

Revised Clinical Performance Instruments: PT CPI v.3.0 and PTA CPI v.3.0



Preliminary information for PT CPI and PTA CPI subscribers to assist with the transition to the revised tools.

In 2022, APTA made the decision to invest in the psychometric review of the PT and PTA CPIs to align the content and scoring model to best practices in 2023. That work was completed in partnership with Human Resources Research Organization (HumRRO) in November 2022. APTA is currently working with its new technology vendor, Competency.AI, to have these tools available for use in an electronic, mobile friendly platform.

APTA is aware that academic programs and clinical sites need to be able to review the revised proficiency domains, behaviorally anchored rating scales, and rater instructions for the revised tools ahead of their launch on the technology platform. This information is being provided to assist users prepare for the transition. **Note:** These sample paper versions of the revised tools do not include the fields for critical incident, narrative comments, and other features.

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Revised Uses of the CPIs

Formative Uses (Low-Stakes)

Providing a checkpoint for the student's progress during their clinical experience while helping to identify deficits and areas for growth in the student's performance and/or skills:

DCEs use performance ratings and comments on the midterm evaluation to determine if the student is on track to pass their clinical experience. Additionally, DCEs examine changes in ratings and feedback from the student's midterm evaluation to their final evaluation. If the CPI indicates gaps in the student's clinical performance, then the DCE and CI use that information to determine what types of additional support are necessary to help the student. The final CPI evaluation serves as a "mentoring guide" or tool for professional development before the student moves on to their next clinical experience.

When using the CPIs for this purpose, key stakeholders should take into consideration that CPI ratings are only completed at two points during the student's clinical experience (midterm and final); thus, the CPI does not serve as a tool to help *continuously* monitor the student's progress throughout their clinical experience. Moreover, CPI ratings should be based on where the student is at when the CPI is completed, not based on where they were in the weeks prior to the evaluation.

Facilitating the student's self-assessment of their clinical performance: The CPI serves as a tool to help students engage in self-assessment of their clinical performance at the midpoint and end of their clinical experiences. One useful feature of the CPIs is the sample behaviors embedded throughout the instruments. These sample behaviors provided in the CPI help guide students in creating thoughtful written comments. Ultimately, DCEs and CIs will work with students to guide and support students who rate themselves on the lower end or who rate themselves much higher than the ratings provided by their CI.

When using the CPIs for this purpose, key stakeholders should take into consideration that the length of the CPI could lead to limited written feedback from students. Thus, limited written comments from the student should not always be interpreted as lower levels of self-reflection. Further, the CPI provides only one checkpoint for students to complete a self-assessment; however, students should engage in self-assessment of their clinical performance on an ongoing basis.

Identifying areas of discordance in evaluation and/or expectations between the CI and the student: The CPI reinforces communication between the students and their instructors and provides insight into whether more frequent communication is needed. If the CI observes lower ratings from the student, they can work with the student to help instill confidence in the student. If necessary, CIs can provide the DCE with additional feedback on the student's performance in the form as an addendum to the original CPI after meeting with the student to discuss their ratings.

When using the CPIs for this purpose, key stakeholders should take into consideration that completing the CPI is already a large time commitment for the CI and asking the CI to meet again with the student to discuss their ratings adds to this time commitment. Key stakeholders should also keep in mind that allowing the CI and student to view each other's ratings and feedback before the CI and student have both signed off on their CPIs could sway the other's ratings.

Summative Use (High-Stakes)

Guiding the DCE's decision on the student's pass-fail status for their clinical experience: The CPI is used to provide data on a PT or PTA student's performance during their clinical experience. There are thresholds or criteria for the CPI performance ratings to help DCE's determine a student's pass-fail status for their clinical experience. DCEs also use the written comments from the CPI to support their decisions for whether a student passes or fails their clinical experience. Overall, key stakeholders described the CPI as most useful for determining readiness to enter practice when the student is participating in a clinical experience at the end of their clinical education program (i.e., a terminal clinical).

When using the CPIs for this purpose, key stakeholders should take into consideration that the CPI is only one piece of information that is used to determine a student's pass-fail status. Additionally, ratings and rating methods tend to be inconsistent across CIs due to differing interpretations of the rating scales. For example, CPI ratings are dependent on the CI's ability to conceptualize entry-level, especially if the CI is in a specialty setting (e.g., level-one trauma, pediatrics). Entry-level ratings should be based on readiness to practice in a *general* clinical setting, not readiness to practice in a *specific* specialty clinical setting. CIs may also interpret entry-level as practicing at the level the CI is currently at rather than at the level the CI was at when they first started practicing.

Inappropriate Uses of the CPIs

Standards 4.1 and 6.10 of the AERA/APA/NCME standards establish the need for test developers to identify potential limitations and inappropriate uses of test results to avoid misinterpretation and misuse of test scores by test users (AERA, APA, NCME, 2014). During our interviews, the key stakeholders identified the following for which the CPI should *not* be used. During the focus group workshops, we asked key stakeholders to confirm that each of the uses listed below were inappropriate. Group discussions were guided by the following questions:

- *Do you feel this an inappropriate use for the CPIs? Why or why not?*
- *Would this be an inappropriate use for all CPI users or for a specific group?*

In the end, each of the initial inappropriate uses for the PTA and PT CPIs were confirmed as being inappropriate during the focus group workshops. We provide further details on each use below.

Determining if a student is ready to sit for the Board exam: The CPI is more performance based while the Board exam is more knowledge based. Additionally, the CPI does not touch on didactic knowledge as it is not the intent of the tool. Overall, there are other academic factors that likely serve as more appropriate indicators to determine if a student is prepared for the Board exam.

Making comparisons about the relative effectiveness of education programs: The CPI should not be used to make judgments on the overall effectiveness of education programs, nor to compare the relative effectiveness of various education programs because the CPI does not account for differences in program design (e.g., the duration of the clinical experience, sequencing of clinical experiences). Key stakeholders stated that more breadth is necessary in comparing clinical education programs, not just the CPI; that's only one "piece of the puzzle."

As the single deciding factor for whether a student should be recommended for removal from their PT/PTA program: The red flag indicator in the CPI serves as a method of notifying the DCE of any immediate problems with the student's behavior or performance; however, the CI and DCE typically discuss any major concerns before using the red flag system is necessary. Key stakeholders described information from the CPI as a “consideration” but not a determining factor and stated that DCEs should not use the CPI as the only data point in making decision on a student's status. It should be used in combination with other data points. Despite this, the CPI provides a source of documentation and rationale for issues such as unethical or unprofessional behavior and safety concerns.

Final PT CPI BARS¹

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or “anchors” that describe the six performance levels (**Beginning Performance, Advanced Beginner, Intermediate Performance, Advanced Intermediate Performance, Entry-Level Performance, and Beyond Entry-Level Performance**), (3) percentage ranges for the student’s level of required clinical supervision and caseload (except for the ‘Professionalism’ domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. **It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.**

When making your ratings, think about all aspects of the student’s clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student’s typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. **Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors** representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where **(a) the student’s level of supervision and caseload falls on the rating scale** and **(b) the majority of the behaviors that best represent the student’s performance fall on the rating scale**. If the student’s clinical performance spans multiple performance levels, **consider where there is a preponderance of evidence and make your rating at that level.**

Finally, when making your ratings, it is important to remember the following:

- **Do not compare the student you are rating to other students.** Each student’s effectiveness should be determined by comparing their clinical behavior to the standards provided on the rating scales, and **not** by comparing them to others. In other words, you should make **absolute** rating judgments (e.g., comparing students to a specific, common standard), not **relative** rating judgments (i.e., comparing students to each other).
- **Do not allow your general impression of a student to influence your ratings of the separate performance criteria.** Rather, you should focus on one performance criterion at a time, not letting the student’s overall clinical performance or the ratings you have given that student on other performance criteria affect your current performance criterion rating.
- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student’s strengths and less effective clinical behaviors, as appropriate.

¹ While not reflected in the pages that follow, the stakeholders advised that a checkbox be included to denote any safety violations.

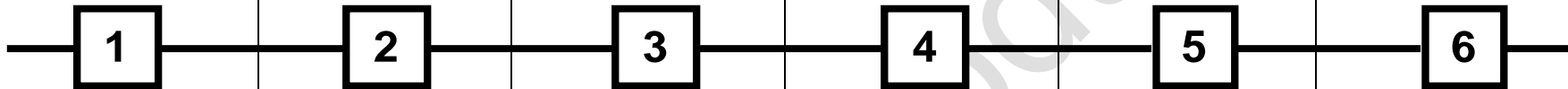
Professionalism: Ethical Practice

Description: *Practices according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|---|-------------------|--|-----------------------------------|--|--------------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Acknowledges that there are ethical practice standards by which they should abide. Identifies obvious unethical behaviors that occur in the clinical setting. Identifies, acknowledges, and accepts responsibility for their actions. Maintains patient/client confidentiality. Engages in a polite and respectful manner with patients/clients and colleagues. | | <ul style="list-style-type: none"> Articulates most of the policies and procedures of their clinical practice setting (e.g., OSHA, HIPAA). Articulates most of the elements of the Code of Ethics for the Physical Therapist. Reports clinical errors without prompting from the CI. Gathers objective information to support questions regarding any potentially unethical behaviors observed in the clinical setting. Seeks advice from CI on how to address potentially unethical behaviors observed in the clinical setting. Seeks assistance with executing plans for addressing unethical behaviors. Devotes appropriate time and effort to meet patient/client needs; does not rush treatment session or intervention. | | <ul style="list-style-type: none"> Abides by the policies and procedures of the clinical practice setting (e.g., OSHA, HIPAA). Adheres to the elements of the Code of Ethics for the Physical Therapist. Consistently identifies unethical behaviors. Uses resources (e.g., hospital ethics committee) for addressing and resolving ethical conflicts. Recognizes the need and advocates for physical therapy services to underserved and underrepresented patient/client populations. Strives to provide patient/client services that go beyond expected standards of practice. Sets an example for other healthcare providers in their daily actions. | |

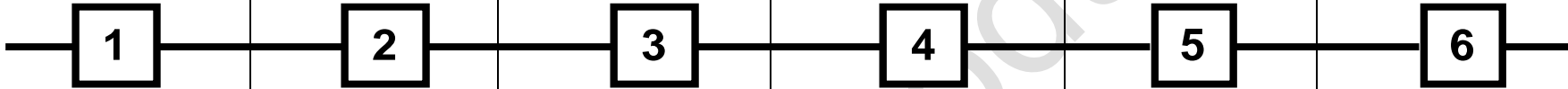
Professionalism: Legal Practice

Description: *Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|-------------------|--|-----------------------------------|---|--------------------------------|
| |  | | | | | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Acknowledges that there are legal and professional practice standards by which they should abide. Identifies obvious violations of legal and professional practice standards performed by others in the clinical setting. Adheres to patient/client privacy laws and practice standards (e.g., keeps patient/client documentation systems out of line of sight of others, speaks in a low volume when discussing a patient's/client's case). Discusses patient/client information only with others involved with that patient's/client's care. Identifies cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). | | <ul style="list-style-type: none"> Articulates most of the legal and professional practice standards related to patient/client care, including federal, state, and institutional regulations. Gathers some objective information to support questions regarding perceived illegal activity observed in the clinical practice setting. Reports clinical errors without prompting from CI. Seeks advice from CI on how to address violations of legal and professional practice standards observed in the clinical setting. Seeks appropriate sources to report any perceived violations of legal and professional practice standards observed in the clinical setting. | | <ul style="list-style-type: none"> Practices according to legal and professional standards, including federal, state, and institutional regulations related to patient/client care. Readily identifies violations of legal and professional practice standards. Gathers objective information to support any questions regarding perceived illegal activity observed in the clinical practice setting. Answers any questions to support reports of perceived illegal or unprofessional behavior. Articulates and resolves cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). Sets an example for other healthcare providers in their daily actions. | |

Professionalism: Professional Growth

Description: *Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|---|-------------------|---|-----------------------------------|---|--------------------------------|
| |  | | | | | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Seeks guidance from CI for steps to improve their clinical performance and/or clinical practice knowledge. Participates in planning to improve clinical performance and/or clinical practice knowledge. Develops and prioritizes several short- and long-term goals for improving their clinical practice skills. Takes initiative to communicate their clinical practice goals and learning needs to the CI. Accepts feedback without defensiveness. | | <ul style="list-style-type: none"> Identifies areas of strength and areas for growth in an effort to improve their clinical performance and/or clinical practice knowledge. Identifies educational opportunities and resources that are relevant to their clinical setting. Researches diagnoses and treatments encountered in the clinic that are unfamiliar. Revises previously established short- and long-term goals for improving clinical practice skills after participating in additional educational opportunities. Implements new information in the clinical setting and reflects on effectiveness of different interventions. Provides effective feedback to CI related to clinical mentoring to advocate for their own learning needs. | | <ul style="list-style-type: none"> Self-assesses their clinical performance in an effort to improve patient/client care. Seeks out evidence-based research. Recognizes when referral to or consultation with individuals with greater experience/expertise is warranted in order to meet the patient's/client's needs. Participates in discussions with colleagues to foster their own professional growth or aide in the professional growth of their colleagues. Demonstrates the ability to effectively teach and/or share their professional knowledge. Shares articles or information with their colleagues for educational purposes within their areas of interest or within the needs of the patient/client population. Participates in the development of continuing education opportunities for the institution or on a local or national level. Seeks out additional opportunities to improve knowledge and skills that are beyond the day-to-day clinical practice expectations. | |


Interpersonal: Communication

Description: Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|---|-------------------|---|-----------------------------------|--|--------------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload. | | A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Introduces self and the role of PT to the patient/client. Demonstrates basic proficiency in identifying barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. Demonstrates basic proficiency in communicating appropriately with other healthcare providers. Identifies the patient's/client's preferred communication style and uses their preferred communication style throughout most of the episode of care. Accesses and begins using translation services with assistance. Discusses patient/client status with other healthcare providers. Differentiates between technical and layman terminology. Typically exhibits active listening for improved understanding. | | <ul style="list-style-type: none"> Distinguishes between effective and ineffective verbal and non-verbal communication with the patient/client. Uses appropriate translation services as needed (e.g., interpreter, sign language). Typically refrains from using technical jargon with the patient/client. Communicates with other clinicians regarding patient/client care in order to facilitate a continuum of care between clinicians/disciplines. Asks the patient/client pertinent questions related to their medical history and medical screening to gain information during the episode of care. Asks the patient/client appropriate follow-up questions throughout the episode of care to clarify and understand the patient's/client's responses. | | <ul style="list-style-type: none"> Demonstrates effective verbal and non-verbal communication with patients/clients in complex situations. Recognizes when communication is ineffective and seeks external assistance for mediation as needed. Demonstrates effective communication with patients/clients in difficult situations (e.g., difficult topics, emotional situations) with respect and empathy in order to meet patient's/client's goals. Establishes rapport and trust with patient/client and caregiver(s) through effective communication. Facilitates ongoing communication with physical therapist assistants and the intra/interprofessional teams regarding patient/client care. Provides constructive feedback to others on effective verbal and non-verbal communication, when appropriate. Diffuses or redirects situations of potential conflict. | |

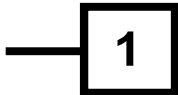
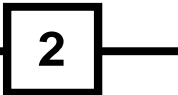
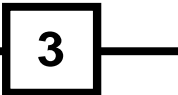


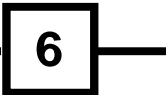
Interpersonal: Inclusivity

Description: *Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|---|-------------------|---|-----------------------------------|--|--------------------------------|
| |  | | | | | |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload. | | A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Typically demonstrates respect for diversity and inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. Displays empathy in most patient/client interactions. Identifies some individual or cultural differences that may be impactful to the patient/client. Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). Responds professionally to patients/clients with conflicting values. | | <ul style="list-style-type: none"> Seeks additional information on patient/client populations with cultural differences with which they may be less familiar. Reflects on and identifies personal biases. Seeks out resources to manage personal biases. Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns. | | <ul style="list-style-type: none"> Provides patient/client care that does not vary in quality based on the patient's/client's personal characteristics, including age, disability, ethnicity, gender identity, race, sexual orientation, etc. Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care. Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care. Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care. Advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs. Advocates for patient/client populations on a local or national level. | |

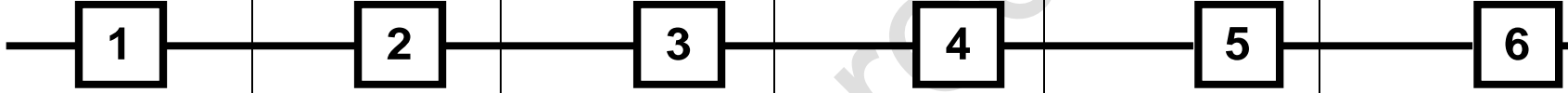
Technical/Procedural: Clinical Reasoning

Description: *Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|---|--|---|--|---|
| |  |  |  |  |  |  |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload. | | A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Performs chart review with assistance to determine a patient's/client's continued appropriateness for services. Identifies appropriate medical history and screening questions with assistance to ensure patient/client safety during the episode of care. Works with the CI to identify patient/client impairments, activity limitations, and participation restrictions. Selects basic therapeutic interventions that address the patient's/client's functional limitations. Explains their rationale for treatment choices according to the level of the experience and the didactic material covered up to that point. Articulates clinical thought processes using the International Classification of Functioning, Disability, and Health (ICF) model. Identifies all red flags that contraindicate treatment. Recognizes the need for clarification and seeks assistance from the CI as appropriate. | | <ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for non-complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with non-complex disorders. Identifies progression and regression situations. Uses hypothetico-deductive reasoning to talk through a patient/client case with the CI. Verbalizes rationale to support specific interventions. Demonstrates the ability to use pattern recognition to apply to patient/client cases. Recognizes when a CI needs to be notified based on a patient's/client's progress or reaction to care. | | <ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders. Identifies diverse interventions to progress or regress the patient's/client's plan of care. Acknowledges ineffectiveness of chosen interventions based on reflection. Articulates alternative options to provide effective patient/client care. Articulates the benefits and challenges of various treatment options. Provides suggestions to CI regarding changes in the plan of care citing evidence-based resources. Utilizes ongoing professional development and scholarly resources to make clinical decisions. | |

Technical/Procedural: Examination, Evaluation, and Diagnosis

Description: *Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|-------------------|--|-----------------------------------|---|--------------------------------|
| |  | | | | | |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload. | | A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Performs a comprehensive chart review for non-complex cases. Identifies appropriate subjective history questions, screening considerations, and basic objective tests and measures with assistance for non-complex cases. Performs an initial examination, including subjective history taking, previous medical history screening, and objective tests and measures with assistance for non-complex cases. Discusses anatomy as it relates to the patient's/client's condition(s). | | <ul style="list-style-type: none"> Performs a comprehensive chart review for complex cases. Uses subjective and objective data from examinations to develop a physical therapy diagnosis for non-complex cases. Sets appropriate short- and long-term goals for identified and/or anticipated deficits in non-complex cases. Performs re-examinations, including subjective history and objective tests and measures for non-complex cases. Develops differential diagnosis options for non-complex cases. Identifies limiting factors in recovery. Consistently makes appropriate patient/client discharge recommendations for non-complex cases. Seeks guidance from other healthcare providers when presented with ambiguous information. | | <ul style="list-style-type: none"> Performs initial examinations and re-examinations, including subjective history taking, previous medical history screening, and objective tests and measures for complex cases. Sets appropriate short- and long-term goals for identified and/or anticipated deficits in complex cases. Works through differential diagnoses within the examination/evaluation to arrive at 1-2 diagnoses for complex cases. Uses evidenced-based practice to perform and synthesize findings from the initial examination or re-examination to determine appropriateness for treatment or referral. Consistently makes appropriate patient/client discharge recommendations for complex cases. Contacts outside providers in the process of handing off the patient/client at discharge. | |


Technical/Procedural: Plan of Care and Case Management

Description: Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|--|---|--|--|--|
| | — 1 — | — 2 — | — 3 — | — 4 — | — 5 — | — 6 — |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload. | | A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Assists with developing a patient's/client's plan of care. Develops patient/client-centered goals. Modifies goals based on the patient's/client's response to the treatment with assistance. Typically includes the patient/client in the plan of care development, including goal setting. Carries out an established plan of care that is safe, effective, and patient/client-centered with assistance. Answers most of the technical questions from the patient/client effectively for non-complex cases. Assists with implementing use of routine outcome measures. Assists with re-evaluations and discusses findings with the CI. | | <ul style="list-style-type: none"> Demonstrates understanding of prognosis and designs a plan of care with an appropriate timeline for the patient's/client's specific diagnosis. Monitors and adjusts the plan of care using test and retest measures to determine the need for continued therapy services or discharge planning. Recognizes the patient's/client's tolerance to an activity and progresses or regresses the intensity of the activity accordingly. Suggests alternative interventions that are evidence-based and congruent with the plan of care. Recognizes where further referral to or consultation with other specialties might be warranted. Answers most of the technical questions from the patient/client effectively for complex cases. | | <ul style="list-style-type: none"> Progresses or regresses complex cases based on the patient's/client's reaction to the established plan of care. Demonstrates creativity by implementing innovative evidence-based activities to progress the patient/client while still adhering to the established plan of care. Communicates with other healthcare professionals on the status of the plan of care to ensure an appropriate discharge plan. Follows up with patients/clients and/or caregivers post-discharge. Utilizes all appropriate interprofessional team members to make clinical decisions regarding progression toward goals or discharge disposition. | |

Technical/Procedural: Interventions and Education

Description: *Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|---|---|-------------------|--|-----------------------------------|--|--------------------------------|
| |  | | | | | |
| Supervision/Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload. | | A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Identifies established protocols to direct patient/client therapeutic interventions. Identifies viable options for interventions with assistance to address objective and functional deficits. Performs basic therapeutic interventions that address one or more problems in patient's/client's diagnosis. Identifies the preferred learning style of the patient/client and adapts delivery of educational information to meet patient's/client's needs. Identifies some of the potential barriers to learning and collaboratively works with the CI in order to brainstorm ways to facilitate learning. | | <ul style="list-style-type: none"> Performs appropriate interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) safely, competently, and efficiently for non-complex cases. Delivers patient/client education using evidence-based decision making safely, competently, and efficiently for non-complex cases. Adapts interventions based on patient/client response. Educates the patient/client and/or caregiver(s) on anatomical rationale/reasoning component for the patient's/client's diagnosis for non-complex cases. Assesses the patient's/client's and caregiver's understanding of educational information. | | <ul style="list-style-type: none"> Performs appropriate interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) safely, competently, and efficiently for complex cases. Determines when interventions are ineffective and require modification using evidence-based decision making. Delivers patient/client education using evidence-based decision making safely, competently, and efficiently for complex cases. Educates patients/clients and caregivers on interventions for prevention (e.g., floor-to-sit transfers as part of a post-fall recovery strategy). Educates the patient's/client's caregivers on directing therapeutic interventions for patient/client self-management at home or post-discharge. Educates interprofessional team members on relevant topics by taking an active role in educational activities or in-service opportunities. | |

Business: Documentation

Description: Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|--|---|--|---|--|
| | — 1 — | — 2 — | — 3 — | — 4 — | — 5 — | — 6 — |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload. | | A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Understands most of the components of documentation of an initial evaluation (e.g., SOAP). Typically identifies the appropriate location within the documentation system for necessary components. Assists with producing documentation with accurate information regarding the patient's/client's status, interventions, assessment, and plan of care. Demonstrates awareness of the need for appropriate documentation as essential to the provision of care. Submits documentation but takes considerable time and effort to do so. | | <ul style="list-style-type: none"> Produces documentation that includes changes in patient/client status, interventions, a thorough assessment of patient/client tolerance, and progression toward goals. Produces documentation of the patient's/client's plan of care that is accurate and error-free. Provides a rationale for patient/client progression and regression. Submits and organizes documentation in a reasonably timely manner. | | <ul style="list-style-type: none"> Produces additional documentation to justify the need for ongoing services for the patient/client. Includes comparison statements across time and across interventions/techniques in the assessment of the patient's/client's response to skilled therapy. Provides documentation that supports external payer requirements. Participates in quality improvement review of documentation (e.g., chart audit, peer review, goals achievement). Submits and organizes documentation in a timely manner. | |

Business: Financial Management and Fiscal Responsibility

Description: Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|---|--|---|--|--|--|
| | — 1 — | — 2 — | — 3 — | — 4 — | — 5 — | — 6 — |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload. | | A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> • Demonstrates a general understanding of billing practices according to legal/federal guidelines (e.g., Medicare 8-minute rule, current procedural terminology (CPT) codes, ICD-10 codes). • Recognizes and follows most of the legal guidelines of insurance regulations for their clinical setting. • Typically identifies the appropriate exercises and techniques that would fall under various CPT codes to ensure appropriate billing practices. • Typically identifies where to find billing information in the patient's/client's electronic medical record or chart. • Requires guidance from the CI related to time management. • Demonstrates understanding of the basic requirements of the facility for patient/client treatment time. | | <ul style="list-style-type: none"> • Demonstrates understanding of the nuances of insurance (e.g., copay, co-insurance, out-of-pocket (OOP)) and the implications for the patient's/client's financial needs and concerns. • Typically identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient/client) and adjusts plan of care and schedule frequency to meet the patient's/client's needs and concerns. • Appropriately bills patient/client according to legal guidelines and insurance regulations. • Demonstrate appropriate time management with non-complex cases. • Assists with scheduling to maximize time spent with patient/client and directs care to other team members as appropriate. • Begins to broach the topic of the financial impact of care with patients/clients. | | <ul style="list-style-type: none"> • Completes accurate, timely billing that is in accordance with each insurance agency's requirements. • Answers insurance questions from the patient/client. • Structures clinically appropriate treatment plan within patient/client payment restrictions to ensure adequate patient/client care. • Advocates for patient/client needs through communication with insurance companies and providers. • Demonstrates appropriate time management with complex cases. • Demonstrates awareness of clinical supplies and the impact on the utilization of financial resources of the organization. • Demonstrates awareness of equipment recommendations or continuum of care recommendations made for patient/client with regards to financial resources available to patient/client. | |

Responsibility: Guiding and Coordinating Support Staff

Description: Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist.

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|---|--|--|--|---|--|
| | — 1 — | — 2 — | — 3 — | — 4 — | — 5 — | — 6 — |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload. | | A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Articulates most of the laws/rules (organizational, state, and federal) related to delegation to support staff and licensed personnel (e.g., PTA). Articulates most of the roles and responsibilities of those within the clinical setting. Articulates who can best serve the patient/client in the clinical setting for the task at hand. Communicates respectfully with support staff and licensed personnel (e.g., PTA). Seeks feedback from support staff on patient/client progression. | | <ul style="list-style-type: none"> Begins to delegate tasks, as appropriate, and in compliance with organizational/state/federal law to support staff and licensed personnel (e.g., PTA). Begins to identify changes that support staff may implement to address patient/client progression in their plan of care. Participates in caseload discussions to ensure patient/client outcomes are progressing as expected. Reviews documentation from support staff. | | <ul style="list-style-type: none"> Schedules patients/clients according to their plan of care. Identifies patient/client complexity model of care when scheduling patients/clients with a PT vs. PTA. Participates in caseload discussions with interprofessional colleagues about patient/client presentation, progression, and status to optimize patient/client outcomes. Anticipates and plans for the need for support staff. Supervises support staff and licensed personnel (e.g., PTA). Monitors the outcomes of patients/clients receiving physical therapy services delivered by support staff and licensed personnel (e.g., PTA) and provides feedback on areas for improvement. Develops and delivers support staff training to address the management of specific patient/client populations. | |

Final PTA CPI BARS²

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or “anchors” that describe the six performance levels (**Beginning Performance, Advanced Beginner, Intermediate Performance, Advanced Intermediate Performance, Entry-Level Performance, and Beyond Entry-Level Performance**), (3) percentage ranges for the student’s level of required clinical supervision and caseload (except for the ‘Professionalism’ domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. **It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.**

When making your ratings, think about all aspects of the student’s clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student’s typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. **Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors** representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where **(a) the student’s level of supervision and caseload falls on the rating scale** and **(b) the majority of the behaviors that best represent the student’s performance fall on the rating scale**. If the student’s clinical performance spans multiple performance levels, **consider where there is a preponderance of evidence and make your rating at that level.**

Finally, when making your ratings, it is important to remember the following:

- **Do not compare the student you are rating to other students.** Each student’s effectiveness should be determined by comparing their clinical behavior to the standards provided on the rating scales, and **not** by comparing them to others. In other words, you should make **absolute** rating judgments (e.g., comparing students to a specific, common standard), not **relative** rating judgments (i.e., comparing students to each other).
- **Do not allow your general impression of a student to influence your ratings of the separate performance criteria.** Rather, you should focus on one performance criterion at a time, not letting the student’s overall clinical performance or the ratings you have given that student on other performance criteria affect your current performance criterion rating.
- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student’s strengths and less effective clinical behaviors, as appropriate.

² While not reflected in the pages that follow, the stakeholders advised that a checkbox be included to denote any safety violations.

| Professionalism: Ethical Practice | | | | | | |
|---|---|-------------------|---|-----------------------------------|--|--------------------------------|
| Description: <i>Practices according to the Standards of Ethical Conduct; demonstrates respect for self, the patient/client, and colleagues in all situations.</i> | | | | | | |
| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
| | — 1 — | — 2 — | — 3 — | — 4 — | — 5 — | — 6 — |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Acknowledges that there are ethical practice standards by which they should abide. Identifies obvious unethical behaviors that occur in the clinical setting. Identifies, acknowledges, and accepts responsibility for their actions. Maintains patient/client confidentiality. Engages in a polite and respectful manner with patients/clients and colleagues. | | <ul style="list-style-type: none"> Articulates most of the policies and procedures of their clinical practice setting (e.g., OSHA, HIPAA). Articulates most of the elements of the Standards of Ethical Conduct. Reports clinical errors without prompting from the CI. Gathers objective information to support questions regarding any potentially unethical behaviors observed in the clinical setting. Seeks advice from CI on how to address potentially unethical behaviors observed in the clinical setting. Seeks assistance with executing plans for addressing unethical behaviors. Devotes appropriate time and effort to meet patient/client needs; does not rush a treatment session or intervention. | | <ul style="list-style-type: none"> Abides by the policies and procedures of the clinical practice setting (e.g., OSHA, HIPAA). Adheres to the elements of the Standard of Ethical Conduct. Consistently identified unethical behaviors. Uses resources (e.g., hospital ethics committee) for addressing and resolving ethical conflicts. Recognizes the need and advocates for physical therapy services to underserved and underrepresented patient/client populations. Strives to provide patient/client services that go beyond expected standards of practice. Sets an example for other healthcare providers in their daily actions. | |

| Professionalism: Legal Practice | | | | | | |
|--|--|-------------------|--|-----------------------------------|---|--------------------------------|
| Description: <i>Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.</i> | | | | | | |
| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
| | — 1 — | — 2 — | — 3 — | — 4 — | — 5 — | — 6 — |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> • Acknowledges that there are legal and professional practice standards by which they should abide. • Identifies obvious violations of legal and professional practice standards performed by others in the clinical setting. • Adheres to patient/client privacy laws and practice standards (e.g., keeps patient/client documentation systems out of the line of sight of others, speaks in a low volume when discussing a patient's/client's case). • Discusses patient/client information only with others involved with that patient's/client's care. • Identifies cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). | | <ul style="list-style-type: none"> • Articulates most of the legal and professional practice standards related to patient/client care, including federal, state, and institutional regulations. • Gathers some objective information to support questions regarding perceived illegal activity observed in the clinical practice setting. • Reports clinical errors without prompting from CI. • Seeks advice from CI on how to address violations of legal and professional practice standards observed in the clinical setting. • Seeks appropriate sources to report any perceived violations of legal and professional practice standards observed in the clinical setting. | | <ul style="list-style-type: none"> • Practices according to legal and professional standards including federal, state, and institutional regulations related to patient/client care. • Readily identifies violations of legal and professional practice standards. • Gathers objective information to support any questions regarding perceived illegal activity observed in the clinical practice setting. • Answers any questions to support reports of perceived illegal or unprofessional behavior. • Articulates and resolves cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). • Sets an example for other healthcare providers in their daily actions. • Works within the scope of what would be expected of the licensure and practice for their state. | |

| Professionalism: Professional Growth | | | | | | |
|---|---|-------------------|---|-----------------------------------|---|--------------------------------|
| Description: <i>Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.</i> | | | | | | |
| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Seeks guidance from CI for steps to improve their clinical performance and/or clinical practice knowledge. Participates in planning to improve clinical performance and/or clinical practice knowledge. Develops and prioritizes several short- and long-term goals for improving their clinical practice skills. Takes initiative to communicate their clinical practice goals and learning needs to the CI. Accepts feedback without defensiveness. | | <ul style="list-style-type: none"> Identifies areas of strength and areas for growth in an effort to improve their clinical performance and/or clinical practice knowledge. Identifies educational opportunities and resources that are relevant to their clinical setting. Researches diagnoses and treatments encountered in the clinic that are unfamiliar. Revises previously established short- and long-term goals for improving clinical practice skills after participating in additional educational opportunities. Implements new information in the clinical setting and reflects on the effectiveness of different interventions. Provides effective feedback to CI related to clinical mentoring to advocate for their own learning needs. | | <ul style="list-style-type: none"> Self-assesses their clinical performance in an effort to improve patient/client care. Seeks out evidence-based research. Recognizes when referral to or consultation with individuals with greater experience/expertise is warranted in order to meet the patient's/client's needs. Participates in discussions with colleagues to foster their own professional growth or aid in the professional growth of their colleagues. Demonstrates the ability to effectively teach and/or share their professional knowledge. Shares articles or information with their colleagues for educational purposes within their areas of interest or within the needs of the patient/client population. Supports the development of continuing education opportunities for the institution or on a local or national level. Seeks out additional opportunities to improve knowledge and skills that are beyond the day-to-day clinical practice expectations. | |


Interpersonal: Communication

Description: Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist regarding patient/client care.

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|---|---|---|---|---|
| | — 1 — | — 2 — | — 3 — | — 4 — | — 5 — | — 6 — |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Introduces self and the role of PTA to the patient/client. Demonstrates basic proficiency in identifying barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. Demonstrates basic proficiency in communicating appropriately with other healthcare providers. Identifies the patient's/client's preferred communication style and uses their preferred communication style throughout most of the episode of care. Accesses and begins using translation services with assistance. Discusses patient/client status with other healthcare providers. Differentiates between technical and layman terminology. Typically exhibits active listening for improved understanding. | | <ul style="list-style-type: none"> Distinguishes between effective and ineffective verbal and non-verbal communication with the patient/client. Uses appropriate translation services as needed (e.g., interpreter, sign language). Typically refrains from using technical jargon with the patient/client. Communicates with other clinicians regarding patient/client care in order to facilitate a continuum of care between clinicians/disciplines. Asks the patient/client pertinent questions related to their medical history and medical screening to gain information during the episode of care. Asks the patient/client appropriate follow-up questions throughout the episode of care to clarify and understand the patient's/client's responses. | | <ul style="list-style-type: none"> Demonstrates effective verbal and non-verbal communication with patients/clients in complex situations. Recognizes when communication is ineffective and seeks external assistance for mediation as needed. Demonstrates effective communication with patients/clients in difficult situations (e.g., difficult topics, emotional situations) with respect and empathy in order to meet patient's/client's goals. Establishes rapport and trust with patient/client and caregiver(s) through effective communication. Facilitates ongoing communication with the physical therapist and the intra/interprofessional teams regarding patient/client care. Provides constructive feedback to others on effective verbal and non-verbal communication. Diffuses or redirects situations of potential conflict. | |


Interpersonal: Inclusivity


Description: *Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|---|-------------------|---|-----------------------------------|---|--------------------------------|
| |  | | | | | |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Typically demonstrates respect for diversity and inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. Displays empathy in most patient/client interactions. Identifies some individual or cultural differences that may be impactful to the patient/client. Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). Responds professionally to patients/clients with conflicting values. | | <ul style="list-style-type: none"> Seeks additional information on patient/client populations with cultural differences with which they may be less familiar. Reflects on and identifies personal biases. Seeks out resources to manage personal biases. Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns. | | <ul style="list-style-type: none"> Provides patient/client care that does not vary in quality based on the patient's/client's personal characteristics, including age, disability, ethnicity, gender identity, race, sexual orientation, etc. Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care. Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care. Advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs. Advocates for patient/client populations on a local or national level. | |


Technical/Procedural: Clinical Reasoning


Description: *Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement while supporting the physical therapist with clinical activities; ensures patient/client safety during the episode of care; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).*


| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|-------------------|--|-----------------------------------|--|--------------------------------|
| |  | | | | | |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Performs chart review with assistance to determine a patient's/client's continued appropriateness for services. Identifies appropriate medical history and screening questions with assistance to ensure patient/client safety during the episode of care. Works with the CI to identify patient/client impairments, activity limitations, and participation restrictions. Selects basic therapeutic interventions that address the patient's/client's functional limitations. Explains their rationale for treatment choices according to the level of the experience and the didactic material covered up to that point. Articulates clinical thought processes using the International Classification of Functioning, Disability, and Health (ICF) model. Identifies all red flags that contraindicate treatment. Recognizes the need for clarification and seeks assistance from the CI as appropriate. | | <ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for non-complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with non-complex disorders. Identifies progression and regression situations. Uses hypothetico-deductive reasoning to talk through a patient/client case with the CI. Verbalizes rationale to support specific interventions. Demonstrates the ability to use pattern recognition to apply to patient/client cases. Recognizes when a CI needs to be notified based on a patient's/client's progress or reaction to care. | | <ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders. Identifies diverse interventions to progress or regress the patient's/client's plan of care. Acknowledges ineffectiveness of chosen interventions based on reflection. Articulates alternative options to provide effective patient/client care. Articulates the benefits and challenges of various treatment options. Provides suggestions to CI regarding changes in the plan of care citing evidence-based resources. Utilizes ongoing professional development and scholarly resources to make clinical decisions. | |

| Technical/Procedural: Interventions: Therapeutic Exercise and Techniques | | | | | | |
|---|--|-------------------|---|-----------------------------------|---|--------------------------------|
| Description: <i>Performs selected therapeutic exercises, manual therapy techniques, airway clearance, and integumentary repair and protection techniques in a competent manner.</i> | | | | | | |
| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
| |  | | | | | |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Reviews patient/client chart for previous treatment notes. Competently performs basic therapeutic interventions for non-complex cases. Maintains patient/client safety throughout the patient's/client's episode of care while performing therapeutic interventions. Student relies on assistance from CI to help educate patients/clients on basic therapeutic exercises. Student relies on assistance from CI to prescribe basic therapeutic techniques. | | <ul style="list-style-type: none"> Competently performs therapeutic interventions for non-complex cases. Recognizes contraindications and precautions to prescribed interventions may require some cueing to apply knowledge appropriately for complex and non-complex cases. Makes adjustments to specific therapeutic exercises and techniques for non-complex cases. Identifies patient/client learning barriers and communicates to the supervising PT. | | <ul style="list-style-type: none"> Competently performs therapeutic interventions for complex cases. Recognizes contraindications and precautions to prescribed interventions and applies knowledge appropriately for complex and non-complex cases. Makes adjustments to specific therapeutic exercises and techniques within the plan of care for complex cases to progress the patient's/client's status and reach goals. Instructs others with respect to intervention performance, expected results, and identifying the need for adjustments. | |

| Technical/Procedural: Interventions: Mechanical and Electrotherapeutic Modalities | | | | | | |
|--|---|-------------------|--|-----------------------------------|--|--------------------------------|
| Description: <i>Applies selected mechanical and electrotherapeutic modalities in a competent manner.</i> | | | | | | |
| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Identifies possible mechanical and electrotherapeutic modalities that would be effective in patient/client treatment. Performs basic mechanical and electrotherapeutic modalities with assistance. Typically provides appropriate questioning of the patient/client following the intervention in order to check for an appropriate response and adjust the treatment intervention. | | <ul style="list-style-type: none"> Performs mechanical and electrotherapeutic modalities for non-complex cases. Identifies when to adjust mechanical and electrotherapeutic modalities for non-complex cases dependent on patient/client feedback. Implements and recommends discontinuation of mechanical and electrotherapeutic modalities for non-complex cases. | | <ul style="list-style-type: none"> Utilizes evidence-based practice to determine the most effective mechanical and electrotherapeutic modalities for complex cases. Identifies when to adjust mechanical and electrotherapeutic modalities for complex cases dependent on patient/client feedback. Implements and recommends discontinuation of mechanical and electrotherapeutic modalities for complex cases. Maintains patient/client safety throughout the patient's/client's episode of care while applying mechanical and electrotherapeutic modalities. | |

| Technical/Procedural: Interventions: Functional Training and Application of Devices and Equipment | | | | | | |
|--|---|-------------------|--|-----------------------------------|---|--------------------------------|
| Description: <i>Performs functional training in self-care and home management, including therapeutic activities; performs application and adjustment of devices and equipment in a competent manner.</i> | | | | | | |
| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
| |  | | | | | |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> • Articulates the purpose of most therapeutic devices and equipment. • Typically provides appropriate instructions for use of devices and equipment. • Performs functional training activities for basic mobility skills (e.g., rolling, supine/sitting transfers, gait level ground) with assistance. • Applies basic therapeutic devices to patient/client. • Demonstrates improvement with body mechanics. | | <ul style="list-style-type: none"> • Instructs patient/client and/or caregiver(s) on the use of the device or equipment for non-complex cases. • Performs functional training activities for non-complex cases. • Progresses or regresses the need for device or equipment used with minimal cueing from the CI. • Begins to demonstrate the ability to safely perform functional training in more complicated situations (e.g., uneven ground, car transfer). • Consistently considers body mechanics. | | <ul style="list-style-type: none"> • Instructs the patient/client and/or caregiver(s) with the use of a device or equipment for complex cases. • Performs functional training activities for complex cases. • Identifies, fits, and trains patients/clients with appropriate equipment or devices during functional training across a variety of settings (e.g., in the patient's/client's room, in a physical therapy gym, during a home visit). • Progresses or regresses the need for device or equipment use. • Maintains patient/client safety throughout the patient's/client's episode of care while performing functional training. • Instructs other team members in proper handling skills, safety, and device prescriptions. • Recognizes emerging devices and indications for use. | |

| Business: Documentation | | | | | | |
|--|--|-------------------|---|-----------------------------------|---|--------------------------------|
| Description: <i>Produces quality documentation that includes changes in the patient's/client's status, a description and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.</i> | | | | | | |
| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
| |  | | | | | |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Understands most of the components of documentation of an initial evaluation (e.g., SOAP). Typically identifies the appropriate location within the documentation system for necessary components. Assists with producing documentation with accurate information regarding the patient's/client's status, interventions, assessment, and plan of care. Demonstrates awareness of the need for appropriate documentation as essential to the provision of care. Submits documentation but takes considerable time and effort to do so. | | <ul style="list-style-type: none"> Produces documentation that includes changes in patient/client status, interventions, a thorough assessment of patient/client tolerance, and progression toward goals. Produces documentation of the patient's/client's plan of care that is accurate and error-free. Provides a rationale for patient/client progression and regression. Submits and organizes documentation in a reasonably timely manner. | | <ul style="list-style-type: none"> Produces additional documentation to justify the need for ongoing services for the patient/client. Includes comparison statements across time and across interventions/techniques in the assessment of the patient's/client's response to skilled therapy. Provides documentation that supports external payer requirements. Participates in quality improvement review of documentation (e.g., chart audit, peer review, goals achievement). Submits and organizes documentation in a timely manner. | |

| Business: Resource Management | | | | | | |
|--|--|-------------------|--|-----------------------------------|--|--------------------------------|
| Description: <i>Participates in the efficient delivery of physical therapy services; demonstrates appropriate understanding of time management and appropriate use of clinical supplies and equipment when supporting physical therapy services.</i> | | | | | | |
| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
| |  | | | | | |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Typically adheres to the clinic's time schedule. Demonstrates awareness of their facility's productivity requirements. Demonstrates awareness of the need for timely documentation delivery. Demonstrates effective use of their facility's information technology (IT) resources. Manages simple physical therapy interventions in a timely manner. | | <ul style="list-style-type: none"> Effectively manages assigned portion of caseload and documentation within allotted work hours. Adjusts patient/client schedule as daily dynamics occur with assistance from the CI. Begins to identify and articulate which patient/client cases should be prioritized. Participates in quality assurance (QA)/quality improvement (QI) studies to improve clinical efficiency. | | <ul style="list-style-type: none"> Effectively manages full caseload and documentation within allotted work hours. Demonstrates effective time management skills and effective use of clinical supplies throughout treatment sessions. Manages multiple tasks simultaneously while maintaining the time schedule of the clinic. Assists other staff as able within their own time constraints. Plans ahead to determine how to maintain efficiency while treating a patient/client independently, in a group setting, or during a co-treatment (coTx) with other therapy staff. | |

Last Updated: 01-20-2023
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