

TABLE 28-3

EXAMPLES OF CLINICAL REASONING CRITERION NARRATIVES APTA PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT

CI EXAMPLE A ASSESSMENT	STUDENT EXAMPLE A SELF-ASSESSMENT
<p><i>The student has demonstrated good SA skills to recognize where limitations are, and she looks for different forms to understand pathology better, using articles, discussion, and past notes. She has demonstrated that she is safe with clinical decision-making, but needs fine-tuning with rationale with decisions initially at the evaluation. Good gathering of objective data at each visit to see progress and justify continuation of skilled services.</i></p>	<p><i>This is something I feel as though I have improved. My CIs have continued to question me about my rationale for my interventions, and I feel as though my ability to answer effectively has improved. Although there is still room for improvement, I feel as though I have continued to improve the size of my "toolbox." One area that I know that I need to improve upon is adjusting sessions on the fly to progress or regress, especially with my higher-functioning patients. I have required cueing from my CI on knowing how to progress exercises when dealing with those higher-functioning patients.</i></p>
<p>Suggested Instructional Strategies:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 	<p>Suggested Proactive Preparation/Practice:</p> <ol style="list-style-type: none"> 1. 2. 3. 4.
CI EXAMPLE B ASSESSMENT	STUDENT EXAMPLE B SELF-ASSESSMENT
<p><i>Student has been encouraged to continually question assess/reassess strategies and interventions and is able to identify without cueing. Initially will ask, "What do you think?" and this CI will reverse the question to continually foster that thirst of CR and critical decision-making. Has made significant strides in being able to correctly provide CR and the "why" we provide that particular intervention.</i></p>	<p><i>I consistently apply current knowledge, theory, clinical judgment, and the patient's values and perspective in my patient management for the well-being of the individual involved. I incorporate a current evidence-based research study into my practice each week. I come into each treatment session with a temporary plan addressing the known limitations, impairments, disabilities, and pathology and adjust accordingly based on the patient's subjective review and response to treatment. I consistently voice my rationale to my CI to ensure proper understanding and gain clinical pearls stemming from her vast clinical experience.</i></p>
<p>Suggested Instructional Strategies:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 	<p>Suggested Proactive Preparation/Practice:</p> <ol style="list-style-type: none"> 1. 2. 3. 4.