

PHYSICAL THERAPIST ASSISTANT STUDENT EVALUATION: CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

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PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist assistant student assessment of the clinical experience and Section 2-Physical therapist assistant student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude is extended to all individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Signatures

I have reviewed information contained in this physical therapist assistant student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI

Yes

No

Other CI Credential _____ State

Yes

No

Professional organization memberships

APTA

Other _____

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI

Yes No

Other CI Credential _____ State

Yes No

Professional organization memberships

APTA Other _____

SECTION 1: PTA STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences provided at this clinical facility.

1. Name of Clinical Education Site _____
 Address _____ City _____ State _____
2. Clinical Experience Number _____
3. Specify the number of weeks for each applicable clinical experience/rotation.
 _____ Acute Care/Inpatient Hospital Facility _____ Private Practice
 _____ Ambulatory Care/Outpatient _____ Rehabilitation/Sub-acute Rehabilitation
 _____ ECF/Nursing Home/SNF _____ School/Preschool Program
 _____ Federal/State/County Health _____ Wellness/Prevention/Fitness Program
 _____ Industrial/Occupational Health Facility _____ Other _____

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No
6. What else could have been provided during the orientation? _____

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

| Diversity Of Case Mix | Rating | Patient Lifespan | Rating | Continuum Of Care | Rating |
|---|--------|------------------|--------|---------------------------|--------|
| Musculoskeletal | | 0-12 years | | Critical care, ICU, Acute | |
| Neuromuscular | | 13-21 years | | SNF/ECF/Sub-acute | |
| Cardiopulmonary | | 22-65 years | | Rehabilitation | |
| Integumentary | | over 65 years | | Ambulatory/Outpatient | |
| Other (GI, GU, Renal, Metabolic, Endocrine) | | | | Home Health/Hospice | |
| | | | | Wellness/Fitness/Industry | |

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale. List the five (5) most common interventions that you provided to patients/clients during this clinical experience.

| Components Of Care | Rating | Five Most Common Interventions |
|--|--------|--------------------------------|
| Data Collection | | 1. _____ |
| Implementation of Established Plan of Care | | 2. _____ |
| Selected Interventions | | 3. _____ |
| • Coordination, communication, documentation | | 4. _____ |
| • Patient/client related instruction | | 5. _____ |
| • Direct Interventions | | |

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to your work and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

| Environment | Rating |
|---|--------|
| Providing a helpful and supportive attitude for your role as a PTA student. | |
| Providing effective role models for problem solving, communication, and teamwork. | |
| Demonstrating high morale and harmonious working relationships. | |
| Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc). | |
| Being sensitive to individual differences (ie, race, age, ethnicity, etc). | |
| Using evidence to support clinical practice. | |
| Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc). | |
| Being involved in district, state, regional, and/or national professional activities. | |

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for your work and growth? _____

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify _____)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe _____

13. How did the clinical supervision ratio in Question #12 influence your learning experience? _____

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/conferences/grand rounds
- Observed surgery
- Participated in administrative and business management
- Participated in providing patient/client interventions collaboratively with other disciplines (please specify disciplines)_____
- Participated in service learning
- Performed systematic data collection as part of an investigative study
- Used physical therapy aides and other support personnel
- Other; Please specify _____

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc. _____

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
 - Time well spent; would recommend this clinical education site to another student.
 - Some good learning experiences; student program needs further development.
 - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist assistant student should have to function successfully at this clinical education site? _____
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist assistant academic preparation, describe those subject areas not addressed. _____
19. What suggestions would you offer to future physical therapist assistant students to improve this clinical education experience? _____
20. What do you believe were the strengths of your physical therapist assistant academic preparation and/or coursework for *this clinical experience*? _____
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? _____

SECTION 2: PTA STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR

Information found in Section 2 is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in this section is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

| Provision of Clinical Instruction | Midterm | Final |
|--|---------|-------|
| The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience. | | |
| The clinical education site had written objectives for this learning experience. | | |
| The clinical education site's objectives for this learning experience were clearly communicated. | | |
| There was an opportunity for student input into the objectives for this learning experience. | | |
| The CI provided constructive feedback on student performance. | | |
| The CI provided timely feedback on student performance. | | |
| The CI demonstrated skill in active listening. | | |
| The CI provided clear and concise communication. | | |
| The CI communicated in an open and non-threatening manner. | | |
| The CI taught in an interactive manner that encouraged problem solving. | | |
| There was a clear understanding to whom you were directly responsible and accountable. | | |
| The supervising CI was accessible when needed. | | |
| The CI clearly explained your student responsibilities. | | |
| The CI provided responsibilities that were within your scope of knowledge and skills. | | |
| The CI facilitated patient-therapist and therapist-student relationships. | | |
| Time was available with the CI to discuss patient/client interventions. | | |
| The CI served as a positive role model in physical therapy practice. | | |
| The CI skillfully used the clinical environment for planned and unplanned learning experiences. | | |
| The CI integrated knowledge of various learning styles into student clinical teaching. | | |
| The CI made the formal evaluation process constructive. | | |
| The CI encouraged the student to self-assess. | | |

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation _____

Final Evaluation _____

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

Midterm Comments _____

Final Comments _____

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

Midterm Comments _____

Final Comments _____

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.