Program-Level Assessment Plan

SAINT LOUIS UNIVERSITY.

Program: Physical Therapy	Degree Level (e.g., UG or GR certificate, UG major, master's program, doctoral program): Graduate – Doctor of Physical Therapy
Department: Physical Therapy and Athletic Training	College/School: Doisy College of Health Sciences
Date (Month/Year): September 2023	Primary Assessment Contact: Elissa C Held Bradford

Note: Each cell in the table below will expand as needed to accommodate your responses.

#	Student Learning Outcomes	Curriculum Mapping	Assessment Methods	
			Artifacts of Student Learning (What)	Evaluation Process (How)
	What do the program faculty expect all students to know or be able to do as a result of completing this program? Note: These should be measurable and manageable in number (typically 4-6 are sufficient).	In which courses will faculty intentionally work to foster some level of student development toward achievement of the outcome? Please clarify the level at which student development is expected in each course (e.g., introduced, developed, reinforced, achieved, etc.).	1. What artifacts of student learning will be used to determine if students have achieved this outcome? 2. In which courses will these artifacts be collected?	1. What process will be used to evaluate the artifacts, and by whom? 2. What tools(s) (e.g., a rubric) will be used in the process? Note: Please include any rubrics as part of the submitted plan documents.

Please see the plan outlined in the following pages for each student learning outcome **for Doctor of Physical Therapy degree**. See Appendix: Doctor of Physical Therapy Curriculum Mapping for Student Learning Outcomes for more details on performance level of student development across courses.

	Student Learning Outcomes	Curriculum Mapping	Artifacts of Student Learning (What)	Evaluation Process (How)
1	**HEALTH OF SOCIETY** Graduates will be able to serve others by advocating for the health of society.	1. DPT 5130 System-based Pathology 2. DPT 5240 Neuromusculoskeletal Conditions 3. DPT 5290 Skills Practicum 4. DPT 5226 Therapeutic Exercise 5. DPT 5134 Multisystem Management 6. DPT 5215 Professional Development I 7. DPT 5271 Patient Management I 8. DPT 5291 - DPT 6091 Clinical Experience IA - IB 9. DPT 6092-DPT 6192 Clinical Experience IIA – IIB 10. DPT 6072 Patient Management II 11. DPT 6116 Professional Development II 12. DPT 6138 Concepts of Wellness 13. DPT 6173 Patient Management III 14. DPT 6294 Clinical Experience IV	<u>Student learning will be assessed with</u> the **Clinical Performance Instrument (CPI) 3.0 item: Inclusivity** <u>(artifact)</u> with student demonstration of cognitive knowledge and psychomotor skill for all components of student learning outcome #1 in the following <u>courses:</u> 1. DPT 5291 Clinical Experience IA 2. DPT 6192 Clinical Experience IIB 3. DPT 6294 Clinical Experience IV	<u>Student learning will be assessed by:</u> 100% of rankings in the course will be reviewed by the *Physical Therapy Outcomes Committee* with an average of 85% of students achieving a ranking of "2" at midterm for DPT 5291, "3" at final for DPT 6192 and "5" or higher at final of DPT 6294 using the CPI 3.0, where 2 = advanced beginner, 3 = intermediate performance, and 5 = entry-level performance demonstrating student *competency* in the SLO. Data collection will be from the Physical Therapy Program Coordinator of Clinical Education, overseen by the Director of Clinical Education. Data will be analyzed by the *Outcomes Committee* and shared with the *Physical Therapy Curriculum Committee* for further review and feedback. Results will then be shared with Program faculty for discussion and feedback. See appendices: • <u>American Physical Therapy Association Clinical Performance Instrument (CPI) 3.0 rubric</u>

	Student Learning Outcomes	Curriculum Mapping	Artifacts of Student Learning (What)	Evaluation Process (How)
2	**COMMUNICATION** Graduates will be able to communicate in a way that optimizes patient-centered care.	1. DPT 5127 Basic Examination 2. DPT 5130 System-based Pathology 3. DPT 5240 Neuromusculoskeletal Conditions 4. DPT 5290 Skills Practicum 5. DPT 5226 Therapeutic Exercise 6. DPT 5134 Multisystem Management 7. DPT 5215 Professional Development I 8. DPT 5218 Effective Communication and Teaching 9. DPT 5271 Patient Management I 10. DPT 5291 - DPT 6091 Clinical Experience IA - IB 11. DPT 6092-DPT 6192 Clinical Experience IIA – IIB 12. DPT 6072 Patient Management II 13. DPT 6116 Professional Development II 14. DPT 6173 Patient Management III 15. DPT 6294 Clinical Experience IV	Student learning will be assessed with the **Clinical Performance Instrument (CPI) 3.0 item: Communication** (artifact) with student demonstration of cognitive knowledge and psychomotor skill for all components of student learning outcome #2 in the following courses: 1. DPT 5291 Clinical Experience IA 2. DPT 6192 Clinical Experience IIB 3. DPT 6294 Clinical Experience IV	Student learning will be assessed by: 100% of rankings in the course will be reviewed by the *Physical Therapy Outcomes Committee* with an average of 85% of students achieving a ranking of "2" at midterm for DPT 5291, "3" at final for DPT 6192 and "5" or higher at final of DPT 6294 using the CPI 3.0, where 2 = advanced beginner, 3 = intermediate performance, and 5 = entry-level performance demonstrating student *competency* in the SLO. Data collection will be from the Physical Therapy Program Coordinator of Clinical Education, overseen by the Director of Clinical Education. Data will be analyzed by the *Outcomes Committee* and shared with the *Physical Therapy Curriculum Committee* for further review and feedback. Results will then be shared with Program faculty for discussion and feedback. See appendix: • American Physical Therapy Association Clinical Performance Instrument (CPI) 3.0 rubric

	Student Learning Outcomes	Curriculum Mapping	Artifacts of Student Learning (What)	Evaluation Process (How)
3	**EVIDENCE-BASED PRACTICE** Graduates will be able to apply principles of evidence-based practice in patient care.	1. DPT 5127 Basic Examination 2. DPT 5130 System-based Pathology 3. DPT 5241 Clinical Research & Design 4. DPT 5240 Neuromusculoskeletal Conditions 5. DPT 5290 Skills Practicum 6. DPT 5226 Therapeutic Exercise 7. DPT 5142 Evidence-based Practice 8. DPT 5291 - DPT 6091 Clinical Experience IA - IB 9. DPT 6092-DPT 6192 Clinical Experience IIA – IIB 10. DPT 6072 Patient Management II 11. DPT 6173 Patient Management III 12. DPT 6294 Clinical Experience IV	Student learning will be assessed with the **Clinical Performance Instrument (CPI) 3.0 item: Plan of Care and Case Management** (artifact) with student demonstration of cognitive knowledge and psychomotor skill for all components of student learning outcome #3 in the following courses: 1. DPT 5291 Clinical Experience IA 2. DPT 6192 Clinical Experience IIB 3. DPT 6294 Clinical Experience IV	Student learning will be assessed by: 100% of rankings in the course will be reviewed by the *Physical Therapy Outcomes Committee* with an average of 85% of students achieving a ranking of "2" at midterm for DPT 5291, "3" at final for DPT 6192 and "5" or higher at final of DPT 6294 using the CPI 3.0, where 2 = advanced beginner, 3 = intermediate performance, and 5 = entry-level performance demonstrating student *competency* in the SLO. Data collection will be from the Physical Therapy Program Coordinator of Clinical Education, overseen by the Director of Clinical Education. Data will be analyzed by the *Outcomes Committee* and shared with the *Physical Therapy Curriculum Committee* for further review and feedback. Results will then be shared with Program faculty for discussion and feedback. See appendix: • American Physical Therapy Association Clinical Performance Instrument (CPI) 3.0 rubric

|	Student Learning Outcomes	Curriculum Mapping	Artifacts of Student Learning (What)	Evaluation Process (How)
4	**MOVEMENT** Graduates will be able to evaluate typical versus atypical physical movement.	1. EXSC 5121 Clinical Biomechanics 2. DPT 5127 Basic Examination 3. DPT 5130 System-based Pathology 4. DPT 5240 Neuromusculoskeletal Conditions 5. DPT 5222 Kinesiology 6. DPT 5290 Skills Practicum 7. DPT 5226 Therapeutic Exercise 8. DPT 5123 Clinical Gait 9. DPT 5134 Multisystem Management 10. DPT 5271 Patient Management I 11. DPT 5291 - DPT 6091 Clinical Experience IA - IB 12. DPT 6092-DPT 6192 Clinical Experience IIA – IIB 13. DPT 6072 Patient Management II 14. DPT 6173 Patient Management III 15. DPT 6294 Clinical Experience IV	Student learning will be assessed with the **Clinical Performance Instrument (CPI) 3.0 item: Examination, Evaluation, and Diagnosis** (artifact) with student demonstration of cognitive knowledge and psychomotor skill for all components of student learning outcome #4 in the following courses: 1. DPT 5291 Clinical Experience IA 2. DPT 6192 Clinical Experience IIB 3. DPT 6294 Clinical Experience IV Additionally, student learning will be assessed with the **Gait Analysis Assignment** (artifact) with student demonstration of cognitive knowledge and psychomotor skill for all components of student learning outcome #4 in the following course: 1. DPT 5123 Clinical Gait	Student learning will be assessed by: 100% of rankings in the course will be reviewed by the *Physical Therapy Outcomes Committee* with an average of 85% of students achieving a ranking of "2" at midterm for DPT 5291, "3" at final for DPT 6192 and "5" or higher at final of DPT 6294 using the CPI 3.0, where 2 = advanced beginner, 3 = intermediate performance, and 5 = entry-level performance demonstrating student *competency* in the SLO. Data collection will be from the Physical Therapy Program Coordinator of Clinical Education, overseen by the Director of Clinical Education. Data will be analyzed by the *Outcomes Committee* and shared with the *Physical Therapy Curriculum Committee* for further review and feedback. Results will then be shared with Program faculty for discussion and feedback. Additionally, 100% of course assignment grades in DPT 5123 Clinical Gait will be reviewed by the *Outcome Committee*, with an average of 85% achieving a C or better on the gait analysis assignment. A random sample of 5-10 gait analysis assignments, 75% achieving a C or better and 25% below a C (if available) will be reviewed by the *Curriculum Committee* and evaluated on the Performance Level Grading Rubric. 85% of those earning a C or better will score at the *reinforce level* or higher on the rubric. See appendices: • American Physical Therapy Association Clinical Performance Instrument (CPI) 3.0 rubric • Performance Level Grading Rubric • Gait Analysis Assignment

Use of Assessment Data

1. **How and when will analyzed data be used by program faculty to make changes in pedagogy, curriculum design, and/or assessment practices?**

Analyzed data will be used each assessment year to direct the yearly goals and workflow of the Physical Therapy Curriculum and Outcomes Committees. The respective committees will gather and utilize input from faculty and report back to faculty any recommended changes based on data results. Examples of curriculum changes may include changes in course content, course sequence, new courses, or teaching methods if a student learning outcome is not being met. Examples of assessment practice changes may include changes in artifacts of student learning, evaluation tools, such as rubrics, or data collection methods if it appears insufficient data is available to assess change. This will be a cyclic process of assessment – change (if needed) – re-assessment.

2. **How and when will the program faculty evaluate the impact of assessment-informed changes made in previous years?**

Program faculty will evaluate the impact of any assessment-informed changes through an ongoing process led by the PT Department Curriculum Committee and Outcome Committees. This process is illustrated below. Step one, Curriculum Committee will collect and review records of all curriculum changes made the previous year. The Outcome Committee will collect and review related outcomes data, including artifacts and data results for each student learning outcome. The Committees will then discuss strengths and potential areas for improvement and a report will be generated. This report will be shared with faculty. Step two, faculty will then engage in discussion to determine if any additional changes are needed based on the report. This discussion will occur at the Program level. A minimum of two meetings will occur. Discussion of the initial report will occur in the fall meeting. Discussion of any proposed changes and revisions to the plan will occur in the spring. Finally, step three, impact of the assessment process and any changes will be included in the SLU Assessment Report for the following academic year.
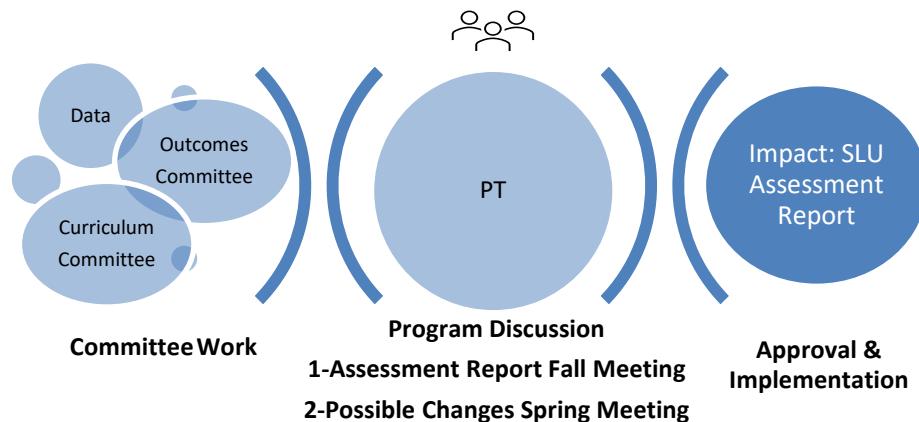
Figure 1: Student Learning Outcome Assessment Process Overview for the Program in Physical Therapy.
The Degree is the Doctor of Physical Therapy degree.

Additional Questions

1. **On what schedule/cycle will program faculty assess each of the program's student learning outcomes? (Please note: It is <u>not recommended</u> to try to assess every outcome every year.)**

   Program faculty will evaluate one student learning outcome per academic year, in numeric order starting with outcome #1 for AY 2023-2024. This cycle will allow all outcomes to be assessed every four years, see student learning outcome assessment cycle in Table 1 below. Starting with outcome #1 will allow conceptual alignment with assessment of the Bachelor of Exercise Science degree SLO assessment plan at the Department level. This will facilitate a more thorough assessment across the curricular sequence of this traditional freshman-entry DPT degree program.

   Table 1: Student Learning Outcome 4-year Assessment Cycle

Student Learning Outcome (SLO)	Academic Year (AY) Cycle 1	Academic Year Cycle 2
SLO #1 Health of Society Start here for AY 2023-2024	AY 2023-2024 (Pulling data from AY 23-24 for analysis; report due in Sept 2024)	AY 2027-2028 (Report Sept 2028)
SLO #2 Communication	AY 2024-2025 (Report Sept 2025)	AY 2028-2029 (Report Sept 2029)
SLO #3 Evidence-based Practice	AY 2025-2026 (Report Sept 2026)	AY 2029-2030 (Report Sept 2030)
SLO #4 Movement	AY 2026-2027 (Report Sept 2027)	AY 2030-2031 (Report Sept 2031)

2. **Describe how, and the extent to which, program faculty contributed to the development of this plan.**

   Program faculty contributed to the development of this plan in several ways. First, physical therapy program faculty engaged in revision of the DPT SLO (AY 2021-2022) via faculty discussions. Second, meetings on best processes for assessment of the SLO occurred between the Physical Therapy Curriculum Committee Chairperson and Physical Therapy Program Director with SLU assessment leadership (AY 2022-2023). The Curriculum Committee then completed curriculum mapping, development of rubrics and selection of artifacts with faculty input. Finally, faculty reviewed, discussed, and approved this plan in September 2023 after August and September meetings (AY 2023-2024). Faculty agreed to contribute to data collection and analysis during the academic year in preparation for the DPT SLO report September 2024 which will be led by the Curriculum and Outcome Committees.

Appendix: Doctor of Physical Therapy Curriculum Mapping for Student Learning Outcomes

Student Learning Outcomes*	EXSC 4121/5121 Clinical Biomechanics	DPT 5127 Basic Examination	DPT 5130 System-Based Pathology	EXSC 4241/ MAT 5650/DPT 5241 Clinical Research & Design	DPT 5240 Neuromusculoskeletal Conditions	DPT 5222 Kinesiology	DPT 5290 Skills Practicum	DPT 5226 Therapeutic Exercise	DPT 5123 Clinical Gait	DPT 5134 Multi System Management	DPT 5142 Evidence Based Practice	DPT 5215 Professional Development I	DPT 5218 Effective Communication & Teaching	DPT 5271 Patient Management I	DPT 5291-DPT 6091 Clinical Experience IA-B	DPT 6092-6192 Clinical Experience IIA-B	DPT 6072 Patient Management II	DPT 6116 Professional Development II	DPT 6138 Concepts of Wellness	DPT 6173 Patient Management III	DPT 6294 Clinical Experience IV
Course sequencing (may vary for individual student)	1st year	1st year	1st year	1st year	1st year	1st year	1st year	1st year	2nd year	2nd year	2nd year	2nd year	2nd year	2nd year	2nd year / 3rd year	3rd year	3rd year	3rd year	3rd year	3rd year	3rd year
1. HEALTH OF SOCIETY: Graduates will be able to serve others by advocating for the health of society.			Introduce		Reinforce		Reinforce	Reinforce		Reinforce		Reinforce		Reinforce	Reinforce	Reinforce	Reinforce	Reinforce	Reinforce	Reinforce	Competence Artifact – CPI
2. COMMUNICATION: Graduates will be able to communiate in a way that optimizes patient-centered care.		Introduce	Reinforce		Reinforce		Reinforce	Reinforce		Reinforce		Reinforce	Reinforce	Reinforce	Reinforce	Reinforce	Reinforce	Reinforce		Reinforce	Competence Artifact – CPI
3. EVIDENCE-BASED PRACTICE: Graduates will be able to apply principles of evidence-based practice in patient care.		Introduce	Reinforce	Reinforce	Reinforce		Reinforce	Reinforce			Reinforce					Reinforce	Reinforce	Reinforce		Reinforce	Competence Artifact – CPI
4. MOVEMENT: Graduates will be able to evaluate typical verses atypical physical movement.	Introduce	Reinforce	Reinforce		Reinforce	Reinforce	Reinforce	Reinforce	Reinforce Artifact – Gait Assignment	Reinforce					Reinforce	Reinforce	Reinforce	Reinforce		Reinforce	Competence Artifact – CPI

Coding*: Colors darken as learning progresses (i.e., light blue to dark blue)

Courses where artifacts will be gathered and analyzed to demonstrate student competence are in white text.

Introduce = Content, procedural and conceptual *foundational* knowledge, skills and reasoning are *introduced*. **Level of learner: Beginner.**

Reinforce = Content, procedural and conceptual knowledge, skills and reasoning are *practiced, reinforced and expanded*. **Level of learner: Intermediate.**

Competence = Content, procedural and conceptual knowledge, skills and reasoning are *advanced to complexity necessary for entry level degree practice*. **Level of learner: Competent.**

Appendix: American Physical Therapy Association Clinical Performance Instrument (CPI) 3.0 v 2023 (specific items used for SLO)

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or "anchors" that describe the six performance levels (**Beginning Performance**, **Advanced Beginner**, **Intermediate Performance**, **Advanced Intermediate Performance**, **Entry-Level Performance**, and **Beyond Entry-Level Performance**), (3) percentage ranges for the student's level of required clinical supervision and caseload (except for the 'Professionalism' domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. **It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.**

When making your ratings, think about all aspects of the student's clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student's typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. **Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors** representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where **(a) the student's level of supervision and caseload falls on the rating scale** and **(b) the majority of the behaviors that best represent the student's performance fall on the rating scale**. If the student's clinical performance spans multiple performance levels, **consider where there is the preponderance of evidence and make your rating at that level.**

Finally, when making your ratings, it is important to remember the following:

- **Do not compare the student you are rating to other students.** Each student's effectiveness should be determined by comparing their clinical behavior to the standards provided on the rating scales, and **not** by comparing them to others. In other words, you should make **absolute** rating judgments (e.g., comparing students to a specific, common standard), not **relative** rating judgments (i.e., comparing students to each other).

- **Do not allow your general impression of a student to influence your ratings of the separate performance criteria.** Rather, you should focus on one performance criterion at a time, not letting the student's overall clinical performance or the ratings you have given that student on other performance criteria affect your current performance criterion rating.

- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student's strengths and less effective clinical behaviors, as appropriate.

Interpersonal: Communication

Description: *Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	**2**	**3**	**4**	**5**	**6**

| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least a 50 – 75% of a full-time physical therapist's caseload. | | A student who requires no clinical supervision managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time physical therapist's caseload. | |

| Sample Behaviors | Introduces self and the role of PT to the patient/client. Identifies barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. Demonstrates basic proficiency communicating appropriately with other healthcare providers. Identifies the patient's/client's preferred communication style and uses their preferred communication style throughout most of the episode of care. Accesses and begins using translation services with assistance. Discusses patient/client status with other healthcare providers. Differentiates between technical and layman terminology. Listens actively for improved understanding. | | Evaluates effectiveness of verbal and non-verbal communication with the patient/client and modifies communication accordingly. Uses appropriate translation services as needed (e.g., translator, sign language). Refrains from using technical jargon with the patient/client. Communicates with other clinicians regarding patient/client care in order to facilitate a continuum of care between clinicians/disciplines. Asks the patient/client pertinent questions related to their medical history and medical screening to gain information during the episode of care. Asks the patient/client appropriate follow-up questions throughout the episode of care to clarify and understand the patient's/client's responses. | | Demonstrates effective verbal and non-verbal communication with patients/clients in complex situations. Recognizes when communication is ineffective during a complex situation and seeks external assistance for mediation as needed. Demonstrates effective communication with patients/clients in difficult situations (e.g., difficult topics, emotional situations) with respect and empathy in order to meet patient's/client's goals. Establishes rapport and trust with patient/client and caregiver(s) through effective communication. Facilitates ongoing communication with physical therapist assistants and the intra/interprofessional teams regarding patient/client care. Instructs others on effective verbal and non-verbal communication. Diffuses or redirects situations of potential conflict. | |

Interpersonal: Inclusivity

Description: *Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	**2**	**3**	**4**	**5**	**6**

Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.	A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least a 50 – 75% of a full-time physical therapist's caseload.	A student who requires no clinical supervision managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time physical therapist's caseload.
Sample Behaviors	- Typically demonstrates respect for diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. - Displays empathy in most patient/client interactions. - Identifies some individual or cultural differences that may be impactful to the patient/client. - Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. - Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). - Reflects on and identifies personal biases. - Responds appropriately to patients/clients with conflicting values.	- Seeks additional information on patient/client populations with cultural differences of which they may be less familiar. - Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care. - Seeks out resources to manage personal biases. - Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns.	- Provides patient/client care that does not vary in quality based on the patient's/client's personal characteristics, including age, disability, ethnicity, gender identity, race, sexual orientation, etc. - Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care. - Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care. - Addresses colleagues who may not provide equitable patient/client care. - Participates in implicit bias education and applies concepts to their own practice. - Actively advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs. - Advocates for patient/client populations on a local or national level.

Technical/Procedural: Examination, Evaluation, and Diagnosis

Description: *Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	**2**	**3**	**4**	**5**	**6**

| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least a 50 – 75% of a full-time physical therapist's caseload. | | A student who requires no clinical supervision managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time physical therapist's caseload. | |

| Sample Behaviors | • Performs a comprehensive chart review for non-complex cases.
 • Identifies appropriate subjective history questions, screening considerations, and basic objective tests and measures with assistance for non-complex cases.
 • Performs an initial examination, including subjective history taking, previous medical history screening, and objective tests and measures with assistance for non-complex cases.
 • Discusses anatomy as it relates to the patient's/client's condition(s). | | • Performs a comprehensive chart review for complex cases.
 • Uses subjective and objective data from examinations to develop a physical therapy diagnosis for non-complex cases.
 • Sets appropriate short- and long-term goals for identified and/or anticipated deficits in non-complex cases.
 • Performs re-examinations, including subjective history and objective tests and measures for non-complex cases.
 • Develops differential diagnosis options for non-complex cases.
 • Identifies limiting factors in recovery.
 • Consistently makes appropriate patient/client discharge recommendations for non-complex cases.
 • Seeks guidance from other healthcare providers when presented with ambiguous information. | | • Performs initial examinations and re-examinations, including subjective history taking, previous medical history screening, and objective tests and measures for complex cases.
 • Sets appropriate short- and long-term goals for identified and/or anticipated deficits in complex cases.
 • Works through differential diagnoses within the examination/evaluation to arrive at 1-2 diagnoses for complex cases.
 • Uses evidenced-based practice to perform and synthesize findings from the initial examination or re-examination to determine appropriateness for treatment or referral.
 • Consistently makes appropriate patient/client discharge recommendations for complex cases.
 • Contacts outside providers in the process of handing-off the patient/client at discharge. | |

Technical/Procedural: Plan of Care and Case Management

Description: *Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	**2**	**3**	**4**	**5**	**6**

| Supervision/Caseload | **A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.** | | **A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least a 50 – 75% of a full-time physical therapist's caseload.** | | **A student who requires no clinical supervision managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time physical therapist's caseload.** | |
| **Sample Behaviors** | • Assists with developing a patient's/client's plan of care.
• Develops patient-/client-centered goals.
• Modifies goals based on the patient's/client's response to the treatment with assistance.
• Typically includes the patient/client in plan of care development, including goal setting.
• Carries out an established plan of care that is safe, effective, and patient-/client-centered with assistance.
• Answers most of the technical questions from the patient/client effectively for non-complex cases.
• Assists with implementing use of routine outcome measures.
• Assists with re-evaluations and discusses findings with the CI. | | • Demonstrates understanding of prognosis and designs a plan of care with an appropriate timeline for the patient's/client's specific diagnosis.
• Monitors and adjusts the plan of care using test and retest measures to determine the need for continued therapy services or discharge planning.
• Recognizes the patient's/client's tolerance to an activity and progresses or regresses the intensity of the activity accordingly.
• Suggests alternative interventions that are evidence-based and congruent with plan of care.
• Recognizes where further referral to or consultation with other specialties might be warranted.
• Answers most of the technical questions from the patient/client effectively for complex cases. | | • Progresses or regresses complex cases based on the patient's/client's reaction to established plan of care.
• Demonstrates creativity by implementing innovative evidence-based activities to progress the patient/client while still adhering to established plan of care.
• Communicates with other healthcare professionals on the status of the plan of care to ensure an appropriate discharge plan.
• Follows up with patients/clients and/or caregivers post-discharge.
• Utilizes all appropriate interprofessional team members to make clinical decisions regarding progression towards goals or discharge disposition. | |

Appendix: Performance Level Grading Rubric

Level of Learning	Learning Description*	Learning Methods & Materials (Materials review)	Level of Learner	Leaner Performance Description	Learner Performance (Artifact review)
Introduce	Content, procedural and conceptual foundational knowledge, skills, and reasoning are introduced.	☐	Beginner	Demonstrates limited evidence of content, procedural and conceptual foundational knowledge, skills, and reasoning. Able to meet expectations at beginner level.	☐
Reinforce	Content, procedural and conceptual knowledge, skills, and reasoning are practiced, reinforced and expanded.	☐	Intermediate	Demonstrates progression from limited evidence and ability to moderate evidence and ability for content, procedural and conceptual knowledge, skills, and reasoning.	☐
Competence	Content, procedural and conceptual knowledge, skills, and reasoning are advanced to complexity necessary for entry level degree practice.	☐	Competent	Demonstrates strong evidence of knowledge and application of content, procedural and conceptual knowledge, skills, and reasoning. Can be entrusted with entry level degree practice.	☐
Comments:					

*Created for student learning outcome assessment based on/modified from the Clinical Reasoning Across the Continuum of Physical Therapy Education: A Blueprint for Teaching, Learning and Assessment, public domain, https://www.creighton.edu/pharmacy-ot-pt/physical-therapy/research/excellence-health-professions-education-collaborative-ehpec
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Saint Louis University

Program in Physical Therapy

DPT 5123 Clinical Gait
Pathologic Gait: Activity 4 - Comprehensive

You may work individually or in small groups for this activity. Record your observations on this sheet.
1) Watch the videos from Assignment #3 again, recalling the Hip/Pelvis/Trunk deviations you observed (mark them on this sheet). Now record the <u>knee and ankle</u> deviations you observe. Assume the R limb is the reference limb *(6 points)*

Legend: ■ = Major Dev, ▨ = Minor Dev, (blank) = none

		Weight Acceptance (WA)		Single Limb Support (SLS)		Swing Limb Advancement (SLA)			
	Minor Dev	IC	LR	MSt	TSt	PSw	ISw	MSw	TSw
TRUNK	Lean: B/F	■				▨	▨	▨	▨
	Lateral Lean: R/L	■							
	Rotates: B/F	■	▨	▨	▨	▨	▨	▨	▨
PELVIS	Hikes	■	■	■	■	▨			▨
	Tilt: P/A	■	▨	▨	▨	▨	▨	▨	▨
	Lacks Forwd Rot	■	▨	■	■	■	■	■	
	Lacks Backwd Rot	■	■	■		▨	▨	■	■
	Excess Forwd Rot	■	▨	▨	■	■		▨	■
	Excess Backwd Rot	■	■	▨	▨	▨	▨	▨	■
	Ipsilateral Drop	■	▨	▨	▨				
	Contralateral Drop	■				▨	▨	▨	▨
HIP	Flexion: Limited			■	■	▨			
	Flexion: Excess					▨	▨	▨	▨
	Past Retract	■	■	■	■	■	■	■	
	Rotation: IR/ER	■	▨	▨	▨	▨	▨	▨	▨
	AD/Abduct: AD/AB	■	▨	▨	▨	▨	▨	▨	▨
KNEE	Flexion: Limited	■		■	■			■	■
	Flexion: Excess					▨	▨	▨	
	Wobbles	■				■	■	■	■
	Hyperextends						■	■	▨
	Extension Thrust	■				▨	■	■	▨
	Varus/Valgus: Vr/VL	■	▨			▨	■	■	■
	Excess Contralat Flex	■	■	■	■				

ANKLE		1	2	3	4	5	6	7	8
	Forefoot Contact		■	■	■	■	■	■	■
	Foot Flat Contact		■	■	■	■	■	■	■
	Foot Slap	■		■	■	■	■	■	■
	Excess PF					▨			
	Excess DF						▨	▨	▨
	Invers/Evers: In/Ev					▨	▨	▨	
	Heel Off	■			■	■	■	■	■
	No Heel Off	■	■	■			■	■	■
	Drag	■	■	■	■	■			
	Contralat Vaulting	■	■	■	■				

Considering this comprehensive (full-body) gait analysis, <u>prioritize</u> the major deviations during

- Weight acceptance (list top 2)

- Single limb support (list top 2)

- Swing limb advancement (list top 2)

2) From the deviations identified in Question #1, list 2 that could be considered compensatory. Indicate the deviation for which they could be compensating AND what they are trying to achieve. *(4 points)*