

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	Beginner Requires 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..."	Intermediate "For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations..."	Advanced Intermediate "For a caseload of 50-75%, proficient in simple tasks and requires only occasional cueing for patients with complex conditions..."	Entry Level "Manages a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency..."	With Distinction "Exceeds entry level performance by carrying a full caseload and ..."
Communicator 2.1	Requires cueing to maintain eye contact, and/or actively listen to patients.	Effectively communicates with others once the student has taken time to plan the interaction with guidance and support.	Builds and maintains rapport in predictable encounters with patients, families and others in the health care facility.	Uses appropriate verbal and non-verbal communication by adapting the communication style based on the needs of the receiver. Effectively establishes rapport and trusting relationships.	Uses appropriate verbal and non-verbal communication when establishing relationships to demonstrate sensitivity and respect in complex and/or challenging situations.	Mentors and coaches others about how to most effectively establish rapport with patients and team members.
Communicator 2.2	Requires probes and guidance to gather and share information about patients with CI or the team.	Initiates the exchange of information but requires cueing to focus on the most relevant and concise information.	Reports appropriate basic/essential information (e.g. at patient care rounds) for straightforward cases. Seeks out and clarifies information with the team.	Participates in the exchange of information about the caseload but is occasionally missing minor details and takes slightly more time.	Participates in the exchange of information about the caseload independently in complex and/or challenging information sharing situations.	Shares information in a confident, relevant and appropriate manner with professionals external to the clinical facility or patients/families in delicate or challenging situations.
Communicator 2.3	Requires frequent corrections; notes are completed in draft before being transcribed into the patient care record.	Completes a chart review for a straightforward patient with few minor errors. Patient notes for routine situations include required information.	Consistently documents care for straightforward cases and situations.	Creates and maintains records for complex patient care situations with minimal errors and minimal cueing.	Effectively and efficiently creates and maintains concise and comprehensive notes without errors for all patients and situations.	Independently constructs detailed and appropriate reports (e.g., for third-party payers).

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Collaborator 3.1	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.
Collaborator 3.2	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.

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Manager 4.1	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.
Manager 4.2	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.

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Manager 4.3	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.
Advocate 5.1	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.

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Scholarly Practitioner 6.1, 6.2 and 6.3	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.
Professional 7.1	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.

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Professional 7.2	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.
Professional 7.3	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.