

## Appendix A – Prompting Questions for Facilitators

- Suggestion - highlight the 4 elements that pertain to your table or copy & paste them into a separate document.
- Remember to focus discussion on the LEVEL of student behavior. For example: “Student will contribute to . . . ” vs. “Student will perform . . . with assistance.” Although participants are directed to refer to Bloom’s taxonomy at this point, it might be helpful for you to phrase your questions / clarifications using “key-verbs”.
- We are operationally defining “readiness” to apply to the first day of the second week in one’s first full-time clinical experience, irrespective of setting.

### Safety

1. In the inpatient setting, when students are doing chart reviews, identifying safety concerns for treatment (lines and tubes, unstable HTN, central lines, etc.). Is it enough for the student to just identify these areas or does student readiness include responding, evaluating and/or implementing their effects on treatment?
2. In the outpatient setting, is it enough for the student to just recognize the non-verbal indications to pain (silence, facial grimace.) or does student readiness require the student to respond and modify the treatment technique.

### Professional Behaviors

1. How does a student demonstrate readiness in their ability to respond to feedback, is accepting feedback without defensiveness enough?
2. What behaviors would equate to readiness in terms of a student seeking out feedback from their CI? How does the student’s ability to act on said feedback factor into readiness?
3. What would be specific examples of effective feedback a student could give you as a CI related to your clinical teaching, and how does this influence student readiness in the clinic setting?

### Accountability

1. How do you expect student to seek or respond to feedback regarding his/her performance?
2. In what way should student demonstrate that he/she accepts responsibility for his/her performance?
3. What is your expectation for student work outside of work hours (arriving early, staying late to complete documentation, preparation for work day outside of scheduled hours?)

### Communication

1. In the inpatient and outpatient setting, what is your expectation on student communication with patients during examination/treatment? Should students feel confident at all times and in all situations (i.e., introduction, history, explaining procedure for exam and treatment, diagnosis, prognosis.)?
2. What is your expectation of the student when communicating with you (the CI)?
3. What about other health care professionals?

### **Cultural Competence**

1. Based on your practice setting with regards to cultural competency, do you feel the student should be able to identify and understand the importance and implications of patients with cultural differences?
2. Should the student be able to communicate with sensitivity and provide all aspects of physical therapy care in a nonjudgmental manner?
3. What is your expectation with regards to the student being able to identify and apply knowledge of the patient's cultural beliefs, values and develop a culturally sensitive examination, treatment plan and educate the patient on a home exercise program?

### **Clinical Reasoning**

1. In the inpatient and outpatient settings, at what level would you expect a student to use clinical reasoning as they determine how they will proceed with care? For example, should the student be able to describe why they are doing an action, choose from a variety of actions, or analyze by comparing and contrasting their actions?

### **Screening**

1. In the inpatient setting, at what level would you expect a student to perform a chart review? Should a student be able to formulate questions for CI based on chart review, recognize & respond to key elements, or be able to make decisions based on the available information?
2. For inpatient and outpatient, is a student expected to determine which screening tests & measures to perform for a given patient? Is this based on options provided, or from the student's knowledge base? Is the student expected to perform said tests & measures? Interpret them? Make decisions based on findings?

### **Examination**

1. Would you expect a student based on your clinical setting to be able to select, sequence and analyze appropriate evidenced based tests and measures relevant to the patient's history, laboratory results, pharmacological information, and chief complaints? Or for student readiness does this require the student to be able to synthesize all pertinent information about the patient in order to choose, perform and analyze the appropriate tests and measures accurately and proficiently?

2. What are your expectations with regards to student readiness in your clinical setting with regards to their ability to obtain the history of a patient, chart review, selection of tests and measures?
3. How do you define efficiency and accuracy with readiness to perform an examination of a patient in your clinical setting?

### **Evaluation**

1. After performing an examination should the student be able to choose impairments that can be helped with PT, differentiate which impairments the treatment should be directed, make judgments about how all the impairments will impact the treatment?

### **Diagnosis & Prognosis**

1. In the inpatient setting, should students be able to use objective findings to formulate a PT diagnosis? If the diagnosis is already determined (i.e. a patient who is s/p TKR), what aspects of diagnoses should students be capable of determining?
2. In the outpatient setting, how close should a student be to determining the diagnosis of a patient based on their objective findings? Is it appropriate that they are able to identify 2-3 differential diagnoses and be able to provide rationale for ruling in/ruling out each one?
3. For other specialty settings (i.e. pediatrics), what ability to create a PT diagnosis do you expect of students with such a wide variety of possible diagnoses?
4. In the inpatient / outpatient settings, how much should a student be able to contribute to the discharge planning and prognosis? Are they expected to discuss prognosis with the patient / family and healthcare team, or to have a dialogue with the PT? Is it enough that they identify +/- prognostic indicators?

### **Plan of Care**

1. In the inpatient setting, what level of complexity would you expect for a treatment plan based on the objective findings and diagnosis? For patients who have a protocol driven plan, what would you expect from your students as far as the plan being developed and/or modified?
2. In the outpatient setting, what is your expectation for a plan of care, based on the objective findings and patient response? How dynamic would you expect the plan to be regarding therapeutic exercises (i.e. quad strengthening by straight leg raise vs. squats vs. using different forms of resistance, etc.).
3. In specialty settings (i.e. pediatrics, etc.), what would be your expectation regarding the complexity of a plan of care, based on such a diverse set of diagnoses being treated?

### **Procedural Interventions**

1. At what level of proficiency should the student be able to perform a procedural intervention learned in school? (See the psychomotor domain levels.) If there is a new technique taught by the CI, is that held to the same criteria of performance?
2. Should the student be able to adjust the intervention based on patient response?

### **Educational Interventions**

1. Should a student be able to identify areas of need for educational intervention? Or contribute to the identification? Or only provide the education when it is a known entity – total hip precautions, for example.
2. Should a student be able to determine the learning style of the patient / family member? Be able to adjust to differences in learning style?

### **Documentation**

1. What are the most critical aspects of documentation for students at the beginning of a clinical experience?
2. Should students be familiar with all types of documentation – eval, daily note, SOAP format, SBAR format, flowsheets, discharge summaries, etc.?
3. At what point in the first clinical experience would you expect a student to contribute to documentation? What documentation, in particular?
4. How would you rank the importance of timeliness, accuracy, completeness, and appropriate use of terminology?
5. Should students have familiarity with EMR systems prior to first full-time clinical experience? In what capacity?