

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

**Expectations of MPT Students
PTH 854: Clinical Practice 3 (CP 3)
January 3 – February 11, 2022**

Purpose:

Clinical Practice Three (CP 3) presents an opportunity for the student to apply theory from all academic and clinical modules preceding it, with the primary focus on application of theory from academic Modules IV, V and VI which immediately precede Clinical Practice 3.

Modules IV, V, and VI are key modules in the MPT where the academic courses are specifically focused on the core systems relevant to Physical Therapy practice: Musculoskeletal, Cardiorespiratory, Neurological (see sections of this document following that define this content in more detail). Students have had a focus on classroom theory and labs for basic assessment and treatment in these three core systems.

The student will be expected to demonstrate **basic** assessment and program planning in the core systems and, under supervision, take the patient from admission to discharge for at least a portion of their caseload. For the more complex portion of a caseload assignment, the student is expected to collaborate with the clinical instructor and assist in cooperative caseload management.

CP 3 is a six week, full-time (37.5 hrs per week) clinical course running from **Monday, January 3 – Friday, February 11, 2022.**

Students are expected to progress from an ‘advanced beginner’ level toward an ‘intermediate’ level during the course of CP 3.

Advanced Beginner performance:

A student who requires clinical supervision (i.e. monitoring, discussing, observing) 75% - 90% of the time with simple patients, and 100% of the time with complex patients. At this level, the student demonstrates proficiency with simple tasks, but is unable to perform highly skilled and comprehensive examinations, interventions, and clinical reasoning. The student may begin by sharing a caseload with the clinical instructor.

Intermediate performance:

A student who requires clinical supervision (i.e. monitoring, discussing, observing) less than 50% of the time with simple patients, and 75% of the time with complex patients. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform comprehensive examinations, interventions, and clinical reasoning. The student is able to maintain approximately 50% of a full-time new graduate physical therapist’s caseload.

Previous Clinical Practice Experience:

- The students **have completed CP 1 (Clinical Practice 1)** which was a one-week introductory clinical practice course delivered via remote technology
- The students **have completed CP 2** in April-May 2021 which was a 5 week, full-time clinical practicum with limited, caseload management and primarily assisting clinical instructor with caseload management.

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 constructive feedback
- Clarify changing expectations, clearly communicated over the course of the placement
- Assist student in the transition from sharing to independent caseload responsibilities

Clinical Practice 3 Course Objectives
Upon completion of the course, students will be able to:
<ul style="list-style-type: none">• Establish effective communication strategies with the patients, families, caregivers, other health professionals and community agencies.
<ul style="list-style-type: none">• Incorporate the broad determinants of health relevant to the patient or population, community development principles and principles of primary health care.
<ul style="list-style-type: none">• Demonstrate safe, ethical, culturally sensitive and autonomous professional practice.
<ul style="list-style-type: none">• Demonstrate an organized and individualized physical therapy assessment with emphasis on subjective and objective assessment of musculoskeletal, cardiorespiratory and neurological systems.
<ul style="list-style-type: none">• Prioritize patient problems based on interpretation of assessment data collected.

<ul style="list-style-type: none">• Formulate a physical therapy diagnosis based on interpretation of assessment data collected.
<ul style="list-style-type: none">• Develop a basic treatment plan emphasizing individual exercise prescription, health promotion education and appropriate use of electro-physical modalities.
<ul style="list-style-type: none">• Apply an evidence-based rationale for assessment and treatment procedures employed.
<ul style="list-style-type: none">• Reflect on their practice which includes: self-evaluation of actions and decisions with continuous improvement of knowledge and skills.
<ul style="list-style-type: none">• Recognize the defining features that clinical settings present, including their funding models, and deliver physical therapy services in the unique context of that setting.
<ul style="list-style-type: none">• In a non-judgmental manner, develop a rationale for the therapeutic approach based on an understanding of the patient situation.

A. Theory Preparation for Clinical Practice 3

Module VII of the MPT is comprised of Clinical Practice 3. The theory preparation immediately preceding Clinical Practice 3 (theory Modules IV, V, and VI) includes courses in Cardiorespiratory, Evidence Based Practice, Musculoskeletal, Neurology, Exercise Physiology, Lifespan, and Professional Practice.

Previous theory content from Modules I and II included anatomy, pathology, neuroanatomy, exercise physiology, exercise testing, movement analysis, human growth and development, nutrition, pharmacology, pain perception and management, pain assessment and the multidimensional nature of pain, as well as an entire course on PT as Educator. You may review the objectives and more detail of the content of these modules in previous documents sent to clinical facilities for Clinical Practice 2 and through 'clinical instructor resources' sections of the [School of Rehabilitation Science](#) website.

B. General Expectations of Clinical Practice 3

Students are expected, with some observation, regular direct guidance and supervision, and in an effective, safe and organized manner:

- To communicate effectively
- To demonstrate professional behaviour at all times
- To assume gradually increasing independence and responsibility for most aspects of comprehensive caseload management

- Demonstrate caseload management which can include: scheduling, assessment, documentation, treatment planning and implementation, education, treatment progression, and discharge planning
- To participate as team members and demonstrate effective teamwork skills
- To demonstrate a problem-solving approach to caseload management
- Show an understanding of their limitations and of patient safety at all times.

The initial caseload volume expectations are approximately 15-20% of a new graduate PT's caseload, which should be gradually progressed during the clinical placement.

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, a clinical site or clinic may require the student to do a presentation as a part of the total learning experience or the caseload management (ie: 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 presentations are required 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.

Note: On the last page of the final electronic student performance tool (ACP), there is a space for the CI to indicate whether a student presentation was done, and it is very helpful if the CI can add a few details in the accompanying text box, such as: title of presentation, audience in attendance, and brief comment re: quality of the presentation. Thank you!

Clinical Checklists

Students must maintain a record of their caseload experience for each clinical placement in the form of a diagnostic and clinical skills applied checklist. These clinical checklists are maintained by the student throughout the MPT program. Students may wish to show you their progress in completing these clinical checklists, or the Clinical Instructor may ask about this. The student's checklist for CP 2 should have been completed previously.

C. Specific Expectations of Clinical Practice 3

- 1) Apply an evidence-based rationale for assessment and treatment procedures employed and for all clinical decision-making.
- 2) Patient Assessment
 - i. Read the health record to determine a basic understanding and to glean and apply information relevant to the patient caseload.
 - ii. Interview other health professionals to understand patient status
 - iii. Interview patients (subjective history)
 - iv. Interview others as is relevant to understanding the patient history and in keeping with the application of confidentiality and privacy of information.
 - v. Perform basic observation and objective tests, specific to cardiorespiratory, musculoskeletal or neurological domains
 - vi. Re-assess to determine progress in patient status
- 3) Prioritize patient problems and formulate a physical therapy diagnosis based on interpretation of assessment data collected and applying the ‘International Classification of Functioning.’
- 4) P.T. Treatment Planning and Implementation
 - i. Apply therapeutic techniques, specific to cardiorespiratory, musculoskeletal or neurological domains
 - 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 –demonstrating use of format consistent with facility approaches and applying chart audit standards for that facility.
 - ii. Progress and discharge notes.

In their evaluation of clinical experiences at all levels, students often comment on the lack of opportunity to participate in discharge planning and discharge documentation. It would be appreciated if Clinical Instructors could provide some clinical experience in this area when possible.

D. Performance Evaluation for Clinical Practice Three

The Canadian Physiotherapy Assessment of Clinical Performance (ACP) will be used to evaluate student performance. The Clinical Instructor (CI) will assess the student’s performance and complete the online instrument at midterm and final evaluation periods. Student(s) assess their own performance by completing a separate online copy of the instrument, in preparation for a collaborative discussion of clinical performance with their CI.

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 is completed electronically via the Student Assessments Module (SAM) through the platform HSPnet (Health Sciences Placement Network), which allows supervisors to complete an online assessment for students under their supervision. Students and Clinical Instructors will be provided a password in advance, to access their specific, confidential version of the ACP for that clinical placement, in order to 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. After the CI completes all mandatory items, a red checkmark will appear for each navigation link and a button is displayed on the last page to SUBMIT the assessment. Please note: submitting your assessment will make it visible to the student, so you may want to delay this step until just before you are ready to discuss it with them. Once the supervisor and student have submitted their assessment, they can discuss and compare their ratings and comments in a Combined View that displays their assessments together. The ACP for the placement will be “open and available” for midterm and final scoring for a limited period of time following the normal/expected date for these performance reviews. Once the CI submits the assessment, an icon will change to green to indicate it’s now submitted. If it was an Interim assessment and there is a Final assessment required for this placement, the Final assessment will open automatically.

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.

Detailed information / instructions for accessing the online ACP are provided to the CI by MPT Clinical Coordinators in advance of each clinical placement. The final performance evaluation should be completed and submitted through HSPnet **within three (3) business days** following completion of the placement.

E. Techniques / Procedures Covered in Modules IV and V

Cardiorespiratory	Musculoskeletal	Neurology
<ul style="list-style-type: none"> • Cardiopulmonary screening • Cardiovascular clinical examination • Respiratory clinical examination • Thorough C-R assessment 	<ul style="list-style-type: none"> • Medical / surgical management of fractures • PT management of acute soft tissue injuries • PT management of common paediatric MSK conditions • Upper and Lower 	<ul style="list-style-type: none"> • Postural orientation & stability, functional tasks • Task oriented approach to PT management, supplemented by a neurofacilitation

<ul style="list-style-type: none"> • Vital signs (HR, pulses, RR & BP) • Airways / Lungs / Chest → anatomy and biomechanics • Breathing patterns and chest movement • Pre-exercise screening • Clinical exercise testing • Submaximal test • Auscultation • ECG's • Airway Clearance techniques: <ul style="list-style-type: none"> - Postural Drainage - Percussion - Active/manual techniques - suctioning 	<p>Quadrant Scan examinations</p> <ul style="list-style-type: none"> • General rheumatology screening assessment (gait, arms, legs, spine) • Active Joint Count (Rheumatoid Arthritis and similar conditions) • Articular Index (Spondylo-arthropathies) • Total joint replacement • Differential diagnosis and management principles of common upper quadrant MSK conditions • Biomechanical examination / joint mobilization / soft tissue techniques for: <ul style="list-style-type: none"> - C/spine - TMJ - Shoulder girdle - Elbow - Wrist - Hand 	<p>approach</p> <ul style="list-style-type: none"> • Assessment of sensory and perceptual impairments • Resting positions for adult hemiplegia • Postural control (normal & abnormal) • Assessment of balance and gait • Balance retraining - in sitting, standing • Assessment & treatment: <ul style="list-style-type: none"> - Adult hemiplegia - Traumatic Brain Injury - M.S. - Post-polio - Guillain-Barré syndrome
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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. Access and Equity Services for Students

Access and Equity Services (AES), formerly Disability Services for Students (DSS), is guided by Saskatchewan's Human Rights legislation and the duty to accommodate individuals requiring accommodations based on disability, religion, family status, and gender identity. We encourage students who require such accommodations to contact AES directly. For more information, go to: <https://students.usask.ca/health/centres/access-equity-services.php> or contact AES by phone at 306-966-7273 or email: AES@usask.ca.