

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

**Expectations of P.T. Students
PTH 876.5 Clinical Practice 2
April 11 – May 12, 2023**

Purpose:

Students entering PTH 876, Clinical Practice 2 (C.P. 2) have had two full semesters 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.

*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:

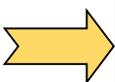
- application of anatomy, physiology, pathology and movement science
- basic understanding the physical therapy diagnosis for each patient,
- clinical reasoning and decision-making,
- very basic assessment and treatment approaches,
- overall caseload management (i.e. priority setting),
- program planning,
- 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 and research relevant information independently and be prepared to discuss.

Students previously completed a one-week course, PTH 850: Introduction to Clinical Practice (CP 1) in November 2022. 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 five week, full-time (37.5 hrs/week) clinical course, running during the timeframe April 11- May 12, 2023. 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.



PERFORMANCE EVALUATION

During CP 2 the student will progress from ‘Beginner Performance’ to ‘Advanced Beginner Performance’ according to the Canadian Physiotherapy Assessment of Clinical Performance (ACP). Please review the Rating Scale and Anchor Descriptors of the ACP.

A physical therapy student who is in his/her first clinical experience 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 gaining competence and confidence in caseload management during the five 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 the student in the transition from sharing a caseload to some independent caseload responsibilities.

| Clinical Practice 2 Course Objectives |
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| 1. Apply an evidence-based analysis of various assessment and treatment procedures employed. |
| 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. |
| 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. |
| 4. Implement and document a basic, individualized physical therapy assessment with emphasis on subjective assessment, analysis of movement, applied anatomy and exercise physiology. |
| 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. |
| 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. |

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| A. Theory Preparation for Clinical Practice 2 |
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Module 3 of the MPT (of the total of nine modules in the MPT) is comprised of Clinical Practice 2. Theory preparation for Clinical Practice 2 includes content in anatomy, pathology, neuroanatomy, 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.

| Module I | Module II |
|--|---|
| <ul style="list-style-type: none"> • Introduction to PT Foundations (Professional Practice I, Foundations 1 & 2 theory, Case Integration) • Clinical Practice I • Evidence-based Practice I • Pathology • Functional Activities and Exercise Therapy • Introductory Treatment Methods • Human Anatomy • Lifespan I | <ul style="list-style-type: none"> • Advanced Foundations (Foundations 1, 2 & 3, Exercise Physiology, Professional Practice II) • Movement Analysis • Functional Activities and Exercise Therapy • Treatment Methods • Functional Neuroanatomy |

B. General Expectations of Clinical Practice 2

1. Students will maintain clinical checklists in order to track cumulative caseload experiences across all clinical practice courses.
2. Performance Dimensions (From ACP Rating Scale & Anchor Descriptors)

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|--------------------------------------|--|
| Supervision/ Guidance Required | Student will require close clinical supervision 90-100% of the time initially, and progress to requiring supervision 75-90% 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 initiates, but is inconsistent with comprehensive assessments, interventions, and clinical reasoning |
| 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.**

Student In-service Presentation on Placement

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

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

These in-service presentations are required in addition to any education sessions that are delivered to clients as part of client care.

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

Note: On the last page of the final electronic student performance tool (ACP 2.0), there is a space for the CI to indicate whether a student presentation was done, and it is very helpful if the CI can add a few details in the accompanying text box, such as: title of presentation, audience in attendance, and brief comment re: quality of the presentation.
Thank you!

Clinical Checklists

Students must maintain a record of their caseload experience for each clinical placement in the form of a diagnostic and clinical skills applied checklist. These clinical checklists are maintained by the student throughout the MPT program. Students may wish to show you their progress in completing these clinical checklists, or the Clinical Instructor may ask about this. The student should be maintaining these clinical checklists throughout CP 2.

C. Performance Evaluation of Student in Clinical Practice 2

The Canadian Physiotherapy Assessment of Clinical Performance: Version January 2021 (ACP 2.0) will be used to evaluate student performance. The Clinical Instructor (CI) will assess the student's performance and complete the online instrument at midterm and final evaluation periods. Student(s) assess their own performance by completing a separate online copy of the instrument, in preparation for a collaborative discussion of clinical performance with their CI.

Every student and Clinical Instructor is expected to independently orient to the ACP 2.0 via the short on-line training module (estimated 30-45 minute time commitment) via the following link: <https://app.rehab.utoronto.ca/ACP2.0> Note: The module is best viewed with Chrome.

The ACP 2.0 is completed electronically via the Student Assessments Module (SAM) through the platform HSPnet (Health Sciences Placement Network), which allows supervisors to complete an online assessment for students under their supervision. Students and Clinical Instructors will be provided a password in advance, to access their specific, confidential version of the ACP 2.0 for that clinical placement, in order to complete it and submit it on-line.

A completed ACP 2.0 and accompanying discussion of the performance review using the ACP 2.0 is expected to be completed at **midterm** and **final** benchmarks of the placement. After the CI completes all mandatory items, a red checkmark will appear for each navigation link and a button is displayed on the last page to SUBMIT the assessment. Please note: submitting your assessment will make it visible to the student, so you may want to delay this step until just before you are ready to discuss it with them. Once the supervisor and student have submitted their assessment, they can discuss and compare their ratings and comments in a Combined View that displays their assessments together. The ACP for the placement will be "open and available" for midterm and final scoring for a limited period of time following the normal/expected date for these performance reviews. Once the CI submits the assessment, an icon will change to green to indicate it's now submitted. If it was an Interim assessment and there is a Final assessment required for this placement, the Final assessment will open automatically.

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

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

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

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 in the M.P.T.

Theory courses in Modules I and II have specifically challenged and prepared the students in self-directed learning activities. 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 provide a wide range of opportunities for students to engage in, in order to assist students in becoming self-directed learners, including 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.

Note: Students with medical-based or learning disabilities are strongly encouraged to register with Access and Equity Services (AES) – if they have not already done so. Students who suspect they may have a disability should contact Access and Equity Services at the University of Saskatchewan for advice and referrals. In order to access AES programs and supports, students must follow established policies and procedures. For more information, contact AES
email: aes@usask.ca or phone: (306) 966-7273