


**PHYSICAL THERAPIST
CLINICAL PERFORMANCE
INSTRUMENT**
Revisions and Current Status


*Educational Leadership Spanning Classroom
and Clinic: Solving Problems, Creating
Solutions*

Pasadena, CA
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PT CPI REVISION GROUP MEMBERS

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SESSION OBJECTIVES

- Upon completion of this session, you will be able to:
 - Describe the rationale for and process used to revise the PT CPI.
 - Discuss the changes made to the PT CPI from the 1997 to the 2006 versions.
 - Describe how the PT CPI can inform curricular decisions.
 - Explain how the PT CPI is used to assess student performance in relation to expectations.


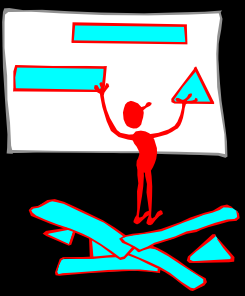


SESSION OBJECTIVES

- Upon completion of this session, you will be able to:
 - Discuss the purpose of on-line competency-based training for the PT CPI.
 - Define the purpose and scope of the field study.
 - Explain the timeline for the completion of the PT CPI.




WHY REVISE THE PT CPI?




RATIONALE

- Final version of the PT CPI not tested psychometrically
- Research on the PT CPI (ie, Francis, Hayes, Salzman, et al, Straube and Campbell, Adams, Fish, Hughes et al, Vendrely and Carter, Giles and Wetherbee, English, Wurth, Ponsler, and Milam)
- Feedback and comments provided by users of the PT CPI (eg, academic programs (ACCEs/DCEs), CIs, CCCEs, students, and others) identified strengths and deficiencies






RATIONALE

- Revised *Normative Model for Physical Therapist Professional Education: Version 2004*
- New CAPTE PT Evaluative Criteria effective January 1, 2006
- Necessary to conduct periodic and ongoing review and revision of APTA documents – PT CPI 1997





WHAT FEEDBACK GUIDED THE REVISIONS OF THE CPI?





 **RESEARCH ON CURRENT PT CPI**

- Frequency of “Not Observed” and Variability of “With Distinction” (Straube and Campbell)
- Rater discrimination in the use of the VAS (Straube and Campbell)
- Variations on minimal acceptable performance expectations (Giles and Wetherbee)



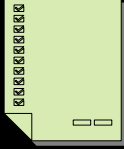

 **RESEARCH ON CURRENT PT CPI**

- Influence of training on rating of student clinical performance (Vendrely and Carter)
- Reservations about criteria and length (Francis, Hayes, Salzman, and Haas)
- Lack of predictive validity and interrater reliability (Adams, Fish, Hughes, et al)
- Use as a grading tool by ACCEs (English, Wurth, Ponsler, et al)

USER FEEDBACK ON CURRENT PT CPI




- **Survey Development**
 - How is the CPI utilized?
 - How do you determine/interpret VAS ratings?
 - What works well with the current PT CPI?
 - What would improve the current PT CPI?

USER FEEDBACK ON CURRENT PT CPI

376 Respondents

- 86 Students
- 104 Clinical Instructors
- 99 Center Coordinators of Clinical Education
- 76 Academic Coordinators/Directors of Clinical Education
- 11 Others

POSITIVE ASPECTS OF CURRENT PT CPI

- Objective feedback on student performance
- Standard across the profession
- Ample space for comments
- Ability to demonstrate student progression on VAS
- Broad scope of performance criteria



AREAS FOR ENHANCEMENT

- Length
- Redundancy
- Rating scale (VAS)
- Sample behaviors
- Congruency (eg, *Guide to PT Practice/PT Normative Model*)
- Consistent instrument training
- Design a user-friendly electronic version



FEEDBACK PROCESS ON DRAFT OF REVISED CPI

- 1ST Draft revision provided to users
- Requested trial use
- Re-surveyed electronically for feedback
- Results collected and analyzed
- Modifications made




WHAT'S CHANGED FROM THE FIRST VERSION OF THE PT CPI?



PT CPI CHANGES

- Consistency in language related to APTA documents
- Improved directions for student, CI, and ACCE/DCE
- Clarification and increased number of sample behaviors for performance criteria
- Page redesigned for each performance criterion



SAMPLE PAGE EVALUATION*

9. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

SAMPLE BEHAVIORS

- Synthesizes examination data and identifies pertinent impairments, functional limitations* and quality of life.
- Makes clinical judgments based on data from examination (history, system review, tests and measurements).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency.)


RATING SCALE

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm Final


PT CPI CHANGES

- Increased emphasis on performance dimensions in narrative comments
- Matched PT CPI performance criteria with CAPTE's 2006 curricular standards
- Identification of resources such as critical incident report, anecdotal record, learning contract
- On-line competency based training




PT CPI CHANGES

- Reduction in the number of performance criteria from 24 to 18
- Grouped by aspects of practice
 - Professional practice (Items 1 – 6)
 - Patient management (Items 7 – 15)
 - Practice management (Items 16 – 18)
- Removal of “not observed” box
- Removal of “with distinction” box




PT CPI CHANGES

- Elimination of the 100 mm visual analog scale (VAS)
- VAS replaced with an ordered categorical scale with specific criteria
 - 6 well-defined anchors that define 5 distinct intervals
 - Anchors based on level of performance (ie, beginning, advanced beginner, intermediate, advanced intermediate, entry-level, beyond entry-level)



COMPONENTS OF THE FORM

- Each component is defined and described in detail
 - Performance Criteria (18)
 - Red Flag Item
 - Sample Behaviors
 - Midterm and Final Comments
 - Performance Dimensions
 - Rating Student Performance
 - Anchor Definitions
 - Significant Concerns Box
 - Summative Comments




RATING SCALE



Rate this student's clinical performance based on the sample behaviors and comments above:

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Beginning Performance Advanced Beginner Performance Intermediate Performance Advanced Intermediate Performance Entry-level Performance Beyond Entry-level Performance



ANCHOR DEFINITIONS



BEGINNING PERFORMANCE

- Student requires close clinical supervision 100% of the time
- Constant monitoring and feedback, even managing patients with simple conditions
- Performance is inconsistent
- Clinical reasoning is inefficient
- Student does not carry a caseload



ENTRY-LEVEL PERFORMANCE

- Student requires no guidance/supervision managing patients with simple or complex conditions
- Consults with others and resolves unfamiliar or ambiguous situations
- Consistently proficient and skilled in simple and complex tasks for examinations, interventions, and clinical reasoning
- Capable of maintaining 100% of a full-time PT's caseload in a cost effective manner



BEYOND ENTRY-LEVEL PERFORMANCE

- Student is consistently proficient at skilled examinations, interventions, and clinical reasoning and is capable of serving as a consultant or resource for others
- Willingly assumes a leadership role for managing patients with more difficult or complex conditions
- Capable of supervising others



HOW CAN THE PT CPI INFORM CURRICULAR DECISIONS?

- Monitor the percentage of students who achieve Entry-level or Beyond Entry-level Performance at the completion of the final clinical education experience.
- Monitor students' performance on the PT CPI criteria as matched with the Evaluative Criteria for PT Programs (Appendix B).



HOW CAN THE PT CPI INFORM CURRICULAR DECISIONS?

- Examine individual performance criterion across students at the same clinical level
 - Determine if there are trends that might indicate strengths or limitations in the curriculum reflected by students in the aggregate



HOW IS THE PT CPI USED TO ASSESS STUDENT PERFORMANCE COMPARED TO EXPECTATIONS?

- The academic program is responsible for writing specific expectations (learning objectives) for each experience based on:
 - Previous course work completed
 - Previous clinical education experiences
- Clinical faculty use the tool to rate students based on their observations and the established anchor definitions.



HOW IS THE PT CPI USED TO ASSESS STUDENT PERFORMANCE COMPARED TO EXPECTATIONS?

- Change in student performance is reflected as...
 - the student progresses on the rating scale from the far left anchor (novice clinical performance) to the right anchor (entry-level performance or beyond entry-level)
 - the student progresses within an interval and between anchors
 - noted in the written comments
- Another measure of progress towards the performance expectations is the student's self-assessment

WHY REQUIRE ON-LINE COMPETENCY-BASED TRAINING?



COMPETENCY-BASED TRAINING

- Feedback from ACCEs/DCEs, Center Coordinators of Clinical Education (CCCEs), CIs, and students revealed
 - Inconsistencies with the use of the PT CPI
 - Breaches of validity
 - Breaches of copyright law



COMPETENCY-BASED TRAINING

- Valid assessment of student performance is in the best interest of the patient, student, and academic program.
- Therefore, education about using the PT CPI is in the best interest of all parties.



COMPETENCY-BASED TRAINING

- Physical therapists have greater access to computers and the Internet than in 1997 when the PT CPI was created.
- On-line format facilitates
 - Easy access to the training module
 - Consistency of training content for all parties
 - Valid use of the revised tool
 - Adherence to copyright laws



COMPETENCY-BASED TRAINING

- The goal of the training module is for participants to be able to use the revised APTA *Physical Therapist Clinical Performance Instrument (PT CPI)* to accurately evaluate student clinical performance.



TRAINING PROGRAM CONTENT

- Information about copyright law
- How the PT CPI has changed from the original version
- Explanation of the components of the instrument



TRAINING PROGRAM CONTENT

- Information about how to use the form
 - CI
 - Student
 - ACCE/DCE
- Mini-assessments throughout the training
- Final assessment based on scenarios of student clinical performance



WHAT IS THE PURPOSE OF THE 2005-2006 PT CPI FIELD STUDY?

WHAT DOES THE STUDY INCLUDE?



PURPOSE

- To conduct a number of studies that will offer converging evidence for validity to the CPI
 - Cross-sectional studies
 - Longitudinal studies
 - Compare to an external reference (criterion-referenced validity)



CROSS-SECTIONAL STUDY

- At one point in time, assess students who are at varying points in their curriculum
- Underlying assumption: the CPI should be able to distinguish students who are early in their training versus those at later stages of training




LONGITUDINAL STUDY

- The CPI will be administered during the beginning and end of varying lengths of clinical education including an extended internship (1-year, full-time and 6 week full-time)
- Underlying assumption: the CPI will be responsive to the student's improvement in clinical knowledge, skills, and behaviors




CRITERION REFERENCE

- The CPI will be compared to an external reference (clinical assessment tool used at the University of Pittsburgh)





FIELD STUDY PARTICIPATION

- To date confirmed:
 - 35 US academic programs
 - 4 Canadian academic programs
 - 20 US clinical sites
 - 10 Canadian clinical sites
- More clinical sites and programs are being added as students are assigned through March 2006



WHAT IS THE TIMELINE TO COMPLETE THE REVISION AND TESTING OF THE PT CPI?



TIMELINE FOR PT CPI REVISION

- **September 2005 – March 2006**
 - Field Study conducted
- **December 2005**
 - Ad Hoc PT CPI Revision Group Meeting
 - Preliminary data compilation on PT CPIs completed on student experiences
 - Data analysis for on-line training completed to date
 - Begin writing manuscript



TIMELINE FOR PT CPI REVISION

- **March 2006**
 - Complete field study
- **March – April 2006**
 - Data analysis
 - Ad Hoc PT CPI Revision Group Meeting
 - Data analysis on PT CPIs for validity and user satisfaction
 - Data analysis for on-line training
 - Continue writing manuscript



TIMELINE FOR PT CPI REVISION

- **April – May 2006**
 - Final report to the Board of Directors (June)
 - Complete and submit PT CPI Revision manuscript to *Physical Therapy*
 - Migrate on-line training and electronic PT CPI on APTA website
- **June**
 - Finalize and test on-line training and electronic PT CPI on APTA website
- **July/August**
 - On-line Training and electronic PT CPI: Version 2006 available for use

