UNIVERSITY OF SASKATCHEWAN

Canadian Physiotherapy Assessment of Clinical Performance

ACP Version 2.0

**Master of Physical Therapy Program
School of Rehabilitation Science
University of Saskatchewan**

BE WHAT THE WORLD NEEDS

Overview

- Background on assessment

- Development of ACP 2.0

- Organization of ACP 2.0

- Tour of ACP 2.0

- Frequently asked questions

*Note: Rating scale will not be discussed (same as the original ACP)

Why do we need to assess students?

Gather information regarding student's competence

- Assign pass/fail in course completion (MPT program responsibility)

Give feedback

- Reinforce strengths
- Identify areas for improvement
- Develop plans for improvement

Student self-assessment

- Promote reflection – develops self-assessment skills
- Promote self-directed learning

Types of Assessments

Formative

- Given during placement/encounter so that learner can develop

- Guides future learning

- Prompts reflection

- Example: Debrief after patient interaction, comments on charting, etc.

Summative

- Final review

- Learner gets feedback for future but no opportunity to change during placement

Competency Profile Organization

- Seven domains
  (Physiotherapy Expertise, Communication, Collaboration, Management, Scholarship, Professionalism)

- Essential Competencies

- Entry-to-Practice Milestones

Resource: www.scpt.org
(see Continuing Competency Program)

Example: Domain 2.0 Communication

As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships.

Essential Competencies	Entry-to-Practice Milestones
2.1 Use oral and non-verbal communication effectively	2.1.1 Speak clearly and concisely 2.1.2 Listen actively to build trust and foster exchange of information 2.1.3 Use and respond to body language appropriately 2.1.4 Give and receive feedback in a constructive manner
2.2 Use written communication effectively	2.2.1 Write in a clear, concise and organized fashion 2.2.2 Ensure written communication is legible 2.2.3 Prepare comprehensive and accurate health records and other documents, appropriate to purpose

Example: Domain 2.0 Communication Continued…

As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships.

| Essential Competencies	Entry-to-Practice Milestones
2.3 Adapt communication approach to context	2.3.1 Adjust communication strategy consistent with purpose and setting 2.3.2 Use appropriate terminology 2.3.3 Adjust communication based on level of understanding of recipient 2.3.4 Ensure communication is timely 2.3.5 Share information empathetically and respectfully
2.4 Use communication tools and technologies effectively	2.4.1 Employ assistive and augmentative devices to enhance communication 2.4.2 Use electronic technologies appropriately and responsibly 2.4.3 Use images, video and other media to enhance communication
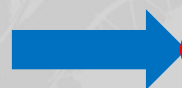
Domain 2: Communication

As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships

2.1 Use oral and non-verbal communication effectively.

2.1.1 Speak clearly and concisely.
2.1.2 Listen actively, to build trust and foster exchange of information.
2.1.3 Use and respond to body language appropriately.
2.1.4 Give and receive feedback in a constructive manner.

Essential competency

Entry to practice milestones

	Beginner		Advanced Beginner		Inter-mediate		Advanced Inter-mediate		Entry Level	With Distinction
Midterm	○	○	○	○	○	○	○	○	○	○
Final	○	○	○	○	○	○	○	○	○	○

Rating scale

ACP Organization

- 18 rating scales

- 9 comment boxes

- Summative comment section

There was consensus to:

- Keep rating scale consistent with original ACP

- Not exceed the number of rating scales compared to ACP (original)

The groupings of entry-to-practice milestones for each rating scale was determined by expert panel.

ACP 2.0		Rating Scale (RS)	Comment Box (CB)
Domain	**Essential Competencies**		
Domain 1 Physiotherapy Expertise As experts in mobility and function, physiotherapists use clinical reasoning that integrates unique knowledge, skills and attitudes to provide quality care and enhance the health and wellbeing of their clients.	1.1 Employ a client-centered approach.	RS-1	CB-1
	1.2 Ensure physical and emotional safety of client.		
	1.3 Conduct client assessment.	RS-2	CB-2
	1.4 Establish a diagnosis and prognosis.	RS-3	
	1.5 Develop, implement, monitor and evaluate an intervention plan.	RS-4	CB-3
	1.6 Complete or transition care.		
	1.7 Plan, deliver and evaluate programs.		
Domain 2 Communication As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships.	2.1 Use oral and non-verbal communication effectively.*	RS-5	CB-4
	2.2 Use written communication effectively.*	RS-6	
	2.3 Adapt communication approach to context.*		
	2.4 Use communication tools and technologies effectively.*		
Domain 3 Collaboration As collaborators, physiotherapists work effectively with others to provide inter- and intraprofessional care.	3.1 Promote an integrated approach to client services.	RS-7	CB-5
	3.2 Facilitate collaborative relationships.		
	3.3 Contribute to effective teamwork.		
	3.4 Contribute to conflict resolution.		
Domain 4 Management As managers, physiotherapists manage self, time, resources and priorities to ensure safe, effective and sustainable services.	4.1 Support organizational excellence.	RS-8	CB-6
	4.2 Utilize resources efficiently and effectively.		
	4.4 Engage in quality improvement activities.		
	4.3 Ensure a safe practice environment.	RS-9	
	4.5 Supervise others.	RS-10	
	4.6 Manage practice information safely and effectively.	RS-11	
Domain 5 Leadership As leaders, physiotherapists envision and advocate for a health system that enhances the wellbeing of society.	5.1 Champion the health needs of clients.	RS-12	CB-7
	5.2 Promote innovation in healthcare.	RS-13	
	5.3 Contribute to leadership in the profession.		
Domain 6 Scholarship As scholars, physiotherapists demonstrate a commitment to excellence in practice through continuous learning, the education of others, the evaluation of evidence, and contributions to scholarship.	6.1 Use an evidence-informed approach in practice.	RS-14	CB-8
	6.2 Engage in scholarly inquiry.		
	6.4 Maintain currency with developments relevant to area of practice.		
	6.3 Integrate self-reflection and external feedback to improve personal practice.	RS-15	
	6.5 Contribute to the learning of others.	RS-16	
Domain 7 Professionalism As autonomous, self-regulated professionals, physiotherapists are committed to working in the best interest of clients and society, and to maintaining high standards of behaviour.	7.1 Comply with legal and regulatory requirements.	RS-17	CB-9
	7.2 Behave ethically.		
	7.4 Act with professional integrity.		
	7.5 Maintain personal wellness consistent with the needs of practice.	RS-18	
	7.3 Embrace social responsibility as a health professional.	with RS-13 (5.2, 5.3)	with CB-7

*2.3 and 2.4 are considered when completing the rating scales for 2.1 and 2.2

Comment Boxes

It is helpful to the MPT program and the student if you are able to write a short statement about why you chose the particular rating

It is helpful to the student to use examples

Some CI's structure it in areas of strength and areas for improvement

At end of each page, there is a box for "significant concerns" for each of midterm and final – please check this as appropriate

"Red Flag" Components

▪ Several items on the ACP 2.0 are considered by the USask MPT program to be critical key/core performance items

▪ They are more heavily weighted as to how they are scored in determining the outcome <u>by the MPT Program</u>

1.1 Employ a client-centered approach
1.2 Ensure physical and emotional safety of client
1.3 Conduct client assessment

4.3 Ensure a safe practice environment

7.1 Comply with legal and regulatory requirements
7.2 Behave ethically
7.4 Act with professional integrity

These items speak to performance areas of safety, communication and professionalism.

They are considered in determining pass/fail by the program.

ACP 2.0 Tour and ACP 2.0 in HSPnet

- Basic review of ACP 2.0

- ACP 2.0 fillable form available on website

Resource: https://rehabscience.usask.ca/clinical-education.php

- Usability in HSPnet is exactly the same

- Demographic page same as previous (at end of Final)

Resource: www.hspcanada.net

Assessment

- Be accurate in rating a student
  - Understand the assessment form
  - Evaluate the student over several instances
  - Evaluate on current performance
  - Keep a journal
  - Be aware of biases/comparisons (compared to you, compared to other students)
- Be specific with feedback
- Provide constructive feedback in a positive manner and emphasize strengths whenever possible
- Reasonable number of messages
- Observations/examples (aim for variety)

FAQ's

Safety is really important to me in how the student provides care. Where do I capture safety in the ACP 2.0?

- The student's ability to provide safe care is principally captured under the *Manage* role in item **4.3 Ensure a safe practice environment**

- Includes provision of 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

- For specific safety elements of patient assessment and intervention, the essential competency is captured under the *Expert* role **(specifically 1.2)**

What do you mean by "caseload" (% descriptors in Intermediate, Advanced Intermediate and Entry Level Performance)?

- Caseload is defined as the number of patients a typical <u>full-time, early career</u> physiotherapist would see on a regular day in the setting <u>where the placement is occurring</u>

If the student is carrying a partial caseload, is it correct that I can't store them higher than the anchor descriptors that are related to caseload?

"My student is on their first internship and is seeing ~4 patients a day. They communicate and collaborate very well with patients and colleagues. Why can't I rate this student at entry level?"

- While the CI may wish to extrapolate how the student might perform if they were carrying a full caseload, there are added complexities and efficiencies that would also be expected with managing an increased caseload in all domains

- The CI's are asked to generally rate the student based on current (not projected) performance given the current (not projected) patient caseload being managed

- A student should not be unfairly rated due to insufficient caseload when they are efficient and consistent in their performance for any role

- Your judgment as a CI is valued and the anchor descriptors contain the following statement:
  - E.g. for Intermediate Performance: The student is capable of maintaining ~50% of a new graduate full-time physical therapist's caseload

The student demonstrates some criteria at an Advanced Beginner level, but others at a Beginner level.

- Rate your student at the lower level and develop a plan to improve those areas (ie. The student must demonstrate all criteria of the anchor description in the rating scale to be scored at that level.)

Do students need to demonstrate all Essential Competencies or Milestones to be assessed on that rating scale?

- No - not all essential competencies or milestones may apply in your practice setting or students may not have had the opportunity to demonstrate all the essential competencies or milestones

Domain 1: Physiotherapy Expertise
As experts in mobility and function, physiotherapists use clinical reasoning that integrates unique knowledge, skills and attitudes to provide quality care and enhance the health and wellbeing of their clients.

1.3 Conduct client assessment.

1.3.1 Interview client to obtain relevant information about health conditions, and personal and environmental factors.

1.3.2 Determine client's expectations, and their relevance to physiotherapy.

1.3.3 Obtain relevant information about client's status from other sources.

1.3.4 Identify comorbidities that impact approach to assessment.

1.3.5 Identify urgent health conditions that require immediate attention and take appropriate action.

1.3.6 Identify non-urgent health-related conditions that may benefit from referral to other services, and advise client accordingly.

1.3.7 Select and perform appropriate tests and measures.

Not all EtoP milestones need to be demonstrated

	Beginner		Advanced Beginner		Inter-mediate		Advanced Inter-mediate		Entry Level	With Distinction
Midterm	○	○	○	○	○	○	○	○	○	○
Final	○	○	○	○	○	○	○	○	○	○

Rating Scale and Anchor Descriptors*

Beginner		Advanced Beginner		Inter-mediate		Advanced Inter-mediate		Entry Level	With Distinction
○	○	○	○	○	○	○	○	○	○

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:
- 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

All criteria need to be demonstrated to rate at higher level.

What's the difference between distinction and exceptional?

▪ The highest ACP rating scale for each key competency indicates *"With Distinction"*

▪ This rating is applied only to a student managing a full (100%) caseload and the student takes on a leadership role, or can supervise others, or manages multi-factorial/complex situations

▪ The *"With Distinction"* rating should be reserved only for those students who <u>exceed</u> entry level performance

▪ At the end of the ACP, CI's are asked to make a recommendation regarding the student's overall performance

▪ The highest recommended grading would be *"Credit with exceptional performance"* which may be applied to any student who surpasses the CI's expectations of a <u>student at his/her experience level</u>

* A student does not have to be rated "With Distinction" on rating scales to receive a summative overall recommendation of "Credit with exceptional performance"

We don't work with support personnel, so I am unable to score my student on Essential Competency 4.5.

▪ Supervise refers broadly to a range of possibilities including physiotherapist assistants, rehab assistants, caregivers, family members or other healthcare professionals

▪ This is a required element, so you will need to assess your student for this item (in the previous ACP, this was not mandatory)

I have a specialized area of practice (e.g. ICU or pediatrics). How do I use the rating scale?

▪ The ACP is applicable to specialty areas of practice

▪ When rating the student, please consider entry level performance for a student in your area of specialty

▪ In "specialty" placements, or if the complexity of the patient care is high, the level of supervision may need to be higher, impacting the student's efficiency and ability to carry caseload

▪ When rating a student, please consider the anchor descriptors relative to entry level performance of a generalist

BE WHAT THE WORLD NEEDS