and Lifelong Learning (PC #6)**

[1]Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. Commission on Accreditation in Physical Therapy Education, APTA: Alexandria, VA; 2007.