

Fall Integrated Clinical Experience 1 Objectives Checklist

Student Name: _____ Mentor Name: _____ Date: _____

Setting (circle one): Acute Inpatient Rehab Outpatient

Directions: A checklist should be filled out and turned in for each ICE session (4 total per student). During each ICE session, the clinical mentor will assess the student’s ability to complete *critical skill objectives 1-3*. Additionally, as appropriate per setting, the clinical mentor will assess the student’s ability to complete each of the *site-specific skill objectives 4-12*. At each ICE session, the clinical mentor should check the appropriate box (met, not met, or not tested) for each objective. The comment box is included for mentors to record optional feedback related to each objective. For successful completion of ICE, students must meet objectives 1-3 during **each session** and must meet objectives 4-12 **at least one time** by the end of their 4th and final session. Students can log successful completion of their objectives on the master checklist. Students should track the date and setting of each session and assure that their mentor prints his/her name and signs/dates in the appropriate place on the checklist. Once complete, the student should sign and date each checklist and turn it in to Dr. Perez’s mailbox (due the Monday following each Thursday session).

OBJECTIVE	Met	Not Met	Not tested
CRITICAL SKILLS:			
1. Student projects professional image at all times			
COMMENTS:			
2. Student appropriately communicates (verbal, nonverbal, and/or written) with patients and other members of the healthcare team			
COMMENTS:			
3. Students demonstrates positive attitude toward feedback			
COMMENTS:			
SITE-SPECIFIC SKILLS			
4. Student examines ROM of a joint using a goniometer, including accurate explanation of how the measurement would be documented			
COMMENTS:			
5. Student examines strength of a muscle using MMT, including accurate explanation of how the measurement would be documented			
COMMENTS:			

Supplemental Materials

OBJECTIVE	Met	Not Met	Not tested
6. Student examines sensation of a dermatome or limb			
COMMENTS:			
7. Student selects an assistive device and/or adjusts an assistive device for a patient with appropriate rationale			
COMMENTS:			
8. Student participates in transferring a patient (could be a bed to chair transfer or bed mobility), with or without assistance, using proper body mechanics			
COMMENTS:			
9. Student assists in positioning an individual during or after a treatment			
COMMENTS:			
10. Student administers ROM or stretching exercises with appropriate selection of parameters, monitoring of patient response, and consideration of unique patient characteristics			
COMMENTS:			
11. Student administers strengthening or conditioning exercises with appropriate selection of parameters, monitoring of patient response, and consideration of unique patient characteristics			
COMMENTS:			
12. Student administers balance or motor coordination training with appropriate selection of parameters, monitoring of patient response, and consideration of unique patient characteristics			
COMMENTS:			

Student Signature: _____

Date: _____

Mentor Signature: _____

Date: _____

Spring Integrated Clinical Experience 2 Objectives Checklist

Student Name: _____ **Mentor Name:** _____ **Date:** _____

Setting (circle one): Acute care Inpatient Rehab Outpatient

Directions: A checklist should be filled out and turned in for each ICE session (6 total per student). **Preceptors:** During each ICE session, assess the student’s ability to complete *critical skill objectives 1-3*. Additionally, as appropriate per setting, assess the student’s ability to complete each of the *site-specific skill objectives 4-14*. Check the appropriate box (met, not met, or not tested) for each objective. For successful completion of ICE, students must meet objectives 1-3 during **each session** and must meet objectives 4-14 **at least one time** by the end of their 6th and final session. **Students:** On this form, fill out the date and setting of each session and assure that your preceptor signs/dates in the appropriate place on the checklist. Once complete, sign and date each checklist and turn it in to Darlene’s mailbox (due the Monday following each Thurs session). You can log completion of objectives throughout the semester on the master checklist.

OBJECTIVE	Met	Not Met	Not tested
CRITICAL SKILLS:			
1. Actively engages and participates in patient care.			
COMMENTS:			
2. Interacts appropriately to establish rapport and trust with others.			
COMMENTS:			
3. Adjusts verbal and non-verbal communication to each person and situation.			
COMMENTS:			
SITE-SPECIFIC SKILLS			
4. Synthesizes data from a chart review to make appropriate clinical judgments.			
COMMENTS:			
5. Recognizes patient-specific medication effects that could jeopardize patient safety and/or require treatment modifications.			
COMMENTS:			
6. Gathers relevant patient data through pertinent questions and appropriate interview techniques.			

Supplemental Materials

OBJECTIVE	Met	Not Met	Not tested
COMMENTS:			
7. Performs components of the examination of the cardiovascular, integumentary, musculoskeletal, or neuromuscular system accurately (Examples: muscle strength, ROM, sensation, orthopedic special test, standardized outcome measure).			
COMMENTS:			
8. Discusses factors that influence a patient's discharge from therapy. (Examples: financial/insurance constraints, home barriers, family support).			
COMMENTS:			
9. Accurately identifies the appropriate CPT codes to be charged for an evaluation or treatment session.			
COMMENTS:			
10. Provides PT-relevant education to a patient or family member.			
COMMENTS:			
11. Safely completes a patient transfer using appropriate body mechanics.			
COMMENTS:			
12. Administers a strengthening, conditioning, balance, or ROM exercise with appropriate selection of parameters, monitoring of patient response, and consideration of unique patient characteristics.			
COMMENTS:			
13. Monitors vital signs pre, during, and post therapy session.			
COMMENTS:			
14. Auscultates heart or lung sounds pre and post therapy session.			
COMMENTS:			

Student Signature: _____

Date: _____

Mentor Signature: _____

Date: _____