Second Full Time Experience PERFORMANCE EXPECTATIONS

Title	Two Weeks	Four Weeks	Six Weeks	Eight Weeks	Ten Weeks
Self- Assessment/ Reflection	With supervision, following patient interaction, provides general description of clinical performance related to safety, communication and clinical decisions	With guidance, provides more specific information about performance in cognitive, affective, and psychomotor domains and how this has changed over time	Beginning to break down "constructs" (i.e., examination/ intervention) and describe performance with Clinical Instructor guidance	Following patient interaction, describes performance in areas that address weekly goals with occasional guidance	Based on self- assessment of needs, generates more specific questions for Clinical Instructor
Accountability/ Responsibility	Identifies knowledge deficits and resources with Clinical Instructor's assistance	Identifies knowledge level needs and seeks CI assist to break down topics into meaningful learning units	. Applies general information learned from one situation to a similar situation Routinely identifies and follows up on areas where there are knowledge deficits.	. Uses resources (other team members) beyond CI to fill knowledge gaps . Plans daily schedules with general sense of entire team/service needs with Clinical Instructor's assistance	Routinely plans for patients during absences with assistance Consistently reviews schedule in advance to maximize productivity
Patient Rapport	 Appropriately introduces self to patient Provides information about role with guidance Uses professional languages Recognizes patient non-verbal 	Consistently introduces self and provides basic explanation of role Recognizes patient non-verbal communication and seeks assistance to modify approach Identifies barriers	Recognizes non-verbal communications and modifies communication plans with guidance Demonstrates listening skills by reframing questions with guidance	Keeps patient informed of physical therapy plan across treatment with guidance . Recognizes when patient verbal/non- verbal responses do not correspond,	Informs patient about treatment plans across treatment Recognizes when communication is not effective and attempts to modify. Seeks guidance if needed.

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	communication with assistance	to communication with assistance		attempts to clarify	Develops patient confidence
Advocacy	Listens and attends to patient's/families' concerns	With assistance, identifies when patient/family concerns may benefit from resources outside physical therapy		With assistance, describes variety of resources available to meet patient's needs	With guidance, recognizes when team/patient/PT goals are not in synch and seeks assistance of CI to develop advocacy plan
Culture		With assistance, discusses "culture" in context of impact of disease/injury hospitalization on patient's life roles	With assistance, identifies ways that "culture" impacts engagement/ participation in physical therapy	Recognizes when patient values and own values differ and discusses potential impact on care provided	With assistance, modifies physical therapy approach to meet "cultural" needs
Safety	. With assistance, recognizes when information from chart, electronic tools, interview may represent safety concerns . With guidance/supervision, sets up clinical environment to maintain patient's safety	. Brings safety questions forward to Clinical Instructor and, with assistance, modifies approach . Identifies new/unfamiliar components of environment and seeks help to learn safety aspects	. Accurately monitors patient hemi-dynamic/ verbal response during treatment to maintain safety	. Consistently maintains basic levels of safety with all patient's interactions Identifies new/unfamiliar components of environment and with guidance suggests possible ways to maintain safety with Clinical Instructor	Recognizes change in status that would impact safety – consistently stops treatment

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Clinical	Locates information in	. Places data in	With guidance,	Consistently reviews	
Knowledge/	medical records, CAS,	appropriate	identifies implications	available data	Beginning skills in
Decision Making	LMR, results and places	location on form	of data collected for	/subjectively	"selectively" reviewing
	on form	. With guidance,	focus of the objective	reassess pt and	aspects of
Use of Medical		uses data from	examination and	identifies changes	chart/electronic data
Record/		chart to plan	more definitive area	that may impact PT	to determine if patient
Electronic Data		subjective	to examine outside	care, brings	is appropriate for PT
		examination and	basic MDS	appropriate	
		implications for		questions to CI to	
		basic		plan modifications	
		examination/MDS			
Subjective	With assistance,	With guidance,	With Clinical	Recognizes when	In situations where
Interview	plans/executes	interviews patient and	Instructor guidance,	questioning is not	questioning is not
	subjective examination	gets sufficient data to	modifies questions to	effective in getting	effective, attempts to
	with Clinical Instructor	plan for basic	get full set of data	data and seeks help	understand barriers
	assistance required to	examination,	and develop an		and with CI guidance
	obtain complete data	including information	examination plan		modify approach
	set	around pain, function			
		and life roles			
Objective	. Familiar with basic	. Completes	. With I guidance,		Collects enough,
Examination	tests and measures	screen/MDS with	completes more		reliable data to begin
	needed to complete	guidance	definitive testing		to understand function
	screen/MDS.	. With assist,	for familiar		problem
	With guidance,	completes more	situations		
	accurately completes	definitive testing	. Consistently		
	components of basic	for familiar	screens above and		
	examination	situations.	below area of injury		
Evaluation	Describes patient's	. Describes	. With guidance,	With assistance,	With guidance,
	functional problem and	relationships	describes factors	prioritizes	prioritizes impairment
	develops impairment	between data	that are limiting	impairment in	in relationship to
	list from data collected	collected and	patient's functional	relationship to	functional problems

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	with assitance	functional problem for familiar patients . Describes patient's life roles	problem and beginning skills to prioritizes them . Outlines relationship between functional problems and life roles	functional problems Identifies patient strengths and barriers related to improving functional status	With asssitance develops patient prognosis	
POC	Based on data collected and outlined impairment, develops basic plan for treatment session	. With assistance, establish realistic ST goals . With supervisor, outlines appropriate frequency, intensity, and duration for familiar patients . Based on data collected and outlined impairment, develops basic plan for treatment session	. With guidance, outlines frequency, intensity, and duration of physical therapy . With guidance, outlines treatment progression . With guidance, presents findings and intervention plan to noncomplex/familiar patients	Develops realistic ST goals for familiar patients With assistance, to develop LT goals/prognosis With Clinical Instructor, goes to literature to help establish prognosis Outlines appropriate frequency and intensity of intervention for familiar patients Based on re-examination, reviews intervention plan and, with guidance, plans	Develops realistic ST goals for familiar patients With guidance, develops LT goals, assist for prognosis Initiates review of literature to help establish prognosis, Clinical Instructor assistance to apply to patient With guidance, outlines changes in status and modification of intervention plan to patient	

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				for treatment modifications	
Procedural Intervention	Demonstrates knowledge of safety when performing treatment interventions	Safety performs familiar treatment interventions	Recognizes when intervention is not effective and seeks assistance to modify	Prior to treatment, develops alternative intervention plan in event it does not work	Recognizes intervention plan is not effective and and with assist assesses why. Modifies treatment pan with assist during session.
Palpation/ Handling Skills	. Seeks patient's permission before touching and applies knowledge of basic landmarks and soft tissue conditions during palpation . Protects self and patient during transitional movement	Beginning to describe different soft tissue conditions and movement patterns Accurately describes bony landmarks while performing manual skills	With guidance, varies palpation intensity to meet situation needs With guidance, uses tactile, visual and verbal cueing to guide basic movement	. With guidance, uses acceptable terminology to describe outcomes of soft tissue palpation and movement patterns	Recognizes when palpation skills are not achieving desired response and seeks help
Range of Skills	For familiar patient, performs bed mobility, transfers, gait training, vital signs, A&P ROM, general stretching with guidance	. For familiar patient, performs bed mobility, transfers, gait training, vital signs, A&P ROM general stretching Seeks guidance as needed		Performs basic intervention for familiar patients with assistance for definitive/specific testing/manual skills	With assistance, developing more specific hands-on skills to maximize effectiveness
Teamwork/	. Describes floor	Consistently interacts	Identifies need to	Initiates discusses	For familiar situations,

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Callabarration				with Clinical	
Collaboration, Interdisciplinary	organization/ hierarchy, team member roles . With assistance, develops collegial relationships	with nurse, case manager, and other disciplines with guidance	involve team and with guidance, presents patient's needs to team members	with Clinical Instructor about needs for team interaction and carries out	carries out team's interactions and seeks assistance in situations of potential conflict
Productivity	(Treat) these patients)				
Inpatient	2-3	3	3-4	3-4	4
Outpatient	4-5	5	5-6	6	6-7