Presentation Format: Panel
Length of session: 30-minutes
Q&A period: 20-minutes

UNIVERSITY OF FLORIDA
DOCTOR OF PHYSICAL THERAPY PROGRAM
COMPETENCY-BASED ASSESSMENT:
CURRICULAR INFUSION –*DETERMINING CLINICAL EDUCATION EXPERIENCE READINESS*

ASSESSMENT PRACTICES: PANEL PRESENTATION

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MARK D BISHOP, PT, PhD, FAPTA

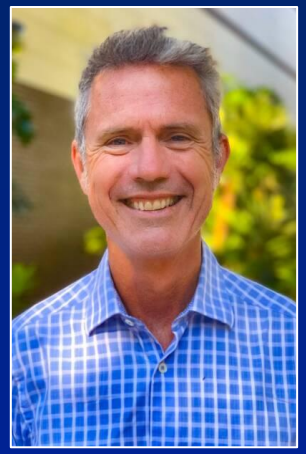
UF | UNIVERSITY of FLORIDA

UF | Department of Physical Therapy
College of Public Health and Health Professions
UNIVERSITY *of* FLORIDA

Special Recognition
University of Florida
Doctor of
Physical Therapy Program
DPT Class of 2025 & 2026

GINA MARIA MUSOLINO, PT, DPT, EdD, MSEd

SHAKEEL AHMED, PT, MPT, PhD



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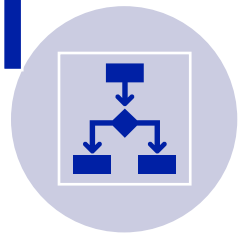
COMPETENCY-BASED ASSESSMENT

PRIMING QUERIES

- What are your Assumptions about CBA?
- What are your Questions about CBA?

Your Thoughts

Expected Learning Outcomes



Distinguish UF Doctor of Physical Therapy Program's (UFDPT) 5 curricular threads.

Discuss competency-based assessment (CBA) to determine UFDPT learners' clinical education experience readiness.

Analyze the relationship of CBA with UFDPT learning outcomes in relation to accaccreditation and professional standards of practice.

Appraise select, evidence-informed assessment measures in relation to expected DPT professional clinical competencies.

Examine curricular re-design based upon learning outcomes assessments.

Evaluate curricular congruence for UFDPT Competency Course series.

Dialogue with presenters through a question-and-answer panel.

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University of Florida Doctor of Physical Therapy Program (UFDPT)

- Three Basic Education Principles – Tenets
  - ***Foundational -- Strong Basic Science Background***
    - Biological, Kinesiological & Behavioral Sciences
  - ***Logical reasoning & Scientific Method woven throughout the professional curriculum***
    - Explicit in course design/content
    - Exemplified by faculty in teaching, research & clinical practice
  - ***Physical Therapy/DPT Learners – Collaborative Teams***
    - As partners in health care – inter/intra-professional
    - Exemplified by faculty in collaborative teaching, scholarship and service

Our Culture: *Empowerment, Trust, Humility, Kindness, Dependability*

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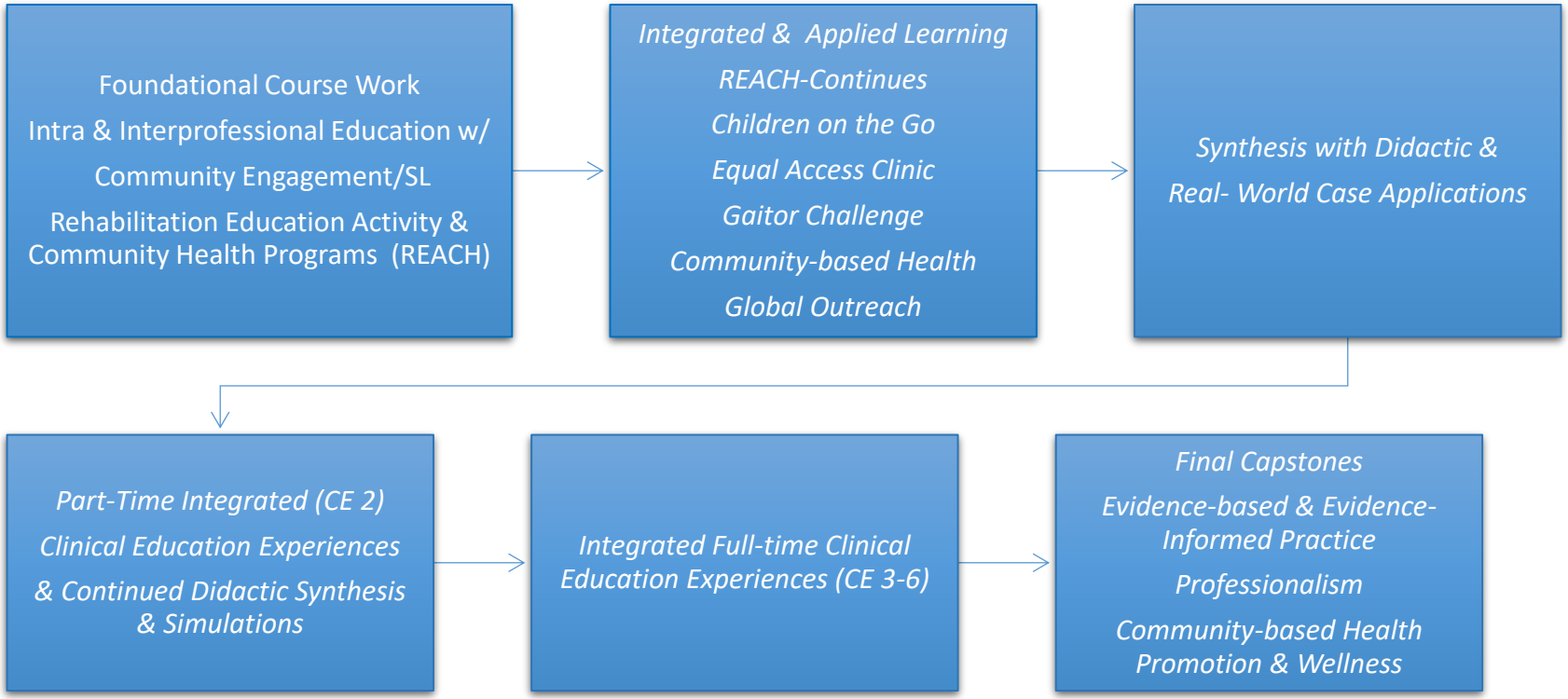
University of Florida Doctor of Physical Therapy Program (UFDPT)

- Overarching curriculum: Building blocks, scaffolding progression from *Years 1 to 3*

Learning & Teaching ⟺ Teaching & Learning:
Cognitive, Affective & Psychomotor Learning Domains



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University of Florida Doctor of Physical Therapy Program (UFDPT)

DPT Curriculum

- 8 semesters / 3 years
- 113 credit hours
- 32 weeks of full-time integrated clinical education experiences

5 Curricular Threads

- Movement, Exercise & Activity Prescription
- Becoming a Professional
- Clinical Reasoning
- Evolving Practice
- IDEA/SDoH (WHO): Determinants & Drivers

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DPT Curriculum

Semester 1: Fall Yr. 1	CR	Semester 2: Spring Yr.1	CR	Semester 3: Summer Yr.1	CR
PHT 6153 Physiology in PT	3	PHT 6188C Functional Anatomy II	5	PHT 6770 Musculoskeletal Disorders I	2
PHT 6187C Functional Anatomy I	5	PHT 6189C Examination and Evaluation	3	PHT 6218C Therapeutic Modality Interventions in Physical Therapy	3
PHT 6605 Evidence Based Practice I	3	PHT 6168C Neuroscience in Physical Therapy	4	PHT 6860 Clinical Education I	1
PHT 6024 Sem: Professional Issues I	2	PHT 6503 Health Promotion and Wellness for Physical Therapy Practice II	2	PHT 6608 Evidence Based Practice II	3
PHT 6502 Health Promotion and Wellness for Physical Therapy Practice I	1	PHT 6207C Intro to Exercise Science	2	PHT 6352 Pharmacology in Physical Therapy Practice	2
PHT 6206C Basic Clinical Skills I	2	PHT 6157 Pathophysiology	2	PHT 6186C Motor Control/ Therapeutic Exercise I	2
		PHT 6930 Emerging Practice	1	PHT 6870C Integrated cases/Competency 1	1
TOTAL	**16**	**TOTAL**	**19**	**TOTAL**	**14**
Semester 4: Fall Yr. 2		**Semester 5: Spring Yr. 2**		**Semester 6: Summer Yr. 2**	
PHT 6771 Musculoskeletal Disorders II	4	First 8 weeks:		PHT 6190C Motor Control/ Therapeutic Exercise II	3
PHT 6381C Cardiopulmonary Disorders in Physical Therapy	3	PHT 6762C Neurorehabilitation II	2	PHT 6322 Pediatrics in Physical Therapy	3
PHT 6070C Radiology and Diagnostic Imaging in Physical Therapy Practice	2	PHT 6527 Professional Issues II	3	PHT 6702C Prosthetics and Orthotics	2
PHT 6861 Clinical Education II	1	PHT 6374 Geriatrics in Physical Therapy	2	PHT 6730 Screening for Referral	3
PHT 6761C Neurorehabilitation I	3	Second 8 weeks:		PHT 6872C Complex Cases/ Competency 2	1
PHT 6302C Principles of Disease	3	PHT 6811 Clinical Education III	6		
TOTAL	**16**	**TOTAL**	**13**	**TOTAL**	**12**
Semester 7: Fall Yr. 3		**Semester 8: Spring Yr. 3**			
PHT 6807 Clinical Education IV	6	First 8 weeks:			
PHT 6817 Clinical Education V	6	PHT 6823 Clinical Education VI	6		
		Second 8 weeks:			
		PHT 6504 Health Promotion and Wellness for Physical Therapy Practice III	1		
		PHT 6530 Professional Issues III	2		
		PHT 6609 Evidence Based Practice III	2		
TOTAL	**12**	**TOTAL**	**11**	**PROGRAM TOTAL**	**113**

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Full Time Clinical Education & Lifespan & Continuum of Care

PHT6811 CE 3	8 weeks 5th semester ***Spring Year 2*** **1st FT CE** ~320 hours	Safe & effective performance of clinical skills in a full-time clinical experience in an *acute, outpatient orthopedic or, geriatric clinical setting.* APTA CPI ratings of **Advanced Beginner.**
PHT 6807 CE 4	8 weeks 7th semester ***Fall Year 3*** **2nd FT CE** ~320 hours	Safe & effective performance of clinical skills in a full - time clinical experience in an *acute, outpatient orthopedic or, geriatric, pediatric, sports, or neurologic clinical setting.* APTA CPI ratings of **Intermediate.**
PHT 6817 CE 5	8 weeks 7th semester ***Fall Year 3*** **3rd FT CE** ~ 320 hours	Safe & effective performance of clinical skills in a full-time clinical experience in *an acute, outpatient orthopedic or, geriatric, pediatric, sports, or neurologic clinical setting.* APTA CPI ratings of **Advanced Intermediate.**
PHT 6823 CE 6	8 weeks 8th semester ***Spring Year 3*** **4th Final FT CE** ~ 320 hours	Safe & effective performance of clinical skills in a full-time clinical experience in an *acute, outpatient orthopedic or, geriatric, pediatric, sports, or neurologic clinical setting.* APTA CPI ratings of **Entry-Level.** *(*& Beyond)*

- Category 1 (C1): Low medical management complexity, high function and independence (ex: OP neurological/orthopedic or sports facilities)
- Category 2 (C2): Moderate medical management complexity, moderate function and independence (ex: sub-acute/IP rehab settings/SNF), and
- Category 3 (C3): High medical management complexity, low function and independence: (ex: acute care/ICU/transplant units)

APTA Vision Statement & Core Values/Code of Ethics

- Transforming society by optimizing movement to improve the human experience.

1. Accountability
2. Altruism
3. Collaboration
4. Compassion/Caring
5. Duty
6. Excellence
7. Inclusion
8. Integrity
9. Social Responsibility

Professionalism Core Values for PTs and PTAs

Examples of Teaching Activities for Core Values at Different Levels

- ***Excellence at the Individual Level***
  - The S-DPT & CI discuss how alterations in patient scheduling and interprofessional collaboration in the acute care or rehab setting is a demonstration of the core value of excellence.
- ***Altruism at the Organizational Level***
  - The S-DPT & CI examine the definition of altruism and its key indicators with respect to your organization's mission statement and organizational values and procedures to determine ways in which the practitioner and student might demonstrate altruism.
- ***Social Responsibility at the Societal Level***
  - The S-DPT accompanies the CI to a legislative hearing or state chapter activity as an example of professional duty and/or social responsibility.

- Accountability.
- Altruism.
- Collaboration.
- Compassion/Caring.
- Duty.
- Excellence.
- Inclusion.
- Integrity.
- Social Responsibility.

Papadakis MA, Hodgson CS, Teherani A, Kohatsu ND. Unprofessional behavior in medical school is associated with subsequent disciplinary action by a state medical board. *Acad Med*. 2004;79(3):244-249.

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2024-capte-pt-standards-required-elements.pdf

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS
(Adopted 10/31/2023)

- 1. The program has established achievement measures and program outcomes related to its mission and goals.
- 2. The program is engaged in effective, ongoing, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.
- 3. The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution, program, and CAPTE), with demonstrated focus on quality assurance and improvement
- 4. The program faculty are qualified for their roles and effective in carrying out their responsibilities.
  - 4O The collective core faculty are responsible for ensuring that students are ***professional, competent, safe***, and ***ready to progress to clinical education***
- 5. The program recruits, admits, and graduates students consistently using equitable program policies, procedures, and practices.

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2024-capte-pt-standards-required-elements.pdf

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS
(Adopted 10/31/2023)

- 6. The program has a comprehensive curriculum plan.

6D The curriculum is a series of organized, sequential, and *integrated* courses designed to facilitate achievement of the expected student outcomes, including the expected *student learning outcomes* described in Standard 7.

6F The didactic and clinical education curriculum includes *intra*-professional* (PT/PTA) and *inter*professional* (PT with other professions/disciplines) learning activities that are based on best-practice and directed toward the development of intra-professional and interprofessional *competencies* including, but not limited to, *values/ethics, communication, professional roles and responsibilities, and teamwork*.

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in Physical Therapy Education

2024-capte-pt-standards-required-elements.pdf

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS
(Adopted 10/31/2023)

- 7. The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy, and for lifelong learning necessary for functioning within an ever-changing health care environment.

Patient Client Management 7D1-35

- Screening & Exam
- Evaluation & Diagnosis
- Prognosis & Plan of Care
- Interventions
- Management of Delivery of PT Services
- Health Care Activities
- Community Health
- Practice Management

Clinical Performance Instrument
CPI 3.0 (3/2024)
5 Practice Domains
12 Criteria/Criterion Referenced ratings

- Professionalism
  - Ethical Practice
  - Legal Practice
  - Professional Growth
- Interpersonal
  - Communication
  - Inclusivity
- Business
  - Documentation
  - Financial Management & Fiscal Responsibility
- Technical/Procedural
  - Clinical Reasoning
  - Examination, Evaluation, & Diagnoses
  - Plan of Care & Case Management
  - Interventions & Education
- Responsibility
  - Guiding & Coordinating Support Staff

https://www.apta.org/foreducators/assessments/pt-cpi

Note: Users-Raters must complete APTA CPI competency training to utilize for both self-assessment and Clinical Instructor raters; requires both quantitative and qualitative input

Clinical Education (CE) Summative Evaluation: APTA CPI 3.0

- Defined anchors.
  - Provide specific conditions which must be met to earn rating.
- Ratings triangulate with qualitative comments.
  - Provide internal consistency.
- Enables subtle changes in student performance to be recorded.
  - Statistically significant changes exist only between two intervals.
- Used in conjunction with formative evaluation tools.

PT and PTA Clinical Performance Instrument (CPI) 3.0 | APTA

https://www.apta.org/for-educators/assessments/pt-cpi

The APTA CPI has 5 Skill Components overlaying each criteria

Consider student performance in each dimension at each stage of learning.

Campbell DF, Alameri M, Macahilig-Rice F, Witkin SE, Hellman NG. Validation of the Revised American Physical Therapy Association Physical Therapist Clinical Performance Instrument 3.0. *Phys Ther*. 2025 Feb 13:pzaf015. doi: 10.1093/ptj/pzaf015

Results

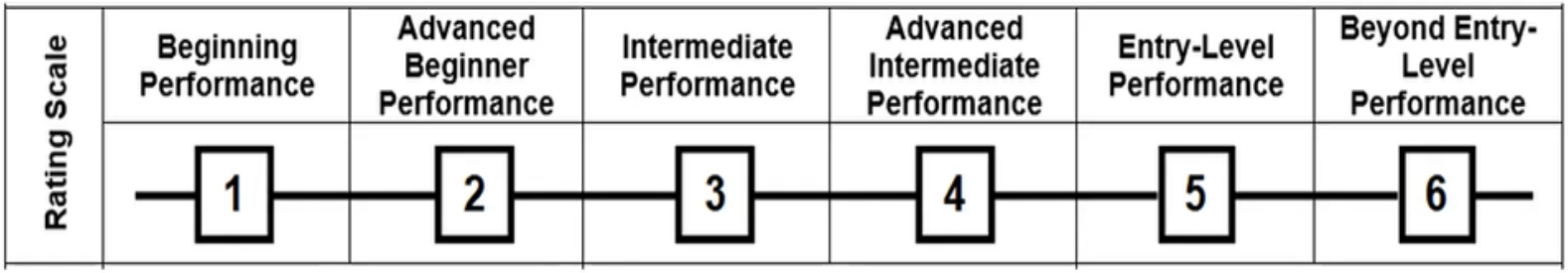
The APTA PT CPI 3.0 demonstrated good internal reliability, and factor analysis with a 1-factor solution explained 81.3% of variance.

Construct validity was supported by significant differences in PT CPI item scores between DPT students on integrated (ICE) and each of 2 terminal clinical education experiences (TCE I and TCE II).

Construct and convergent validity were supported by significant score increases from midterm to final assessments for DPT students on integrated and terminal clinical education experiences and by moderate to large correlations between prior clinical experiences and remaining didactic coursework.

Rating Scale/Performance Levels

CATEGORICAL DATA



The rating scale is designed to reflect a continuum of performance with the following levels:

- Beginning Performance **(1)**
- Advanced Beginner Performance **(2)**
- Intermediate Performance **(3)**
- Advanced Intermediate Performance **(4)**
- Entry-Level Performance **(5)**
- Beyond Entry-Level Performance **(6)**

Supervision and Caseload

Included for all performance criteria, with the exception of the Professionalism criteria, are percentage ranges for (a) the student's level of required clinical supervision and (b) caseload.

Rating Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
Supervision Percentage	75 – 100% non-complex 100% complex		Less than 50% non-complex 25-75% complex		0%; Capable of working independently for non-complex and complex and seeks guidance as necessary.	
Caseload Percentage	No Caseload or may begin to share a caseload with the CI		50-75% entry level caseload		Capable of maintaining 100% entry level (i.e., new graduate) caseload for that setting and patient population.	

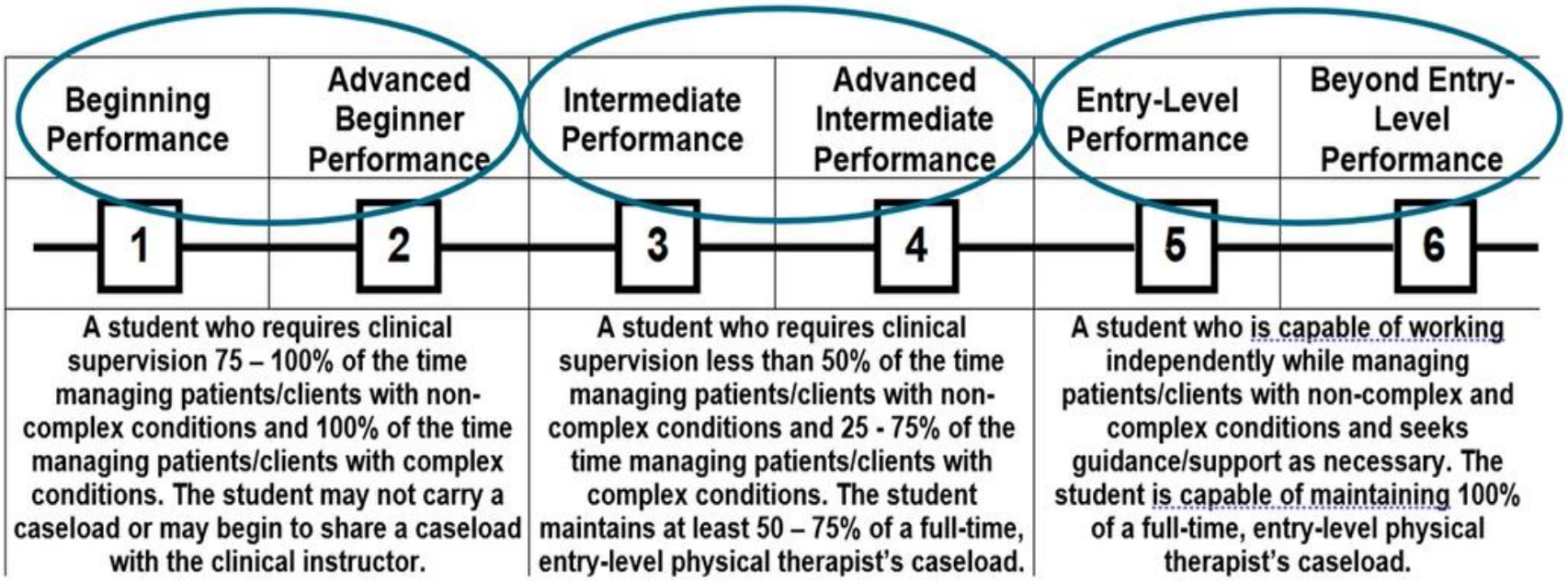
Performance Levels Grouping

Note that Supervision/Caseload and Sample Behaviors span across **two performance levels**:

Beginning Performance – Advanced Beginner Performance: 1-2

Intermediate Performance – Advanced Intermediate Performance: 3-4

Entry-Level Performance – Beyond Entry-Level Performance: 5-6



CE 2

CE 3

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	

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.**

APTA

Significant Concerns Checkbox

- The standalone “Safety” performance criterion was not included on the PT and PTA CPI 3.0.
  - Safety should be considered throughout all the PT/PTA performance criteria.
  - CIs and SCCEs typically contact the DCE immediately if there are safety concerns, rather than relying solely on the CPI.
- There is now a Significant Concerns Checkbox with a narrative comment box at the end of the CPI 3.0 where CIs and SCCEs can document any significant safety concerns.
  - Serves as a method of documentation.
  - CIs and SCCEs should continue to contact the DCE promptly with any safety concerns.

APTA

Interpersonal: Communication

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

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Introduces self and the role of PT to the patient/client. • Demonstrates basic proficiency in identifying barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). • Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. • Demonstrates basic proficiency in communicating appropriately with other healthcare providers. • Identifies the patient's/client's preferred communication style and uses their preferred communication style throughout most of the episode of care. • Accesses and begins using translation services with assistance. • Discusses patient/client status with other healthcare providers. • Differentiates between technical and layman terminology. • Typically exhibits active listening for improved understanding.		• Distinguishes between effective and ineffective verbal and non-verbal communication with the patient/client. • Uses appropriate translation services as needed (e.g., interpreter, sign language). • Typically refrains from using technical jargon with the patient/client. • Communicates with other clinicians regarding patient/client care in order to facilitate a continuum of care between clinicians/disciplines. • Asks the patient/client pertinent questions related to their medical history and medical screening to gain information during the episode of care. • Asks the patient/client appropriate follow-up questions throughout the episode of care to clarify and understand the patient's/client's responses.		• Demonstrates effective verbal and non-verbal communication with patients/clients in complex situations. • Recognizes when communication is ineffective and seeks external assistance for mediation as needed. • Demonstrates effective communication with patients/clients in difficult situations (e.g., difficult topics, emotional situations) with respect and empathy in order to meet patient's/client's goals. • Establishes rapport and trust with patient/client and caregiver(s) through effective communication. • Facilitates ongoing communication with physical therapist assistants and the intra/interprofessional teams regarding patient/client care. • Provides constructive feedback to others on effective verbal and non-verbal communication, when appropriate. • Diffuses or redirects situations of potential conflict.	

Not an exhaustive list – guide for assessment & rich, pithy individualized written feedback

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Interpersonal: Inclusivity

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

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Typically demonstrates respect for diversity and inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. • Displays empathy in most patient/client interactions. • Identifies some individual or cultural differences that may be impactful to the patient/client. • Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. • Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). • Responds professionally to patients/clients with conflicting values.		• Seeks additional information on patient/client populations with cultural differences with which they may be less familiar. • Reflects on and identifies personal biases. • Seeks out resources to manage personal biases. • Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns.		• Provides patient/client care that does not vary in quality based on the patient's/client's personal characteristics, including age, disability, ethnicity, gender identity, race, sexual orientation, etc. • Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care. • Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care. • Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care. • Advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs. • Advocates for patient/client populations on a local or national level.	

Technical/Procedural: Clinical Reasoning

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

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Performs chart review with assistance to determine a patient's/client's continued appropriateness for services. • Identifies appropriate medical history and screening questions with assistance to ensure patient/client safety during the episode of care. • Works with the CI to identify patient/client impairments, activity limitations, and participation restrictions. • Selects basic therapeutic interventions that address the patient's/client's functional limitations. • Explains their rationale for treatment choices according to the level of the experience and the didactic material covered up to that point. • Articulates clinical thought processes using the International Classification of Functioning, Disability, and Health (ICF) model. • Identifies all red flags that contraindicate treatment. • Recognizes the need for clarification and seeks assistance from the CI as appropriate.		• Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for non-complex cases to guide medical screening. • Makes sound clinical decisions during treatment interventions when managing patients/clients with non-complex disorders. • Identifies progression and regression situations. • Uses hypothetico-deductive reasoning to talk through a patient/client case with the CI. • Verbalizes rationale to support specific interventions. • Demonstrates the ability to use pattern recognition to apply to patient/client cases. • Recognizes when a CI needs to be notified based on a patient's/client's progress or reaction to care.		• Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening. • Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders. • Identifies diverse interventions to progress or regress the patient's/client's plan of care. • Acknowledges ineffectiveness of chosen interventions based on reflection. • Articulates alternative options to provide effective patient/client care. • Articulates the benefits and challenges of various treatment options. • Provides suggestions to CI regarding changes in the plan of care citing evidence-based resources. • Utilizes ongoing professional development and scholarly resources to make clinical decisions.	

Competency-based Assessment (CBA)

Why now?
Why here?

Competency-based Assessment

An approach that **measures individuals' skills, knowledge, and abilities related to a specific role or learning objective**

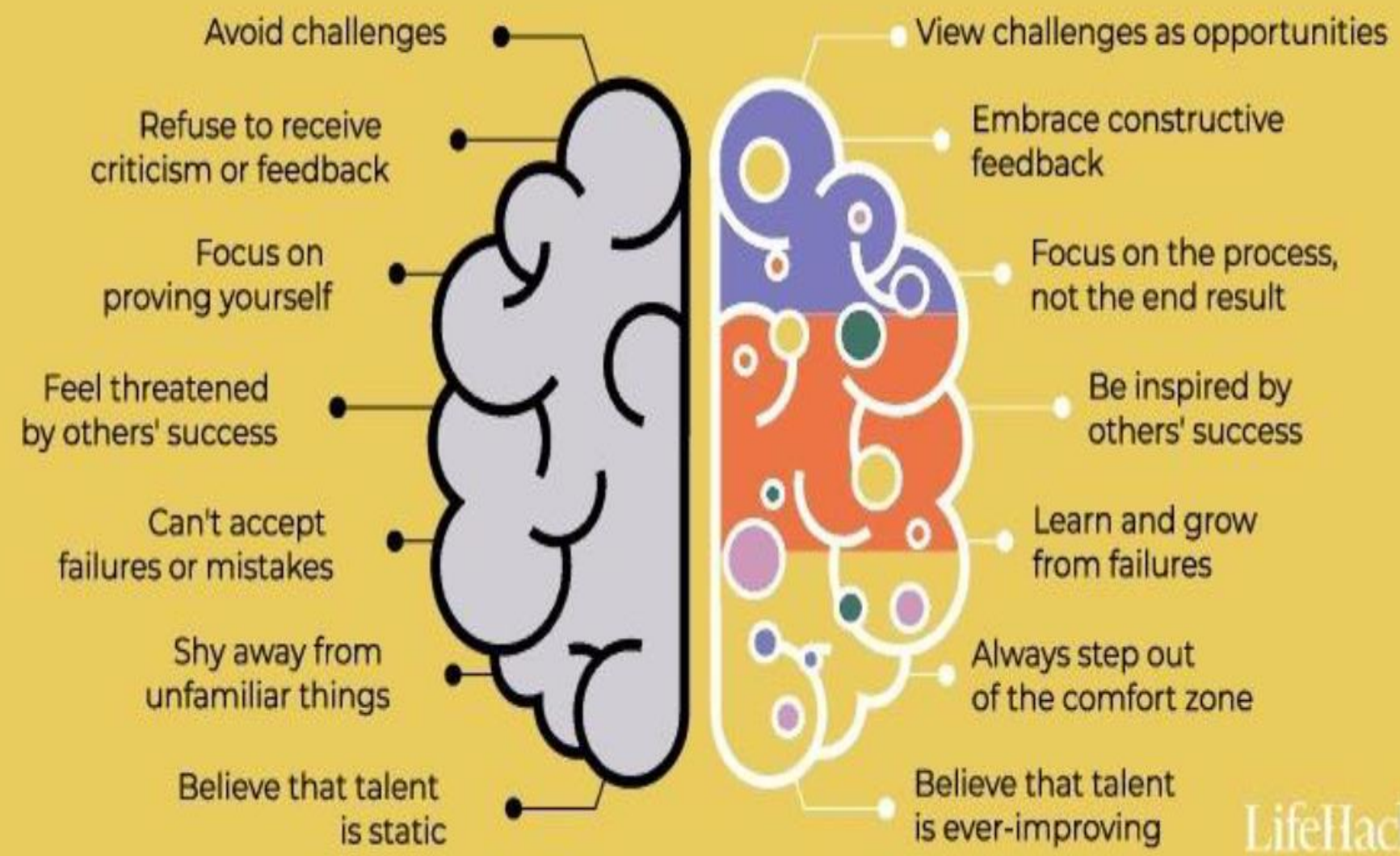
Focuses more on **actual performance** rather than theoretical knowledge, thinking on feet while engaged in the role

Evaluates mastery of specific competencies

Assesses an individual's ability to perform profession-specific tasks and abilities

Competency-based measures are designed to ***assure readiness for CE in real-world practice settings***, e.g., measures potential for success in a particular role – *real-world readiness*

Fixed Mindset vs Growth Mindset

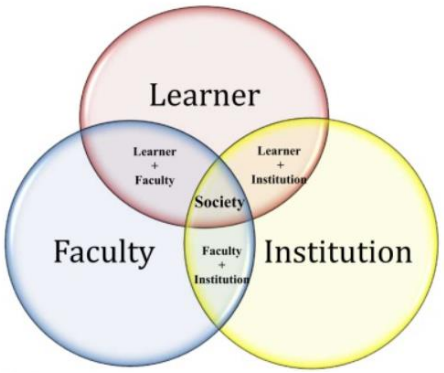


Background & Evidence

Timmerberg, et al. (2022) proposed CBA educational frameworks for DPT education in which individuals are assessed on evidence-based, consensus driven learning performance outcomes over time, across the learner continuum.

Implementation of CBA in health professions education is influenced by strengths and barriers with faculty, learners, institutions, motivations, resource capacities, culture/climate, infrastructure, knowledge/skills, and engagement (Jarrett, et al., 2024) and differently implemented across institutions/programs (Chen, et al., 2023).

- Despite these variables, following curricular retreats, outcomes assessments and strategic planning UFDPT forged ahead and infused 2 CBA courses – UF fit vs. complete curricular revision – and related costs -



Background & Evidence

- Utilizing UFDPT's 5 curricular threads, accreditation, and professional standards, developed course objectives and future CE performance expectations, APTA Clinical Performance Instrument to inform expected learning outcomes.
- Faculty aligned learning outcome expectations with select evidence-informed, CBA measures for evaluation of authentic case-based, clinical encounters.

Background & Evidence

Evidence was extracted from PubMed and CINAHL databases and physical therapy, contemporary textbooks. Faculty aligned appropriate measures for cases and briefed clinical faculty raters.

All performance criteria and assessment measures for evaluation were provided to DPT learners with syllabi and the learning management system (Canvas).

Background & Evidence

Lead faculty recommended CBA instruments to both underpin a balance of technical competence with the relational dimensions of clinical practice, where developing professionals demonstrate the capacity to be care-oriented, integrating knowledge resources, demonstrating competence, responsive, reflective, communicative, and reasoning (Kleiner, et al., 2022;2023).

CBA rubrics implemented both self/peer and instructor ratings, including both quantitative, criterion-based ratings and qualitative descriptors.

Evidence-informed CBA

Professional Formation:
Student Quality/Strategies

Learning Qualities
Adult Learning Qualities

- Self-directed
- Prior learning Experiences
- IP Problem-solvers
- Readiness to Learn
- Seeks relevant Concepts
- Recognizes more than one Answer
- Patient-Centered

Evidence-informed CBA

What Traits Are Reflective of Positive Professional Performance in Physical Therapy Program Graduates? A Delphi Study

Cook C, McCallum C, Musolino GM, Reiman M, Covington JK. What Traits Are Reflective of Positive Professional Performance in Physical Therapy Program Graduates? A Delphi Study. *J Allied Health*. 2018 Summer;47(2):96-102.

Majority of traits identified with PPP were noncognitive and over half were considered modifiable through academic training.

Traits scoring highest:

- **critical thinking,**
- **promoting & engaging in an active learning process,**
- **ethical practice,**
- **good communication skills,**
- **conveying professionalism,**
- **responsibility for one's own actions**

Professional Formation: Research, Readiness, Quality

Evidence-informed CBA

Clinical Excellence

*H*ermeneutic phenomenological study of Musculoskeletal Physios

[close observations of 'what is' (conducted through empirical (collection of experiences) and reflective (analysis of their meanings) activities]

Being a responsive' physiotherapist - 6 themes emerged-

***Being*: Person-centered, Attentive, Open,**

a Listener, Validating & Positive

Kleiner MJ, Kinsella EA, Miciak M, Teachman G, Walton DM. The 'responsive' practitioner: physiotherapists' reflections on the 'good' in physiotherapy practice. *Physiother Theory Pract*. 2022 Jul 6:1-14

Evidence-informed CBA

Clinical Excellence

Semi-structured interviews, Physiotherapists' perceptions of what constitutes a *responsive physiotherapist* - Highlight practices that may underpin an Ethic of Care:

1) oriented to care 2) integrating knowledge sources

3) competent 4) responsive 5) reflective 6) communicative and 7) reasoning

balance technical competence with relational dimensions of practice

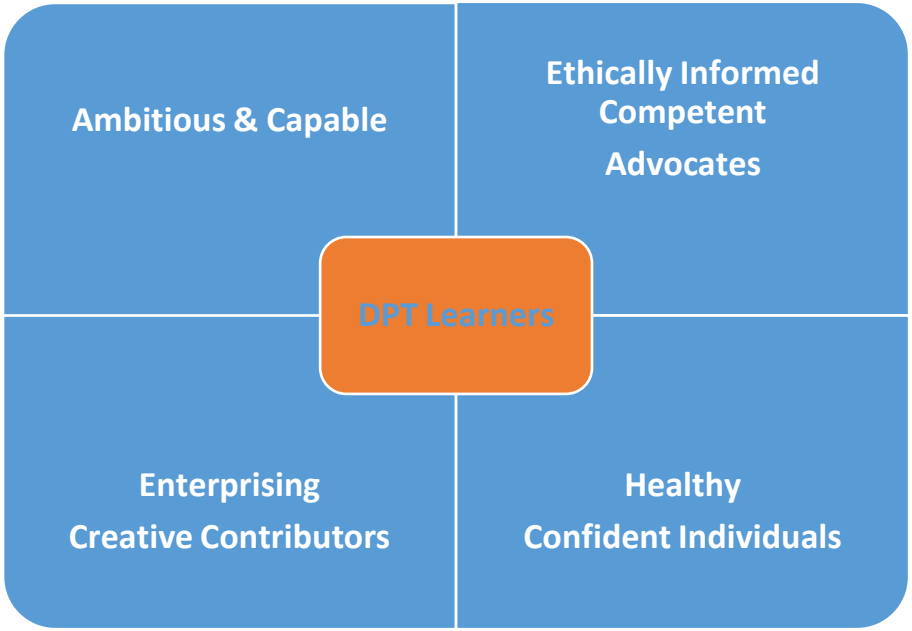
Kleiner MJ, Kinsella EA, Miciak M, Teachman G, Walton DM. "Passion to do the right thing": searching for the 'good' in physiotherapist practice. *Physiother Theory Pract*. 2022 Sep 13:1-16.

Kleiner MJ, Kinsella EA, Miciak M, Teachman G, McCabe E, Walton DM. An integrative review of the qualities of a 'good' physiotherapist. *Physiother Theory Pract.* 2023 Jan;39(1):89-116

Evidence-informed CBA

Clinical Education Excellence

- Requires a fluid *balance of technical competence with relational dimensions of practice*
- Transform learners, advance knowledge, improve societal health
- Intersection of 3(*affective, cognitive, psychomotor*) learning domains with ongoing development & integration of inquiry, inclusion & innovation
- Utilize *data driven* Assessment



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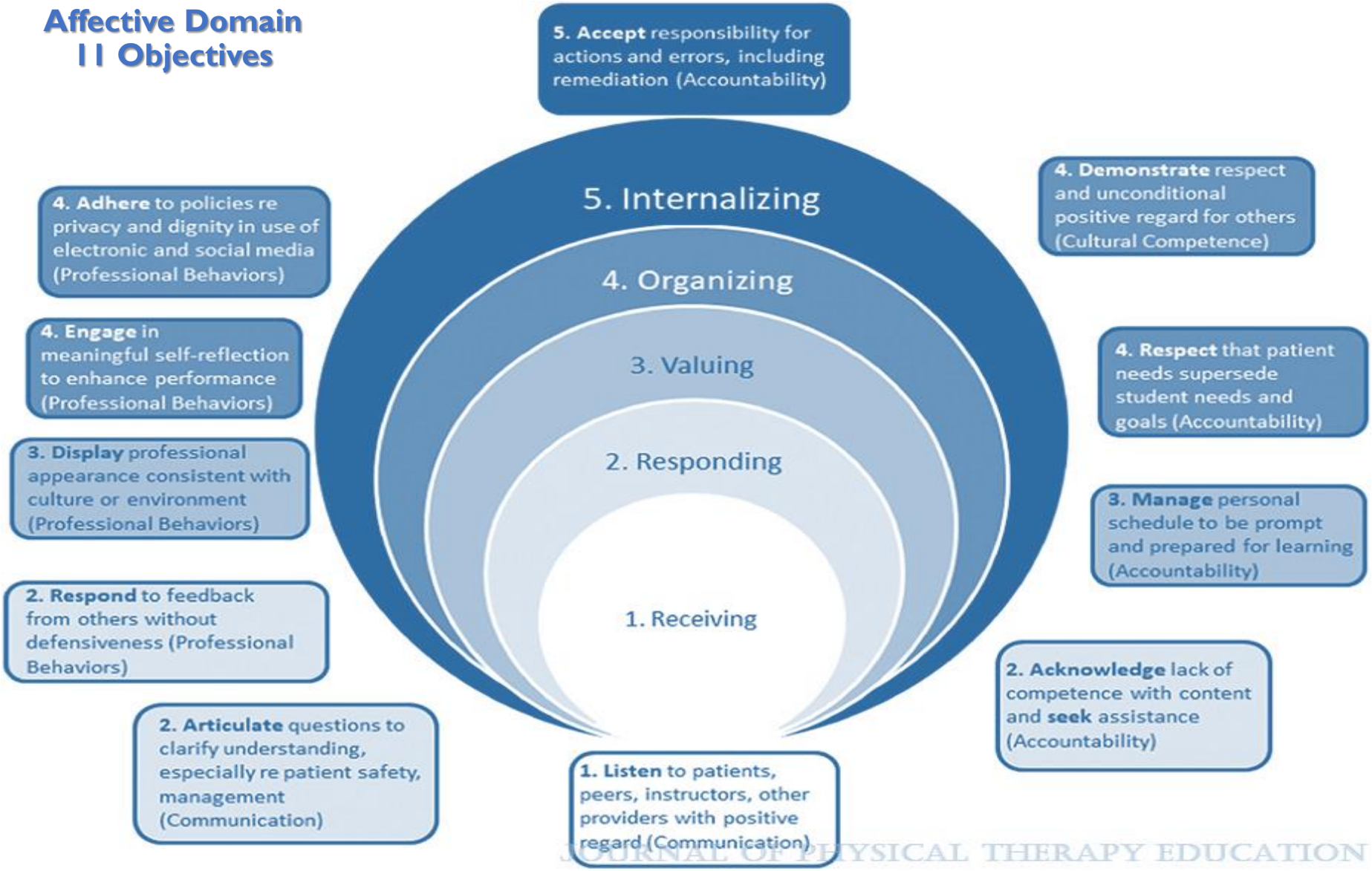
Kleiner MJ, Kinsella EA, Miciak M, Teachman G, McCabe E, Walton DM. An integrative review of the qualities of a 'good' physiotherapist. *Physiother Theory Pract.* 2023 Jan;39(1):89-116

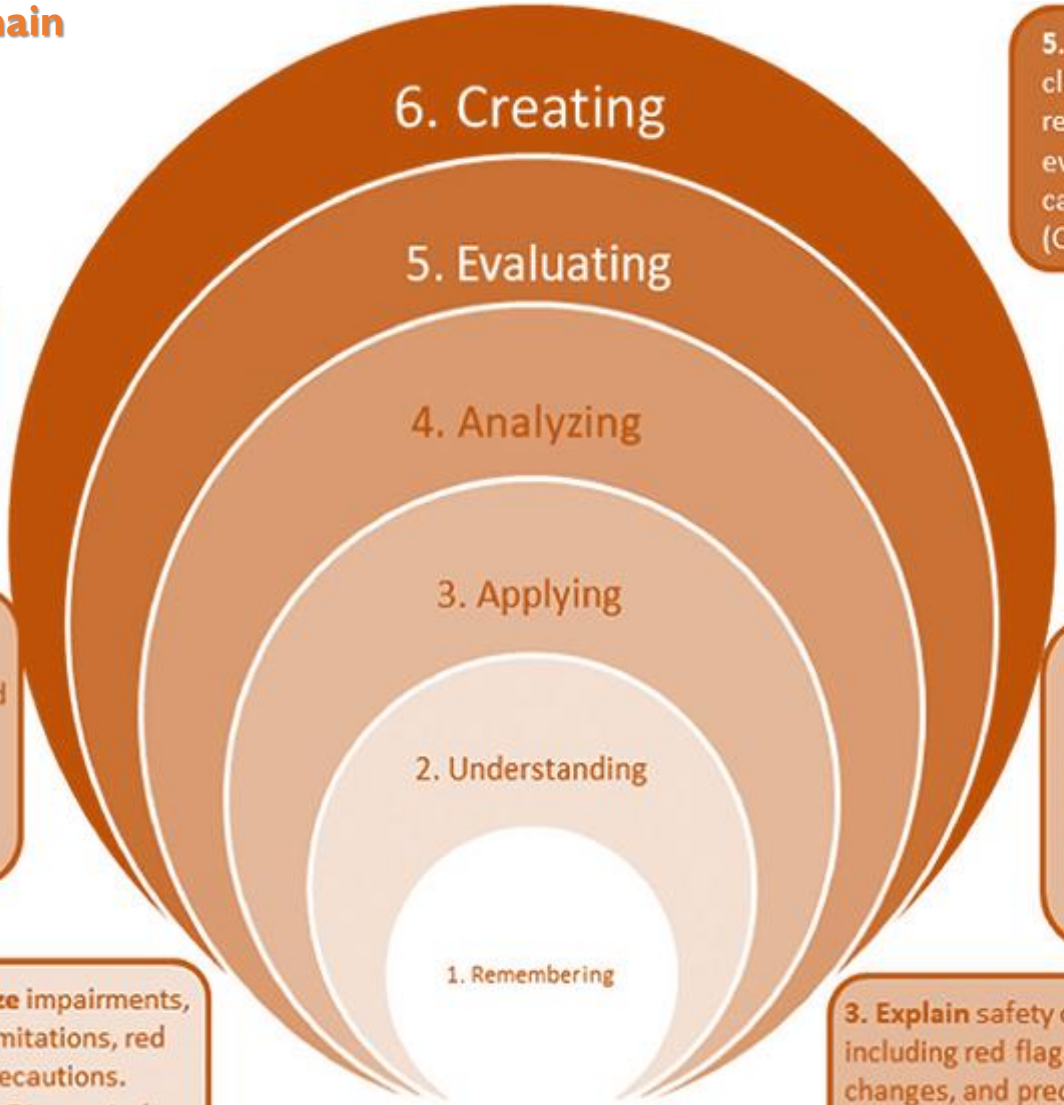
Affective Domain
II Objectives



Objectives to Assess Student Readiness for First, Full-Time Clinical Education Experiences in Physical Therapist Education

Dupre, Anne-Marie; McAuley, J. Adrienne; Wetherbee, Ellen *J Phys Ther Educ. 34(3)*:242-251, September 2020. doi: 10.1097/JTE.0000000000000151

COGNITIVE Domain
7 Objectives



5. Discuss rationale for clinical decisions regarding examination, evaluation, and plan of care / interventions. (Clinical Reasoning)

3. Recognize when a treatment plan / interventions need to be modified (regressed or progressed). (Plan of Care)

4. Summarize pertinent information from the medical record and physical therapy examination that could potentially impact patient safety. (Safety)

3. Explain desired outcomes / expected responses, indications, and contraindications for common procedural interventions. (Interventions)

3. Respond to any red flags, status changes, and / or unexpected reactions to treatment intervention by **seeking** immediate guidance from Clinical Instructor (or Faculty). (Safety)

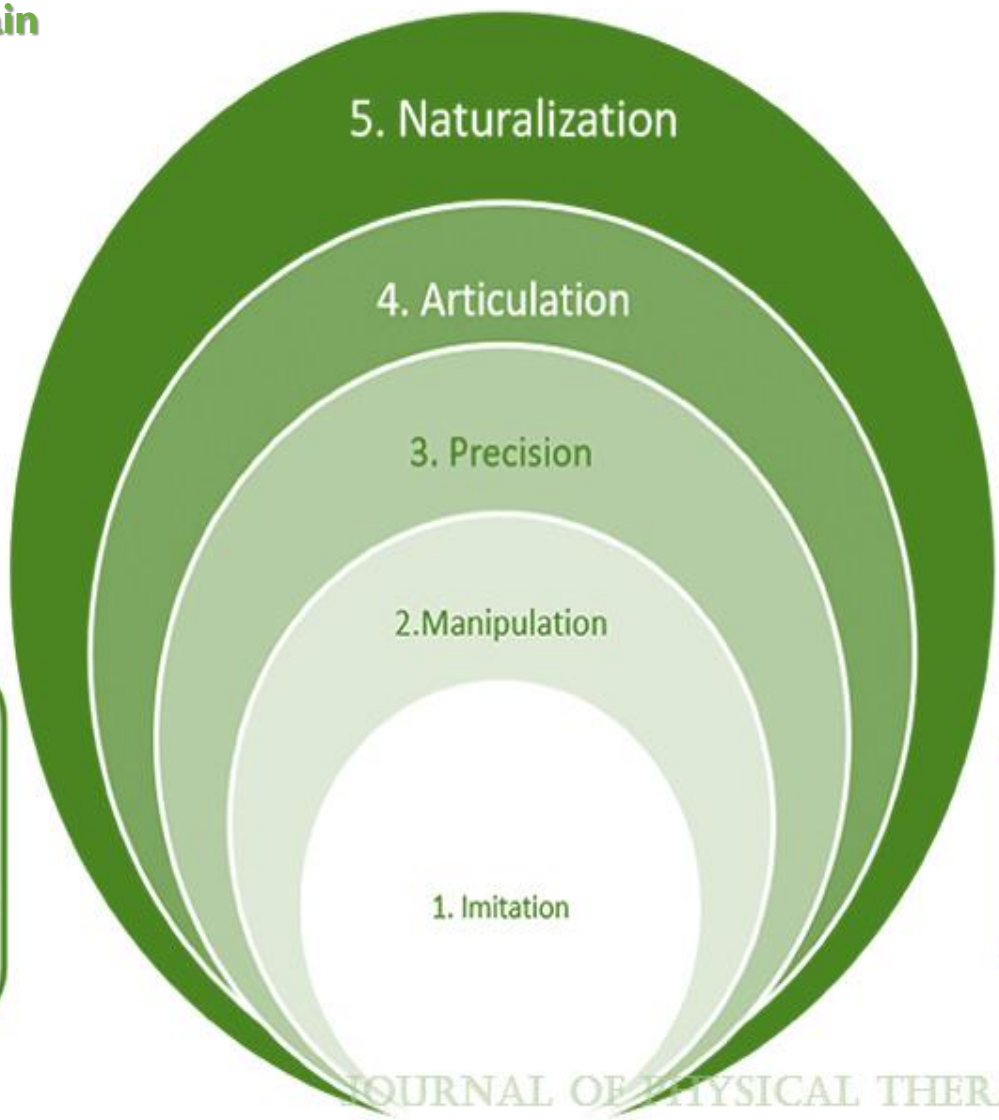
2. Summarize impairments, functional limitations, red flags, and precautions. (Evaluation , Diagnosis / Prognosis)

3. Explain safety concerns including red flags, status changes, and precautions, and their potential impact on treatment plan. (Safety)

Objectives to Assess Student Readiness for First, Full-Time Clinical Education Experiences in Physical Therapist Education

Dupre, Anne-Marie; McAuley, J. Adrienne; Wetherbee, Ellen *J Phys Ther Educ*. 34(3):242-251, September 2020. doi: 10.1097/JTE.0000000000000151

Psychomotor Domain
4 Objectives



3. Demonstrate accurate monitoring of vital signs for non-complex patients (or simulated patients). (Safety)

3. Accurately **perform** basic tests and measures (eg goniometry, MMT, vital signs) for non-complex patients, or simulated patients, using standardized procedures and positions. (Examination)

3. Demonstrate safe techniques for guarding and transferring non-complex patients (or simulated patients) using proper body mechanics. (Safety)

3. Implement common or familiar procedural interventions in a safe manner for non-complex patients, or simulated patients. (Interventions)

Objectives to Assess Student Readiness for First, Full-Time Clinical Education Experiences in Physical Therapist Education

Dupre, Anne-Marie; McAuley, J. Adrienne; Wetherbee, Ellen *J Phys Ther Educ*. 34(3):242-251, September 2020. doi: 10.1097/JTE.0000000000000151

Evidence-informed CBA

Clinical Excellence Competencies:

Metacognitive Matters, Clinical Reasoning & Errors

Competence

- **Patient Care /Client Services** – *PT's Apply EBP Principles & Clinical Reasoning to Patient-Client Management Model through shared decisions making to achieve desired health outcomes*
- **Communication**- *PT's communicate w/Verbal, Non-Verbal & Written communication with cultural humility to effectively exchange information & enhance therapeutic & professional relationships in varied situations & circumstances*
- **Practice Management** – *PT's prioritize needs & manage resources to ensure safe, legal ethical, effective and sustainable services*
- **Education & Learning** – *As educators, PT's demonstrate teaching skills that facilitate learning by patients, caregivers, colleagues, learners and communities*
- **Reflective Practice & Improvement** – *PT's appropriately evaluate care & services of patients/clients to continuously improve practice & improve outcomes throughout their career*
- **Professionalism** – *PTs demonstrate cultural humility & a commitment to high standards of ethical behavior, exhibit appropriate professional conduct, & advocate for a health system that enhances the wellbeing of the patient/client, society, & the profession*
- **Systems Based Practice in Healthcare** – PT's demonstrates awareness & responsiveness to the larger context of the healthcare system & health policy & engages in quality improvement to provide care & services that are of optimal value

Evidence-informed CBA

COGNITIVE SKILL

Intellectual Apprenticeship
Habits of the Mind

Intellectual focus and knowledge base of the profession

AFFECTIVE SKILL

Professional Identity Apprenticeship
Habits of the Heart

Development of the professional self through introduction to the values, attitudes, social roles, and responsibilities of the profession

TECHNICAL SKILL

Practice-Based Apprenticeship
Habits of the Hand

Hands on learning through simulation and practice

Jensen GM, Mostrom E, Hack LM, Nordstrom T, Gwyer J. *Educating Physical Therapists*. Thorofare, NJ: SLACK Incorporated; 2018.

Evidence-informed CBA

Entrustable Professional Activities (EPA's):
concrete clinical activities that are performed by the learner and can be entrusted to demonstrate competency based on level of supervision required – criterion referenced

Rater determines level of entrustment

Domains of Competence ➡ / EPA Examples ⬇	Knowledge of Practice	Patient / Client Care Services	Communication	Professionalism
Perform an initial examination of a patient/client.	•	•	•	•
Develop a plan of care.	•		•	
Perform physical therapy procedures/interventions.		•	•	•
Document a patient/client encounter.	•		•	•

DPT Curriculum

Semester 1: Fall Yr. 1	CR	Semester 2: Spring Yr.1	CR	Semester 3: Summer Yr.1	CR
PHT 6153 Physiology in PT	3	PHT 6188C Functional Anatomy II	5	PHT 6770 Musculoskeletal Disorders I	2
PHT 6187C Functional Anatomy I	5	PHT 6189C Examination and Evaluation	3	PHT 6218C Therapeutic Modality Interventions in Physical Therapy	3
PHT 6605 Evidence Based Practice I	3	PHT 6168C Neuroscience in Physical Therapy	4	PHT 6860 Clinical Education I	1
PHT 6024 Sem: Professional Issues I	2	PHT 6503 Health Promotion and Wellness for Physical Therapy Practice II	2	PHT 6608 Evidence Based Practice II	3
PHT 6502 Health Promotion and Wellness for Physical Therapy Practice I	1	PHT 6207C Intro to Exercise Science	2	PHT 6352 Pharmacology in Physical Therapy Practice	2
PHT 6206C Basic Clinical Skills I	2	PHT 6157 Pathophysiology	2	PHT 6186C Motor Control/ Therapeutic Exercise I	2
		PHT 6930 Emerging Practice	1	PHT 6870C Integrated cases/Competency 1	1
TOTAL	**16**	**TOTAL**	**19**	**TOTAL**	**14**
Semester 4: Fall Yr. 2		**Semester 5: Spring Yr. 2**		**Semester 6: Summer Yr. 2**	
PHT 6771 Musculoskeletal Disorders II	4	First 8 weeks:		PHT 6190C Motor Control/ Therapeutic Exercise II	3
PHT 6381C Cardiopulmonary Disorders in Physical Therapy	3	PHT 6762C Neurorehabilitation II	2	PHT 6322 Pediatrics in Physical Therapy	3
PHT 6070C Radiology and Diagnostic Imaging in Physical Therapy Practice	2	PHT 6527 Professional Issues II	3	PHT 6702C Prosthetics and Orthotics	2
PHT 6861 Clinical Education II	1	PHT 6374 Geriatrics in Physical Therapy	2	PHT 6730 Screening for Referral	3
PHT 6761C Neurorehabilitation I	3	Second 8 weeks:		PHT 6872C Complex Cases/ Competency 2	1
PHT 6302C Principles of Disease	3	PHT 6811 Clinical Education III	6		
TOTAL	**16**	**TOTAL**	**13**	**TOTAL**	**12**
Semester 7: Fall Yr. 3		**Semester 8: Spring Yr. 3**			
PHT 6807 Clinical Education IV	6	First 8 weeks:			
PHT 6817 Clinical Education V	6	PHT 6823 Clinical Education VI	6		
		Second 8 weeks:			
		PHT 6504 Health Promotion and Wellness for Physical Therapy Practice III	1		
		PHT 6530 Professional Issues III	2		
		PHT 6609 Evidence Based Practice III	2		
TOTAL	**12**	**TOTAL**	**11**	**PROGRAM TOTAL**	**113**

Part Time

1

2

EDUCATION

UF UNIVERSITY of FLORIDA

Activity

Your Thoughts

What Challenges might you anticipate?

Why?

CBA IMPLEMENTATION

THE ANNUAL BENCHMARK COURSES, PHT 6870 & PHT 6872 COMPETENCY 1 & 2, UTILIZE AUTHENTIC AND PROGRESSIVE PATIENT CASES FOR DPT LEARNERS TO DEMONSTRATE THE ABILITY TO CLINICALLY REASON, DEVELOP MANAGEMENT PLANS OF CARE, AND DEMONSTRATE SKILLS AND PROFESSIONAL ABILITIES IN SELECT TESTS, MEASURES, AND INTERVENTIONS; INCLUDING HISTORY-TAKING AND PATIENT EDUCATION.

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CBA Implementation

- Competency 1 provides scaffolding of learning with the integrated clinical cases, led by clinical specialists, providing facilitation through the Patient-Client Management progress. Learners participate in case discussions and role-play practical lab simulations to reinforce learning and skills from year 1 with facilitator guidance and peer feedback opportunities.
- Competency 1 culminates in a modified, objective structured clinical examination (OSCE) utilizing live patient simulations (Harrell Center) with patient/client interview, and the performance of select test, measures, interventions and minimal patient/client education. Year 1 Semester 3 determining …
- Readiness for Integrated, part-time CE: Year 2 Semester 4
- Self-assessment is incorporated


MEASURE
ANALYSIS
AUDIT
PLAN
GOAL
RESULT
PROGRESS
EVALUATION
Assessment

Competency Assessment

Competency 1:

Pass / Fail.

•Pass requires 90% pass on skills.

•No safety issues. Performance of any skill that is assessed as unsafe will be require a repeat competency exam.

•A development plan will be established for any skill areas in which it is determined that a student could benefit from additional practice prior to clinical experiences.

Skills

•This is an assessment of selected skills from Semesters 1 and 2.

•Skills will be performed on standardized patients.

Professional Behaviors*

Professional Behaviors are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten Professional Behaviors were identified through a study conducted at the Physical Therapy Program at UW-Madison. The ten abilities and definitions developed are:

Generic Ability	Definition
1. Critical Thinking	The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.
2. Communication	The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. Problem Solving	The ability to recognize and define problems, analyzes data, develop and implement solutions, and evaluate outcomes.
4. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5.Responsibility	The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.
6.Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7.Use of Constructive Feedback	The ability to seek out and identify quality sources of feedback, reflects on and integrates the feedback, and provides meaningful feedback to others.
8.Effective Use of Time and Resources	The ability to manage time and resources effectively to obtain the maximum possible benefit.
9.Stress Management	The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. Commitment to Learning	The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

**Originally developed by the Physical Therapy Program, University of Wisconsin-Madison*
May, W.W., Morgan, B.J., Lemke, J.C., Karst, G.M., & Stone, H.L. (1995). Model for ability-based assessment in physical therapy education. Journal of Physical Therapy Education, 9(1), 3-6.
Updated 2010, to be published.

1. Critical Thinking - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

Beginning Level:	***Intermediate Level:***	***Entry Level:***	***Post-Entry Level:***
❖ Raises relevant questions ❖ Considers all available information ❖ Articulates ideas ❖ Understands the scientific method ❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion) ❖ Recognizes holes in knowledge base ❖ Demonstrates acceptance of limited knowledge and experience in knowledge base	❖ Feels challenged to examine ideas ❖ Critically analyzes the literature and applies it to patient management ❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas ❖ Seeks alternative ideas ❖ Formulates alternative hypotheses ❖ Critiques hypotheses and ideas at a level consistent with knowledge base ❖ Acknowledges presence of contradictions	❖ Distinguishes relevant from irrelevant patient data ❖ Readily formulates and critiques alternative hypotheses and ideas ❖ Infers applicability of information across populations ❖ Exhibits openness to contradictory ideas ❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently ❖ Justifies solutions selected	❖ Develops new knowledge through research, professional writing and/or professional presentations ❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process ❖ Weighs information value based on source and level of evidence ❖ Identifies complex patterns of associations ❖ Distinguishes when to think intuitively vs. analytically ❖ Recognizes own biases and suspends judgmental thinking ❖ Challenges others to think critically

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.			
Beginning Level: ❖ Recognizes problems ❖ States problems clearly ❖ Describes known solutions to problems ❖ Identifies resources needed to develop solutions ❖ Uses technology to search for and locate resources ❖ Identifies possible solutions and probable outcomes	***Intermediate Level:*** ❖ Prioritizes problems ❖ Identifies contributors to problems ❖ Consults with others to clarify problems ❖ Appropriately seeks input or guidance ❖ Prioritizes resources (analysis and critique of resources) ❖ Considers consequences of possible solutions	***Entry Level:*** ❖ Independently locates, prioritizes and uses resources to solve problems ❖ Accepts responsibility for implementing solutions ❖ Implements solutions ❖ Reassesses solutions ❖ Evaluates outcomes ❖ Modifies solutions based on the outcome and current evidence ❖ Evaluates generalizability of current evidence to a particular problem	***Post Entry Level:*** ❖ Weighs advantages and disadvantages of a solution to a problem ❖ Participates in outcome studies ❖ Participates in formal quality assessment in work environment ❖ Seeks solutions to community health-related problems ❖ Considers second and third order effects of solutions chosen

5. <u>Responsibility</u> – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.			
Beginning Level: ❖ Demonstrates punctuality ❖ Provides a safe and secure environment for patients ❖ Assumes responsibility for actions ❖ Follows through on commitments ❖ Articulates limitations and readiness to learn ❖ Abides by all policies of academic program and clinical facility	***Intermediate Level:*** ❖ Displays awareness of and sensitivity to diverse populations ❖ Completes projects without prompting ❖ Delegates tasks as needed ❖ Collaborates with team members, patients and families ❖ Provides evidence-based patient care	***Entry Level:*** ❖ Educates patients as consumers of health care services ❖ Encourages patient accountability ❖ Directs patients to other health care professionals as needed ❖ Acts as a patient advocate ❖ Promotes evidence-based practice in health care settings ❖ Accepts responsibility for implementing solutions ❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings	***Post Entry Level:*** ❖ Recognizes role as a leader ❖ Encourages and displays leadership ❖ Facilitates program development and modification ❖ Promotes clinical training for students and coworkers ❖ Monitors and adapts to changes in the health care system ❖ Promotes service to the community

Subjective History

You are seeing a patient in an outpatient clinic 2 weeks following knee replacement surgery. Take the subjective history.

INSTRUCTIONS:

- Using the International Classification of Function (ICF)
  - Determine how this surgery has impacted their activities
  - Determine how this surgery has impacted their participation
- Determine home environment and support systems
  - Physical and social

- Determine patient goals for therapy

Table 1

Representative Probing Interview Questions to Promote Shared Decision-Making

Deutsch JE, Gill-Body KM, Schenkman M. **Updated Integrated Framework for Making Clinical Decisions Across the Lifespan and Health Conditions**. *Phys Ther.* 2022 Mar 1;102(3):pzab281

Category	Question
Physical therapist's questions about why a patient is seeking care	Why are you seeking care?
	What would you like to do? When was the last time you were able to do the activities you desire? What are you able to do? What are you unable to do?
	How limiting is the problem for which you are seeking care?
	How long have you had this problem?
	What do you think is contributing to this problem?
	Are there other factors or health conditions that you think I should know about?
Patient's goals	What do you hope to achieve with therapy?
	What would you consider as benchmarks (examples) of progress towards your goals?
Patient's role in society	What roles do you play (eg, at home, at work)?
	How do the identified problem(s) interfere with your important home, work, and social activities?
Patient's resources and constraints	What are your prior physical therapy experience, knowledge of your health condition, and recent physical activity?
	What kind of assistance do you get on a daily basis from family and friends?
	What additional assistance do you (or your family members, significant others) think you need from family or others?
	How feasible is access to health care—both financially and in terms of accessibility (eg, distance, transportation, schedule, insurance coverage)?
Patient's preferences for solutions	How do you prefer to learn and remember (eg, verbal, written)?
	What barriers might make it difficult for you to do what you need to do to participate in therapy or reach your goals? What do you consider as facilitators to reach your goals? How ready are you to assume an active role in managing your care? How comfortable are you in changing a particular behavior that needs to change in order to optimize your outcome from this episode of care?

Communication Skills

Q. 1 Student introduces self

O Yes O Partial O No

Q.2 Student identifies self as student

O Yes O Partial O No

Q.3 Explains plan for session

O Yes O Partial O No

Q. 4 Obtains consent from patient to work with them

O Yes O Partial O No

VITAL SIGNS

Your CI asks you to perform vital signs on a patient who is new to the clinic.

INSTRUCTIONS:

- Take this patient's pulse
- Take this patient's BP
- After each procedure, state your results verbally

Common problems that account for inaccurate blood pressure measurement

When the patient has …	*BP can appear higher by …* [1,2]
Cuff over clothing	10-40 mm Hg
A full bladder	10-15 mm Hg
A conversation or is talking	10-15 mm Hg
Unsupported arm	10 mm Hg
Unsupported back	5-10 mm Hg
Unsupported feet	5-10 mm Hg
Crossed legs	2-8 mm Hg

1. Pickering, et al. *Circulation* 2005
2. O'Brien, et al. *J Hypertens*. 2003

AMA AMERICAN MEDICAL ASSOCIATION | JOHNS HOPKINS MEDICINE

Pulse

Q. 1 Student will position left arm at level of heart

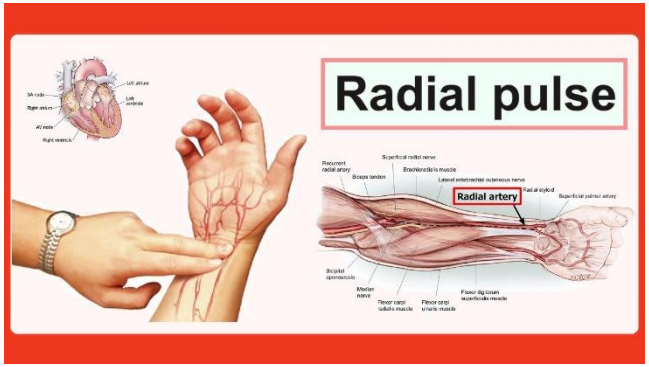
O Yes O Partial O No

Q.2 Student will count for at least 15 seconds

O Yes O Partial O No

Q.3 Student will report reasonable rate

O Yes O Partial O No



Blood Pressure

Q. 4 Student supports arm

O Yes O Partial O No

Q. 5 Student properly applied the cuff with a snug fit, tubes down and above fold

O Yes O Partial O No

Q. 6 Student will palpate the radial pulse while pumping up the cuff until it disappears

O Yes O Partial O No

Q. 7 Student will deflate the cuff completely between measurements

O Yes O Partial O No

Q. 8 Student will place stethoscope over the brachial artery

O Yes O Partial O No

Q. 9 Student will inflate the cuff 20 mmHg above the estimated pressure

O Yes O Partial O No

Q. 10 Student will report reasonable pressures for patient

O Yes O Partial O No

Q. 11 Would you recommend this physical therapist to a family member or friend?

O Yes O Partial O No

Neuro Assessment

Your Clinical Instructor asks you to perform an initial evaluation on a person with a diagnosis of low back pain. You are concerned for S1 neurological compromise with the low back pain. Assess the function of the S1 nerves


Testing the S1 nerve root

Case # 2 – S1 Neuro Assessment

Q. 1 Student tests achilles reflex

O Yes O Partial O No

Q.2 Student tests S1 myotome (knee flexors OR ankle evertors)

O Yes O Partial O No

Q. 3 Student will ask patient to close their eyes for light touch test

O Yes O Partial O No

Q. 4 Student tests dermatome by testing light touch lateral foot

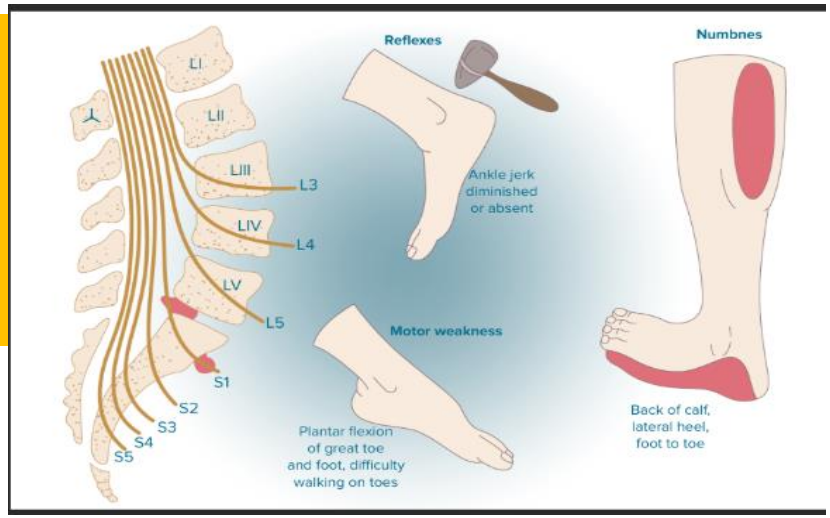
O Yes O Partial O No

Q. 5 Student reports results to patient

O Yes O Partial O No

INSTRUCTIONS:

- Test reflexes for S1
- Test myotomes for S1
- Test dermatomes for S1
  - Light touch
- Clarify patient understanding

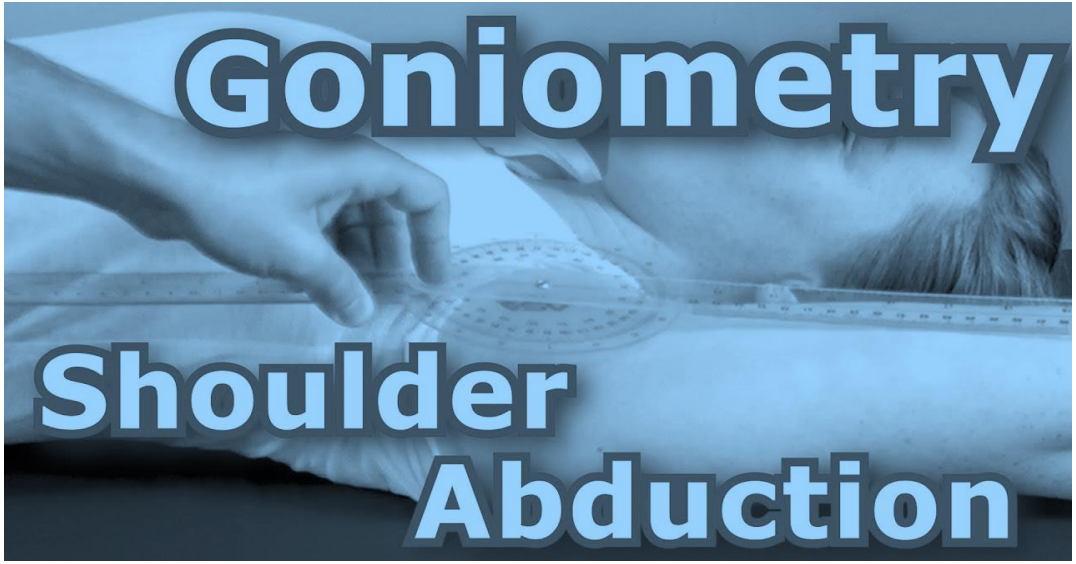


Goniometry

You are seeing a patient for pre-habilitation program prior to a left total shoulder replacement.

INSTRUCTIONS:

- Take Passive ROM measurements for left shoulder abduction and compare to the right
- Test muscle strength of left shoulder abductors and compare to the right
- Report findings verbally to patient



Student will measure shoulder abduction

Q. 1 Positions patient in supine

O Yes O Partial O No

Q.2 Student palpates for anterior acromion for axis

O Yes O Partial O No

Q.3 Student aligns stationary arm of goniometer parallel with sternum

O Yes O Partial O No

Q. 4 Student aligns moving arm of goniometer with humerus

O Yes O Partial O No

Q. 5 Student obtains a measurement for each arm

O Yes O Partial O No

Q. 6 Student reports findings to patient

O Yes O Partial O No

Goniometry

You are seeing a patient for pre-habilitation program prior to a left total shoulder replacement.

INSTRUCTIONS:

- Take Passive ROM measurements for left shoulder abduction and compare to the right
- Test muscle strength of left shoulder abductors and compare to the right
- Report findings verbally to patient

Student will perform manual muscle test of shoulder abduction

Q. 5 Student positions patient in comfortable seated position

O Yes O Partial O No

Q. 6 Student stabilizes with one hand at top of shoulder girdle

O Yes O Partial O No

Q. 7 Student provides resistance at distal humerus

O Yes O Partial O No

Q. 8 Student obtains a measurement for each arm

O Yes O Partial O No

Q. 9 Student reports findings to patient

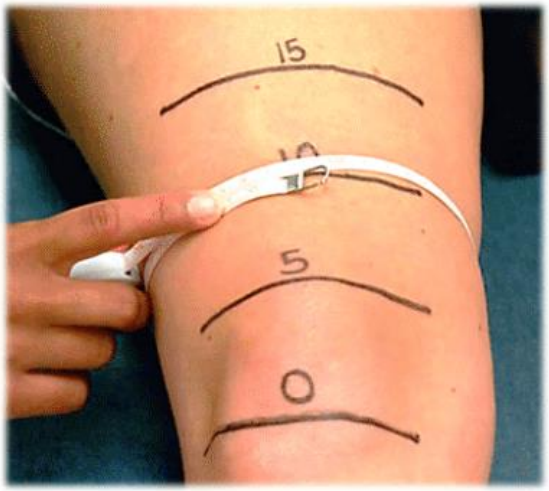
O Yes O Partial O No

Edema and Exercise Assessment

Patient is 3 days post right knee sprain. Assess for severity.

INSTRUCTIONS:

- **Assess Edema with circumferential measurements**
- **Instruct patient in Active ROM exercise for the knee**



Case # 5 – Edema and Palpation

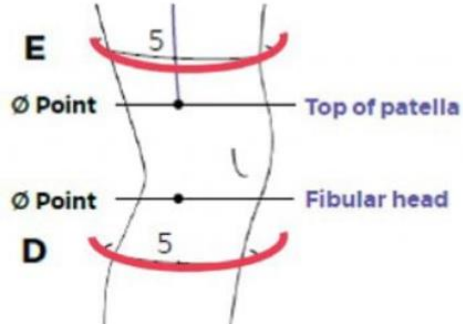
Assess for Edema

Q. 1 Student will take a minimum of 3 measurements at the unaffected knee

O Yes O Partial O No

Q.2 Student will keep tape taut, but does not compress tissue

O Yes O Partial O No



Q.3 Student will record measurements

O Yes O Partial O No

Q. 4 Student will repeat measurements on the affected knee using same technique

O Yes O Partial O No

Gait Training

You receive a prescription to gait train a patient s/p left Total Knee Arthroplasty with a walker weight bearing as tolerated (WBAT).

INSTRUCTIONS:

- Measure for walker
- Gait train patient WBAT- on level surfaces

Gait

Q. 4 Student will apply gait belt to patient

O Yes O Partial O No

Q. 5 Student will demonstrate proper use of walker

O Yes O Partial O No

Q. 6 Student will guard patient whenever the patient is standing

O Yes O Partial O No

Muscle length Assessment

A patient presents with right anterior knee pain. He is a recreational runner and you are concerned with lower extremity flexibility impairments as a factor in his pain.

INSTRUCTIONS:

- Assess the length of the iliotibial band using the Ober's Test (not with goniometer)
- Assess the length of the Gastrocnemius muscle using ankle dorsiflexion with knee extended
- Report findings verbally to patient

Ober Test (patient positioned in sidelying on the table)

Q. 1 Student lifts top leg and pulls leg back (toward them), then stabilizes at the pelvis and allows the top leg to lower toward the table

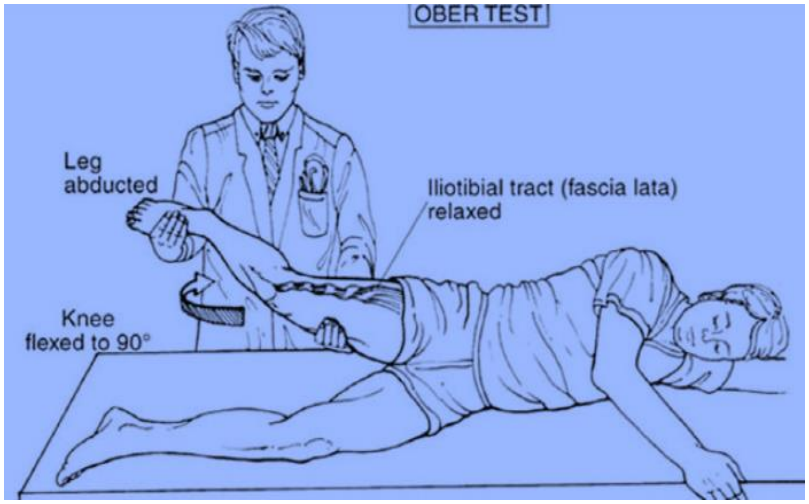
O Yes O Partial O No

Q.2 Student assesses amount of hip motion toward the table to determine tightness and reports results to patient

O Yes O Partial O No

Q. 3 Student assesses both lower extremities

O Yes O Partial O No



Muscle length Assessment

A patient presents with right anterior knee pain. He is a recreational runner and you are concerned with lower extremity flexibility impairments as a factor in his pain.

INSTRUCTIONS:

- Assess the length of the iliotibial band using the Ober's Test
- Assess the length of the Gastrocnemius muscle using ankle dorsiflexion with knee extended
- Report findings verbally to patient

Change to specify do not use a goniometer

Measuring ankle dorsiflexion (Patient positioned in supine or long sitting)

Q. 4 Student palpates lateral malleolus

O Yes O Partial O No

Q. 5 Student palpates head of the fibula to line up stationary arm of goniometer

O Yes O Partial O No

Q. 6 Student passively dorsiflexes the ankle keeping knee straight and measures with goniometer

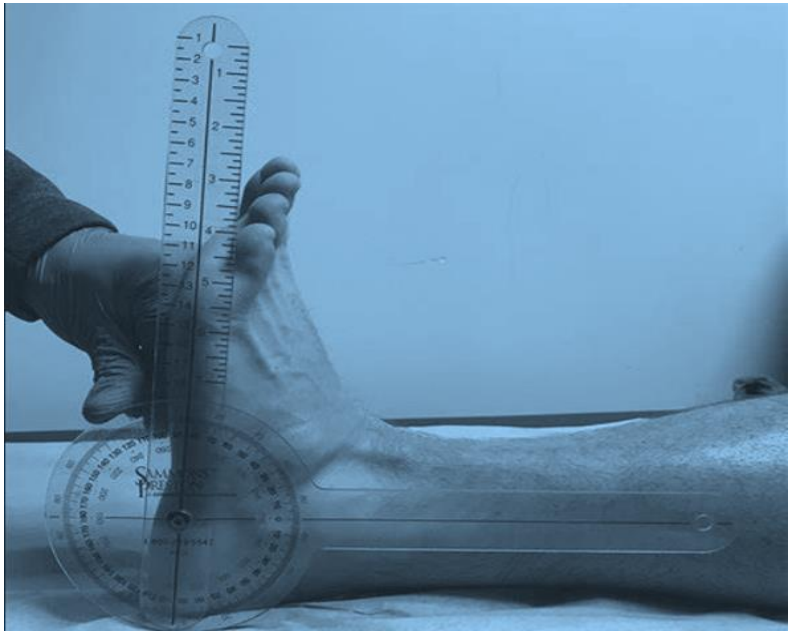
O Yes O Partial O No

Q. 7 Student performs same on the opposite side

O Yes O Partial O No

Q. 8 Student reports results

O Yes O Partial O No



Manual Therapy

Your patient has limited ankle dorsiflexion. Your evaluation determines limited mobility of the muscles and joint.

INSTRUCTIONS:

- Perform petrissage to the gastrocnemius muscle belly for a total of one minute (Do not use massage cream)

- Perform one minute of grade 2 posterior glide mobilization to the talocrural joint

Petrissage

Q. 1 Student will position patient in prone

O Yes O Partial O No

Q.2 Student will position patient with pillows and /or towels for comfort

O Yes O Partial O No

Q.3 Student performs petrissage (comfortable, but firm kneading) of the calf

O Yes O Partial O No

Q. 4 Students performs petrissage for one full minute

O Yes O Partial O No

Posterior glide mobilization

Q. 5 Student positions patient supine near edge of table with foot off surface (towel roll support or off the table)

O Yes O Partial O No

Q. 6 Student supports right lower leg and applies posterior force through the front of the foot

O Yes O Partial O No

Q. 7 Student glides talus to end range and oscillates with small movements

O Yes O Partial O No

Q. 8 Student performs mobilization for 1 full minute

O Yes O Partial O No

Integrated cases/Competency 1 standardized patient evaluation

Communication skills

The DPT Learner S-DPT:

- Introduced themselves?
- Identified themselves?
- Explained the plan for the physical therapy encounter?
- Obtained consent to work with you?

Overall Impression:

- Would you recommend this S-DPT to a family member and/or friend?

Patient Assessment

The DPT Learner S-DPT:

- Asked for your height?
- Adjusted walker height?
- Utilized the gait belt on you securely?
- Re-assessed/gait belt fit and walker height in standing?
- Demonstrated proper use of the walker?
- Guarded you when you were standing/walking?
- Asked if you had any questions/concerns?

DPT Learner Name: _____ Readiness Rater:_____

Entrustable Professional Activities

Student Behavioral Objectives	No Concerns	Some Concerns	Significant Concerns
1. Displays Professional Appearance			
Displays appearance that is neat and appropriate for clinical practice			
Presents self in calm and confident manner throughout the session			
2. Listens to and demonstrates respect for patient and faculty			
Introduces self appropriately			
Listens attentively to patient without interrupting			
Communicates plan and procedures with patient throughout session			
Engages with faculty in a respectful and professional manner			
3. Demonstrates safe techniques for guarding using proper body mechanics			
Applies gait belt appropriately			
Guards patient throughout treatment session using appropriate technique			
Monitors patient performance and responds appropriately			
Maintains appropriate body mechanics			
4. Accurately performs basic tests and measures for non-complex patients			
Describes procedure and purpose to patient in lay language			
Positions self and patient appropriately to assess joint ROM			
Applies goniometer to correct bony landmarks			
5. Implements common or procedural interventions in a safe manner			
Teaches patient using appropriate, responsive techniques			
Implements gait training techniques that are appropriate and safe			
Selects home exercise program modification that is effective and safe			
Monitors patient performance and responds appropriately			

White, LW, Jordan, KE, McDermott, H. Assessment of Student Readiness for Clinical Education in Mixed-Mode Curriculum Delivery: A Case Study. *Quality Assurance Education* 31.1 (2023): 151–166

Entrustable Professional Activities

Student Behavioral Objectives	No Concerns	Some Concerns	Significant Concerns
6. Respects that patient needs supersede student needs and goals			
Acknowledges and responds to expressed patient needs and concerns throughout treatment session			
Ensures patient understanding of plan of care and education			
Demonstrates concern and caring during patient interactions			
7. Engages in meaningful self-reflection as a means to enhance performance			
Completes both self-reflection assignments by due date			
Responses are detailed and thoughtful			
Student identifies strength, areas for growth, and areas of need			
Identifies plan for improvement in areas of growth			
8. Acknowledge when he or she does not feel confident and ask for clarification or assistance as needed			
Identifies strength, areas for growth, and areas of need			
9. Respond to feedback from others without defensiveness			
Responds appropriately to feedback from patient			
Responds appropriately to feedback from faculty			
10. Accepts responsibility for actions and errors, including remediation or reconciliation			
Accepts responsibility for practical performance and recommended next steps			

White, LW, Jordan, KE, McDermott, H. Assessment of Student Readiness for Clinical Education in Mixed-Mode Curriculum Delivery: A Case Study. *Quality Assurance Education* 31.1 (2023): 151–166

DPT Curriculum

Semester 1: Fall Yr. 1	CR	Semester 2: Spring Yr.1	CR	Semester 3: Summer Yr.1	CR
PHT 6153 Physiology in PT	3	PHT 6188C Functional Anatomy II	5	PHT 6770 Musculoskeletal Disorders I	2
PHT 6187C Functional Anatomy I	5	PHT 6189C Examination and Evaluation	3	PHT 6218C Therapeutic Modality Interventions in Physical Therapy	3
PHT 6605 Evidence Based Practice I	3	PHT 6168C Neuroscience in Physical Therapy	4	PHT 6860 Clinical Education I	1
PHT 6024 Sem: Professional Issues I	2	PHT 6503 Health Promotion and Wellness for Physical Therapy Practice II	2	PHT 6608 Evidence Based Practice II	3
PHT 6502 Health Promotion and Wellness for Physical Therapy Practice I	1	PHT 6207C Intro to Exercise Science	2	PHT 6352 Pharmacology in Physical Therapy Practice	2
PHT 6206C Basic Clinical Skills I	2	PHT 6157 Pathophysiology	2	PHT 6186C Motor Control/ Therapeutic Exercise I	2
		PHT 6930 Emerging Practice	1	PHT 6870C Integrated cases/Competency 1	1
TOTAL	**16**	**TOTAL**	**19**	**TOTAL**	**14**
Semester 4: Fall Yr. 2		**Semester 5: Spring Yr. 2**		**Semester 6: Summer Yr. 2**	
PHT 6771 Musculoskeletal Disorders II	4	First 8 weeks:		PHT 6190C Motor Control/ Therapeutic Exercise II	3
PHT 6381C Cardiopulmonary Disorders in Physical Therapy	3	PHT 6762C Neurorehabilitation II	2	PHT 6322 Pediatrics in Physical Therapy	3
PHT 6070C Radiology and Diagnostic Imaging in Physical Therapy Practice	2	PHT 6527 Professional Issues II	3	PHT 6702C Prosthetics and Orthotics	2
PHT 6861 Clinical Education II	1	PHT 6374 Geriatrics in Physical Therapy	2	PHT 6730 Screening for Referral	3
PHT 6761C Neurorehabilitation I	3	Second 8 weeks:		PHT 6872C Complex Cases/ Competency 2	1
PHT 6302C Principles of Disease	3	PHT 6811 Clinical Education III	6		
TOTAL	**16**	**TOTAL**	**13**	**TOTAL**	**12**
Semester 7: Fall Yr. 3		**Semester 8: Spring Yr. 3**			
PHT 6807 Clinical Education IV	6	First 8 weeks:			
PHT 6817 Clinical Education V	6	PHT 6823 Clinical Education VI	6		
		Second 8 weeks:			
		PHT 6504 Health Promotion and Wellness for Physical Therapy Practice III	1		
		PHT 6530 Professional Issues III	2		
		PHT 6609 Evidence Based Practice III	2		
TOTAL	**12**	**TOTAL**	**11**	**PROGRAM TOTAL**	**113**

University of Florida Doctor of Physical Therapy Program (UFDPT)

- Competency 2

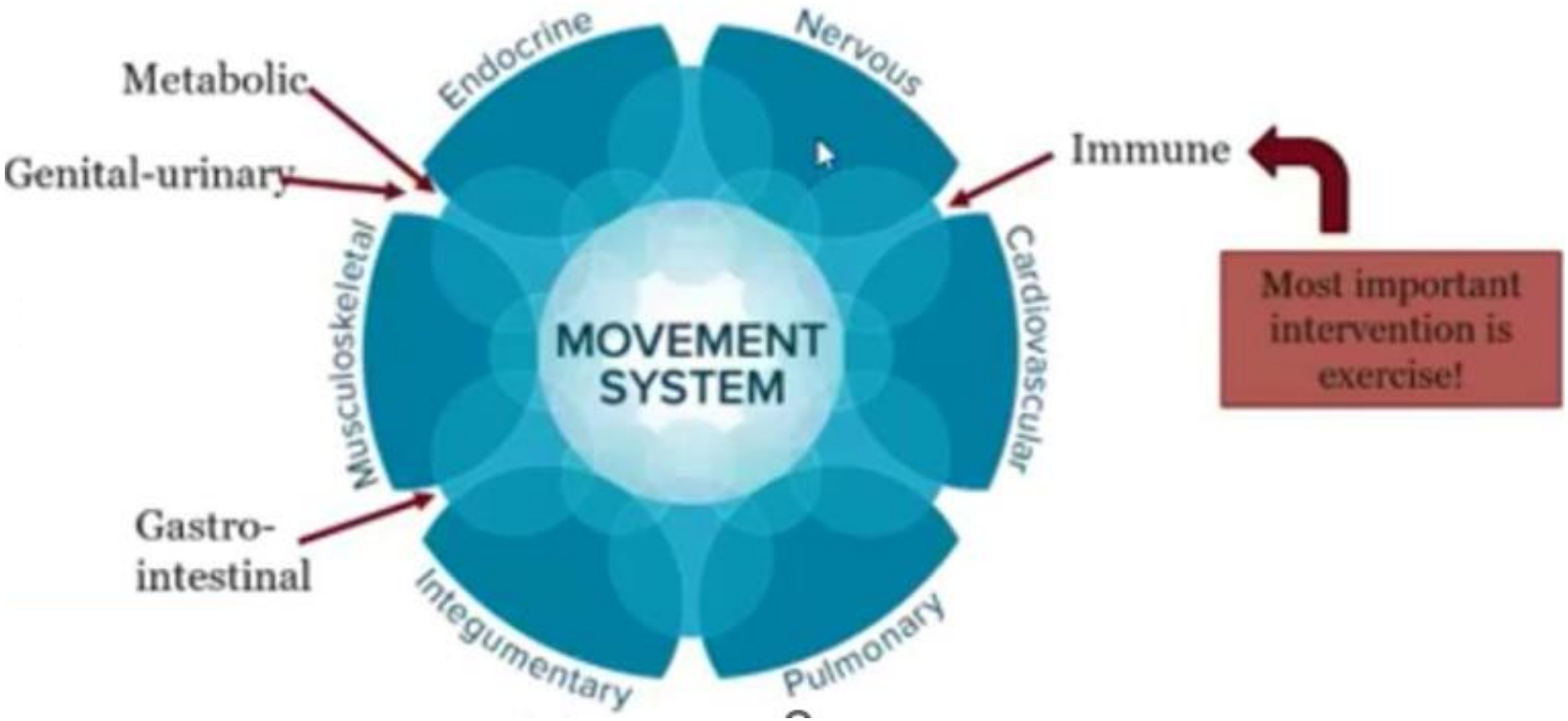
Key Evaluative Areas of Focus in

Affective, Cognitive & Psychomotor Learning Domains:

- Professionalism/Professional Behavior – INTERMEDIATE LEVEL expected.
- Safety
- Helping Interview/Social Determinants of Health
- Clinical Reasoning
- Skill capacities with Tests, Measures, Interventions – (case-based) for PT Examination/Evaluation
- Patient/Support Education
- Self & Peer Assessment
- Intra/Interprofessional/Referral Needs
- Coordination/Guidance of Support Staff
- Documentation/ICF Classification
- APTA Core Values & APTA Code of Ethics

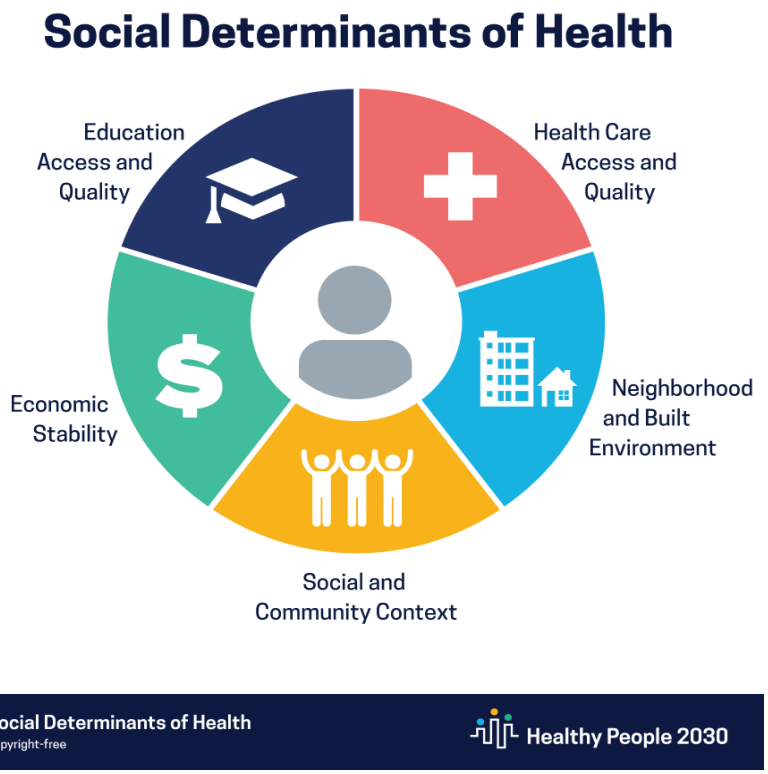
MOVEMENT SYSTEM

THE MOVEMENT SYSTEM IS THE INTEGRATION OF BODY SYSTEMS THAT GENERATE AND MAINTAIN MOVEMENT AT ALL LEVELS OF BODILY FUNCTION. HUMAN MOVEMENT IS A COMPLEX BEHAVIOR WITHIN A SPECIFIC CONTEXT, AND IS INFLUENCED BY SOCIAL, ENVIRONMENTAL, AND PERSONAL FACTORS.



Theoretical Constructs & Profession Guidance for Facilitating CE Excellence

Healthy People 2030 | health.gov



Major impact on people's health, well-being, and quality of life. Examples:

- ❑ Safe housing, transportation, and neighborhoods
- ❑ Racism, discrimination, and violence
- ❑ Education, job opportunities, and income
- ❑ Access to nutritious foods and physical activity opportunities
- ❑ Polluted air and water
- ❑ Language and literacy skills

SDoH contribute to wide health disparities and inequities. Just promoting healthy choices won't eliminate these and other health disparities.

Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

Social Determinants of Health – Healthy People 2030

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

What are social determinants of health? **Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into 5 domains:**

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

Theoretical Constructs & Profession Guidance
for Facilitating CE Excellence

Healthy People 2030

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education			Quality of care
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Theoretical Constructs & Profession Guidance for Facilitating CE Excellence

FIGURE 7. IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE: VERSION 3 (2023)

IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3 (2023)

- **Values and Ethics**

  Work with **team** members to maintain a climate of shared values, ethical conduct, and mutual respect.

- **Roles and Responsibilities**

  Use the knowledge of one's own role and **team** members' expertise to address individual and population **health outcomes**.

- **Communication**

  Communicate in a responsive, responsible, respectful, and compassionate manner with **team** members.

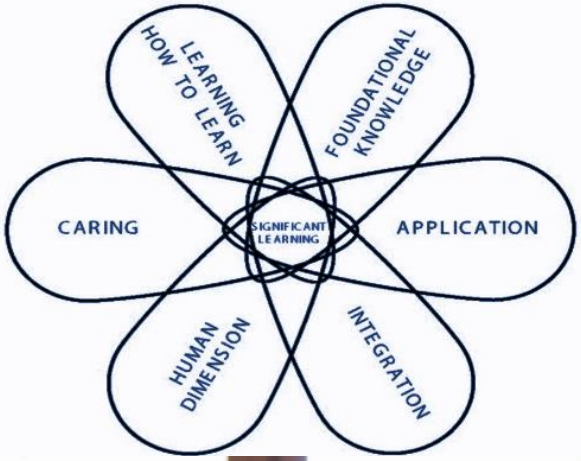
- **Teams and Teamwork**

  Apply values and principles of the science of teamwork to adapt one's own role in a variety of **team** settings.

Theoretical Constructs &
Profession Guidance for
Facilitating CE Excellence

Interactive Learning

Clinical Education



PHT 6872C Competency 2

1. Analyze individual clinical classifications and manifestations, clinical outcomes, and Movement System impacts, across the lifespan for complex cases in Cardiovascular & Pulmonary, Musculoskeletal, Neuromuscular, and Integumentary Physical Therapy. [CAPTE 7D, 7D1, 7D2, 7D12]
2. Safely perform components of an evidence-based physical therapist evaluation/re-evaluation, with an effective episode of care/PT interventions, for a complex case, to optimize success for the patient moving along the continuum of care. [CAPTE 7C1, 7D1,7D6, 7D9, 7D10]
3. Differentiate impairments and functional limitations using the ICF classification system for complex cases with full consideration of the Social Determinants of Health (SDoH). [CAPTE 7C3, 7D, 7D1,7D2, 7D3, 7D12]
4. Determine movement system deficits/diagnosis/es based on the APTA Movement System Model.[CAPTE 7D4, 7D5, 7D10]
5. Create an appropriate patient/client management plan, with HEP, that includes prognosis, goals, therapeutic interventions and functional training, equipment, devices, and technologies that are evidence-based to address multiple systems in collaboration with appropriate parties (e.g., patients/clients, caregivers, payors, other professionals, et al.). [CAPTE 7C1, 7C2, 7D5, 7D6, 7D9, 7D10]

PHT 6872C Competency 2

6. Justify the rationale for select tests, measures, and interventions for complex cases, with considerations for healthcare disparities and SDoH. [CAPTE 7C1,7C2, 7C3, 7D1, 7D2]
7. Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgements.
8. Prioritize and safely perform chosen tests, measures, interventions and HEP, based on the underlying health conditions, patient/client goals, psychosocial, environment influences and SDoH. [CAPTE 6D, 7B, 7C2, 7D1, 7D22]
9. Defend differential diagnoses/prognoses for complex cases with sound clinical reasoning being cognizant of errors and ambiguous situations. [CAPTE 7C1, 7C2, 7D4, 7D5]
10. Appropriately utilizes clinical reasoning. applying current knowledge, theory, clinical judgement and the patient's values and perspectives in patient management. [CAPTE 7C1]

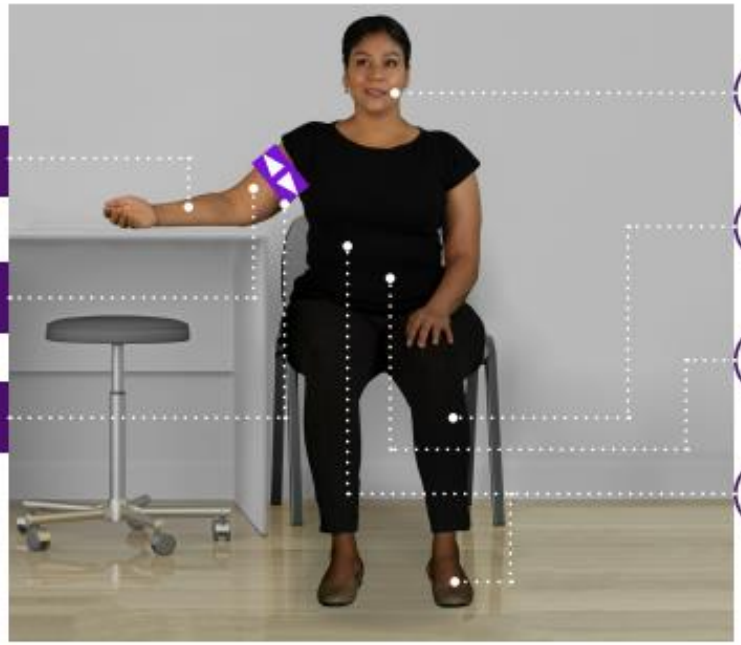
PHT 6872C Competency 2

11. Construct appropriate defensible documentation for complex cases, utilizing the ICF Model/standard format. [CAPTE 7D3, 7D6, 7D15]
12. Analyze the need for and participate in Intra and Interprofessional referral needs and collaborative for complex patient/client management, operating at the highest level of licensure.[CAPTE 6F, 7C2, 7D6, 7D18]
13. Display the capacity to coordinate/guide/educate others, support staff and caregivers, incorporating cultural humility, health literacy, learners need, and SDoH when providing patient/caregiver education. [CAPTE 7B, 7C2, 7D6, 7D8, 7D13, 7D22]
14. Promotes clinical excellence in the provision of physical therapist services/POC within the PT-PTA team using contemporary and foundational knowledge and current skills while understanding personal limits, integrating the patient/client perspective, embracing advancements and challenging mediocrity. [CAPTE 6F, 7B, 7C2, 7D7]
15. Assemble an individualized plan for NPTE prep following completion of the NPTE Review Course. [7D]

AMA

Need some cues to easily remember how to position a patient for BP readings?

Think of "ABC QUES"!



- **A** Arm supported at heart level
- **B** Bare arm for cuffs
- **C** Correct cuff size and placement is vital
- **Q** Quiet at rest and during the measurment
- **U** Uncrossed legs
- **E** Empty bladder
- **S** Supported back and feet

Competency Year 2

Clinical Excellence Competency: Blood Pressure

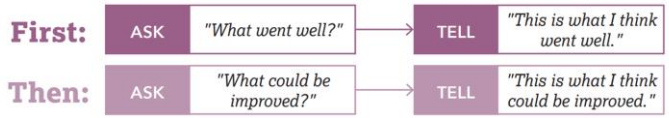
All components required to pass (yes for all)

BLOOD PRESSURE	YES	NO	comments
Explains procedures and gets informed consent.			
Checks that patient is seated with legs uncrossed and feet on the floor			
Applies cuff- checks cuff is deflated, arm is bare, at heart level, and supported			
Checks to see when no pulse with initial inflation of cuff			
Waits 30 seconds before re-inflation of cuff			
Pumps to 10-20 mmHg above value of 'no pulse'			
Deflates cuff at approximate 2mmHg.s^{-1}			
Correctly takes blood pressure and accurately reports			

Pickering, et al. Circulation 2005; O'Brien et al J Hypertensions, 2003; From the Flight Deck to the Bedside: Core Aviation Concepts Applied to Acute Care Physical Therapist Practice and Education, Shoemaker MJ et.al. 2023; & Medical students and measuring blood pressure: Results from the AMA BP Check Challenge, Rakotz et.al. 2017

Skills Check Year 1

Met	Partially Met	Redo
Performs skill/s with no errors - full credit for that skill/s	Performs with no more than 2 errors - repeat that skill	Performs with 3 or more errors - repeat the practical exam



Ask-Respond-Tell Feedback Model

Step	Examples
Ask the learner about goals and self-assessment.	"What specific skills are you working on? What would you like me to focus on in my feedback to you?" "Tell me what you did effectively in that interaction and what you might do more effectively next time."
Respond to the learner's perspective with reflective listening and empathy.	"I agree that clarifying the warning signs of preterm labor will be important for you to learn in this rotation." "Yes, I can understand feeling overwhelmed when the problem list is long and the visit time is relatively short."
Tell your perspective.	"I wonder if, instead of attempting to address all of the problems in one visit, you could find a way to work collaboratively with the patient in setting priorities for the agenda."

Connor DM, Chou CL, Davis DL. Feedback and remediation: reinforcing strengths and improving weaknesses. In: Kalet A, Chou CL, eds. *Remediation in Medical Education*. New York, NY: Springer Science+Business Media; 2014:249-263.

Complex Cases 2 – Examination Ratings

Class of 2025: _____ SDPT Examiner: _____

Date: _____ Case:

Not MET NM = Unacceptable/Below Expectations PM = Partially Meets Expectations

MET = Meets Expectations E= Exceeds Expectations/Exceptional NA = rating not applicable

Case Discussion	**Rating**			
Differential Diagnosis/Primary Issues	NM	PM	MET	E
Clinical decision-making process	NM	PM	MET	E
Breadth and depth of knowledge is appropriate	NM	PM	MET	E
Understands the limits of their own knowledge	NM	PM	MET	E
Style				
Articulate, clear, concise, brevity Maintains professionalism and professional demeanor	NM	PM	MET	E
	Below expectations	PM	Meets Expectations	Exceeds Expectations
• **Must Pass/SAFETY** Awareness of safety/red & yellow flag issues and medical Screening Needs	NM	NA	M	E

If Safety Pass**, may only have *2 PM* to pass & no NM.**

Clinical Excellence Competency: Patient Education

Competency	Circle One Number Only					
1. Seeks patient perceptions and/or concerns using appropriate questioning	0	1	2	3	4	Not assessable
2. Uses reflective questioning	0	1	2	3	4	Not assessable
3. Uses shared decision making	0	1	2	3	4	Not assessable
4. Selects and uses appropriate learning content tailored to the best interests of the patient	0	1	2	3	4	Not assessable
5. Uses effective and engaging communication styles, language, and/or materials that are tailored to the patient	0	1	2	3	4	Not assessable
6. Effectively explains the patient's condition or problem	0	1	2	3	4	Not assessable
7. Provides self-management education and reinforces patient ability to manage	0	1	2	3	4	Not assessable
8. Provides family or caregivers with information	0	1	2	3	4	Not assessable
9. Effectively summarizes information	0	1	2	3	4	Not assessable
10. Uses the "teach back" (verbal or demonstration) method to evaluate learning	0	1	2	3	4	Not assessable
11. Identifies when educational needs have been met	0	1	2	3	4	Not assessable

*Not assessable = no opportunity to demonstrate skill/competency.
†0 = Skill/competency not attempted or observed; 1 = a minimal attempt is made to exhibit skill/competency; 2 = skill/competency observed and a minimum skill level is achieved; 3 = skill/competency exhibited to a good standard; 4 = skill/competency exhibited to an excellent standard.

Forbes R, Mandrusiak A. Development and reliability testing of a patient education performance tool for physical therapy students. *J Phys Ther Educ*. 2019;33:64-69

Must achieve ratings of 3 or 4 in all ratings *except* in *2 categories you may achieve a 2 to Pass*.
With No ratings of zero or 1

Any ratings of zero or 1 = Automatic Re-do (Cases 1 & 2) not passing (Case 3)

Clinical Excellence Competencies: Patient Education

Therapeutic Alliances

The Four Habits Approach to Effective Communication for Shared Decision Making

(adapted from Frankel and Stein p81; and Matthias, Salyers and Frankel p177)

Habit	Communication Behaviors Important to Shared Decision Making
1. Invest in the beginning	•Establishing rapport •Setting the scene •Eliciting full spectrum of patient concerns
2. Elicit the patient's perspective	•Exploring impact of problem(s) on the patient's life •Assessing psychosocial factors •Validating the patient's experiences and beliefs
3. Demonstrate empathy	•Being aware of and responding to the patients' emotions with empathy
4. **Invest in the end**	•Explanation of analysis •Shared decision making •Discuss the options •Summarize agreed actions and plans

Frankel RM, Stein T. Getting the most out of the clinical encounter: the four habits model. *J Med Pract Manage*. 2001 Jan-Feb;16(4):184-91. PMID: 11317576.

Matthias MS, Salyers MP, Frankel RM. Re-thinking shared decision-making: context matters. *Patient Educ Couns*. 2013 May;91(2):176-9. doi: 10.1016/j.pec.2013.01.006. Epub 2013 Feb 11. PMID: 23410979.

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4. Selects and uses appropriate learning content tailored to the best interests of the patient	0	1	2	3	4	Not assessable
5. Uses effective and engaging communication styles, language, and/or materials that are tailored to the patient	0	1	2	3	4	Not assessable
6. Effectively explains the patient's condition or problem	0	1	2	3	4	Not assessable
7. Provides self-management education and reinforces patient ability to manage	0	1	2	3	4	Not assessable
8. Provides family or caregivers with information	0	1	2	3	4	Not assessable
9. Effectively summarizes information	0	1	2	3	4	Not assessable
10. Uses the "teach back" (verbal or demonstration) method to evaluate learning	0	1	2	3	4	Not assessable
11. Identifies when educational needs have been met	0	1	2	3	4	Not assessable

*Not assessable = no opportunity to demonstrate skill/competency.
†0 = Skill/competency not attempted or observed; 1 = a minimal attempt is made to exhibit skill/competency; 2 = skill/competency observed and a minimum skill level is achieved; 3 = skill/competency exhibited to a good standard; 4 = skill/competency exhibited to an excellent standard.

Forbes R, Mandrusiak A. Development and reliability testing of a patient education performance tool for physical therapy students. *J Phys Ther Educ.* 2019;33:64-69.**Table 1.p 66**

Dreyfus S E. The Five-Stage Model of Adult Skill Acquisition Bulletin of Science. *Technology & Society.* 2004;24(3):177–81

	Novice (rule-driven, use absolute rules)	Advanced Beginner	Competent	Proficient	Expert
Metacognitive knowledge: Reflection, critique, "thinking behind the action" Different dimension	Reflects about self in a contained way Shallow ("I did the wrong technique") Self-centered Thinking about performance (technical skills)	Beginning to move away from self to include physical therapy Beyond just the technique ("something else is going on here") Beginning to recognize patterns, but not sure what to do with it or what to ask Attentive to patient needs but not sure how to respond	Can critically self-reflect on reasoning process ability (ie, handling skills) Moral self-awareness Thinking about patient	Takes past experience to change treatment and evaluation Based on metacognitive process Understands the meaning of physical therapy values (part of pattern recognition) Innovative Sees patient and the other systems/factors	Metacognitive process is unconscious Tacit Intuitive responses on management Knows when they don't know and can change strategies midstream if they don't understand (revert to backward reasoning)

Furze, J, Gale, J, Black, L, Cochran, TM, Jensen, G. Clinical Reasoning: Development of a Grading Rubric for Student Assessment. *JoPTE*, 2015; 29(3): p34-35 **CRAT: Must achieve a minimum of Intermediate Ratings for all & must be progressing toward Competent on at least one category (e.g., content knowledge as in sample below)**

Clinical Reasoning Assessment Tool

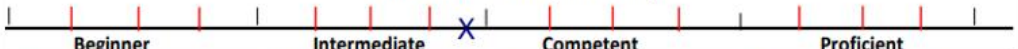
Student Name: student

Content Knowledge **–identifies appropriate foundational knowledge and information related to the International Classification of Functioning, Disability, and Health (ICF) Framework. Content knowledge is the knowledge the student brings to the case, not the knowledge the patient brings/shares. In addition, this is just the *identification of the facts and NOT the interpretation of this information.***

Sample behaviors to assess:

1) Identifies appropriate foundational knowledge integral to patient's health condition including biological and physical (anatomy, histology, physiology, kinesiology, and neuroscience).
2) Determines relevant ICF components as they relate to the patient case (identifies the patient's health condition, body structure and function limitations, activity limitations, participation restrictions, and personal and environmental factors.

VISUAL ANALOG SCALE (please mark)



Beginner	Intermediate	Competent	Proficient
Limited evidence of content and foundational knowledge and identification of patient-related ICF components.	**Moderate** evidence of content and foundational knowledge and identification of patient-related ICF components.	**Strong** evidence of content and foundational knowledge and identification of patient-related ICF components.	**Comprehensive** evidence of content and foundational knowledge and identification of patient-related components.

Comments:

Strong with knowledge and foundation based on chosen tests and measures, understood pt health condition and was able to fully explain pathology and link to impairments and how this was impacting pt movement and activity and participation. Stated some obvious personal and environment factors impacting pt presentation. Student will need to consider more of the interplay between patient's personal, environmental factors and how it relates to case.

Procedural Knowledge/Psychomotor Skill **– ability to determine appropriate test/measure/intervention and psychomotor performance of an intervention/test/skill.** (When to perform skill, What skills to perform, and How to perform skill)

Sample behaviors to assess:

1) Determines appropriate test/measure/intervention to perform
2) Demonstrates the ability to safely and effectively perform test/measure/intervention (hand placement, patient positioning, palpation, force production, safety, use of equipment)
3) Incorporates effective communication strategies including verbal and nonverbal skills (can the student ask the patient the right questions?

VISUAL ANALOG SCALE (please mark)

Beginner	Intermediate	Competent	Proficient
Limited accuracy in performing test/measures/interventions but can SAFELY perform these	Moderate accuracy in performing test/measures/interventions and can SAFELY perform these	Strong accuracy in performing intervention/test efficiently and effectively utilizing appropriate knowledge base, verbal and manual cues, and use of equipment to allow the patient to complete test or fully participate in intervention.	Efficiently performs tests and interventions with skill and ease and able to build patient rapport during the exam and intervention

Comments: Some difficulty with choice of intervention; needs to consider strategies to get all of the patient specific information and contextual factors; very confident with examination procedures, safe

Conceptual Reasoning **(Cognitive and Metacognitive Skills – data analysis and self- awareness/reflection)- entails the interrelationship and synthesis of information upon which judgment is made utilizing reflection and self-awareness.** (Making sense out of all of the information)

Sample behaviors to assess and questions to ask:

1. Appropriately justifies, modifies, or adapts test/measure or intervention based upon patient case.
2. Interprets exam findings appropriately including interpreting information from the patient (communication)
3. Applies and interprets patient information across all aspects of the ICF model to justify test/measure or intervention
4. Active listening
5. What additional information do you need to make decisions/judgments?
6. What would you do differently if you were able to do this examination again?

VISUAL ANALOG SCALE (please mark)

Beginner	Intermediate	Competent	Proficient
Justifies choice for a **few** tests and measures/interventions. Able to identify some patient problems Interprets results of selected tests/measures.	Justifies choice for **most** tests and measures/intervention. Identifies relevant patient problems Generates a working hypothesis and begins to prioritize a patient problem list.	Justifies choice for **all** tests and measure/intervention. Prioritizes problem list and incorporates patient goals into plan of care. Confirm/disprove working hypothesis and determines alternate hypothesis Synthesizes relevant patient data	Generates a hypothesis, understands patient perspective, and reasoning is a fluid, efficient, seamless process (demonstrates "reflection in action).

Comments: Has some difficulty modifying intervention to patient's presentation, needs to elicit more information from patient and engage in more active listening; otherwise excellent communication style; make stronger links (intervention to the ICF). Had some difficulty prioritizing intervention and next steps. Able to state hypothesis and prioritize a patient problem list.

Student must meet or exceed *identified level (intermediate, competent, proficient)* for satisfactory completion in the following areas (please check):

Content Knowledge: __X__**Satisfactory** _____**Unsatisfactory**
Procedural Knowledge/Psychomotor Skill: __X__**Satisfactory** _____**Unsatisfactory**
Conceptual Reasoning: __X__**Satisfactory** _____**Unsatisfactory**

General Comments:

Student overall did very well in the patient encounter for the MSK case. She should continue to work on making stronger connections between the ICF and her chosen tests/measures and subsequent interventions. The student has a really nice and effective communication style including verbal and nonverbal communication. Goals for the next clin ed experience included incorporating all aspects of the patient specific factors and ICF into the plan of care. Student had appropriate and accurate reflection on areas for improvement.

Evaluator: _____ **Date:** _____

ASSESSMENT of REASONING TOOL

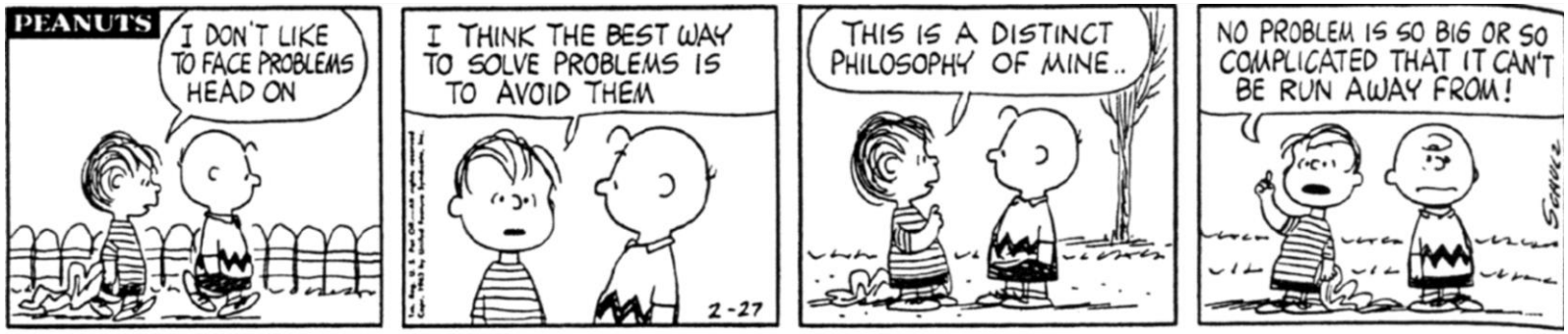
SOCIETY to IMPROVE DIAGNOSIS in MEDICINE

Learner: _____ Evaluator: _____

Did the Learner…	Assessment		
	Minimal	**Partial**	**Complete**
Collect/report history and examination data in a **hypothesis-directed manner**?	• Non-directed in questioning and exam • Asked questions without clear focus on potential diagnoses	• Questioning and exam generally reflective of potential diagnoses, but some less relevant or tangential questions	• Followed clear line of inquiry, directing questioning and exam to specific findings likely to increase or decrease likelihood of specific diagnoses
Articulate a complete **problem representation** using descriptive medical terminology?	• Included extraneous information • Missed key findings • Did not translate findings into medical terminology	• Generally included key clinical findings (both positive and negative) but either missed some key findings or missed important descriptive medical terminology	• Gave clear synopsis of clinical problem • Emphasized important positive and negative findings using descriptive medical terminology
Articulate a **prioritized differential diagnosis** of most likely, less likely, unlikely, and "can't miss" diagnoses based on the problem representation?	• Missed key elements of differential diagnosis, including likely diagnoses or "can't miss" diagnoses	• Gave differential diagnosis that included likely and "can't miss" diagnoses but either missed key diagnoses or ranked them inappropriately	• Gave accurately ranked differential diagnosis including likely and "can't miss" diagnoses
Direct evaluation/treatment towards **high priority diagnoses**?	• Directed evaluation and treatment toward unlikely/unimportant diagnoses • Did not evaluate or treat for most likely/"can't miss" diagnoses	• Major focus of evaluation and treatment was likely and "can't miss" diagnoses but included non-essential testing	• Efficiently directed evaluation and treatment towards most likely and "can't miss" diagnoses • Deferred tests directed towards less likely or less important diagnoses
Demonstrate the ability to **think about their own thinking** (metacognition)? Consider asking: *Is there anything about the way you are thinking or feeling about this case that may lead to error?*	• Not able to describe the influence of cognitive tendencies or emotional/ situational factors that may have influenced decision-making	• Can name one cognitive tendency or emotional/situational factor that may have influenced decision-making	
OVERALL ASSESSMENT	NEEDS IMPROVEMENT ☐	MEETS COMPETENCY ☐	EXCELLENCE ☐

Paradigm Shift – Learners and Raters

The Key to Conflict Is to Manage It — Not Avoid It



As this comic depicts, a conflict that is not addressed cannot be expected to improve/change.

Entrustable Professional Activities

2025 & beyond

Considerations for Improvements

- Winnowing the rating scales
- Decreasing number of cases
- Increasing number of raters
- Additional time for rater feedback verbally
- Translate rating rubrics to e-based formats for data collection, utility, SA, Peer, Rater Assessments
- Educate re Competency differentiation from course

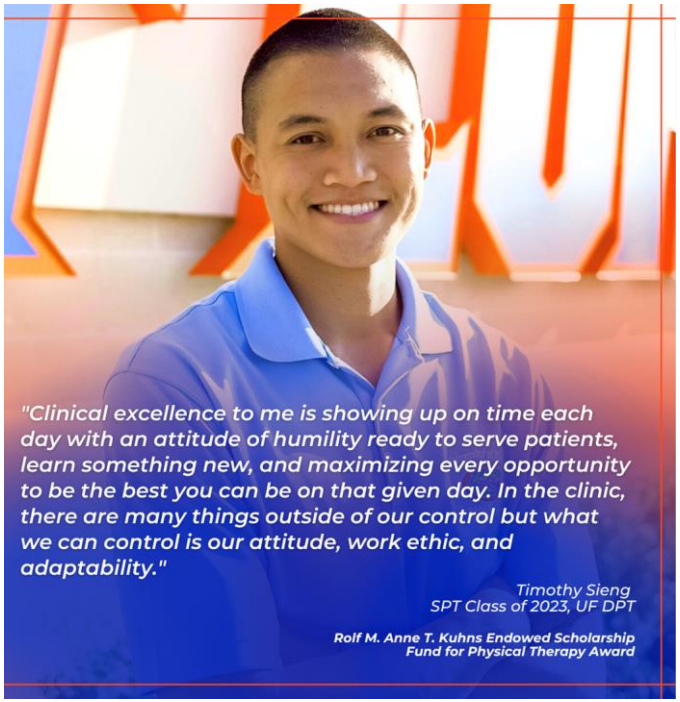
2025 & beyond

Considerations for Improvements

- Modify faculty rater evaluation – as not a typical course even within professional program
- Efficiencies/Effectiveness integration with NPTE prep
- Reduce # of cases Comp 1 & 2
- Consider re-placement Comp 1 to bring level up – timing within program
- Continue to monitor valid/reliable rubrics for purposes, incorporate within/across curriculum further where logical
- Keep focus on macro-evaluation, vs. micro- yet have sensitive enough measures, if micro challenges – matters of sensitivity and specificity
- Safety, Professionalism, Clinical Reasoning, Efficiency & Effectiveness of Motor Skills with Human Body

– Key Competencies

Clinical Excellence



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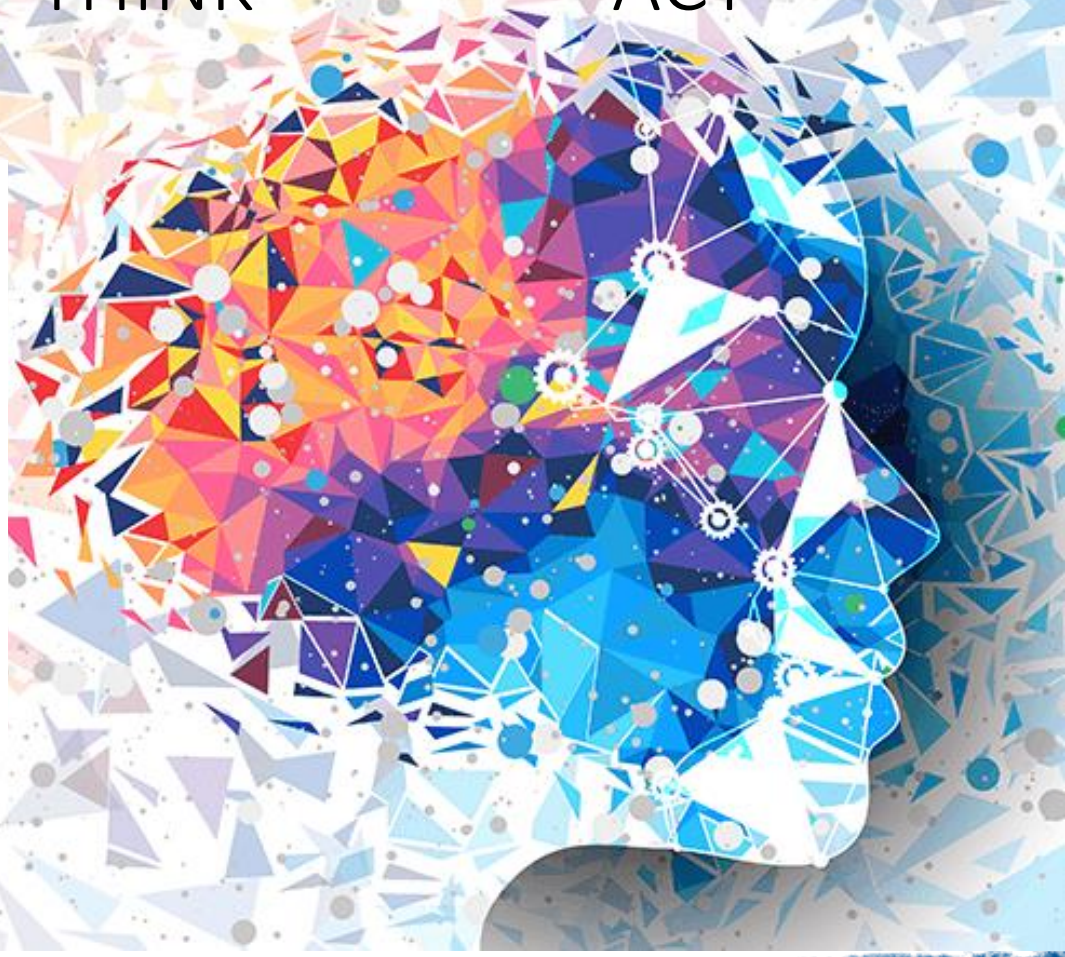
KNOW THINK ACT

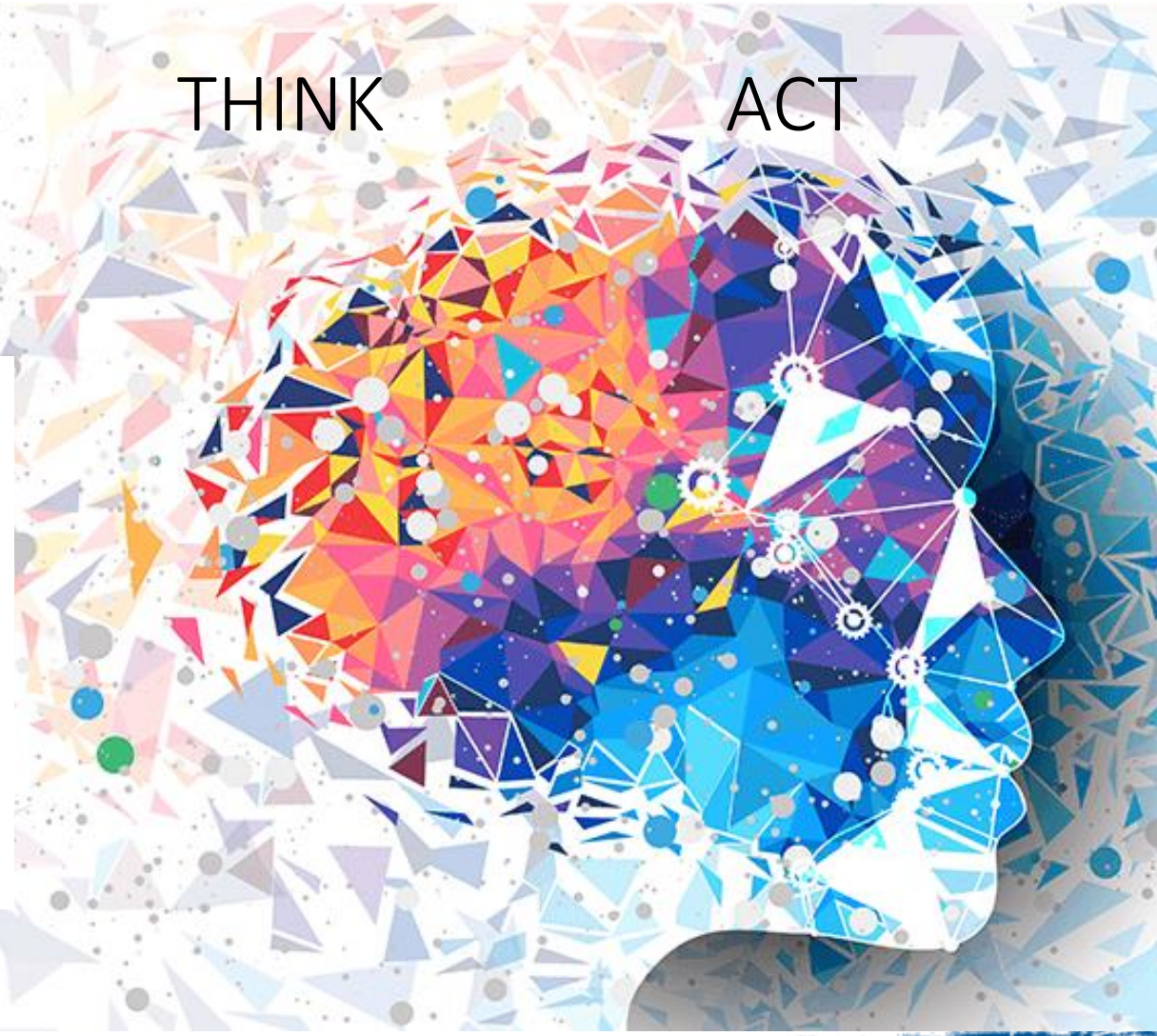
- What else could we do to achieve more, better, faster?
- Have we asked all the necessary questions?
- Have we asked the tough questions?



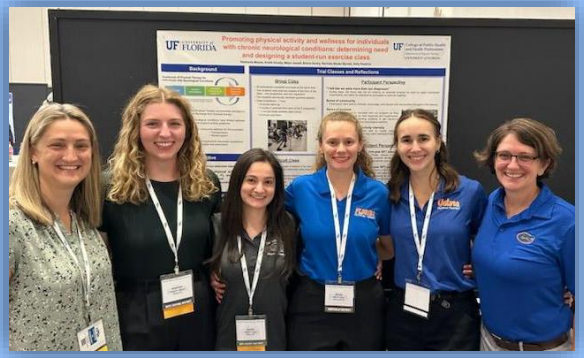
KNOW

THINK

ACT



- Why doing what we are doing?
- Why now?
- What are we doing today?
- How does what we are doing today align with the big picture?
- What does success look like for MOVEMENT Curricula?
- Have we embraced the conflicts?



WHEN WE DO THE JOB THIS GOOD

THE WORLD STANDS UP AND TAKES NOTICE