A few weeks ago my sister sent me a picture she had received from my niece, currently attending Acadia University in Wolfville, NS. It was of her side door, open to the snowy elements - with a wall of snow three feet high - complete with the imprint of the door panel on the snow!! It is therefore I feel rather cheeky posting a picture of mini daffodils on this front page. Rain, however, is usually our Vancouver reality for winter. I cross my fingers that we come into spring unscathed, but as I always say, you never know what Mother Nature has in store for us, especially in March...

Spring means change, and boy is there a big change for our program; we are finally going to start using the new Canadian Physiotherapy Assessment of Clinical Performance (or ACP)!! Yes, I know we have held it out like a carrot in front of a rabbit, but it’s finally here!!! Anne and Robin and Ingrid and I were all kept busy working away at incorporating all the changes - and there are many - everything from editing the clinical education manual and website, to putting together information sheets, to creating and giving inservices so everyone can get up to speed with this new assessment tool (which we will start using as of our Level 1 placements at the end of April).

This issue of “The Globe” is coming out early so we can get the word out in more than one way, to as many people as possible.

Check out page 2 to find out more about this new assessment tool. Also make sure to click on the new button on the front of our UBC PT homepage (link above, to the left) to be taken to an ACP-specific info page.

Happy spring all! Carolyn
This year the Canadian Physiotherapy Assessment of Clinical Performance (or ACP) is launching across Canada. UBC is using the ACP as of April 2015. With a new tool, new skills will be required of our Clinical Supervisors. Here are some basics about this new assessment tool...

### 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 case load

**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. You asked the student “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.

**Fillable form!**

The assessment is currently available as a fillable PDF form; you make a copy, type in your info, and save the form under the student’s name. You can come back and at to it at any time (just remember to save each time!). You will complete a mid-term and final assessment using the same form (just like the CPI). Instructions on how to fill out and submit the form have been created by Ingrid and can be found on our Clinical Educators section of the UBC PT website under “Placement Forms and Documents.”

Please note: The “Submit” button at the top right of the form is not currently functional.

**Where to find more information:**
1. Review the comprehensive online ACP Education Module. [Click here]
2. Take part in a free PABC webinar March 19, 12-1 pm. [Details/Reg link]
3. We have many resources on our UBC PT Clinical Education website pages [click here], including the CI-distributed ACP, an instruction sheet on how to fill it out, and a Weekly Journal Template (see right).
4. Request an ACP Inservice for your site.
   - Live in a Northern or Rural community? Contact robin.roots@ubc.ca.
   - Live in the Lower Mainland, Fraser Valley, Vancouver Island or the Interior?? Contact anne.rankin@ubc.ca.

**Compencies**

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 a total of 21 rating scales and 9 comment boxes in this assessment, the seven roles that the students will be evaluated with 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.

For example, under “1.0 Expert – Focus on Assessment” the student should be able to consult with a client to obtain information about his/her 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.

**One for you, one for me...**

There are two versions of the ACP: Student-distributed and CI-distributed. (“CI” stands for Clinical Instructor, the term used in the ACP. We call you Clinical Educators, and another common term used is Preceptor.) FYI: Students access their form via “Connect,” their UBC online learning management system.
**Sue on Sabbatical: Welcome Anne!**

Hard to believe that two months have already passed, but time does fly! As mentioned in the last newsletter, Sue Murphy is on a one-year sabbatical, until January 1, 2016. We welcome Anne Rankin to fill Sue's petite (but still rather large) shoes as Acting Associate Head – Clinical Education.

Anne is an Instructor and has been with the department since 2000. I’m sure many of you know already know her! Anne will be taking over every aspect of Sue’s portfolio, with the exception of Clinical Educator Workshops (Sue will still be out and about for those!). Anne has really jumped in feet first, this being the year that the new ACP evaluation form is rolled out. She’ll be getting to meet many of you through inservices.

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**2015 Clinical Education Symposium recap**

34 participants attended the 3rd UBC PT Clinical Education Symposium hosted by the Clin Ed team on January 30th in Vancouver. It was a great opportunity for Shannon Norum (who is Robin’s new NRC Admin Assistant) to come down from Prince George to meet so many of our clinical partners.

- Hilary Crowley spoke about something so close to her heart, Samuha and SODA (the Samuha Overseas Development Association). This Prince George-based charity that she founded, has, over the years, helped to make sure that there are quality rehabilitation services and learning opportunities in southern India. Seeing pictures of patients whose lives have been profoundly, positively affected by SODA made more than a few of us a little misty-eyed. [www.samuha.ca](http://www.samuha.ca)

- Sue gave a well-received presentation on supervising the exceptional student in the clinical setting.

As well as updates about many of the initiatives carried out by the team, and a wonderful amount of discussion and very helpful input from the attendees, participants were able to hear three excellent presentations.

- Donna Drynan (Sue’s Occupational Therapy counterpart at UBC) gave a great lunchtime talk about generational differences, pointing out the challenges some of the younger generation have these days, opening our eyes to thinking differently about their world.

And, as always when PTs get together, a significant amount of networking and sharing of ideas occurred! Thanks so much to everyone who came from far and wide to spend the day with us; thanks especially to Eddy, Erna, Hilary, Terry, Angela, Norm, and Lori, who flew or ferried to get to the symposium! The input and feedback we receive every time we host a symposium is invaluable, and the Clinical Education team are committed to putting your suggestions into place.

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**CLIN ED TEACHING TIP Educating the “Exceptional Student”**

At our recent UBC PT Clinical Education symposium Sue Murphy presented: “Educating the Exceptional Student in the Clinical Setting.” The focus of her lecture was the “positively exceptional” student. This tip is based upon the information she provided. As a Clinical Educator you will need to adjust your learning plan to provide an increased level of challenge for the exceptional student. It is important to consider the “halo effect.” Even exceptional students have areas that they may be weaker in. Here are some tips:

1. Focus some of their learning activities on their weaker areas.

2. Increase the level of difficulty of your learning objectives during the placement or provide more complex patients (either with medical comorbidities or cultural/language differences); lessen support; increase independence.

3. Increase leadership opportunities e.g., in-services for other staff or unit members; suggest a small project or initiative that the student could work on part-time over a five-week period.

4. Challenge the student’s clinical reasoning e.g., think out loud; ask “What if?” questions during his/her think out load reasoning; expose the student to differing presentations of the same condition; have the student come up with treatment options for a client in a different placement setting, for example, “If this patient were at home, how would you progress their exercises?”
Spring greetings from Prince George, where we are slowly coming down off the high of having hosted 2,400 young athletes from across Canada for the Canada Winter Games from February 19 - March 1. 22 PTs from our local clinical community stepped forward to volunteer, providing sports first responder coverage at the venues and at the Poly-Clinic! It was great to put our taping and sports physiotherapy skills into practice and work alongside certified sports PTs, athletic therapists and physicians from across Canada, also here to volunteer and take in Prince George’s great music and art scene.

The NRC program also did its part by loaning the Plinths from the UNBC lab to equip the Poly-Clinic, with the ulterior motive of suggesting these young athletes consider a career in Physiotherapy.

We wished that the MPT students could have been here to witness the collaboration amongst the medical teams and see how rewarding volunteering your expertise can be. However, the MPT1 NRC students will feel the buzz when they arrive for their Level 1 placements and the academic block as the festivities continue with the City of Prince George celebrating its 100th anniversary and the University of Northern BC celebrating its 25th anniversary.

For their Level 2 placements, NRC MPT2 students were scattered about the province, and around the world (two NRC cohort students were among the four that went to India with Samuha in January). Now all our cohort have their sights set on their Level 3 placements and possible career options, so for clinical sites with vacancies, here’s your chance to recruit!

The MPT1 NRC students are eagerly awaiting their placements at the end of April. A big shout-out to all clinical placement sites across the province for offering placements for our students - we hope that you have as much fun getting to know this new cohort of NRC students as we have.

Robin Roots
Coordinator for Clinical Education, Northern and Rural Cohort, Prince George/UNBC Campus

Many of you might be looking at those acronyms to the right, wondering what the heck they mean… Some of you might be familiar with PACE and know what it is, but CACE??

After feedback at our recent Clinical Education symposium, we realized not enough people in our physiotherapy community know about these two departmental Clinical Education committees. Time to fix that!

PACE started first, in 2009, but with the addition of new members over the years the committee simply became too large. A decision was made to split the committee. The changes to PACE, and the startup of the CACE Committee in November 2014, were made to ensure that all voices would be heard, to optimize Clinical Education in the MPT program, and to meet the needs of our partners.

The purpose of the PACE Committee is to provide an opportunity for input and discussion of issues relating to the provision of Clinical Education within the MPT Program. This includes providing leadership and support of innovation in physical therapy (PT) Clinical Education, and ensuring consideration of provincial needs.

Membership currently includes representation from stakeholders in the physio community including PABC, CPTBC, all health authorities, and private practice. The Associate Head of Clinical Education chairs the committee. Departmental representation comes from: Robin Roots - Coordinator of Clinical Education, Northern and Rural Cohort; Jayne Garland, Head, Department of Physical Therapy; Alison Greig, Associate Head, MPT Program; and one faculty member.

The purpose of CACE is to facilitate two-way communication between clinical coordinators/preceptors and the UBC MPT program. Committee members are asked to bring forward any suggestions or concerns from the greater physio community.

Membership currently includes at least one, and not more than two, members who represent our various clinical setting areas: Acute Care, Rehab, Community Care, Chronic Disease Management, Student-led clinics, Pediatrics, Private Practice. Two student representatives (for the MPT1 and MPT2 class) and Clinical Placement Officer Ingrid Dill also sit on the committee. The Associate Head of Clinical Education chairs the committee, and Robin Roots - Coordinator of Clinical Education, Northern and Rural Cohort also sits on this committee.
Day 1 will be spent in the neuroanatomy lab reviewing the brain and spinal cord through interactive “hands-on” learning with cadaver specimens and supported by dynamic on-line modules/videos and inter-disciplinary case studies.

Day 2 will focus on the application of neuroanatomy to the clinician’s daily practice. More info and a link to register can be found here on the UBC PT website.

**Of note to our Clinical Educators!!!** “Early Bird” pricing for the course (prior to April 1) is $500 (if you’ve supervised, or will supervise, a student for a minimum of 70 clinical placement hours between September 2013-September 2015).

See You at the Forum!
Carolyn and Ingrid will be at the helm of the Clinical Education table as usual at this year’s Physiotherapy Forum April 25.

Have questions? Just want to say hello? Make sure to drop by and visit us at our table in the Shaughnessy Salon. *(Sounds so fancy!)*

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**Earl Grey Salmon**

In Sweden they have a term, “bjudmat”. Literally translated it means “offer food,” i.e., nice food you would make when guests come over. This recipe, from Green College, UBC (where I worked 12 years) is just that type. The added bonus is it is ridiculously easy to make, with delicious results!

You will need 6 fillets of salmon
I suggest using fatty Atlantic salmon fillets. Sockeye would not work.

**Marinade:**
1/4 cup maple syrup
1/8 cup soy sauce
1 clove garlic, fine chop
2 Earl Gray tea bags

Break open the tea bags and mix tea leaves with remaining marinade ingredients (I mix in a flat pyrex dish). Add salmon, and coat on both sides. Cover and refrigerate at least two hours (I think more is better!).

Place fillets on rack on baking sheet (I usually just empty out the marinade, wash and grease the pyrex and bake in it). Bake 15-20 mins at 400 degrees to desired doneness.

**Sauce:**
1/2 cup mayonnaise
1/4 dijon mustard
1/4 maple syrup

Note: I half the sauce and find that it’s more than enough.

Mix all sauce ingredients together and serve on the side with the salmon. It’s a perfect addition.

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**Clinical Educator Award Winners to Be Announced**

Due to the earlier release of this newsletter (to announce the new ACP assessment tool) the 2015 Clinical Educator Award winners will be announced via email, at the Physiotherapy Forum, and in the summer newsletter.

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**Please DO contact us!!**
We encourage Clinical Educators to get in touch with Anne or Robin if there are any concerns regarding student performance while on placement. Please know that Clinical Educators are always welcome to contact them at any point during a placement so they can help facilitate the placement by offering assistance and/or suggestions, or taking remedial action when required.

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**New Clinical Sites**

- **Bastion Physiotherapy**
  - Nanaimo
- **Limber Up Physiotherapy**
  - Delta
- **Tall Tree Integrated Health Centre**
  - Victoria

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**“An investment in knowledge pays the best interest.”**

— Benjamin Franklin