DATE: September 2016
TO: Clinical Instructors
FROM: Peggy Proctor, Assistant Clinical Coordinator
Phone: (306) 966-6574; email: peggy.proctor@usask.ca
RE: Clinical Practice Three (M.P.T.) student placements
October 3 – 28, 2016

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!
## CANADIAN UNIVERSITIES RECIPROCAL INSURANCE EXCHANGE

### CERTIFICATE OF INSURANCE

<table>
<thead>
<tr>
<th>INSURED</th>
<th>CERTIFICATE HOLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Saskatchewan</td>
<td>To Whom It May Concern</td>
</tr>
<tr>
<td>105 Administration Place</td>
<td></td>
</tr>
<tr>
<td>Saskatoon, SK, S7N 5A2</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Nature of Operations:</th>
<th>Certificate No: 56916</th>
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<tbody>
<tr>
<td>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</td>
<td>Issue Date: 2016-01-01</td>
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</tbody>
</table>

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 there to 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.

<table>
<thead>
<tr>
<th>POLICY</th>
<th>EFFECTIVE</th>
<th>EXPIRY</th>
<th>LIMIT</th>
<th>POLICY</th>
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<tr>
<td>1647L</td>
<td>2016-01-01</td>
<td>2017-01-01</td>
<td>$5,000,000</td>
<td>COMPREHENSIVE GENERAL LIABILITY</td>
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</table>

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

<table>
<thead>
<tr>
<th>PROPERTY</th>
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<tbody>
<tr>
<td>&quot;All Risks&quot; 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).</td>
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</table>

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

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<tr>
<th>EXCESS PROPERTY</th>
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<tr>
<td>&quot;All Risks&quot; 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.</td>
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</table>

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.

2/34

Authorized Representative

[Signature]
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:

<table>
<thead>
<tr>
<th>Clinical Course</th>
<th>Location</th>
<th>Placement Type, Diagnostic Mix of Caseload</th>
</tr>
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<tbody>
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</tbody>
</table>

(Revised August 2015)
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**

Ensure 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 Three (CP 3) presents an opportunity for the student to apply theory from all academic and clinical modules preceding it, with the primary focus on application of theory from academic Modules IV and V which immediately precede Clinical Practice 3.

Modules IV and V are the first modules in the MPT where there are academic courses specifically focused on the core systems relevant to Physical Therapy practice: Musculoskeletal, Cardiorespiratory, Neurological (see sections of this document following that define this content in more detail). Students have had a focus on classroom theory and labs for basic assessment and treatment in these three core systems.

The student will be expected to demonstrate basic assessment and program planning in the core systems and, under supervision, take the patient from admission to discharge for at least a portion of their caseload. For the more complex portion of a caseload assignment, the student is expected to collaborate with the clinical instructor and assist in cooperative caseload management.

CP 3 is a four week, full time (37.5 hrs per week) clinical course running from Monday, October 3 – Friday, October 28, 2016.

Students are expected to progress from an ‘advanced beginner’ level toward an ‘intermediate’ level during the course of CP 3.

Advanced Beginner performance:
A student who requires clinical supervision (i.e. monitoring, discussing, observing) 75% - 90% of the time with simple patients, and 100% of the time with complex patients. At this level, the student demonstrates proficiency with simple tasks, but is unable to perform highly skilled and comprehensive examinations, interventions, and clinical reasoning. The student may begin by sharing a caseload with the clinical instructor.
Intermediate performance:
A student who requires clinical supervision (i.e. monitoring, discussing, observing) less than 50% of the time with simple patients, and 75% of the time with complex patients. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform comprehensive examinations, interventions, and clinical reasoning. The student is able to maintain approximately 50% of a full-time new graduate physical therapist’s caseload.

Previous Clinical Practice Experience:
- The students have completed CP 1 (Clinical Practice 1) in the first three weeks of the MPT (Aug.-Sept. 2015) with three (3) clinical visits to diverse clinical settings and 37.5 hrs of experience and facilitated debriefing in this introductory clinical practice course.
- The students have completed CP 2 in April-May 2016 which is a 4 week, full time clinical practicum with limited, caseload management and primarily assisting clinical instructor with caseload management.

The clinical instructor(s) will:
- Support the student in sharing / managing a limited caseload
- 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
- Clarify changing expectations, clearly communicated over the course of the placement
- Assist student in the transition from sharing to independent caseload responsibilities

<table>
<thead>
<tr>
<th>Clinical Practice 3 Course Objectives</th>
<th>Keywords</th>
</tr>
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<tbody>
<tr>
<td>Upon completion of the course, students will be able to:</td>
<td></td>
</tr>
</tbody>
</table>
| - Establish effective communication strategies with the patients, families, caregivers, other health professionals and community agencies. | Communication strategies
  Community agencies
  Communication with health professionals |
| - Incorporate the broad determinants of health relevant to the patient or population, community development principles and principles of primary health care. | Determinants of Health
  Population health
  Community health
  Community development
  Primary health care
  Community capacity building |
| - Demonstrate safe, ethical, culturally sensitive and autonomous* professional practice. (Definition: “Autonomy refers to self-determination and is an important ethical principle in patient/client management.” “Autonomy can be defined as the extent to which a profession or an individual feels freedom and independence in his/her role.” From Swisher and Page Professionalism in Physical Therapy: History, Practice, & Development. Elsevier Saunders, 2005) | Safe practice
  Ethical practice
  Cultural sensitivity
  Autonomous practice
  Professional practice
  Cultural competence
  Cultural awareness
  Ethical decision making
  Professional values |
| Demonstrate an organized and individualized physical therapy assessment with emphasis on subjective and objective assessment of musculoskeletal, cardiorespiratory and neurological systems. | Physical Therapy assessment  
Musculoskeletal assessment  
Cardiorespiratory assessment  
Neurological assessment  
Subjective assessment  
Objective assessment |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prioritize patient problems based on interpretation of assessment data collected. | Physical Therapy diagnosis  
Interpretation of assessment data  
Problem solving  
Analysis of data  
Synthesis of data  
Prioritization  
Assessment  
Clinical reasoning |
| Formulate a physical therapy diagnosis based on interpretation of assessment data collected. | Physical Therapy diagnosis  
Interpretation of assessment data  
Problem solving  
Analysis of data  
Synthesis of data  
Prioritization  
Assessment  
Clinical reasoning  
WHO-ICF classification  
Critical thinking  
Physical therapy diagnosis |
| Develop a basic treatment plan emphasizing individual exercise prescription, health promotion education and appropriate use of electro-physical modalities. | Treatment plan  
Exercise prescription  
Health promotion  
Education  
Electro-physical modalities  
Individual program |
| Apply an evidence-based rationale for assessment and treatment procedures employed. | Evidence-based rationale  
Assessment  
Treatment procedures  
Knowledge translation  
Evidence-based practice  
Critique of literature  
Literature review  
Systematic review |
| Reflect on their practice which includes: self-evaluation of actions and decisions with continuous improvement of knowledge and skills. | Reflective practice  
Self-evaluation  
Continuous improvement  
Journaling  
Reflective assignment |
| Recognize the defining features that clinical settings present, including their funding models, and deliver physical therapy services in the unique context of that setting. | Diverse clinical settings  
Funding models  
Physical Therapy service delivery  
Service delivery models |
In a non-judgmental manner, develop a rationale for the therapeutic approach based on an understanding of the patient situation.

Problem solving
Analysis of data
Synthesis of data
Prioritization
Assessment
Clinical reasoning

A. Theory Preparation for Clinical Practice 3

Module VI of the MPT is comprised of Clinical Practice 3. The theory preparation immediately preceding Clinical Practice 3 (theory Modules IV and V) includes courses in Cardiorespiratory, Evidence Based Practice, Musculoskeletal, Neurology, and Professional Practice.

Previous theory content from Modules I and II included anatomy, pathology, neuroanatomy, exercise physiology, exercise testing, movement analysis, human growth and development, nutrition, pharmacology, pain perception and management, pain assessment and the multidimensional nature of pain, as well as an entire course on PT as Educator. You may review the objectives and more detail of the content of these modules in previous documents sent to clinical facilities for Clinical Practice 2 and on the ‘curriculum on line’ or ‘clinical education’ sections of the School of Physical Therapy website. ([www.medicine.usask.ca/pt](http://www.medicine.usask.ca/pt))

Modules IV and V, the two academic modules immediately preceding Clinical Practice 3, consist of the following courses:

<table>
<thead>
<tr>
<th>Module IV (May-June)</th>
<th>Module V (Aug-Sept)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiorespiratory I</td>
<td>Cardio-respiratory II</td>
</tr>
<tr>
<td>Musculoskeletal I</td>
<td>Musculoskeletal II</td>
</tr>
<tr>
<td>Neurology I</td>
<td>Neurology II</td>
</tr>
<tr>
<td>Evidence Based Practice II</td>
<td>Professional Practice III</td>
</tr>
</tbody>
</table>

B. General Expectations of Clinical Practice 3

Students are expected, with some observation, regular direct guidance and supervision, and in an effective, safe and organized manner:

- To communicate effectively
- To demonstrate professional behaviour at all times
- To assume gradually increasing independence and responsibility for most aspects of comprehensive caseload management
- Demonstrate caseload management which can include: scheduling, assessment, documentation, treatment planning and implementation, education, treatment progression, and discharge planning
- To participate as team members and demonstrate effective teamwork skills
- To demonstrate a problem-solving approach to caseload management
- Show and understanding of their limitations and of patient safety at all times.

The initial caseload volume expectations are approximately 15-20% of a new graduate PT’s caseload, which should be gradually progressed during the clinical placement.

**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.

In addition, a clinical site or clinic may require the student to do a presentation as a part of the total learning experience or the caseload management (ie: 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.

Note: The School will email a form to the CI for completion, where the CI can indicate whether a presentation was done on this placement.

**Clinical Checklists**

Students will maintain a record of their caseload experience for each clinical placement in the form of a diagnostic and clinical skills applied checklist. These electronic clinical checklists will be maintained by the student throughout the MPT program. It is expected that these checklists will be kept up-to-date and will be reviewed at intervals. Students may wish to show you their progress in completing these clinical checklists, or Clinical Instructors may ask about this. They should have already completed this checklist for CP 2.

Students will also have a specific reflective assignment to submit during the placement.

<table>
<thead>
<tr>
<th>C. Specific Expectations of Clinical Practice 3</th>
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<tbody>
<tr>
<td>1) Apply an evidence-based rationale for assessment and treatment procedures employed and for all clinical decision-making.</td>
</tr>
<tr>
<td>2) Patient Assessment</td>
</tr>
<tr>
<td>i. Read the health record to determine a basic understanding and to glean and apply information relevant to the patient caseload.</td>
</tr>
<tr>
<td>ii. Interview other health professionals to understand patient status</td>
</tr>
<tr>
<td>iii. Interview patients (subjective history)</td>
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</tbody>
</table>
iv. Interview others as is relevant to understanding the patient history and in keeping with the application of confidentiality and privacy of information.
v. Perform basic observation and objective tests, specific to cardiorespiratory, musculoskeletal or neurological domains
vi. Re-assess to determine progress in patient status

3) Prioritize patient problems and formulate a physical therapy diagnosis based on interpretation of assessment data collected and applying the ‘International Classification of Functioning.’

4) P.T. Treatment Planning and Implementation
   i. Apply therapeutic techniques, specific to cardiorespiratory, musculoskeletal or neurological domains
   ii. Describe the purpose of techniques chosen
   iii. Specify treatment goals
   iv. Suggest possible alternatives or adaptations of the technique

5) Health Record Documentation
   i. Initial assessment –demonstrating use of format consistent with facility approaches and applying chart audit standards for that facility.
   ii. Progress and discharge notes.

In their evaluation of clinical experiences at all levels, students often comment on the lack of opportunity to participate in discharge planning and discharge documentation. It would be appreciated if Clinical Instructors could provide some clinical experience in this area when possible.

D. Performance Evaluation for Clinical Practice Three

The Canadian Physiotherapy Assessment of Clinical Performance (ACP) will be used to evaluate student performance. The Clinical Instructor (CI) will assess the student’s performance and complete the online instrument at midterm and final evaluation periods. Student(s) assess their own performance by completing a separate online copy of the instrument, in preparation for a collaborative discussion of clinical performance with their CI.

Every student and Clinical Instructor is expected to independently orient to the ACP via the short on-line training module (estimated 30-45 minute time commitment) via the following link: https://app.rehab.utoronto.ca/ACP/story.html

The ACP is completed electronically via the Student Assessments Module (SAM) through the platform HSPnet (Health Sciences Placement Network), which allows supervisors to complete an online assessment for students under their supervision. Students and Clinical Instructors will be provided a password in advance, to access their specific, confidential version of the ACP for that clinical placement, in order to complete it and submit it on-line.
A completed ACP, and accompanying discussion of the performance review using the ACP is expected to be completed at **midterm** and **final** benchmarks of the placement. After the CI completes all mandatory items, a red checkmark will appear for each navigation link and a button is displayed on the last page to SUBMIT the assessment. Please note: 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. 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. The ACP for the placement will be “open and available” for midterm and final scoring for a limited period of time following the normal/expected date for these performance reviews. Once the CI submits the assessment, an 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.

It is expected that the CI will assess aspects of the student’s performance and provide balanced and constructive feedback on relevant performance indicators, **on an ongoing basis**, during the whole of the placement. The student should be appraised regularly of how they are performing, and be allowed to provide their perspective as well.

**Detailed information / instructions for accessing the online ACP are provided to the CI by the School of PT in advance of each clinical placement.** The final performance evaluation should be completed and submitted through HSPnet **within three (3) business days** following completion of the placement.

### E. Techniques / Procedures Covered in Modules IV and V

<table>
<thead>
<tr>
<th><strong>Cardiorespiratory</strong></th>
<th><strong>Musculoskeletal</strong></th>
<th><strong>Neurology</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiopulmonary screening</td>
<td>Medical / surgical management of fractures</td>
<td>Postural orientation &amp; stability, functional tasks</td>
</tr>
<tr>
<td>Cardiovascular clinical examination</td>
<td>PT management of acute soft tissue injuries</td>
<td>Task oriented approach to PT management, supplemented by a neurofacilitation approach</td>
</tr>
<tr>
<td>Respiratory clinical examination</td>
<td>PT management of common paediatric MSK conditions</td>
<td>Assessment of sensory and perceptual impairments</td>
</tr>
<tr>
<td>Thorough C-R assessment</td>
<td>Upper and Lower Quadrant Scan examinations</td>
<td>Resting positions for adult hemiplegia</td>
</tr>
<tr>
<td>Vital signs (HR, pulses, RR &amp; BP)</td>
<td>General rheumatology screening assessment (gait, arms, legs, spine)</td>
<td>Postural control (normal &amp; abnormal)</td>
</tr>
<tr>
<td>Airways / Lungs / Chest (\rightarrow) anatomy and biomechanics</td>
<td>Active Joint Count (Rheumatoid Arthritis and similar conditions)</td>
<td></td>
</tr>
</tbody>
</table>
- Clinical exercise testing
- Submaximal test
- Auscultation
- ECG’s
- Airway Clearance techniques:
  - Postural Drainage
  - Percussion
  - Active/manual techniques

**Cardiorespiratory**
- Suctioning

<table>
<thead>
<tr>
<th>Musculoskeletal</th>
<th>Assessment of balance and gait</th>
</tr>
</thead>
<tbody>
<tr>
<td>examination / joint mobilization / soft tissue techniques for:</td>
<td>Balance retraining - in sitting, standing</td>
</tr>
<tr>
<td>- C/spine</td>
<td>Assessment &amp; treatment:</td>
</tr>
<tr>
<td>- TMJ</td>
<td>- Adult hemiplegia</td>
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<tr>
<td>- Shoulder girdle</td>
<td>- Traumatic Brain Injury</td>
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<tr>
<td>- Elbow</td>
<td>- M.S.</td>
</tr>
<tr>
<td>- Wrist</td>
<td>- Post-polio</td>
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<tr>
<td>- Hand</td>
<td>- Guillain-Barré syndrome</td>
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**As there can be a diversity of MPT Course Instructors, with changes at times, in any course year, it is useful to discuss the emphasis on particular course content delivered with the student. Although course objectives are consistent from year-to-year, content to demonstrate the objectives may vary somewhat. The Clinical Instructor can ask to review available course notes/handouts with the student as a way of better understanding the course content covered to date.**

**F. Disability Accommodations**

"Students who have disabilities (learning, medical, physical, or mental health) are strongly encouraged to register with Disability Services for Students (DSS) if they have not already done so. Students who suspect they may have disabilities should contact DSS for advice and referrals. In order to access DSS programs and supports, students must follow DSS policy and procedures. For more information, check [http://www.students.usask.ca/disability/](http://www.students.usask.ca/disability/), or contact DSS at 966-7273 or [dss@usask.ca](mailto:dss@usask.ca)."
**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 (ie: 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.
Quick Reference Guide

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  Placement Dates: Nov 2/15 to Nov 27/15 (HSPnet ref#3264)
   
   Assessor: Wilma Fulton  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.
<p>| Role                        | Beginner                                                                 | Advanced Beginner                                                                 | Intermediate                                                                 | Advanced Intermediate                                                                 | Entry Level                                                                                      | With Distinction                                                                                     |
|-----------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Communicator 2.1            | Requires cueing to maintain eye contact, and/or actively listen to patients. | Effectively communicates with others once the student has taken time to plan the interaction with guidance and support. | Builds and maintains rapport in predictable encounters with patients, families and others in the health care facility. | 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. | Uses appropriate verbal and non-verbal communication when establishing relationships to demonstrate sensitivity and respect in complex and/or challenging situations. | Mentors and coaches others about how to most effectively establish rapport with patients and team members. |
| Communicator 2.2            | Requires probes and guidance to gather and share information about patients with CI or the team. | Initiates the exchange of information but requires cueing to focus on the most relevant and concise information. | Reports appropriate basic/essential information (e.g. at patient care rounds) for straightforward cases. Seeks out and clarifies information with the team. | Participates in the exchange of information about the caseload but is occasionally missing minor details and takes slightly more time. | Participates in the exchange of information about the caseload independently in complex and/or challenging information sharing situations. | Shares information in a confident, relevant and appropriate manner with professionals external to the clinical facility or patients/ families in delicate or challenging situations. |
| Communicator 2.3            | Requires frequent corrections; notes are completed in draft before being transcribed into the patient care record. | Completes a chart review for a straightforward patient with few minor errors. Patient notes for routine situations include required information. | Consistently documents care for straightforward cases and situations. | Creates and maintains records for complex patient care situations with minimal errors and minimal cueing. | Effectively and efficiently creates and maintains concise and comprehensive notes without errors for all patients and situations. | Independently constructs detailed and appropriate reports (e.g., for third-party payers). |</p>
<table>
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<td>Collaborator 3.1</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>Effectively optimizes collaborative patient care when there are contentious issues: e.g., a challenging family-team meeting.</td>
</tr>
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<td>Collaborator 3.2</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>
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<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>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 4.2</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>
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<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>Independently takes on new initiatives to improve service delivery or patient care from a quality improvement perspective.</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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<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>“Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance...”</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>“Manages a caseload of 50-75%, proficient in simple tasks and requires only occasional cueing for patients with complex conditions...”</td>
<td>“Exceeds entry level performance by carrying a full caseload and...”</td>
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<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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The scoring guide matrix contains examples only, and should not be viewed as comprehensive criteria. Cls may adapt the guiding examples to be suitable for their own context.
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<td>Professional 7.2</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>Professional 7.3</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>

ACP Grading Resource (Version 2016-04-18)
The scoring guide matrix contains examples only, and should not be viewed as comprehensive criteria. Cls may adapt the guiding examples to be suitable for their own context.
Frequently Asked Questions (FAQ’s) from our Clinical Community:

You have recently received instructions about how to access the new Canadian Physiotherapy Assessment of Clinical Performance (ACP) using the web-based tool, HSPnet, found here:  [www.hspcanada.net](http://www.hspcanada.net).

There have been a few excellent questions raised by clinical instructors (CIs) during the implementation phase. In order to assist all CIs, we have created 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)?**

Multiple supervisors for one student 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), and we have requested the name of a primary CI prior to the commencement of the placement. If more than one clinical instructor has requested access to the tool, there are different ways of carrying out a shared student evaluation; 1) having one of you log in, using your personal username and password, then completing it together; or 2) filling it out on paper separately, and then “putting it all together” in one version of the ACP online or through verbal discussion with one another, etc.

You will notice that the HSPnet platform allows you to submit a joint assessment on behalf of another CI – there is a radio button to click, in order to indicate this action. This automatically creates an email to the other supervisor, 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 on the current/previous screen are saved, by clicking the “next” 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, in order to not lose the data you have entered**.

**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 (there is an email icon in the tool)
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 all 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, accepting that the combined view will not be available for these discussions. Perhaps the student can bring a lap top, or one of the assessments can be printed.

Option 2 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.

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: