



DATE: March 27, 2018

TO: Clinical Instructors

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

RE: PTH 852 Clinical Practice Two (M.P.T.) student placements  
April9 – May 4, 2018

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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

<b>INSURED</b>       Contact: Title: Tel: Email: Reference:	<b>CERTIFICATE HOLDER</b>       Contact: Title: Tel: Fax: Email:		
<b>Nature of Operations:</b>	<table border="1"> <tr> <td><b>Certificate No:</b></td> </tr> <tr> <td><b>Issue Date:</b></td> </tr> </table>	<b>Certificate No:</b>	<b>Issue Date:</b>
<b>Certificate No:</b>			
<b>Issue Date:</b>			

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.

POLICY	EFFECTIVE	EXPIRY	LIMIT	POLICY
				<b>COMPREHENSIVE GENERAL LIABILITY</b> 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.  <input type="checkbox"/> Certificate Holder as Additional Insured
				<b>EDUCATIONAL INSTITUTIONS ERRORS AND OMISSIONS</b> Covering Errors and Omissions Liability and Professional Liability of the Named Insured on a claims made basis.
				<b>PROPERTY</b> "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).  <input type="checkbox"/> Certificate Holder as Additional Insured/Loss Payee (ATIMA)
				<b>EXCESS PROPERTY</b> "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:

<b>Clinical Course</b>	<b>Location</b>	<b>Placement Type, Diagnostic Mix of Caseload</b>



- 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?

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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.

**School of Rehabilitation Science, University of Saskatchewan  
Master of Physical Therapy (MPT) Program**

**Expectations of P.T. Students  
PTH 852.4 Clinical Practice 2  
April 9 - May 4, 2018**

**Purpose:**

Students entering PTH 852, Clinical Practice 2 (C.P. 2) have had approximately 1000 hours of foundational theory preparation, including (but not all inclusive) anatomy, pathology, neuroanatomy, understanding lifespan and the physiology of aging, application of exercise testing, critical inquiry and the evidence base for selected assessment and treatment approaches. They are expected to apply an evidence-based, scientific approach to basic caseload management and simple analysis of outcomes.

\*This is the first clinical course in the MPT in which the Clinical Instructor should challenge students to provide rationale (scientifically-based wherever possible) and connect their theory to practice in:

- application of anatomy, physiology, pathology and movement science
- basic understanding the physical therapy diagnosis for each patient,
- clinical reasoning and decision-making,
- very basic assessment and treatment approaches,
- overall caseload management (ie. priority setting),
- program planning,
- patient population dynamics in specific clinical settings.

If the student does not believe they have had any curricular content to date in these areas they should be encouraged to review their notes for all academic courses to date.

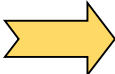
They have had at least some basic/generic theory in all of these subject areas, and often indicator cases, to analyze related to these subjects. If you are asking about a specific application of the above theory to a particular patient population or diagnosis, and the student has not had that content yet, the student should be directed to seek out/research relevant information independently and be prepared to discuss.

Students previously have had 28 hours of clinical visit time in C.P. 1 at the beginning of the program. They have had several opportunities to practice subjective assessment skills with simulated and standardized patients associated with clinical case analysis.

Clinical Practice 2 is a four week, full-time (37.5 hrs/week) clinical course, running from April 9 – May 4, 2018. Under normal circumstances, for the majority of the students, it is

hoped **this clinical experience will be gained in rural, regional, and remote Saskatchewan centres** outside of Regina or Saskatoon. This is not always possible depending on the availability of placements.

\*Where possible, Clinical Practice 2 will provide the student with a **broad clinical experience**; including opportunities to manage, or help to manage (depending on the complexity of the available caseload), a number of patients with a variety of different diagnoses. For example: inpatients and/or outpatients; different systems; diversity of patient ages and health status.



***Evaluation: The student will progress from ‘Beginner’ to ‘Advanced Beginner’ level, according to the Assessment of Clinical Performance (ACP) during CP 2. (Please review the ACP rating scale description and anchor descriptors on the ACP)***

A physical therapist student who is in his/her first clinical experience and provides reasonable quality care only with uncomplicated patients and a high degree of supervision. Without close supervision, the student’s performance and clinical decision making are inconsistent and require constant monitoring and feedback. This is typically a student who is inexperienced in clinical practice or who performs as though he or she has had limited or no opportunity to apply academic knowledge or clinical skills.

**“Beginner: requiring almost constant supervision and very frequent guidance and cueing”**



**“Advanced Beginner: Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance.”**

The student should be:

- Ready to share a caseload with the clinical instructor, and progress to managing a limited caseload of patients with simple conditions,
- Expected to provide rationale (highest level of available evidence) for clinical choices in assessment, treatment and caseload management,
- Rapidly gain competence and confidence in caseload management in the four weeks,
- Responding to significant change in expectations from the beginning to the end of the placement. These changing expectations need to be regularly reviewed with the student and clearly articulated.

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 feedback,
- Clarify changing expectations, clearly communicated over the course of the placement,
- Assist student in the transition from sharing a caseload to some independent caseload responsibilities.

Clinical Practice 2 Course Objectives	Keywords
1. Apply an evidence-based analysis of various assessment and treatment procedures employed.	Evidence-based practice Knowledge translation Clinical practice
2. Apply and evaluate effective communication strategies with patients families, caregivers, and other health professionals as individuals and groups including specific application of educational principles and delivery of health promotion education.	Communication with individuals and groups Educational principles Health promotion education Communication with diverse types of clients
3. Demonstrate professional behaviors in the clinical setting which will include: confidentiality, respect for staff and patients, constructive criticism, self-directed learning, reflective learning, obtaining consent for physical therapy management, and other aspects of legal and ethical practice.	Clinical practice Professional behavior Confidentiality Constructive criticism Sensitive practice Self-directed learning Reflective learning Consent Legal and ethical practice
4. Implement and document a basic, individualized physical therapy assessment with emphasis on subjective assessment, analysis of movement, applied anatomy and exercise physiology.	Physical therapy assessment framework Subjective assessment Applied analysis of movement Applied anatomy Applied exercise physiology Health record documentation / charting
5. Prioritize patient problems, based on interpretation of assessment data collected. Plan and document a basic treatment approach emphasizing patient goal setting, basic exercise prescription, and appropriate use of cryotherapy and thermotherapy.	Interpretation of assessment data Treatment planning Patient goal setting Exercise prescription Applied cryotherapy and thermotherapy Health record documentation/charting
6. Demonstrate sensitivity to, and respect for, each client's rights, dignity, and unique mix of characteristics including gender, age, ethnicity, religion, culture, language, lifestyle orientation, health and cognitive and behavioral status.	Respect Professional behaviors Clinical practice Client autonomy Professional accountability Legal and ethical requirements

### A. Theory Preparation for Clinical Practice 2

Module III (of the total of ten modules in the MPT) of the MPT is comprised of Clinical Practice 2. The theory preparation for Clinical Practice 2 includes courses in anatomy, pathology, neuroanatomy, some basic foundational clinical skills and evidence-based practice. Students will also have covered courses devoted to introductory exercise physiology, exercise testing, movement analysis, and PT as educator, pain assessment and the multidimensional nature of pain. Lifespan I content includes human growth and development, nutrition, and pharmacology. They have also had two separate weeks devoted entirely to small group case analysis called Case Integration I and II.

Module I	Module II	Module III
<ul style="list-style-type: none"> <li>Professional Practice I</li> <li>Clinical Practice I</li> <li>Evidence-based Practice I</li> <li>Functional Activities and Exercise Therapy</li> <li>Introductory Treatment Methods</li> <li>Human Anatomy (part 1)</li> <li>Lifespan I</li> <li>Case Integration I</li> </ul>	<ul style="list-style-type: none"> <li>Exercise Physiology for PT's</li> <li>Movement Analysis</li> <li>Functional Neuroanatomy</li> <li>Human Anatomy (part 2)</li> <li>Pathology</li> <li>Professional Practice II (PT as Educator)</li> <li>Case Integration II</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Practice 2 (full-time, 4 week clinical practicum)</li> </ul>

### B. General Expectations of Clinical Practice 2

- Students will maintain an electronic record of the amount and type of cumulative caseload experiences in their clinical practice courses.
- \*Performance Dimensions (From 'ACP table of example student behaviors' for each role)

Supervision/ Guidance Required	Student will require close clinical supervision 100% of the time initially, and progress to requiring supervision 60-70% of the time in managing patients with uncomplicated conditions.
Quality of Care	Student will demonstrate limited skills and competence
Consistency of Performance	Student demonstrates consistent proficiency with simple tasks
Complexity of Tasks	Student able to manage less complex patients/tasks/environment
Efficiency of Performance	Student will require additional time, effort, resources to manage a limited caseload

**\*\*3. Emphasis on basic, foundational, clinical skills.** Over time with the MPT courses, it has been clearly observed that Clinical Practice 2 serves a particularly important role in progressing the application of basic PT skills such as (but not exclusive to): range of motion measurement, strength testing, posture and gait assessment, interview skills. These practical clinical skills have had a good grounding in theory in Module I and II of the MPT and so this is an optimal time for the student to integrate them into practice and better understand the appropriateness of their application as well as progressing their accuracy in application.

### C. Performance Evaluation of Student in Clinical Practice 2

The **Assessment of Clinical Performance (ACP)** will be used to evaluate student performance. Student(s) assess their own performance on a separate version of the instrument in preparation for a collaborative discussion of clinical performance with their Clinical Instructor.

*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 will be completed electronically via access in HSP Net. Students and Clinical Instructors will be provided a password to access their specific, confidential site to view the ACP for that clinical placement, 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 (i.e. at around the 2-week and 4-week mark for PTH 852). The ACP for the placement is available for midterm and final scoring for a limited period of time following the normal/expected date for these performance reviews.

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.

The final performance evaluation should be completed, and submitted electronically to the HSP Net **within three (3) business days** following completion of the placement.

### D. Specific Expectations of Clinical Practice 2

- 1) Communicate effectively
- 2) Demonstrate professional behaviour at all times
- 3) Patient Assessment
  - i. Read the health record to determine a basic understanding
  - ii. Interview other health professionals to understand patient status

- iii. Interview patients (subjective history)
- iv. Perform basic observation and objective tests
- v. Re-assess to determine progress in patient status
- 4) Patient Management: Planning and Implementation
  - i. Apply basic assessment and/or therapeutic techniques
  - 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
  - ii. Progress and discharge notes

### E. Techniques / Procedures Covered in Modules I and II

Functional Activities	Treatment Methods	Movement Analysis	Critical Inquiry
<ul style="list-style-type: none"> <li>• Passive ROM</li> <li>• Progressive resisted exercise</li> <li>• P.N.F.</li> <li>• Hydrotherapy</li> <li>• Lifts and transfers</li> <li>• Bed mobility</li> <li>• Assisted ambulation</li> <li>• Clinical exercise tests (6 min walk, timed up and go, cycle ergometry)</li> </ul>	<ul style="list-style-type: none"> <li>• Heat</li> <li>• Ice</li> <li>• Wound healing principles and management</li> <li>• Ultra-sound</li> <li>• Compression bandaging</li> <li>• Tilt Table</li> <li>• Laser</li> <li>• Massage</li> <li>• Relaxation techniques</li> <li>• Basic taping and bandaging</li> <li>• Aerobic/anaerobic exercise prescription</li> </ul>	<ul style="list-style-type: none"> <li>• Anatomy</li> <li>• Movement through positions</li> <li>• Gait</li> <li>• Posture</li> <li>• Balance</li> <li>• Energy system task analysis</li> <li>• Assessment of ROM and strength</li> <li>• Generic subjective assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Searching the literature</li> <li>• Critiquing articles</li> <li>• Principles and practice of patient education by PT</li> </ul>

*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. Summary of Outcomes Expected for Clinical Practice 2**

- ◆ Although the students will not have specific 'systems' theory preparation as yet, (ie. cardio-respiratory, neurology, musculoskeletal), they do have theory preparation and labs in many practical assessment and treatment approaches. See section above. The student can apply some selected assessment, treatment and education of patients with a variety of patient populations:
- ◆ The student will be able to provide rationale to support clinical decision-making
- ◆ The student will demonstrate professional behavior in all interactions.
- ◆ The student will develop adaptive communication skills.

## **APPENDIX A: Self-Directed Learning and Case Integration in the M.P.T.**

Theory courses in Modules I and II have specifically challenged and prepared the students in self-directed learning activities and two 'Case Integration' courses.

Students are expected to fully participate in self-directed learning in order to maximize their learning and will be accountable for all self-directed activities through evaluation.

Course instructors will provide a wide range of opportunities for students to engage in, in order to assist students in becoming self-directed learners. This will also provide opportunities for independent learning, critical thinking, reviewing of class or lab materials, and/or practicing skills; thus, activities may focus on reflection, application, and/or practice of clinical skills.

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**Case Integration (CI) I, II and III are courses which are:** ~ one week in length, and take place in the final week of Modules I, II, and IX, and adhere to the following guidelines:

- Loosely based on principles of Problem-based Learning
- The case content, student learning issues and guiding questions for CI week based on preceding Module content, and to be developed by module faculty
- Goal of including one interprofessional session in each CI week, if possible, as scheduling and time allows
- 5-8 students per group
- Minimum of 2 different cases per week
- Allow time for students to practice clinical skills
- Facilitator present for some sessions for guidance and student evaluation
- Include an orientation / Include a debriefing
- Include time for self-evaluation, peer evaluation/group discussion

Program note: Students who have disabilities (learning, medical, physical, or mental health) are strongly encouraged to register with Access and Equity Services (AES) for Students if they have not already done so. Students who suspect they may have disabilities should contact Access and Equity Services for advice and referrals. In order to access AES programs and supports, students must follow AES policy and procedures. For more information, contact AES on the first floor of the main administration building or [aes@usask.ca](mailto:aes@usask.ca) or contact AES at 966-7273

## 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

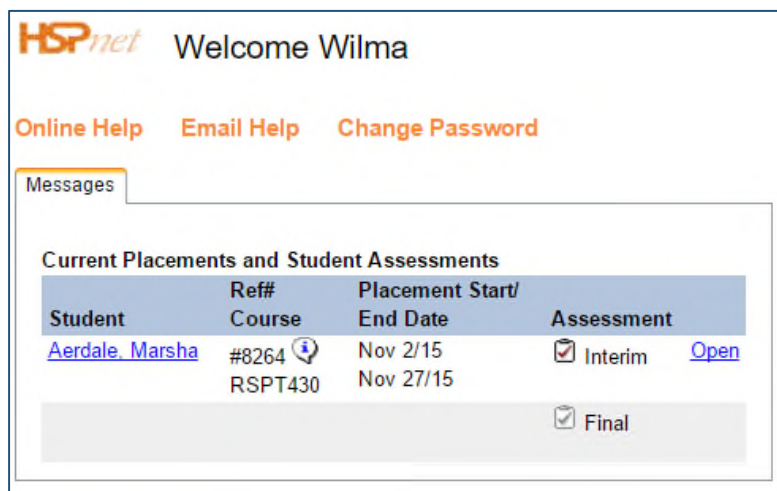
When the Placing Coordinator for the educational program opens the assessments, you will receive an automated email to advise that the online assessment is now available in HSPnet. If you don't already have a user account, you will also receive a Welcome email with your user ID and a temporary password.

1. Click the link provided in Welcome email or visit our public website at [www.hspcanada.net](http://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**



Student	Ref# Course	Placement Start/ End Date	Assessment
<a href="#">Aerda, Marsha</a>	#8264	Nov 2/15	<input checked="" type="checkbox"/> Interim <a href="#">Open</a>
	RSPT430	Nov 27/15	<input checked="" type="checkbox"/> Final

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 Aerda  
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.



- [Instructions](#)
- [Rating Scale Definitions](#)
- [1.0 EXPERT - Focus on Assessment](#) ✓
- [1.0 EXPERT - Focus on Analysis](#) ✓
- [1.0 EXPERT - Focus on Intervention](#)
- [2.0 COMMUNICATOR](#)
- [3.0 COLLABORATOR](#)
- [4.0 MANAGER](#)
- [5.0 ADVOCATE](#)
- [6.0 SCHOLARLY PRACTITIONER](#)
- [7.0 PROFESSIONAL](#)
- [SUMMATIVE COMMENTS](#)





### 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.

Current Placements and Student Assessments				
Student	Ref# Course	Placement Start/ End Date	Assessment	
<a href="#">Aerdale, Marsha</a>	#8264  RSPT430	Nov 2/15 Feb 25/16	<input checked="" type="checkbox"/> Interim	<a href="#">Submitted</a>
			<input checked="" type="checkbox"/> Final	<a href="#">Open</a>

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 Contactstab:

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

### Placement Request Details (Ref#: 8264)

Contacts

Program / Course

Students

Placement Information

Comments



Documents

Assessments

(\* = non-user of HSPnet)

Placing Agency

Agency/Dept: UBC / Rehab


Placing Coord.: Francis, Pat  

Course Leader:

Phone: 604-222-2222, Fax: 604-444-4444 Click for more details

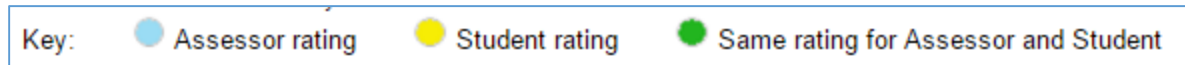
### Step 4 – Compare Ratings in the Combined View Screen

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.

Current Placements and Student Assessments				
Student	Ref# Course	Placement Start/ End Date	Assessment	
<a href="#">Aerdale, Marsha</a>	#8264  RSPT430	Nov 2/15 Feb 25/16	<input checked="" type="checkbox"/> Interim	<a href="#">Combined View</a>



This will open an assessment with colour-coded indicators as explained in the legend at the top right corner of your screen:



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>

### 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.

	Some Example Student Behaviours					
Role	<b>Beginner</b> Requires almost constant supervision and very frequent guidance and cueing..."	<b>Advanced Beginner</b> "Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance..."	<b>Intermediate</b> "For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations..."	<b>Advanced Intermediate</b> "For a caseload of 50-75%, proficient in simple tasks and requires only occasional cueing for patients with complex conditions..."	<b>Entry Level</b> "Manages a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency..."	<b>With Distinction</b> "Exceeds entry level performance by carrying a full caseload and ..."
<b>Communicator 2.1</b>	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.
<b>Communicator 2.2</b>	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.
<b>Communicator 2.3</b>	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).

	Some Example Student Behaviours					
Role	<b>Beginner</b> Requires almost constant supervision and very frequent guidance and cueing..."	<b>Advanced Beginner</b> "Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance..."	<b>Intermediate</b> "For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations..."	<b>Advanced Intermediate</b> "For a caseload of 50-75%, proficient in simple tasks and requires only occasional cueing for patients with complex conditions..."	<b>Entry Level</b> "Manages a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency..."	<b>With Distinction</b> "Exceeds entry level performance by carrying a full caseload and ..."
<b>Collaborator 3.1</b>	Requires guidance in identifying the most appropriate team members for collaboration with respect to patient care.	Describes the roles, responsibilities and perspectives of team members.	Actively seeks and shares information but requires cueing to effectively participate in shared decision-making processes.	Actively participates in discussions (e.g., at patient care rounds) but requires guidance to contribute to important decisions about patient care.	Effectively participates in and facilitates exchange of information between patients, families and team members (e.g., in a family- team meeting).	Effectively optimizes collaborative patient care when there are contentious issues: e.g., a challenging family- team meeting.
<b>Collaborator 3.2</b>	Requires cueing to identify when there are conflicting priorities and values.	Identifies competing priorities or conflicting value systems; may need assistance to identify possible solutions.	With the CI, recognizes and discusses competing priorities with patient care or team dynamics; however, may need assistance to determine the best solution.	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).	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).	Recognizes and manages conflict in a thoughtful, productive, and collaborative manner.

Some Example Student Behaviours						
Role	<b>Beginner</b> Requires almost constant supervision and very frequent guidance and cueing..."	<b>Advanced Beginner</b> "Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance..."	<b>Intermediate</b> "For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations..."	<b>Advanced Intermediate</b> "For a caseload of 50-75%, proficient in simple tasks and requires only occasional cueing for patients with complex conditions..."	<b>Entry Level</b> "Manages a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency..."	<b>With Distinction</b> "Exceeds entry level performance by carrying a full caseload and ..."
<b>Manager 4.1</b>	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.	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.	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.	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).	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.	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.
<b>Manager 4.2</b>	Does not consider assignment of tasks to support personnel.	Is aware of roles of support personnel, and may begin to determine which tasks would be appropriate for assignment.	Assigns simple tasks to support personnel. Needs reminders to follow-up and ensure that assigned tasks are completed.	Assigns appropriate tasks to support personnel with appropriate assessment and follow up.	Assigns appropriate tasks to support personnel and takes responsibility for assessment and follow up. Is accountable for all actions.	Is fully capable of supervising support level staff. Is accountable for all actions and can effectively troubleshoot matters with support personnel.

	Some Example Student Behaviours					
Role	<b>Beginner</b> Requires almost constant supervision and very frequent guidance and cueing..."	<b>Advanced Beginner</b> "Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance..."	<b>Intermediate</b> "For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations..."	<b>Advanced Intermediate</b> "For a caseload of 50-75%, proficient in simple tasks and requires only occasional cueing for patients with complex conditions..."	<b>Entry Level</b> "Manages a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency..."	<b>With Distinction</b> "Exceeds entry level performance by carrying a full caseload and ..."
<b>Manager 4.3</b>	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).	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.	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.	Consistently maintains a safe work environment for patients, self and other staff. Provides patient care safely for both patients and self.	Anticipates hazards and maintains a safe work environment. Is cognizant of and actively promotes patient safety.	Independently takes on new initiatives to improve service delivery or patient care from a quality improvement perspective.
<b>Advocate 5.1</b>	Has difficulty identifying advocacy opportunities; unable to initiate advocacy actions without support.	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.	Initiates advocacy strategies that are beyond the standard communicator and collaborator roles; Advocacy is typically focused on individual clients or the profession.	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.	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).	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.

	Some Example Student Behaviours					
Role	<b>Beginner</b> Requires almost constant supervision and very frequent guidance and cueing..."	<b>Advanced Beginner</b> "Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance..."	<b>Intermediate</b> "For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations..."	<b>Advanced Intermediate</b> "For a caseload of 50-75%, proficient in simple tasks and requires only occasional cueing for patients with complex conditions..."	<b>Entry Level</b> "Manages a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency..."	<b>With Distinction</b> "Exceeds entry level performance by carrying a full caseload and ..."
<b>Scholarly Practitioner 6.1, 6.2 and 6.3</b>	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.	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.	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.	Actively and independently seeks out new knowledge and skills. Incorporates the feedback of others and own beliefs and values to improve own practice.	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.	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.
<b>Professional 7.1</b>	Requires cueing to ensure all legal requirements (e.g., consent, privacy) are met and professional boundaries are not crossed.	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.	Maintains professional conduct and ethical standards in straightforward situations; identifies potential breaches of professionalism although may require assistance in troubleshooting.	Independently assures that consent is obtained and privacy maintained in accordance with law. Maintains professional conduct and ethical standards in straightforward situations.	Independently takes action to ensure all legal requirements and professional practice standards are met in a responsible and accountable manner.	Able to identify, discuss and resolve challenging ethical and/or professional dilemmas.



	Some Example Student Behaviours					
Role	<b>Beginner</b> Requires almost constant supervision and very frequent guidance and cueing..."	<b>Advanced Beginner</b> "Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance..."	<b>Intermediate</b> "For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations..."	<b>Advanced Intermediate</b> "For a caseload of 50-75%, proficient in simple tasks and requires only occasional cueing for patients with complex conditions..."	<b>Entry Level</b> "Manages a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency..."	<b>With Distinction</b> "Exceeds entry level performance by carrying a full caseload and ..."
<b>Professional 7.2</b>	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.	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).	Identifies situations that require insightful sensitivity, but may need assistance for how to convey respect to clients appropriately and completely.	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).	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.	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.
<b>Professional 7.3</b>	Conveys enthusiasm for the physiotherapy profession and the learning of others; requires direction to make meaningful contributions.	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).	Engages in actions that support the profession or others' learning (e.g., contributions to discussion or presentation at in-services, helping other students learn).	Independently follows through on readily available opportunities to develop the physiotherapy profession through discussion, teaching or mentorship of others.	Independently initiates action to promote or advance the physiotherapy profession through discussion with, or teaching of others.	Takes a lead role in activities that develop the profession, and/or provides mentorship to others.

## **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.hspcanada.net](http://www.hspcanada.net).

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](mailto: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 2<sup>nd</sup> 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>

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.

<p><b>Scale for All Questions:</b> Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree</p>
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### 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: