

Physical Therapist Student Evaluation

PART A: CI Assessment & Signatures

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

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

1. Based on your recent experience as a Clinical Instructor, how would you rate this affiliation? (circle one)
Exceptional Above average Average Fair Poor

2. In General, how well has the Andrews University DPT program prepared students for this setting?

3. In General, how do the Andrews University DPT student's academic preparations compare to that of students at the same level from other programs?

Primary CI's Name _____

Date _____



Primary CI's Signature _____

Entry-level PT 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

Other professional organization memberships _____

Additional CI's Name _____

Date _____



Additional CI's Signature _____

Entry-level PT 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

Other professional organization memberships _____

Student Name _____

Date _____



Student Signature _____

PART B: Student Assessment

SECTION 1: PT 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 at this clinical facility.

1. Name of Clinical Education Site _____
 Address _____ City _____ State _____
2. Clinical Experience Number _____
3. Type of Clinical Experience/Rotation (check all that are relevant)

<input type="checkbox"/> Acute Care/Inpatient Hospital Facility	<input type="checkbox"/> Private Practice
<input type="checkbox"/> Ambulatory Care/Outpatient	<input type="checkbox"/> Rehabilitation/Sub-acute Rehabilitation
<input type="checkbox"/> ECF/Nursing Home/SNF	<input type="checkbox"/> School/Preschool Program
<input type="checkbox"/> Federal/State/County Health	<input type="checkbox"/> Wellness/Prevention/Fitness Program
<input type="checkbox"/> Industrial Rehabilitation Facility	<input type="checkbox"/> Other _____

Orientation

4. Did you receive information from the clinical facility prior to your arrival? _____ Yes _____ No
5. Did the 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 4-point scale.

Case Mix by System	Rating	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 using the 4-point scale.

Components of Care	Rating	Components of Care	Rating
Examinations		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

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

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT 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 (e.g, 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 professional practice and growth? _____

Clinical Experience

11. What other students were 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
 ___ Directed and supervised physical therapist assistants and other support personnel
 ___ Observed surgery
 ___ Participated in administrative and business management
 ___ Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines) _____
 ___ Participated in opportunities to provide consultation
 ___ Participated in service learning
 ___ Participated in wellness/health promotion/screening programs
 ___ Performed systematic data collection as part of an investigative study
 ___ 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, 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 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 academic preparation, describe those subject areas not addressed. _____

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? _____

20. What do you believe were the strengths of your physical therapist 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: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section 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 Section 2 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 communicated 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 management.		
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 Evaluation _____

Final Evaluation _____

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

Midterm Evaluation _____

Final Evaluation _____

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.