UNIVERSITY OF SASKATCHEWAN
School of
Rehabilitation Science
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Supervision of Restricted Licensees

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SCPT
Saskatchewan College
of Physical Therapists

Introductions and Declarations of Conflicts of Interest

- Cathy Cuddington
- Jason Vogelsang
- Jody Rice

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Overview

1. Benefits of Being a Clinical Instructor or Supervisor
2. Current Environment – Student Leaners
3. Supervision Required
4. Qualities and Attributes of CI and Supervisor
5. Clinical Instructor vs Supervisor
6. Restricted Licencees and Supervisors
7. Supervision Definitions and Model
8. Practice Based Assessment (PBA)
9. Helpful Strategies
10. Questions and Discussion

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Welcome!

- Thank you for being leaders in mentoring Physical Therapists of the future!
- Your work helps to shape the direction and future of professional careers
- By being a Clinical Instructor (CI) and/ or Supervisor for Restricted Licence holders, you are fostering professional competencies – leading to safe and effective practice.

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Origins of this Webinar

MPT program expansion led to community engagement sessions as 30% increase in seats (from 40 to 55) meant need for more clinical placements

At the same time the cessation of the national clinical exam required a different process for licensure – Saskatchewan created the Practice Based Assessment

Engagement sessions revealed stresses in environment related to supervision of Restricted Licence holders prior to full licensure

Objectives

1. Expectations of instructing an MPT student on a clinical placement.
2. Expectations of supervising a Restricted Licencee.
3. Means to remove some commonly perceived barriers involved in instruction and supervision.

Myths

- Only old physical therapists can be a Clinical Instructor or Supervisor.
- Intense one-on-one supervision is required of RLs for 1200 practice hours.
- As a CI, you are expected to show MPT students everything you know.
- Student or new grads have nothing to teach you.

Benefits to being a Clinical Instructor or Supervisor

- More than educators – CI's / Supervisors foster and build professional competencies – a forever gift
- Bringing new ideas to your practice
- Evaluate and improve your own practice and teaching skills
- Attract potential employees to your workplace
- Increasing productivity - benefit from an extra set of hands
- Allows you to share your knowledge and experience - this benefits patients of the future!

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Benefits, cont'd

- Increasing professional satisfaction
  - giving back to the profession. Deeply rewarding!
- Adding competent (safe and effective) practitioners to the profession
- Increase your professional value to your workplace
- Provide an opportunity for ongoing collaboration particularly in more rural practice environments
- CCP – being a CI / supervisor is task proof for any of the domains

Anecdotes from members

"When you are a mentor, it is one of the greatest learning opportunities. I had the opportunity to mentor two new residents who came from very different backgrounds and experiences. Therefore, not only did I learn; but we all learned from each other. This ended up benefitting all our practices, which in turn, is carried over to the patients."

"Having students in the office helps keep myself and my peers up to date on what is being taught at the school. It's always beneficial to learn when trends are changing or when new research becomes available that impacts clinical practice."

My practice benefits greatly by having a student in that it ensures my communication skills are very clear, both verbal and charting, and a student always has lots of questions, so it ensures I have good reasons for my reasoning and my treatment choices."

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Professional Role

SCPT Practice Resource

The Saskatchewan College of Physical Therapists (SCPT) acknowledges the important role of clinical education and clinical supervision in the preparation of competent student learners in a physical therapy setting. The SCPT recognizes the role of clinical supervisor as an activity which contributes to continuing professional development, maintenance of competency and maintenance of Physical Therapy practice hours required for licensure. A quality clinical education program is vital to the future provision of relevant, safe and effective delivery of Physical Therapy services which fundamentally also serves to protect the public.

CPA Position Statement

Clinical education is a critical component of physiotherapy education programs and is essential to the future provision of quality physiotherapy health care to Canadians. Physiotherapists perform a vital role in clinical education by sharing their professional and clinical expertise and knowledge with physiotherapy students. As clinical instructors, they facilitate learning and critical thinking, as well as teach and evaluate students' clinical performance and behaviours. Participating in clinical education also facilitates the recruitment of novice professionals into the workplace.

Current Environment – Student Learners

- Each student in our Master of Physical Therapy Program completes five clinical placements.

- **Each student** must attain a mandatory mix of clinical placement experiences prior to graduation:
  - 30 weeks of full-time clinical practice (1025 hours total); about 1/3 of the curriculum
  - Required Settings: Acute Care / Rehab or Long Term Care / Community
  - Areas of Practice **≥ 100 hours in MSK, C-R, & Neuro** (about half of a six-week placement)
  - Across the Lifespan (some Pediatrics or Geriatrics or both)

- **Challenging** for our program to secure **required Cardio-Resp and Neuro** hours and experiences for every student

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Supervision Required

- **Amount of supervision required depends on level of student**

Beginner Performance:

- The student requires close supervision 90-100% of the time managing patients with constant monitoring even with patients with simple conditions
- The student requires frequent cueing and feedback
- Performance is inconsistent and clinical reasoning is performed at a very basic level
- The student is not able to carry a caseload

Advanced Beginner Performance (e.g. CP2)

- The student requires clinical supervision 75% to 90% of the time managing patients with simple conditions and 100% of the time managing patients with complex conditions
- The student demonstrates consistency in developing proficiency with simple tasks (e.g., chart review, goniometry, muscle testing and simple interventions)
- The student initiates, but is inconsistent with comprehensive assessments, interventions, and clinical reasoning
- The student will begin to share a caseload with the clinical instructor

Intermediate Performance (e.g. CP3)

- The student requires clinical supervision less than 50% of the time managing patients with simple conditions and 75% of the time managing patients with complex conditions
- The student is proficient with simple tasks and is developing the ability to consistently perform comprehensive assessments, interventions, and clinical reasoning.
- The student is capable of maintaining ~ 50% of a full-time physical therapist's caseload

Advanced Intermediate Performance (e.g. CP4)

- The student requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions
- The student is consistent and proficient in simple tasks and requires only occasional cueing for comprehensive assessments, interventions, and clinical reasoning.
- The student is capable of maintaining ~75% of a full-time physical therapist's caseload

Entry Level Performance (e.g. CP5)

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

Performance with Distinction (beyond entry level)

- The student is capable of maintaining 100% of a full-time physical therapist's caseload without clinical supervision or guidance, managing patients with simple or complex conditions, and, is able to function in unfamiliar or ambiguous situations In addition, the student demonstrates at least one of the criteria listed below:
- The student is consistently proficient at comprehensive assessments, interventions and clinical reasoning
- The student willingly assumes a leadership role for managing patients with more complex conditions or difficult situations
- The student is capable of supervising others
- The student is capable of serving as a consultant or resource for others
- The student actively contributes to the enhancement of the clinical facility or service with an expansive view of physical therapy practice and the profession

No expectation of the “perfect” placement

- We are care givers that want to provide the best for learners/licencees
- Reality of clinical environment – often chaotic, unpredictable, resources/space in short supply
- That’s okay! There’s much to learn from every situation

“Good” Qualities (according to learners)

- Encouraging
- Personable /friendly / welcoming, including intros to team
- Enthusiastic
- Empathetic
- Knowledgeable
- Willing to learn from student/RL

Attributes of CI and Supervisor Parallel to those of the Clinician

- Competent
- Legal and ethical practitioner
- Effective communicator
- Effective collaborator
- Instructional skills
- Supervisory skills
- Performance evaluation skills (clear, concise, specific)

Benjamin Franklin

Tell me and I forget

Teach me and I remember

Involve me and I learn

Clinical Instructor vs Supervisor

- Your first priority is patient care
- Mindset: Student Learner vs Credentialed Clinician

Teach a student how to deliver competent care

vs

Supervise RL holder to ensure competent care

Restricted Licence (RL)

- A PT who has completed the written exam but not the clinical assessment/exam, is issued a Restricted Licence

- Restricted Licensees (RLs)
  - Are subject to the same regulations as full practicing members
  - Are responsible for the care they provide
  - Must comply with well-defined conditions on their practice including being supervised by a PT holding a full-practicing licence with the SCPT

RL Responsibilities

- be familiar with and comply with all SCPT regulation and legislation, particularly that related to supervision, risk management, and specialized procedures
- arrange suitable employment & supervisors and notifies the SCPT if arrangements may need to change
- initiate completion of all documentation
  - Supervision Agreement Form, Supervision Plan, ACP, Chart Audits
- request a level of supervision that meets their individual needs, skills, and competencies and those of their clients and practice environment
- is responsible for care provided
- ensure clients and other professionals are aware of their license status
- follow their name and title with RES

Supervisors (SUP)

- An RL supervisor is a full practicing PT who is approved by the SCPT
  - as long as you hold a full-practice license you are generally approved; only in rare circumstances would you not be approved
  - have at least 2-3 years of experience as a full-practicing PT

- Supervisors
  - Provide learning opportunities and mentorship to RLs
  - Provides a level of supervision with consideration for the RLs individual needs, skills and competencies, the practice context, legislative requirements and client factors
  - Works with the RL to ensure appropriate and safe clinical performance and conduct.

SUP Responsibilities

- must be familiar with and comply with all SCPT regulation and legislation, particularly that related to supervision, risk management, and specialized procedures
- provide a level of supervision that
  - assures the safest client care possible
  - is appropriate for the RLs individual needs, skills, and competencies
  - is appropriate for the practice context and patient factors
  - continues until the RL receives their full-practice licence
  - provides opportunities for the supervisor to have ongoing dialogue to discuss patient cases, monitor clinical reasoning and client care, and to perform the monitoring tools required as part of the restricted licensee supervision agreement
- determines which patient groups and which patient care tasks the RL can manage with what level of supervision.

Supervision Definitions

- **Direct Supervision**
  - The SUP is on site and within audible and/or visual range of the RL and can initiate assistance or react to a request for assistance.
  - a portion of this will include the SUP physically present to observe the RL's interactions with the client, particularly early on in the supervision arrangement
  - The SUP and RL discuss caseload and specific details of client care at appropriate intervals
  - Examples (i.e. briefing/de-briefing, caseload review, direct observation, near to listen for issues, check-ins, review techniques with/without the client present)

- **Indirect Supervision**
  - SUP must be available to the RL via phone, text, email, other communication technology.
  - only be used once the RL has demonstrated, to supervisor's satisfaction, sound clinical competence and sufficient judgement to allow for safe, effective client care.
  - consideration should also be given to having an onsite health care provider available should an emergency arise that requires immediate attention.

Supervision Definitions

Other helpful definitions for Supervision

- **On site:**
  - SUP and RL are in the same facility (may be different areas) and can connect by phone, email or other communications means and could connect in person if need be.

- **Accessible:**
  - SUP is in a different facility/location and is available by phone, email or other communication means and can attend the workplace if needed.

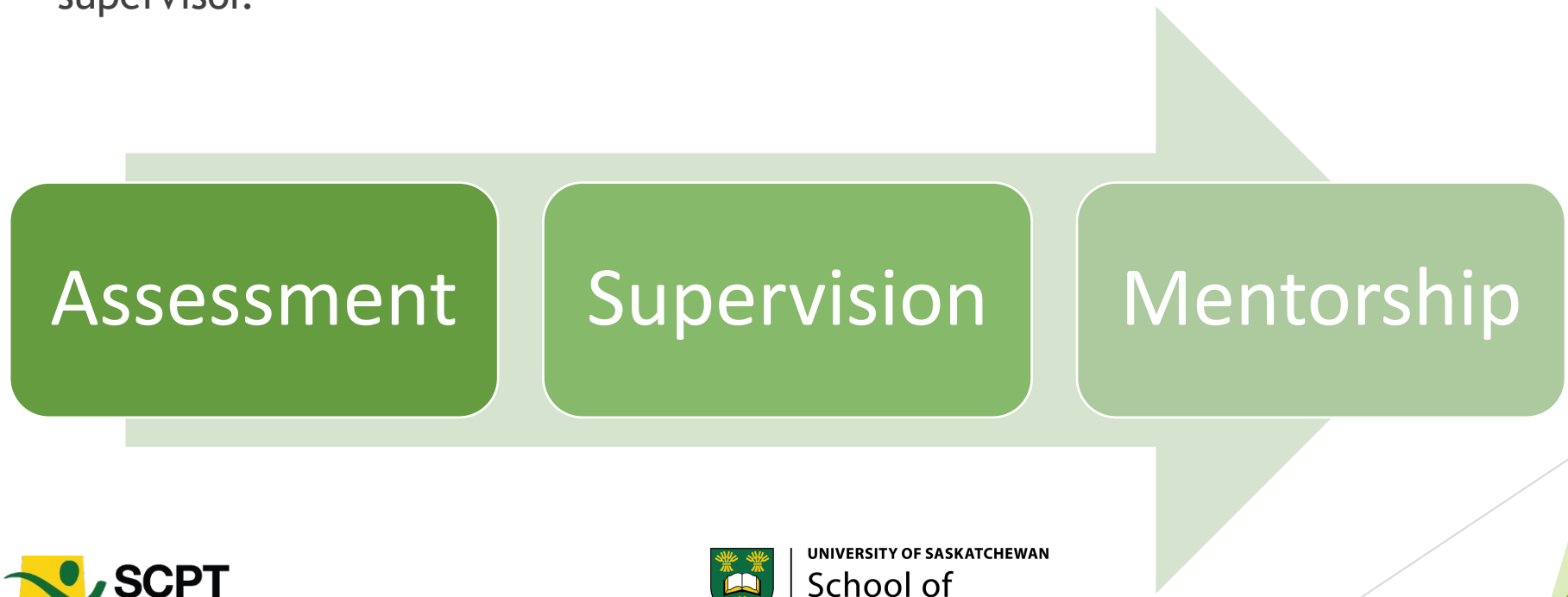
- **Remote:**
  - SUP is available by phone, email, videoconferencing or other communication means and cannot readily attend the workplace.

Supervision Definitions

- **Virtual Care and/or Virtual Supervision**
  - Allows the SUP to observe the quality and response to care provided by the RL and allows the SUP to verbally assist with assessment and treatment and to further direct appropriate care.
  - Although historically considered to be indirect supervision, improved availability of high-quality virtual technology may in some circumstances allow for virtual supervision to fulfill **some** of the requirements for direct supervision.
  - Not recommended to be used for large portions of direct supervision, particularly early in the supervision relationship.
  - Must follow all related legislation and regulation

Supervision Model

- An RL requires a supervisor(s) while holding a Restricted Licence and until they obtain a full-practice licence.
- The type, nature, and content of the supervision will evolve as the RL gains more experience and confidence and this is at the discretion of the supervisor.



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Assessment → Supervision → Mentorship

Assessment: 0-4 weeks

- More direct and time intensive for the supervisor
- Confirming that they are at entry level as a generalist. Confirming their smooth transition into clinical practice specific to your work environment.
- Various forms of direct supervision until the supervisor is comfortable with the RL's practice, competence, and skill level.
- At least 20% direct supervision, likely more, until a good understanding is developed between supervisor and RL.
- Tools available, include ACP and Chart Audits

Assessment → **Supervision** → Mentorship

Supervision: 4-8 weeks (approximately)

- At minimum 20% direct supervision
  - The SCPT requirement until such time as the RL is assessed by the supervisor to be at “Entry to Practice” level or higher in all components of the ACP (completed ~6 weeks of supervision).
  - Additional formal chart audits are completed at the discretion of the supervisor until expectations are met following which time routine chart monitoring is recommended
  - Dependent upon the SUP’s observations and judgment of the RL’s practice, competence, and skill level.
  - Does not need to be 20% every day and can be spread throughout the day/work week at the discretion of the supervisor.
- Once the RL meets entry to practice milestones, a blend of direct and indirect supervision can be utilized at the discretion of the Supervisor

Assessment → Supervision → Mentorship

Mentorship: 8 weeks to full-practice licence

- Supervision continues to be a mix of direct and indirect supervision at the discretion of the Supervisor but will generally evolve toward a mentorship style of supervision
- Mentorship Style
  - With more experience, the RL will practice more and more independently requiring less time with the Supervisor.
  - Regular observation of RL and their charting is recommended to ensure practice levels are maintained
  - More direct supervision may be required if issues arise or if guidance is requested for more complicated client conditions/treatment techniques, etc.

Practice Based Assessment (PBA)

- After 1200 practice hours
- Supervisors are asked to participate in the SCPT's Practice Based Assessment.
- The PBA is Saskatchewan's route to full-licensure following the discontinuation of the PCE Clinical Assessment at the national level.

- 5 components:
  - **ACP**
  - **Chart Audit**
  - Candidate Interview
  - **Supervisor Interview**
  - CCP Submissions

- Administered by the Evaluation Committee comprised of 12-15 Assessors
  - Assessors are independent of SCPT Council/Committees/Staff

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PBA – Supervisor's Role

- **ACP**
  - Supervisors are asked to directly observe the RL in practice and complete the ACP to submit to the PBA.
  - Observations need to be current (i.e. during the PBA) to ensure an understanding of RL's current practice
    - Approximate time commitment of 3-4 hours depending on amount of observation needed

- **Supervisor Interview**
  - Supervisors are asked to participate in an interview with a PBA Assessor to provide verbal feedback about the RL's practice and ability to practice independently.
  - ~30-60 minute interview

PBA – Supervisor's Role

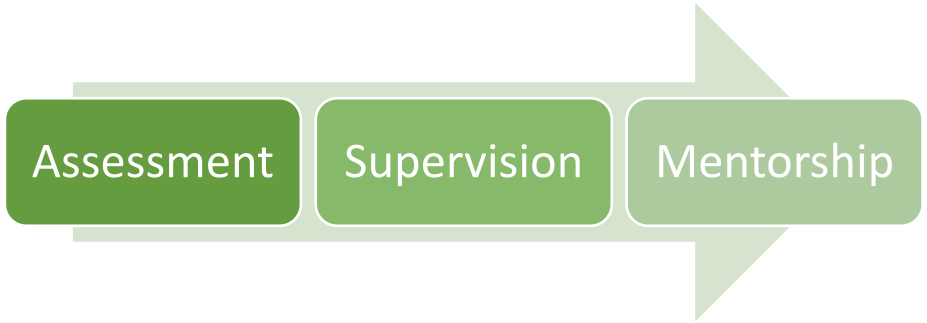
- **Chart Audit**
  - Supervisors are asked to provide 2-3 patient charts to the PBA.
  - PBA Assessors complete a chart audit
  - Time commitment: 30-60 minutes

Practice Based Assessment (PBA)

- Supervisors provide documentation to the PBA (ACP, charts, interview) to inform the PBA Assessors about the candidate's ability in practice and readiness for full-practice licensure.
- Supervisors input is a valuable component of the PBA.
- Supervisors ***DO NOT*** make the licencing decision and are not responsible for the decision – the SCPT via the PBA process does.
- The supervisor's supervisory responsibility ends when the RL is granted a full practicing license.

Take Aways

- The type, nature, and content of the supervision will evolve as the RL gains more experience and confidence and this is at the discretion of the supervisor.



- There are a variety of types of supervision available (check-ins, observation, Q&A's, etc.)

- Supervisors are not responsible for PBA or licensing decisions, the PBA Evaluation Committee and the SCPT is.
  - Supervisors provide evidence to be evaluated by the SCPT.

Helpful Strategies

- Emphasis on critical thinking, problem-solving, differential diagnosis and less emphasis on learning multiple discreet clinical treatment skills and practical skills labs,
  - i.e.: not so ‘task oriented’ but instead ‘case-oriented’
- Set clear expectations
- Give regular feedback as appropriate – both positive and negative – for students e.g. daily, RL holders – as needed

Helpful Strategies cont'd

- Its okay to make mistakes, we all learn from mistakes
  - Perfection is admirable but unrealistic – we all understand barriers may exist
  - We (SRS and SCPT) are willing to work to resolve or lessen these as appropriate.
- See the situation as a two-person partnership - mentor is open to receiving information and mentee feels free to talk
- Empowering learners through building confidence

Helpful Strategies cont'd

- Supervision can be a team activity
  - Co-clinical instructors – common model
  - Primary/secondary supervisors for RLs
  - Additional exposure to clinical scenarios and approaches

- Evolution to mentorship style adds capacity of the Supervisor and RL
  - An experienced RL and supervisor can serve as a CI for an MPT student
    - Supervisor is ultimately responsible but shared model
  - An RL is an additional resource within your clinical environment

Helpful Strategies cont'd

- Supervision is an extra responsibility but does not need to monopolize your time.
  - Observing is sometimes appropriate
  - Team supervision is an option
  - Resources from SRS and other literature are available
  - Remember the benefits of supervision
- Creativity in managing students and RLs

Consider peer assisted learning

- Ample support for peer learning in the literature
- Placing two learners together – coach each other, problem solving and critical thinking together first, then check with CI
- Some shared cases, some separate
- Does not have to be double the amount of work to supervise
- Cooperative, not competitive
- Learning is a social process that can be enhanced by peers
- Learners actively help and support each other in learning tasks

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Questions?

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Discussion

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Contact Us

SCPT

Jody Rice
Practice Advisor
306-931-7344
practiceadvisor@scpt.org

Jason Vogelsang
Executive Director & Registrar
306-931-6667
edr@scpt.org

SRS

Liz Rackow
Academic Lead Clinical Education
and Community Affairs
306-966-6574
liz.rackow@usask.ca

Melanie Weimer
MPT Clinical Coordinator
306-966-6584
melanie.weimer@usask.ca

Cathy Cuddington
MPT Clinical Coordinator
306-533-1777
cathy.cuddington@usask.ca