

**WASHINGTON STATE COMMUNITY COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM**  
**STUDENT CLINICAL PERFORMANCE SUMMARY**

|              |                             |     |     |                      |                                  |
|--------------|-----------------------------|-----|-----|----------------------|----------------------------------|
| Student:     | ROTATION                    | DP1 | DP2 | DP3                  | Assignment Dates: _____ to _____ |
| Facility:    | Center Clinical Coordinator |     |     | Clinical Instructor: |                                  |
| Days Absent: | Were These Days Made Up?    |     |     | Reason for Absence:  |                                  |

Thank you for accepting the challenge of clinical education! The clinical experience is designed to bridge the gap from classroom to clinical practice. In order to effectively and objectively evaluate the student's ability to make this transition, please review the evaluation criteria outlined on the following pages. Familiarizing yourself with the evaluation tool will facilitate the final evaluation process and will assist you in planning the student's learning experiences. Please complete this form for midterm and final evaluation of the student's clinical assignment. **Return to: Laura Freed, MPT, Academic Coordinator of Clinical Education, Washington State Community College, 710 Colegate Drive, Marietta, OH 45750 within 3 business days following the completion of the clinical assignment.**

**INSTRUCTIONS**

The following instructions should serve as a guide to assist you in the completion of this evaluation form:

1. For any Directed Practice lasting 4 weeks, only a **FINAL score and comments** are required for each section.
2. For any Directed Practice lasting more than 4 weeks, **both MIDTERM and FINAL score and comments** are required for each section.
3. Please complete all of the categories that you are asked to rate. For those categories that involve treatment procedures not available or observed at your facility, please use **N/A**. **DO NOT** leave any blanks.
4. **Provide an overall average rating in each of the categories by adding all scores in the column and dividing by the total number of items scored.**
5. The Student Clinical Performance Summary should be completed, reviewed, and signed by both the Clinical Instructor and the student by the end of the Directed Practice.
6. The Student Evaluation of the Clinical Site should be completed, reviewed, and signed by the Clinical Instructor and the student by the end of the Directed Practice.
7. Both the Student Clinical Performance Summary and the Student Evaluation of the Clinical Site should be returned to the Academic Coordinator of Clinical Education in the envelope provided.

Method of Evaluation of Student with the Clinical Performance Summary tool:

1. **The student must receive a score of no less than 4 in the following areas during each of the three affiliations:**
  - *Professional and Personal Behaviors: Behavior* - items 1, 2, and 3
  - *Safety* - all items

**Receiving a score of less than 4 in any of the areas identified by bold print will result in failure of the current clinical affiliation and failure to progress forward in the program.**

2. For any of the criterion that is not identified by bold print, the student could receive a sub-par score in one or more item in that category, as long as the average score for the category is between 3 and 5 during the 1<sup>st</sup> and 2<sup>nd</sup> clinical affiliation. If the average score is less than 3 in a category not identified by bold print, this would constitute failure of the current clinical affiliation and failure to progress forward in the program.
3. For any of the criterion that is not identified by bold print, the student could receive a sub-par score in one or more item in that category, as long as the average score for the category is between 4 and 5 during the 3<sup>rd</sup> clinical affiliation. If the average score is less than 4 in a category not identified by bold print, this would constitute failure of the current clinical affiliation and failure to progress forward in the program.
4. **If at any time a student is performing at a subpar level, the Clinical Instructor should notify the ACCE immediately so that appropriate action can be taken at that time.**

5. All completed evaluation forms (Clinical Evaluation of the Student AND Student Evaluation of Clinical Site) and assignments are due to the Washington State Community college Academic Coordinator of Clinical Education within 3 business days of the completion of the clinical affiliation; failure to provide the information will result in an incomplete grade in the course. Final grading for each clinical affiliation is based upon the Clinical Evaluation tool, as stated above. If there is an occasion when student failure of a clinical education component presents itself, the ACCE will confer with the CI and the CCCE to determine the appropriate action and grade. Final grade for the clinical education segment of the program is determined by the ACCE. Grading is on a Pass/Fail basis.

#### **GRADING CRITERIA AND PASS/FAIL GUIDELINES**

|                                    |  |
|------------------------------------|--|
| <b><u>Key to Rating Scale:</u></b> |  |
| 5                                  | Successfully completes this objective, as stated, independently.   |
| 4                                  | Performs this objective, as stated, with guidance.   |
| 3                                  | Requires minimal assistance to perform the stated objective.   |
| 2                                  | Requires moderate assistance to perform the stated objective.  |
| 1                                  | Requires maximum assistance to perform the stated objective.   |
| 0                                  | Unable to perform objective as stated.   |
| N/A                                | Not applicable: Objective not performed enough times to evaluate; Objective not pertinent to clinical facility; Objective not observed |

#### **DEFINITIONS:**

|                      |  |
|----------------------|--|
| INDEPENDENT:         | Student is able to accomplish a stated objective without prompting by the clinical instructor.   |
| GUIDANCE:            | Verbal consultation only (to solicit suggestions, sequence techniques/procedures) with clinical instructor prior to initiation of complex or unique evaluation or treatment.   |
| MINIMAL ASSISTANCE:  | Student solicits input (verbal/demonstration) from CI to initiate, progress, or terminate a treatment, or to complete 25% of any stated performance objective.   |
| MODERATE ASSISTANCE: | Requires intervention by the CI (verbal instruction or demonstration/assistance) for >50% of a treatment, or performance objective, in order for the student to effectively, and/or for the safety of the patient, or to successfully accomplish any stated performance objective. |
| MAXIMUM ASSISTANCE:  | Requires verbal instruction, demonstration, or supervision by the CI throughout the <b>entire</b> treatment session in order to insure the safety of the patient, or to successfully accomplish any stated performance objective.  |

**OBJECTIVES**

|   | MIDTERM | FINAL |
|---|---------|-------|
| I. <u>PROFESSIONAL AND PERSONAL BEHAVIORS: Behavior</u>   |         |       |
| 1. <b>Follows clinical and administrative policies and procedures of the facility ***<br/>(e.g. conforms to dress code, arrives on time, adheres to schedule, etc.)</b>                 | _____   | _____ |
| 2. <b>Maintains ethical standards (confidentiality of patient records, information, status:<br/>respects rights; privacy of all patients). ***</b>                                      | _____   | _____ |
| 3. <b>Demonstrates professional conduct, responds effectively to feedback, complies with<br/>decisions of clinical instructor; expresses opinions tactfully and constructively. ***</b> | _____   | _____ |
| 4. Demonstrates confidence in his/her own knowledge and skills.   | _____   | _____ |
| I. <u>PROFESSIONAL AND PERSONAL BEHAVIORS: Professional Preparation/Professional Growth and Development</u>   |         |       |
| 1. Incorporates basic science preparation into evaluation/treatment rationale (anatomy,<br>physiology, pathology, pharmacology, neuroanatomy, etc.)                                     | _____   | _____ |
| 2. Explains clinical scientific theory behind evaluation and treatment techniques/procedures<br>selected.   | _____   | _____ |
| 3. Applies own knowledge before asking others.  | _____   | _____ |
| 4. Uses time constructively to seek learning opportunities unique to the clinical setting/instructors.  | _____   | _____ |
| 5. Assists in evaluation of own performance (identifies strengths; areas for improvement, defines<br>goals/objectives)  | _____   | _____ |
| 6. Applies newly acquired knowledge in patient evaluation/techniques.   | _____   | _____ |
| 7. Participates in performance improvement activities.  | _____   | _____ |
| <b>OVERALL RATING FOR PROFESSIONAL BEHAVIORS</b>  | _____   | _____ |
| (Total all the scores in the column. Then, divide by the number of items scored. If an item was NA, do not include it in the calculation)   |         |       |

Comments:

**\*\*\*The student must receive a score of no less than 4 in each of the bolded items in each of the three affiliations. Receiving a score of less than 4 in any of these areas will result in failure of the clinical rotation. \*\*\***

|   | <u>COMMUNICATION: Written Communication</u>   | MIDTERM | FINAL |
|---|---|---------|-------|
| 1.  | Writing is organized, concise and legible and grammatically correct.  | _____   | _____ |
| 2.  | Uses appropriate medical terminology and abbreviations.   | _____   | _____ |
| 3.  | Notes contain all pertinent information (subjective data, objective findings, assessment, goals, plans).  | _____   | _____ |
| 4.  | Completes all written communication within time frames, frequency established by facility.  | _____   | _____ |
| II.   | <u>COMMUNICATION: Verbal and Non-Verbal Communication</u>   |         |       |
| 1.  | Uses appropriate level of verbal and non-verbal communication to establish rapport with patients, caretakers; professional staff and support personnel. | _____   | _____ |
| 2.  | Uses terminology which is appropriate for intended audience (patients, caretakers, support personnel, professional staff).                              | _____   | _____ |
| 3.  | Gives clear directions and explanations regarding treatment procedures, purposes and possible results.  | _____   | _____ |
| 4.  | Answers questions/requests clearly and tactfully.   | _____   | _____ |
| II.   | <u>COMMUNICATION: Clinical Teaching Skills</u>  |         |       |
| 1.  | Selects appropriate media (written instructions, demonstrations, etc.)  | _____   | _____ |
| 2.  | Selects appropriate techniques to be taught and provides accurate information.  | _____   | _____ |
| 3.  | Adjusts instructions to level of patient/caretaker understanding.   | _____   | _____ |
| 4.  | Demonstrates awareness of and responds appropriately to signs of confusion/misunderstanding.  | _____   | _____ |
| 5.  | Recognizes individual and cultural differences and responds appropriately.  | _____   | _____ |
| <b>OVERALL RATING FOR COMMUNICATION</b>   |   | _____   | _____ |
| (Total all the scores in the column. Then, divide by the number of items scored. If an item was NA, do not include it in the calculation) |   |         | _____ |
| Comments:   |   |         |       |

|      |  |  |  |
|------|--|--|--|
| III. | <u>PATIENT TREATMENT:</u> Develops Plan of Care Based On Evaluation  | MIDTERM  | FINAL  |
| 1.   | Selects appropriate treatment techniques and equipment to achieve established goals.   | _____  | _____  |
| 2.   | Seeks information regarding expected patient progress (literature, protocol, discussion).  | _____  | _____  |
| 3.   | Identifies parameters of treatment (type, intensity, frequency).   | _____  | _____  |
| 4.   | Assesses effectiveness of current treatment program.   | _____  | _____  |
| 5.   | Participates in discharge planning as directed.  | _____  | _____  |
| III. | <u>PATIENT TREATMENT:</u> Implements Treatment Program   |  |  |
| 1.   | Prepares patient (explains treatment, drapes patient, etc.)  | _____  | _____  |
| 2.   | Prepares area (obtains necessary equipment, supplies, etc.)  | _____  | _____  |
| 3.   | Uses appropriate hand placement (for stimulation, support, stabilization) and guides patient to achieve desired movement.  | _____  | _____  |
| 4.   | Performs treatment within a reasonable time frame and in a logical sequence.   | _____  | _____  |
| 5.   | Utilizes a variety of treatment techniques.  | _____  | _____  |
| 6.   | Modifies/discontinues treatment program as indicated (identifies contraindications, monitors patient response).  | _____  | _____  |
| III. | <u>PATIENT TREATMENT:</u> Recognizes and Responds to Psychological Aspects of Patient Treatment  |  |  |
| 1.   | Identifies previous social, psychological or economic problems through patient history/interview.  | _____  | _____  |
| 2.   | Notes inappropriate verbal/non-verbal patient responses.   | _____  | _____  |
| 3.   | Reinforces desired behavior in a timely manner.  | _____  | _____  |
| 4.   | Demonstrates appropriate skills in patient/family teaching.  | _____  | _____  |
| 5.   | Demonstrates an appropriate level of competency in performing the following activities*:<br>a. modalities<br>1. therapeutic heat<br>2. therapeutic cold<br>3. ultraviolet<br>4. traction<br>5. ultrasound<br>6. therapeutic electrical current<br>7. intermittent venous compression<br>b. procedures<br>1. bed positioning<br>2. bed mobility | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br><br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br><br>_____<br>_____<br>_____ |
|      |  | MIDTERM  | FINAL  |

|  |       |       |
|--|-------|-------|
| 3. pain assessment                                 | _____ | _____ |
| 4. vital signs                                     | _____ | _____ |
| 5. Sterile technique                               | _____ | _____ |
| 6. massage   | _____ | _____ |
| 7. residual limb bandaging                         | _____ | _____ |
| 8. postural drainage                               | _____ | _____ |
| 9. body mechanics                                  | _____ | _____ |
| 10. tilt table                                     | _____ | _____ |
| 11. transfer/lifts                                 | _____ | _____ |
| 12. Hoyer lift                                     | _____ | _____ |
| 13. sliding board transfer                         | _____ | _____ |
| 14. ADL's  | _____ | _____ |
| 15. ambulation with assistive devices              | _____ | _____ |
| a. level surfaces                                  | _____ | _____ |
| b. stairs  | _____ | _____ |
| 16. gait training with assistive devices as needed | _____ | _____ |
| a. level surfaces                                  | _____ | _____ |
| b. stairs  | _____ | _____ |
| <br>c. equipment                                   |       |       |
| 1. wheelchairs                                     | _____ | _____ |
| 2. tilt table                                      | _____ | _____ |
| 3. prosthetics                                     | _____ | _____ |
| 4. orthotics                                       | _____ | _____ |
| 5. splints   | _____ | _____ |
| 6. exercise  | _____ | _____ |
| 7. weights and pulleys                             | _____ | _____ |
| 8. bike  | _____ | _____ |
| 9. powder board                                    | _____ | _____ |
| 10. Hoyer lift                                     | _____ | _____ |
| <br>d. therapeutic exercise                        |       |       |
| 1. ROM   | _____ | _____ |
| 2. PRE's   | _____ | _____ |
| 3. endurance                                       | _____ | _____ |
| 4. relaxation                                      | _____ | _____ |
| 5. breathing                                       | _____ | _____ |
| 6. advanced therapeutic exercise                   | _____ | _____ |
| 7. balance   | _____ | _____ |
| 8. coordination                                    | _____ | _____ |
| 9. cardiac rehabilitation                          | _____ | _____ |

|  | MIDTERM | FINAL |
|--|---------|-------|
| e. assists – evaluations   |         |       |
| 1. length/girth  | _____   | _____ |
| 2. ROM   | _____   | _____ |
| 3. MMT   | _____   | _____ |
| 4. gait  | _____   | _____ |
| 5. posture   | _____   | _____ |
| 6. sensory   | _____   | _____ |
| 7. ADL   | _____   | _____ |
| 8. architectural barriers  | _____   | _____ |
| 9. standardized questionnaires/tests<br>(i.e. pain, Berg, Tinetti, etc.) | _____   | _____ |
| f. other   |         |       |
| 1. _____   | _____   | _____ |
| 2. _____   | _____   | _____ |

\* As appropriate for the student's level of knowledge at the time of this affiliation.

#### OVERALL FOR PATIENT TREATMENT

(Total all the scores in the column. Then, divide by the number of items scored. If an item was NA, do not include it in the calculation)

Comments:

|     | <b>SAFETY: Safety of Patients ***</b>   | MIDTERM | FINAL |
|-----|---|---------|-------|
| 1.  | <b>Places safety belt around patient before gait training.</b>                        | _____   | _____ |
| 2.  | <b>Locks wheelchair when appropriate.</b>   | _____   | _____ |
| 3.  | <b>Places and leaves patient in safe position.</b>                                    | _____   | _____ |
| 4.  | <b>Uses equipment safely.</b>   | _____   | _____ |
| 5.  | <b>Supervises patient activities adequately when indicated.</b>                       | _____   | _____ |
| 6.  | <b>Adapts/responds appropriately to patient's physical and cognitive limitations.</b> | _____   | _____ |
| IV. | <b>SAFETY: Safety of Student ***</b>  |         |       |
| 1.  | <b>Uses good body mechanics.</b>  | _____   | _____ |
| 2.  | <b>Recognizes own limitations and compensates appropriately.</b>                      | _____   | _____ |
| 3.  | <b>Uses supportive personnel or assistance appropriately.</b>                         | _____   | _____ |
| IV. | <b>SAFETY: ***</b>  |         |       |
| 1.  | <b>Complies with infection control procedures.</b>                                    | _____   | _____ |
| 2.  | <b>Puts equipment away after use.</b>   | _____   | _____ |
| 3.  | <b>Keeps treatment area clean (mops up spills, picks up linen, etc.)</b>              | _____   | _____ |
| 4.  | <b>Does not block traffic areas unnecessarily.</b>                                    | _____   | _____ |
| 5.  | <b>Reports any malfunction of equipment to CI.</b>                                    | _____   | _____ |
| 6.  | <b>Familiarizes self with emergency procedures.</b>                                   | _____   | _____ |
| 7.  | <b>Takes appropriate action in the event of an emergency.</b>                         | _____   | _____ |

#### OVERALL RATING FOR SAFETY

(Total all the scores in the column. Then, divide by the number of items scored. If an item was NA, do not include it in the calculation)

Comments:

\*\*\*The student must receive a score of no less than 4 in each of the bolded items in each of the three affiliations. Receiving a score of less than 4 in any of these areas will result in failure of the clinical rotation.\*\*\*

|    | <u>TIME MANAGEMENT:</u>  | MIDTERM | FINAL |
|----|--|---------|-------|
| 1. | Identifies patient and non-patient tasks to be completed.  | _____   | _____ |
| 2. | Prioritizes day's activities.  | _____   | _____ |
| 3. | Works effectively with two patients at same time.  | _____   | _____ |
| 4. | Utilizes alternative delivery methods (delegation of tasks, patient self-directed activities, group activities). | _____   | _____ |
| 5. | Uses free time productively.   | _____   | _____ |

**OVERALL RATING FOR TIME MANAGEMENT**

(Total all the scores in the column. Then, divide by the number of items scored. If an item was NA, do not include it in the calculation)

Comments:

|              | <u>EVIDENCE BASED PROBLEM SOLVING:</u>                  | MIDTERM | FINAL |
|--------------|---|---------|-------|
| The student: |   |         |       |
| 1.           | Recognizes the need to explore clinical problems.       | _____   | _____ |
| 2.           | Recognizes the need for selection of resource material. | _____   | _____ |
| 3.           | Initiates an appropriate literature search.             | _____   | _____ |
| 4.           | Analyzes the literature.                                | _____   | _____ |
| 5.           | Suggests implication of findings for clinical practice. | _____   | _____ |

**OVERALL RATING FOR CLINICAL PROBLEM-SOLVING**

(Total all the scores in the column. Then, divide by the number of items scored. If an item was NA, do not include it in the calculation)

Comments:

**PLEASE COMMENT ON THE FOLLOWING:**

SUMMARY: Please use this page for general comments on the following areas:

Student's Demonstrated Strengths:

Student's Progress During This Rotation:

Areas Requiring Improvement:

**SIGNATURES**

|   |       |
|---|-------|
| Center Clinical Coordinator of Education: | Date: |
| Clinical Instructor:                      | Date: |
| Student Signature:                        | Date: |

**AFTER SIGNING, PLEASE RETURN EVALUATION MATERIALS IN THE ENCLOSED ENVELOPE WITHIN 3 BUSINESS  
DAYS OF THE CONCLUSION OF THE DIRECTED PRACTICE.**