University of Tennessee Health Science Center, DPT CE II, Midterm Clinical Performance Evaluation

Student: __________________________________ Date: __________

Clinical Facility: ____________________________________________

Clinical Instructor (print name): ________________________________

This form is to be completed by the CLINICAL INSTRUCTOR and discussed with the STUDENT at MID-TERM. Indicate the student’s level of performance using the performance indicators below as a mid-term rating for the specific CPI performance criteria listed in the table below.

**Key:**
- + Student has exceeded expectations
- ✔️ Student is meeting expectations (anticipate advanced beginner by final)
- NI Student needs improvement
- NA Not Applicable
- BA Student is performing below average and is not meeting expectations for midterm

<table>
<thead>
<tr>
<th>Clinical Performance Instrument*</th>
<th>Performance Criteria for CEI</th>
<th>Mid-term Rating (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Practice in a safe manner that minimizes risk to patients, self and others</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates professional behavior in all situations.</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>3. Practices in a manner consistent with established legal and professional standards and ethical guidelines</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>4. Communicates in ways that are congruent with situational needs.</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>5. Adapts delivery of PT services with considerations for individual needs</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>6. Participates in self-assessment to improve clinical and professional performance</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>8. Determines the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>9. Performs a physical therapy patient examination using evidence-based tests and measures.</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>10. Evaluates data from the patient examination to make clinical judgments.</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>11. Determines a diagnosis and prognosis that guides future patient management.</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>12. Establishes a PT plan of care that is safe, effective, patient-centered, and evidence-based.</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>13. Performs physical therapy interventions in a competent manner.</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>14. Educates others using relevant and effective teaching methods.</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>15. Produces quality documentation in a timely manner .</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>16. Collects and analyzes data that supports accurate analysis of individual patient and group outcomes.</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, etc...).</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
<tr>
<td>18. Directs and supervises personnel according to legal standards and ethical guidelines.</td>
<td>+ ✔️ NI NA BA</td>
<td></td>
</tr>
</tbody>
</table>

Mid-term Comments: ________________________________________

Request SCHOOL to contact the CI?  Yes / No

Student Signature: ___________________________ CI Signature: ___________________________ Date: __________

CCCE or CI Please Submit at Mid-term to: Marie Hatten, PT, DPT, Director of Clinical Education  FAX: (901) 448-1411

Addendum to Clinical Internship II Midterm Form

Student’s Strengths:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Areas in need of development:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Final Comments:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Student’s signature____________________________________________________
Evaluator’s signature__________________________________________________