



Bay State College Physical Therapist Assistant Program Student Self-Assessment Form

The purpose of this form is to guide you in self-assessment and to provide your clinical instructors with information on how you perceive your experience level and competency in major categories of clinical skills. It also provides information on your familiarity with various diagnostic categories and treatment settings. This information will assist you, the ACCE and your clinical instructors in planning Clinical Education Experiences to best meet your needs.

Accurate self-assessment is an important professional skill. Completion of this form provides you with practice in this skill. Be honest and thoughtful in your responses. Your ratings on this form should be discussed with you academic advisor as part of your preparations for each clinical.

Student Name: _____ **Date:** _____ **Circle: CE I II III**

Please rate your exposure to and competency in the following categories of patient care. Exposure refers to the extent to which you have studied the subject matter in lecture, lab and/or on a previous clinical (if any). Competency refers to your ability to perform the activity accurately and skillfully with varying levels of supervision or guidance. You should consider your experience and preparation from lecture, labs and previous clinical experiences (if any).

Use the following scale: 0 = no exposure/no competency to 4 = in-depth exposure/fully competent no supervision needed.

TREATMENT SKILLS

Treatment Categories	Exposure					Competency				
	0	1	2	3	4	0	1	2	3	4
Therapeutic exercise										
Modalities										
Soft tissue mobilization										
Joint mobilization(extremities)										
Lecture exposure only										
Neurological treatment techniques										
Sterile technique/infection control										
Bed positioning										
WC positioning										
Balance activities										
Gait										
Cardio pulmonary										

Comments: _____

TEACHING

Category	Exposure					Competency				
	0	1	2	3	4	0	1	2	3	4
Body mechanics										
Mobility training										
Gait training										
ADL training										
Transfer training										
Safety training										
Adaptive equipment use										
Home exercise programs										

Comments: _____

ASSESSMENT SKILLS

Assessment Category	Exposure					Competency				
	0	1	2	3	4	0	1	2	3	4
Cognitive status										
Vital signs										
Skin condition										
Pain										
Goniometry										
Manual muscle test										
Soft tissue										
Sensation/reflex										
Posture										
Neurological										
Functional/ADL										
Balance										
Gait										
Wounds										

Comments: _____

PROCESS/ADMINISTRATION SKILLS

Skill	Exposure					Competency				
	0	1	2	3	4	0	1	2	3	4
Safe patient care										
Monitoring response to treatment										
Modifying treatment within plan of care										
Time management										
Documentation										
Insurance reimbursement/billing										

Comments: _____

TYPES OF DIAGNOSES

Diagnoses	Exposure To					Competency Treating				
	0	1	2	3	4	0	1	2	3	4
Orthopedic										
Neurological										
Cardio-pulmonary										
General medical										
Other:										

Comments: _____

PATIENT POPULATIONS AND SETTINGS

Please rate your exposure to and experience working with the following patient populations and treatment settings. **For Experience use the following scale 0 = no experience with an actual patient of this type or in this setting, 4 = extensive experience in a prior clinical or prior work setting.** Please use the comment section below to explain.

Patient Population or Setting	Exposure					Experience with				
	0	1	2	3	4	0	1	2	3	4
Geriatric										
Adult										
Pediatric										
Inpatient acute										
Inpatient rehab										
Transitional Care Unit										
Skilled Nursing Facility										
Hospital based outpatient										
Private Practice										
Sports-focused outpatient										
Home healthcare										
School setting										
Early Intervention										
Other:										

Comments: _____

AFFECTIVE/COMMUNICATON SKILLS

Please rate your confidence level in each of the following categories. Use the following scale: 0 = no confidence to 4 = fully confident and independent.

Affective or Communication Skill	Competency				
	0	1	2	3	4
Communicate effectively with patients and families					
Communicate effectively with other healthcare workers					
Respond appropriately to nonverbal communication from others					
Modify behavior in response to feedback received					
Provide appropriate feedback to clinical instructor					
Appropriately handle conflict					