Clinician's Commentary on Yeldon et al.¹

Yeldon and colleagues¹ conducted a qualitative study to explore the discussion of student clinical performance arising out of completion of the Canadian Physiotherapy Assessment of Clinical Performance (ACP). They set out to explore the value, roles, and challenges of the discussion as well as the structure provided by the ACP.

The study points out that an important function of the ACP is that it provides focus and flow for the feedback conversation at the mid- and final points of an internship. Some clinical instructors (CIs) thought that it was repetitive and too theoretical, and they preferred to give daily feedback. However, the ACP is structured in such a way as to ensure that the discussion touches on all the physiotherapy competencies, and its structured approach brings to the discussion the additional benefit of clarity. A discrepancy often exists between the feedback that students think they have received and the feedback that educators think they have provided.² Verbal feedback can be difficult for students to process and retain in the moment because the clinical environment can be complex, filled with stimuli and other distractions.² The ACP serves as a record of this feedback discussion, and it enables students to review the written feedback later, on their own time.

Moreover, the ACP's structure supports the physical therapy curriculum. The clinical environment is a place where the education being provided shifts from faculty, who have detailed knowledge of the curriculum, to clinical educators, who may have more practical knowledge.³ CIs may emphasize different competencies on the basis of their area of practice and past experiences; thus, the ACP provides an important template for ensuring that each CI discusses the required clinical competencies.

Another important finding from the study is that the environment and the prior relationship between the CI and the student can influence a session. A quiet environment, free of distraction, can set the tone for an open discussion, and both the students and the CIs stated that the students should come into it with an open mind. However, students and CIs also thought that a discrepancy in the assessment between a CI and a student can have a negative impact on the discussion: Students' participation tends to decrease, and they become passive recipients of the feedback. They may even alter their comments to match those of the CI. Yet Yeldon and colleagues¹ noted that the students valued a two-way discussion to clarify and advocate for their performance, and the CIs valued it to determine students' self-assessment of their performance.

Another interesting finding was that a discrepancy between a student's and a CI's assessment could be mitigated by their prior relationship. In fact, the ACP discussion could strengthen an already positive relationship. The student–CI relationship is a concept known in medical education as the *educational alliance*, defined as “a collaborative framework underpinning the supportive educational relationship required to facilitate feedback impact and the development of self-regulated learning.”^{3(p541)} Telio and colleagues² have stated that a strong educational alliance can lead to a more open discussion, one in which students feel comfortable sharing their thoughts. More important, students are more receptive to the feedback they receive and more likely to incorporate it into their behaviour.

A strong educational alliance can develop when students consider CIs to be credible because of their expert knowledge and their desire to teach.² It can be strengthened if students perceive that CIs have a positive attitude toward them and are genuinely interested in their professional development and personal identity. CIs can make a point of asking students about their career aspirations and learning about their past clinical and life experiences. Although an optimal clinical environment can facilitate an open, two-way discussion, the development of an educational alliance (or the lack thereof) sets the tone of the discussion long before it actually occurs.

Another interesting finding is that some CIs considered completing the ACP to be a professional development activity. A commonly identified barrier to taking on students for an internship is the perception that it increases the workload⁴ and that the time required to complete an assessment and then review it with a student contributes to this workload. However, hosting a student prompted CIs to evaluate their practice as a form of professional development,⁴ and Yeldon and colleagues¹ report that this professional development extended to completing the ACP. Some of the CIs stated that the evaluation prompted them to reflect on their role as instructors and clinicians. To effectively evaluate a student's performance and formulate comments, CIs must be able to identify the competence required to be effective in their own practice. Thus, physiotherapists may think of completing the ACP as an opportunity to reflect on their own practice as a form of professional development.

In the current Canadian climate, where finding sufficient clinical internships can be challenging, the study serves two purposes for those considering taking on a student. First, it gives CIs an excellent opportunity to reflect on their practice as a form of professional development. Second, it supports CIs in developing the skills necessary to be effective—namely, it is an investment in the student–instructor relationship, or educational alliance, and it can set the tone for an open and meaningful mid-term and final discussion.

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