

# ACP THE BASICS

Learn more about the assessment tool used on UBC MPT clinical placements—the **ACP**, or *Canadian Physiotherapy Assessment of Clinical Performance*.

**Access for All** One version of the online assessment (**ACPe**) is accessible to our Clinical Educators (*called CI, or Clinical Instructor, in the system*) and students. It is accessed via **HSPnet**.

- When a CI has been assigned a student s/he will receive an **HSPnet Welcome Email** on the placement start date.
- The Welcome Email contains a link to an **ACPe module** (one time only; takes two minutes to complete).
- Upon completion of the module, the CI clicks on “submit.” This generates a **second email with a User ID and temporary password**. This gives the CI access to evaluate his/her student using the ACPe.

## 1.0 EXPERT – Focus on Assessment

As experts in function and mobility, physiotherapists integrate all of the Physiotherapist Roles to lead in the promotion, improvement, and maintenance of the mobility, health, and well-being of Canadians.

1.1 Consults with the client to obtain information about his/her health, associated history, previous health interventions, and associated outcomes.

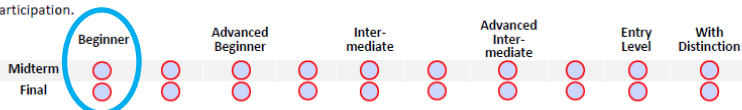
1.1.1 Collects and reviews background information relevant to the client's health.

1.1.2 Determines the client's expectations related to physiotherapy services.

1.1.3 Collects and reviews health information about the client from other sources (e.g., other sources may include previous health records, other health care practitioners, professional colleagues, or family).

1.1.4 Collects and reviews information related to the client's prior functional abilities, physical performance, and participation.

1.1.5 Identifies the client's personal and environmental factors affecting his/her functional abilities, physical performance, and participation.



## Competencies

The ACP is “competency-based.” Competencies are knowledge, skills and attitude required by physiotherapists at the beginning of their career (or as entry to practice level - whichever you like) and built on over time. There are 21 rating scales and 9 comment boxes in this assessment.

The seven roles that the students are evaluated on are: **Expert, Communicator, Collaborator, Manager, Advocate, Scholarly Practitioner and Professional**. Within these roles there are “key competencies” and “enabling competencies.” The enabling competencies provide examples that help the clinical supervisor better understand how the competency may appear in clinical practice. Some key competencies in the form have been grouped and other key competencies have their own rating scale.

**Anchors** The rating scale and anchor descriptions are included in the assessment to help you decide how to mark the student. In order to accurately score the student there are specific guidelines. Here is an example for a beginner placement.

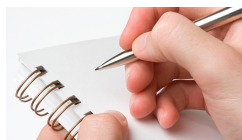
**Anchor:** *Beginner Performance:*

- The student requires close supervision 90-100% of the time managing patients with constant monitoring even with patients with simple conditions
- The student requires frequent cueing and feedback
- Performance is inconsistent and clinical reasoning is performed at a very basic level
- The student is not able to carry a caseload

**EXAMPLE:** If an MPT 1 student required guidance on how to position the patient for goniometry assessment of the joint range; wasn't sure which muscles required strength assessment and was not able to move from one aspect of assessment to another, for example, you had to ask “Have you forgotten something on your assessment? You need to palpate for swelling; heat and check pulses.” You would rank this student as performing at a “Beginner level.”

In addition, there are **comment boxes** within the assessment form that you can use to highlight areas of strength and areas for improvement with regards your performance using examples from your clinical work.

For example, under “**1.0 Expert – Focus on Assessment**” the student should be able to consult with a client to obtain information about the client's condition including: associated history, previous treatment and how the client reacted to the interventions. The student should be able to decide on the appropriate outcome measures, for example “*I will choose to measure this client's shoulder range of motion and conduct a strength assessment of the appropriate muscles.*” Additionally, the assessment should be completed with informed consent and safely.



**Jot in the Journal** Use the **Weekly Journal** template to keep track of a student's performance within the seven roles.

## When to contact the department?

As soon as you notice any serious issues with your student's performance contact the Associate Head, Clinical Education to discuss the situation and receive guidance on how to proceed. After 2.5 weeks (by mid-placement) the expectation is that we hear from the Clinical Instructor if there is an issue that could require remediation.

Clinical Instructors should not consider choosing “**Credit with reservation**” or “**No Credit**” at mid-term or final evaluation without first consulting the department.

Find more information on our website  
[www.pt.med.ubc.ca](http://www.pt.med.ubc.ca)

- Click on the yellow **ACP Assessment** button at the bottom right of the homepage. We have many **resources** on our ACP page, including a link to the comprehensive online ACPe **Education Module** and a copy of the **Weekly Journal** template.
- Review our **EXCEL online e-learning module** “**The Evaluation Process**” to learn all about student evaluation and the ACP.