# 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 Cl 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 BARS

#### **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.

<sup>&</sup>lt;sup>1</sup> 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.

| Scale  | Beginning<br>Performance   | Advanced<br>Beginner   | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance   | Entry-Level<br>Performance  | Beyond Entry-<br>Level<br>Performance   |
|--|--|--|---|---|---|---|
| Sample Behaviors Rating (NOT an exhaustive list) | standards by which the Identifies obvious und in the clinical setting. Identifies, acknowled responsibility for their Maintains patient/clie | ges, and accepts ractions. nt confidentiality. nd respectful manner with | their clinical practice     Articulates most of th     Ethics for the Physica     Reports clinical errors     Cl.     Gathers objective inforegarding any potention observed in the clinical seeks advice from C potentially unethical beclinical setting.     Seeks assistance with addressing unethical bevotes appropriate | ormation to support questions ally unethical behaviors all setting. I on how to address behaviors observed in the h executing plans for behaviors. Itime and effort to meet does not rush treatment | clinical practice settin  Adheres to the eleme for the Physical Then  Consistently identifie  Uses resources (e.g. for addressing and re  Recognizes the need therapy services to u underrepresented pa  Strives to provide pat beyond expected sta | s unethical behaviors. , hospital ethics committee) esolving ethical conflicts. I and advocates for physical nderserved and tient/client populations. cient/client services that go |



# **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.

| Scale                                     | Beginning<br>Performance  | Advanced<br>Beginner   | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance  | Entry-Level<br>Performance  | Beyond Entry-<br>Level<br>Performance  |
|---|---|--|---|--|---|--|
| Sample Behaviors (NOT an exhaustive list) | should abide.  Identifies obvious viola professional practice so others in the clinical so Adheres to patient/clie practice standards (e. documentation system others, speaks in a low a patient's/client's case.  Discusses patient/clie others involved with the standards. | ations of legal and standards performed by etting. ent privacy laws and g., keeps patient/client ms out of line of sight of w volume when discussing se). ent information only with nat patient's/client's care. esonance that can arise | including federal, state regulations.  Gathers some objective questions regarding per observed in the clinical Reports clinical errors of Seeks advice from Cl confegal and profession observed in the clinical | ted to patient/client care, and institutional e information to support erceived illegal activity practice setting. without prompting from CI. on how to address violations al practice standards setting. rces to report any perceived professional practice | standards, including institutional regulation care.  Readily identifies viol professional practice Gathers objective inf questions regarding observed in the clinic Answers any question perceived illegal or untertied and resolution that can arise during textbook care versus | ations of legal and standards. ormation to support any perceived illegal activity cal practice setting. ns to support reports of nprofessional behavior. ves cognitive dissonance clinical training (i.e., |



#### **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.

| Scale                         | Beginning<br>Performance   | Advanced<br>Beginner  | Intermediate<br>Performance  | Advanced<br>Intermediate<br>Performance   | Entry-Level<br>Performance  | Beyond Entry-<br>Level<br>Performance   |
|-------------------------------|--|---|--|---|---|---|
| Rating 9                      | Seeks guidance from 0  |   |  | ength and areas for growth in   |   | clinical performance in an  |
| Behaviors<br>exhaustive list) | <ul> <li>Seeks guidance from their clinical performant practice knowledge.</li> <li>Participates in planning performance and/or cli knowledge.</li> <li>Develops and prioritize long-term goals for impractice skills.</li> <li>Takes initiative to compractice goals and lear</li> <li>Accepts feedback with</li> </ul> | g to improve clinical inical practice es several short- and proving their clinical municate their clinical rning needs to the CI. | an effort to improve the and/or clinical practice.  Identifies educational that are relevant to the Researches diagnose in the clinic that are use. Revises previously est goals for improving cliparticipating in addition. Implements new infor and reflects on effecti interventions.  Provides effective fee | neir clinical performance experies knowledge. Opportunities and resources experies clinical setting. Experies and treatments encountered infamiliar. Extablished short- and long-term inical practice skills after inical educational opportunities. Experies and treatments encountered inical practice skills after inical educational opportunities. | effort to improve pat Seeks out evidence Recognizes when re with individuals with experience/expertis meet the patient's/ci Participates in discu foster their own prof the professional gro Demonstrates the a and/or share their p Shares articles or in colleagues for educ their areas of interes patient/client popula Participates in the d | ient/client carebased research. eferral to or consultation greater e is warranted in order to ient's needs. essions with colleagues to essional growth or aide in wth of their colleagues. bility to effectively teach rofessional knowledge. formation with their ational purposes within est or within the needs of the |
| Sample B<br>(NOT an e         |  |   |  |   |   | I opportunities to improve s that are beyond the day-   |



### **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.

| Scale  | Beginning<br>Performance  | Advanced<br>Beginner   | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance  | Entry-Level<br>Performance   | Beyond Entry-<br>Level<br>Performance  |  |
|--|---|--|---|--|--|--|--|
| Rating S                                     | 1   | 2  | 3   | 4  | 5  | 6  |  |
| Supervision/<br>Caseload                     | <ul> <li>100% of the time m<br/>with non-complex co<br/>time managing patien<br/>conditions. The student</li> </ul>   | in to share a caseload   | less than 50% of the patients/clients with and 25 - 75% of the ti patients/clients with student maintains at  | non-complex conditions   | 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<br>(NOT an exhaustive list) | <ul> <li>Demonstrates basic providers.</li> <li>Demonstrates basic providers.</li> <li>Demonstrates communication with providers.</li> <li>Demonstrates basic providers.</li> <li>Demonstrates basic providers.</li> <li>Demonstrates basic providers.</li> <li>Demonstrates basic providers.</li> <li>Discusses patient/clie providers.</li> <li>Differentiates betwee terminology.</li> </ul> | es effective verbal and non-verbal patients/clients in non-complex proficiency in communicating per healthcare providers. Socilent's preferred communication preferred communication style | and non-verbal comm  Uses appropriate trainterpreter, sign lange Typically refrains fror patient/client.  Communicates with a patient/client care in care between clinicia Asks the patient/clier their medical history information during the Asks the patient/clier throughout the epison | other clinicians regarding order to facilitate a continuum of ins/disciplines. In pertinent questions related to and medical screening to gain | communication with situations.  Recognizes when conseeks external assists  Demonstrates effect patients/clients in directly topics, emotional site empathy in order to establishes rapport caregiver(s) through Facilitates ongoing of the topics and the topics and the topics and the topics and the topics are giver (s) through the topics and the topics and the topics are giver (s) through the topics and the topics are giver (s) through the topics and the topics are topics are topics are topics and the topics are top | ommunication is ineffective and stance for mediation as needed. tive communication with fficult situations (e.g., difficult uations) with respect and meet patient's/client's goals. and trust with patient/client and in effective communication. communication with physical and the intra/interprofessional tient/client care. We feedback to others on effective as is 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).

| Scale  | Beginning<br>Performance   | Advanced<br>Beginner   | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance   | Entry-Level<br>Performance | Beyond Entry-<br>Level<br>Performance   |  |
|--|--|--|---|---|----------------------------|---|--|
| Rating S                                     | 1  | 2  | 3   | 4   | 5                          | 6   |  |
| Supervision/<br>Caseload                     | A student who requires cli<br>100% of the time managing<br>non-complex conditions a<br>managing patients/clients<br>conditions. The student m<br>or may begin to share a ca<br>instructor.   | g patients/clients with<br>nd 100% of the time<br>with complex<br>ay not carry a caseload  | less than 50% of the patients/clients with and 25 - 75% of the tipatients/clients with student maintains at | non-complex conditions  | is capable of mainta       | managing<br>non-complex and   |  |
| Sample Behaviors<br>(NOT an exhaustive list) | <ul> <li>inclusivity regardless of a gender identity, race, sex</li> <li>Displays empathy in mos</li> <li>Identifies some individual may be impactful to the p</li> <li>Demonstrates a general patient's/client's backgrouregardless of their backg</li> <li>Asks the patient/client so understanding of cultural homeless, mental health, incarcerated).</li> </ul> | <ul> <li>inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc.</li> <li>Displays empathy in most patient/client interactions.</li> <li>Identifies some individual or cultural differences that may be impactful to the patient/client.</li> <li>Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background.</li> <li>Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated).</li> <li>Responds professionally to patients/clients with</li> </ul> |   | <ul> <li>Seeks additional information on patient/client populations with cultural differences with which they may be less familiar.</li> <li>Reflects on and identifies personal biases.</li> <li>Seeks out resources to manage personal biases.</li> <li>Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns.</li> </ul> |                            | <ul> <li>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.</li> <li>Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care.</li> <li>Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care.</li> <li>Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care.</li> <li>Advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs.</li> <li>Advocates for patient/client populations on a</li> </ul> |  |



### **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).

| Scale  | Beginning<br>Performance   | Advanced<br>Beginner  | Intermediate<br>Performance  | Advanced<br>Intermediate<br>Performance   | Entry-Level<br>Performance  | Beyond Entry-<br>Level<br>Performance |
|--|--|---|--|---|---|---------------------------------------|
| Rating S                                     | 1  | 2   | 3  | 4   | 5   | 6                                     |
| Supervision/<br>Caseload                     | A student who requires of a 100% of the time mana with non-complex conditions managing patients/of conditions. The student caseload or may begin to with the clinical instructors.   | ging patients/clients<br>tions and 100% of the<br>clients with complex<br>may not carry a<br>o share a caseload   | 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. |   | independently while managing patients/clients with non-complex and  |                                       |
| Sample Behaviors<br>(NOT an exhaustive list) | patient's/client's continued services.  Identifies appropriate med questions with assistance safety during the episode Works with the CI to identificativity limitations, and pales Selects basic therapeutic if the patient's/client's functions. | dical history and screening to ensure patient/client of care. ify patient/client impairments, rticipation restrictions. interventions that address onal limitations. It treatment choices according ince and the didactic material of processes using the for of Functioning, Disability, contraindicate treatment. | sources (e.g., subjective measures) for non-corscreening.  Makes sound clinical content interventions when macomplex disorders. Identifies progression Uses hypothetico-dedupatient/client case with Verbalizes rationale to Demonstrates the ability apply to patient/client case.                        | support specific interventions. ty to use pattern recognition to cases. needs to be notified based on a | <ul> <li>Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening.</li> <li>Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders.</li> <li>Identifies diverse interventions to progress or regress the patient's/client's plan of care.</li> <li>Acknowledges ineffectiveness of chosen interventions based on reflection.</li> <li>Articulates alternative options to provide effective patient/client care.</li> <li>Articulates the benefits and challenges of various treatment options.</li> <li>Provides suggestions to CI regarding changes in the plan of care cliting evidence-based resources.</li> <li>Utilizes ongoing professional development and scholarly resources to make clinical decisions.</li> </ul> |                                       |



### 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<br>Performance  | Advanced Intermediate Performance  | Entry-Level Performance   | Beyond Entry-<br>Level<br>Performance   |  |
|--------------|--------------------------|---|--|--|--|---|---|--|
| Supervision/ | Caseload                 | A student who requires 75 – 100% of the time repatients/clients with no conditions and 100% of patients/clients with conditions are sufficients with conditions are sufficient to share a colinical instructor. | managing on-complex of the time managing omplex conditions. arry a caseload or               | A student who required less than 50% of the till patients/clients with not and 25 - 75% of the time patients/clients with construction and the student maintains at less time, entry-level physic caseload.  | ne managing<br>on-complex conditions<br>e managing<br>omplex conditions. The<br>east 50 – 75% of a full-   | 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.  |   |  |
|              | (NOT an exhaustive list) | complex cases.  Identifies appropriate suscreening consideration and measures with assicases.  Performs an initial exams subjective history taking  | g, previous medical history<br>e tests and measures with<br>plex cases.<br>it relates to the | cases.  Uses subjective and ob examinations to develo for non-complex cases.  Sets appropriate short-identified and/or anticip cases.  Performs re-examination history and objective te complex cases.  Develops differential diacomplex cases.  Identifies limiting factors.  Consistently makes app discharge recommenda | p a physical therapy diagnosis and long-term goals for ated deficits in non-complex ons, including subjective sts and measures for non-agnosis options for non-complex oropriate patient/client titions for non-complex cases. ther healthcare providers | including subjective his history screening, and for complex cases.  Sets appropriate short-identified and/or anticip cases.  Works through differen examination/evaluatior complex cases.  Uses evidenced-based synthesize findings from examination to determination to referral.  Consistently makes ap discharge recommendation. | propriate patient/client ations for complex cases. ders in the process of handing |  |



# 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.

| Scale  | Beginning<br>Performance   | Advanced<br>Beginner  | Intermediate<br>Performance  | Advanced<br>Intermediate<br>Performance   | Entry-Level<br>Performance   | Beyond Entry-<br>Level<br>Performance   |
|--|--|---|--|---|--|---|
| Rating                                       | 1  | 2   | 3  | 4   | 5  | 6   |
| Supervision/<br>Caseload                     | A student who requires c – 100% of the time manage with non-complex conditions managing patients/c conditions. The student r caseload or may begin to with the clinical instructor | ging patients/clients<br>ions and 100% of the<br>lients with complex<br>nay not carry a<br>share a caseload   | A student who requires less than 50% of the tin patients/clients with no and 25 - 75% of the tim patients/clients with co student maintains at le time, entry-level physic   | me managing<br>on-complex conditions<br>e managing<br>omplex conditions. The  |  | anaging patients/clients<br>complex conditions and<br>rt as necessary. The<br>naintaining 100% of a   |
| Sample Behaviors<br>(NOT an exhaustive list) | <ul><li>care development, inclu</li><li>Carries out an establish</li></ul>   | a-centered goals. In the patient's/client's ent with assistance. In the plan of unity goal setting. In the plan of unity goal setting. In the plan of care that is ent-/client-centered with Inchnical questions from the plan of care that is ent-/client-centered with the plan of care that is ent-/client in the plan of unity goal setting. | designs a plan of car timeline for the patier diagnosis.  Monitors and adjusts and retest measures continued therapy se planning.  Recognizes the patier activity and progress intensity of the activities. Suggests alternative evidence-based and care.  Recognizes where furconsultation with other warranted.  Answers most of the | s the plan of care using test<br>to determine the need for<br>ervices or discharge<br>ent's/client's tolerance to an<br>ese or regresses the<br>ty accordingly.<br>interventions that are<br>congruent with the plan of | on the patient's/client' plan of care.  Demonstrates creativi innovative evidence-by the patient/client while established plan of cate to Communicates with oprofessionals on the sensure an appropriate Follows up with patient post-discharge.  Utilizes all appropriate | ased activities to progress estill adhering to the are.  ther healthcare status of the plan of care to edischarge plan. ants/clients and/or caregivers enterprofessional team are incal decisions regarding |



#### 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.

| Scale  | Beginning<br>Performance  | Advanced<br>Beginner  | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance                                      | Entry-Level<br>Performance  | Beyond Entry-<br>Level<br>Performance |  |
|--|---|---|---|--|---|---------------------------------------|--|
| Rating S                                     | 1   | 2   | 3   | 4  | 5   | 6                                     |  |
| Supervision/<br>Caseload                     | A student who requires 75 – 100% of the time m patients/clients with no and 100% of the time m patients/clients with costudent may not carry a begin to share a caselo instructor.  | nanaging n-complex conditions nanaging mplex conditions. The na caseload or may | than 50% of the time ma   | tions and 25 - 75% of the<br>clients with complex<br>maintains at least 50 – | 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<br>(NOT an exhaustive list) | <ul> <li>Identifies established protocols to direct patient/client therapeutic interventions.</li> <li>Identifies viable options for interventions with assistance to address objective and functional deficits.</li> <li>Performs basic therapeutic interventions that address one or more problems in patient's/client's diagnosis.</li> <li>Identifies the preferred learning style of the patient/client and adapts delivery of educational information to meet patient's/client's needs.</li> <li>Identifies some of the potential barriers to learning and collaboratively works with the CI in order to brainstorm ways to facilitate learning.</li> </ul> |   | <ul> <li>Performs appropriate interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular reeducation, application of modalities, manual therapy) safely, competently, and efficiently for non-complex cases.</li> <li>Delivers patient/client education using evidence-based decision making safely, competently, and efficiently for non-complex cases.</li> <li>Adapts interventions based on patient/client response.</li> <li>Educates the patient/client and/or caregiver(s) on anatomical rationale/reasoning component for the patient's/client's diagnosis for non-complex cases.</li> <li>Assesses the patient's/client's and caregiver's understanding of educational information.</li> </ul> |  | Performs appropriate interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular reeducation, 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.

| Scale  | Beginning<br>Performance   | Advanced<br>Beginner   | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance  | Entry-Level<br>Performance   | Beyond Entry-<br>Level<br>Performance  |
|--|--|--|---|--|--|--|
| Rating S                                     | 1  | 2  | 3   | 4  | 5  | 6  |
| Supervision/<br>Caseload                     | A student who requires 75 – 100% of the time repatients/clients with no conditions and 100% of patients/clients with conditions are the student may not commany begin to share a colinical instructor.   | managing on-complex of the time managing omplex conditions. arry a caseload or | 50% of the time managir complex conditions and managing patients/clien  | ts with complex conditions.<br>t least 50 – 75% of a full-time,  | 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<br>(NOT an exhaustive list) | <ul> <li>Understands most of the components of documentation of an initial evaluation (e.g., SOAP).</li> <li>Typically identifies the appropriate location within the documentation system for necessary components.</li> <li>Assists with producing documentation with accurate information regarding the patient's/client's status, interventions, assessment, and plan of care.</li> <li>Demonstrates awareness of the need for appropriate documentation as essential to the provision of care.</li> <li>Submits documentation but takes considerable time and effort to do so.</li> </ul> |  | patient/client status, in assessment of patient toward goals.  Produces documental care that is accurate a Provides a rationale for regression. | tion that includes changes in interventions, a thorough t/client tolerance, and progression tion of the patient's/client's plan of and error-free. For patient/client progression and es documentation in a reasonably | the need for ongo patient/client.  Includes comparistime and across in the assessment or response to skille  Provides docume external payer reconstruction of documentation review, goals ach  | ntation that supports<br>quirements.<br>ality improvement review<br>(e.g., chart audit, peer |



### **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.

| Scale  | Beginning<br>Performance  | Advanced<br>Beginner   | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance | Entry-Level<br>Performance   | Beyond Entry-<br>Level<br>Performance |
|--|---|--|---|---|--|---------------------------------------|
| Rating S                                     | 1   | 2  | 3   | 4                                       | 5  | 6                                     |
| Supervision/<br>Caseload                     | A student who requires 75 – 100% of the time m patients/clients with no conditions and 100% of patients/clients with correspond to the student may not ca may begin to share a carclinical instructor.  | nanaging<br>on-complex<br>f the time managing<br>mplex conditions.<br>arry a caseload or   | A student who requires clinical supervision less than 50% of the time managing patients/clients with noncomplex 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<br>(NOT an exhaustive list) | practices according to le (e.g., Medicare 8-minute terminology (CPT) code Recognizes and follows guidelines of insurance clinical setting. Typically identifies the a techniques that would fa codes to ensure approp Typically identifies wher | e rule, current procedural es, ICD-10 codes). s most of the legal regulations for their appropriate exercises and all under various CPT oriate billing practices. re to find billing information electronic medical record in the CI related to time | copay, co-insurance, outfor the patient's/client's file Typically identifies finance patient/client care (e.g., a patient/client) and adjusts to meet the patient's/client Appropriately bills patient and insurance regulations. Demonstrate appropriate cases. Assists with scheduling to patient/client and directs appropriate. | t/client according to legal guidelines  | 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 |                                       |



# **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<br>Performance  | Advanced<br>Beginner  | Intermediate<br>Performance  | Advanced<br>Intermediate<br>Performance | Entry-Level<br>Performance  | Beyond Entry-<br>Level<br>Performance |
|--|---|---|--|---|---|---------------------------------------|
|  | 1   | 2   | 3  | 4                                       | 5   | 6                                     |
| Supervision/<br>Caseload                     | A student who requires 75 – 100% of the time in patients/clients with no and 100% of the time in patients/clients with co student may not carry a begin to share a caselo instructor.             | nanaging<br>on-complex conditions<br>nanaging<br>omplex conditions. The<br>a caseload or may  | 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.   |   | independently while managing patients/clients with non-complex and complex conditions and   |                                       |
| Sample Behaviors<br>(NOT an exhaustive list) | <ul> <li>delegation to support personnel (e.g., PTA)</li> <li>Articulates most of the responsibilities of the setting.</li> <li>Articulates who can be patient/client in the cat hand.</li> </ul> | e, and federal) related to t staff and licensed  a).  The roles and the clinical set serve the linical setting for the task sectfully with support staff and (e.g., PTA).  The support staff on | <ul> <li>Begins to delegate tasks, as appropriate, and in compliance with organizational/state/federal law to support staff and licensed personnel (e.g., PTA).</li> <li>Begins to identify changes that support staff may implement to address patient/client progression in their plan of care.</li> <li>Participates in caseload discussions to ensure patient/client outcomes are progressing as expected.</li> <li>Reviews documentation from support staff.</li> </ul> |   | <ul> <li>Schedules patients/clients according to their plan of care.</li> <li>Identifies patient/client complexity model of care when scheduling patients/clients with a PT vs. PTA.</li> <li>Participates in caseload discussions with interprofessional colleagues about patient/client presentation, progression, and status to optimize patient/client outcomes.</li> <li>Anticipates and plans for the need for support staff.</li> <li>Supervises support staff and licensed personnel (e.g., PTA).</li> <li>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.</li> <li>Develops and delivers support staff training to address the management of specific</li> </ul> |                                       |



#### Final PTA CPI BARS<sup>2</sup>

#### **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.

<sup>&</sup>lt;sup>2</sup> 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 Standards of Ethical Conduct; demonstrates respect for self, the patient/client, and colleagues in all situations.

| Beginning<br>Performance  | Advanced<br>Beginner   | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance   | Entry-Level Performance  | Beyond Entry-<br>Level<br>Performance   |
|---|--|---|---|--|---|
| Acknowledges to standards by wheeled the clinical setting light lig | owledges, and accepts responsibil nt/client confidentiality. | of their clinical pra<br>HIPAA).  Articulates most of<br>Standards of Ethic<br>Reports clinical entitle CI.  Gathers objective<br>questions regardin<br>behaviors observe<br>Seeks advice from<br>potentially unethic<br>clinical setting.  Seeks assistance<br>addressing unethic<br>Devotes appropria | information to support g any potentially unethical d in the clinical setting. CI on how to address al behaviors observed in the with executing plans for cal behaviors. te time and effort to meet s; does not rush a treatment | clinical practice se     Adheres to the ele     Ethical Conduct.     Consistently ident     Uses resources (e     committee) for ade     conflicts.     Recognizes the ne     physical therapy s     underrepresented     Strives to provide     beyond expected | cies and procedures of the etting (e.g., OSHA, HIPAA). ements of the Standard of ified unethical behaviors. e.g., hospital ethics dressing and resolving ethic eed and advocates for services to underserved and patient/client populations. patient/client services that estandards of practice. for other healthcare provide ins. |



# **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.

|                          | Beginning Advanced Beginner  |   | Intermediate<br>Performance  |  |   | Beyond Entry-<br>Level<br>Performance  |
|--------------------------|--|---|--|--|---|--|
| Rating Scale             | 1  | 2   | 3  | 4  | 5   | 6  |
| (NOT an exhaustive list) | professional practi<br>should abide.  Identifies obvious<br>professional practi<br>others in the clinic  Adheres to patient<br>practice standards<br>documentation sys<br>of others, speaks<br>discussing a patie  Discusses patient<br>others involved with | t/client privacy laws and s (e.g., keeps patient/client stems out of the line of sight in a low volume when nt's/client's case).  /client information only with that patient's/client's care. e dissonance that can arise ning (i.e., textbook care | practice standards including federal, regulations.  Gathers some obj questions regarding observed in the clean reports clinical erections of legal standards observeres seeks appropriated perceived violations. | f the legal and professional strelated to patient/client care, state, and institutional ective information to supporting perceived illegal activity inical practice setting. For without prompting from CI. In CI on how to address and professional practice ed in the clinical setting. It is sources to report any the sources to report any the sobserved in the clinical setting. | standards including institutional regulation care.  Readily identifies viprofessional practice Gathers objective in questions regarding observed in the clin Answers any questiperceived illegal or Articulates and resort that can arise during textbook care versues. Sets an example for in their daily actions. Works within the sc | ons related to patient/client olations of legal and e standards. Information to support any perceived illegal activity ical practice setting. It is support reports of unprofessional behavior. In olives cognitive dissonance g clinical training (i.e., is clinical care). |



### **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.

|                          | Beginning<br>Performance   | Advanced<br>Beginner                                    | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance  | Entry-Level<br>Performance   | Beyond Entry-<br>Level<br>Performance  |
|--------------------------|--|---|---|--|--|--|
| •                        | Seeks guidance fro   | 2 om CI for steps to improve                            | • Identifies areas of   | strength and areas for growth in   | • Self-assesses their  | clinical performance in an   |
| (NOT an exhaustive list) | their clinical perforn practice knowledge Participates in plant performance and/or knowledge. Develops and priori long-term goals for practice skills. Takes initiative to copractice goals and leading to the practice goals and leading to the practice goals and leading practice goals | nance and/or clinical<br>e.<br>ning to improve clinical | an effort to improve and/or clinical prace.  Identifies education that are relevant to Researches diagnor in the clinic that are.  Revises previously goals for improving participating in add.  Implements new in and reflects on the interventions. | e their clinical performance<br>tice knowledge.<br>nal opportunities and resources<br>their clinical setting.<br>oses and treatments encountered | effort to improve pa Seeks out evidence Recognizes when a with individuals with experience/expertise meet the patient's/c Participates in disconfester their own professional gray Demonstrates the and/or share their patient/client popul Supports the devel education opporture a local or national I | atient/client care. be-based research. referral to or consultation in greater se is warranted in order to client's needs. ussions with colleagues to ofessional growth or aid in owth of their colleagues. ability to effectively teach orofessional knowledge. information with their cational purposes within test or within the needs of the ation. opment of continuing inities for the institution or or evel. al opportunities to improve lls that are beyond the day. |



### **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.

| Scale  | Beginning<br>Performance  | Advanced<br>Beginner   | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance   | Entry-Level<br>Performance   | Beyond Entry-<br>Level<br>Performance  |  |
|--|---|--|---|---|--|--|--|
| Rating So                                    | 1   | 2  | 3   | 4   | 5  | 6  |  |
| Supervision/<br>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.    |   | capable of maintaining 100% of a full-time,  |  |  |
| Sample Benaviors<br>(NOT an exhaustive list) | <ul> <li>Introduces self and the role</li> <li>Demonstrates basic proficie effective communication with caregiver(s) (e.g., hearing in vision, low health literacy).</li> <li>Typically demonstrates effect communication with patients situations.</li> <li>Demonstrates basic proficie appropriately with other hear lidentifies the patient's/client' style and uses their preferre throughout most of the epison Accesses and begins using assistance.</li> <li>Discusses patient/client stat providers.</li> <li>Differentiates between technology and the processing the providers of the epison assistance.</li> <li>Differentiates between technology and the providers of the epison assistance.</li> <li>Differentiates between technology and the providers of the epison assistance.</li> </ul> | ncy in identifying barriers to h patient/client and/or their npairment, aphasia, low ctive verbal and non-verbal s/clients in non-complex ncy in communicating lthcare providers. 's preferred communication d communication style ode of care. translation services with us with other healthcare nical and layman terminology. | verbal and non-verbal patient/client.  Uses appropriate trar (e.g., interpreter, sign Typically refrains from patient/client.  Communicates with compatient/client care in a care between clinicial.  Asks the patient/clien their medical history a information during the Asks the patient/clien questions throughout | n using technical jargon with the other clinicians regarding order to facilitate a continuum of ns/disciplines. It pertinent questions related to and medical screening to gain | communication with situations.  Recognizes when a seeks external assi Demonstrates effect patients/clients in d topics, emotional si empathy in order to Establishes rapport caregiver(s) through Facilitates ongoing therapist and the in regarding patient/cl Provides constructive effective verbal and | tive verbal and non-verbal patients/clients in complex communication is ineffective and stance for mediation as needed. Etive communication with ifficult situations (e.g., difficult tuations) with respect and meet patient's/client's goals. and trust with patient/client and neffective communication. communication with the physical tra/interprofessional teams ient care. |  |



# 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).

| Scale  | Beginning<br>Performance   | Advanced<br>Beginner   | Intermediate<br>Performance  | Advanced<br>Intermediate<br>Performance   | Entry-Level<br>Performance  | Beyond Entry-<br>Level<br>Performance  |  |
|--|--|--|--|---|---|--|--|
| Rating S                                     | 1  | 2  | 3  | 4   | 5   | 6  |  |
| Supervision/<br>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.  |  | less than 50% of the patients/clients with and 25 - 75% of the t patients/clients with student maintains at  | non-complex conditions  | 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<br>(NOT an exhaustive list) | <ul> <li>Typically demonstrates resperegardless of age, disability, race, sexual orientation, etc.</li> <li>Displays empathy in most pare Identifies some individual or of be impactful to the patient/clie</li> <li>Demonstrates a general under patient's/client's background of their background.</li> <li>Asks the patient/client some of understanding of cultural grown homeless, mental health, indivincarcerated).</li> <li>Responds professionally to prevalues.</li> </ul> | ethnicity, gender identity, tient/client interactions. cultural differences that may ent. erstanding of the and is respectful regardless questions to improve up differences (e.g., ividuals who are | populations with cultumay be less familiar.  Reflects on and ident Seeks out resources Recognizes socioeco economical influence identifies possible avoconcerns. | rmation on patient/client ural differences with which they ifies personal biases. to manage personal biases. unomic, psychological, and s that might impact care and enues to address these | quality based on the characteristics, inclu gender identity, race  Assesses, reflects, a ongoing basis so that delivery of patient/cli  Demonstrates sufficit cultures and background provide equitable Identifies when equit to a patient/client and course of care.  Advocates for their public to receive the appropaddress their physical | ent knowledge of various bunds in order to effectively treat e patient/client care. Table care is not being provided d takes steps to correct their patients/clients in order for them priate course of care needed to |  |



# 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).

| Scale   | Beginning<br>Performance  | Advanced<br>Beginner  | Intermediate Performance  | Advanced<br>Intermediate<br>Performance   | Entry-Level Performance   | Beyond Entry-<br>Level<br>Performance  |
|---|---|---|---|---|---|--|
| Kating  | 1   | 2   | 3   | 4   | 5   | 6  |
| 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 less than 50% of the time managing patients/clients with non-complex and 25 - 75% 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. |   | time managing<br>non-complex conditions<br>time managing<br>complex conditions. The<br>t least 50 – 75% of a full-  | independently under the direction/supervision of the PT while managing patients/clients with non-com and complex conditions. The student is capable of maintaining 100% of a full-tim   |   |   |  |
| (NOT an exhaustive list)  | patient's/client's continue Identifies appropriate me questions with assistance during the episode of car Works with the CI to ider activity limitations, and p Selects basic therapeutic patient's/client's function Explains their rationale for the level of the experience covered up to that point. Articulates clinical though International Classification Health (ICF) model. Identifies all red flags that | ntify patient/client impairments, articipation restrictions. conterventions that address the all limitations. The artended of | sources (e.g., subje measures) for non-concescreening.  Makes sound clinical interventions when a non-complex disord ldentifies progressic. Uses hypothetico-do a patient/client case. Verbalizes rationale. Demonstrates the anapply to patient/clie. Recognizes when a patient's/client's p | on and regression situations. eductive reasoning to talk through with the CI. to support specific interventions. bility to use pattern recognition to | multiple sources (e. tests, and measures medical screening.  • Makes sound clinical interventions when complex disorders.  • Identifies diverse intergress the patient's Acknowledges ineffinterventions based Articulates alternating patient/client care.  • Articulates the beneat reatment options.  • Provides suggestion the plan of care citing Utilizes ongoing pro | and compares data from g., subjective history, objectives) for complex cases to guide al decisions during treatment managing patients/clients with terventions to progress or s/client's plan of care. ectiveness of chosen on reflection. We options to provide effective effits and challenges of various instead to CI regarding changes in an evidence-based resources fessional development and to make clinical decisions. |



# Technical/Procedural: Interventions: Therapeutic Exercise and Techniques

Description: Performs selected therapeutic exercises, manual therapy techniques, airway clearance, and integumentary repair and protection techniques in a competent manner.

| oompon                                    | ent manner.   |   |  |   |   |  |  |
|---|---|---|--|---|---|--|--|
| Scale                                     | Beginning<br>Performance  | Advanced<br>Beginner  | Intermediate<br>Performance  | Advanced<br>Intermediate<br>Performance   | Entry-Level<br>Performance  | Beyond Entry-<br>Level<br>Performance  |  |
| Rating S                                  | 1   | 2   | 3  | 4   | 5   | 6  |  |
| Supervision/<br>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. |   | than 50% of the time n<br>with non-complex con<br>the time managing par<br>conditions. The stude   | es clinical supervision less<br>nanaging patients/clients<br>aditions and 25 - 75% of<br>tients/clients with complex<br>nt maintains at least 50 –<br>ry-level physical therapist | independently under the direction/supervision of the PT while managing patients/clients with  |  |  |
| Sample Behaviors (NOT an exhaustive list) | patient's/client's epis<br>performing therapeut<br>• Student relies on ass  | as basic therapeutic<br>-complex cases.<br>ent safety throughout the<br>ode of care while<br>tic interventions.<br>sistance from CI to help<br>nts on basic therapeutic | for non-complex cas Recognizes contrain prescribed interventi to apply knowledge a non-complex cases. Makes adjustments t exercises and techni | dications and precautions to ons may require some cueing appropriately for complex and to specific therapeutic ques for non-complex cases. It learning barriers and               | for complex cases  Recognizes contra prescribed interve appropriately for c cases.  Makes adjustment exercises and tech for complex cases patient's/client's st Instructs others wi | aindications and precautions to ntions and applies knowledge omplex and non-complex as to specific therapeutic nniques within the plan of care to progress the atus and reach goals. th respect to intervention ected results, and identifying |  |



|  | Technica   | I/Procedural: Inte   | rventions: Mech  | nanical and Electrot   | herapeutic Mo   | dalities   |
|--|--|--|--|--|---|--|
| Descrip                                      | tion: Applies selected n   | mechanical and electrother   | apeutic modalities in a  | competent manner.  | ~0  |  |
| g Scale                                      | Beginning Advanced Beginner  |  |  |  | Entry-Level<br>Performance  | Beyond Entry-<br>Level<br>Performance  |
| Rating                                       |  | 2  | 3  | 4  | 5   | 6  |
| Supervision/<br>Caseload                     | 75 – 100% of the time patients/clients with and 100% of the time patients/clients with student may not carr                | non-complex conditions<br>managing<br>complex conditions. The  | than 50% of the time<br>with non-complex co<br>the time managing pa<br>conditions. The stud              | res clinical supervision less<br>managing patients/clients<br>and 25 - 75% of<br>atients/clients with complex<br>ent maintains at least 50 –<br>try-level physical therapist | of the PT while man   | r the direction/supervision aging patients/clients with omplex conditions. The of maintaining 100% of a physical therapist   |
| Sample Behaviors<br>(NOT an exhaustive list) | effective in patient/c     Performs basic med     electrotherapeutic r     Typically provides a     the patient/client fol | modalities that would be client treatment. chanical and modalities with assistance. appropriate questioning of llowing the intervention in an appropriate response and | modalities for non-outlines when to a electrotherapeutic recases dependent outlines and recommendations. | Idjust mechanical and modalities for non-complex n patient/client feedback. Commends discontinuation of ectrotherapeutic modalities for                                      | the most effective electrotherapeutic ldentifies when to electrotherapeutic dependent on pat Implements and remechanical and e for complex cases Maintains patient/patient's/client's e | e modalities for complex cases. adjust mechanical and modalities for complex cases ient/client feedback. ecommends discontinuation of lectrotherapeutic modalities |



# Technical/Procedural: Interventions: Functional Training and Application of Devices and Equipment

Description: Performs functional training in self-care and home management, including therapeutic activities; performs application and adjustment of devices and equipment in a competent manner.

| Scale  | Beginning Advanced Beginner   |  | Intermediate<br>Performance   |  |   | Beyond Entry-<br>Level<br>Performance  |
|--|---|--|---|--|---|--|
| Rating S                                     | 1   | 2  | 3   | 4  | 5   | 6  |
| Supervision/<br>Caseload                     | A student who requires 75 – 100% of the time m patients/clients with not and 100% of the time m patients/clients with corstudent may not carry a begin to share a caselog instructor. | anaging n-complex conditions anaging mplex conditions. The caseload or may   | than 50% of the time n<br>with non-complex con<br>the time managing pat<br>conditions. The stude                                | s clinical supervision less<br>nanaging patients/clients<br>ditions and 25 - 75% of<br>ients/clients with complex<br>nt maintains at least 50 –<br>ry-level physical therapist | of the PT while mana non-complex and co   | the direction/supervision<br>iging patients/clients with<br>mplex conditions. The<br>maintaining 100% of a<br>physical therapist |
| Sample Behaviors<br>(NOT an exhaustive list) | use of devices and equ  | ropriate instructions for uipment. aining activities for basic ling, supine/sitting bund) with assistance. utic devices to | use of the device or cases.  Performs functional t complex cases.  Progresses or regres equipment used with Begins to demonstra |  | with the use of a d complex cases.  Performs functional complex cases.  Identifies, fits, and appropriate equipment training (e.g., in the patient therapy gym, during the progresses or regrequipment use.  Maintains patient/opatient's/client's experforming functions.  Instructs other teal handling skills, saf | esses the need for device or<br>client safety throughout the<br>bisode of care while   |



### **Business: Documentation**

Description: 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.

| cale   | Beginning<br>Performance   | Advanced<br>Beginner   | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance   | Entry-Level<br>Performance   | Beyond Entry-<br>Level<br>Performance   |
|--|--|--|---|---|--|---|
| Rating Scale                                 | 1  | 2  | 3   | 4   | 5  | 6   |
| Supervision/<br>Caseload                     | <ul> <li>100% of the time man<br/>with non-complex cond<br/>time managing patients<br/>conditions. The studen</li> </ul>   | ditions and 100% of the s/clients with complex   | than 50% of the time<br>non-complex condition<br>managing patients/cli<br>The student maintain                                      | es clinical supervision less managing patients/clients with ons and 25 - 75% of the time ents with complex conditions at least 50 - 75% of a fullical therapist assistant's | direction/supervisions. managing patients/complex and comp student is capable  | er the on of the PT while clients with non- lex conditions. The of maintaining 100% of wel physical therapist   |
| Sample Behaviors<br>(NOT an exhaustive list) | <ul> <li>SOAP).</li> <li>Typically identifies the documentation secomponents.</li> <li>Assists with producing accurate information patient's/client's state assessment, and plates.</li> <li>Demonstrates aware appropriate document provision of care.</li> </ul> | n initial evaluation (e.g., me appropriate location within system for necessary mg documentation with a regarding the regarding the rus, interventions, an of care. The eness of the need for notation as essential to the tion but takes considerable | patient/client status assessment of pat progression toward Produces docume of care that is accu Provides a rational and regression. | ntation of the patient's/client's pla<br>irate and error-free.<br>e for patient/client progression<br>nizes documentation in a  | justify the need f the patient/client Includes compar time and across in the assessme response to skill Provides docume external payer re Participates in quof documentation review, goals act | ison statements across interventions/techniques nt of the patient's/client's ed therapy. entation that supports equirements. uality improvement review n (e.g., chart audit, peer |



# **Business: Resource Management**

Description: 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.

| Scale  | Beginning<br>Performance  | Advanced<br>Beginner  | Intermediate<br>Performance   | Advanced<br>Intermediate<br>Performance   | Entry-Level<br>Performance   | Beyond Entry-<br>Level<br>Performance   |  |
|--|---|---|---|---|--|---|--|
| Rating \$                                    | 1   | 2   | 3   | 4   | 5  | 6   |  |
| Supervision/<br>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. |   | than 50% of the time with non-complex co the time managing part conditions. The students  | res clinical supervision less<br>managing patients/clients<br>nditions and 25 - 75% of<br>atients/clients with complex<br>ent maintains at least 50 –<br>try-level physical therapist | independently under the direction/supervisio of the PT while managing patients/clients wit   |   |  |
| Sample Behaviors<br>(NOT an exhaustive list) | <ul> <li>Demonstrates aware productivity requiren</li> <li>Demonstrates aware documentation deliv</li> <li>Demonstrates effect information technological</li> </ul>   | eness of the need for timely erry. tive use of their facility's | <ul> <li>and documentation</li> <li>Adjusts patient/clier occur with assistant</li> <li>Begins to identify a patient/client cases</li> <li>Participates in qualities</li> </ul> |   | documentation wi  Demonstrates efficiency use treatment session  Manages multiple maintaining the till  Assists other staffic constraints. | es full caseload and thin allotted work hours. ective time management skills of clinical supplies throughout s. tasks simultaneously while me schedule of the clinic. as able within their own time etermine how to maintain eating a patient/client a group setting, or during a fx) with other therapy staff. |  |



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