

School of Rehabilitation Science  
Master of Physical Therapy (MPT) Program

**Expectations of P.T. Students**  
**PTH 856 - Clinical Practice Four (CP 4) 2020**

**Purpose:**

Students will become increasingly competent in caseload management with diverse clinical populations to demonstrate a basic understanding of the unique needs of different patient populations/diagnostic groups specific to the 'core systems' (cardiorespiratory, musculoskeletal, neurological). **Clinical Practice 4 will serve to 'gel' theory and clinical practice with increasing competence and confidence in caseload management, and application of knowledge base, from admission to discharge for the majority of the student's caseload.** A reflective assignment specific to: awareness of the presence of 'racism' in society in general, and health/health care programming in particular, is a mandatory part of the course.

Students entering PTH 856, Clinical Practice Four (C.P. 4) have completed approximately 350 clinical course hours (9 weeks) in Clinical Practice 1, 2 and 3, and Modules I, II, IV, V, VII of physical therapy theory preparation, since entry to the MPT program.

Clinical Practice Four is comprised of three different clinical placements, each normally consisting of five weeks of full-time (37.5 hrs/week) clinical course, for a total of fifteen (15) weeks of clinical practice.

**Students are expected to progress from an 'intermediate level'  
to an 'advanced intermediate level' during the course of CP 4.**

**(Also consistent with the rating scale on the Assessment of Clinical Performance instrument.)**

**Intermediate performance (also expected at CP 3 level final performance review):**

The student requires clinical supervision (monitoring, discussion and/or direct observation and demonstration) 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 new graduate physical therapist's caseload.

**Advanced Intermediate performance:**

The student requires clinical supervision (monitoring, discussion and/or direct observation and demonstration) less than 25% of the time managing new 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.

## Evaluation of performance development:

Because students will be placed in three significantly different clinical settings, with a different caseload patient population in each, it is expected that a student will progress on the continuum from the intermediate to the advanced intermediate level on most, if not all, of the Assessment of Clinical Performance (ACP) performance indicators during the 5 weeks constituting an individual clinical placement within Clinical Practice 4. This is the growth in clinical competence expected with each placement in CP 4.

This should be particularly true for the more specific physical therapy performance indicators such as: assessment, treatment planning, discharge planning, etc. *Each CP 4 placement is perhaps their first and only opportunity to apply clinical skills with this particular patient population.* The midterm and final clinical evaluations should reflect this growth in competence, consistency and confidence with this current patient population.

Other skills, which are more universal across differing patient populations, such as communication, may be present at a more advanced level earlier in the placement and could show continuous growth across different placements throughout CP 4.

**Clinical Instructors: If you are having any difficulty determining how to mark the ACP in CP 4 placements as per the description above, and the instructions for the ACP on-line, please call Peggy Proctor (306-966-6574), Melanie Weimer (306-966-6584), Cathy Cuddington (306-766-0559), or e-mail us to discuss. We do know that the three placements in one clinical course sometimes causes some confusion in scoring the ACP.**

**Students: If you are confused about any element of the ACP and how it should be marked please call one of the clinical coordinators to clarify.**

The clinical instructor(s) will:

- Support the student in managing increasing caseload responsibilities and assist the student in establishing increasing consistency and independence in caseload management.
- Challenge the student to provide rationale (highest level of available evidence) for clinical choices in assessment and treatment.
- Challenge the student to ascertain if, and to what degree, the patient's clinical diagnosis is appropriate for the application of physical therapy management.
- Critically assess competency and provide constructive feedback to aid continuous professional and clinical development, which helps to build confidence through increased understanding.
- Clarify changing expectations, **clearly** communicated over the course of the placement in a timely manner. These expectations may related to many different things such as: independence, caseload amount, time management, etc.
- It is sometimes difficult for students to access opportunities to develop clinical skills in cardio-respiratory system assessment and treatment. **Whenever possible, if the Clinical Instructor can reinforce the value of considering the cardio-respiratory system in the holistic management of a patient (ie, scan the system in assessment, incorporate any general C-R needs such as activity tolerance, incorporate any educational needs related to C-R system generally), this would be helpful.**

<p align="center"><b>Clinical Practice 4 Course Objectives</b></p> <p>Upon completion of the course the student will be able to:</p>	<p align="center"><b>Keywords</b></p>
<p>1. Communicate effectively with patients, families, caregivers, health professionals and community agencies involved in health and health care for individual patients or specific populations, including health promotion and prevention education.</p>	<p>Communication strategies for diverse patients, groups and agencies; health promotion; prevention; education; community agencies, diverse practice settings, transfer of care, discharge information</p>
<p>2. Demonstrate professional behaviours, professional accountability and ethical and legal practice in the clinical setting including: respectful interpersonal interaction, cultural competence with diverse populations, acceptance of constructive criticism, self-directed and reflective learning, participatory decision-making rules, maintaining confidentiality, and obtaining informed consent.</p>	<p>Professional behaviours, clinical setting, confidentiality, respectful interaction, cultural competence, diverse populations, constructive criticism, self-directed learning, reflection, reflective learning, informed consent, participatory decision-making, legal, ethical, professional accountability</p>
<p>3. Implement an organized, individualized, holistic and comprehensive physical therapy assessment for patients across the lifespan and with a diverse array of primary diagnoses and co-morbidities and an emphasis on specific exercise testing procedures.</p>	<p>Holistic physical therapy assessment, comprehensive physical therapy assessment, assessment data analysis, lifespan, diverse diagnoses, diverse co-morbidities, exercise testing</p>
<p>4. Analyze assessment data to delineate a physical therapy diagnosis, a prioritized, holistic treatment plan and a statement of risk-adjusted predicted outcomes.</p>	<p>Analysis, assessment data, physical therapy diagnosis, holistic treatment plan, prioritized treatment plan, risk-adjusted outcomes, predicted outcomes, discharge planning</p>
<p>5. Implement physical therapy services in diverse contexts of physical therapy practice and health care delivery.</p>	<p>Physical therapy role, physical therapy implementation, diverse physical therapy services, diverse physical therapy settings, diverse physical therapy practice , discharge planning</p>
<p>6. Apply evidence-based rationale for assessment and treatment procedures employed.</p>	<p>Evidence-based rationale, physical therapy procedures, case-based in-service, best practice application</p>
<p>7. Accept responsibility for own actions and decisions and for delivering physical therapy programming within the profession’s scope of practice and the student’s own personal competence.</p>	<p>Professional responsibility, professional accountability, physical therapy scope of practice, personal competence and limitations</p>
<p>8. Evaluate procedures/outcome measures used in all aspects of physical therapy practice.</p>	<p>Evaluation, outcome measures, program evaluation, patient satisfaction, quality improvement, best practice application, re-assessment</p>

## A. Theory Preparation for Clinical Practice Four

Clinical Practice 4 (CP 4) comprises the whole of Module VIII of the MPT. The theory preparation for CP 4 is really from all of the MPT modules preceding CP 4. For more detailed information on theory Modules I, II, IV, and V please see previous documents on Expectations for Clinical Practice 2 and Clinical Practice 3. **These documents will have been sent to many facilities in packages for the previous clinical courses. You will also find these documents posted on the School of Physical Therapy website “Clinical Instructor Resources” section <https://rehabscience.usask.ca/clinical-education.php>. It is useful for students and Clinical Instructors to discuss theory completed in preceding placements.**

**Module VII** is the theory module immediately preceding Clinical Practice 4. In **Module VII** (November – December) courses included:

- PTh 829: Lifespan 2
- PTh 834: Musculoskeletal 3
- PTh 839: Advanced Clinical Exercise Physiology
- PTh 841: Foundations 4

A brief overview of content and procedures relating to these courses is included below. However, the C.I. and student should discuss theory completed to date to have a full understanding of theory preparation for the clinical placement and content can vary with diverse course instructors.

In addition, students have participated in a full day workshop at the end of CP 3, which focused on ‘exploring community health’; which included ‘in-person’ exposure to socioeconomic inequities and their relationship to health disparities with underserved and/or marginalized populations.

## B. General Expectations of Clinical Practice Four

1. Monitoring and documentation of their clinical caseload experiences via clinical checklists maintained by the student. At the conclusion of each clinical placement, the student will upload their completed clinical checklist document to the PTH 856 course site on PAWS.
2. A specific reflective assignment to be submitted by the student over the course of CP 4. This assignment is the student’s responsibility and the Clinical Instructor does not necessarily need to assist. However, the student may ask for some advice related to integrating caseload and the assignment.
3. Performance evaluation should consider the level of the student in the program, particularly as related to progress in the following performance dimensions throughout the placement.

Supervision	Student will initially require close clinical supervision with patients with complex conditions and patients with multiple co-morbidities. The student should demonstrate gradually increasing confidence with caseload management and assuming independence throughout each placement and with each advancing placement in the course.
Quality	Student should demonstrate significant diversity in repertoire of clinical skills and increasing competence in all aspects of caseload management. The student should be able to develop a <b>basic</b> treatment program considering all aspects of the patient condition and recognizing the biopsychosocial needs of the patient and the broad determinants of health.
Consistency	Student should demonstrate consistent organizational skills and clinical competency with a caseload of simple to medium complexity.
Complexity	Student should demonstrate increasing competency with patients with moderately complex conditions and with more complex tasks /environments throughout the placement.
Efficiency	Students should efficiently manage a caseload amount of approximately 50%, advancing to ~75% by the end of the course, of a physical therapist’s caseload. They will require some additional time, effort and resources to manage this caseload amount. Where availability of caseload numbers is not possible due to the variability of the clinical environment, the Clinical Instructor should comment on the ability to observe this performance element completely.

**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 Three, Four and Five. The student may choose during which two clinical placements they wish to deliver the in-service presentations.

In addition, the clinical facility may require the student to do a presentation as a part of the total learning experience or the caseload management (i.e.: 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 presentation requirements are **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.

**\*\*You will find that the on-line Assessment of Clinical Performance (ACP) document, Clinical Instructor version, now has a final page, the ‘demographic information page’ which is a fillable form with a textbox available for the Clinical Instructor to record the title of the in-service presented, its quality and topic chosen. \*\***

### C. Specific Expectations of Clinical Practice Four

Facilities and Clinical Instructors usually have a perspective, or vision, on the optimal learning experience they wish to provide for each student. **However, the health care environment is challenging in that it is somewhat unpredictable and this does require a flexible mindset on the part of students and Clinical Instructors as to what is reasonably possible to achieve in one clinical placement.** Following are guidelines for elements which should be incorporated, in some manner, during the course of a 5 week clinical placement.

1. The student will compose individual/personal goals for the placement which incorporate self-reflection and learning about need for clinical development from the previous clinical placement. The Clinical Instructor should discuss these goals at the beginning of the placement; review these goals with the student at intervals during the placement.
2. The student will apply, and be able to discuss, an evidence-based rationale for assessment procedures chosen and treatment procedures employed.
3. The student will demonstrate a 'critical-thinking' approach to all clinical decision-making.
4. Patient Assessment and re-assessment.
5. Prioritize patient problems and formulate a physical therapy diagnosis based on interpretation of assessment data collected.
6. P.T. Treatment Planning and Implementation
  - i. Apply therapeutic techniques, specific to holistic management
  - ii. Describe the purpose of techniques chosen
  - iii. Specify treatment goals, both short and long term
  - iv. Suggest possible alternatives or adaptations of the technique
  - v. Progress patient management approach.
7. Participate in discharge planning and prepare relevant transfer documentation.
8. Health Record Documentation
9. Full time attendance ( i.e. minimum ~ 37.5 hrs per week)
10. Reflective assignment.
11. Caseload experiences tracking documentation (i.e. clinical checklist)
12. Completing and submitting a student copy of ACP at midterm and final in preparation for discussion with the Clinical Instructor at midterm and final performance evaluation.

## D. Performance Evaluation for Clinical Practice Four

Models of student instruction in clinical placements frequently involve participation of more than one Clinical Instructor for an individual student, or more than one student associated with one or more Clinical Instructors. These are all considered effective models of clinical instruction. Any model of clinical instruction should clearly identify which Clinical Instructors will be involved in performance evaluation of the student, and, where possible, who is the primary Clinical Instructor. This will assist the student in understanding to whom he/she is accountable and what method of feedback on performance will be used.

The **Assessment of Clinical Performance (ACP)** will be used.

It is expected that **EVERY Clinical Instructor should complete the on-line training module for the ACP via the following link <https://app.rehab.utoronto.ca/ACP/story.html> in advance of using the ACP for the first time.**

Note: This is a short training module, approximately 30 min time commitment and can be done in sections.

The Clinical Instructor (CI) or instructors will assess the student's performance and complete the **on-line** instrument electronically (see instructions below) **at midterm and final** evaluation periods. The CI reviews, in discussion, the completed instrument formally with the student at midterm evaluation and at the end of the clinical experience. The CI should score the ACP by:

- a. Selecting the level on the rating scale (series of 'circles/anchors') corresponding to the observed performance and the *definers for the rating scale* posted at the beginning of the on-line ACP. This should also be consistent with the expectations statements on the course expectations description.
- b. Every item on the ACP **MUST** have a rating scale level filled in **EXCEPT** for Item 4.2, as the CI can elect to complete that item, depending on whether the student has opportunities to interact with 'support personnel'.
- c. Providing some comments, which are extremely helpful for the formative assessment approach (both helpful critique as well as praise). Comments must accompany any performance element considered less than expected for student level in the MPT.
- d. Checking the 'significant concerns' box at either midterm or final at the bottom of each page. If the significant concern box is checked, a comment/example **must** be included.
- e. Providing a summative rating at the end of the ACP (i.e. credit with exceptional performance or credit or credit with reservations or no credit).
- f. Completing the demographic information page for final submission.

Student(s) assess their own performance on a separate on-line copy of the instrument. The student and Clinical Instructor will meet to discuss the performance evaluation to develop consensus on performance outcomes at midterm and final wherever possible. The ACP will be completed **ON-LINE** at midterm and final on the electronic platform titled **HSPnet**.

Instructions and password access to HSPnet will be provided to you when the Program has confirmation of each CI assigned to a student placement. The CI (s) are able to access and start to fill in the ACP when it is released “live” a week before midterm and final evaluation dates. *There is also a one-week window of time post- midterm and post- final dates where the ACP is accessible on-line for completion.* After that time period the on-line access for filling out the instrument is closed. If any extra time is required for unusual reasons please contact one of the MPT clinical coordinators for assistance. The ACP should optimally be completed and submitted electronically **within three (3) days** following completion of the placement. When two or more CI’s are involved in the supervision of a student placement, one CI should be identified /designated with the primary responsibility for completion of the ACP. However, if there are two CI ‘s assigned to the student placement both can access the same ACP to collaborate on grading.

**E. Techniques / Procedures Taught in Module VII**

Discuss with student, and/or ask to view student course notes where appropriate, for more detail.

Lifespan (Pediatrics, Obstetrics, Gynecology, Nutrition)	Exercise Physiology	Musculoskeletal	Foundations (Electrophysical Agents)
*Family Centred Care *Social Context *Principles of pediatric PT *Communicating with children *Cerebral Palsy *Muscular Dystrophy *Pregnant client *Female and male Incontinence *Pelvic floor rehab	*Exercise testing and prescription for clinical populations across the lifespan *Evaluating research *Developing an evidence based practice approach *Emphasis on exercise testing and prescription for metabolic, cardiorespiratory musculoskeletal and neurological conditions *Assessment for cardiovascular risk factors	*Diagnostic imaging *Pain *Lumbar spine – anatomy, biomechanical exam, palpation, biomechanical treatment *Pelvis- anatomy, biomechanics, examination, treatment *Hip – anatomy, biomechanics, examination, treatment *Knee – anatomy, biomechanics, examination, treatment *Foot and ankle – anatomy, biomechanics, examination, treatment *Thoracic Spine – anatomy, biomechanics, examination, Tx	*Biofeedback *Stimulation of denervated muscles *TENS *Interferential *Iontophoresis *Diadynamic *High Voltage *Complementary and alternative therapy *Neuromuscular Electrical Stim. (NMES) *Functional Electrical Stim.

**F. Disability Accommodations**

Students who have disabilities (learning, medical, physical, or mental health) are strongly encouraged to register with Access and Equity Services for Students (AES) if they have not already done so. Students who suspect they may have disabilities should contact AES for advice and referrals. In order to access AES programs and supports, students must follow AES policy and procedures. For more information, check <https://students.usask.ca/health/centres/access-equity-services.php> or contact AES by phone at 306-966-7273 or by email: [aes@usask.ca](mailto:aes@usask.ca).