

School of Rehabilitation Science  
Master of Physical Therapy (MPT)

**Expectations of P.T. Students**  
**PTH 858.6 - Clinical Practice Five (CP 5) 2020**

**Purpose:**

Clinical Practice 5 is the final clinical practice course, and the final module in the MPT, Module X. Students are expected to integrate all theory to date in the management of an increasingly complex caseload. The caseload assigned will include patients with multiple comorbidities, increasing injury and illness severity, some selected cases from specialized populations and a progressive caseload volume to an approximate amount, (near the end of the CP 5 placement), to that expected of a therapist at entry level to the profession. Students will demonstrate integration of the physical and psychosocial dimensions of patient assessment, application of the determinants of health specific to each patient and client population, and management planning from admission to discharge. Students will also demonstrate independent application of the core key frameworks of the MPT: WHO International Classification of Functioning, Disability and Health, ethical decision-making, clinical reasoning, movement paradigms and pathokinesiology theory.

Students entering PTH 858, Clinical Practice Five (C.P. 5) have completed approximately 900 **clinical course hours** (24 weeks) in Clinical Practice 1, 2, 3 and 4. They have also completed Modules I, II, IV, V, VII, IX of physical therapy **theory** preparation since entry to the MPT program. To access information and resources for students and clinical instructors, visit the [School of Rehabilitation Science website](#) and click on the section titled **Clin Ed**.

Clinical Practice 5 is comprised of one clinical placement of six (6) weeks of full-time (37.5 hrs/week) clinical course hours, and will be scheduled for six weeks sometime during the period August to December, 2020.

**CP 5 students are normally expected to progress from an ‘advanced intermediate level’ (bullet #7 on the rating scale of the Assessment of Clinical Performance, ACP) to an ‘entry-level’ performance (bullet #9 on the rating scale of the ACP) for most, if not all of the 23 ‘key competencies’ in the ACP during the course of CP 5.**

**For a description of what each level of performance on the rating scale should demonstrate, please review the ‘rating scale and anchor descriptors’ of the ACP.**

Key competency item 4.2 on the ACP is the only item allowed to be scored as ‘not observed’ by the Clinical Instructor.

### **Advanced Intermediate Performance:**

The student requires clinical supervision (monitoring, discussion and/or direct observation and demonstration) less than 25% of the time managing new patients with complex conditions and is independent managing patients with simple conditions. At this level, 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 new graduate full-time physical therapist's caseload.

### **Entry Level Performance:**

The student requires infrequent clinical supervision (discussion, self-directed seeking of advice or assistance) managing patients with simple conditions and minimal guidance/supervision for patients with complex conditions. The student consistently performs comprehensive assessments, interventions and clinical reasoning in simple and complex situations. The student consults with others and resolves unfamiliar or ambiguous situations. The student is capable of maintaining at minimum 75% of a new graduate full-time physical therapist's caseload in a cost-effective manner.

### **Evaluation of performance development:**

Because students will be placed in diverse clinical settings, and with a diverse, and sometimes mixed caseload patient population, it **is expected that a student will normally progress from near or at the advanced intermediate level to NEAR OR AT the entry level on the ACP rating scale for all of the 23 rating scales during Clinical Practice 5 (sometimes with exception of item 4.2). The student will be seen as an autonomous, safe practitioner at the end of CP 5, and ready for graduation and entry into the profession.** Midterm and final clinical evaluations should reflect this growth in competence and confidence to entry level performance.

### **Applying the Clinical Instructor Role**

The clinical instructor(s) will:

- Support the student in managing increasing caseload responsibilities and assist student in establishing increasing independence in caseload management
- Challenge the student to provide rationale (highest level of available evidence) for clinical choices in assessment and treatment
- Critically assess competency and provide constructive feedback 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.

<b>PTH 858.6 Clinical Practice 5 - Course Objectives</b>
--

<b>Course Objectives</b>	<b>Keywords</b>
Upon completion of the course the student will be able to:	
1. Communicate effectively with patients, families, caregivers, health professionals, community and government agencies involved in health and health care for individual patients or specific populations, including health promotion, prevention, and advocacy for health programming and resources.	communication strategies, community agencies, government agencies, collaboration, interprofessional teamwork, education, health promotion, prevention, advocacy, health programming, health resources, specific populations
2. Consider capacity building and community development in the context of delivering physical therapy services in a primary health care setting.	Capacity building, community development, physical therapy service delivery, primary health care.
3. Exemplify professional behaviours and attitudes through internalization of professional values, and application of a framework for legal and ethical decision-making in a variety of clinical settings.	Professional behaviour, professional attitude, professional values, ethical framework, legal framework, ethical practice, legal practice
4. Implement an organized, holistic, evidence-based and comprehensive physical therapy assessment with a diverse array of primary diagnoses and comorbidities for individual patients, groups, communities and specific populations across the lifespan.	Comprehensive physical therapy assessment, holistic, evidence-base, lifespan, primary diagnosis, comorbidities, individuals patients, groups, communities, specific populations
5. Justify a physical therapy diagnosis and recommend a prioritized and holistic treatment plan including risk-adjusted, predicted outcomes, through synthesis of assessment data.	Analysis of assessment data, synthesis of assessment data, physical therapy diagnosis, prioritized treatment plan, holistic treatment plan, risk adjusted outcomes, predicted outcomes
6. Prioritize use of available resources in achieving goals of the practice setting and maximizing outcomes.	resources, goals, practice setting, outcomes

<p>7. Analyze evidence-based rationale for assessment and treatment procedures, risk-adjusted outcomes, program management, program evaluation models and cost-effective health care delivery, given the available funding and relevant business model.</p>	<p>Analysis of evidence-based rationale, assessment, treatment, procedures, riskadjusted outcomes, program management, program evaluation, models of health care delivery, costeffective health care delivery, funding, business model</p>
<p>8. Evaluate procedures/outcome measures used in all aspects of physical therapy practice.</p>	<p>Evaluation, re-evaluation, outcome measures</p>

**Theory Preparation for Clinical Practice Five**

Clinical Practice 5 (CP 5) comprises the whole of Module X of the MPT. The theory preparation for CP 5 is really from all of the MPT modules preceding CP 5. **For more detailed information on theory Modules I, II, IV, V and VII please see previous documents on Expectations for Clinical Practice 2, Clinical Practice 3 and Clinical Practice 4. These documents posted on the [School of Rehabilitation Science](#) website in the [Clin Ed](#) section.**

**Module IX** is the theory module immediately preceding Clinical Practice 5 (April –July) and the academic courses in this module include:

- PTh 835.2 Health Promotion and Wellness
- PTh 838.5 Musculoskeletal 4
- PTh 848.2 Neurology 3
- PTh 855.1 Case Integration 3
- PTh 864.3 Evidence-based Practice 3
- PTh 867.6 Professional Practice 4

**General Expectations of Clinical Practice Five**

Reflective Practice. Students are expected to compose goals for each placement (based on previous evaluative feedback and observation) and have these goals ready to discuss in conjunction with the ‘Starting the Placement’ document and questions in the first week.

**1. ‘Starting the Placement’ document**

The students are asked to complete and present this to the clinical facility at the beginning of the placement. It provides the clinical instructor with a brief summary of the student’s previous clinical placement experience and goals for the upcoming placement. It serves as a basis for discussion topics which need to be covered between the clinical instructor and the student in the first few days of a placement.

## 2. Primary elements distinguishing advancing clinical development.

Supervision	Student will require minimal to no clinical supervision with more complex patients and patients with multiple co-morbidities. The student is expected to self-reflect, recognize when assistance or advice is needed and ask for guidance or clarification. The student should demonstrate confidence with caseload management and assuming independence.
Quality	Student should demonstrate significant diversity in repertoire of clinical skills and entry level competence in all aspects of caseload management. The student should be able to develop a moderately complex 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 moderate to advanced complexity.
Complexity	Student should demonstrate increasing competency with complex patients /tasks /clinical environment throughout the placement. They may need guidance with complex ethical decisions and clinical reasoning situations.
Efficiency	Students should efficiently manage a caseload amount of approximately 75% or more (as referenced by the caseload expected of a new graduate) by the end of the course. They may require minimal additional time, effort, guidance and resources to manage this caseload amount.

## 3. 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. Individual students will know if they still need to complete this requirement and will inform you of this to request an opportunity to present an in-service in CP 5. They will let you know at the beginning of CP 5.

The clinical facility always has the option of requiring the student to do a presentation on any placement as a part of the total learning experience or the caseload management (i.e.: to the health care team), irrespective of whether they have already completed their two mandated in-services. Such a presentation may be in addition to the mandatory 2 chosen inservice events mentioned above.

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

#### **4. The ‘Written Component of the Physiotherapy Competency Examination (PCE) and CP 5**

This is a difficult reality for both students and clinical facilities/clinical instructors which often occurs during CP 5. The Canadian Alliance of Physiotherapy Regulatory Boards mandates the date and timing of the written PCE component irrespective of the impact on concurrent clinical placements. This does similarly impact several other MPT programs across Canada.

Thus students are (understandably) significantly preoccupied with preparation for this written exam and the stress that it generates. This does have an impact on student focus with their CP 5 caseload and other activities, even though most students do try to balance the focus and provide appropriate attention to their caseload. The program’s perspective is that the CP 5 course requires and deserves their full attention and focus on quality caseload management while they are also managing their time to study for the written PCE component.

#### **Specific Expectations of Clinical Practice Five**

1. Apply, and initiate discussion about, an evidence-based rationale for assessment procedures chosen, PT diagnosis, treatment procedures employed and other caseload management features.
2. Patient Assessment
  - i. Read the health record to determine an understanding of the patient status and diagnosis.
  - ii. Interview other health professionals or caregivers to understand holistic patient status.
  - iii. Interview patients to obtain a complete subjective assessment
  - iv. Perform a diverse repertoire of observation and objective tests, specific to a primary physiological system involvement, multiple system involvement where appropriate and holistic aspects of the case.
  - v. Integrate an analysis of assessment findings and other patient information.
  - vi. Re-assess to determine progress in patient status and apply evidence-based outcome measures.
3. Prioritize patient problems, demonstrate clinical reasoning to formulate a physical therapy clinical diagnosis based on interpretation of assessment data collected.
4. P.T. Treatment Planning and Implementation
  - i. Apply a broad repertoire of therapeutic techniques, specific to the patient needs and physical therapy clinical diagnosis.
  - ii. Describe the purpose and evidence-based rationale for techniques chosen
  - iii. Apply a clinical reasoning process.
  - iv. Specify treatment goals.

- v. Suggest possible alternatives or adaptations of the techniques and overall treatment plan.
5. Health Record Documentation (as per specific facility methods and standards)
    - i. Initial assessment.
    - ii. Progress, discharge and transfer notes.
    - iii. Information to other members of the health care team as relevant.

### **Performance Evaluation for Clinical Practice Five**

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.

- A. The **Assessment of Clinical Performance (ACP)** will be used. **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. It is a short training tool, approximately 30 min time commitment and can be done in sections.**
- B. The ACP will be completed ON-LINE at midterm and final on the electronic platform titled **HSPnet**. Instructions in password access to HSP Net will be provided to you with the clinical placement supporting information. The CI (s) are able to access and start to fill in the ACP when it is released “live” at least one 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 clinical coordinators at the School of Physical Therapy for assistance.
- C. The Clinical Instructor reviews, in discussion, the completed instrument formally with the student at midterm evaluation and at the end of the clinical experience. The page at the end of the ACP may be filled in with dates that indicate these actions happened for both midterm and final.

The CI should score the ACP by:

- a. Selecting the level for each rating scale (series of ‘circles/anchors’) corresponding to the observed performance and the definers for the rating scales at the beginning of the ACP, as

well as the expectations' statements on the course outline document. Every scale must be filled in (i.e. is mandatory) in order to proceed to the next page of the ACP.

- b. 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; or if significant concerns checked.
- c. Checking if there are any 'significant concerns' at either midterm or final at the bottom of each page. If significant concerns were checked a comment/example **must** be included.
- d. Selecting the appropriate level of the summative scale provided at the end of the ACP (ie. credit with exceptional performance or credit or credit with reservations or no credit). Providing summative comments for strengths and areas for improvement.

Student(s) assess their own performance on a separate online copy of the instrument. When the completed and submitted copies are viewed for the mid-term and final discussion, the online visual option to view an overlap (for comparison) of student and CI evaluation can be chosen. The student and Clinical Instructor will discuss the performance evaluation to develop consensus on performance outcomes at midterm and final wherever possible.

An enhancement to the online ACP, via HSPnet, is an appended 'demographic page'. It is accessed just as you would access the ACP normally and you will click forward to fill out the final appended page to the ACP. ***It is very important that the demographic page be filled out as accurately as possible, since this is an important tool for tracking clinical experience mix, absences and completion of in-service requirements.***

The ACP should optimally be completed and submitted electronically **within three (3) days** following completion of the placement. When two CI's are involved in the supervision of a student placement, the HSPnet allows both CI's to contribute their input on the same ACP.

The final performance evaluation should be completed, and submitted to the School as soon as possible following completion of the placement.

**This is particularly important for Clinical Practice 5 because the MPT Program must process these performance reviews in order for the students to meet requirements for convocation.**

**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. 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).