

I. INTRODUCTION

- A. Internships are designed to develop clinical decision-making skills in the student physical therapist (SPT). The internships allow students to integrate didactic material learned in the classroom by applying it to patient management activities that utilize principles of evidence-based practice.
- B. The **Physical Therapist Manual for the Assessment of Clinical Skills (PT MACS)** describes the skills that a newly graduated physical therapist must be able to perform in order to engage in safe and effective practice. The skills in the PT MACS are based on (1) entry-level physical therapist education criteria as defined by *A Normative Model for Physical Therapist Education*²⁻³, (2) standards of practice, elements of patient management and terminology as defined by the *Guide to Physical Therapist Practice*⁴⁻⁶ and (3) standards of professional behaviors as defined by the *Generic Abilities*.¹
- C. The PT MACS is designed for use by the student, the academic faculty and clinical faculty from the beginning to the culmination of the curriculum.
- D. The **ACCE or DCE establishes the grade** for each internship based on the documentation and feedback provided by the Clinical Instructor (CI).
- E. The objectives for each skill are designed to guide the CI in defining and documenting entry-level performance for the specific clinical setting.
- F. Definitions for the terms and concepts utilized in the PT MACS are located in Appendix A on pages 18-19.
- G. Tips for teaching in the clinical setting are located in Appendix B on page 20.
- H. Examples of the application of the PT MACS in various practice settings are located in Appendix C on pages 21-24. It is intended to guide the CI in determining how the same PT MACS skill may apply in different practice settings given a student/patient scenario.

II. PURPOSE

- A. Define entry-level skills
- B. Provide a uniform, objective mechanism for rating students
- C. Provide students with an opportunity for self-assessment
- D. Provide a summary of the student's strengths and weaknesses.

- E. Emphasize a critical decision-making approach to physical therapist education and practice

III. CONTENTS

A. Entry-Level Skills (Skills 1-19)

1. Comprised of all skills an entry-level PT should be able to perform
2. Certain skill sheets for Interventions (17.2-17.4, 17.7-17.9) are formatted with a log to indicate the specific intervention performed by the student.

B. Site-Specific Skills (Skills 20-23)

1. Yellow in color
2. Specialized skills that may not be available at every site
3. If the site offers these learning experiences, the CI may use these skill sheets to document student's performance.
4. The CI may add additional skills to this section.

Note: The academic program determines the number of entry-level and site-specific skills a student must complete during each internship and prior to graduation.

C. Forms

1. Facility Identification Form
2. Progress Report
 - The **CI completes the Progress Report (5 pages)** for each clinical experience.
 - The Progress Report consists of the following:
 - (a) Midterm and final summative assessment
 - (b) Skill summaries
 - (c) Final evaluation of student performance (Visual Analog Scales)

Note: Since the PT MACS remains with the student from one internship to the next, the Progress Report provides a duplicate summative assessment of the student's performance from each internship for the academic program.

IV. ESSENTIALS OF DOCUMENTING STUDENT PERFORMANCE

- A. All documentation must be in permanent ink.
- B. Do not use correction fluid/tape, pencils or erasers.
- C. Errors are marked through with a single line.
- D. CI must initial all changes in ratings.
- E. The student completes the self-assessment before the CI's assessment.
- F. All **NI** (Not Independent) and **U** (Unacceptable) ratings require a written comment.
- G. The **U** rating also requires the CI to contact the student's ACCE or DCE immediately.
- H. The Progress Report is completed and discussed with the student at midterm and final evaluation conferences.
- I. The CI and student sign and date the midterm and final comments of the Progress Report.
- J. The Progress Report (5 pages) is returned to the ACCE or DCE at the end of the internship.

V. USE OF FORMS

- A. Skill Sheets
 - 1. The student and CI should read each skill and its objectives prior to the internship.
 - 2. The CI should identify objectives applicable to the particular setting.
 - 3. The CI should discuss or demonstrate behaviors the student is expected to exhibit in order to complete each skill.
 - 4. The student and CI rate the student's performance relative to all applicable objectives for the setting at midterm and final evaluations.

5. Notation of the practice setting in which the skill was practiced or completed should be made on the skill sheet in the table below the rating columns.
 - CI records the internship number and facility initials in the appropriate box.
 - If an internship is divided among multiple settings, this should be indicated as well.
6. Comments related to student performance are written in the lower section of the skill sheet.
 - Written comments *are required* for the **NI** and **U** ratings. Refer to pages 12-13 for examples.
7. Ratings and comments on previously approved skills are not necessary unless specified by the academic program.

B. Skill Sheets in Log Format

1. Logs are applicable to the following intervention skills:
 - Skills 17.2-17.4
 - Skills 17.7-17.9

Refer to example on page 14.

2. The log format is used for skills in which there are a variety of means by which to practice the skill (e.g. “Functional Training”).
3. The student’s performance with the activities listed on the logs is rated in the same manner as with the other skill sheets.

<p>Note: The academic program determines the number of interventions the student must complete for each of the skills containing a log.</p>
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C. Facility Identification Form

1. Found in the Forms section
2. Provide pertinent information about each internship experience for subsequent CIs and the academic program
3. If an internship is split among multiple settings within the same institution (e.g. 2 weeks in wound care and 6 weeks in acute care), each setting should be identified separately.

D. Progress Report

1. Found in the Forms section

2. Provides:
 - CI with a template for recording an organized summative evaluation of the student's performance
 - Student with a written summative evaluation of her/his performance
 - Academic program with a record of the student's performance from each internship
3. The Progress Report is a summative evaluation that is completed by the CI and discussed with the student at the midterm and final evaluations for each internship.
4. For short-term internships (4 weeks or less), the midterm portion of the Progress Report is not necessary unless required by the academic program.
5. The Progress Report is a duplicate record of the individual skill sheets, reflecting the student's performance at the present internship only.
6. The Progress Report is the only component of the PT MACS that is retained by the academic program following each internship as a record of the student's overall performance for that internship.
7. Documenting the Midterm Evaluation
 - CI completes the "Midterm Comments" section (pages 1 and 2).
 - CI schedules a midterm conference to review the evaluation with the student. Signatures of CI and student indicate that feedback was shared.
 - A midterm conference with the ACCE or DCE may also take place to review the student's progress.
8. Documenting the Final Evaluation
 - The CI's ratings of the student's performance on all skills attempted are transferred from the individual skill sheets to the skill summaries (pages 3 and 4) section of the Progress Report.

Note: The skill summaries are redundant because they contain a duplicate form of the ratings marked on the individual skill sheets. Since the Progress Report is the only component of the PT MACS that the academic program retains at the completion of each internship, this redundancy is necessary. The CI may ask the student to transfer the ratings from the individual skill sheets to the skill summaries, then verify for accuracy.

- The CI completes the “Final Comments” section.
- The CI completes both Visual Analog Scales (page 5).
 - (a) Scale 1: “Level of Performance at THIS Internship”
 - Criterion-referenced scale used by the CI to rate the student based on the level of clinical and academic experience the student has completed up to this point in time.
 - A hash mark is placed on the line designating the rating.
 - (b) Scale 2: “Level of Performance Compared to an Entry-Level Physical Therapist.”
 - Criterion-referenced scale used by the CI to rate the student based on what would be expected of a newly licensed entry-level physical therapist at that facility.
 - A hash mark is placed on the line designating the rating.
- CI schedules a final conference with the student to review the evaluation. Signatures of the CI and student indicate that the feedback was shared.

Note: The Progress Report (5 pages) is returned to the ACCE or DCE at the conclusion of the internship. The CI, CCCE and/or the student may keep a copy of these forms for personal records. Once the ACCE or DCE establishes the grade for the internship, the PT MACS is returned to the student for use on subsequent internships.

VI. RATING SCALE

The following rating scale has been developed for use with the PT MACS:

According to current standards of practice, the student's performance is:	
+	Above entry-level. Surpasses entry-level standards <i>for this setting</i> by meeting all <i>applicable</i> objectives; practices the skill safely, effectively, consistently and efficiently.
✓	Entry-level. Meets entry-level standards <i>for this setting</i> by meeting all <i>applicable</i> objectives; practices the skill safely and effectively.
NI	Not Independent. Below entry-level standards <i>for this setting</i> ; does not meet all <i>applicable</i> objectives; practices the skill with supervision or assistance from the CI requiring guidance and/or correction. <i>Requires comment by CI.</i>
U	Unacceptable. Well below entry-level standards <i>for this setting</i> ; does not meet <i>applicable</i> objectives even with repeated assistance from CI to correct deficits; practices the skill in an unsafe and/or ineffective manner even with repeated guidance from CI. <i>Requires comment by CI citing incidents/reasons for the rating; CI or CCCE must call DCE or ACCE as soon as possible once the student earns this rating.</i>
	Blank. Student has had no opportunity to practice the skill in this setting.

A. Basis for the Rating Scale

1. The PT MACS is designed so that the skills can be completed in a variety of practice settings.
2. The student may encounter facilities where certain objectives for the skill are not performed routinely by the physical therapist.
 - If this is the case, then the student should be rated based *only* on the objectives that are applicable for that facility.
 - The student should not be expected to fulfill an objective, if that objective is not applicable at the facility.
 - At the beginning of the internship the CI should identify:
 - Objectives applicable to the setting
 - Expectations of the student in order to earn an entry-level (✓) rating

Note: Ratings should be based **ONLY** on the objectives applicable at the facility in which the student is completing the internship.

B. Explanation of the **NI** and **U** Ratings

1. **NI rating:** The student is *not independent* because of one or more of the following:
 - Student requires cueing, prompting, reminding, instructing, guiding, or correcting to perform applicable objectives for the skill.
 - Student is not safe in performing the skill.
 - Student demonstrates errors in performance of the skill.

Note: CI must document specific behaviors that need improvement; referring to the objectives of the skill when applicable. Refer to example on page 12.

2. **U rating:** The student's performance is *unacceptable* because of one or more of the following:
 - Student engages in a single grievous incident that demonstrates gross unprofessional, unsafe, illegal or unethical behavior.
 - Student continues to perform the skill in an unsafe or ineffective manner *even after* receiving repeated guidance from the CI including written documentation of the incident(s) or problem(s).
 - Guidelines for Documenting the **U** Rating
 - Document the specific behavior(s) that resulted in the **U** rating citing objective(s) that apply to the rating
 - Document the extent and type of guidance, instruction, or counseling provided to the student leading up to the **U** rating.
 - If the documentation exceeds the space available for comments in the **PT MACS**, the CI must sign and date all additional documentation.
 - Refer to example on page 13

Note: When the student earns a **U** (Unacceptable) rating, the CI or CCCE must contact the ACCE or DCE immediately.

C. Initial Approval of a Skill

1. Once the student achieves entry-level standards by meeting all *applicable* objectives, the student earns the ✓ (entry-level) rating.
2. The student should self-assess by placing a ✓ in the row labeled “S” for student on the skill sheet.
 - If this occurs prior to or at midterm, the ✓ is placed in the box marked “midterm” for the column corresponding to the internship number.
 - If this occurs between midterm and final, then the ✓ is placed in the box marked “final” for the column corresponding to the internship number.
3. Following the student’s self-assessment, the CI will place the ✓ in the corresponding box labeled “CI” on the skill sheet.
4. The CI’s ✓ constitutes approval of the skill. Refer to example on page 11.
5. Either the CI or student (with permission from CI) will transfer the ✓ rating to the skill summaries, pages 3-4 of the Progress Report, found in the Forms section. The CI will record the date of the approval and his/her initials in the “Approved” column corresponding to the internship number.

D. Practice Setting Section of the Skill Sheet

1. The CI at each internship site should indicate the practice setting for the internship on the skill sheet by recording the internship number and the facility initials in the appropriate box.
2. Refer to example on page 11.

E. Comments Section of the Skill Sheet

1. The CI uses the space provided at the bottom of the page of each skill sheet to write comments.
2. Comments are required for all **NI** and **U** ratings. Refer to examples of comments for these ratings on pages 12-13.
3. The CI must record the date and his/her initials for the comments.
4. If additional documentation such as a remediation plan is created, the CI and the student must sign and date this additional documentation. A copy of this documentation should be sent to the student’s ACCE or DCE.

F. Approval of a Skill **During Subsequent** Internships

1. For each facility in which the student interns, the CI determines if the student is performing at entry-level in that setting. Refer to pages 3,4 and 9 for instructions in how to use the skill sheets.
2. For a previously approved skill, if the CI at a *subsequent* internship site determines that the student **is** performing at entry-level per the facility standards, the CI:
 - places a ✓ in the appropriate box for that internship, and
 - indicates the practice setting for the internship on the skill sheet by recording the internship number and the facility initials in the appropriate box. Refer to example on page 15.

Note: Before recording an NI or U rating on a subsequent internship, the CI should give the student adequate time to develop and demonstrate entry-level performance of the skills.

3. For a previously approved skill, if the CI at a *subsequent* internship site determines that the student **is not** performing at entry-level per the facility standards, the CI:
 - places an **NI** or **U** rating in the appropriate box on the skill sheet, and
 - documents in the comments section, describing specific behaviors the student must demonstrate in order to become entry-level for the setting. Refer to example on page 16.
4. Once the student earns an **NI** or **U** rating *for a previously approved skill at a subsequent site*, the student should be given adequate opportunities to develop entry-level performance of the skills through availability of appropriate learning experiences.
5. When the student's performance becomes entry-level, the CI indicates this approval by placing a ✓ rating in the "CI" box marked either "midterm" or "final" for the column corresponding to the internship number. Refer to example on page 17.
6. If after adequate opportunities, the student's performance does not achieve entry-level standards by the end of the internship, the **NI** or **U** rating remains unchanged.
7. The CI also transfers the final rating for the internship on the skill summaries (pages 3-4) of the Progress Report found in the Forms section. The CI will record the date of the approval and his/her initials in the column marked "Approved".

Note: The academic program may require certain skills to be approved during EACH internship regardless of previous approval status.

VII. Examples of Documentation

A. Example of Recording Initial Approval of a Skill

Skill #3		Communication Skills														
CLINICAL INTERNSHIP #	1		2		3		4		5							
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final						
STUDENT RATING	NI	✓														
CI RATING	NI	✓														
PRACTICE SETTING: Enter clinical internship # and facility initials for applicable setting(s)																
Acute	Rehab (IP/OP)	Pediatric (IP/OP)	OP Ortho	SNF/LTAC	ICU/CCU/NICU	Home Health										
1-BRMC																
Objectives applicable to this skill: <ol style="list-style-type: none"> Initiates verbal and written communication in a timely manner, choosing appropriate time and place. Uses English language effectively (verbal and written: correct grammar, spelling, expression, organization, and sequencing). Writes legibly. Uses effective non-verbal communication. Adjusts verbal and non-verbal communication to each person and situation. Listens actively and may include restating, reflecting, and clarifying messages. Follows all documentation policies and procedures of the facility. 																
<table border="1"> <thead> <tr> <th>Date</th> <th>Comments (required with rating of NI or U)</th> <th>CI</th> </tr> </thead> <tbody> <tr> <td>2-02-03</td> <td> <i>Internship # 1: NI rating for objective "e;" requires continual cues to speak in laymen's terms with patients and to sit next to rather than stand in front of patients during treatments.</i> </td> <td>RP</td> </tr> </tbody> </table>											Date	Comments (required with rating of NI or U)	CI	2-02-03	<i>Internship # 1: NI rating for objective "e;" requires continual cues to speak in laymen's terms with patients and to sit next to rather than stand in front of patients during treatments.</i>	RP
Date	Comments (required with rating of NI or U)	CI														
2-02-03	<i>Internship # 1: NI rating for objective "e;" requires continual cues to speak in laymen's terms with patients and to sit next to rather than stand in front of patients during treatments.</i>	RP														

B. Example of Recording Comments for NI rating

- All NI ratings require a comment that describes why the performance is not entry-level.

Skill #3 Communication Skills																			
CLINICAL INTERNSHIP #	1		2		3		4		5										
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final									
STUDENT RATING	✓	✓																	
CI RATING	NI	NI																	
PRACTICE SETTING: Enter clinical internship # and facility initials for applicable setting(s)																			
Acute	Rehab (IP/OP)		Pediatric (IP/OP)		OP Ortho		SNF/LTAC		ICU/CCU/NICU										
1-ABMC																			
Objectives applicable to this skill: <ol style="list-style-type: none"> Initiates verbal and written communication in a timely manner, choosing appropriate time and place. Uses English language effectively (verbal and written: correct grammar, spelling, expression, organization and sequencing). Writes legibly. Uses effective non-verbal communication. Adjusts verbal and non-verbal communication to each person and situation. Listens actively (may include restating, reflecting and clarifying messages). Follows all documentation policies and procedures of the facility. 																			
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Date	Comments (required with rating of NI or U)	CI																	
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3-01-03	<i>NI rating for objective "e;" difficulty with adjusting communication when working with cognitively impaired patients. Needs assistance to break commands into single steps and needs repeated cues to give patient extra time for processing information.</i>	LD																	

C. Example of Recording Comments for U rating

- All **U** ratings require a comment that describes why the performance is unacceptable. CI or CCCE should immediately contact the ACCE/DCE.

Skill #15		Evaluation and Diagnosis								
CLINICAL INTERNSHIP #	1		2		3		4		5	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
STUDENT RATING	NI	NI								
CI RATING	U	U								
PRACTICE SETTING: Enter clinical internship # and facility initials for applicable setting(s)										
Acute	Rehab (IP/OP)	Pediatric (IP/OP)	OP Ortho	SNF/LTAC	ICU/CCU/NICU	Home Health				
1-ABMC										
Objectives applicable to this skill: <ol style="list-style-type: none"> Categorizes symptoms into clusters, syndromes, or categories. Integrates all available data to formulate an evaluation and determine a diagnosis consistent with examination findings and current literature. Classifies patient's level of impairment, functional limitation, disability or handicap. Determines need for re-examination. Determines need for consultation with and/or referral to another professional. 										
Date	Comments (required with rating of NI or U)									CI
1-23-03	<i>Internship #1: U rating for objectives "a" and "b;" unable to synthesize information and arrive at correct clinical diagnoses even after several one-on-one sessions with CI to review previous patients' assessments and 2 opportunities to observe and discuss with CI deriving diagnosis on new patients. Also, as homework, CI asked student to write the evaluation and diagnosis for 3 patients this week. For each patient, student exhibited problems. See attached homework assignments with CI comments. DCE notified today via phone on 1-23-03. Remedial plan developed with student and DCE input on 1-24-03.</i>									RP
2-24-03	<i>U rating for objectives "b" and "d;" continues to struggle as noted above. Did not meet all the goals set in remedial plan. Also exhibited difficulty with determining need for consultation with another professional in several instances where it was warranted. Student did improve performance related to objective "a" and "b," but continues to require minimal assistance to achieve the objectives. Would recommend further remediation prior to next internship. See remedial plan for further clarification and addendum of suggestions for remediation. Left message for DCE today.</i>									RP

D. Example of Recording on the Skill Sheets with Log Format

Skill #17.4 Interventions: Manual Therapy (See log)

PRACTICE SETTING: Enter clinical internship # and facility initials for applicable setting(s)

Acute	Rehab (IP/OP)	Pediatric (IP/OP)	OP Ortho	SNF/LTAC	ICU/CCU/NICU	Home Health
			2-MHSMC			

Objectives applicable to this skill:

- Selects appropriate technique (e.g. soft tissue mobilization, joint mobilization/manipulation).
- Positions patient properly to achieve desired results.
- Applies technique correctly (e.g. hand placement, body mechanics, direction, stabilization, grade of movement, force, pressure, stroke).
- Modifies technique based on patient's response.

Date	Comments (required with rating of NI or U)	CI
1-30-03	Internship #2: Glenohumeral joint: NI rating for objective "a" and "c;" requires guidance to select appropriate mobilization for patient's problem; needs more practice to apply correct grade of mobilization and to stabilize joint.	JD
2-24-03	Proficient with glenohumeral and talocrural joint mobilization techniques; practiced variety of grades of movement using appropriate technique.	JD

Skill #17.4 Manual Therapy Log

Rate the student's performance for each manual therapy technique practiced.

Manual Therapy		1		2		3		4		5	
		Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Extremity Joint Mobilization/Manipulation	S			NI	✓						
	CI			NI	✓						
• Glenohumeral joint	S				✓						
	CI				✓						
• Talocrural joint	S				✓						
	CI				✓						
•	S										
	CI										

E. Example of Recording on a Previously Approved Skill During Subsequent Internships When: Student IS performing at entry-level for the setting

- Previous ratings are shown in column 1 for internship 1.
- The CI for internship 2 notes the approval (✓) rating and the practice setting for which the student continues to perform at entry-level for this skill.

Skill #3 Communication Skills																
CLINICAL Internship #	1		2		3		4		5							
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final						
STUDENT RATING	NI	✓	✓													
CI RATING	NI	✓	✓													
PRACTICE SETTING: Enter clinical internship # and facility initials for applicable setting(s)																
Acute	Rehab (IP/OP)		Pediatric (IP/OP)		OP Ortho		SNF/LTAC		ICU/CCU/NICU							
1 - BRMC					2 - HSMC											
<p>Objectives applicable to this skill:</p> <ul style="list-style-type: none"> a. Initiates verbal and written communication in a timely manner, choosing appropriate time and place. b. Uses English language effectively (verbal and written: correct grammar, spelling, expression, organization and sequencing). c. Writes legibly. d. Uses effective non-verbal communication. e. Adjusts verbal and non-verbal communication to each person and situation. f. Listens actively (may include restating, reflecting and clarifying messages). g. Follows all documentation policies and procedures of the facility. 																
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2-02-03	<i>Internship # 1: NI rating for objective "e;" requires continual cues to speak in laymen terms with patients and to sit next to rather than stand in front of patients during treatments.</i>	RP														

F. Example of Recording on a Previously Approved Skill During Subsequent Internships When: Student IS NOT performing at entry-level for the setting

- If the CI determines that the student is not performing at entry level for a previously approved skill, the CI places an **NI** or **U** rating in the appropriate column on the skill sheet.
- The CI must also document in the comments section, describing how the student needs to improve in order to become entry-level for the setting.
- Previous ratings are shown in column 1 for internship 1.

Skill #14.11 Tests and Measures: Range Of Motion																			
CLINICAL Internship #	1		2		3		4		5										
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final									
STUDENT RATING	<i>NI</i>	✓	✓																
CI RATING	<i>NI</i>	✓	<i>NI</i>																
PRACTICE SETTING: Enter clinical internship # and facility initials for applicable setting(s)																			
Acute	Rehab (IP/OP)		Pediatric (IP/OP)		OP Ortho		SNF/LTAC		ICU/CCU/NICU										
<i>1-HMC</i>					<i>2-ABMC</i>														
Objectives applicable to this skill: <ol style="list-style-type: none"> Observes passive and active joint ROM on uninvolved and involved sides. Selects and utilizes appropriate instrument. Identifies appropriate landmarks and measures accurately. Differentiates limitation due to joint restriction, pain or soft tissue restriction. Relates test findings to patient's functional status. 																			
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5-1-03	<i>Internship #2: NI rating for objective "b;" consistently requires cueing to select appropriate instrument to test spinal ROM.</i>	MN																	

G. Example of Recording on a Previously Approved Skill During Subsequent Internships

- Previous ratings are shown in column 1 for internship 1.

Skill #14.11 Tests and Measures: Range Of Motion																			
CLINICAL EXPERIENCE #	1		2		3		4		5										
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final									
STUDENT RATING	NI	✓	✓	✓															
CI RATING	NI	✓	NI	✓															
PRACTICE SETTING: Enter clinical internship # and facility initials for applicable setting(s)																			
Acute	Rehab (IP/OP)		Pediatric (IP/OP)		OP Ortho		SNF/LTAC		ICU/CCU/NICU										
1-HMC					2-ABMC														
<p>Objectives applicable to this skill:</p> <ul style="list-style-type: none"> a. Observes passive and active joint ROM on uninvolved and involved sides. b. Selects and utilizes appropriate instrument. c. Identifies appropriate landmarks and measures accurately. d. Differentiates limitation due to joint restriction, pain or soft tissue restriction. e. Relates test findings to patient's functional status. 																			
<table border="1"> <thead> <tr> <th>Date</th> <th>Comments (required with rating of NI or U)</th> <th>CI</th> </tr> </thead> <tbody> <tr> <td>1-20-03</td> <td> Internship #1: NI rating for objectives "a" and "c." Forgets to test PROM first and needs assist to identify what is causing the ROM restriction in patients with shoulder, ankle and hip joint dysfunction. </td> <td>JD</td> </tr> <tr> <td>5-1-03</td> <td> Internship #2: NI rating for objective "b;" consistently requires cueing to select appropriate instrument to test spinal ROM. </td> <td>MN</td> </tr> </tbody> </table>											Date	Comments (required with rating of NI or U)	CI	1-20-03	Internship #1: NI rating for objectives "a" and "c." Forgets to test PROM first and needs assist to identify what is causing the ROM restriction in patients with shoulder, ankle and hip joint dysfunction.	JD	5-1-03	Internship #2: NI rating for objective "b;" consistently requires cueing to select appropriate instrument to test spinal ROM.	MN
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Instructions: APPENDIX A

GLOSSARY OF TERMS AND CONCEPTS

Academic Coordinator of Clinical Education (ACCE) or Director of Clinical Education (DCE): the academic faculty member designated by the program to be responsible for the clinical education component of the educational program

Affective: the area of learning dealing with professional behavior, communication styles and interpersonal skills

Approval: to certify that the student's performance has met the established criteria of safe and effective performance expected of an entry-level physical therapist in a specific setting

Center Coordinator of Clinical Education (CCCE): the clinical staff member designated by the clinical education facility to be responsible for the clinical education program of the facility; may also serve as a clinical instructor (CI)

Clinical Instructor (CI): the physical therapist designated by the clinical facility to be responsible for the teaching and direct supervision of an assigned student; may also serve as the CCCE

Cognitive: the area of learning dealing with organization of thoughts, problem solving abilities and documentation skills

Competency: defined skills, knowledge and attitudes required for successful performance of a skill

Entry-level performance: level of knowledge, skills and professional behavior expected of a new graduate when entering the profession of physical therapy

Entry-level physical therapist: a graduate physical therapist entering the profession following completion of the educational program

Evidence-based practice: "Integrating individual clinical expertise with the best available external clinical evidence from systematic research: proficiency and judgment that individual clinicians acquire through clinical experience and practice. Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research and coverage decisions by health care plans."²⁻³

Formative assessment: an on-going assessment of clinical performance by the student (self-assessment) and the Clinical Instructor throughout the instruction phase for the purpose of providing feedback, improving learning, and revising learning experiences

- **Feedback:** is formative in nature and is given immediately; feedback delivers information and is described using nouns and verbs.

Generic abilities: affective behaviors critically important to physical therapy practice.¹

Psychomotor: the area of learning dealing with the performance of an activity, such as a patient treatment technique

Summative assessment: the final assessment of student performance at the completion of the instruction period, program, course or internship

- **Evaluation:** is summative in nature and occurs over time; an evaluation delivers a judgment and is described using adjectives and adverbs.

Visual Analog Scale (VAS): is typically a 10 cm line with descriptors at each end of the line in which a rater marks the location on the line that represents his/her perception in relation to the descriptors.⁸ The VAS in this document is a criterion referenced VAS that provides further guidance to the rater to mark on the line accordingly based on the student's clinical performance.

Instructions: APPENDIX B

TIPS FOR TEACHING IN THE CLINIC

The PT MACS is designed to assist the CI in incorporating the principles of formative evaluation into clinical teaching during internship experiences. Ongoing feedback and discussion of performance pertaining to the skills is essential to the student's learning.

- A. Give the student daily, informal feedback regarding performance.
 - 1. *Describe specific behaviors* rather than generic comments such as “You need to improve your ROM skills.”
 - 2. Example of feedback containing specific behaviors: *“The patient was in the incorrect position for measuring shoulder flexion ROM.”*
- B. Schedule a weekly meeting with the student to discuss performance, review the PT MACS and plan or revise learning experiences.
- C. Per principles of Adult Learning, expect the student to take primary responsibility for:
 - 1. Achieving completion of required skills
 - 2. Seeking opportunities to promote self-learning
- D. Require the student to use the PT MACS for ongoing self-assessment.
 - 1. The self-assessment is completed independently of *and* prior to the CI's assessment.
 - 2. After the CI rates the student's performance, discuss the accuracy of the student's self-assessment.
- E. Develop and update goals for the internship based on the student's strengths and weaknesses identified during this formative (ongoing) assessment process.
- F. Document, at the midterm and completion of the internship, an overall summative assessment of the student's performance using the Progress Report in the PT MACS.
- G. Contact the ACCE or DCE immediately when questions or problems arise.

Note: Written documentation and timely communication with the academic program by the student and CI are essential to assure early recognition of problems. Once a problem has been identified, a remediation plan should be implemented as soon as possible.

Instructions: APPENDIX C

APPLICATION OF THE PT MACS TO VARIOUS PRACTICE SETTINGS

With the PT MACS, the CI rates the student's performance based on what would be expected of an entry-level therapist for that setting. The objectives for each skill are used as guidelines to help the CI document whether or not the student meets entry-level expectations for their setting. Therefore, the CI should review each skill in the PT MACS and determine how it applies to their particular setting. The following examples illustrate how skills may be applied to situations in various practice settings.

Acute Care Setting

Your student has evaluated and treated a 65-year-old patient who was referred for "Evaluate and treat, WBAT" following an elective right TKA. From start to finish of the evaluation and treatment, the following skills might be appropriate for observation of the student's skill level:

Skill	Skill Title	Application of Skill in Acute Care Setting
1	Commitment to Learning	Welcomes learning opportunity and performs self evaluation
2	Interpersonal Skills	Responds confidently and respectfully to the situation
3	Communication Skills	Communicates (orally) effectively with patient and documents (written) appropriately in the medical chart
4	Effective Use of Time	Completes all tasks (chart review, exam, intervention, documentation) in a timely manner
5	Use of Constructive Feedback	Accepts feedback from CI, provides feedback to patient
6	Problem Solving	Identifies functional problems and provide solutions to address problems
7	Professionalism	Introduces self as student, obtains consent, projects professional image
8	Responsibility	Practices responsibly
9	Critical Thinking	Understands scientific evidence for the interventions selected
10	Stress Management	Maintains composure during difficult situations
11	Safety During Patient Management	Handles patient and equipment safely, asks for help if needed
13	History and Systems Review	Reviews medical record, conducts systems review
14.1	Aerobic Capacity	Measures vital signs, peripheral pulses
14.2	Arousal/Mentation/Cognition	Assesses patient orientation to day and time
14.3	Assistive/Adaptive Devices	Assesses appropriateness of walker
14.4	Gait/Locomotion	Analyzes gait
14.5	Skin Integrity	Assesses surgical wound site, skin integrity of sites at risk for breakdown
14.8	Muscle Performance	Performs gross muscle strength testing
14.11	ROM	Observes gross range of motion
14.12	Self Care/Home Management	Assesses transfers, bed mobility
14.13	Sensory Integrity	Tests superficial sensation
15	Evaluation/Diagnosis	Integrates data to formulate the evaluation and PT diagnosis
16	Plan of Care	Develops PT prognosis, goals, POC, DC Plan
17.1	Patient Related Instruction	Performs patient/family training for HEP
17.2	Therapeutic Exercise	Instructs patient in strengthening and ROM exercises
17.3	Functional Training	Performs transfer and gait training
17.5	Equipment Selection	Selects appropriate assistive device for home use
17.9	Mechanical Modalities	Applies CPM device correctly

Inpatient (IP) Rehabilitation Setting

Your student has been following a 21-year-old patient for one month who sustained a TBI in a motorcycle accident. The patient is to be discharged this week. The following skills would be appropriate to have observed over this time frame:

Skill	Skill Title	Application of Skill in the IP Rehabilitation Setting
1	Commitment to Learning	Locates appropriate resources, incorporates new knowledge into practice
2	Interpersonal Skills	Responds confidently and respectfully to adverse situations
3	Communication Skills	Communicates (orally) effectively with patient and documents (written) appropriately in the medical chart
4	Effective Use of Time	Completes all tasks in a timely manner
5	Use of Constructive Feedback	Accepts feedback from CI, provides feedback to patient, assesses own performance accurately
6	Problem Solving	Identifies functional problems, prioritizes problems and provides/implements solutions to address problems
7	Professionalism	Abides by policies and code of ethics, maintains confidentiality
8	Responsibility	Practices responsibly
9	Critical Thinking	Understands scientific evidence for the interventions selected, formulates new and alternative solutions
10	Stress Management	Copes with behavioral issues of patient
11	Safety During Patient Management	Handles patient and equipment safely, asks for help if needed
13	History and Systems Review	Reviews medical record, conducts systems review
14.1	Aerobic Capacity	Assesses autonomic responses
14.2	Arousal/Mentation/Cognition	Assesses extent of cognitive deficit
14.3	Assistive/Adaptive Devices	Assesses need for assistive/adaptive devices
14.4	Gait/Locomotion	Analyzes gait
14.7	Movement Analysis	Assesses balance strategies, fall risk
14.8	Muscle Performance	Performs manual muscle test
14.9	Neuromotor Function	Assesses reflexes, tone, coordination
14.10	Posture	Observes posture
14.11	ROM	Measures range of motion
14.12	Self Care/Home Management	Assesses transfers, bed mobility, self care
14.13	Sensory Integrity	Tests deep and cortical sensation
15	Evaluation/Diagnosis	Integrates data to formulate the evaluation and PT diagnosis
16	Plan of Care	Develops PT prognosis, goals, POC, DC Plan
17.1	Patient Related Instruction	Performs patient/family training for HEP
17.2	Therapeutic Exercise	Performs balance retraining, neuromuscular re-education
17.3	Functional Training	Performs ADL and IADL training
17.5	Equipment Selection	Selects appropriate equipment and instructs patient in its use
18	Delegation and Supervision	Delegates to and follows up with PTA
19	Care Delivery Management	Assumes responsibility for management of the patient by following up with case manager/3 rd party payer
20.1	Community Re-integration	Conducts IADL assessment
20.4	Orthotics	Assesses need for orthotics
21.1	Work re-integration	Incorporates activities to help patient return to work and/or school

Outpatient (OP) Orthopedics Setting

Your student will be evaluating and treating a 45-year-old patient referred for “low back pain”. The following skills would be appropriate to observe:

Skill	Skill Title	Application of the Skill in the OP Orthopedics Setting
1	Commitment to Learning	Locates appropriate resources, incorporates new knowledge into practice
2	Interpersonal Skills	Responds confidently and respectfully to adverse situation
3	Communication Skills	Communicates (orally) effectively with patient and documents (written) appropriately in the medical chart
4	Effective Use of Time	Completes all tasks in a timely manner
5	Use of Constructive Feedback	Accepts feedback from CI, provides feedback to patient, assesses own performance accurately
6	Problem Solving	Identifies problems and develops solutions with respect to the “vague” diagnosis
7	Professionalism	Abides by policies and code of ethics, maintains confidentiality
8	Responsibility	Practices responsibly
9	Critical Thinking	Understands the scientific evidence for the interventions selected, formulates new and alternative solutions
10	Stress Management	Copes with behavioral issues of patient
11	Safety During Patient Management	Handles patient safely with respect to vague medical diagnosis (e.g. low back pain)
13	History and Systems Review	Conducts systems review
14.1	Aerobic Capacity	Assesses autonomic responses
14.4	Gait/Locomotion	Analyzes gait
14.6	Joint Integrity	Assesses spinal joint mobility
14.7	Movement Analysis	Observes body mechanics
14.8	Muscle Performance	Performs manual muscle test
14.9	Neuromotor Function	Tests reflexes
14.10	Posture	Observes posture
14.11	ROM	Measures range of motion
14.12	Self Care/Home Management	Assesses transfers, bed mobility, self care
14.13	Sensory Integrity	Tests superficial, and deep sensation
15	Evaluation/Diagnosis	Integrates data to formulate the evaluation and PT diagnosis
16	Plan of Care	Develops PT prognosis, goals, POC, DC Plan
17.1	Patient Related Instruction	Performs patient/family training for HEP, body mechanics
17.2	Therapeutic Exercise	Instructs patient in dynamic trunk stabilization, McKenzie, etc
17.3	Functional Training	Refers patient to “Back School” program
17.4	Manual Therapy	Performs joint or soft tissue mobilization
17.7	Electrotherapeutic Modalities	If indicated
17.8	Physical Agents	If indicated
17.9	Mechanical Modalities	Performs traction
18	Delegation and Supervision	Delegates to and follows up with PTA
19	Care Delivery Management	Assumes responsibility for management of the patient by coding accurately and following up with case manager
20.3	Ergonomic Assessment	Performs work site evaluation

School Based Pediatric Setting

Your student will be re-evaluating and following a 12-year-old female with cerebral palsy who just underwent Bilateral Hip osteotomies 6 weeks ago. She has returned to school. The patient is ambulatory with assistance using a rolling walker.

Skill	Skill Title	Application of the Skill in the School Based Pediatric Setting
1	Commitment to Learning	Locates appropriate resources, incorporates new knowledge into practice
2	Interpersonal Skills	Responds confidently and respectfully to adverse situation
3	Communication Skills	Communicates (orally) effectively with patient and documents (written) appropriately in the medical chart
4	Effective Use of Time	Completes all tasks in a timely manner
5	Use of Constructive Feedback	Accepts feedback from CI, provides feedback to patient, assesses own performance accurately
6	Problem Solving	Identifies problems and develops solutions
7	Professionalism	Abides by policies and code of ethics, maintains confidentiality
8	Responsibility	Practices responsibly
9	Critical Thinking	Understands the scientific evidence for the interventions selected, formulates new and alternative solutions
10	Stress Management	Copes with behavioral issues of patient
11	Safety during Patient Management	Handles patient and equipment safely, asks for help if needed
13	History and Systems Review	Conducts systems review
14.2	Arousal/Mentation/Cognition	Assesses cognitive level
14.3	Assistive/Adaptive Devices	Assesses need for walker, braces
14.4	Gait/Locomotion	Analyzes gait
14.6	Joint Integrity	Assesses lower extremity joint integrity
14.7	Movement Analysis	Observes functional movement patterns
14.8	Muscle Performance	Performs manual muscle test
14.9	Neuromotor Function	Assesses reflexes, tone
14.10	Posture	Observes posture
14.11	ROM	Measures range of motion
14.12	Self Care/Home Management	Assesses transfers, self care, toileting
14.13	Sensory Integrity	Tests Superficial, deep and cortical sensation
15	Evaluation/Diagnosis	Integrates data to formulate the evaluation and PT diagnosis
16	Plan of Care	Develops PT prognosis, goals, POC, DC Plan
17.1	Patient Related Instruction	Performs patient or teacher training for mobility, positioning
17.2	Therapeutic Exercise	Performs strengthening, neuromuscular re-education
17.3	Functional Training	Performs gait training, transfer training, IADL training
17.5	Equipment Selection	Selects appropriate devices for gait
18	Delegation and Supervision	Delegates to and follows up with PTA
19	Care Delivery Management	Follows up with school system team, assumes responsibility for management of the patient
20.1	Community Re-integration	Conducts IADL assessment
21.1	Community Re-integration	Incorporates activities to return to prior level of community participation
22.1	Outcomes Assessment	Participates in outcomes assessment plan set forth by the school district

References

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Additional Resources:

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