

**University of Illinois at Chicago
College of Applied Health Science
Department of Physical Therapy**

Physical Therapy Portfolio Handbook

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What is a Portfolio?

As described by Campbell, Cignetti, Melenzyer, Nettles & Wyman, 1997, p. 3¹, portfolios are **“Organized, goal-driven documentation of professional growth and achieved competence in the complex act of learning. Tangible evidence of the wide range of knowledge and skills a growing professional possesses.”** Portfolios are a collection of evidence that demonstrates the student’s ability to integrate knowledge and demonstrate professional skills and attitudes. The portfolio is a record of learning that occurs outside of coursework and is a reflection of the learning process of an individual student. Therefore, each portfolio is unique and serves as a foundation for career-long, self-directed professional development.

Introduction and Purpose

The portfolio for the University of Illinois Doctor of Physical Therapy student is a collection of evidence that documents learning from a wide range of educational experiences. The purposes of the portfolio are to: 1) extend student learning activities beyond the classroom, 2) integrate and evaluate learning related to overall curriculum themes and objectives, 3) foster independent, self-directed student learning for life-long professional development, and 4) foster reflective practice.

The American Physical Therapy Association (APTA) Vision 2020, the current Beyond Vision 2020 statement and the Normative Model of Physical Therapy Education: Version 2004² provide deeper understanding of the educational and developmental purposes of the portfolio (see References for links to the APTA and reference

APTA Vision 2020 Statement³

Physical therapy, by 2020, will be provided by physical therapists who are doctors of physical therapy and who may be board-certified specialists. Consumers will have direct access to physical therapists in all environments for patient/client management, prevention, and wellness services. Physical therapists will be practitioners of choice in clients' health networks and will hold all privileges of autonomous practice. Physical therapists may be assisted by physical therapist assistants who are educated and licensed to provide physical therapist-directed and -supervised components of interventions.

Guided by integrity, life-long learning, and a commitment to comprehensive and accessible health programs for all people, physical therapists and physical therapist assistants will render evidence-based service throughout the continuum of care and improve quality of life for society. They will provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences.

While fully availing themselves of new technologies, as well as basic and clinical research, physical therapists will continue to provide direct care. They will maintain active responsibility for the growth of the physical therapy profession and the health of the people it serves.

APTA Beyond Vision 2020 Statement⁴

The physical therapy profession’s greatest calling is to maximize function and minimize disability for all people of all ages. In this context, movement is a key to optimal living and quality of life for all people of all ages that extends beyond health to every person’s ability to participate in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.

While this is APTA’s vision for the physical therapy profession, it is meant also to inspire others throughout society to, together, create systems that optimize movement and function for all people of all ages. The following elements of Quality, Collaboration, Value, Innovation, Consumer Centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.

Management of the Portfolio

The management of the portfolio is the responsibility of the student with counsel from their assigned academic advisor. Students will be expected to meet with their academic advisor (in person or by telephone or email) each semester starting Spring of the first year to discuss their progress in the development of their portfolio. Academic advisors will be responsible for overall review of their advisees' portfolio. Checkpoints have been established to ensure that progress is being made and are discussed as each section is described.

The student and advisor should assess progress on an ongoing basis with the general expectation that the portfolio is an independent project carried out by the student. This process of portfolio development and completion encourages students to become independent, self-directed, lifelong learners. The portfolio will require the student to take responsibility for his/her own learning while acquiring useful skills for continued learning following graduation.

Although portfolio entries will be reviewed by the advisor periodically throughout the program, the student will typically maintain the portfolio and turn it in to the advisor upon completion for final review. At the end of the program, the portfolio will be a record of learning experiences, growth as a professional and reflections on the learning process which may be a useful tool in seeking employment.

Content of the Portfolio

There are four sections of the UIC PT portfolio: *Self-Directed Learning Experiences*, *Clinical Internship Documentation*, *Case Report*, and *Self-Assessment of Professional Behaviors*.

Section 1: Self-directed learning experiences

Self-Directed Learning Experiences (SDLE) will be completed in five different areas: teaching, prevention and wellness, social responsibility, mentoring, and career development.

Students have significant latitude in designing each project and in providing evidence that competency has been achieved. The intention is for the student to design projects that meet their individual needs and goals. **The student's plan for each SDLE must be approved by their advisor prior to implementation.** Once approved the student may proceed with planning and carrying out the project. A template to use for the development of a project is included in this document. An electronic version will be distributed through the class listserv. It is not a departmental requirement that the template be used, but it may be required by individual academic advisors.

Students may achieve competency in more than one area within one project - the advisor will determine if the depth and breadth of the project are adequate to meet multiple competencies. Students may work on their own or in groups on projects. The respective advisors will determine if the contribution made by their advisees demonstrates competence in each area.

For any experience that involves the practice of physical therapy, the student must identify a physical therapist who will provide supervision. Supervision of physical therapy students during the provision of physical therapy services is a requirement of the Illinois Physical

Therapy Act. If you are not certain that what you are doing constitutes the practice of physical therapy you should discuss this with your advisor or err on the side of caution and have a physical therapist provide supervision. The template includes a place for the supervising therapist to sign.

Each entry into the portfolio for the SDLE section will include:

1) Artifacts/Evidence: Products such as written descriptions of activities, videotapes, audiotape, computer presentation, etc. that confirms meeting the objectives for each *Project* category. See list of possible artifacts included in this document.

2) Student's reflection on learning experience: For each SDLE, a minimum expectation is that students will assess their work and write a reflection paper including but not limited to a discussion of the objectives the student established for the experience, a description of how well the objectives were achieved, and an analysis of additional learning or development needs related to the objectives.

Areas In Which Competence Will Be Achieved

Teaching

- Implementation and evaluation of an educational plan using a variety of teaching methods based on the unique characteristics of the learners.
- Implementation and evaluation of teaching techniques that address appropriate learning domains and that are appropriate for group instruction.

Prevention and Wellness

- Identification of health needs of a target group. The need may be one that could be met by physical therapy or through other means.
- Development and/or implementation and/or evaluation of a program to address identified needs.

Social Responsibility

- Demonstration of willingness to challenge the status quo; advocate for the health and wellness needs of society; participate or show leadership in community organizations and volunteer service; take part in efforts to influence legislative and political processes.

Mentoring

- Participation in mentoring activities as a mentor or by being mentored.

Career Development

- Identification of needs for your own development as a professional, a plan to meet these needs, and activities completed.

Checkpoints –

- 1) **Second Semester** – In order to receive credit for PT 625 – Professional Development I, students will develop a draft plan for completion of their SDLEs, have it reviewed, approved, and signed by their advisor and submit the documentation to the instructor for PT 625.
- 2) **Fifth Semester** – In order to receive credit for PT 622 – Psychosocial I, students will provide evidence to their advisor that they have completed SDLEs for at least 3 of the 5 areas of competence. Documentation that the advisor has reviewed and approved those experiences will be turned in to the instructor for PT 622.

3) **Eighth semester**

- In order to graduate, the student will, no later than April 15th of the eighth semester, submit to their advisor evidence that they have completed all of the SDLEs and self assessments.
- The final signed signature page, which includes signatures from the DCE and Faculty Advisor, is turned in to the Director of the Curriculum for the DPT program.

Section 2: Clinical Internship Documentation

The next section of the portfolio is the *Clinical Internship Documentation* containing evidence of working in different settings and with patients/clients in different practice patterns² and age groups. This will be completed during clinical internships with guidance from the Directors of Clinical Education. Students are required to complete 38 weeks of clinical education including at least 8 weeks of clinical education in each of the following settings: acute care, rehabilitation and ambulatory care. There are possible options for specialty practice areas, although there are no requirements that a specialty internship be completed.

Students need to provide documentation of physical therapy management of patients/clients in the following age groups: 0-6 years old (5 patients), 7-17 years old (5 patients) and 70+ years old (10 patients). It is assumed that most students will typically work with persons aged 18-69 and therefore no special documentation will be required of this group. Experience with a patient that is limited to observation is not sufficient to be counted as a documented case; the student must have an active role in at least one component of patient/client management.

In addition, students need to provide documentation of physical therapy management with 10 patients/clients in each of the 4 types of practice patterns from the *Guide to Physical Therapist Practice*⁵ including musculoskeletal, neuromuscular, cardiovascular / pulmonary, and integumentary. For each patient/client included, the student will also identify if the patient/client meets the definition of Urban Health Population (ethnically or socioeconomically underserved group within an urban population).

For the *Clinical Internship Documentation* section, students will fill out documentation worksheets that are distributed and signed by the Director of Clinical Education (DCE).

Section 3: Case Report

A case report describes an aspect of physical therapy practice but does not involve research methodology⁶.

- Write a case report, in publishable format, based on a patient/client who was managed **during clinical internships**. See *Writing Case Reports: A How to Manual for Clinicians, third edition*. McEwen. American Physical Therapy Association, 2009, for more information and an example of grading rubric.

The case report will be drafted with advice from an assigned faculty advisor and will be graded by the instructor during PT 628.

Section 4: Self Assessment of Professional Behaviors

This section includes the collection of self-assessments performed throughout the didactic and clinical portions of the PT curriculum. The UIC DPT curriculum utilizes a variety of tools to assist in the development of professional behaviors. The tools “**Professionalism in Physical**

Therapy: Core Values Self-Assessment” developed by the APTA and an assessment of “generic abilities” as developed by May et al and published in the Journal of PT Education in 1995 are used as frameworks for the assessment of Professional Behaviors.

- 1) During Semester 1 as part of PT 600 - Introduction to Physical Therapy
- 2) During Semester 4 as part of PT 626 – Professional Development II
- 3) During Semester 6 as part of PT 641 – Clinical Internship
- 4) During Semester 8 as part of PT 627 – Professional Development III

It is expected that the self-assessment will be a reflection of growth as a professional over time.

Appearance of Portfolio

The portfolio can be organized in a binder, can be provided as a website, or setup as a display. More information about how to present a portfolio can be found at the following websites:

American Association for Higher Education www.aahe.org (Development guides)

Carnegie Foundation for the Advancement of Teaching www.carnegiefoundation.org (National Portfolio Project). Go to site map and choose “Knowledge Media Lab”

List of Possible Artifacts/Evidence

Anecdotal records – a journal or diary of your experience
Article summaries or critiques
Assessments by others
Awards and certificates
Lesson plan strategies
Curriculum plans
Essays
Evaluations
Field trip plans/reports
Goal statements and reflection on achievement of goals
Individualized plans for participating in activity
Interview transcripts, recordings, videotapes
Lesson plans
Letters to agencies or participants
Management and organization of experience – project plan
Meetings and workshop logs
Observation Reports
Peer critiques
Philosophy statements
Pictures and photographs
Problem-solving logs
References & resources used
Schedules
Self-assessment instruments
Teaching materials
Video Scenario critiques – CD/DVD
Lesson reflections – Audiotape/mediafile
Lesson reflections

PROFESSIONAL BEHAVIOR
SUMMARY OF SELF- ASSESSMENT
USING THE CORE VALUES OF THE PHYSICAL THERAPY PROFESSION
(1=Never, 2=Rarely, 3=Occasionally, 4 = Frequently, 5 = Always)

Core Value	Definition	Ave. Rating Semester 1	Ave. Rating Semester 4	Ave. Rating Semester 6	Ave. Rating Semester 8
Accountability	Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcome, the profession and the health needs of society.				
Altruism	Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.				
Compassion/ Caring	Compassion is the desire to identify with or sense something of another's experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.				
Excellence	Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, challenges mediocrity, and works toward development of new knowledge.				
Integrity	Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.				
Professional Duty	Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.				
Social Responsibility	Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.				

PROFESSIONAL BEHAVIOR
SELF- ASSESSMENT USING THE CORE VALUES OF THE PHYSICAL THERAPY
PROFESSION – Summary Statements

1st Semester Assessment:

4th Semester Assessment:

6th Semester Assessment:

8th Semester Assessment:

Self-Directed Learning Experiences Content and Examples

Teaching: Develop and implement an educational session for a group. Identify the learning needs of the group and use effective teaching/ learning strategies to meet these needs. Provide evidence that you understand the roles of teaching in physical therapy, can implement effective instructional and evaluation methods in your teaching plan and use a variety of teaching methods that are commensurate with the needs and unique characteristics of the learner.

Examples: provide program on benefits of exercise to a club or church group; plan and implement a fitness class for a group of well elders or children with disabilities.

Prevention and Wellness: Identify and assess the prevention and/or wellness needs of a target group that are appropriate to the scope of physical therapy practice. Develop a plan for providing information on prevention of disease, impairment, functional limitation, or disability on the health risks related to age, gender, culture, and lifestyle or on wellness behaviors.

Examples: participate in a fitness-screening program and write a critical review of the program; assess the health needs of senior citizens at a residential living center and plan a wellness program; conduct developmental screening for children at primary health care centers.

Social Responsibility and Advocacy: Understand what is meant by social responsibility and advocacy in physical therapy practice. Provide evidence of practicing social responsibility and / or advocacy.

Examples: active role in a professional organization; participate and reflect on advocating for a social policy by writing an article for a physical therapy publication (e.g., PT Priority); study websites and / or annual reports, etc. of an organization and hold focus groups with clients; join an advocacy group and take an active role in their activities.

Mentoring: Understand the role of a mentor and participate in a mentoring relationship using effective strategies for mentoring.

Examples: Identify an individual who can provide mentorship for you and do an analysis of the mentorship relationship, develop a relationship with a pre-PT student or a high school student who might be interested in PT or another health care career, become a mentor to a first or second year student during clinical internship.

Career Development: Identify your needs and develop a plan for career development based on self-assessment and feedback from others.

Examples: attend training program; attend campus based teaching methods course; complete standardized instrument that helps you understand your strengths and interests, develop and carry out a plan for development.

**UNIVERSITY OF ILLINOIS AT CHICAGO
COLLEGE OF APPLIED HEALTH SCIENCES
DEPARTMENT OF PHYSICAL THERAPY
Self-Directed Learning Experiences
Project Proposal**

Student Name: _____

I. Description of Project (*no more than 100 words*)

II. Competencies the proposed project will achieve:

- | | |
|----------------------------|----------------------------|
| ____ Social Responsibility | ____ Career Development |
| ____ Mentoring | ____ Teaching |
| | ____ Prevention & Wellness |

III. List of Participants and expected contributions of each participant (*for example - generating idea and design of project, writing or creating documents, presentations, data collection and analysis, project coordinator*)

IV. Objectives to be achieved (Insert rows as needed)

- a.
b.

V. Project Plan (Insert Rows as Needed)

Tasks (<i>background research, interviews, meetings, preparation of materials, presentations, data collection, analysis, project evaluation</i>)	Expected Time Required for Completion of Task	Deadline (dates or Semester 1-8)	Person(s) Responsible

VI. List of evidence that competency was achieved that will be included in the portfolio: (*Minimally must include a paper reflecting on how the project contributed to the achievement of competency; can include participant feedback forms and analysis of the feedback; artifacts such as videotapes, brochures, teaching materials, CD or DVD ROM; can include peer review or expert review of the project*)

VII. Documentation of Supervision (if needed)

If this project will involve any activity that could be perceived as the provision of physical therapy services, the plan must be reviewed by a licensed physical therapist who takes responsibility for the safety of all participants and verifies that the information or service provided meets professional standards. If the involvement of a licensed physical therapist is required, that person must sign below.

I accept responsibility for oversight of this project.

Name	License #	Date
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VIII. Advisor's Approval: I agree that this project, if completed as described, meets requirements for the self-directed learning experiences checked above.

Name	Date
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**UNIVERSITY OF ILLINOIS AT CHICAGO
COLLEGE OF APPLIED HEALTH SCIENCES
DEPARTMENT OF PHYSICAL THERAPY**

Completed Portfolio Sign-off

Name: _____

Section 1: Self-Directed Learning Experiences

Category	Project Title	Faculty advisor signature/date*	Comments
Teaching			
Prevention and Wellness			
Social Responsibility			
Mentoring			
Career Development			

Section 2: Clinical Internship Documentation: Required documentation includes all Life Span and Practice Pattern forms. These forms must be signed by the Director of Clinical Education in order to be considered complete, and copies of the forms must be included in the portfolio.

***DCE signature/date:** _____

Section 3: Case Report: To be graded in PT 628 and included in portfolio.

***PT 628 Course Instructor signature/date:** _____

Section 4: Self-Assessments: Completed self-assessments of Core Values

Faculty Advisor signature/date: _____

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COLLEGE OF APPLIED HEALTH SCIENCES
DEPARTMENT OF PHYSICAL THERAPY**

ADVISOR FEEDBACK ON PORTFOLIO (optional)

Student name:

Date:

Portfolio Overall Criteria	Satisfactory	Outstanding	Comments
Organized, succinct			
Thorough documentation of evidence			
Demonstrates professional development			
Student able to self-assess and identify own needs			

Additional comments:

References

1. Campbell DM, Cignetti PB, Melenzyer BJ, Nettles DH, Wyman RM. *How to develop a professional portfolio: A manual for teachers*. Boston, MA: Allyn and Bacon, 1997.
2. A Normative Model of Physical Therapist Professional Education: Version 2004, American Physical Therapy Association, 2004.
3. Vision 2020. American Physical Therapy Association, Fairfax, VA.
<http://www.apta.org/Vision2020/>
4. Beyond Vision 2020, American Physical Therapy Association, Fairfax, VA.
<http://www.apta.org/BeyondVision2020/>
5. *Guide to Physical Therapist Practice, Second Edition*. American Physical Therapy Association, 2001.
6. McEwen I. *Writing Case Reports: A How to Manual for Clinicians, third edition*. American Physical Therapy Association, 2009.