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A Model for Professionalism Evaluation: Using the RISE Assessment Tool Across DPT Didactic and Integrated Clinical Education

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Abstract

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ABSTRACT

Purpose: There are limited options for professionalism evaluation during short term clinical experiences in physical therapy education. The purpose of this report is to describe the development of a new assessment tool (RISE) [**R**espect for Others, **I**ntegrity & Compliance, **S**elf-Awareness & Commitment to Development, and **E**ngagement & Work Ethic] as part of a longitudinal professional development model in the DPT didactic curriculum (RISE-SA) and integrated clinical education (RISE-CI). Primary goals of the RISE were to clearly define evaluation criteria, offer quick formative feedback, promote communication between clinical and academic faculty, and create objective professionalism assessment criteria. **Method:** The RISE assessment tool serves as a key element of the USF professional development curriculum that bridges academic and clinical education. Throughout the curriculum students use the RISE to refine professional development plans based on self-assessment and feedback from academic faculty, professionalism coaches, and clinical instructors. **Results:** Approximately 250 students, 25 clinical instructors, and 10 professionalism coaches successfully implemented the RISE Tool as part of the educational model. Preliminary feedback from students, academic faculty, and clinical instructors (n = 21) indicated that the RISE is time-efficient, easy to use, and helpful in categorizing positive and negative professional behaviors. **Conclusions**: Clinical instructors appreciated the time-efficient digital platform application of the RISE (about 1 minute to complete during integrated clinical education). A shared framework for professionalism facilitated communication of professionalism expectations between academic faculty, clinical instructors, and students. Further research is needed to evaluate the potential usefulness of RISE for full-time clinical education and for remediation of professionalism lapses.

MeSH Terms: professionalism, education
Keywords: clinical education, professional identity formation, physical therapy

INTRODUCTION

Professionalism is a key outcome of professional education in physical therapy.[1] Despite its importance, evaluation of professionalism remains challenging.[2-4] Professionalism may be defined as "an internalized conceptualization of professional obligations, attributes, interactions, attitudes, values, and role behaviors required of professionals in relation to individual patients/clients, organizations, and society as a whole."[5] Professionalism is inherently multidimensional and contextual. Swisher has described the focus of professionalism in physical therapy education as shifting from ethics (1970-1980s) to behaviors (1980s) to core values (2000s) to professional identity formation (PIF) (2000s) and program outcomes (2010s).[2] Building on the Carnegie Foundation recommendations for other healthcare professions,[4,6] the National Study of Excellence and Innovation in Physical Therapist Education[7,8] emphasized professional identity formation in physical therapy education. Professional identity formation is the developmental process of creating a professional self-identity based on the values and characteristics of the profession.[9, p1447] PIF embraces both an individual psychological developmental process[10] and socialization to collective professional contexts[11, p1185-1186]. As Jarvis-Selinger, Pratt and Regehr[11] note, there is considerable interplay between the competency/identity formation and individual/collective aspects of professionalism. (Figure 1)
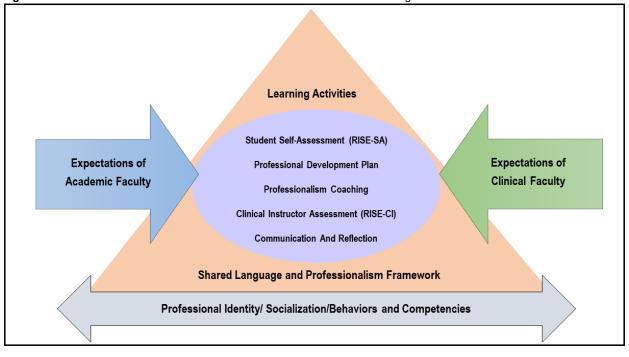
Figure 1. Model of Professional Formation and Evaluation Across Didactic and Integrated Clinical Education

Davis[12] noted that professionalism is evaluated indirectly through demonstrated behavior and described the need for academic programs to collaborate in delineation of clear expectations for "affective behavior" within specific clinical settings. Feedback that a student is simply "unprofessional" may not provide adequate guidance for professional development without further explanation of contextual expectations. In addition, professionalism criteria are not always consistent across contexts, and students experience conflicts between clinical and academic expectations.[13] Accordingly, unsatisfactory professionalism performance may reflect unclear professional requirements within a specific clinical setting and detract from the process of professional identity formation. A qualitive study of third year DPT (Doctor of Physical Therapy) students by Dutton and Selheim[13] indicated that students experienced "dissonance" between the academic and clinical expectations for professionalism. Finally, students may perceive professionalism as an undifferentiated laundry list[14] of desired behaviors disconnected from their own professional development.

Without a common professionalism framework and terminology, physical therapist educators and clinical instructors (CIs) may have difficulty describing lapses in specific behavioral terms. Shared language amongst students and instructors supports consistency in formative and summative evaluation of DPT students across clinical and didactic components of DPT education programs. Although most professionalism evaluations focus on positive behaviors or aspirational values, identification of "negative behaviors" or "professionalism lapses"[15] can also be helpful to students and faculty for professionalism assessment and formation of professional identity. Defining negative behavior provides language to define lapses, articulates clear expectations for students and instructors, and may assist in timely identification of professionalism lapses.[15] Mac-van der Vossen and colleagues[15] reviewed

literature about unprofessional behaviors in medical students. Their review[15] of 46 studies produced four themes of unprofessional behavior: failure to engage, dishonest behavior, disrespectful behavior, and poor self-awareness.

The authors adapted the four categories of professionalism lapses identified by Mac-van der Vossen[15] to provide the framework for the RISE evaluation tool: Respect for Others, Integrity & Compliance, Self-Awareness & Commitment to Development, and Engagement & Work Ethic. In contrast to the four themes identified by van der Vossen, the four categories of the RISE provided the foundation for both positive and negative professional values, attitudes, and behaviors. Primary goals of the RISE professionalism tool were to clearly define evaluation criteria, offer quick formative feedback to the student, promote communication between clinical instructors and academic faculty, facilitate students' professional development, and create objective assessment criteria for professionalism.[16-18] The RISE instrument (Appendix 1) was first used in the professionalism track of the didactic curriculum for student self-assessment (RISE-SA) and subsequently adapted for Integrated Clinical Education (RISE-CI). Ongoing communication and informal feedback resulted in many positive changes after the first two semesters of implementation. Figure 2 demonstrates the iterative process used to refine the RISE evaluation tool.
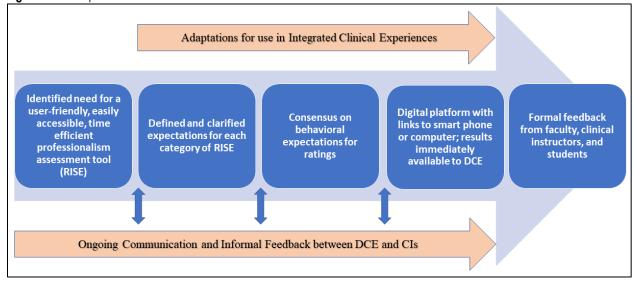
Figure 2. Development of the RISE Tool

Given the limited professionalism evaluation tools designed for short term clinical experiences, a primary objective of adapting the RISE for integrated clinical experiences (RISE-CI) was to make professionalism evaluation time-efficient and accessible for clinicians during an era of productivity concerns.[19,20] The purpose of this report is to describe the implementation of a new assessment tool (RISE) as part of a longitudinal professional development model in the DPT didactic curriculum and integrated clinical education.

MODEL
Introduction
The RISE assessment tool serves as a key element in the professionalism curriculum that bridges academic and clinical education. (Figure 2) As part of the didactic professionalism curriculum at the University of South Florida (USF) School of Physical Therapy and Rehabilitation Sciences, students use the RISE-SA for self-assessment to identify strengths and weaknesses based on the four categories as a basis for a plan for professional development. Clinical instructors also evaluate the student during Integrated Clinical Education (ICE) as "exemplary," "satisfactory" or "needs improvement" in each category on the RISE-CI. The use of three levels for evaluation was based on educational rubric literature and the limitations of using Likert or visual analog scales for evaluating professionalism.[16-18] Students are expected to achieve satisfactory ratings in all four categories of the RISE-CI. Assessment of "exemplary" or "needs improvement" require a support statement for the rating. (RISE Appendix). Students have the opportunity to reflect on their own self-assessment of strengths and weaknesses in the light of the assessment by the clinical instructor. Feedback from the clinical instructor may also foster dialogue about the student's professional development. The feedback survey was approved by the University of South Florida's IRB (STUDY002984) in July 2021 and was maintained in good status.

Self-Assessment with RISE during Didactic Curriculum (RISE-SA)
Students use RISE-SA for self-assessment throughout the professionalism track of the DPT didactic curriculum. (Table 1). The self assessment portion of the RISE (RISE-SA) tool instructs students to review the definitions and sample behaviors in each category of the RISE. Students are asked to identify specific positive and negative behaviors representative of their own professional behavior. Students then rank professionalism strengths and weaknesses using the four categories based on sample behaviors to support their rankings. Space is provided for additional comments or supporting information that could be used to further strengthen the student's self rankings. During the early phase of professional education, our experience suggests that many students perceive Respect for Others as their highest ranked strength and Self-Awareness & Commitment to Development as the weakest of the four areas.

Table 1. Professional Development Planning and RISE Assessment Across the DPT curriculum

		DPT Curriculum	Assessment, Feedback, Coaching, and Professional Development	Other Professionalism Assessments (PBAT, Core Values Assessment)
Year 1	Semester 1	ICE	(RISE-CI)	
		PI Course 1	Coaching	
	Semester 2	ICE	(RISE-CI)	
		PI Course 2	(RISE-SA) Coaching PDP	✓
Year 2	Semester 1	ICE	(RISE-CI)	
		PI Course 3		✓
	Semester 2	ICE	(RISE-CI)	
		PI Course 4	(RISE-SA) Coaching PDP	✓
Year 3	Semester 1	PI Course 5	(RISE-CI) Final PDP	✓

ICE = Integrated Clinical Experience
RISE-SA=Rise-Self Assessment
RISE-CI – Rise -Clinical Assessment
PDP= Professional Development Plan
Coaching= Professionalism Coaching

Students develop a professional development plan (PDP) based on the RISE-SA, revisiting it on a yearly basis. Over the course of the curriculum, students consider a variety of perspectives and aspects of professionalism to further refine their professional development plan. Ultimately, the plan contains a personal SWOT (strength, weakness, opportunities, threats) analysis,[21] SMART goals,[22] HARD goals,[23] detailed action plans for each goal, and consideration of multiple self-assessment tools.[24-26]

One key aspect of the USF professionalism track is the use of professionalism coaching in conjunction with the RISE-SA assessment during the didactic curriculum. Each student is matched with a faculty professionalism coach. Coaches follow the student throughout the program, focusing exclusively on professional development and identity. Coaches support and assist students in developing a longitudinal professional development plan that extends over the curriculum and culminates into a plan for growth 3-5 years beyond graduation. Each academic year the students are asked to reflect on their professional identity and PDP. The curriculum provides numerous opportunities for dialogue about PIF between students and faculty. The RISE-SA is one important tool to promote dialogue about professionalism. For example, faculty or students may link weaknesses identified on the RISE-SA to professionalism lapses in the resulting professional development plan.

Assessment by Clinical Instructor During ICE (RISE-CI)
Following the student self-assessment during the didactic curriculum (Table 1), clinical instructors use the RISE-CI to assess student professionalism during Integrated Clinical Education (ICE) experiences. There are 4 ICE courses in the curriculum, one in each semester in year one and two. During the ICE courses at the School of Physical Therapy and Rehabilitation Sciences, students rotate through multiple practice settings for half day experiences throughout the semester. The primary goals of the ICE experiences are to gain exposure to different practice settings and to orient the students to professionalism expectations in the clinical setting. Clinical instructors assess students in each of the four categories as "exemplary, satisfactory or needs improvement" during one assigned ICE experience each semester. Results are immediately available to the Director of Clinical Education. These results are disseminated to students via Qualtrics (Figure 3) for each of the four RISE categories, along with any additional comments or preceptor feedback regarding their professional behavior during the ICE experience.

Figure 3. The RISE Tool Adapted for Online Use

Possible outcomes of identified professionalism lapses include remediation of the integrated clinical experience, creating a plan to address specific behaviors, or alternative actions to improve learning and facilitate PIF. Repeated professionalism lapses across experiences would result in failure of the integrated clinical experience course. A minor lapse would be considered one category of the RISE-CI marked as needs improvement. Based on documentation or conversation with the evaluating CI, the DCE would relay this feedback to the student and engage in dialogue about potential attitudes, beliefs, values, or other personal factors that may have contributed to the lapse. Table 2 displays hypothetical scenarios based on actual student behaviors observed by the authors while using the RISE. Students were encouraged to use these teaching moments in their PDPs and their own self-assessment (RISE-SA). A major lapse would be the result of an extremely egregious behavior in one of more areas of the RISE, or low ratings in more than one category of the RISE. Major lapses require remediation of the integrated clinical experience.

Table 2. Sample behaviors and response facilitated by RISE Assessment Tool

Professional Behavior Example	Relevant RISE Category	Uncovering Potential Attitudes, Values, Beliefs, Personal Factors	Framing the Issue Through Dialogue and Feedback (Communication Amongst CI, Faculty, Student, DCE)	Professional Development Planning
Student neglects to drape patient	Respect for Others	Lack of awareness of modesty/privacy Generational or cultural differences	Discuss importance of respect and patient vulnerability	Student creates plan to remedy error with regular feedback from CI
Student checks cell phone for personal messages in restricted area	Integrity & Compliance	Familiarity with policies Habit of cell phone use True emergency phone call	Review policy and consequences regarding restricted cell phone access, discuss reasons for answering phone	Student reviews policies and procedures, remains cognizant of restricted cell phone areas, plans for emergency phone calls
Student repeatedly blames traffic for tardiness	Self-Awareness & Commitment to Development	Poor planning Multiple personal commitments Lack of resources	Importance of taking responsibility for own actions, planning for success, support for student resources if needed	Student commits to finding alternative routes and/or leaving earlier, using available resources
Student sits on equipment and appears uninterested in patient's care	Engagement & Work Ethic	Mental health problems Lack of interest Values different settings	Convey to student perception of disengagement, and the importance of active listening	Student commits to viewing body language Discover new areas for observation Address health needs

Note: Examples represent hypothetical scenarios based on actual student behaviors observed by authors during ICE.

Using the RISE Assessment for Professional Development and Identity Formation
The RISE assessment offers opportunities to identify areas for improvement in professional development and identity formation using self-assessment and instructor evaluation. (Figure 1) In the didactic curriculum, students use the RISE-SA to self-identify perceived areas of strength or weakness and specific behaviors needing improvement. Professionalism coaches assist students in prioritizing these areas and affirm observable behaviors that would benefit from improvement. With the guidance of mentors and coaches, students develop goals to address prioritized areas of professional identity formation. An example of a behavior often identified for growth on the RISE-SA within the Self Awareness and Commitment to Development category is "accepting and seeking feedback." An appropriate PDP goal might be developed around seeking feedback from clinical instructors, faculty, and peers to increase exposure to negative feedback. Alternatively, a goal could be developed around self-reflection on negative feedback including journaling, talking with a mentor, or role-playing specific scenarios depending upon the context of the feedback.

During integrated clinical experiences, instructors were asked to make specific comments when students received an evaluation of exemplary or needs improvement. These comments provide the foundation for dialogue with the student.

RESULTS

The educational model for professional development facilitated by the RISE Tool has been implemented over a span of 3 years. Approximately 250 students (5 cohorts) have used the RISE-SA, received feedback from the RISE-CI, worked with a professionalism coach and created a professional development plan. Twenty-five clinical instructors in 3 clinical sites have used the RISE-CI during ICE experiences. Ten faculty have used the RISE Tool in professionalism coaching as part of the didactic curriculum. Other DPT faculty have incorporated the RISE-SA into academic advising to facilitate student remediation.

Feedback from clinical instructors led to clarification of category definitions, delineation of clear student behavioral professionalism expectations, and revision of evaluation categories of (*exemplary, satisfactory, and needs improvement*) of the RISE tool. Communication with clinical instructors also led to converting the tool onto a digital platform (Qualtrics ®) to decrease the time required for completion and enhance communication between the DCE, clinical instructor, and student regarding professionalism. (Figure 3)

A survey was implemented to gain formal feedback to improve the model and the RISE tool as part of program improvement. The feedback survey was a simple electronic survey with open-ended and close-ended questions regarding the strengths, limitations, and perceived usefulness of the RISE. (See Appendix 2) Feedback from the survey was collated across all respondents. A total of 21 respondents [13 students (13%), 3 faculty (60%), and 5 clinical instructors (30%)] provided formal feedback. Participants noted that the primary strengths of the RISE Tool were the ease of use, time to complete, categorizing professional behaviors, and identification of both positive and negative behaviors. Other strengths were linking professionalism evaluation to development of professionalism goals or improvement plans, the inclusion of multiple perspectives (CI, coaches, and student) and the convenience of electronic completion via phone, computer, or tablet. Suggestions for improvement included formatting for ease of reading and giving more examples of positive and negative behaviors. See Table 3 for sample quotations.

Table 3. Sample quotations from survey feedback

Participant Type	Quotation
Student	"The RISE tool is one that I appreciate because of its simplicity because it makes it easier for me to have more profound reflections on my professionalism and performance as a future clinician." "The sample behaviors encompass many themes that we encounter as PTs"
Professionalism Coach	"It allows for a conversation regarding the student's goals (academic, personal, and professional), both within a small group of their colleagues as well as the opportunity to meet individually with their coach" "The dialogue and feedback about the tool and student responses are very beneficial to someone entering the profession."
Clinical Instructor	"[The RISE Tool is] good for students to be able to see what they are assessed on." "I felt the RISE tool was more to the point and not repetitive like the CPI"

DISCUSSION

This educational model describes the use of a new assessment tool (RISE) as part of a longitudinal professional development model of professional formation in DPT didactic and clinical education. The RISE professionalism instrument provides a time-effective, pragmatic professionalism assessment tool for students and faculty members across the didactic curriculum and during integrated clinical experiences for DPT students. RISE is especially helpful in providing a shared framework for dialogue about professionalism between faculty and students. A shared framework such as the RISE addresses the multidimensional and contextual nature of professionalism with an opportunity for dialogue about professional values, beliefs, and attitudes. The longitudinal use of the RISE is an integral component of this educational model that emphasizes ongoing professional identity formation in DPT students. Feedback from students, academic faculty, and clinical instructors indicates that this instrument facilitates professional development and is an efficient way to communicate professional expectations and create dialogue around professionalism lapses. Faculty professionalism coaches appreciated the catalyst for discussion around professional behaviors and their connection to values. Clinical instructors appreciated the digital platform application of the RISE instrument to minimize the time (about 1 minute to complete) needed to assess professionalism during integrated clinical education.

Identifying unprofessional behaviors can be challenging for academic faculty and clinical instructors. In many health professions, there is a "failure to fail students" in which faculty feel unprepared or unwilling to fail students with unsatisfactory performance.[27] Barriers to identifying unsatisfactory performance in the clinical setting include the clinical instructors' consideration of professional implications such as workload or fear of litigation, personal considerations such as guilt, considering the trainees feelings and impact, or lacking confidence or experience in evaluating trainee performance.[27] Having a common language may facilitate this training and ease of evaluating and identifying professionalism lapses by sharing a framework for labeling lapses and making expectations for students and clinical instructors clear. Making the consequences of failure clear and directing the focus on professional growth may also make clinical instructors more likely to acknowledge professionalism challenges with students in the clinical setting. Additionally, by making clinical instructors aware of the goals to improve professional development may encourage clinical instructors to provide feedback.

Receiving an evaluation of "unprofessional" may be analogous to a "check engine light" on the professional identity dashboard. The student realizes something is amiss but may not be clear about the nature of the problem. Dialogue between student and academic faculty (DCE, or coach) or clinical instructor invites reflection about the "what" and the "why" of the unprofessional behavior. Categories on the RISE may help to explain the external values of the profession and uncover student values or circumstances that may have led to the professionalism lapse. (Table 1) In the authors' experience, "accidental behavior,"[28] and personal struggles often contributed to professionalism lapses in students. Accidental behavior is considered a lapse that could occur based on contextual factors.[28] For example, students may violate cultural norms due to lack of awareness. Discussion with a trusted instructor may uncover this lack of awareness of cultural expectations. Struggling students may also exhibit unprofessional behaviors that are a consequence of situational or personal circumstances.[28] Chronic student tardiness may result from multiple family responsibilities such as dropping children at daycare or caring for an elderly parent. Uncovering the reason for the lapse may help students plan to mitigate lapses in the future or may simply facilitate the student getting assistance.

In the authors' experience, early identification of professionalism challenges is critical in both clinical and didactic education. Academic performance is often the trigger for uncovering the underlying reasons students may be struggling in the program. For example, a student may be failing multiple academic courses due to a lack of engagement or poor management of time and energy. The RISE has been useful in identifying the factors (such as adequate communication, time management, prioritization, or personal situation) that contribute to poor academic and clinical performance. This allows faculty to comprehensively evaluate all aspects of student performance that may contribute to failure or poor performance within the curriculum. Academic faculty, professionalism coaches and the DCE may work closely with students to develop a tailored remediation plan based upon the student's needs to target specific areas of professionalism. Self-assessment and clinical instructor feedback are critical aspects of formative feedback needed for professional identity formation.

Within this educational model, the authors used the RISE-SA and RISE-CI as part of a longitudinal model of PIF in conjunction with formal professionalism coaching. DPT programs may choose to implement either the RISE-SA or the RISE-CI within either the didactic or clinical education curriculum to facilitate professional identity formation and delineate clear expectations for professionalism assessment. Professionalism coaching adds opportunities for dialogue and reflection, but the RISE may still facilitate professional development without a coach's involvement. Further research is needed to evaluate the potential usefulness of RISE for other educational settings such as full-time clinical education or in other pre-professional students. In addition, future research might explore the strengths and weaknesses of specific professionalism assessment tools (such as the CPI, PBAT, and Core Values) across different DPT educational contexts from the student, clinical instructor, and faculty perspectives. Although this educational model was implemented in a DPT curriculum, the model may potentially be adapted for physical therapist assistant programs. Applying this educational model across different programs and regions may contribute to be further understanding of the contextual nature of professionalism.

CONCLUSIONS
A shared evaluation framework and tool support the collaboration of academic faculty and clinical instructors in the professional formation of students. Use of the RISE instrument helped to facilitate integration of student learning across the didactic curriculum, professionalism coaching, and short integrated clinical experiences. The ease of use and limited time required for completion (1 minute) of the RISE-CI support clinical instructors in assessment of student professional behaviors within available time constraints.

References

1. Grignon TP, Henley E, Lee KM, Abentroth MJ, Jette DU. Expected graduate outcomes in US physical therapist education programs: a qualitative study. *J Phys Ther Educ.* 2014;28(1):48-57.
2. Swisher LL. 23rd Pauline Cerasoli Lecture. Educating for professionalism: the science of caring. The art of healing. *J Phys Ther Educ.* 2021;35(4):260-269. doi: 10.1097/JTE.0000000000000201
3. Hodges BD, Ginsburg S, Cruess R, et al. Assessment of professionalism: recommendations from the Ottawa 2010 Conference. *Med Teach.* 2011;33(5):354-363. doi:10.3109/0142159X.2011.577300
4. Hodges B, Paul R, Ginsburg S. the Ottawa Consensus Group M. Assessment of professionalism: from where have we come – to where are we going? An update from the Ottawa Consensus Group on the assessment of professionalism. *Med Teach.* 2019;41(3):249-255. doi:10.1080/0142159X.2018.1543862
5. Swisher LL, Page CG. *Professionalism in physical therapy: history, practice, and development.* Oxford Elsevier Saunders; 2005.
6. Irby DM, Cooke M, O'Brien BC. Calls for reform of medical education by the Carnegie Foundation for the Advancement of Teaching: 1910 and 2010. *Acad Med.* 2010;85(2):220-227. doi:10.1097/ACM.0b013e3181c88449
7. Jensen GM, Hack LM, Nordstrom T, Gwyer J, Mostrom E. National study of excellence and innovation in physical therapist education: part 2-a call to reform. *Phys Ther.* 2017;97(9):875-888. doi:10.1093/ptj/pzx062
8. Jensen GM, Nordstrom T, Mostrom E, Hack LM, Gwyer J. National study of excellence and innovation in physical therapist education: part 1-design, method, and results. *Phys Ther.* 2017;97(9):857-874. doi:10.1093/ptj/pzx061
9. Cruess RL, Cruess SR, Boudreau JD, Snell L, Steinert Y. Reframing medical education to support professional identity formation. *Acad Med.* 2014;89(11):1446-1451. doi:10.1097/acm.0000000000000427
10. Bebeau MJ, Monson VE. *Professional identity formation and transformation across the life span. Learning trajectories, innovation and identity for professional development.* Springer; 2012:135-162.
11. Jarvis-Selinger S, Pratt DD, Regehr G. Competency is not enough: integrating identity formation into the medical education discourse. *Acad Med.* 2012;87(9):1185-90. doi:10.1097/ACM.0b013e3182604968
12. Davis CM. Evaluating student clinical performance in the affective domain. *J Phys Ther Educ.* 1987;1(1):19-20.
13. Dutton LL, Sellheim DO. Academic and clinical Dissonance in physical therapist education: how do students cope? *J Phys Ther Educ.* 2017;31(1):61-72.
14. Wynia MK, Papadakis MA, Sullivan WM, Hafferty FW. More than a list of values and desired behaviors: a foundational understanding of medical professionalism. *Acad Med.* 2014;89(5):712-4. doi:10.1097/ACM.0000000000000212
15. Mak-van der Vossen M, van Mook W, van der Burgt S, et al. Descriptors for unprofessional behaviours of medical students: a systematic review and categorisation. *BMC Med Educ.* 2017;17(1):164. doi:10.1186/s12909-017-0997-x
16. Cockett A, Jackson C. The use of assessment rubrics to enhance feedback in higher education: an integrative literature review. *Nurse Educ Today.* 2018;69:8-13. doi.org/10.1016/j.nedt.2018.06.022
17. Colbert-Getz JM, Ryan M, Hennessey E, et al. Measuring assessment quality with an assessment utility rubric for medical education. *MedEdPORTAL* 2017;13:10588. doi:10.15766/mep_2374-8265.10588
18. Isaacson JJ, Stacy AS. Rubrics for clinical evaluation: objectifying the subjective experience. *Nurse Educ Pract.* 2009;9(2):134-140. doi.org/10.1016/j.nepr.2008.10.015
19. Apke TL, Whalen M, Buford J. Effects of student physical therapists on clinical instructor productivity across settings in an academic medical center. *Phys Ther.* 2020;100(2):209-216. doi:10.1093/ptj/pzz148
20. Coleman J, Knott K, Jung B. Impact of physical therapy and occupational therapy student placements on supervisor productivity: a scoping review. *Can Med Educ J.* 2021;12(4):98-110. doi:10.36834/cmej.69298
21. Addams L, Allfred AT. The first step in proactively managing students' careers: teaching self-SWOT analysis. A*EJL.* 2013;17(4):43.
22. Brown G, Leonard C, Arthur-Kelly M. Writing SMARTER goals for professional learning and improving classroom practices. *Reflective Pract.* 2016;17(5):621-635.
23. Murphy M. *Hard goals.* McGraw-Hill Professional Publishing; 2010.
24. Denton J, Fike DS, Walk M, Jackson C. Test–retest reliability of the APTA Professionalism in Physical Therapy: Core Values Self-Assessment Tool in DPT students. *J Phys Ther Educ.* 2017;31(4):2-7. doi:10.1097/jte.0000000000000001
25. Jette DU, Portney LG. Construct validation of a model for professional behavior in physical therapist students. *Phys Ther.* 2003;83(5):432-43.
26. May WW, Morgan BJ, Lemke JC, Karst GM, Stone HL. Model for ability-based assessment in physical therapy education. *J Phys Ther Educ.* 1995;9(1):3-6.
27. Yepes-Rios M, Dudek N, Duboyce R, Curtis J, Allard RJ, Varpio L. The failure to fail underperforming trainees in health professions education: A BEME systematic review: BEME Guide No. 42. *Med Teach.* 2016;38(11):1092-1099. doi:10.1080/0142159x.2016.1215414

28. Mak-van der Vossen MC, de la Croix A, Teherani A, van Mook W, Croiset G, Kusurkar RA. Developing a two-dimensional model of unprofessional behaviour profiles in medical students. *Adv Health Sci Educ Theory Pract.* 2019;24(2):215-232. doi:10.1007/s10459-018-9861-y

RISE Tool for Professionalism Assessment

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Background
This tool was developed by USF faculty to assess professionalism in students. It is divided into two parts: one for student self-evaluation and one for clinical instructor evaluation of the student. The tool was developed from the professionalism categories described by Mak-van der Vossen M, van Mook W, van der Burgt S, Kors J, Ket JCF, Croiset G, Kusurkar R in "Descriptors for unprofessional behaviors of medical students: a systematic review and categorization" *BMC Med Educ.* 2017; 17(1):164. DOI:10.1186/s12909-017-0997-x with permission of the primary author.

RISE Self-Assessment (RISE-SA): Student Directions
Student Name:

Date:

1. Review the four categories of professionalism (Respect for others, Integrity & compliance, Self-awareness & commitment to development, Engagement & work ethic) definitions and sample behaviors identified in the RISE Tool.
2. Identify (circle, highlight or underline, etc) specific behaviors that represent your professional behavior (positive and negative).
3. Considering the behaviors you identified, rank each category, from 1 to 4, with 1 being the greatest strength. Indicate your self-assessment rankings in the left-hand column in the table below.
4. For each category, provide example behaviors (2-5 total including positive and negative behaviors) you demonstrate to support your ranking and insert them in the middle column of the table.
5. (Optional) Provide comments or additional information to support your ranking and selection of sample behaviors.

Ranked Categories of the RISE	Specific Behaviors to Support Ranking	Comments & Additional Information
1.		
2.		
3.		
4.		

RISE Tool for Professionalism Assessment

RISE Clinical Instructor Assessment (RISE-CI): Clinical Instructor Directions

Student Name:
Clinical Instructor Name:
Clinical Site:
Date:

The Clinical Instructor will rate the student in each of the four areas below, using the definition and sample behaviors as guiding factors. For each of the areas, rate the professional behavior categories as:

E = Exemplary – decidedly a strength of the student, above the expected level for student at this point in the curriculum
S = Satisfactory – meets all criteria, at the expected level for a student at this point in the curriculum
NI = Needs Improvement – does not meet standards of level expected for a student at this point in the curriculum

It is anticipated that a student should reach a Satisfactory level in each of the four areas. If a student's behavior warrants an "Exemplary" or "Needs Improvement" in a particular area(s), please provide additional comments to support the rating.
This can be completed either through an online application, webpage or via paper. If using the paper instrument, select one rating for each category for the student.

Ratings	Respect for Others	Integrity & Compliance	Self-Awareness & Commitment to Development	Engagement & Work Ethic
Exemplary	☐	☐	☐	☐
Satisfactory	☐	☐	☐	☐
Needs Improvement	☐	☐	☐	☐

Comments:

Respect for Others	**I**ntegrity & Compliance	**S**elf-Awareness & Commitment to Development	**E**ngagement & Work Ethic
Definition: The student demonstrates regard for and consideration of others.	**Definition:** The student demonstrates trustworthiness and ability to follow laws, rules and regulations.	**Definition:** The student demonstrates awareness of professional identity and commitment to improving performance.	**Definition:** The student actively participates in and attends to tasks.
Sample Positive Behaviors: Clear verbal communication Appropriate use of body language and gestures Responsive non-verbal communication (i.e. facial expressions) Respectful email communications Timeliness in response to communications with faculty, staff, and colleagues Appropriate use of social media Sensitivity to cultural & religious differences Empathic interactions Professional appearance and attire	**Sample Positive Behaviors:** Honesty Owning one's own contributions to work Taking pride in work Following all laws, rules, and regulations Academic integrity in all exams and assignments Admitting mistakes or omissions Obtaining informed consent Upholding patient privacy Utilizing EMR appropriately Abides by the Code of Ethics and other professional standards	**Sample Positive Behaviors:** Accepting and seeking feedback Receptive to constructive feedback Insight into one's own behavior Taking responsibility for performance/actions Awareness of level of competence and limitations Seeks to fill gaps in knowledge through research, education, or mentorship Responds to change in environment	**Sample Positive Behaviors:** Timeliness for assigned activities Arrives prepared Meets deadlines Organized approach to work Positive contributor to teamwork Responsibility Showing initiative Performing to a high standard Positive contributions to patient care Being present in all patient contact
Sample Negative Behaviors: Overly informal behavior Crossing professional boundaries Portraying school/peers/clinical sites in a negative manner Disruptive behavior Poor communication skills (verbal and non-verbal) Sexual harassment Discrimination Using derogatory language Bullying Abuse	**Sample Negative Behaviors:** Misrepresenting self or qualifications to patients Cheating Data fabrication Not following institutional policies and procedures (safety & infection control) Using cell phones in restricted areas Plagiarism	**Sample Negative Behaviors:** Defensive behavior Diminished commitment to self-improvement Blaming external factors for actions Poor insight to strengths & weaknesses Lack of honesty/openness in self-evaluation	**Sample Negative Behaviors:** Tardiness Poor note keeping Escaping teamwork Accepting a minimal level of performance/sloppy work Avoiding work Cutting corners Not fulfilling academic or clinical course expectations

Appendix 2. Survey Questions

*Denotes a common question asked among students, coaches, and clinical instructors.

RISE Tool for Professionalism Assessment Survey for DPT Students

Participant Information Questions for DPT Students

1. Which cohort of the professional program are you currently enrolled?
    - 1
    - 2
    - 3
    - Off cycle
2. How many times have you used the RISE tool in the Professional Issues Courses? (Open ended)
3. How many times have you been evaluated using the RISE tool in integrated clinical experiences? (Open ended)

Survey Questions for DPT Students

1. *Are the instructions for the RISE tool clear?
    - Yes
    - No
2. *What suggestions do you have to improve the instructions of the RISE tool? (Open ended)
3. *Which of the following do you perceive as strengths of the RISE tool?
    a. Check all that apply: Ease of use, Time to complete, Point of dialogue, Straightforward, Link to professional identity, Labels unprofessional behavior, Includes negative and positive behavior examples, Categorizes professional behaviors
4. *What are other strengths of the RISE tool not listed in the previous questions? (Open ended)
5. *Are there professional behaviors that need further clarification, deletion, or addition in the content of the RISE tool? (Open ended)
    - Yes
    - No
      *Please explain(optional)
6. *What suggestions do you have to improve the RISE tool? (Open ended)
7. *Have you found the RISE Tool for Professionalism Assessment helpful in assessing professional behaviors?
    - Yes
    - No

      *Please explain(optional)

8. *Please provide other comments about the RISE instrument or your experiences in using the RISE tool? (Open ended)
9. Have you found the RISE tool helpful in developing a professional development plan?
    - Yes
    - No
        - *Please explain(optional)
10. How helpful is the RISE tool in assessing professionalism compared to other professionalism assessment tools commonly used in physical therapy such as the CPI (Clinical Performance Instrument), PBAT (Professional Behaviors Assessment Tool), or the Core Values Assessment?
- More Helpful
- The Same
- Less Helpful
    - *Please explain (optional)

RISE Tool for Professionalism Assessment Survey for Professionalism Coaches

Participant Information Questions for Professionalism Coaches

1. How many years of experience do you have teaching in any PT/PTA program? (Open ended)
2. How many years have you served as a faculty member in the professionalism curriculum at any PT/PTA program? (provided a lecture, assisted in group discussions/activities) (Open ended)
3. How many years have you served as a professionalism coach at USF? (Open ended)

Survey Questions for Academic Faculty Professionalism Coaches

1. *Are the instructions for the RISE tool clear?
    - Yes
    - No
2. *What suggestions do you have to improve the instructions of the RISE tool? (Open ended)
3. *Which of the follow do you perceive as strengths of the RISE tool?
    a. Check all that apply: Ease of use, Time to complete, Point of dialogue, Straightforward, Link to professional identity, Labels unprofessional behavior, Includes negative and positive behavior examples, Categorizes professional behaviors
4. *What are other strengths of the RISE tool not listed in the previous questions? (Open ended)
5. *Are there professional behaviors that need further clarification, deletion, or addition in the content of the RISE tool?
    - Yes
    - No
      *Please explain(optional)
6. *What suggestions do you have to improve the RISE tool? (Open ended)
7. *Have you found the RISE Tool for Professionalism Assessment helpful in assessing professional behaviors?
    - Yes
    - No

      *Please explain(optional)

8. *Please provide other comments about the RISE instrument or your experiences in using the RISE tool? (Open ended)
9. Is the RISE tool successful in capturing the school's professionalism expectations for students?
    - Yes
    - No
      *Please explain(optional)

10. Does the RISE tool provide specific feedback to students on professional behaviors?
    - Yes
    - No
          *Please explain (optional)
11. Please rate the following professional development activities for guiding students' professional development?
    - Use of the RISE Tool (Rating: Not useful, somewhat useful, very useful)
    - Professionalism Coaching (Rating: Not useful, somewhat useful, very useful)
    - Other professionalism instruments (Rating: Not useful, somewhat useful, very useful)

12. Please provide comments your ratings of usefulness of the RISE Tool, Professionalism Coaching and other professionalism instruments from the question above. (Open ended)

13. In your opinion, has professionalism coaching facilitated your dialogue with students about professionalism?

- Yes
- No
     *Comments (optional)

14. Which of the following approaches should SPTRS use to facilitate DPT student professional development?
    - The RISE tool alone enhances professional development
    - Professionalism coaching alone enhances professional development
    - Professionalism coaching in combination with the RISE and other instruments is the optimal approach to enhance professional development

15. Please provide any comments about your perceived optimal approach to facilitate DPT student professional development. (open ended)

RISE Tool for Professionalism Assessment Survey for Clinical Partners

Participant Information Questions for Clinical Partners

1. How many years have you been a practicing PT? (Open ended)
2. What is you current clinical setting in which you practice? (Open ended)
3. Are you an APTA Certified Clinical Instructor?
    - Yes
    - No
4. What is your area of Clinical Specialty (Please include any relevant board certifications)? (Open ended)
5. How many students have you evaluated using the RISE tool? (Open ended)

Survey Questions for Clinical Partners

1. *Are the instructions for the RISE tool clear?
    - Yes
    - No
2. *What suggestions do you have to improve the instructions of the RISE tool? (Open ended)
3. *Which of the following do you perceive as strengths of the RISE tool?
    a. Check all that apply: Ease of use, Time to complete, Point of dialogue, Straightforward, Link to professional identity, Labels unprofessional behavior, Includes negative and positive behavior examples, Categorizes professional behaviors
4. *What are other strengths of the RISE tool not listed in the previous questions? (Open ended)
5. *Are there professional behaviors that need further clarification, deletion, or addition in the content of the RISE tool?
    - Yes
    - No
      *Please explain(optional)
6. *What suggestions do you have to improve the RISE tool? (Open ended)
7. *Have you found the RISE Tool for Professionalism Assessment helpful in assessing professional behaviors?
    - Yes
    - No

      *Please explain(optional)

8. *Please provide other comments about the RISE instrument or your experiences in using the RISE tool. (Open ended)
9. Is the RISE tool successful in capturing the clinic's professionalism expectations for students?
    - Yes
    - No

- o   *Comments (optional)
10. Does the RISE tool provide specific feedback to students on professional behaviors?
    - Yes
    - No
        - o   *Comments (optional)
11. Is the rating scale used for assessing professional behaviors appropriate in determining the level of student achievement? (satisfactory, needs improvement, and exemplary)
    - Yes
    - No
12. Please provide comments about the rating scale (optional). (Open ended)
13. Provide comments about the quality and specificity of the information gleaned from the professionalism category of the CPI compared to the RISE tool. (Open ended)
14. Would the RISE tool be helpful for students in full time clinical education experiences?
    - Yes
    - No
        - o   *Comments (optional)
15. Would the RISE tool be helpful for physical therapy residents during residencies?
    - Yes
    - No
        - *Comments (optional)