Physical therapist student and clinical instructor perceptions of the Clinical Performance Instrument 3.0 (CPI 3.0): an exploratory descriptive study

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Abstract

Purpose: The Clinical Performance Instrument (CPI) has been adopted by US academic physical therapist (PT) programs as a key measure of clinical education performance. In May 2023, the APTA released an updated version, the CPI 3.0, which included significant changes. The purpose of this study was to explore perceptions of students (SPTs) and clinical instructors (CIs) who were the initial users of the CPI 3.0.

Methods: Retrospective study utilizing an investigator-created electronic survey meant to measure the constructs of technology, scoring, and stakeholder burden compared to the previous version. The survey was sent out to five cohorts of students and their CIs who used the CPI 3.0 for a full-time clinical experience during the inaugural release. IRB approval was obtained.

Results: Students ($n = 63$) and CIs ($n = 47$) reported that the CPI 3.0 platform was easy to access (95.2% SPT; 76.6% CI) and navigate (93.5% SPT; 72.3% CI). However, submission problems were experienced. More than 90% of students and CIs agreed that the CPI 3.0 was able to capture an accurate reflection of student performance. In addition, 91.1% of CIs reported that the tool would enable them to capture student performance difficulties that would put them at risk of not passing. Those that used the previous version of the CPI agreed that the CPI 3.0 was less time consuming (64.3% SPT; 76.3% CI) and burdensome (60.5% SPT; 68.4% CI).

Conclusion: Students and CIs perceived the CPI 3.0 favorably in terms of ability to capture performance, time to complete, and overall burden.

Keywords: *Clinical Performance Instrument 3.0*; *Perceptions*; *PT Clinical Instructors*; *PT Students*

The Commission on Accreditation in Physical Therapy Education (CAPTE) requires physical therapist education programs (PTEPs) to include at least 30 weeks of full-time clinical education.[1] In the 2023/2024 academic year, full-time clinical education experiences accounted for 29% of the average length of the professional curriculum.[2] The assessment of student performance in clinical learning environments is required to evaluate progressive skill development in alignment with academic program expectations, provide students with formative and summative feedback, and ensure that students reach 'entry-level' clinical performance. While CAPTE requires PTEPs to assess student performance during full-time clinical education experiences, they do not endorse or require any particular tool. Physical therapists educational programs have the autonomy to select and use a clinical assessment tool that meets all related stakeholders' needs, including the academic program, Director of Clinical Education (DCE), student, Site Coordinator of Clinical Education (SCCE), and clinical instructor (CI).[1] Tools should be psychometrically sound and not create undue burden to users.[3,4] In the literature, there are no

Poster presentation at CSM2025.

defined best practices, but strengths and limitations of the four US-developed assessments (Blue MACS, PT MACS, Clinical Internship Evaluation Tool [CIET], and Clinical Performance Instrument [CPI]) have been described.[3,5–15] Of these, the CPI is the most common assessment tool used by CAPTE-accredited programs.[16] The PT CPI includes two main components: (1) performance criteria related to physical therapist practice and (2) a defined rating scale. The CPI is used by the CI to evaluate student performance and by the student to self-evaluate performance at both midterm and final.[17,18]

The CPI was originally developed by the American Physical Therapy Association (APTA) in 1997.[19] It was revised in 2006[17] and moved to online administration (CPI 2.0/Web) in 2008. In May 2023, after a full psychometric review,[20] the APTA released the CPI 3.0[18] to replace the CPI 2.0/Web.[20] The CPI 3.0 was developed to address known limitations of the CPI 2.0/Web[21,22] and to better align with contemporary physical therapist practice.[23,24] The CPI 3.0 includes significant changes compared to the CPI 2.0/Web, including a different technology platform, new user training requirements, revised performance criteria, decreased number of items, and updated scoring and rating criteria.[18,25–27] A comparison of the tools is illustrated in Fig. 1. While the APTA published a technical brief describing the CPI 3.0 development[20] and a recent study explored its validity,[28] there is currently no research exploring user's perceptions and satisfaction of the CPI 3.0 in the literature.

Physical therapist education programs must participate in regular clinical education curricular review.[1] Therefore, when adopting a new student assessment tool, PTEPs have a responsibility to collect and review data to make informed decisions about curricular alignment, student outcomes, and future plans. In early transitional stages from one assessment tool to another, stakeholder feedback can provide valuable information. During the inaugural phase of the CPI 3.0 rollout, academic (DCE) and clinical (SCCE) members of the New York/New Jersey (NYNJ) Clinical Education Consortium anecdotally reported various administrative and technical challenges using the new tool. To provide a more comprehensive understanding of impact, we sought to survey non-administrative users, namely, students and CIs, regarding their experience with the tool. The purpose of this study was to explore the perceptions of PT students and CIs who were the initial users of the CPI 3.0, focusing on the domains of technology, scoring, and comparisons to the previous tool, the CPI 2.0/Web. Feedback from these key stakeholders can be used by academic programs to evaluate the ability of the CPI 3.0 to meet the needs for student assessment in the clinical setting.[1]

Methods

Design
This study was a retrospective, exploratory, descriptive study utilizing two similar but separate investigator-created electronic surveys; one developed for students and the other for CIs. The surveys were developed and distributed using Research Electronic Data Capture (REDCap) hosted at Mercy University.[29,30]

Sample
A non-probability sample of convenience was used.[31] PT students and CIs who participated in physical therapist educational programs in NYNJ Clinical Education Consortia who initially transitioned to the new CPI 3.0 in May of 2023 were asked to participate. The inclusion criteria were physical therapist students and CIs who used the CPI 3.0 to either evaluate or self-evaluate student clinical performance for a full-time clinical experience between June and December 2023.

Procedures
The survey was distributed via a REDCap link embedded in an email to five cohorts of students and their CIs, by the DCEs of three PTEPs at the end of the scheduled rotations, after the CPI 3.0 had been used to evaluate mid-point and/or final performance. A reminder email was sent 3 weeks after the initial email. The survey was anonymous, and an informed consent was obtained at the beginning of the survey before participants could progress to the survey questions.

After consent was obtained, participants were required to answer if they had used the CPI 3.0 to evaluate or self-evaluate student performance to determine inclusion criteria.

Participants responding 'no' to the question ended the survey. After the first two inclusion questions, participants were not required to answer a question in order to proceed to the next. Conditional branching was used to ask those students and CIs who had used the CPI 2.0/Web in the past, to answer two additional questions.

Instrumentation
Due to the novel nature of this tool and time sensitivity to capture initial impressions, we opted to develop our own survey. The survey was developed by the investigators, who are all experienced DCEs and have previous experience with survey development and research. The survey explored constructs of technology platform, the ability to capture student performance, and user burden. The survey questions consisted of Likert-scale items, short-answer, and demographic questions. A Delphi panel, consisting of PTEP faculty, CI/SCCE, and a student, reviewed the survey for face and content validity, achieving greater than 90% agreement after one round of review, followed by pilot testing.

CPI 2.0	CPI 3.0
Rating Scale: Categorical ordered scale with specific criteria within each category. Allows for ratings between categories to show progress.	**Rating Scale:** Numerical Rating Scale with six distinct performance levels. Does not allow rating between performance levels.
Performance Criteria: Grouped by two aspects of Practice –18 Performance Criteria	**Performance Criteria:** Grouped by five domains of Practice –12 Performance Criteria
Professional Practice (1–6)	Professionalism (1–3)
Safety	Ethical Practice
Professional Behavior	Legal Practice
Accountability	Professional Growth
	Interpersonal (4–5)
Communication	Communication
Cultural Competence	Inclusivity
Professional Development	Technical Procedural (6–9)
Patient Management (7–18)	Clinical Reasoning
Clinical Reasoning	Examination, Evaluation & Diagnosis
Screening	Interventions and Education
Examination	Plan of Care and Case Management
Evaluation	Business (10–11)
	Documentation
Diagnosis and Prognosis	Financial Management and Fiscal Responsibility
Plan of Care	Responsibility (12)
	Guiding and Coordinating Support Staff
Procedural Interventions	
Educational Interventions	
Documentation	
Assessment Outcomes	
Financial Resources	
Direction and Supervision of Personnel	

Fig. 1. Comparison of CPI 2.0 and CPI 3.0 performance criteria. CPI = Clinical Performance Instrument.

Statistical analysis

Data were downloaded from RedCAP[29,30] and analyzed using SPSS version 27.[32] Data were screened for inclusion criteria, and incomplete records ($n = 2$) were deleted. Participants who answered at least 90% of the survey questions were included in analysis as this was determined to be adequate to answer the research question.[33] Cronbach's alpha was used on both surveys to test the overall internal consistency and on individual items. Descriptive statistics, frequencies, percentages, and means were used to summarize the data.

Participants were not required to answer all questions; therefore, valid percentage was used to present the data.

Results

Subjects

Sixty-three students from three PTEPs and 48 CIs from a variety of practice settings completed the survey (the response rate was 24.6% of CIs and 30.7% of students; 29% overall). Two CI cases were deleted due to not meeting inclusion criteria or

Table 1. CI Demographics

	Mean	SD
Age (years)	36.9	8.9
Years as a CI	8.9	10.4
	N	%
Gender Identity		
Female	30	62.6
Male	15	31.2
Did not specify/missing	3	6.3
Total	48	
Used PT-CPI 2.0/Web		
Yes	39	84.8
No	7	15.2
Ethnicity		
American Indian/Alaskan Native	1	2.1
Asian/Asian Indian	10	20.1
Black/African American	3	6.3
Hispanic/ Latino/ Spanish	3	6.3
Middle Eastern/North African	2	4.2
Native Hawaiian/Pacific Islander	1	2.1
White/Caucasian	26	58.3
Practice Setting		
Acute care hospital	9	19.1
Hospital/Hospital system OP clinic	10	21.3
Private OP clinic	14	29.8
Corporate OP clinic	9	19.1
SNF/Long-term care	2	4.3
Inpatient rehab facility	2	4.3
Other	1	2.1

CI = Clinical Instructor; OP = Outpatient; SNF = Skilled Nursing Facility; PT-CPI = Physical Therapy Clinical Performance Instrument.

Table 2. Student Demographics

	Mean	SD
Age (years)	28.9	6.9
	N	%
Gender Identity		
Female	39	61.9
Male	21	33.3
Missing/unspecified	3	4.8
Total	63	100
Used PT-CPI 2.0/Web		
Yes	43	68.25
No	20	31.7
Ethnicity		
American Indian/Alaskan Native	0	0
Asian/Asian Indian	17	27.0
Black/African American	2	3.2
Hispanic/ Latino/ Spanish	5	7.9
Middle Eastern/North African	1	1.6
Native Hawaiian/Pacific Islander	0	0
White/Caucasian	32	50.8
multiple	4	6.3
Missing/other	2	3.2
Practice Setting of CE		
Acute care hospital	25	39.7
Hospital/Hospital system OP clinic	7	11.1
Private OP clinic	12	19.0
Corporate OP clinic	14	22.2
SNF/Long-term care	4	6.3
Inpatient rehab facility	1	1.6
Other	0	0
CE Level		
First	23	36.5
Intermediate	39	61.9
Final	0	0
Remedial	1	1.6

CI = Clinical Instructor; OP = Outpatient; SNF = Skilled Nursing Facility; PT-CPI = Physical Therapy Clinical Performance Instrument.

survey completeness. CIs had a mean 8.9 (SD = 10.4) years of experience; 39 (84%) had used the previous version of the CPI and 7 (15.2%) had not. Of the students who participated, 43 (68.3%) had used the previous version of the CPI and 20 (31.7%) had not; 23 (36.5%) were in their first clinical experience (CE), 39 (65.9%) were in intermediate experiences, and one student was in a remedial experience. No students were in their final experience. Participant demographics of CIs and students are presented in Tables 1 and 2, respectively.

Instrument reliability
Cronbach's alpha for the overall CI survey was .94 and for the student survey .92, indicating excellent internal consistency reliability. Analysis of individual items did not indicate improvement of alpha if any items were dropped from either instrument.

Participant perceptions
Overall, CIs and students perceived the new CPI favorably in terms of the ease of use of the technology platform, scoring and capturing student performance, and

the administrative burden compared to the previous version of the CPI. Frequency and percentages of all Likert scale item responses for CIs and students are presented in Tables 3 and 4, respectively.

Technology
Both groups reported that the CPI 3.0 platform was easy to access (95.2% of students and 76.6% of CIs) and navigate (93.5% of students and 72.3% of CIs). Most students (84.1%) and CIs (83.5%) agreed that user guide instructions were helpful. Some students (9.7%) and CIs (28.3%) reported problems in submitting the final assessment. Open-ended comments from both groups indicated technology 'glitches' during the submission process, which resulted in comments being lost and therefore having to be rewritten.

Table 3. CI Survey Question Results

Question	SD		D		N		A		SA		NA		Total
	n	%	n	%	n	%	n	%	n	%	n	%	
I found the CPI—3.0 technology platform easy to access	2	4.2	9	18.8	-	-	23	47.9	14	29.2	-	-	48
I found the CPI—3.0 technology platform easy to navigate	2	4.3	11	23.4	-	-	19	40.4	15	31.9	-	-	47
The CPI-3.0 user guide instructions were helpful in navigating the platform	3	6.3	3	6.3	-	-	30	62.5	10	20.8	2	4.2	48
I was able to use and submit the CPI—3.0 mid-term assessment without any problems	5	10.6	7	14.9	-	-	22	46.8	11	23.4	2	4.2	47
I was able to use and submit the CPI—3.0 final assessment without any problems	1	2.1	12	26.1	-	-	20	43.5	12	26.1	1	2.2	46
After completing the APTA web-based training for CPI-3.0, I was confident I would be able to use the instrument appropriately to rate the student.	0	0	2	4.3	-	-	30	63.8	15	31.9	-	-	47
The web-based training for the CPI 3.0 helped me to understand how to differentiate between the ratings	0	0	5	11.4	-	-	31	70.5	8	18.2	-	-	44
When using the CPI-3.0 it was easy for me to differentiate between the performance levels when evaluating the student	0	0	14	29.8	-	-	24	51.1	9	19.1	-	-	47
The description of supervision/caseload expectations in the CPI-3.0 were helpful to differentiate between the performance levels when evaluating the student.	1	2.1	7	14.9	-	-	28	59.6	11	23.4	-	-	47
The sample behaviors described in the CPI-3.0 were helpful to differentiate between the performance level when evaluating the student.	1	2.2	5	10.9	-	-	27	58.2	13	28.3	-	-	46
When using the CPI 3.0 it was easy for me to determine what comments to put into each of the comments sections.	3	6.5	8	17.4	-	-	26	56.5	9	19.6	-	-	46
I feel the CPI 3.0 was able to capture an accurate reflection of the student's performance in the five domains of practice.	1	2.1	3	6.4	-	-	31	66.0	12	25.5	-	-	47
I feel the CPI 3.0 would enable me to capture student performance difficulties that would place them at risk for not passing the experience.	1	2.2	3	6.7	-	-	28	62.2	13	28.9	-	-	45
The CPI-3.0 was less time consuming than the previous version	2	5.3	4	10.5	3	6.3	14	36.8	15	39.5	-	-	38
Overall completing the CPI 3.0 was less burdensome than the previous version	2	5.3	3	7.9	7	8.4	11	28.9	15	39.5	-	-	38

NA = Not applicable; N = Neutral; SD = Strongly disagree; D = Disagree; A = Agree; SA = Strongly agree; T = Total.

Table 4. Student Survey Questions

Question	SD		D		N		A		SA		NA		Total
	n	%	n	%	n	%	n	%	n	%	n	%	
I found the CPI—3.0 technology platform easy to access (64 responses)	1	1.6	2	3.2	-	-	39	61.9	21	33.3	-	-	63
I found the CPI—3.0 technology platform easy to navigate	1	1.6	3	4.8	-	-	42	67.7	16	25.8	-	-	62
The CPI-3.0 user guide instructions were helpful in navigating the platform	0	0	6	9.7	-	-	44	69.8	9	14.3	4	6.3	63
I was able to use and submit the CPI—3.0 mid-term self-assessment without any problems	1	1.6	6	9.7	-	-	27	43.5	23	37.1	5	8.1	62
I was able to use and submit the CPI—3.0 final self-assessment without any problems	0	0	6	9.5	-	-	31	50.0	25	40.3	-	-	62
After completing the APTA web-based training for CPI-3.0, I was confident I would be able to use the instrument appropriately to rate my performance.	1	1.6	1	1.6	-	-	50	80.6	10	16.1	-	-	62
The web-based training for the CPI 3.0 helped me to understand how to differentiate between the ratings	2	3.2	8	12.7	-	-	42	66.7	11	17.5	-	-	63
When using the CPI-3.0 it was easy for me to differentiate between the performance levels when completing my self-assessment of my performance.	2	3.2	15	23.8	-	-	41	65.1	5	7.9	-	-	63
The description of supervision/caseload expectations in the CPI-3.0 were helpful to differentiate between the performance levels when completing my self-evaluation.	1	1.6	7	11.1	-	-	38	60.3	17	27.0	-	-	63
The sample behaviors described in the CPI-3.0 were helpful to differentiate between the performance level when completing my self-assessment of my performance in clinic.	0	0	7	11.1	-	-	44	71	11	17.7	-	-	62
When using the CPI 3.0 it was easy for me to determine what comments to put into each of the comments sections.	1	1.6	14	22.2	-	-	36	57.1	12	19.0	-	-	63
I feel the CPI 3.0 was able to capture an accurate reflection of my performance in the five domains of practice.	0	0	5	7.9	-	-	44	69.8	14	22.2	-	-	63
The CPI 3.0 was less time consuming than the previous CPI tool	0	0	2	4.8	13	31	11	26.2	16	38.1	-	-	42
Overall, completing the CPI 3.0 was less burdensome than the previous version (PT—CPI 2.0/web)	1	2.3	4	9.3	12	27.9	11	25.6	15	34.9	-	-	43

NA = Not applicable; N = Neutral; SD = Strongly disagree; D = Disagree; A = Agree; SA = Strongly agree; T = Total.

Scoring

Most students (96.7%) and CIs (95.7%) reported being confident that the completion of the APTA CPI 3.0 training enabled them to use the instrument appropriately. Both students (92%) and CIs (91.5%) agreed that the CPI 3.0 was able to capture an accurate reflection of student performance in the five domains of practice. In addition, CIs (91.1%) reported that the tool would enable them to capture student performance difficulties that would put them at risk of not passing. Both groups reported that descriptions of supervision/caseload (87.3% of students and 83.0% of CIs) and sample behaviors (88.7% of students and 87.0% of CIs) were helpful in differentiating ratings between performance levels. Despite these findings, open-ended comments revealed that both students and CIs had some difficulty differentiating between performance levels, especially between beginner and advanced beginner and between intermediate and advanced intermediate.

Comparison to PTCPI 2.0/Web

Both students and CIs who used the previous version (PTCPI 2.0/Web) agreed that the CPI 3.0 was less time consuming (64.3% of students and 76.3% of CIs) and burdensome (60.5% of students and 68.4 of CIs). The inability to rate in-between performance criteria on the CPI 3.0, showing smaller changes in performance, was negatively perceived by students and some CIs who had previously used the CPI 2.0.

Discussion

The recent transition to the updated CPI 3.0 has the potential to impact a large number of PTEPs. Historically, most US-based PTEPs have used earlier versions of the CPI to assess student performance in the clinical setting.[16] Although research provides evidence that there are academic programs that have transitioned from the CPI 2.0/Web to other clinical assessment tools,[8] these same programs may seek comparisons with the revised CPI as part of the curricular review process.[1]

We found that students and CIs had positive feedback regarding the accessibility and navigation of the CPI 3.0 online platform. This aligns with prior stakeholder survey studies of other clinical performance assessment tools. In 2019, Haj et al. reported that DCEs and CIs found the CPI 2.0/Web delivery methods to be a strength of that tool.[14] Similarly, the online version of the CIET has been perceived favorably by CI and student users.[8,9] In a case report, CIs agreed that the CIET was easy to access (60.9%) and complete (87%).[8] Furthermore, a multi-site study by Birkmeier et al. (2022) reported that both CIs and students perceived the CIET to be easier to use than the CPI 2.0/Web ($p < 0.001$).[9] Finally, in our study, the negative comments from students and CIs regarding the CPI 3.0 technology platform, including glitches and submission-related issues, are similar to the CIET interface issues described by student users in the North and Sharp (2020) sample.[8]

The CPI 3.0 requires all users to complete a free 1-hour online training course before use.[18] This is slightly longer than the training time required for the CIET (<1 h)[8,9] but shorter than the training required for the CPI 2.0/Web (2 h).[8,17] In our sample, students (96.7%) and CIs (95.7%) overwhelmingly reported high levels of confidence that the APTA CPI 3.0 training enabled them to use the instrument appropriately. In comparison, the findings for CIET training are mixed. While the Birkmeier et al. (2022) survey of CIs and students found that both groups had positive perceptions of CIET training effectiveness,[9] North and Sharp (2020) reported that only 65.6% of CIs felt that the CIET met user needs. Additionally, this study also described CI challenges in completing the CIET training quiz.[8]

To ensure that students are meeting program benchmarks and ultimately achieving 'entry-level competence' as required by CAPTE,[1] PTEP programs must be confident that a clinical performance tool is accurately capturing student performance. However, both previous versions of the CPI[17,19] had reported limitations in this domain, including variations in scoring and narrative comments based on CI training and experience,[15,34,35] visual analog scale (VAS) score validity issues,[12] and, concerningly, incomplete performance item scoring by CIs.[11] Conversely, North and Sharp found that of the CIs who had used the CIET for 1 year, 95.7% agreed that the CIET was representative of entry-level skills and behaviors,[8] which is similar to our results regarding the CPI 3.0. Although not a validation study, our sample of students (91.5%) and CIs (92%) had favorable perceptions regarding the ability of the CPI 3.0 to effectively and accurately reflect a students' performance level. This finding provides preliminary early support for one of the key objectives of the CPI redesign: to address known issues with scoring and rating of the CPI 2.0/Web.[20,21] Importantly, our study found that a high percentage (89.7%) of CIs reported that the tool would enable them to capture performance difficulties that would put a student at risk of not passing. This was a concern of the authors since the stand-alone safety performance item was removed from the CPI 3.0 version.

A major aspect of the CPI 3.0 redesign was the reduction in performance items from 18 (CPI 2.0/Web)[17] to 12 (CPI 3.0).[18] According to the APTA, CPI 2.0/Web users expressed a need to reduce redundancy and completion times to make the updated tool more user-friendly.[20] Published studies had shown that CPI 2.0/Web completion times were greater than 1 h and were longer than those of other tools.[8,9] As noted previously, PTEPs

should apply a comprehensive approach to clinical assessment tool selection. This means that the tool must serve the needs of all related stakeholders, both academic and clinical. On the academic side, the assessment must accurately represent student performance in accordance with professional standards and program-specific competencies.[1] On the clinical side, SCCEs and CIs have indicated preference for an assessment tool that can be efficiently implemented into busy clinical environments.[4,9,14,36–38] In practice, many CIs do not receive any time or productivity accommodations for the added student supervision workload, meaning they must complete CI responsibilities while also maintaining patient care, productivity, and potentially, administrative duties.[36,39–41] Multiple studies have shown that CIs experience stress during a student supervision experience, with paperwork and grading contributing to CI burden. These negative perceptions are associated with CI dissatisfaction and create a barrier to clinical education operations.[4,36–38] Physical therapist education programs, therefore, should consider CI-related needs in their curricular assessment of a clinical performance tool. This study found that among CIs and students who had used the prior version of the CPI, both groups felt that the CPI 3.0 was less time consuming and burdensome, demonstrating alignment with CPI 3.0 redesign goals[20] and program considerations for CI impact.

In this study, the sample size was limited to a small number of CIs and students, which were linked to three specific universities and 158 clinical sites; therefore, the results of the study cannot be generalized to all CIs and students utilizing the CPI 3.0 for assessment. Since the CPI 3.0 was in the inaugural stage during our data collection, another limitation is the lack of prior research to compare our results. In addition, the CPI 3.0 has been updated since its initial roll-out, which may have addressed some of the 'technology glitches' reported by CIs and students. Future CPI 3.0 research should include larger scale reliability and validity studies and satisfaction surveys involving all stakeholders, including DCEs. Satisfaction surveys comparing the CPI 3.0 to other available tools may inform academic programs when choosing a tool to use to evaluate student performance in clinical education.

Conclusion

Despite some negative comments regarding technology glitches, perceptions of CIs and students were favorable for the CPI 3.0's ability to effectively rate student performance. Overall, both groups of participants felt it was less time consuming and burdensome compared to the CPI 2.0/Web.

Conflict of interest and funding`

The authors have no conflict of interests.

Ethics statement

This study was approved by the Mercy University Institutional Review Board.

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