ACCE/DCE PERFORMANCE ASSESSMENT

ACCE/DCE SELF-ASSESSMENT

and

ACADEMIC ADMINISTRATOR SURVEYS

May 2010

**American Physical Therapy Association**

**Department of Physical Therapy Education**

**1111 North Fairfax Street**

 **Alexandria, Virginia 22314**



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 SELF-ASSESSMENT AND ACADEMIC ADMINISTRATOR ASSESSMENT OF ACCE/DCE PERFORMANCE

**Introduction to Assessment**

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution’s clinical education program.

**Evaluation Information (Please Complete)**

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what period of time are you assessing the ACCE/DCE? (annually, biannually, every other year, upon request)
4. Evaluator Role  (select from drop down menu) Date of Evaluation

**Directions**

Responses should be relevant to your interactions with the individual(s) being assessed, Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior

2 = Sometimes exhibits behavior

3 = Usually exhibits behavior

4 = Always exhibits behavior

5 = Is exceptional in exhibiting the behavior

IE = Insufficient evidence to rate behavior

***For all of the Likert Scale items provided, please “click” on only ONE response (use the mouse).***

**SECTION A. DEVELOPMENT OF STUDENT CLINICIANS**

*The ACCE/DCE contributes to the development of students as physical therapy clinicians by...*

1. promoting students’ self-assessment of their clinical performance. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

2. facilitating student reflection upon clinical education experiences. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

3. instructing students on methods to provide constructive feedback to clinical educators. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

4 reinforcing expectations for demonstrating professionalism. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

5. conferring with students to maximize learning during a clinical experience. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

6. facilitating the development of individualized action plans to advance student performance. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

7. monitoring the progression of individualized action plans. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

8. ensuring that students have the opportunities to acquire necessary clinical skills for

 entry-level practice. . [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

*Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.*

**SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY**

*The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by…*

1. using a variety of feedback methods to assess clinical educators. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

2. providing feedback to clinical educators to improve clinical teaching. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

3. promoting development of clinical teaching and mentoring skills. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

4. providing professional development opportunities to promote best practice in

 physical therapy. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

5. facilitating development of CCCEs as managers of their clinical education program. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

6. measuring outcomes of professional development programs coordinated by the ACCE/DCE. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

*Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.*

**SECTION C: DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM**

*The ACCE/DCE develops and analyzes interrelated components of the clinical education program (eg, clinical education sites, policies, procedures, learning experiences, and curriculum) by…*

1. conducting ongoing review of clinical education policies and procedures. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

2. assessing the strengths and needs of the clinical education program using feedback

 from a variety of sources. . [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

3. implementing a plan to respond to the needs of clinical education sites based on feedback. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

4. providing recommendations to the academic program based on the analysis of the feedback. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

5. sharing changes about the clinical education program with feedback sources. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

*Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.*

**SECTION D: MANAGEMENT AND COORDINATION**

*The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by…*

1. maintaining the number and variety of clinical sites to allow each student to meet clinical

 education requirements. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

2. managing information about clinical sites and clinical educators. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

3. synthesizing clinical education data to prepare necessary reports including CAPTE

 documentation. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

4. promoting adherence to current policies and procedures of the clinical education program. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

5. informing students and clinical sites about legal and liability requirements prior to clinical

 placements. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

6. implementing procedures for student clinical placements based on established program

 policies. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

7. adhering to program policies and procedures regarding student’s eligibility and progression

 through clinical education. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

8. grading students’ clinical education coursework based on clinical performance and academic

 program guidelines. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

*Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.*

**SECTION E: LEADERSHIP AND COLLABORATION**

*The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by…*

1. facilitating reflective dialogue about advancements in the profession of physical therapy. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**
2. networking with individuals and groups at local, regional, and/or national levels to further

 clinical education. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

 3. building partnership(s) to strengthen the relationship between academic programs and

 clinical sites. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

 4. advising the program director and faculty of changing health care trends that affect student

 learning and programmatic issues. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

 5. advocating a vision for clinical education within the context of the academic program’s

 mission and vision. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

 6. providing the program director with justification for clinical education budgetary needs. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

 7. using technology to enhance clinical education. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

 8. facilitating academic faculty involvement in clinical education. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

*Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.*

**SECTION F: COMMUNICATION**

*The ACCE’s/DCE’s communication skills create and sustain an effective clinical education program by…*

1. providing timely communication. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**
2. soliciting comments, feedback, and concerns. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**
3. highlighting key academic program policy and procedures for clinical education. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**
4. clarifying federal and state regulations and professional positions, policies, and guidelines

 related to clinical education. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

1. conducting clinical site visits/contacts. [ ] **1** [ ] **2** [ ] **3** [ ] **4** [ ] **5** [ ] **IE**

*Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.*

#### SECTION G: PROFESSIONAL BEHAVIORS

#### *The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by…*

1. fostering an atmosphere of mutual respect in clinical education. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**
2. displaying a positive attitude. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**
3. being approachable. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**
4. being accessible. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**
5. listening actively. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**
6. demonstrating effective time management. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**
7. demonstrating effective organizational skills. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**
8. demonstrating interpersonal skills that foster quality relationships. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**
9. demonstrating effective conflict resolution skills. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**
10. responding to unexpected situations using productive problem-solving skills. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**
11. displaying expertise in clinical education. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**
12. creating a professional development plan to advance own competence. **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] IE**

*Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.*

#### SUMMATIVE COMMENTS:

*Areas of strengths:*

*Areas for improvement*:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

Last Updated: 05/07/10

Contact: education@apta.org