DATE: July 2017

TO: Clinical Instructors

FROM: Peggy Proctor, Assistant Clinical Coordinator
Phone: (306) 966-6574; email: peggy.proctor@usask.ca

RE: PTH 858 Clinical Practice Five (M.P.T.) student placements
August 14 – September 22, 2017

Enclosed in this package of material are the supporting documents and information to prepare you for the student(s) assigned to your facility.

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Students should be encouraged to self-evaluate throughout the placement, both strengths and areas needing improvement. They should also contribute to the discussion and documentation of expectations for the placement and formal mid-term and final performance evaluations.

If possible, we encourage you to allow the student 15-20 minutes of dedicated computer time during the final week of the placement for the purpose of completing our on-line “Student Evaluation of Clinical Placement and Clinical Instructor” which provides important feedback. Thank you!
CERTIFICATE OF INSURANCE

INSURED
University of Saskatchewan
105 Administration Place
Saskatoon, SK, S7N 5A2

Contact: Merv Dahl
Title: Risk & Insurance Analyst
Tel: (306) 966-8753
Email: merv.dahl@usask.ca

CERTIFICATE HOLDER
To Whom It May Concern

Contact:
Title:
Tel:
Fax:
Email:

Nature of Operations:
Health Care Science students in clinical placement including malpractice liability claims with respect to medical and dental students, interns, residents and graduates. - DATES: On-going

Certificate No: 61856
Issue Date: 2017-01-01

This is to confirm that insurance as described herein is in full force and effect on behalf of the Named Insured and as more fully described in said policies and any endorsements thereto and is subject to all the terms, exclusions, limits and conditions of such policies. This certificate provides proof of insurance only where a limit is shown. Where indicated the Certificate Holder has been added as an Additional Insured but only with respect to liability arising out of the operations of the Named Insured.

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**COMPREHENSIVE GENERAL LIABILITY**
Covering all premises and operations of the Named Insured including blanket contractual liability, professional and malpractice liability, cross liability, tenant's legal liability and employer's liability. The limit per occurrence is inclusive for bodily injury, personal injury and property damage.

☐ Certificate Holder as Additional Insured

**EDUCATIONAL INSTITUTIONS ERRORS AND OMISSIONS**
Covering Errors and Omissions Liability and Professional Liability of the Named Insured on a claims made basis.

**PROPERTY**
"All Risks" of direct physical loss or damage to property of the Named Insured and to property for which the Named Insured has agreed to be responsible. The limit per loss is inclusive for repair/replacement of buildings and contents, including the interests of lessors and/or mortgagees (Includes Excess Property where applicable).

☐ Certificate Holder as Additional Insured/Loss Payee (ATIMA)

**EXCESS PROPERTY**
"All Risks" of direct physical loss or damage to property of the Named Insured and to property for which the Named Insured has agreed to be responsible. The limit per loss is in excess of $5,000,000 and is inclusive for repair/replacement of buildings and contents, including the interests of lessors and/or mortgagees. Issued and signed on behalf of Subscribing Insurers.

CURIE undertakes to provide 30 days written notice to the Certificate Holder in the event of any material change and/or cancellation of the described policies.

Authorized Representative
Starting the Placement

A. INSTRUCTIONS FOR THE STUDENT AND CLINICAL INSTRUCTOR (CI)

1. This document is to be filled out by the student in advance, to the best of their knowledge, and discussed with the Clinical Instructor during the first few days of the placement.

2. It is intended that this document is an important vehicle for information exchange between the student and the CI:
   - It will assist the CI in understanding the student’s preparation and learning to date and help to prepare caseload activities for the student.
   - It will give the student an introduction to their CI.

3. The student and CI should review the document together to clarify any information and insure a common understanding of student preparation for the placement.

B. COMPONENTS OF THIS DOCUMENT

- Student profile of previous clinical placements
- Learning style
- Goals
- Schedules
- Preferred approach to working well together

Student Profile

1) Previous Clinical Placements:

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<tr>
<th>Clinical Course</th>
<th>Location</th>
<th>Placement Type, Diagnostic Mix of Caseload</th>
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2) Other relevant ‘clinical’ and ‘non-clinical’ experiences not included above (i.e. sports trainer, volunteer activity, CPR trainer, etc.)

3) Physical or psychological conditions.
   - List any physical or psychological conditions, which you feel **may potentially impact** on your clinical function/performance, **AND** which may need adaptive measures or accommodations, **OR** which you feel it would be advisable for your CI to know.

   - If you do not wish to write these down because of confidentiality, are you able to discuss these in private with your CI? (Conditions may include things like: physical condition for which you are undergoing medical care, learning disability, School approved accommodations, personal or family issues, pregnancy, etc.)

   - If you have not informed the School of any of these issues, discuss with your CI whether it is now appropriate, acceptable and/or advisable to inform the School.

4) List here and discuss with your CI a summary of what were the **primary things you learned about your clinical performance from your previous placement(s)**. This should include what you learned were your strengths and what performance areas you need to improve upon.

5) What do you know to be your interpersonal and professional strengths and skills in addition to #4 above?
6) After reviewing your clinical experience checklists, discuss with your CI what are identifiable gaps in your experience which might be filled with the experience available in this placement (i.e. caseload patient diagnoses, assessment techniques, treatment techniques, patient handling approaches, etc.). **This is especially true of the Cardiorespiratory Checklist, where experience can be gained in ALL placements.**

**Learning Style**

Discuss with your CI your preferred style of learning, and what you understand about the application/modification of your learning style in the clinical situation. Discuss in person what your CI might tell you about their preferred learning style.

**Goals**

Insure that you have composed **at least** three specific learning objectives for this clinical experience **in advance** of discussing this with your CI at the beginning of the placement.

You and your CI will then use these to finalize your ‘clinical learning plan’ for the placement. You should consider your answer to #4 above in your clinical experience profile.

- Use SMART (specific, measureable, achievable, realistic/relevant and target date) approach in composing goals and clinical learning plan. You and your CI should have agreed on a clinical learning plan approach by the end of your first week of the placement.

- The goals you set should be integrated with the available placement learning experiences.

1) 

2) 

3)
Schedules

You and your CI should determine how often and when you will meet to discuss caseload and your clinical development. What is your preference, perhaps based on previous clinical placement experience?

Preferred Approach to Working Well Together

1. What do you and your CI need to know about each other to understand working habits and personal values that will facilitate an effective, enjoyable working relationship (i.e. promptness, timing and approach to feedback/performance, review of expectations, preference for type and frequency of supervision vs. independence, communication approaches, etc.)?

2. Is there any other information you think it would be helpful to know about your CI’s professional and clinical roles?

Things for the Clinical Instructor to think about in advance of the placement:

- Type and content of orientation
- Expectations of student and CI
- Documentation
- Quality Assurance
- Level of student in program
- Caseload amount, complexity, diagnostic mix
- Feedback: formal and informal
- ‘Auxiliary’ experiences potentially available such as: surgery, medical diagnostics, interdisciplinary, etc.

The ‘Expectations’ document for this level of Clinical Practice course provides useful information that will assist in planning the student experience.
Purpose:

Clinical Practice 5 is the final clinical practice course and the final module, in the MPT, Module X. Students are expected to integrate all theory to date in the management of an increasingly complex caseload. The caseload assigned will include patients with multiple comorbidities, increasing injury and illness severity, some selected cases from specialized populations and a progressive caseload volume to an approximate amount, (near the end of the placement), to that expected of a therapist at entry level to the profession. Students will demonstrate integration of the physical and psychosocial dimensions of patient assessment, application of the determinants of health specific to each patient and client population, and management planning from admission to discharge. Students will also demonstrate independent application of the core key frameworks of the MPT: WHO International Classification of Functioning, Disability and Health, ethical decision-making, clinical reasoning, movement paradigms and pathokinesiology theory.

Students entering PTH 858, Clinical Practice Five (C.P. 5) have completed approximately 900 clinical course hours (24 weeks) in Clinical Practice 1, 2, 3 and 4. They have also completed Modules I, II, IV, V, VII, IX of physical therapy theory preparation since entry to the MPT program. To review the program theory modules, theory content in courses to date (in program preparation for CP 5) visit the School of Physical Therapy website www.medicine.usask.ca/pt and click on the section titled Clinical Instructor Resources on the left hand menu, then > Resources & Guidelines, and then MPT curriculum. This section has complete descriptions of each course, where they fit in the program and the course objectives. You will also find information related to theory preparation for clinical courses in the individual clinical course information posted in this section.

Clinical Instructors who have attended a basic orientation workshop for instructors will usually have a Clinical Instructor Manual of information titled “Clinical Education: Best Practices for Success”. This manual will offer more detail on the MPT curriculum as a whole and the courses. Many of the manual documents are posted on the School of PT website under Clinical Education section.
Clinical Practice 5 is comprised of one clinical placement of six (6) weeks of full-time (37.5 hrs/week) clinical course hours. It is scheduled from August 14 to September 22, 2017.

Students are expected to progress from an ‘advanced intermediate level’ (bullet #7 on the rating scale of the Assessment of Clinical Performance, ACP) to an ‘entry-level’ performance (bullet #9 on the rating scale of the ACP) during the course of CP 5. For a description of what each level of performance should demonstrate please review the ‘rating scale and anchor descriptor’ pages on the ACP.

Advanced Intermediate Performance:
The student requires clinical supervision (monitoring, discussion and/or direct observation and demonstration) less than 25% of the time managing new patients with complex conditions and is independent managing patients with simple conditions. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for comprehensive assessments, interventions, and clinical reasoning. The student is capable of maintaining ~ 75% of a full-time physical therapist’s caseload.

Entry Level Performance:
The student requires infrequent clinical supervision (discussion, self-directed seeking of advice or assistance) managing patients with simple conditions and minimal guidance/supervision for patients with complex conditions. The student consistently performs comprehensive assessments, interventions and clinical reasoning in simple and complex situations. The student consults with others and resolves unfamiliar or ambiguous situations. The student is capable of maintaining at minimum 75% of a full-time physical therapist's caseload in a cost-effective manner.

Evaluation of performance development:
Because students will be placed in diverse clinical settings, and with a diverse, and sometimes mixed caseload patient population, it is expected that a student will normally progress from near or at the advanced intermediate level to NEAR OR AT the entry level on the ACP rating scale for all of the 21 rating scales during Clinical Practice 5. The student will be seen as an autonomous, safe practitioner at the end of CP 5, and ready for graduation and entry into the profession. Midterm and final clinical evaluations should reflect this growth in competence and confidence to entry level performance.

Applying the Clinical Instructor Role
The clinical instructor(s) will:
Support the student in managing increasing caseload responsibilities and assist student in establishing increasing independence in caseload management

Challenge the student to provide rationale (highest level of available evidence) for clinical choices in assessment and treatment

Critically assess competency and provide constructive feedback which helps to build confidence through increased understanding

Clarify changing expectations, clearly communicated over the course of the placement in a timely manner. These expectations may related to many different things such as: independence, caseload amount, time management, etc.

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** course Objectives**

Upon completion of the course the student will be able to:

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<tr>
<th>Number</th>
<th>Objective</th>
<th>Keywords</th>
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<tr>
<td>1.</td>
<td>Communicate effectively with patients, families, caregivers, health professionals, community and government agencies involved in health and health care for individual patients or specific populations, including health promotion, prevention, and advocacy for health programming and resources.</td>
<td>communication strategies, community agencies, government agencies, collaboration, interprofessional teamwork, education, health promotion, prevention, advocacy, health programming, health resources, specific populations</td>
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<tr>
<td>2.</td>
<td>Consider capacity building and community development in the context of delivering physical therapy services in a primary health care setting.</td>
<td>Capacity building, community development, physical therapy service delivery, primary health care.</td>
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<td>3.</td>
<td>Exemplify professional behaviours and attitudes through internalization of professional values, and application of a framework for legal and ethical decision-making in a variety of clinical settings.</td>
<td>Professional behaviour, professional attitude, professional values, ethical framework, legal framework, ethical practice, legal practice</td>
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<tr>
<td>4.</td>
<td>Implement an organized, holistic, evidence-based and comprehensive physical therapy assessment with a diverse array of primary diagnoses and comorbidities for individual patients, groups, communities and specific populations across the lifespan.</td>
<td>Comprehensive physical therapy assessment, holistic, evidence-base, lifespan, primary diagnosis, comorbidities, individuals patients, groups, communities, specific populations</td>
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5. Justify a physical therapy diagnosis and recommend a prioritized and holistic treatment plan including risk-adjusted, predicted outcomes, through synthesis of assessment data.

Analysis of assessment data, synthesis of assessment data, physical therapy diagnosis, prioritized treatment plan, holistic treatment plan, risk adjusted outcomes, predicted outcomes

6. Prioritize use of available resources in achieving goals of the practice setting and maximizing outcomes.

resources, goals, practice setting, outcomes

7. Analyze evidence-based rationale for assessment and treatment procedures, risk-adjusted outcomes, program management, program evaluation models and cost-effective health care delivery, given the available funding and relevant business model.

Analysis of evidence-based rationale, assessment, treatment, procedures, risk adjusted outcomes, program management, program evaluation, models of health care delivery, cost effective health care delivery, funding, business model

8. Evaluate procedures/outcome measures used in all aspects of physical therapy practice.

Evaluation, re-evaluation, outcome measures

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**Theory Preparation for Clinical Practice Five**

Clinical Practice 5 (CP 5) comprises the whole of Module X of the MPT. The theory preparation for CP 5 is really from all of the MPT modules preceding CP 5. For more detailed information on theory Modules I, II, IV, V and VII please see previous documents on Expectations for Clinical Practice 2, Clinical Practice 3 and Clinical Practice 4. These will have been sent to many facilities in packages for the previous clinical courses. You will also find these documents posted on the School of Physical Therapy website ([www.medicine.usask.ca/pt](http://www.medicine.usask.ca/pt)) in the Clinical Instructor Resources section. You may also click on the MPT curriculum on-line, found in this same section of the website, for detailed course information.

Module IX is the theory module immediately preceding Clinical Practice 5 (April –July) and the academic courses in this module include:

- PTh 835.2 Cardiorespiratory 3: Health Promotion and Wellness,
- PTh 838.5 Musculoskeletal 4,
- PTh 848.2 Neurology 3,
- PTh 855.1 Case Integration 3,
- PTh 864.3 Evidence-based Practice 3
- PTh 867.6 Professional Practice 4.

They have also completed their ‘Special Project’ research requirement for the MPT and presented their research paper at a ‘Knowledge Sharing Day’ in June, 2017. You may be interested in asking the student what was their research focus in this course.
1. Reflective Practice. Students are also expected to compose goals for each placement (based on previous evaluative feedback and observation) and have those ready to discuss in conjunction with the ‘Starting the Placement’ document and questions in the first week. Students will have a specific reflective assignment to submit during the placement. This assignment is the student’s responsibility and the Clinical Instructor does not necessarily need to assist. However, the student may ask for some advice related to integrating caseload and the assignment.

2. ‘Starting the Placement’ document

The students are asked to complete and present this to the clinical facility at the beginning of the placement. It provides the clinical instructor with a brief summary of the student’s previous clinical placement experience and goals for the upcoming placement. It serves as a basis for discussion topics which need to be covered between the clinical instructor and the student in the first few days of a placement.

3. Primary elements distinguishing advancing clinical development.

<table>
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<tr>
<th>Supervision</th>
<th>Student will require minimal to no clinical supervision with more complex patients and patients with multiple co-morbidities. The student is expected to self-reflect, recognize when assistance or advice is needed and ask for guidance or clarification. The student should demonstrate confidence with caseload management and assuming independence.</th>
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<td>Quality</td>
<td>Student should demonstrate significant diversity in repertoire of clinical skills and entry level competence in all aspects of caseload management. The student should be able to develop a moderately complex treatment program considering all aspects of the patient condition and recognizing the biopsychosocial needs of the patient and the broad determinants of health.</td>
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<tr>
<td>Consistency</td>
<td>Student should demonstrate consistent organizational skills and clinical competency with a caseload of moderate to advanced complexity.</td>
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<tr>
<td>Complexity</td>
<td>Student should demonstrate increasing competency with complex patients/tasks /clinical environment throughout the placement. They may need guidance with complex ethical decisions and clinical reasoning situations.</td>
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<tr>
<td>Efficiency</td>
<td>Students should efficiently manage a caseload amount of approximately 75% or more (as referenced by the caseload expected of a new graduate) by the end of the course. They may require minimal additional time, effort, guidance and resources to manage this caseload amount.</td>
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4. Student In-service Presentation on Placement
Each student is required to do at least two (2) in-service presentations to health care professionals (physical therapists or other health care providers) over the course of the five (5) distinct clinical placements that comprise Clinical Practice Three, Four and Five. The student may choose during which two clinical placements they wish to deliver the in-service presentations. Individual students will know if they still need to complete this requirement and will inform you of this to request an opportunity to present an in-service in CP 5. They will let you know at the beginning of CP 5.

The clinical facility always has the option of requiring the student to do a presentation on any placement as a part of the total learning experience or the caseload management (i.e.: to the health care team), irrespective of whether they have already completed their two mandated in-services. Such a presentation may be in addition to the mandatory 2 chosen in-service events mentioned above.

These in-service presentation requirements are in addition to any education sessions that are delivered to clients as part of client care. The instructing therapist may note a situation that is particularly suited to a student presentation and may require it as part of the rotation (e.g. a patient education session). Patient education programming that is a part of the regular caseload management approach in a placement does not substitute for the mandatory inservice requirements stated above.

A clinical setting may also ask a student to participate in other clinical ‘projects’ which augment caseload management, or provides a needed resource to the facility, such as completion of patient education material. A student engaged in such a clinically-relevant project may, in addition, complete an in-service requirement (as noted immediately above), by presenting the results of such a project.

Please indicate on the demographic sheet (which will be provided to you, and is the same sheet of estimated hours of specific experience), if an inservice was done.

### Specific Expectations of Clinical Practice Five

1. Apply, and initiate discussion about, an evidence-based rationale for assessment procedures chosen, PT diagnosis, treatment procedures employed and other caseload management features.

2. Patient Assessment
   i. Read the health record to determine an understanding of the patient status and diagnosis.
   ii. Interview other health professionals or caregivers to understand holistic patient status.
   iii. Interview patients to obtain a complete subjective assessment.
   Perform a diverse repertoire of observation and objective tests, specific
to a primary physiological system involvement, multiple system involvement where appropriate and holistic aspects of the case.

v. Integrate an analysis of assessment findings and other patient information.

vi. Re-assess to determine progress in patient status and apply evidence based outcome measures.

3. Prioritize patient problems, demonstrate clinical reasoning to formulate a physical therapy clinical diagnosis based on interpretation of assessment data collected.

4. P.T. Treatment Planning and Implementation
   i. Apply a broad repertoire of therapeutic techniques, specific to the patient needs and physical therapy clinical diagnosis.
   ii. Describe the purpose and evidence-based rationale for techniques chosen
   iii. Apply a clinical reasoning process. iv. Specify treatment goals.
   v. Suggest possible alternatives or adaptations of the techniques and overall treatment plan.

3. Health Record Documentation (as per specific facility methods and standards)
   i. Initial assessment.
   ii. Progress, discharge and transfer notes.
   iii. Information to other members of the health care team as relevant.

Performance Evaluation for Clinical Practice Five

Models of student instruction in clinical placements frequently involve participation of more than one Clinical Instructor for an individual student, or more than one student associated with one or more Clinical Instructors. These are all considered effective models of clinical instruction. **Any model of clinical instruction should clearly identify which Clinical Instructors will be involved in performance evaluation of the student, and, where possible, who is the primary Clinical Instructor.** This will assist the student in understanding to whom he/she is accountable and what method of feedback on performance will be used.

A. The **Assessment of Clinical Performance (ACP)** will be used. **EVERY Clinical Instructor should complete the on-line training module for the ACP via the following link** [https://app.rehab.utoronto.ca/ACP/story.html](https://app.rehab.utoronto.ca/ACP/story.html) **in advance of using the ACP for the first time. It is a short training tool, approximately 30 min time commitment and can be done in sections.**

B. The ACP will be completed ON-LINE at midterm and final on the electronic platform titled **HSP Net**. Instructions in password access to HSP Net will be provided to you with the clinical placement supporting information. The CI(s) are able to access and start to
fill in the ACP when it is released “live” at least one week before midterm and final evaluation dates. There is also a one week window of time post-midterm and post-final dates where the ACP is accessible on-line for completion. After that time period the on-line access for filling out the instrument is closed. If any extra time is required for unusual reasons please contact one of the clinical coordinators at the School of Physical Therapy for assistance.

C. The Clinical Instructor reviews, in discussion, the completed instrument formally with the student at midterm evaluation and at the end of the clinical experience. The page at the end of the ACP may be filled in with dates that indicate these actions happened for both midterm and final. The CI should score the ACP by:

a. Selecting the level for each rating scale (series of ‘circles/anchors’) corresponding to the observed performance and the definers for the rating scales at the beginning of the ACP, as well as the expectations’ statements on the course outline document. Every scale must be filled in (i.e. is mandatory) in order to proceed to the next page of the ACP.

b. Providing some comments, which are extremely helpful for the formative assessment approach (both helpful critique as well as praise). Comments must accompany any performance element considered less than expected for student level in the MPT; or if significant concerns checked.

c. Checking if there are any ‘significant concerns’ at either midterm or final at the bottom of each page. If significant concerns were checked a comment/example must be included.

d. Selecting the appropriate level of the summative scale provided at the end of the ACP (ie. credit with exceptional performance or credit or credit with reservations or no credit). Providing summative comments for strengths and areas for improvement.

Student(s) assess their own performance on a separate on-line copy of the instrument. When the filled out and submitted copies are viewed for the mid-term and final discussion, the on–line visual option to view an overlap (for comparison) of student and CI evaluation can be chosen. The student and Clinical Instructor will discuss the performance evaluation to develop consensus on performance outcomes at midterm and final wherever possible.

The ACP should optimally be completed and submitted electronically within three (3) days following completion of the placement. When two CI’s are involved in the supervision of a student placement, HSPnet allows both CI’s to contribute their input on the same ACP.

The final performance evaluation should be completed, and submitted to the Program as soon as possible following completion of the placement. This is particularly important for Clinical Practice 5 because the Program must process these performance reviews expeditiously in order for the students to convocate in October.
**Student Presentations on Placement**

Each student is required to do at least two (2) in-service presentations to health care professionals (physical therapists or other health care providers) over the course of the five (5) distinct clinical placements that comprise Clinical Practice Three, Four and Five. The student may choose during which two clinical placements they wish to deliver the in-service presentations.

In addition, the clinical program at the hospital may require the student to do a presentation as a part of the total learning experience or the caseload management (i.e.: to the health care team). Such a presentation may be in addition to the mandatory 2 chosen in-service events mentioned above.

These in-service presentation requirements are required in addition to any education sessions that are delivered to clients as part of client care. The instructing therapist may note a situation that is particularly suited to a student presentation and may require it as part of the rotation (e.g. a patient education session). Patient education programming that is a part of the regular caseload management approach in a placement does not substitute for the mandatory in-service requirements stated above.

The purpose of in-service presentation requirements in clinical courses for students is to promote development of group educational skills in the clinical setting and to further develop the clinical knowledge base. Presentations assist student’s preparation for the educational demands of clinical practice such as education to peers, patients, and community groups; speaking at patient case conferences, etc.

The student should develop confidence and experience in:

(a) Researching, organizing and presenting material in a concise and meaningful manner;

(b) Tailoring communication style to meet the needs of the professional audience.

**Types of Presentations**

The instructing therapist should be consulted for advice in choosing a topic and type of presentation. The supervising therapist must give final approval to the topic choice and type of presentation. The following are some examples of types of presentations:

(a) a "case presentation" which may include a history, assessment data, list of problems, summary diagnosis, treatment plan, and a demonstration of one or two physical therapy treatment procedures;

(b) an in-service presentation on a subject or topic of interest (often associated with a particularly interesting patient), or a case study of patient progress over time;
(c) an in-service session for other staff such as assistants, volunteers, nurses;

(d) an education session for a community group.

It is difficult to outline every situation that may meet the objectives of a presentation. If the student has any questions as to whether a situation qualifies as a presentation, the instructing therapist and/or ACCE should be consulted.

**Guidelines for Presentations**

The presentation is meant to be a learning experience for the student. To maximize the experience, and help reduce stress, the instructing therapist may be of assistance as follows.

(a) Discuss the extent of the topic. The student may be unrealistic about how much material can be covered in the time allowed and may need some guidance to limit the scope of the presentation.

(c) Discuss the audience's level of understanding. The student should be cautioned to use "lay language" when talking to non-medical people, or to use medical terminology when talking to a medically orientated audience.

(d) Discussing the organization of time for the presentation (e.g. amount of time reasonable for sections of the presentation and allowance of time for questions.)

(e) Assistance with administrative details. Organizing time and place, A-V equipment, obtaining patient's permission, locating X-rays, etc. The student is primarily responsible for researching information and developing the text of the presentation and should be responsible for scheduling and set-up as appropriate for level of training.

(f) The instructing therapist may determine whether it is inappropriate or inconvenient to do a presentation on a particular rotation.

**Evaluation of Presentations**

The instructing therapist and audience will evaluate the presentation. The evaluation should examine preparation, content, organization, interaction and sensitivity to the audience, use of appropriate A/V aids and presentation style.

The Clinical Instructor will have a document on which to record if a presentation was done and comment on the quality of presentation.
Student Assessment Module (SAM) for Supervisors

Summary:
This guide explains how to complete an online student assessment (such as the Canadian Physiotherapy Assessment of Clinical Performance, or ACP) via the Student Assessment Module of HSPnet.

Glossary

**Supervisor** – an individual who is assigned to supervise a student during a placement; may also be referred to as a Clinical Instructor or Preceptor depending on the discipline of the student.

**Assessment** – an online rating or evaluation of a student, based on a form that is defined by a student's educational program. For example, university physiotherapy programs in Canada use the ACP form.

**Interim Assessment** – an assessment that is completed before the placement is completed; may also be referred to as a midterm assessment.

**Final Assessment** – an assessment that is completed at the end of a placement. This will be the only assessment in a course that doesn’t require an interim assessment.

**Self-Assessment** – an assessment that is completed by the student, relating to his or her own performance.

Background

The Student Assessments Module (SAM) of HSPnet allows supervisors to complete an online assessment for students under their supervision. Schools across Canada use HSPnet to coordinate clinical placements for students, including processes for assignment of one or more supervisors and setup of Interim and/or Final assessments by the supervisor(s) and the student as required. Once the supervisor and student have submitted their assessment, they can discuss and compare their ratings and comments in a Combined View that displays their assessments together.

Step 1 - First Login to HSPnet

When the Placing Coordinator for the educational program opens the assessments, you will receive an automated email to advise that the online assessment is now available in HSPnet. If you don’t already have a user account, you will also receive a Welcome email with your user ID and a temporary password.

1. Click the link provided in Welcome email or visit our public website at www.hspcanada.net.
2. Click your province on the map of Canada to access the login page.
3. Enter your user ID (your email address) and temporary password.
4. Follow the prompts to enter a new password and Forgotten Password question.
5. You will then be provided with a link to access a 3-minute eLearning module about HSPnet privacy and security. After you complete the module, your account will be activated within 2 minutes and you can return to your provincial page to login with your NEW password.
Step 2 – Review Your Welcome Screen

After login you will be greeted by your Welcome screen, which offers:

- **Online Help** – a link to this Quick Reference Guide
- **Email Help** – to launch an email to the HSPnet Help Desk
- **Change Password** – to change your password manually (it will expire automatically after 90 days)
- A list of your **Current Placements and Student Assessments**

In the example at the right, there is an Interim assessment (currently open) and a Final assessment that will open on a future date.

Step 3 – Complete Your Assessment

1. Click **Open** to view the assessment screen – it will open in a new browser tab and display the **Instructions** page, which is the first navigation link on the left.

   *We encourage you to read the Instructions carefully and to review any resources or eLearning modules that are offered to assist you in completing the assessment.*

2. The header area of the assessment screen provides important information including a reminder about when the assessment will close:

   **Canadian Physiotherapy Assessment of Clinical Performance**
   
   *Program: University of BC / Master of Science in Physical Therapy*
   *Placement Site: Richmond Hospital*
   *Student: Marsha Aerdale*  
   *Assessor: Wilma Fulton*  
   *Placement Dates: Nov 2/15 to Nov 27/15 (HSPnet ref#8264)*  
   *Status: Underway (This assessment closes on Nov 17/15)*

   Advance through the assessment by clicking **Next >** at the bottom of each page or by selecting a page link from the left navigation. If you enter all required ratings on a page, a red checkmark will appear in the left navigation to show your progress in completing the assessment.

   **NOTE – you can leave the assessment screen at any time and return later as needed.**

   Your changes are saved automatically when you move to a new page, so at any time click **Close Window** to return to your Welcome screen.
Step 3 – Submit Your Assessment

1. After you complete all mandatory questions, a red checkmark will appear for each navigation link and a button is displayed on the last page to Submit this Assessment.

IMPORTANT – submitting your assessment will make it visible to the student, so you may want to delay this step until just before you are ready to discuss it with them. Your changes will be saved until you are ready to submit.

Once you submit the assessment and return to your Welcome screen, the icon will change to green to indicate it’s now submitted. If it was an Interim assessment and there is a Final assessment required for this placement, the Final assessment will open automatically.

If you don’t complete your assessment before the closure date shown in the header, the assessment will close automatically. To request an extension for completing an assessment that closed before you could submit it, contact the Placing Coordinator for the educational program. To identify this person, click the Details icon and view the Contacts tab:

- Click Email to launch an email from your local email account
- Hover your mouse over this icon to view their Phone number

Step 4 – Compare Ratings in the Combined View Screen

1. After you submit your assessment – if the student and all other assigned supervisors have also submitted their assessment – a link will appear for accessing the Combined View screen.
This will open an assessment with colour-coded indicators as explained in the legend at the top right corner of your screen:

| Key: | Assessor rating | Student rating | Same rating for Assessor and Student |

The student can also access the Combined View screen from her screen.

**Things to Remember**

- The Combined View feature is available only when you are filtered to a single course in your Assessments tab, AND only after all supervisors and the student have submitted their assessment.
- Use the **Email Help** link to contact our Help Desk if you need assistance, or to send feedback on improving this feature.
ACP Grading Resource

This resource document was developed as a supplement to facilitate completion of the ACP. This resource is an addendum to the ACP online module which is the most comprehensive resource for instructions on how to interpret and complete the ACP. [https://app.rehab.utoronto.ca/ACP](https://app.rehab.utoronto.ca/ACP)

Frequently Asked Questions

**What do you mean by entry level performance on the rating scale?**
Rating a student at entry level signifies that the student can carry, at minimum, 75% of a typical caseload for your service/area/clinic within the scheduled day and requires guidance only in situations where there are multiple factors and complexities. The student is able to safely and effectively manage situations that are new and/or ambiguous. The student is also observed to safely and effectively demonstrate entry-level performance for all key competencies while carrying 75% (or greater) of a typical caseload. During the most senior level internships, students are expected to attain “Entry Level Performance” on the ACP in each of the seven (7) roles.

**How does “Entry Level Performance” on the rating scale apply to roles other than Expert?**
Some CIs have observed, “My student is on his/her first internship and is seeing ~4 patients a day. He/she communicates and collaborates very well with patients and colleagues. Why can’t I rate this student at entry level?”

The reason this student would not be scored at entry level is because the CI has observed the student’s performance with a reduced caseload only. While the CI might wish to extrapolate how the student might perform if he/she were carrying a full caseload, there are added complexities and efficiencies that would also be expected with managing an increased caseload. The demands if a junior student were to manage an entry-level caseload may impact performance in all roles. In using the ACP, CIs are required to rate actual observation of student performance without extrapolation or projection of anticipated performance in the context of higher demands. CIs are able to use the comment boxes to expand on student strengths, including examples of behaviours that CIs have observed.

An ACP scoring guide matrix has been developed to provide examples of sample student behaviours for each item at each anchored level of the ACP rating scale. The scoring guide matrix contains examples only, and should not be viewed as comprehensive criteria. CIs may adapt the guiding examples to be suitable for their own context.
What’s the difference between distinction and exceptional? The far right-hand anchor of the ACP rating scale for each key competency indicates “with distinction”. This “with distinction” rating is applied only to a student who is managing a full (100%) caseload and takes on a leadership role, or can supervise others, or manages multi-factorial, complex situations; and therefore the service/unit where the student is working is enhanced by the student’s contribution to that service/unit. The ACP scoring guide matrix provides some examples of performance with distinction that will help guide you in rating your student. The rating scale anchor “with distinction” is the highest rating on the rating scale and is intended to reflect student clinical performance beyond entry level expectations.

At the end of the ACP, clinical instructors are asked to make a recommendation regarding the student’s overall performance which will be reviewed by the university when assigning the student’s final grade. The highest recommended grading by the CI on the student’s overall performance would be “Credit with exceptional performance”. This descriptor may be applied to any student who surpasses the CI’s expectations of a student at his/her experience level. The student may be completing his/her first internship, and if the student has performed very well (for example, carrying a caseload greater than expected or continually “going above and beyond” for his/her patients) then the CI could recommend “Credit with exceptional performance” even with rating scale scores at “Advanced Beginner” level. The student does not have to be rated “with distinction” on the rating scale in order to receive a summative overall recommendation of credit with exceptional performance. The “With Distinction” rating should be reserved only for those students who exceed entry level performance.

Safety is really important to me in how the student provides care. Where do I capture safety in the ACP? In the ACP, the student’s ability to provide safe care is principally captured under the Manager role in item 4.3 “Participates in activities that contribute to safe and effective physiotherapy practice”. This includes that the student is able to provide safe and effective care with respect to the physical environment, self and other team members, patient care and participates in quality improvement and client safety initiatives. However, for specific safety elements of patient assessment and intervention, see enabling competencies under the Expert role, specifically 1.2.3 and 1.6.2, respectively.

How do I capture the student’s ability to provide education to patients and others? The student’s ability to educate patients and others can be captured under the Communication role in item 2.1 “Develops, builds, and maintains rapport, trust, and ethical professional relationships through effective communication.” This key competency encompasses the student’s ability to demonstrate sensitivity while exchanging information, respecting confidentiality and privacy, and also ensuring an awareness of their own behaviours. Alternatively, it can be captured under the Expert role in enabling competency 1.6.4 if the education the student is providing relates to health promotion or patient self-management.
<table>
<thead>
<tr>
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<tr>
<td>Communicator 2.1</td>
<td>Requires cueing to maintain eye contact, and/or actively listen to patients.</td>
<td>Effectively communicates with others once the student has taken time to plan the interaction with guidance and support.</td>
<td>Builds and maintains rapport in predictable encounters with patients, families and others in the health care facility.</td>
<td>Uses appropriate verbal and non-verbal communication by adapting the communication style based on the needs of the receiver. Effectively establishes rapport and trusting relationships.</td>
<td>Uses appropriate verbal and non-verbal communication when establishing relationships to demonstrate sensitivity and respect in complex and/or challenging situations.</td>
<td>Mentors and coaches others about how to most effectively establish rapport with patients and team members.</td>
</tr>
<tr>
<td>Communicator 2.2</td>
<td>Requires probes and guidance to gather and share information about patients with CI or the team.</td>
<td>Initiates the exchange of information but requires cueing to focus on the most relevant and concise information.</td>
<td>Reports appropriate basic/essential information (e.g. at patient care rounds) for straightforward cases. Seeks out and clarifies information with the team.</td>
<td>Participates in the exchange of information about the caseload but occasionally missing minor details and takes slightly more time.</td>
<td>Participates in the exchange of information about the caseload independently in complex and/or challenging information sharing situations.</td>
<td>Shares information in a confident, relevant and appropriate manner with professionals external to the clinical facility or patients/families in delicate or challenging situations.</td>
</tr>
<tr>
<td>Communicator 2.3</td>
<td>Requires frequent corrections; notes are completed in draft before being transcribed into the patient care record.</td>
<td>Completes a chart review for a straightforward patient with few minor errors. Patient notes for routine situations include required information.</td>
<td>Consistently documents care for straightforward cases and situations.</td>
<td>Creates and maintains records for complex patient care situations with minimal errors and minimal cueing.</td>
<td>Effectively and efficiently creates and maintains concise and comprehensive notes without errors for all patients and situations.</td>
<td>Independently constructs detailed and appropriate reports (e.g., for third-party payers).</td>
</tr>
</tbody>
</table>

ACP Grading Resource (Version 2016-04-18)
The scoring guide matrix contains examples only, and should not be viewed as complete or criteria. CLs may adapt the guiding examples to be suitable for their own context.
Consider the student’s performance across these dimensions:
QUALITY OF CARE • SUPERVISION/GUIDANCE REQUIRED • CONSISTENCY OF PERFORMANCE • COMPLEXITY OF TASKS • EFFICIENCY OF PERFORMANCE

Some Example Student Behaviours

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<td>Requires almost constant supervision and very frequent guidance and cueing...”</td>
<td>“Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance...”</td>
<td>“For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations...”</td>
<td>“For a caseload of 50-75%, proficient in simple tasks and requires only occasional cueing for patients with complex conditions...”</td>
<td>“Manages a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency...”</td>
<td>Effectively optimizes collaborative patient care when there are contentious issues: e.g., a challenging family-team meeting.</td>
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<td></td>
<td>Requires guidance in identifying the most appropriate team members for collaboration with respect to patient care.</td>
<td>Describes the roles, responsibilities and perspectives of team members.</td>
<td>Actively seeks and shares information but requires cueing to effectively participate in shared decision-making processes.</td>
<td>Actively participates in discussions (e.g., at patient care rounds) but requires guidance to contribute to important decisions about patient care.</td>
<td>Effectively participates in and facilitates exchange of information between patients, families and team members (e.g., in a family-team meeting).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Requires cueing to identify when there are conflicting priorities and values.</td>
<td>Identifies competing priorities or conflicting value systems; may need assistance to identify possible solutions.</td>
<td>With the CI, recognizes and discusses competing priorities with patient care or team dynamics; however, may need assistance to determine the best solution.</td>
<td>With prompting, the student can rehearse a discussion with their CI in preparation for a discussion with a team member regarding a conflict (e.g., scheduling).</td>
<td>Can politely and respectfully discuss with the patient, or others involved in their care when misunderstandings arise and collaboratively seeks a solution (e.g., if the patient is consistently late or non-adherent).</td>
<td>Recognizes and manages conflict in a thoughtful, productive, and collaborative manner.</td>
</tr>
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<td>“Manages a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency...”</td>
<td>Independently performs all tasks associated with managing 100% of full time experienced PT caseload. PT practice is proficient, and student shows innovation in managing individual practice and understanding of the health care system.</td>
</tr>
<tr>
<td>Manager 4.1</td>
<td>Has difficulty managing own time in carrying out client services. The student is unsure of how to prioritize patients or required tasks. May not always be punctual and dependable.</td>
<td>Consistently is punctual. Starting to understand time management and patient prioritization principles. Shares caseload with CI and may be managing 20-25% of caseload with up to 90% supervision.</td>
<td>Understands various models of PT service delivery. Able to effectively manage time with up to a 50% caseload with between 50 and 75% supervision. Is able to prioritize patients to be seen each day. Takes initiative to screen patients and plan for new assessments.</td>
<td>Effectively manages time with up to a 75% caseload and coordinates with other staff as needed. Appropriately allocates time for patient care considering patient and health system resources. Liaises with external agencies (funders or insurers).</td>
<td>Manages all aspects of a required caseload (minimum 75%) including screening, assessment, treatment, discharge planning and follow up. Takes initiative and prioritizes independently when planning and coordinating the day and with other staff/health care providers.</td>
<td></td>
</tr>
<tr>
<td>Manager 4.2</td>
<td>Does not consider assignment of tasks to support personnel.</td>
<td>Is aware of roles of support personnel, and may begin to determine which tasks would be appropriate for assignment.</td>
<td>Assigns simple tasks to support personnel. Needs reminders to follow-up and ensure that assigned tasks are completed.</td>
<td>Assigns appropriate tasks to support personnel with appropriate assessment and follow up.</td>
<td>Assigns appropriate tasks to support personnel and takes responsibility for assessment and follow up. Is accountable for all actions.</td>
<td>Is fully capable of supervising support level staff. Is accountable for all actions and can effectively troubleshoot matters with support personnel.</td>
</tr>
</tbody>
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ACP Grading Resource (Version 2016-04-18)
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<td>“Manages a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency…”</td>
<td>Independently takes on new initiatives to improve service delivery or patient care from a quality improvement perspective.</td>
</tr>
<tr>
<td>Manager 4.3</td>
<td>Requires constant monitoring to attend to routine safety matters in the physical environment (e.g. frequently forgets brakes on wheelchair, doesn't wash hands consistently).</td>
<td>Is aware of maintaining a safe work environment. Requires some cueing to prevent hazards. May have minor patient safety infractions that are addressed and not repeated.</td>
<td>Usually delivers patient care in a careful and safe manner. Observes health and safety regulations in professional dress and footwear. May have minor lapses in safety in complex situations that are not repeated.</td>
<td>Consistently maintains a safe work environment for patients, self and other staff. Provides patient care safely for both patients and self.</td>
<td>Anticipates hazards and maintains a safe work environment. Is cognizant of and actively promotes patient safety.</td>
<td></td>
</tr>
<tr>
<td>Advocate 5.1</td>
<td>Has difficulty identifying advocacy opportunities; unable to initiate advocacy actions without support.</td>
<td>Identifies advocacy opportunities with respect to individual clients (e.g., delaying discharge) or the profession, identifying the actions as distinct from usual team communication and collaboration. Requires some cueing to channel advocacy efforts appropriately.</td>
<td>Initiates advocacy strategies that are beyond the standard communicator and collaborator roles; Advocacy is typically focused on individual clients or the profession.</td>
<td>Demonstrates initiative in advocating on behalf of individual clients or the profession: e.g., advocating for a patient to receive services from another profession or community resource.</td>
<td>Confidently initiates and executes advocacy for individual clients or the profession. Insight into opportunities to advocate for health of client populations or communities is well developed (even if little or no opportunity to execute strategies).</td>
<td>Initiates insightful advocacy strategies on behalf of client populations or communities that demonstrate an advanced understanding of social determinants of health, health system issues, health promotion or related concepts.</td>
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### Some Example Student Behaviours

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<td>Scholarly Practitioner 6.1, 6.2 and 6.3</td>
<td>Requires direction to self-reflect, seek out relevant new knowledge and evidence to practice existing or new clinical skills. May demonstrate some defensiveness to constructive feedback.</td>
<td>Beginning to incorporate feedback and reflect on performance as well as to seek out new knowledge, skills and evidence. Requires cueing to integrate new knowledge, skills and evidence into practice.</td>
<td>Often applies principles of research and engages in literature searches. Draws on own experiences to inform the delivery of PT services. Demonstrates self-awareness and insightful intention toward self-improvement.</td>
<td>Actively and independently seeks out new knowledge and skills. Incorporates the feedback of others and own beliefs and values to improve own practice.</td>
<td>Consistently reflects on performance and actively seeks out new knowledge and skill to consistently improve practice. Consistently uses best practices to deliver PT services and advance their practice.</td>
<td>Actively seeks out new knowledge and skills, readily shares new found knowledge with peers/co-workers. Critically questions current practice and seeks out evidence to support better ways of delivering PT services.</td>
</tr>
<tr>
<td>Professional 7.1</td>
<td>Requires cueing to ensure all legal requirements (e.g., consent, privacy) are met and professional boundaries are not crossed.</td>
<td>Shows awareness of relevant ethics, laws and professional standards and achieves adherence in straightforward situations. May have minor infractions that are addressed and not repeated.</td>
<td>Maintains professional conduct and ethical standards in straightforward situations; identifies potential breaches of professionalism although may require assistance in troubleshooting.</td>
<td>Independently assures that consent is obtained and privacy maintained in accordance with law. Maintains professional conduct and ethical standards in straightforward situations.</td>
<td>Independently takes action to ensure all legal requirements and professional practice standards are met in a responsible and accountable manner.</td>
<td>Able to identify, discuss and resolve challenging ethical and/or professional dilemmas.</td>
</tr>
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**ACP Grading Resource**

The scoring guide matrix contains examples only, and should not be viewed as grading criteria. Cls may adapt the guiding examples to be suitable for their own context.
### Some Example Student Behaviours

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<tr>
<td><strong>Professional 7.2</strong></td>
<td>Requires cueing to appropriately express respect for individuality and autonomy of clients, including respect for professional appearance and any applicable dress codes. May demonstrate discomfort when interacting with a person who is different or from another culture.</td>
<td>Consistently dresses appropriately. Beginning to express outward action for respecting each client’s individuality and autonomy in straightforward situations (e.g., may develop a PT plan without always considering beliefs and practices related to health and healing for that unique person/culture).</td>
<td>Identifies situations that require insightful sensitivity, but may need assistance for how to convey respect to clients appropriately and completely.</td>
<td>Independently assures that clients' rights, dignity and uniqueness are respected in straightforward situations. Requires guidance to explore solutions for culturally complex situations (e.g., respecting religious or cultural values that may require significant adaptations to care).</td>
<td>Independently takes action to ensure an environment of cultural safety. Ensures clients have their individuality and autonomy respected, and clients of all cultures are empowered to express their needs.</td>
<td>Takes leadership and demonstrates exemplary conduct in situations requiring insight, sensitivity and/or cultural competence. Demonstrates high regard for the need to develop practices that enhance culturally competent care.</td>
</tr>
<tr>
<td><strong>Professional 7.3</strong></td>
<td>Conveys enthusiasm for the physiotherapy profession and the learning of others; requires direction to make meaningful contributions.</td>
<td>Demonstrates awareness of issues in the physiotherapy profession, but may require guidance to contribute in local learning opportunities (e.g., in-services, or peer-assisted learning with other students).</td>
<td>Engages in actions that support the profession or others' learning (e.g., contributions to discussion or presentation at in-services, helping other students learn).</td>
<td>Independently follows through on readily available opportunities to develop the physiotherapy profession through discussion, teaching or mentorship of others.</td>
<td>Independently initiates action to promote or advance the physiotherapy profession through discussion with, or teaching of others.</td>
<td>Takes a lead role in activities that develop the profession, and/or provides mentorship to others.</td>
</tr>
</tbody>
</table>
FAQ’s from our Clinical Community:

You have recently received instructions about how to access the new Assessment of Clinical Practice (ACP) using the web-based tool, HSPnet, found here: www.hsponline.ca.

There have been a few excellent questions raised by clinical instructors, as it is being implemented. In order to help everyone, we have decided to circulate this Q & A summary:

If a student has 2 Clinical Instructors, should just one of us log in and complete one version of the ACP evaluation on behalf of both of us (based on consultation with one another)?

A student having multiple supervisors is very common. Ideally, we would like to receive one final completed ACP per student, if possible (i.e. similar to previous paper versions of the PT-CPI, except the ACP is now electronic), as requested prior to the commencement of the placement. If more than one clinical instructor has requested access to the tool, there are different ways of making this happen – having one of you log in, using your personal username and password, then completing it together – or filling it out on paper separately, and then “putting it together” online – or through verbal discussion with one another, etc. You will notice that the HSPnet tool allows you to submit a joint assessment on behalf of another CI – there is a radio button to indicate this action. This automatically creates an email to the other clinical instructor, letting them know that the completed ACP has been submitted on their behalf, by the partner CI.

Is there a way to save completed portions of the evaluation tool, so that it can be accessed at a later date (s) to be completed? Or does the entire tool have to be scored / completed and submitted in one sitting?

You can absolutely leave it at any time, come in and out again and again, and find your previous evaluation intact. You can toggle back and forth between screens (or pages) - for example, if you want to toggle back to the original screen, which has the descriptors, you can do so. The banner on the left side of the tool has the different Roles (each role being a screen, or page), and you can click on any of those at any time. Each time you click on the next screen (or page), your answers are saved, or by clicking the “save button”. They can be edited at any time until you hit the “submit button”. Remember, you can’t “break anything” by playing with it and clicking around, but you DO have to click on to the next page, or click “save” in order to not lose your data.

Can I change the ratings once I have pushed the submit button?
You cannot change your ratings after you hit “submit assessment”. If you decide you need to change a rating after it is submitted, we can re-open it for you. Please email Cathy Cuddington cathy.cuddington@rqhealth.ca (there is an email icon in the tool as well)

If I can’t change my ratings after I submit the assessment, should I submit it before or after meeting with the student to discuss... at midterm, and again at final evaluation points in time?

This is a conundrum because the combined view (i.e. the view on the screen where both the student version and the C.I. version appear side-by-side for comparison/discussion purposes) is not available until after the Clinical Instructor (s) and the Student have each submitted their respective completed copies of the ACP. There are 2 options: If you want to be able to change the CI ratings based on discussion with the student, we recommend NOT submitting the assessment until after midterm and...
final discussions, accepting that the combined view will not be available for these meetings. Perhaps the student could bring a lap top, or one of the assessments could be printed in hard copy, in order to facilitate the discussion. The 2nd option is to go ahead and submit the assessment. If there are changes that you would like to make, email Cathy Cuddington to open it up for you.

**I haven’t observed my student on the enabling competencies listed on the ACP. How do I score this?**
The enabling competencies are not meant to be an exhaustive list, but are intended to represent a variety of practice contexts. Feel free to develop competencies that may apply to your practice contexts, for key competencies, as needed, and score your student on what you observe in your practice setting.

**If the student is carrying a partial caseload, is it correct that I can’t score him/her higher than the anchor descriptors that are related to caseload? e.g. for Intermediate Performance, the student may be relatively independent with simple patients but require more guidance in complex situations... at approximately 50% caseload volume compared to a full-time new graduate PT.**

We have noted some inconsistencies with how students are being graded on this, especially in the roles of professionalism and scholarly practitioner. The rating scales are correlated with caseload, because all anchor descriptors must be met before a higher level can be awarded. The reason why the ACP requests this, is that if the student has only been observed with a “reduced” caseload, and clinical instructors (CI’s) are extrapolating how the student might perform with a full caseload, there are added complexities and efficiencies that would be expected, and it is actually not possible to predict how the student “would” perform with a greater caseload. We are asking clinical instructors (CI’s) to rate the student based on current (not projected) performance, given the current (not projected) patient caseload being managed.

This is also true of the rating “with distinction”. In order to score a student at that level, they must be carrying a full caseload, as per the definition of “full caseload” in your practice setting. If you feel you have an exceptional student and wish to make this known, please use the comment boxes to add more information about your observations – those are taken into account in the final grading. Also, at the end of the ACP, you are asked to grade the student (Credit = student meets expectations; Credit with distinction = student surpasses your expectations for this level; No credit = student does not meet the expectations). This provides the best opportunity for the Clinical Instructor(s) to rate a student’s “overall” performance.

The website for the ACP tutorial can be visited at any time if you wish to refresh any aspects of how to be an accurate rater: [https://app.rehab.utoronto.ca/ACP/story.html](https://app.rehab.utoronto.ca/ACP/story.html)

Please don’t hesitate to contact us with any questions or comments. We are all learning together with this new tool, and it’s exciting. Many improvements were made along the way with the pilot of the electronic tool, but we know there is room for further improvements.
Student Evaluation of Clinical Placement and Clinical Instructor

The purpose of the School of Physical Therapy Student Evaluation form is:

- To foster communication between the clinical instructor (CI) and student.
- To provide feedback to the clinical instructor.
- To provide feedback to the facility/agency on the student's experience.
- To provide feedback to the School of Physical Therapy on the clinical experience.
- To assist in evaluation of the clinical education program and the physical therapy curriculum.

Instructions for use:

This evaluation will take approximately 15 minutes.

Whenever possible the form is to be discussed with the CI at mid-term and final evaluation points (as a part of ongoing communication between student and clinical instructor). This evaluation is completed online. A paper copy is NOT to be submitted to The School. Comments are extremely valuable and are strongly encouraged.

Your responses to the main survey questions will be viewed by the School and directly online by the Site Manager for this clinical placement.

If there is anything about this clinical placement that you would like to report to the School in a confidential manner, please complete a Clinical Placement – Confidential Comments form. These comments will be kept strictly confidential by the School.

Scale for All Questions: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

ORIENTATION

1. I was adequately oriented.
   Comments:
CASELOAD and PRACTICE  
(Relevance is dependent on setting, program context and approach to health care delivery)  

2. There was an appropriate caseload for my level.  
3. The variety of conditions seen provided a useful learning experience.  
4. There was adequate opportunity to practice patient assessment (i.e. taking a history, performing assessment procedures, problem identification, etc.)  
5. There was adequate opportunity to practice treatment plan progression.  
6. There was adequate opportunity to practice documentation of care (record keeping).  
7. There was adequate opportunity to practice discharge planning.  
8. The placement provided me with opportunities to advance my skills as an educator with patients, families, other health care providers, etc.  
9. There was adequate opportunity to participate as part of the program/department/health care team in order to advance my skills as a collaborative team member.  

CLINICAL INSTRUCTOR and SUPERVISION  

10. Please provide the name of your clinical instructor (a second CI can be evaluated in the next section):  
Comment box:  

11. The general expectations, roles and responsibilities were discussed with my clinical instructor in the first week of the placement (ex. learning/teaching style, preferred methods of feedback).  
12. In the first week, I discussed my learning objectives with the clinical instructor and filled out the Clinical Learning Plan.  
13. I was provided with timely and appropriate feedback/reinforcement.  
14. The CI and/or designated staff were accessible and available as a resource.  
15. The CI allowed me to progress appropriately with independence level and responsibilities.
16. The CI encouraged me to critically think through problems.

17. The CI encouraged me to critically evaluate my own performance.

18. The CI served as a good role model.

19. The CI created a positive environment and was receptive to my feedback.

20. The CI facilitated the process so that I was able to meet my learning objectives for the placement.

Comments:

**CLINICAL INSTRUCTOR and SUPERVISION**

21. Please provide the name of your second clinical instructor

Comment box:

22. The general expectations, roles and responsibilities were discussed with my clinical instructor in the first week of the placement (ex. learning/teaching style, preferred methods of feedback).

23. In the first week, I discussed my learning objectives with the clinical instructor and filled out the Clinical Learning Plan.

24. I was provided with timely and appropriate feedback/reinforcement.

25. The CI and/or designated staff were accessible and available as a resource.

26. The CI allowed me to progress appropriately with independence level and responsibilities.

27. The CI encouraged me to critically think through problems.

28. The CI encouraged me to critically evaluate my own performance.

29. The CI served as a good role model.

30. The CI created a positive environment and was receptive to my feedback.

31. The CI facilitated the process so that I was able to meet my learning objectives for the placement.

Comments:
EVALUATION

32. Evaluation methods (i.e. process, preparation, evaluation instrument, etc.) contributed to my understanding of my performance.

33. The Clinical Instructor’s completed CPI accurately reflects my overall performance in the clinical setting.
   Comments:

GENERAL

34. There was considerable agreement between the clinical course objectives and the placement.

35. Opportunities were provided to apply skills and theoretical knowledge in different ways (i.e. to attend in-services and/or relevant meetings)

36. I was challenged to apply evidence to practice.

37. I was encouraged to develop self-directed learning skills.

38. The placement helped me to develop professional attributes and behaviours.

39. Library and other learning resources (including staff expertise) were available.

40. The facility set-up, equipment available and documentation areas facilitated my learning.

41. There was a positive work environment and positive work relationships.
   Comments:

42. In my experience during this placement, there was significant consistency between method(s) used in the placement and method(s) taught in the MPT
   Comments:

43. The most positive aspects of this placement were:
   Comments:

44. Some suggestions for future changes which might add to the learning experience are:
   Comments: