

INSTRUCTIONS FOR USING THE PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT

INTRODUCTION

A physical therapist (PT) student assessment system evaluates knowledge, skills and attitudes and incorporated multiple sources of information to make decisions about readiness to practice. Sources of information may include clinical performance evaluations of students, classroom performance evaluations, students' self-assessments, peer assessments, and patients' assessments. The system is intended to enable clinical educators and academic faculty to obtain a comprehensive perspective of students' progress through the curriculum and competence to practice at entry—level. The uniform adoption of this instrument will ensure that all practitioners entering practice have demonstrated a core set of clinical attributes.

A clinical performance instrument is a central component of the assessment system and is used by the academic institution to ensure students' readiness for practice. This instrument has undergone pilot and field studies and is designed to evaluate student clinical performance in relation to entry-level competence. It is applicable to a broad range of clinical settings and throughout the continuum of clinical learning experiences. Every performance criterion in this instrument is important to the overall assessment of clinical competence, and most criteria are observable in every clinical experience. It is strongly recommended that all criteria be rated whenever possible. If this instrument is altered for use in such situations, it is in violation of copyright.

COMPONENTS OF THE FORM

There are 24 performance criteria, with visual analog scales (VASs) for each criterion. Sample behaviours are included in shaded boxes for each criterion. Space for comments is provided, as well as boxes to indicate when performance is “of significant concerns,” “with distinction,” or “not observed.”

Superscript “g”

A superscript “g” after a word indicates that the word is defined in the glossary.

Performance Criteria

Items numbered 1-24 define performance areas to be evaluated. In the aggregate, these items describe all essential aspects of professional practice of a PT clinician performing at entry-level.

Red Flag Item

A flag (🚩) to the left of a performance criterion indicates a “red-flag” item. The five “red-flag” items (numbered 1-5) are considered foundational elements in clinical practice. Difficulty with a performance criterion that is a red-flag item warrants immediate attention and a telephone call to the ACCE, and may include remediation and/or dismissal from the clinical experience.

Visual Analog Scale

Individual competencies in the CPI are evaluated using a VAS. This provides a convenient way to indicate a student’s level of performance, ranging from “novice clinical performances to “entry-level performances. Placement of a mark on the line indicates the student’s current level of performance on a particular competency relative to entry-level performance.

The continuous nature of the rating matches the continuous nature of the student’s educational experience and skill development. The VAS provides maximum sensitivity to fine gradations (0 to 100-mm line) in performance that might be missed by a cruder numerical rating scale (e.g., five-point scale). This is particularly important for the evaluation of individual students. The lack of rating numbers or other labels also avoids the inherent “grade” values that often accompany use of scale points and instead emphasizes the distance from the entry-level criterion.

Significant Concerns**Box** 

Checking this box indicates that the student’s performance on this criterion is unacceptable and places the student at risk of failing this clinical experience. When the Significant Concerns Box is checked, written comments are required and a phone call (☎) is placed to the ACCE. A box is provided for midterm and final assessments.

With Distinction Box	Checking this box indicates that the student's performance on this criterion exceeds expectations for the clinical experience . Record in the appropriate Midterm (M) and/or Final (F) box.
Not Observed Box	Checking this box indicates that the student's performance on this criterion was not observed. Record in the appropriate Midterm (M) and/or Final (F) box. The Not Observed Box rarely should be used. If you are considering marking this box relative to a specific criterion, please carefully review the sample behaviours for that criterion.
Comments	Narrative comments should be provided by the clinical instructor (CI) to elaborate on or clarify students' performance ratings. Comments are encouraged for each performance criterion. These comments may include critical incidents, problem or deficit areas, and/or exemplary areas of performance. Comments are required when the Significant Concerns Box has been checked, when a student's performance is below entry-level at the end of the final clinical experience, and for deficiencies in psychomotor skills. Comments are also required when the "with distinction" box is checked.
Summative Comments	The summative comments section provides a mechanism for the clinical instructor to identify, clarify, and highlight students' overall performance as related to their areas of strength, areas needing improvement, and other relevant comments during midterm and final evaluations. These comments should be based on the student's performance relative to objectives for the clinical experience. For intermediate clinical experiences, a student rated below entry-level on the VAS may, in fact, meet or exceed objectives for that experience.

USING THE FORM

Proper use of the CPI requires not only knowledge of all its components, but consideration of performance.

Clinical Instructor

The CI(s) will assess a student's performance and complete the instrument at midterm and final evaluation periods. Sources of information may include, but are not limited to, CIs, other PTs, PTAs, other professionals, patients, and students. Methods of data collection may include direct observation, videotapes, documentation review, role-playing, interviews, standardized practical activities, portfolios, journals computer-generated tests, and patient and outcome surveys. Clinical educators should feel free to use multiple sources and methods to assess student clinical performance. The CI reviews the completed instrument formally with the student a midterm evaluation and at the end of the clinical experience and signs the signature page (27) following each evaluation.

Student

Student(s) assess their own performance on a separate copy of the instrument. The student reviews the completed form with the CI at midterm evaluation and at the end of the clinical experience and signs the signature page (27) following each evaluation.

Recording Performance Rating

The same VAS is used for midterm and final evaluations. One vertical line is placed on the VAS at the appropriate point indicating the midterm evaluation rating, and one vertical line is placed on the VAS at the appropriate point indicating the final evaluation rating. Label the midterm evaluation line with an "M" above the line, and label the final evaluation line with an "F" above the line. Once the form is complete, there will be two vertical lines on the VAS, one for the midterm evaluation rating and one for the final evaluation rating. A new CPI will be used for each clinical experience.

Marking

Marking the VAS requires you to use your professional judgement to determine whether the student's performance is consistent with entry-level practice in your specific setting. Before judging each of the performance criteria, consider each of the five performance dimensions listed below:

Quality of care

Supervision/guidance required

Consistency of performance

Complexity of tasks/environment

Efficiency of performance

These performance dimensions are common to all types and levels of performance. However, your expectations may change in each dimension as the student progresses toward entry into professional practice. As a reminder, the performance dimensions to be considered when marking the VAS are provided with each performance criteria on the bottom of the page.

Performance Dimensions

Quality refers to the degree of skill or competence demonstrated, the relative effectiveness of the performance, and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill to a highly skilled performance. A student who exhibits high skill in performance but low efficiency or effectiveness would be marked lower on the VAS than one whose performance combined high skill with high efficiency or effectiveness.

Supervision/guidance required refers to the level and extent of assistance required by the student to achieve entry-level performance. As a student progresses through clinical education experiences the degree of monitoring needed is expected to progress from full-time monitoring or cuing for assistance to independent performance with consultation^s. The degree of supervision and guidance may vary with the complexity of the patient or environment.

Consistency refers to the frequency of occurrences of desired behaviours related to the performance criterion. As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

Complexity of tasks/environment refers to the multiple requirements of the patient or environment. The complexity of the environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/ environment should increase, with fewer elements being controlled by the CI.

Efficiency refers to the ability to perform in a cost-effective and timely manner. As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

Anchors

Novice clinical performance indicates a student who provides quality care only with uncomplicated patients and a high degree of supervision. Without close supervision, the student's performance and clinical decision-making are inconsistent and require constant monitoring and feedback. This is typically a student who is inexperienced in clinical practice or who performs as though he or she has had limited or no opportunity to apply academic knowledge or clinical skills.

Entry-level performance on the VAS indicates a student who consistently and efficiently provides quality care with simple or complex patients and in a variety of clinical environments. The student usually needs no guidance or supervision except when addressing new or complex situations.

Reducing Rater Bias

All rating scales (numerical and VAS) are susceptible to similar response biases. The most common problems are halo bias and leniency. Halo bias occurs when a global impression of the student (e.g. General liking) influences specific ratings. This leads individual behaviours to be more highly correlated than is actually true and tends to artificially increase or decrease all evaluations in response to the overall impression. This bias is avoided by careful attention to the specific behavioural criteria required for each individual competency and by conscious suppression of general impressions. Leniency is the tendency to avoid harsh evaluations, usually to avoid the discomfort associated with delivering bad news and its effect on a student's morale. This bias can be reduced by recognizing that students may achieve the entry-level criterion more efficiently if they are provided with accurate performance feedback.

Academic Coordinator

The ACCE reviews the completed form at the end of the clinical experience and assigns a grade according to institution policy. A number of variables may be considered when assigning a grade and determining the success of the experience.

Appendix B

Refer to the Clinical Placement guidelines prepared by the University of Ottawa (Physiotherapy Program).

Failure of the Clinical Placement

The student will be required to repeat the clinical placement if there is:

Difficulty with a performance criterion on any one of the red flag items (items numbered 1 to 5);

OR

Significant concerns with 4 or 20% of the applicable items from items numbered 6 to 24 in the final evaluation.