



GEORGIA STATE BOARD OF PHYSICAL THERAPY

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<http://sos.ga.gov/index.php/licensing/plb/39>

INSTRUCTION SHEET FOR TRAINEESHIP COMPETENCY EVALUATION FORM

Please read this sheet, Rule 490-2-.04 Training Permits, and the Laws and Rules prior to completing the Traineeship Competency Evaluation Form. The trainee being evaluated may not practice in Georgia without a valid license OR valid training permit issued by the Georgia State Board of Physical Therapy.

The Traineeship Competency Evaluation Form is to be completed by the Primary Supervisor who submitted an affirmation statement on the Traineeship Letter of Agreement approved by the Board. The purpose of this form is for the Primary Supervisor to evaluate the trainee's overall performance and competency in the areas of professional accountability, professional behavior, patient/client management and professional development during the three month training period and to verify the trainee did adhere to the terms of the traineeship agreement.

For each competency criteria identified on pages 1 through 5 of this document, indicate if the trainee performed satisfactorily by entering a (X) or (√) in the YES or NO columns and in the comments section describe an activity or activities during which you witnessed the trainee meet or fail to meet the criteria. On page 6, the Primary Supervisor must rate the trainee's overall performance for each category of competency criteria using a scale of 1 to 5 [(1) Poor, (2) Fair, (3) Average, (4) Above Average, (5) Excellent] and indicate if the trainee followed the terms of the traineeship agreement.

ADDITIONAL COMMENTS MUST BE SUBMITTED FOR ANY COMPETENCY AREA RATED AT A THREE (3) OR BELOW. THE BOARD MAY EXTEND THE TRAINEESHIP PERIOD AND PERMIT FOR THE PURPOSE OF FURTHER REMEDIATION FOR TRAINEES WHO PERFORM BELOW AVERAGE IN ANY COMPETENCY AREA.

The Primary Supervisor may attach an additional page to the form if additional space is needed for comments. After entering any necessary comments, sign the form, enter your license number and date the evaluation.

LICENSURE DECISION

Most traineeship evaluations can be administratively processed after review by staff and/or the Board Cognizant and do not require additional Board review. However, if Board review is required, correspondence regarding the Board's decision will be processed in approximately 7-10 business days following the conclusion of the meeting. Correspondence is sent via email. If there are any deficiencies noted upon review of the evaluation form, trainees will be notified via email.

If you are a person sponsoring an applicant for licensure and want information sent to you in addition to the applicant, a Power of Attorney form must be on file in the board office in order for any notices to be copied to the identified attorney.

Traineeship Competency Evaluation

Competency Criteria	YES	NO	Comments
Professional Accountability			
1. Practices in a safe manner that minimizes risk to patients, self and others.			
2. Completes documentation related to physical therapy practice in an appropriate, legible, and timely manner that is consistent with all applicable laws and regulatory requirements.			
3. Consistently and critically evaluates sources of information related to physical therapy practice, outcomes research and education and applies knowledge from these sources in a scientific manner and to appropriate populations.			
4. Selects and utilizes outcomes measures to assess the results of interventions administered to individual and groups of patients			
5. Communicates effectively to clients/patients, caregivers and professional colleagues.			
6. Shall ensure that he or she has liability coverage either independently or provided by the entity by which he or she is employed.			

Competency Criteria	YES	NO	Comments
Professional Behavior			
1. Demonstrates an understanding of and compliance with all laws and regulations governing the practice of physical therapy in the State of Georgia.			
2. Avoids potential conflict of interest situations and circumstances that could be construed as harassment or abuse of patients, colleagues, associates or employees.			
3. Demonstrates sensitivity to individual and cultural differences when engaged in physical therapy practice.			
4. Determines the use of physical therapist assistants and physical therapy aides to ensure the delivery of care that is safe, legal, effective, and efficient.			
5. Adheres to the Code of Ethics and core values of the profession.			
6. Communicates the overall plan of care with the patient or the patient's legally authorized representative			

Competency Criteria	YES	NO	Comments
Patient/Client Management			
1. Consistently integrates the best evidence for practice from all sources of information and utilizes clinical judgment to determine the best care for a patient/client			
2. Safely examines a patient/client using valid and reliable measures whenever available			
3. Establishes a diagnosis and prognosis for physical therapy, identifies risks of care, and makes appropriate clinical decisions based upon the examination and evaluation, including history, screening and differential diagnosis, and current available evidence			
4. Establishes the initial evaluation, determination of physical therapy diagnosis, prognosis, identifies risks of care, makes appropriate clinical decisions and plan of interventions.			
5. Documents initial evaluation and provides periodic reevaluation and documentation of findings for each client/patient.			
6. Documents the episode of care for each client/patient including the patient's response to the plan of intervention at the time of completion of the episode of care.			

Competency Criteria	YES	NO	Comments
Patient/Client Management (continued)			
7. Delivers, evaluates and adjusts the physical therapy intervention.			
8. Takes appropriate action in any emergency situation.			
9. Utilizes assistive personnel in accordance with legal requirements for the State of Georgia.			
10. Educates patients/clients, family, and caregivers, using relevant and effective teaching methods to assure optimal patient care outcomes.			
11.Plans for discharge in consultation with the patient/client and care givers			
12. Discharges the patient/client after expected outcomes have been achieved or documents rationale for discharge when outcomes have not been achieved.			

Competency Criteria	YES	NO	Comments
Patient/Client Management (continued)			
13. Identifies and considers patient/client goals and expected outcomes.			
14. Obtains consent and discuss findings with and from the patient/client prior to commencing any physical therapy intervention.			
15. When appropriate, refers the patient/client to colleagues or other members of the health care team.			
Professional Development			
1. Demonstrates lifelong learning to identify, acquire and apply knowledge, skills and abilities required for current physical therapy practice			
2. Demonstrates knowledge of and promotes Health, Wellness and Prevention			

Please rate the Trainee's overall performance for each category of competency criteria on a scale of 1 to 5: (1) Poor, (2) Fair, (3) Average, (4) Above Average, (5) Excellent.

1. Professional Accountability:	1	2	3	4	5
2. Professional Behavior:	1	2	3	4	5
3. Patient/Client Management:	1	2	3	4	5
4. Professional Development:	1	2	3	4	5

Did the trainee adhere to the terms of the traineeship as identified in the traineeship agreement? YES NO

Please use the space below to submit any additional comments regarding the Trainee's qualification to practice.

Supervisor Signature & License Number

Date