



FSBPT

Performance Evaluation Tool

Foreign Educated Therapists Completing a Supervised Clinical Practice

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Performance Evaluation Tool

For Foreign Educated Therapists Completing a Supervised Clinical Practice

Purpose

The purpose of supervised clinical practice (SCP) for a foreign educated physical therapist (FEPT) is to promote public protection by evaluating the FEPT's ability to practice competently within the United States healthcare system. Completion of a supervised clinical practice under the direction of a US licensed physical therapist will better prepare the FEPT for successful entry into the US workforce, promote clinical competence and the delivery of safe and effective care, assist in addressing cultural competence, and ensure a necessary level of public protection. Further, because English language proficiency is critical to providing physical therapy services in the US, verification of the ability to communicate in English is necessary for successful clinical practice.

Because successfully completing a SCP is a high stakes endeavor it is essential that a valid evaluation tool is available for jurisdictions. The Federation of State Boards of Physical Therapy (FSBPT) developed the Performance Evaluation Tool (PET) for Supervised Clinical Practice to specifically evaluate the clinical competency of the FEPT. Additionally, the PET provides feedback to the FEPT on areas where competence has and has not been established. Because SCP is often the last requirement prior to full, unrestricted physical therapy licensure, jurisdictions need a valid tool to evaluate minimally acceptable competence in the clinic as one step in the licensure process.

The PET scoring has been determined based on a rigorous standard setting process completed by subject matter experts. The PET was based on a number of accepted resources within the physical therapy profession including the Guide to Physical Therapist Practice, the American Physical Therapy Association's Code of Ethics and Clinical Performance Instrument, the FSBPT's Standards of Competence, Analysis of Practice, and Activities Performed by Entry-Level PTs. Additionally, the PET was vetted through large stakeholder surveys. The FSBPT SCP PET is valid, defensible, and can be consistently applied by supervisors and licensing jurisdictions.

Supervisors should follow the scoring instruction exactly in order to maintain the validity and reliability of the tool.

Reporting to the Licensing Board

At minimum, the supervisor will communicate the results of the Performance Evaluation Tool at mid-point and at the end of the supervised clinical practice to that jurisdiction's licensing authority for physical therapists. The supervisor should also communicate with the Board immediately if the supervised clinical practice is discontinued early, especially in cases where there are concerns regarding the safety of the consumer. Supervisors or PT Trainees are highly encouraged to contact the licensing board if Essential Criteria are unable to be observed for any reason in that clinical environment. The ultimate decision to license the PT Trainee or not is solely that of the jurisdiction's licensing authority for physical therapists.

Evaluating the PT Trainee

The tool should be shared in its entirety with the PT trainee prior to beginning the supervisory experience. It is important to review the tool to allow both parties have the same expectations of the criteria to be deemed competent at the end of the clinical experience. If the supervisor feels that the behavior will be unable to be observed during the clinical experience, other arrangements should be made (alternate clinical site) to allow for observance of the specific Essential Criterion.

At minimum, the PT trainee should be evaluated by the supervisor using the tool twice during the clinical experience- at the midpoint and at the end. The results of the evaluation should be sent to the State Board of Physical Therapy as directed by the specific jurisdiction.

Minimal Competence

Supervisors should keep in mind that the standard they should apply in determining competence required for licensure as a physical therapist is the ability to provide safe and effective care at the minimally acceptable level. Therefore the supervisor is judging whether the PT Trainee demonstrates the knowledge and concepts, skills and abilities, and attitudes, necessary for the provision of *safe and effective* patient care at the minimally competent level.

Provision of minimally competent patient care includes consideration of current best evidence from clinically relevant research regarding the safety and efficacy of therapeutic, rehabilitative, and preventive physical therapy services. This tool is designed to assess whether some can practice *safely and effectively at a minimally acceptable level of competence*.

When the PT Trainee is deemed competent in a behavior, category or overall on the PET, that is equivalent to a “yes” or “pass.” Incompetence is equivalent to a “no” or “fail.” These terms will be used interchangeably.

Language Skills

When evaluating the language skills and the ability to communicate in both written and oral English, the supervisor must evaluate the PT trainee’s ability to be understood and ensure the patients’ (and colleagues’) understanding. The ability to communicate effectively with minimal limitations should be paramount and that ability is what is being evaluated. A PT trainee should only be failed in the essential criteria regarding English communication when the language skills of the PT Trainee are a **barrier** to effective communication with others; or in other words, the trainee is ineffective in the use of language to the point where the PT Trainee cannot communicate appropriately with the patient and/or other caregivers.

Comment Boxes

At the end of the PET, there are comment boxes for each Category for both the Supervisor and Trainee. Both are encouraged to use the comment boxes to communicate about performance in each category.

Scoring Rules

A general overview of the ground rules for scoring of the tool includes these main points:

1. The PT trainee *must* demonstrate evidence in all Categories to demonstrate competence. The trainee cannot pass a Category if there have been no observable behaviors in the Category.
2. The PT trainee *must* demonstrate and be deemed “overall” competent in every Category to pass the PET and the supervised clinical practice (SCP).
3. All the Essential Criteria in every Category must be observed.
4. All the Essential Criteria from every category must be a “yes” to pass the SCP.
5. The requirements for the Evaluative Criteria in each Category vary. The passing standard for each category are below.

Evaluative Criteria Passing Scale

Category	Minimum Number of Yes Required to Pass	Maximum Number of No Allowed to Pass
PROFESSIONAL BEHAVIORS	3	2
COMMUNICATION AND DOCUMENTATION	2	1
EXAMINATION	10	3
EVALUATION, DIAGNOSIS AND PLAN OF CARE	3	2
INTERVENTION	2	2
UNITED STATES HEALTHCARE SYSTEM	5	2

Category

- Six Categories focused on areas of clinical practice that were specifically selected to address the challenges Foreign Educated PTs often face entering practice in the US
 1. Professional Behaviors
 2. Communication & Documentation
 3. Examination
 4. Evaluation, Diagnosis, and Plan of Care
 5. Intervention
 6. United States Healthcare System
- All categories must be observed by the supervisor
- The PT Trainee must demonstrate minimal competence in each category
- Competence in each category means that *all* essential criteria in that category have received a “yes” *and* that the score of the evaluative criteria has met the passing standard
- The supervisor will document that a PT Trainee has passed the category (been deemed competent) by circling the “Yes” in either the midpoint or final box on the PET.
- The supervisor will document that a PT Trainee has failed the category (been deemed incompetent) by circling the “No” in either the midpoint or final box on the PET.

Essential Criteria

Essential Criteria are those behavior elements that are common to every treatment setting. As these are the behaviors that are absolutely necessary to safe and effective care, every Essential Criterion **must be observed**. The PT Trainee **must be deemed competent** by the supervisor in every Essential Criterion in every Category at the end of the SCP in order to pass the SCP. If at any time the Essential Criteria are observed as a “no-not competent,” *and* the safety of the trainee, patient, supervisor, or colleagues is threatened, the clinical may be immediately ended by the supervisor.

The supervisor is evaluating the criterion behavior in bold type. Underneath the bold type are anchors behaviors, or guides, for the supervisor to use during the evaluation process of the Essential Criteria. The list of anchor behaviors for each criterion is not an exhaustive list, and should not be considered as such. Additionally, not all behaviors listed for each criterion need to be observed in order to pass the criterion, they are examples meant to serve as a guide. The supervisor should place a Yes (Observed and Competent) or No (Observed and Not Competent) in the box in either the midpoint or final box on the PET; these are the only two acceptable answers. **Boxes left blank should be considered not observed and would then be a No. Any “No” answer for essential criteria at the final is an automatic failure of the entire Supervised Clinical Practice.** If the supervisor feels that the behavior will be unable to be observed during the clinical experience, other arrangements should be met (alternate clinical site) to allow for observance of the specific Essential Criterion.

Evaluative Criteria

Evaluative Criteria are those behavior elements that are not common to every treatment setting and may or may not be observed during the SCP. Not all of the evaluative criteria may be observed; this allows for the variation in clinical settings. All of the Evaluative Criteria are equally weighted. The supervisor should place one of 3 scoring options in the box of the PET:

- a. **Y**: yes competent because observed,
- b. **N**: not competent because observed,
- c. **N/O**: not observed.

The supervisor is evaluating the criterion behavior in bold type. Underneath the bold type are anchor behaviors, or guides, for the supervisor to use during the evaluation process of the Evaluative Criteria. The list of anchor behaviors for each criterion is not an exhaustive list, and should not be considered as such. Additionally, not all behaviors listed for each criterion need to be observed in order to pass the criterion, they are examples meant to serve as a guide. Unlike the Essential Criteria, not all of the Evaluative Criteria need to be assessed as a “Y” in order to pass the overall category and clinical experience. The supervisor must use the rules below to determine whether or not the PT Trainee will be deemed competent in each Evaluative Criteria section. The minimum number of “Y” required for the passing standard must be obtained to pass the overall Evaluative Criteria section (see **Evaluative Criteria Passing Scale**). There is also a maximum number of “N” ratings that is acceptable to still pass the overall Evaluative Criteria section (see **Evaluative Criteria Passing Scale**).

- A person could have the minimum number of “Y” ratings and the remainder N/O and the trainee would pass the Evaluative Criteria section.

Evaluative Criteria Passing Scale	Minimum Number of Yes Required to Pass	Maximum Number of No Allowed to Pass
PROFESSIONAL BEHAVIORS	3	2
COMMUNICATION AND DOCUMENTATION	2	1
EXAMINATION	10	3
EVALUATION, DIAGNOSIS AND PLAN OF CARE	3	2
INTERVENTION	2	2
UNITED STATES HEALTHCARE SYSTEM	5	2

- A person could have the maximum number of “N” ratings and the remainder N/O and the trainee would NOT pass; the “yes” ratings are required. For example, a PT trainee receives a Yes for 3, and a No for 2 of the Evaluative Criteria under the Professional Behaviors

Category, this scoring meets the rule and the Trainee would pass *that section*. Alternately, if the Trainee had received 3 “Y” ratings and 3 “N” ratings in the Evaluative Criteria section, the number of “N” ratings would surpass the maximum number allowed and the Trainee would fail the Evaluative Criteria section and in turn, the overall Category of Professional Behaviors even if the trainee passed all of the Essential Criteria.

Minimizing Rating Bias and Errors

The single most important thing that a supervisor can do to minimize rating errors is to be trained in the use of the specific tool they are using to evaluate the PT Trainee. Supervisors that do not understand the Performance Evaluation Tool will be much more likely to commit errors. Comparing behaviors observed during the clinical practice with those behaviors that are used to anchor each Essential and Evaluative Criterion can also help minimize errors. Please take the time necessary to review this document in full and understand the scoring rules.

Supervisors also referred to as raters, should be cautious to be aware of their own thinking during the evaluative process. A particularly good day or bad day may influence your judgment of the PT Trainee's performance for the positive or negative. The supervisor should, as best practice, take a few minutes to prepare for the PT Trainee's evaluation by clearing their mind of other distractions and reflect on the performance of the Trainee. The rater may try to recall examples of the Trainee's skills and behaviors and refer to any notes that have been taken. It is also very important for the supervisor to be aware of potential bias including stereotyping brought to the supervisory experience. A supervisor should consciously try to avoid considering non-performance related factors when rating the PT Trainee's performance. If the supervisor/Trainee are of similar background, age, or have common interests there may be an unconscious bias of "being similar to me." The reverse can also be true and the Trainee be put at a disadvantage if the Supervisors bias is "different from me." Either of these biases can influence a rater's decisions and impressions. Stereotyping an individual may lead the supervisor to seek out confirmation of characteristics of the stereotype rather than rating the individual's performance. The Supervisor/rater must try to remember to measure the candidate against the behavior criteria and not personal similarities/differences. Similarly, if the rater likes the Trainee and wants to see them succeed, the supervisor may be more likely to err on the side of leniency rather than holding the Trainee to the standard of minimal competence.

The PET was designed so that each category is of equal importance; stakeholder input from many groups confirmed the importance of this concept. The rater must be alert to any personal tendency to value any one category over the other. If the Trainee performs better/worse in the categories valued/devalued by the supervisor it may impact the entire evaluation. (The rater overvalues a category in which the Trainee does well may create a situation where the supervisor "over-rates" the total performance of the Trainee. The reverse could also be true with undervalued categories and undervaluing the total performance.) The rater should also be cautious against making an overall decision of competence too early in the evaluation. As the categories of the PET are independent, a superior performance by the PT Trainee in the category of Professional Behaviors does not indicate that he or she will perform as well in the Evaluation, Diagnosis, and Plan of Care Category. If a supervisor has made a decision regarding the Trainee's competence too early in the process, it may be hard to evaluate the later categories and behaviors objectively. There are additional sources of rater error that should be considered.

[Appendix A](#) and the following hyperlinks include more detailed description of rater error:

<http://www.opm.gov/policy-data-oversight/assessment-and-selection/structured-interviews/guide.pdf> (page 28)

Scoring Examples:

1. Trainee scores a Yes on every Essential Criteria in every Category. The trainee scores the minimum number of Yes on the Evaluative Criteria in every Category. The trainee gets a Yes in every category and passes the PET and the Supervised Clinical Practice.
2. Trainee scores a Yes on every Essential Criteria in every Category. The trainee scores the maximum number of No and one Yes on the Evaluative Criteria in every Category. The minimum number of Yes responses was not met and the trainee gets a No in every category and fails the PET and the Supervised Clinical Practice.
3. Trainee scores a Yes on every Essential Criteria in every Category EXCEPT for one. The trainee scores the minimum number of Yes on the Evaluative Criteria in every Category. The trainee passes all Categories EXCEPT the one with the No in an Essential Criteria. The Trainee fails the PET and Supervised Clinical Practice; ALL Essential Criteria MUST be Yes.

4. Trainee scores as follows:

Category	Essential Criteria	Evaluative Criteria YES	Evaluative Criteria NO	Explanation
PROFESSIONAL BEHAVIORS	ALL Yes	3	2	Essential Criteria met. Evaluative criteria passing standard met.
COMMUNICATION AND DOCUMENTATION	ALL Yes	2	1	Essential Criteria met. Evaluative criteria passing standard met.
EXAMINATION	ALL Yes	10	3	Essential Criteria met. Evaluative criteria passing standard met.
EVALUATION, DIAGNOSIS AND PLAN OF CARE	ALL Yes	3	2	Essential Criteria met. Evaluative criteria passing standard met.
INTERVENTION	ALL Yes	2	2	Essential Criteria met. Evaluative criteria passing standard met.
UNITED STATES HEALTHCARE SYSTEM	ALL Yes	5	2	Essential Criteria met. Evaluative criteria passing standard met.

Overall Trainee Rating: All categories passed. PET passed. SCP passed.

5. Trainee scores as follows:

Category	Essential Criteria	Evaluative Criteria YES	Evaluative Criteria NO	Explanation
PROFESSIONAL BEHAVIORS	ALL Yes	3	2	Essential Criteria met. Evaluative criteria passing standard met.
COMMUNICATION AND DOCUMENTATION	ALL Yes	3	0	Essential Criteria met. Evaluative criteria passing standard met. Has more than the minimum Yes required and has less than maximum No allowed.
EXAMINATION	ALL Yes	8	3	Essential Criteria met. Evaluative criteria passing standard NOT met. Does not have minimum Yes. Category NOT passed.
EVALUATION, DIAGNOSIS AND PLAN OF CARE	ALL Yes	2	2	Essential Criteria met. Evaluative criteria passing standard NOT met. Does not have minimum Yes. Category NOT passed.
INTERVENTION	ALL Yes	2	1	Essential Criteria met. Evaluative criteria passing standard met. Has minimum Yes and less than maximum No.
UNITED STATES HEALTHCARE SYSTEM	ALL Yes	5	2	Essential Criteria met. Evaluative criteria passing standard met.

Overall Trainee Rating: 4 of 6 categories passed. PET NOT passed. SCP NOT passed.

Appendix A

Common Rating Errors	
Central Tendency	Supervisor's tendency to rate everyone around the middle performance level. Fear of rating too high or too low.
Leniency/Severity	Tendency to rate higher or lower than what the performance warrants because of the supervisor's issues such as confrontation avoidance or comparing to unrealistic expectations.
Contrast Error	Comparing the PT Trainee to other PTs or students rather than judging them on the performance factors.
False Attribution	Attribute bad performance to internal causes and good performance to external causes.
Perceived Meaning	In a situation with multiple raters, the raters disagree on the meaning of the rating criteria.
Recency Error	Rater uses only behaviors or observations of recent events in the rating process rather than looking at behavior over the entire rating period.
Halo/Horn	Then tendency of a rater to let one positive or negative behavior/observation influence the remainder of the evaluation.
Spillover	The rater allows the ratings from the midpoint evaluation to influence the ratings for the final evaluation even though the performance is substantially different.
Grudge Holding	Over-valuing of a prior negative behavior by the PT Trainee and allowing it to influence current ratings.