Clinician's Commentary on Mori et al.¹

The preparation of future health care providers—doctors, nurses, pharmacists, physiotherapists, and others—is considered a high-stakes responsibility in civil society because these graduates become autonomous health care providers entrusted with the care of patients and families. In Canada, we place our collective trust in university programmes to prepare physiotherapists for practice at the master's-degree level. Whenever an institution is entrusted with a high-stakes educational endeavour, we (as a society) expect and assume that student competency is systematically assessed using valid and reliable measures and that students safely and effectively demonstrate required learning outcomes during their course of study.

In professional, entry-level Master of Physiotherapy (MPT) programmes, graduating physiotherapy (PT) students complete about one-third of their total academic credit units engaging in full-time clinical courses in PT practice settings. The other two-thirds of MPT programmes consist of relevant academic and applied courses such as anatomy, pathology, neurosciences, exercise physiology, biomechanics, musculoskeletal practice, research methods, and so on. In Canadian universities, academic courses at the master's level must include standard academic requirements, including course descriptions, learning objectives, and valid methods of assessment to determine credit (i.e., pass) or non-credit (i.e., fail) for each student. For example, in an academic course such as Professional Practice for Physiotherapists, the summative grade for each student completing the course might reflect the cumulative assessment of student learning in several components, such as a group project (30%), an individual student assignment (20%), a self-reflection paper (10%), and a final written exam (40%).

On the clinical education side of the curriculum, we are fortunate to have dedicated PT clinicians who serve as teachers, referred to as *preceptors* or *clinical instructors* (CIs), of MPT students engaged in full-time clinical practice courses. These courses possess the same mandatory components as academic courses, including credit-unit designations, stated student learning outcomes, and defined pass–fail criteria for various levels of internship. The assessment of student performance in each clinical placement must, therefore, be measured and reported using a practical, reliable, and valid instrument—not only from the student's perspective, but from the CI's perspective as well. Hence, there is a lot resting on each clinical placement. In fact, many provincial PT regulatory bodies, given their mandate of protecting the public interest, publish practice guidelines pertaining to clinical supervision of student learners, acknowledging that quality clinical education is vital to the future provision of relevant, safe, and effective PT services by entry-level practitioners.²

Over the past 15 years in Canada, virtually all PT education programmes have used the Physical Therapist Clinical Performance Instrument (PT-CPI),³ which was developed by the American Physical Therapy Association. However, there has always been a certain degree of dissatisfaction with the PT-CPI in Canada, and, in their article regarding the development of the Canadian Assessment of Clinical Performance (ACP), Mori and colleagues⁴ outlined “concerns voiced by Canadian CIs that the PT-CPI is time consuming, does not always apply to

their practice setting, and may have a US bias.”^{4(p.282)} In a recently published article, Hall and colleagues⁵ from the University of Alberta confirmed this sense of dissatisfaction after conducting a survey of 3,148 English- and French-speaking Canadian physiotherapists (both those supervising and those not supervising students) from each Canadian province and territory working in a wide range of practice areas and clinical settings. Their findings provided empirical evidence that “dislike of the assessment instrument [PT-CPI]”^{5(p.60)} is one factor contributing to Canadian physiotherapists' decision not to supervise PT students.

Over the past 3 years, and after rigorous research and development, Mori and colleagues have accomplished the remarkable feat of creating and testing the new, unique ACP, which possesses inherent validity because it is based on the Essential Competency Profile for Physiotherapists in Canada.⁶ We now have a tool tailored to the Canadian PT practice context.

Mori and colleagues have earned the gratitude of many in the PT world, including

- PT students, who are grateful for a reliable, valid, and practical measure to assess and describe behaviours observed during clinical education relative to what is expected of an entry-level physiotherapist in Canada.
- CIs, who are grateful that the ACP seems shorter, takes less time to complete, includes easy-to-interpret categories and discrete rating scales, is accessible online, and reflects a Canadian context.
- MPT programmes and clinical faculty, who value the new online platform because it will potentially allow national clinical education data to be pooled and analyzed to establish normative values in several parameters, including summative pass–fail scores for various levels of internship.
- PT regulators and, by extension, the Canadian public, who are grateful for a Canadian tool that demonstrates evidence of high internal consistency, construct validity, and practicality.

We extend our congratulations to Mori and her Toronto-based team of researchers for producing an evidence-based and robust instrument, the new Canadian ACP, which will assist us all in the high-stakes endeavour of producing safe and effective entry-level PT practitioners.

Peggy L. Proctor, BSc(PT)

Clinical Associate Professor, School of Physical Therapy,
University of Saskatchewan

REFERENCES

1. Mori B, Norman KE, Brooks D, Herold J, Beaton DE. Evidence of reliability, validity, and practicality for the Canadian Physiotherapy Assessment of Clinical Performance. *Physiother Can*. 2016;68(2):156–69. <http://dx.doi.org/10.3138/PTC.2014-43E>
2. Saskatchewan College of Physical Therapists. Clinical supervision of student learners (SCPT practice guideline no. 22) [Internet].

- Saskatoon: The College; 2015 [cited 2015 Nov 29]. Available from: http://www.scpt.org/images/ClinicalPractice_Guideline_22SupervisionofStudentLearners.pdf.
3. American Physical Therapy Association. Physical Therapist Clinical Performance Instrument. Alexandria (VA): The Association; 1997.
 4. Mori B, Brooks D, Norman KE, et al. Development of the Canadian Physiotherapy Assessment of Clinical Performance: A new tool to assess physiotherapy students' performance in clinical education. *Physiother Can*. 2015;67(3):281–9. <http://dx.doi.org/10.3138/ptc.2014-29E>.
 5. Hall M, Poth C, Manns P, et al. To supervise or not to supervise a physical therapist student: A national survey of Canadian physical therapists. *J Phys Ther Educ*. 2015;29(3):58–67.
 6. National Physiotherapy Advisory Group. Essential competency profile for physiotherapists in Canada. Toronto: Canadian Physiotherapy Association; 2009.

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