**4.0** **ONGOING EVALUATION**

**INTRODUCTION:**

*The Program conducts ongoing evaluation of the Program goals, faculty, curriculum, and participants. The evaluation process is planned, organized, scheduled, and documented to assure ongoing quality of post-professional specialty and subspecialty education.*

*The performance of the clinical resident is evaluated initially, on an ongoing basis, and at the conclusion of the Program. Data collected on the evaluation of a resident are used to further focus the resident’s learning and instruction, as well as to confirm achievement of the residency performance outcomes. Data are also collected on the post-graduation performance of the residents as a whole, in order to evaluate the Program and revise the curriculum. (APTA Residency Application Requirements for Ongoing Evaluation).*

**Evidence 4.1.1 Describe the process for regular and ongoing evaluation of the Program’s goals as stated in 1.2.1.A. Include how often the goals are reviewed, what would trigger a review, who is responsible for the review, etc.**

The program evaluates its performance relative to goals and objectives on an ongoing basis and during the formal meetings described below. The residency program director, clinical and academic faculty, and the Residency Program Advisory Team are responsible for regular and ongoing review of the program goals and objectives. If a change is needed, the program director and faculty will define needed changes and outline a process for implementation of changes within appropriate time frames.

* The physical therapy faculty of the Pediatric Physical Therapy Residency Program, program director, and Residency Program Advisory Team (composed of past residents as available and one staff physical therapist) will meet biannually to review the programs mission, goals, and objectives. Program, resident, mentor, and faculty evaluations, graduate performance on ABPTS exam, 360 review feedback from interdisciplinary team members, as well as feedback and concerns from this group will be discussed. Changes will be made to the goals and objectives as appropriate.
* The program director, clinical and academic faculty, pediatric therapy manager will meet monthly to discuss any issues or challenges requiring more real-time attention and direction. Real-time improvements to address barriers to program success will be made.
* Any problems or issues related to the program goals and objectives, raised by faculty or resident, will trigger a review by the program director and faculty to determine the appropriate venue to address concerns (immediately, or in monthly or biannual meetings above).
* Publication of revised APTA Description of Specialty Practice for Pediatrics will trigger a review and revision of program goals and objectives at the biannual meeting described above.

**Evidence 4.1.2.A Describe the process for ongoing faculty evaluation. Faculty evaluation plan should include observation of a mentoring session by the program director.**

The process for the program’s faculty evaluation is as follows:

* Clinical Faculty are full-time employees of WFBMC and receive an annual performance appraisal, as well as team appraisal through a formal 360 degree review process annually (mid year). These appraisals will be structured to provide an opportunity for giving formal and constructive feedback to the employee regarding his/her performance in his/her role as clinical faculty in the Pediatric Physical Therapy Residency Program. Areas for improvement will be addressed in a performance improvement plan that will be documented in the employee’s Human Resources file.
* Constructive feedback is provided on an informal basis throughout the year as needed by peers, residency director and/or the resident.
* Residents will provide formal feedback to mentors and clinical faculty at the end of each module or at the end of the resident’s time with that faculty member, whichever come first. Mentor feedback form included as a separate attachment.
* Academic faculty at WSSU receive performance appraisal through the process defined by WSSU Department of Physical Therapy. Academic mentors participating in the Human Performance and Biodynamic Laboratory will be evaluated by the resident at the end of each module using the same mentor feedback form as clinical faculty. The resident will complete a course evaluation form for each didactic course attended at WSSU (included as separate attachment).
* The residency program director will observe the mentor and resident interactions (look-ins) and didactic coursework/case study presentations in order to provide feedback to the faculty/mentor.
* At the conclusion of the residency the resident will complete an exit interview with the Residency Advisory Council.

**Evidence 4.1.2.B** **Provide blank forms utilized in the clinical and didactic faculty evaluation process.** (Included as separate documents)

**Evidence 4.1.3.A Describe the ongoing process used to evaluate the Program’s curriculum and to make appropriate revisions. Include a description of the mechanisms used for communication (e.g., regular meetings, conference calls) and those individuals involved.**

The process for ongoing evaluation of the Program’s goals is described in Evidence 4.1.1. The ongoing process for evaluating the program’s curriculum will mirror that of the process to evaluate the program’s goals and will be a topic for discussion at the same monthly and biannual formal meetings described in Evidence 4.1.1. Real-time changes to the curriculum will be made as needed to ensure success of the resident and program. Information discussed in the goals/objectives discussions (Program, residents, mentor, and faculty evaluations, graduate performance on ABPTS exam, 360 review feedback from interdisciplinary team members, as well as feedback and concerns from the meeting group will be discussed) will also be considered to make changes and update curriculum content and scheduling of resident experiences as appropriate.

**Evidence 4.1.3.B Describe an example of a change made in the curriculum as a result of the ongoing review process (This may not be applicable to a new Program).**

Not applicable as this is a new program.

**Evidence 4.2.1 Describe the mechanisms for determining the resident’s or fellow’s initial competence and safety within the clinical setting upon entry into the Program.**

The following methods are used to assess and ensure the resident’s initial competency and safety prior to practicing without supervision in each clinical setting (Outpatient Pediatric Therapy, Brenner Children’s Hospital, Human Performance and Biodynamics Laboratory.)

* Successful graduation from an accredited Physical Therapy program.
* Physical Therapy licensure in the state of North Carolina
* Current CPR certification
* Letters of recommendation relative to clinical and academic accomplishments
* Letter of intent
* Completion of WFBH Department of Physical Therapy orientation
* Completion of area specific orientation (e.g. Outpatient Pediatric Therapy, Brenner Children’s Hospital, Human Performance and Biodynamics Laboratory)
* Completion of WSSU Department of Physical Therapy orientation
* Completion of WFBH hospital wide orientation, to include HIPPA/Corporate Compliance Training, OSHA/Infection control training, Safety/Prevention of Abuse training, Fire/Safety/Hazards training
* Completion of area/clinic specific core competency checklist, this includes sign off and direct observation from clinical mentor or area clinical manager/coordinator
* Completion of APTA Clinical Skills Performance Evaluation Tool for Pediatric Clinical Specialists

**Evidence 4.2.2.A Describe the process used to evaluate the resident’s or fellow’s advancing level of competence and safety within an area of specialized practice, consistent with the practice description. (one written examination and two live patient/client practical examinations over the course of the curriculum are required)**

The APTA Section on Pediatrics has developed a Clinical Skills Performance Evaluation Tool for Pediatric Physical Therapists. This tool will be completed by the resident (self-assessment) and Residency Director (with input from academic and clinical faculty) at admission, midyear and year-end. Opportunity areas identified at admission will be used to establish specific performance goals. These goals will be addressed in a midyear and year-end evaluation with live patient practical examinations, as well as during one-on-one mentoring sessions at least one time per month. The resident will complete a written final examination for the WSSU Advanced Pediatrics course upon course completion.

**Evidence 4.2.2.B Provide didactic and clinical performance outcome assessment tools (e.g., testing materials, examinations, checklists** (see samples of the below documents as separate attachments)

* 90 day managers checklist (Pediatric Therapy and Brenner Children’s Hospital)
* Pediatric core competency checklist for outpatient pediatrics and Brenner Children’s Hospital
* Advanced Practice Guidelines for OP Pediatrics (Casting, Torticollis)

**Evidence 4.2.2.C Provide samples of patient/client functional outcome measures used in the Program as part of the program/student evaluation process.**

The resident will be required to successfully complete a skills assessment to perform the following functional outcome assessments by midyear:

* Gross Motor Function Classification System
* Manual Abilities Classification Scale
* PDMS-2 (Peabody Developmental Motor Scales)
* PEDI (Pediatric Evaluation of Disability Inventory)
* Pediatric Balance Scale
* Test of Infant Motor Performance
* WeeFIM
* GMFM (Gross Motor Function Measure)
* BOTMP (Bruininks-Oseretsky Test of Motor Proficiency)
* COPM (Canadian Occupational Performance Measure)
* TGMD (Test of Gross Motor Development)
* AIMS (Alberta Infant Motor Scale)

The resident’s clinical skills will be formally assessed as described below.

**Evidence 4.2.2.D Describe how the data compiled from the performance measures are used to assess the resident’s or fellow’s performance and impact the resident’s or fellow’s plan of study.**

Client performance on the above clinical outcome tools will not be used to assess the resident’s clinical performance. The resident’s performance will be formally assessed as described above at entry, midterm, year-end using the APTA Clinical Skills Performance Evaluation Tool for Pediatrics. A performance improvement plan will be developed with specific goals at program entry and will be revisited at least monthly in one-on-one meetings with the clinical mentor.

**Evidence 4.2.3 Describe the Program’s remediation process and the criteria for dismissal if remediation efforts are unsuccessful.**

A formal performance improvement plan with objective short and long term goals, with timeframes for specific accomplishments, will be developed upon entry to the program. The plan will be revisited monthly and modified as appropriate. If the resident is unsuccessful in achieving established goals and progress is determined to be inadequate by the clinical faculty and program director, the Residency Director and Clinical Faculty will initiate the WFBH Corrective Action Plan that is formally outlined in the WFBH Policy on Employee Rules and Regulations.

**Evidence 4.3.1.A Provide a list of the measures used to evaluate the clinical abilities and characteristics of the Program’s *graduates*, and cross-reference with the Program goals listed in Evidence 1.2.1.A.**

*Evaluation Measures:*

* *Resident completion rate on Pediatric ABPTS certification exam*
* *Formal feedback from graduated resident employers*
* *Resident successful completion rate of abstract/poster submission at local, regional, national PT conference upon completion of residency year*

## Program Goals

## Support the mission and core values of Wake Forest Baptist Health and its Department of Physical Therapy:

1. By creating an innovative mechanism to increase the skill and education of pediatric physical therapy providers, thereby
2. Expanding the quality of care delivered to individuals across the pediatric continuum of care.

 *Evaluation Measure: resident successful competion rate of ABPTS certification exam.*

1. Develop and deliver a curriculum for post-professional experiential learning in pediatric physical therapy that integrates advanced relationship based care and interdisciplinary training.

 *Evaluation measure: graduate performance feedback from employers*

1. Engage physical therapists in a deliberate and systematic evaluation of relevant scientific literature and incorporate new knowledge and techniques into practice.

 *Evaluation measure: resident successful completion rate of abstract/poster submission at local, regional, national PT conference*

1. Empower physical therapists to practice ethical clinical decision-making and demonstrate virtuous behavior.

 *Evaluation measure: graduate performance feedback from employers*

1. Develop the clinical and didactic teaching skills of the resident and the residency faculty, fostering a practice environment where clinical knowledge is freely shared through dialogue and interdisciplinary education.

 *Evaluation measure: graduate performance feedback from employers*

1. Advance a commitment to service and social responsibility.

 *Evaluation measure: graduate performance feedback from employers*

1. Prepare residents to obtain American Board of Physical Therapy Specialties (ABPTS) certification as a pediatric clinical specialist.

 *Evaluation measure: resident successful completion rate of ABPTS certification exam*

**Evidence 4.3.1.B Describe how the information collected from Program graduates is used to evaluate and modify the Program. If the Program is new, describe how the information will be used.**

The information collected from the measures described above will be used to make curriculum changes and in setting specific educational goals and objectives for future residents. Additional follow-up and revisions to the program will be made based on the nature of the feedback.

**Evidence 4.3.1.C Describe an example of how the Program has been modified as a result of the information received from graduates (not applicable for new Programs).**

Not applicable.