

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

**Expectations of MPT Students**

**PTH 856: Clinical Practice Four  
February 14 – May 6, 2022**

**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 the student's knowledge base.**

In January-February 2022, students completed their Clinical Practice Three placement, and are now proceeding into two subsequent CP 4 clinical placements, consisting of six weeks of full-time (37.5 hrs/week) clinical practice from:

**CP 4 (1): February 14 – March 25, 2022  
AND  
CP 4 (2): March 28 – May 6, 2022**

Students entering these PTH 856 Clinical Practice Four (CP 4) placements have completed approximately 450 clinical course hours (12 weeks) in Clinical Practice 1, 2, and 3, and have completed all but one remaining MPT Module of physical therapy academic theory preparation.

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

(Consistent with the rating scale on the  
Assessment of Clinical Performance instrument)

**Intermediate performance:**

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

**Evaluation of performance development:**

Because students will be placed in significantly different clinical settings, with different caseload patient populations 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 6 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 (306-292-9930), Melanie Weimer (306-966-6584) or Cathy Cuddington (306-533-1777 ), or e-mail us to discuss. We do know that multiple 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 contact one of the clinical coordinators to clarify.**

**Previous Clinical Practice Experience:**

- The students **completed CP 1 (Clinical Practice 1)** which was a one-week introductory clinical practice course delivered via remote technology
- The students **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 students **completed CP 3** in Jan-Feb 2022 which was a 6-week, full-time clinical practicum with limited caseload management

**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 relate 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><b>Clinical Practice 4 Course Objectives</b></p> <p>Upon completion of the course the student will be able to:</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>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</p>

decision-making rules, maintaining confidentiality, and obtaining informed consent.
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.
4. Analyze assessment data to delineate a physical therapy diagnosis, a prioritized, holistic treatment plan and a statement of risk-adjusted predicted outcomes.
5. Implement physical therapy services in diverse contexts of physical therapy practice and health care delivery.
6. Apply evidence-based rationale for assessment and treatment procedures employed.
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.
8. Evaluate procedures/outcome measures used in all aspects of physical therapy practice.

**A. Theory Preparation for Clinical Practice Four**

Due to curricular revisions during the COVID-19 pandemic, these students have completed all but one remaining module of curricular content comprising the MPT program.

**B. General Expectations of Clinical Practice Four**

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

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. 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 Canvas.
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.

### **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 in the MPT program. 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.

**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!

## **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 6-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. Caseload experiences tracking documentation (i.e. clinical checklist)
11. 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 (CI) for an individual student, or more than one student associated with one or more CIs. These are all considered effective models of clinical instruction. Any model of clinical instruction should clearly identify which CIs will be involved in performance evaluation of the student, and, where possible, who is the primary

CI. This will assist the student in understanding to whom he/she is accountable and what method of feedback on performance will be used.

The Canadian Physiotherapy Assessment of Clinical Performance (ACP) will be used to evaluate student performance. 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.

*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>

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 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 reservation or no credit). While the ACP is the prime determinant of performance, the CI does not determine pass, fail.
- 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.

**Note: Submitting your C.I. version of the 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.**

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. 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 is now submitted.

*As there can be a diversity of MPT Course Instructors, with changes at times, 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 outlines/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 – this is not done through the SRS. 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](mailto:AES@usask.ca)