Physical Therapy Program
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Collaborative Clinical Learning Experience I

CI Assessment of Student

Student Assessment Sample Behaviors

The following are sample behaviors for each performance area to be assessed during the ICE experiences. This list of behaviors is not all-inclusive and other behaviors demonstrated by the student may be relevant to each of these areas.

Safety:

- Uses appropriate techniques for safe handling of patients (guarding, level of assistance)
- Demonstrates awareness of body mechanics by properly positioning self and/or patient
- Recognizes physiological and psychological responses of patient during session and seeks guidance from CI/team as appropriate for adjustments
- Requests assistance from CI and/or team when necessary

Professional Behaviors

- Student is punctual and dependable
- Accepts feedback from CI and peers without defensiveness
- Demonstrates active listening skills
- Exhibits caring, compassion, and empathy in providing services to patients
- Actively participates in all PLEX activities

Communication:

- Communicates with others in respectful, confident manner
- Uses appropriate grammar and professionally correct language in written and verbal communications
- Recognizes impact of non-verbal communication
- Evaluates effectiveness of own communication and modifies accordingly

Clinical Reasoning

- Determines relevant ICF components as they relate to the patient case
- Considers all available information when making clinical decisions
- Articulates ideas
- Able to identify some patient problems (but not prioritize)
- Identifies when additional information is needed to make clinical decisions

Teamwork/Collaboration:

- Treats student team members respectfully
- Accepts feedback from peers without defensiveness and provides feedback in constructive, respectful manner
- Shares ideas and seeks input from peers for clinical decisions, assignments, etc.
- Demonstrates respect for other members of the healthcare team

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Student Name: _____ CI Name: _____

Please assess the student in each of the following areas and provide comments for each section.
Comments provide faculty with valuable information on student performance. Use the following criteria in your rating:

Pass: *Frequently demonstrates sample behaviors and/or similar behaviors*
Low Pass: *Occasionally demonstrates sample behaviors or similar behaviors; could benefit from continued instruction/practice*
Not demonstrated: *Most sample behaviors are not demonstrated; significant concerns present*

Safety
Pass ☐ Low Pass ☐ Not Demonstrated ☐

Comments:

Professional Behaviors
Pass ☐ Low Pass ☐ Not Demonstrated ☐

Comments:

Communication
Pass ☐ Low Pass ☐ Not Demonstrated ☐

Comments:

Clinical Reasoning
Pass ☐ Low Pass ☐ Not Demonstrated ☐

Comments:

Teamwork/Collaboration
Pass ☐ Low Pass ☐ Not Demonstrated ☐

Comments:

Student Name: _____ CI Name: _____
Student Signature: _____ CI Signature: _____