

APPENDIX C:

WEEKLY OBJECTIVES FOR CLINICAL EDUCATION EXPERIENCE (TEMPLATE)

These objectives are to be used as a **generic template** for clinical educators and students to set weekly personalized objectives. They are not specific to a particular setting, and they are not to be used as an all-inclusive checklist. For shorter clinical education experiences, please use weeks 1-6 as the template, but note that the percentages for supervision and caseload may need to be adjusted.

Week 1: The student will:

1. Complete orientation to the facility (risk management, safety, tour, etc.).
2. Complete orientation to the student manual.
3. Introduce self to department staff.
4. Shadow their CI to become familiar with the patients and procedures.
5. Participate in an initial evaluation with <90-100% assistance.
6. Measure and characterize pain with <90-100% assistance.
7. Actively participate in treatment interventions with <90-100% assistance.
8. Complete at least one progress note with <90-100% supervision and comparison to CI's note for the same patient.
9. Ensure patient safety with <50% cues from the CI.
10. Perform correct body mechanics with <50 % cues from CI.
11. Demonstrate appropriate standard precautions and sterile technique with <50% cues from CI.
12. Provide feedback to CI regarding level of supervision, teaching methods, etc. (This should be ongoing!)

Week 2: The student will:

1. Complete orientation including patient scheduling, meetings, etc.
2. Complete an initial evaluation with <75-90% assistance from the CI.
3. Measure and characterize pain with <75-90% assistance.
4. Select and perform examination tests and measures with <75-90% assistance from the CI for each practice pattern.
5. Synthesize available data on a patient/client to include impairment, functional limitation, and disability participation restrictions with <75-90% assistance.
6. Site the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions with <75-90% assistance.
7. Integrate the examination findings to classify the problem into a practice pattern with <75-90% assistance from the CI.
8. Identify and prioritize impairments to determine a specific dysfunction towards which the intervention will be directed with <75-90% assistance.
9. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with <75-90% assistance from CI.
10. Implement and assess effectiveness of treatment interventions with <75-90% assistance from CI.
11. Document progress notes and familiar initial evaluations with <75-90% assistance.
12. Ensure patient safety with <30% cues from the CI.
13. Perform correct body mechanics with <30 % cues from CI.

14. Demonstrate appropriate standard precautions and sterile technique with <30% cues from CI.
15. Write measurable functional goals that are time referenced with <75-90% assistance.
16. Complete daily activity log/billing sheets with <75-90% assistance.
17. Actively participate in patient conferencing with <75-90% assistance from CI.
18. Demonstrate initiative with all duties including active adult learning.
19. Participate in discharge planning, including ordering of patient equipment with <75-90% assistance.
20. Differentiate between discharge, discontinuation of service and transfer of care with <75-90% assistance.

Week 3: The student will:

1. Perform 50% of the scheduled treatments and 25% of evaluations.
2. Fully complete an initial evaluation with <50-75% assistance from CI.
3. Measure and characterize pain with <50-75% assistance.
4. Select and perform examination tests and measures with <50-75% assistance from the CI for each practice pattern.
5. Synthesize available data on a patient/client expressed in terms of the disablement model to include impairment, functional limitation, and disability participation restrictions with <50-75% assistance.
6. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions with <50-75% assistance.
7. Integrate the examination findings to classify the problem into a practice pattern with <50-75% assistance from the CI.
8. Identify and prioritize impairments to determine a specific dysfunction towards which the intervention will be directed with <50-75% assistance.
9. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with <50-75% assistance from CI.
10. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals with <50-75% feedback from CI.
11. Document progress notes and initial evaluations with <50-75% feedback from CI.
12. Ensure patient safety with <10% cues from the CI.
13. Perform correct body mechanics with <10% cues from CI.
14. Demonstrate appropriate standard precautions and sterile technique with <10% cues from CI.
15. Write measurable functional goals that are time referenced with <50-75% assistance.
16. Complete daily activity log/billing sheets with <25-50% assistance.
17. Present patient during care conference with <50-75% feedback.
18. Participate in discharge planning, including family education, ordering of equipment with <50-75% assistance from CI.
19. Differentiate between discharge, discontinuation of service and transfer of care with <50-75% assistance.
20. Determine in service or project to be completed after discussion with CI.

Week 4-5: The student will:

1. Perform 75% of the scheduled treatments and 50% of the evaluations.
2. Fully complete initial evaluation with <25-50% assistance/feedback from CI. Complete orientation including patient scheduling, meetings, etc.
3. Measure and characterize pain with <25-50% assistance.

4. Select and perform examination tests and measures with <25-50% assistance from the CI for each practice pattern.
5. Synthesize available data on a patient/client expressed in terms of the disablement model to include impairment, functional limitation, and disability participation restrictions with <25-50% assistance.
6. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions with <25-50% assistance.
7. Integrate the examination findings to classify the problem into a practice pattern with <25-50% assistance from the CI.
8. Identify and prioritize impairments to determine a specific dysfunction towards which the intervention will be directed with <25-50% assistance.
9. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with <25-50% assistance from CI.
10. Implement and assess effectiveness of treatment interventions with <25-50% assistance/feedback from CI.
11. Document all progress notes and initial evaluations with <25-50% assistance from CI.
12. Ensure patient safety independently.
13. Perform correct body mechanics independently.
14. Demonstrate appropriate standard precautions and sterile technique independently.
15. Write measurable functional goals that are time referenced with <25-50% assistance.
16. Complete daily activity log/billing sheets independently.
17. Present patients during care conference with <25-50% assistance/feedback.
18. Perform discharge planning with <25-50% assistance/feedback.
19. Differentiate between discharge, discontinuation of service and transfer of care with <25-50% assistance.
20. Work on in-service/project independently.
21. Complete midterm as appropriate. If significant issues noted, call DCE.
22. Provide feedback to CI regarding level of supervision, teaching methods etc. (This should be ongoing!)

Week 6-7: The student will:

1. Perform 100% of the scheduled treatments and 75% of evaluations.
2. Fully complete initial evaluation with feedback <25% of the time.
3. Measure and characterize pain with <25% assistance.
4. Select and perform examination tests and measures with <25% assistance from the CI for each practice pattern.
5. Synthesize available data on a patient/client expressed in terms of the disablement model to include impairment, functional limitation, and disability participation restrictions with <25% assistance.
6. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions with <25% assistance.
7. Integrate the examination findings to classify the problem into a practice pattern with <25% assistance from the CI.
8. Identify and prioritize impairments to determine a specific dysfunction towards which the intervention will be directed with <25% assistance.
9. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with <25% assistance from CI.
10. Develop treatment interventions with feedback <25% of the time.

11. Implement and assess effectiveness of treatment interventions with feedback <25% of the time.
12. Complete all patient documentation with feedback <25% of the time.
13. Write measurable functional goals that are time referenced with <25% assistance.
14. Present patients during care conference with <25% feedback.
15. Perform discharge planning with <25% feedback.
16. Differentiate between discharge, discontinuation of service and transfer of care with <25% assistance.
17. Continue to work on in-service/project independently, schedule presentation time as appropriate.
18. If appropriate, meet/observe other disciplines, surgery, specialty areas etc.
19. Complete midterm as appropriate. If significant issues noted, call DCE.

Weeks 8-9: The student will:

1. Perform 100% of the scheduled treatments and evaluations.
2. Complete initial evaluations independently.
3. Measure and characterize pain independently.
4. Select and perform examination tests and measures independently, for each practice pattern.
5. Synthesize available data on a patient/client expressed in terms of the disablement model to include impairment, functional limitation, and disability participation restrictions independently.
6. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions independently.
7. Integrate the examination findings to classify the problem into a practice pattern independently.
8. Identify and prioritize impairments to determine a specific dysfunction towards which the intervention will be directed independently.
9. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care independently.
10. Develop treatment interventions independently.
11. Implement and assess effectiveness of treatment interventions independently.
12. Complete all documentation independently.
13. Write measurable functional goals that are time referenced independently.
14. Present patients during conference with oversight only.
15. Perform discharge planning independently.
16. Continue to observe other activities as appropriate.

Weeks 9-10: The student will:

1. Complete the in-service/project.
2. Complete all documentation to the satisfaction of the CI.
3. Complete comprehensive documentation to the satisfaction of the CI.
4. Complete treatment interventions to the satisfaction of the CI.
5. Complete discharge planning without reminders from CI.
6. Present during care conference independently.
7. Complete all educational experiences desired.
8. Perform all duties of an entry level physical therapist.
9. Complete final assessment.

10. Provide feedback to CI regarding the experience and recommendations for future students.

[Back to top](#)