

Form 1. Examples of critical thinking competencies across the clinical service provision continuum.

AREA	EXAMPLES OF COMPETENCIES
1. Review of Client Hx Information	<ul style="list-style-type: none"> a. Review Hx to determine whether each of the needed areas of information is included. b. Review Hx to determine whether each <i>of</i> the pertinent details in each of the needed areas is included. c. Review Hx to determine whether pertinent details are consistent or inconsistent.
2. Formulation <i>of</i> Client Dx Hypotheses	<ul style="list-style-type: none"> a. Determine which potential Dx is clearly consistent with the Hx information presented. b. Determine which potential Dx is clearly inconsistent with the Hx information presented. c. Determine scope of possible Dx which can be inferred from the Hx information presented.
3. Critique of Client Dx Hypotheses	<ul style="list-style-type: none"> a. Critique the Hx evidence that could be used to support the presence <i>of</i> each potential Dx. b. Critique the Hx evidence that could not be used to support the presence <i>of</i> each potential Dx. c. Rank-order the potential Dx in terms of their actual likelihood.
4. Formulation of Clinical Questions	<ul style="list-style-type: none"> a. Determine which Hx and/or Dx information is needed to confirm or disconfirm each Dx hypothesis. b. Determine all potential means to obtain such Hx and/or Dx information from the client. c. Determine the most appropriate means to obtain such Hx and/or Dx information from the client.
5. Procurement <i>of</i> Needed Client Hx Information	<ul style="list-style-type: none"> a. Determine potential sources <i>of</i> additional client Hx information. b. Determine relative worth of additional client Hx information details to address clinical questions. c. Perform most appropriate clinical communication to obtain additional client Hx information.
6. Preparation <i>of</i> Client Dx Plan	<ul style="list-style-type: none"> a. Formulate clinical questions to be addressed in the Dx evaluation. b. Select methods and materials to be used to collect information to address questions. c. Plan Dx evaluation with respect to time frame, participants, locale, and possible complications (plan alternatives).
7. Implementation <i>of</i> Client Dx Plan	<ul style="list-style-type: none"> a. Complete each Dx evaluation task in accordance with standard evaluation practices. b. Relate information obtained in one section of the Dx evaluation to that obtained in others. c. Critique factors that influence client performance in the course of the Dx evaluation.
8. Modification <i>of</i> Client Dx Plan	<ul style="list-style-type: none"> a. Include unplanned elements into the Dx evaluation as circumstances dictate. b. Exclude planned elements from the Dx evaluation as circumstances dictate. c. Provide a rationale for such inclusion or exclusion <i>of</i> elements.

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| 9. | Test of Client Dx Hypotheses | <ul style="list-style-type: none"> a. Determine with which potential Dx the accumulated information is consistent. b. Determine with which potential Dx the accumulated information is inconsistent. c. Select the most appropriate client Dx, and provide rationale for the preference of this Dx over others. |
| 10. | Formulation of Client Recommendations | <ul style="list-style-type: none"> a. Determine most appropriate overall expectations for client based on the Dx. b. Determine procedures that would allow client to accomplish these aims. c. Rank-order recommendations in terms of which need to be accomplished before others can be accomplished. |
| 11. | Formulation of Client Overall Goals | <ul style="list-style-type: none"> a. Determine most prominent eventual aim for client based on the Dx and related factors. b. Break down eventual aim into broad overall goals, and rank-order goals in terms of priorities. c. Provide rationale for the selection and the rank-order of each of the overall goals. |
| 12. | Separation of Client Short-Term Goals | <ul style="list-style-type: none"> a. Break each overall goal into appropriate short-term goals, with appropriate step sequences. b. Set criterion for movement from one short-term goal to the next short-term goal. c. Determine whether short-term goals for overall goals will be implemented sequentially or simultaneously. |
| 13. | Decision on Intervention Framework | <ul style="list-style-type: none"> a. Consider which theoretical frameworks would be appropriate to address client condition/needs. b. Critique the relative appropriateness of all possible theoretical frameworks. c. Select framework, and provide rationale for the selection of this framework over others. |
| 14. | Selection of Tx Methods | <ul style="list-style-type: none"> a. Consider which methods would be consistent with the theoretical framework selected for Tx. b. Critique the relative appropriateness of all possible methods, based on efficacy information if available. c. Select methods, and provide rationale for the selection of these methods over others. |
| 15. | Selection of Tx Materials | <ul style="list-style-type: none"> a. Consider which materials would be consistent with the methods selected for Tx. b. Critique the relative appropriateness of all possible materials, based on efficacy information if available. c. Select materials, and provide rationale for the selection of these materials over others. |
| 16. | Measurement of Tx Effectiveness | <ul style="list-style-type: none"> a. Consider which design and/or data collection procedures would be consistent with the framework and/or methods. b. Consider the overall kinds of effectiveness data to be collected and analyzed. c. Construct the appropriate procedures and forms to be used in the data collection. |

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| 17. | Preparation of Tx Plan | <ul style="list-style-type: none"> a. Prepare Tx plan in accordance with established procedures for the site. b. Anticipate situations that could arise that could influence the plan, then formulate alternatives in anticipation. c. Provide rationale for inclusion of particular elements, such as schedule/family involvement/others. |
| 18. | Implementation of Tx Plan | <ul style="list-style-type: none"> a. Complete each Tx task in accordance with standard intervention practices. b. Relate information obtained in one component of intervention to that obtained in others. c. Critique factors that influence client performance in the course of the Tx. |
| 19. | Modification of Tx Plan | <ul style="list-style-type: none"> a. Include unplanned elements into the Tx sessions as circumstances dictate. b. Exclude planned elements from the Tx sessions as circumstances dictate. c. Provide a rationale for such inclusion or exclusion of elements. |
| 20. | Dismissal of Client | <ul style="list-style-type: none"> a. Determine when client has reached maximum or near-maximum level of performance. b. Determine overall prognosis for continued improvement, as well as factors that influence prognosis. c. Formulate appropriate circumstances for dismissal, such as when, whether gradual, others. |
| 21. | Follow-Up for Client | <ul style="list-style-type: none"> a. Determine possible appropriate follow-up procedures for client after dismissal. b. Plan implementation of follow-up procedures with respect to who/when/where/others. c. Anticipate potential interference with follow-up procedures, and plan alternate approaches. |
| 22. | Clinical Communication:
Written | <ul style="list-style-type: none"> a. Determine appropriate forms of written communication to be completed and to whom those should be directed. b. Prepare written communication with respect to the needs of the particular audience at hand. c. Critique the effectiveness of the written communication while in completion, and afterwards. |
| 23. | Clinical Communication:
Oral | <ul style="list-style-type: none"> a. Determine appropriate forms of oral communication to be completed and to whom those should be directed. b. Prepare oral communication with respect to the needs of the particular audience at hand. c. Critique the effectiveness of the written communication while in completion, and afterwards. |

Form 2. Protocol for the evaluation of the critical thinking skills at the Basic, Intermediate, and Advanced levels.

EVALUATION OF
CRITICAL THINKING
LEVEL 1 (BASIC), LEVEL 2 (INTERMEDIATE), LEVEL 3 (ADVANCED)
PROFILE:
LEVEL 1 ITEMS
LEVEL 2 ITEMS
LEVEL 3 ITEMS

AREA 1. KNOWLEDGE

REVIEW OF CLIENT HISTORY INFORMATION

With assistance can review and collect pertinent information.	Can independently review and collect information.	Can independently review and collect information. Can critique information as to its relevance.
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FORMULATION OF EVALUATION HYPOTHESIS

Can predict broad diagnostic category based on history information obtained.	Can predict specific diagnostic category based on history information obtained.	Can predict specific diagnostic category even when not familiar with particular diagnosis.
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PREPARATION OF EVALUATION PLAN

With assistance can select appropriate standardized diagnostic tools.	Can independently select standardized diagnostic tools.	Can select both standardized and nonstandardized diagnostic tools.
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IMPLEMENTATION OF EVALUATION PLAN

Requires assistance to complete standardized diagnostic tools.	Can independently complete standardized diagnostic tools.	Can complete both standardized and nonstandardized diagnostic tools.
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SELECTION OF INTERVENTION METHODS

Requires assistance to select appropriate treatment methods even with familiar diagnostic categories.	Can independently select treatment methods for familiar diagnosis.	Can independently select treatment methods even with unfamiliar diagnosis.
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SELECTION OF INTERVENTION MATERIALS

With assistance can select basic treatment materials.	Can select basic treatment materials.	Can select treatment materials <u>even for unfamiliar diagnosis.</u>
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IMPLEMENTATION OF INTERVENTION PLAN

With assistance can implement treatment strategies.	Can independently implement treatment strategies.	Can alter strategies according to client performance.
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AREA 2. CREATIVITY

PROCUREMENT OF NEEDED INFORMATION

With assistance can determine potential sources of additional <u>client history information.</u>	I Requires no assistance to determine potential sources of <u>information.</u>	Can determine potential sources and rationale as to their usefulness.
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MODIFICATION OF INTERVENTION PLAN

With assistance can select some alternatives to treatment strategies.	Can independently select some alternatives to treatment strategies.	Can independently select a variety of treatment strategies.
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AREA 3. INTEGRATION

MODIFICATION OF EVALUATION PLAN

With assistance can include/exclude elements into the diagnostic evaluation as <u>circumstances dictate.</u>	Independently include/exclude elements into the diagnostic evaluation as circumstances dictate.	Both modify diagnostic procedures and provide rationale for such inclusion/exclusion.
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TEST OF CLIENT EVALUATION HYPOTHESIS

Can determine with which potential diagnosis the accumulated information is consistent.	Can determine with which potential diagnosis the accumulated information is inconsistent.	Select the most appropriate client diagnosis and provide rationale for the selection.
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SELECTON OF INTERVENTION METHODS

Considers which methods would be consistent with the theoretical framework selected for therapy.	Critique the relative appropriateness of all possible theoretical frameworks.	Select framework and provide rationale for the selection of the framework over others.
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SELECTION OF INTERVENTION MATERIALS

Considers which materials would be consistent with the methods selected for therapy.	Critique the relative appropriateness of all possible materials based on efficacy information, if available.	Select materials and provide rationale for the selection of these materials over others.
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PREPARATION OF INTERVENTION PLAN

Prepare treatment plan in accordance with established protocols for the site.	Anticipate situations that could influence the plan then formulate alternatives in anticipation.	Provide rationale for inclusion/exclusion of items.
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AREA 4. ANALYSIS

CRITIQUE OF EVALUATION HYPOTHESIS

Critique history information that could be used to support potential diagnosis.	Critiques history information that could not be used to support potential diagnosis.	Rank order potential diagnoses in terms of their likelihood.
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FORMULATION OF CLINICAL QUESTIONS

With assistance can determine what information can confirm/disconfirm hypothesis.	Determine potential means to obtain history and diagnostic information.	Determine the most appropriate method to obtain all history and diagnostic information.
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FORMULATION OF RECOMMENDATIONS

Determine most prominent eventual aim for client based on diagnostic information.	Break down eventual aim into broad overall goals and rank-order goal in terms of priorities.	Provide rationale for the selection and the rank-order of each of the overall goals.
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FORMULATION OF SHORT-TERM GOALS

Break each overall goal into short-term goals.	Able to set criterion to progress from one short-term goal to another.	Determine short-term goals and assess whether they can be implemented sequentially or simultaneously.
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DECISION ON INTERVENTION FRAMEWORK

Consider which theoretical framework would be appropriate to address client needs.	Critique the relative appropriateness of all possible theoretical frameworks.	Select framework and/or provide rationale for the selection of one framework over another.
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MEASUREMENT OF INTERVENTION EFFECTIVENESS

Consider which design and/or data collection procedures would be consistent with the framework and/or methods.	Consider the overall kinds of effectiveness data to be collected and analyzed.	Construct the appropriate procedures and forms to be used in data collection.
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MODIFICATION OF INTERVENTION PLAN

Requires assistance to modify treatment plan.	Can include/exclude elements of treatment plan as circumstances dictate.	Can provide rationale for including/excluding elements of treatment plan.
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DISMISSAL OF CLIENT

With assistance can determine when client has reached maximum potential.	Determine overall prognosis for continued improvement as well as factor that influence prognosis.	Formulate the most appropriate circumstances for dismissal.
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FOLLOW-UP FOR CLIENT

With assistance can determine possible follow-up procedures for <u>client after dismissal</u> .	Plan implementation of follow-up procedures.	Anticipate potential interference with follow-up procedures and/or plan alternate approaches.
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CLINICAL COMMUNICATION

Can determine most appropriate form of communication to be completed and to whom it should be directed.	Prepare information to be communicated with respect to the needs of the client.	Critique the effectiveness of the communication.
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