

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

Expectations of P.T. Students
PTH 852.4 - Clinical Practice 2

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 (i.e. priority setting),
- program planning,
- patient population dynamics in specific clinical settings.

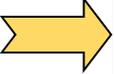
If the student does not believe they have had any curricular content to date in these areas, they should be encouraged to review their notes for all academic courses to date. They have had at least some basic/generic theory in all these subject areas, and often indicator cases, to analyze related to 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 that 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 mid-April to mid-May. 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 CP2, 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 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"> • Professional Practice I • Clinical Practice I • Evidence-based Practice I • Functional Activities and Exercise Therapy • Introductory Treatment Methods • Human Anatomy (part 1) • Lifespan I • Case Integration I 	<ul style="list-style-type: none"> • Exercise Physiology for PT's • Movement Analysis • Functional Neuroanatomy • Human Anatomy (part 2) • Pathology • Professional Practice II (PT as Educator) • Case Integration II 	<ul style="list-style-type: none"> • Clinical Practice 2 (full time, 4 wk clinical practicum)

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 and Anchor Descriptors)

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.

C. Performance Evaluation of Student in Clinical Practice 2

The **Canadian Physiotherapy 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 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 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

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 yet, (i.e. cardio-respiratory, neurology, musculo-skeletal), 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.

Case Integration (CI) I, II and III are courses which are: ~ one week in length, 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 (PBL) in small group format
- Minimum 2 different cases per week, with time for students to practice clinical skills
- Facilitator present for some sessions for guidance and student evaluation
- Includes 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 Disability Services for Students (DSS) if they have not already done so. Students who suspect they may have disabilities should contact DSS for advice and referrals. In order to access DSS programs and supports, students must follow DSS policy and procedures. For more information, check <http://www.students.usask.ca/disability/>, or contact DSS at 966-7273 or dss@usask.ca."