

**JACKSON STATE COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
CLINICAL PERFORMANCE INSTRUMENT FACE SHEET**

(HOME HEALTH EXPERIENCE ONLY)

STUDENT INFORMATION

Student's Name: _____
Date of Clinical Experience: _____ Course Number: PTAT 2494

**Upon completion of the clinical experience and the final evaluation please
return this finalized form within THREE business days to:**

CLINICAL EDUCATION SITE INFORMATION

Name of Clinical Site: _____

Address: _____

Phone: (____) _____ ext. _____ Fax: (____) _____

Email: _____

*Primary Clinical Instructor's Name: _____

Days Absent: _____, Reason: _____

Days Late: _____, Reason: _____

Were Days Made Up? Yes _____ No _____ How many? _____

*Additional CI Names: _____

Center Coordinator of Clinical Education's Name: _____

**JSCC – PTA Program (Attn: Felicia Ingram or Patty Easley)
2046 North Parkway
Jackson, TN 38301
Fax: 731-425-9551**

***CIs: FOR CONTINUING COMPETENCY EVIDENCE PLEASE COMPLETE AND
SUBMIT THE CLINICAL TEACHING VERIFICATION FORM FOUND UNDER "CI
RESOURCES" ON OUR [CLINICAL EDUCATION WEB PAGE](#). SEND TO
fingram3@jssc.edu or peasley@jssc.edu**

Student Clinical Education Experience
Home Health Rotation Performance Evaluation
Adapted from the Clinical Performance Instrument (CPI) (APTA, 2009)

Instructions: For the following criterion please mark *Yes, No or Not Observed. Please use the comments section to express any concerns and to indicate the areas where students performed with distinction.

1. **Performs in a safe manner that minimizes risk to patient, self, and others.**
Yes _____ No _____ Not Observed _____
2. **Demonstrates expected clinical behaviors in a professional manner in all situations. .**
Yes _____ No _____ Not Observed _____
3. **Performs in a manner consistent with established legal standards, standards of the profession, and ethical guidelines.**
Yes _____ No _____ Not Observed _____
4. **Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.**
Yes _____ No _____ Not Observed _____
5. **Communicates in ways that are congruent with situational needs.**
Yes _____ No _____ Not Observed _____
6. **Participates in self-assessment and develops plans to improve knowledge, skills, and behaviors.**
Yes _____ No _____ Not Observed _____
7. **Demonstrates clinical problems solving skills.**
Yes _____ No _____ Not Observed _____
8. **Performs selected therapeutic exercises in a competent manner.**
Yes _____ No _____ Not Observed _____
9. **Applies selected manual therapy, airway clearance, and integumentary repair and protection techniques in a competent manner.**
Yes _____ No _____ Not Observed _____
10. **Applies selected physical agents and mechanical modalities in a competent manner. .**
Yes _____ No _____ Not Observed _____
11. **Applies selected electrotherapeutic modalities in a competent manner.**
Yes _____ No _____ Not Observed _____

12. Performs functional training in self-care and home management and application and adjustment of devices and equipment in a competent manner.

Yes _____ No _____ Not Observed _____

13. Produces quality documentation in a timely manner to support the delivery of physical therapy services.

Yes _____ No _____ Not Observed _____

14. Participates in the efficient delivery of physical therapy services.

Yes _____ No _____ Not Observed _____

***Indicates that the student has achieved **Entry-level Performance.**

****A student who is capable of completing tasks, clinical problem solving, and interventions/data collection for patients with simple and complex conditions under general supervision of the physical therapist. At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving and intervention/data collection. The student is capable of maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective manner with the direction and supervision of the physical therapist (APTA, 2009).**

Comments:

Signature of Student and Date

Signature of Clinical Instructor and Date