**EAST TENNESSEE STATE UNIVERSITY PHYSICAL THERAPY PROGRAM**

**MID-TERM AND FINAL ASSESSMENT FOR CLINICAL PRACTICUM II**

**SAMPLE**

Due the brevity of the Clinical Practicums, we utilize this shortened evaluation form for the mid-term and final evaluation of Clinical Practicum II.

The students MUST have a mid-term and final assessment for their educational development and academic protection. At mid-term (by day 10) of Clinical Practicum II, complete the mid-term assessment. The CI completes the CI copy and the student completes the student copy. Then come together for discussion by day 10. The student will submit both midterm copies via D2L.

At the final assessment (by day 20) of Clinical Practicum II, complete the final assessment. Again, the CI completes the CI copy and the student completes the student copy. Then come together for discussion by day 20. The student will submit both copies via D2L. I need to have both the CI’s signature and student’s signature with dates on the midterm and final assessment. Electronic signatures are acceptable.

Please evaluate the following behaviors on a 1-4 scale:

Grading Definitions (New England Consortium Rating Scale\*\*):

*N/O or N/A* = not observed/not applicable

**1 – CONSTANT SUPERVISION**: Does not meet the stated objective. The student requires continuous verbal cueing or continuous physical assistance from the clinical instructor.

**2 – SUPERVISION**: Meets the stated objective with inconsistencies. The student needs verbal cueing or physical assistance from the clinical instructor.

**3 – GUIDANCE**: Consistently meets the stated objective. Student needs advice from the clinical instructor to expand knowledge or skills

**4 – CONFIRMATION**: Consistently meets the stated objective. Student confers with the clinical instructor prior to or following an activity for the purpose of sharing information and/or validating decision-making.

*Minimum* expectations for the FINAL assessment are shaded gray. It is expected that students may have a wide range of scores. The shaded is merely the minimum expectation. Comments, when present, should support rankings.

**Student MIDTERM ASSESSMENT: Student Name** Click here to enter text.

|  | **N/O**  **N/A** | **1** | **2** | **3** | **4** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Professional Behavior** |  |  |  |  |  |  |
| \*Present self in a professional manner |  |  |  |  |  | Click here to enter text. |
| \*Communicate in ways that are congruent with situational needs |  |  |  |  |  | Click here to enter text. |
| \*Adheres to ethical standards |  |  |  |  |  | Click here to enter text. |
| \*Adheres to legal standards |  |  |  |  |  | Click here to enter text. |
| \*Demonstrates professional behaviors when interacting with others. |  |  |  |  |  | Click here to enter text. |
| **Safety** |  |  |  |  |  |  |
| Displays awareness for the safety of patients. |  |  |  |  |  | Click here to enter text. |
| Uses proper body mechanics and requests assistance when necessary. |  |  |  |  |  | Click here to enter text. |
| **Documentation** |  |  |  |  |  |  |
| Completes documentation in a timely manner |  |  |  |  |  | Click here to enter text. |
| Uses appropriate abbreviations |  |  |  |  |  | Click here to enter text. |
| Utilizes SOAP note format appropriately |  |  |  |  |  | Click here to enter text. |
| **Clinical Skills** |  |  |  |  |  |  |
| ROM |  |  |  |  |  | Click here to enter text. |
| Strength Assessment |  |  |  |  |  | Click here to enter text. |
| Postural Assessment |  |  |  |  |  | Click here to enter text. |
|  | **N/O**  **N/A** | **1** | **2** | **3** | **4** | **Comments** |
| Gait Assessment |  |  |  |  |  | Click here to enter text. |
| Physical agents: (thermal and mechanical) |  |  |  |  |  | Click here to enter text. |
| Therapeutic exercises and procedures |  |  |  |  |  | Click here to enter text. |
| Gait/transfer training using assistive devices (crutches, walkers, etc.) on level and uneven surfaces, ramps, stairs. |  |  |  |  |  | Click here to enter text. |
| Assess appropriate vital signs |  |  |  |  |  | Click here to enter text. |
| Performs PT examination (progresses towards less supervision) |  |  |  |  |  | Click here to enter text. |
| Establishes PT diagnosis |  |  |  |  |  | Click here to enter text. |

| Educate others (patients, family, caregivers, staff, students, other health providers) using relevant and effective teaching methods. |  |  |  |  |  | Click here to enter text. |
| --- | --- | --- | --- | --- | --- | --- |
| OTHER ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | Click here to enter text. |
| **Problem Solving** |  |  |  |  |  |  |
| Able to extrapolate and integrate appropriate information from medical record |  |  |  |  |  | Click here to enter text. |
| Can explain rational for test and measure choices |  |  |  |  |  | Click here to enter text. |
| Can recognize the need for changes in plan of care |  |  |  |  |  | Click here to enter text. |
|  | **N/O**  **N/A** | **1** | **2** | **3** | **4** | **Comments** |
| Regularly and independently takes responsibility to integrate evidence based practice |  |  |  |  |  | Click here to enter text. |
| **Cultural Competence** |  |  |  |  |  |  |
| Adapts delivery of physical therapy care to reflect respect for and sensitivity to individual differences |  |  |  |  |  | Click here to enter text. |
| Communicates with sensitivity for differences in race, religion, gender, age, & sexual orientation. |  |  |  |  |  | Click here to enter text. |
| Aware of and suspends own social and cultural biases. |  |  |  |  |  | Click here to enter text. |
| **Additional Skills, items or comments** |  |  |  |  |  |  |
| Comments regarding mutual goals set in week one: |  |  |  |  |  | Click here to enter text. |
| Final Comments  *Areas of Strength* |  |  |  |  |  | Click here to enter text. |
| *Areas for Growth* |  |  |  |  |  | Click here to enter text. |

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CI printed name and signature (electronic accepted is scan not available) / Date (mid-term)

\*This electronic signature indicates that I have reviewed this document and shared it with the student/CI

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Student printed name and signature (electronic accepted if scan not available/convenient) / Date (mid-term)

\*This electronic signature indicates that I have reviewed this document and shared it with the CI

\*\* Adapted from New England Consortium Scale (NECACCE.org)