The Learning Clinical Skills document describes the expectations for the student’s level learning of clinical skills as well as how clinical skills are taught and assessed in the MPT Program.
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Clinical skills or competencies “entry level” are the focus of a number of courses in the MPT program. These clinical skills or competencies are be taught in conjunction with lectures and tutorials and can range from elementary to more challenging skills. Students may not necessarily have the opportunity to learn all the skills in the classroom environment and are expected to assume responsibility for acquiring the remaining skills. These skills will be linked to the required course resources to allow for content synthesis.

The Department of Physical Therapy uses two methods of teaching clinical skills:

1. A peer-assisted learning method or the Student Learning Strategy; This method of delivery of clinical skills is to provide all students with an opportunity to practice core clinical skills, to develop a level of proficiency and be evaluated reliably on relevant skills; and

2. A traditional faculty-led learning method where an instructor teaches all students the particular skills. The traditional method of teaching clinical skills usually involves teaching the class in a split groups (half the class) at a time. During the course of teaching these clinical skills, the students may practice on each other or labs may include model patients and standardized patients. All of these types of labs may be followed with a review lab and a clinical skills assessment very similar to the S5 process. **Not all clinical skills are taught using the SLS.** Certain clinical skills require faculty supervision due to safety concerns while other skills lend themselves to be taught directly by an instructor, or there is inadequate equipment, etc. The following are examples of clinical skills taught outside of the SLS. This list is not exhaustive:

   - Graded exercise testing
   - C-Spine stability testing
   - Biomechanical exam of the spine
   - Counselling and Interview skills
   - Group education
   - Reflective practice
   - Transfers and gait re-education
There are 6 distinct groups of people responsible for this teaching or learning clinical skills: Course coordinator, Faculty Instructors, Faculty Coaches, Peer instructor, Student Learners and Student Learning Strategy (SLS) Groups.

**Course Coordinator:** A faculty member who is responsible for the administrative aspects of course delivery.

**Faculty Instructor (FI):** A faculty member who instructs the Peer Instructors in the Step 2 (S2) lab and is typically responsible for that particular course content.

**Faculty Coach (FC):** A faculty member who assists student learning in Step 4 (S4) lab and ideally will be an examiner in both the Step 5 (S5) and Step 6 (S6) clinical skill assessments. If the faculty coach recognizes a common error in student performance, the primary faculty instructor can be informed.

**Peer Instructor (PI):** A student who volunteers or is assigned to be taught by the Faculty Instructor to teach specific clinical skills to fellow students in small student groups for a specific learning session. Peer instructors are not expected to know everything about the topic area yet will be adequately trained to teach the clinical skills. The Peer Instructor attends the Step 2 (S2) lab for training and then instructs the Step 3 (S3) lab to groups of 4 students/peers. Specific responsibilities of the peer instructor include:

- At the beginning of the academic year, **students may volunteer to be a peer instructor.** As the year progresses, students will be assigned peer instructor responsibilities within a group so that all students have an opportunity.

- Prior to the S2 or training session, the peer instructor will review the clinical skills through pre-reading/pre-viewing specified audio-visual material. This review is independent of scheduled preparation time. This stage is considered Step 1 (S1) of the student learning strategy. The projected time associated with this activity would depend on a student’s prior knowledge and skills but is estimated at approximately 3-4 hours.

- The S2 lab: The peer (student) instructor will learn the clinical skills through:
  - Listening to the explanation of the skills.
  - Observing instructor demonstration the skills.
  - Verbalizing the skills to be learned.
• Practicing the skills; additional independent practice prior to the S3 lab might be required.
• Self-evaluating performance of the skills.
• Requesting feedback from fellow peer instructors and faculty instructor.
• Asking questions as necessary.

• Preparation for S3 Lab: Prior to starting the actual teaching session (S3), the peer instructors will ask for volunteers from the group members for the following activities:
  • Note-taker (questions for brainstorming activity at the end of the lab, areas of clarification for the faculty instructor, additional learning cues to be incorporated into lab skills list, etc…)
  • Equipment set up
  • Treatment area clean up (sanitizing treatment tables, tidying practice area and where appropriate returning equipment to specific storage area)
  • Designate student to help individual who may have missed a Step 3 lab

The faculty instructor/year coordinator should be contacted immediately in the event that the scheduled learning session cannot proceed because of absent peer instructors or equipment malfunction.

• Teaching in the S3 lab: Peer instructors will be teaching 4 fellow-students and should apply the following teaching/learning process:
  • Explain skills to be taught.
  • Request a student volunteer to have the skill applied for demonstration purposes.
  • Demonstrate the skills on the volunteer student.
  • Ask students to verbalize skills to be learned and practice skills on each other.
  • Provide constructive feedback on skills performance to ensure satisfactory performance/learning.
  • Encourage students to do the self-assessment and provide each other with constructive feedback.
  • At the completion of each S3 lab, the peer instructor will communicate issues related to the completed Step 3 lab to the faculty instructor.
**Student Learner:** A student who actively prepares for the Step (S3) lab by completing any pre-reading/watching any audio-visual materials and participates in the clinical skills lab activities. Specific student learning responsibilities include:

- Come prepared having completed any pre-reading material and viewed any videos and bring all required texts, notes and equipment to all labs
- Volunteer for roles outlined above.
- Provide appropriate and constructive feedback to each other.
- Reflect on your own clinical skills
- Create a learning plan to supplement class sessions in the case of marginal performance on assessment. In this case, the student must meet with faculty instructor to discuss this plan.
- If you require a repeat assessment, you will be responsible for your own remedial work (yes, please contact the instructor if needed) and recruit a fellow student to be the “patient”.
- After each lab, clean treatment plinths, replace pillow cases with clean linen, throw dirty linen in receptacles provided, and return equipment to a designated location in the room.

**Student Learning Strategy (SLS) Groups:** SLS groups will be assigned by the year coordinator and will be changed throughout the year by the year coordinator. The SLS group discusses and completes the

**Clinical Skills Confidence Form** at the end of peer led or instructor led lab, and submits this form to the Faculty Coach at the S4 or review lab.
**STUDENT LEARNING STRATEGY**

**Student Learning Strategy (Peer-Instructor) Method:**

**Step 1 (S1):**  **Independent preparation** involves pre-reading notes/ text/ pre-view video as identified on the lab notes on UM Learn. A pre-lecture or lab quiz *may* precede the actual classroom experience. The quiz is found on UM Learn, and may consist of a few multiple choice questions, 1 or 2 very short answers (a phrase or fill in the blank). The quiz will be available 1 week ahead of time.

**Step 2 (S2):**  The faculty instructor will demonstrate and teach specific skills to peer instructors using the lab outline. Peer instructors are expected to practice the skills they would be teaching during this time period. Instructor provides feedback and correction to the peer instructors. Independent review/ practice prior to the S3 may be required.

**Step 3 (S3):**  No faculty coaches are present. All students have completed S1. Each peer instructor teaches the clinical skills to 4 students. Each student will practice the specific skill on another student and provide each other with constructive feedback. At the end of the S3 session, the student group ranks the clinical skills from hardest to easiest on the clinical skills, including any questions for the Faculty Coach on the Clinical Skills Confidence Form (see below). The student group brings the confidence form to the Faculty Coach for the S4 lab.
Step 4 (S4): This learning session atmosphere is relaxed and somewhat informal as the session is intended for students to refine their skills, and is, driven by student’s self-assessment (Step 3). Faculty coaches will use their judgement regarding which skills to review with the group, however students are encouraged to ask questions and request a review of particular skills as needed. Students will demonstrate on each other and the faculty will provide interactive coaching while observing student performance of skills. Questions / demonstrations will guide the skills reviewed.

Step 5 (S5): There are no marks assigned to the Step 5 as this formative assessment. A *formative assessment is a type of teaching technique where a student receives immediate feedback about the performance of clinical skills from a faculty member without marks attached to this assessment*. Each student, however must receive a satisfactory mark for each assessment. This assessment involves a random assessment of a small number of clinical assessment or treatment skills. A list of potential

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**Example of an abbreviated Clinical Skills Confidence Form**

(Elbow Ax, PT 6221)

<table>
<thead>
<tr>
<th>Group: _____________</th>
<th>Faculty Coach: _____________</th>
<th>Peer Instructor: _____________</th>
</tr>
</thead>
</table>

**Confident:** Able to repeatedly perform the demonstrated skill effectively and safely

**Not confident:** There are aspects of the demonstrated skill that need more independent practice.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Confident</th>
<th>Not Confident</th>
<th>Questions for Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation/Static Position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goniometry x 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPM linear x 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flex/Ext/Pro/Sup/Abd/Add</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPM Combined-Ext-abd-sup</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPM Combined-Flex-add-sup</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAM – Distraction - UH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAM – Distraction - RH</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Completed form must be returned to Faculty Coach at the beginning of the S4 Lab*
skills assessment is provided to students one week prior to the scheduled Step 5. Students randomly select their question, have a brief time to set up their equipment followed by 5-6 minutes to demonstrate the skill on a fellow student. Students will not be allowed to continue if they have reached the time limit other than to complete the skill they are working on (this up to the discretion of the Faculty coach). No skill will be marked after the time has lapsed.

The faculty coaches use a standardized approach to the student clinical skills assessment based on an established rubric (see sample rubric below). Faculty coaches provide group feedback at the end of the entire session. The following criteria are used when marking a student’s performance:

1. The skill level is at a novice level of student;
2. The safety* of the skills performed;
3. The student’s professional behavior*;
4. The student’s communication clarity/effectiveness;
5. The pace of performed skills; and
6. If the student requires more exposure to learning the skills.

Student’s performance will be rated as satisfactory or unsatisfactory. There are two categories of unsatisfactory performance:

- If the student requires more exposure to learning the skills the student will be rated borderline
- If the student breached safety or professional behavior will constitute an automatic unsatisfactory rating.

Any student whose performance has been assessed as unsatisfactory or borderline (unsatisfactory) will be notified by the faculty instructor for a discussion regarding reassessment. This student must repeat an assessment. A student must pass both the written components and clinical skills assessment components of the course. A student is allowed up to 3 opportunities to receive a satisfactory mark in the clinical skills assessment. If a student does not achieve a satisfactory rating after the third attempt at the assessment, the student will register a fail in the clinical component (and therefore a fail in the course).

*Refer to “Marking the Assessment” for a description of safety errors.
Example of an abbreviated S5 Assessment Form

| Student Name: ___________________________ | Date: ____________________ |
| Question: 1: FC/Examiner: | Correct | Incorrect (Reason) |
| Identify the following on your partner: | | |
| 1. Introduced self, explained procedure and asked for consent/Wash your hands | ☐ | ☐ |
| 2. (Directional Stability Test) – RC radial collateral | ☐ | ☐ |
| 3. Muscle/tendon Pathology Cozen’s | ☐ | ☐ |
| 4. Goniometry – Measure Wrist Extension | ☐ | ☐ |
| 5. Safety | ☐ | ☐ |
|     a. Biomechanics | ☐ | ☐ |
|     b. Patient comfort | ☐ | ☐ |
|     c. Other | ☐ | ☐ |

Satisfactory | Borderline – Unsatisfactory | Unsatisfactory |

Comments: ___________________________________________
The following two tables represent an overview of the two methods of learning clinical skills, the peer-assisted method (shaded) and the traditional method.

### LEARNING CLINICAL SKILLS ACTIVITIES

**Expectations of students:** Students actively participate in the labs. Additional independent study time is expected for all students participating in these learning sessions. The degree of independent study will vary from student to student.

<table>
<thead>
<tr>
<th>(S= step)</th>
<th>Who</th>
<th>Time</th>
<th>Expected Learning Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>All students</td>
<td>Independent reading</td>
<td>Prepared to effectively participate in teaching session S2 and S3 labs</td>
</tr>
<tr>
<td>S2</td>
<td>FI + 10 PI + / - FC</td>
<td>2 hours</td>
<td>PI has practiced skills taught to the degree required to teach peers in S3</td>
</tr>
<tr>
<td>S3</td>
<td>PI + 4 student learners</td>
<td>Usually 2 hours</td>
<td>Student learners practice clinical skills specific to the lab. Student learners self-assess their confidence level with the new clinical skills. SLS groups complete the Clinical Skills Confidence Form and include specific questions.</td>
</tr>
<tr>
<td>Traditional Lab</td>
<td>FI and ½ or all class +/ - FC</td>
<td>As above.</td>
<td>As above.</td>
</tr>
<tr>
<td>S4</td>
<td>FC and SLS group</td>
<td>1-2 hours</td>
<td>Student learners focus and practice skills identified on the Clinical Skills Confidence form. All student learners are responsible for improving skills prior to the assessment of clinical skills in S5.</td>
</tr>
<tr>
<td>Review Lab</td>
<td>FI +/- FC and ½ or entire class</td>
<td>As above</td>
<td>As above.</td>
</tr>
</tbody>
</table>
CLINICAL SKILLS FORMATIVE ASSESSMENTS

CLINICAL SKILLS FORMATIVE ASSESSMENT ACTIVITY

Expectations of students: Students perform a selection of clinical skills at a novice level.

<table>
<thead>
<tr>
<th>Type</th>
<th>Who</th>
<th>Time</th>
<th>Expected Learning Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>S5 or CSA</td>
<td>Previously assigned FC and SLS group</td>
<td>5-6 mins per student</td>
<td>Individual student’s clinical skill level are assessed. Student groups receive general feedback on group performance indicating the strengths and skills that require further work. Students will receive their individual ratings 1-2 days later.</td>
</tr>
</tbody>
</table>

Repeating a Step 5 (S5) / Clinical Skill Assessment (CSA)

Who A student who has demonstrated an unsatisfactory performance (either Borderline – Unsatisfactory; or Unsatisfactory) in a S5/CSA.

What The student will have up to 2 more times to revisits a particular skill set to allow them the opportunity to perform the skill at a satisfactory novice level.

Where & When
The time/location will be negotiated between the faculty member and student. Students will be given 3-10 working days before the reassessment unless another time has been discussed and mutually agreed upon by both the instructor and student. All S5 will be completed on the Friday before the S6.

If a student is later than 15 minutes after the session has started and without a valid explanation, this will register as an unsatisfactory attempt.

Why Assessment for learning.

How The student will be responsible for their own remedial work (however if they have questions, they are responsible for contacting the instructor). The student also recruits a fellow student to be the “patient” for the repeat assessment. The course coordinator will arrange for the student to be reassessed by a different FC when possible.

The same checklist/equipment/environment will be used for the reassessment. The questions used will be up to the discretion of the Faculty Instructor. The student will be provided immediate feedback regarding skills demonstrated. The assessment checklist and rating will be submitted to the course coordinator for review.
| How Much | Students must demonstrate satisfactory of skills at a novice for the skills assessed. The student will be allowed three opportunities (i.e. 2 repeats) to demonstrate satisfactory performance at a novice level as required. If a student does not achieve a satisfactory rating after the third attempt at the assessment, this will register as a fail for the clinical skills component of the course and therefore a failed course. These results will be discussed at a MPT Student Progress Committee meeting where the decision to offer a student a re-sit examination will be made. Students offered a re-sit will be charged for the costs of this student assessment. |
Step 6/OSCE CLINICAL SKILLS ASSESSMENTS

The Step 6 (S6) or Objective Structured Clinical Assessment (OSCE) is the more formal and summative assessment of student knowledge, clinical skills and attitudes taught in the past academic year. An Objective Structured Clinical Assessment (OSCE) is a highly structured clinical skills assessment, which utilizes a standardized patient (SP), standardized setting and a standardized marking rubric. During this assessment all students are given the same clinical skills evaluation.

The S6 / OSCE is designed to be an integrative clinical skills assessment. Each scenario/station asks the student to integrate clinical decision making with many different clinical skills including:

- Communication skills while maintaining professional behaviour throughout interaction;
- Assessment or treatment of the particular case problem;
- Patient and/or caregiver education/feedback; and
- Safety.

There are three of S6/OSCE events during the MPT Program:

1. Neuromusculoskeletal Content: End of March in first year of MPT program in course PT 6291 Neuromusculoskeletal Clinical Education 1;
2. Cardiovascular Pulmonary Content: October of the second year of the MPT Program in course PT 7294 Cardiovascular and Pulmonary Clinical Education; and
3. Neurological Content: End of March in second year of MPT program in course PT 7292 Neurosciences Clinical Education

Each OSCE event includes six stations. Each station (question) is 10 minutes in duration, unless the station indicates a 5-minute patient interaction and a 5-minute post-encounter question.

The S6 is similar but not identical to the Physiotherapy Competency Assessment Blueprint (Canadian Alliance of Physiotherapy Regulators [CAPR], 2009). Different areas of practice are covered in the clinical skills assessment, specifically in neuromusculoskeletal practice; cardiovascular pulmonary practice; neurological practice but not the multi-system practice. In addition to these areas of care, PT
Department S6 includes various fields of care (e.g., preventative, maintenance or restorative), different patient age groups and genders, and various practice settings (e.g., acute care facility, private practice, rehabilitation centre, community care and extended care facility) again, similar to the Physiotherapy Competency Assessment Blueprint (CAPR, 2009). Students are expected to integrate a broad range of clinical skills relevant to a specific scenario.

Students are required to pass 4 out of 6 stations with a minimum grade of C+ prior to proceeding to the clinical placement. In the event of failure of this component, the decision to offer a re-sit of the OSCE exam would be made at a follow-up Department of Physical Therapy Student Progress Meeting.
Student Preparation for S6 / OSCE

➢ ORIENTATION TO S6/OSCE:

Three to four weeks prior to this clinical skills assessment, students receive an orientation about their responsibilities when preparing for the S6/OSCE. Students are provided with the clinical scenarios used for the six stations in the S6/OSCE.

• **MPT 1:** First year MPT students receive an overview of the six clinical scenarios. The students are given 4 possible questions for five of the six scenarios. For the sixth scenario, students must clinically reason to determine possible clinical questions; and.

• **MPT2:** Second year students receive an overview of the clinical scenarios, but no specific questions are provided to students.

All of the preparation to address the clinical scenarios and questions demand that the student incorporate knowledge, clinical skill, behavior and attitudes taught in that academic year. Students are advised to practice independently practice all clinical skills taught during the academic year. Access to required equipment / space beyond timetabled activity can be obtained by communicating directly with the classroom technician. Note: Preparation for the S6 includes practicing professional communication skills as well as appropriate body mechanics for patient handling skills.

➢ CONFIDENTIALITY

Students are required to sign a confidentiality form prior to the first S6 assessment in MPT 1. By signing this form, the student agrees to hold confidential the content of all S6 assessments that occur during the years as a student in the Department of Physical Therapy. The student agrees not to share the contents of the assessment with anyone who has not yet written the assessment, in person or through electronic means. This includes other students in the same year and students in other years. Any evidence that disclosure has occurred will result in an automatic failure of the course (s) for all students involved and is disciplinable up to and including dismissal from the program. This form will be collected and filed in each individual student file.

➢ ROOM LOCKDOWN

To maintain confidentiality, students will not be allowed in R224, R020, or R170 to practice on the day of the assessment. It is expected that there will be no on-site practicing on the day of an S6 assessment.
Students are expected to leave the College of Rehabilitation Sciences building as soon as they have completed their assessment.

- **S6 PROTOCOL**

This assessment will be comprised of six practical stations. There will be 2 minutes between each station to move to the next station and read the next question. The student has 10 minutes to complete the station. In the situation where there is a 5 minute interaction, the student has 5 minutes to complete the station, and then move onto having 5 minutes to answer questions. All S6 are video recorded with written student permission. These video records are viewed by the instructor and / or student if there is an issue with the station.

- **ASSESSMENT DAY**

Arrive only 10 minutes prior to your first station. Wear professional attire including name tag. Please ensure that shirts are tucked in or long enough so that there will be no back/midriff exposure when you are dealing with the clients. Long hair to be pulled back so as not to touch the patient.

- **LATE ARRIVALS AT THE S6**

If the student arrives within the duration of the S6 stations, the Year Coordinator or designate will deal with this situation in the following manner:

- If the student arrives part-way into the rotation, AND if there is time in the schedule to allow the student to enter into a different rotation, then the student will be directed to wait in a vacant CLSF room until there is room in the schedule or be asked to leave the facility entirely and return the next day in the newly designated time slot.

- If the student arrives part-way into the rotation, AND there is no time in the schedule to allow the student to enter into a different rotation, then the student will be directed to the proper station within the rotation. The student will thereby be allowed to read the question and enter the room when she/he is ready. For any stations missed due to student lateness that could not be accommodated by the S6 schedule, the student will be given a zero mark for that station.

- **PRIOR TO THE START OF THE S6 ASSESSMENT**

The student will receive a clipboard and pencil for the duration of the assessment and be instructed about:
✓ The timing of station rotations (an overhead announcement will signal timing and change of stations),
✓ The location of specific stations,
✓ The confidentiality policy:
✓ For MPT 2, students are reminded about previously signed confidentiality forms and that these are still in place although signed prior to the first S6 in MPT year 1.
✓ Providing the OSCE overseer your cell phone if you brought it to the OSCE.
➢ BEFORE ENTERING EACH STATION

The student will have two minutes to review the information that is posted on the station room door, for example:

<table>
<thead>
<tr>
<th>Arthur Relin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Relin is a 70-year old male with a history of alcohol and nicotine addictions, COPD and schizophrenia, who sustained a fractured left hip when hit by a car while crossing the road. He was admitted to hospital 3 days ago, and underwent a surgical repair of his left femoral fracture with a Hemi-arthroplasty. He has suffered from post-op delirium which is gradually resolving. You are seeing Mr. Relin 2 days post-op. His weight bearing status is “as tolerated” (WBAT) and he knows about his hip precautions. Mr. Relin is lying supine in his hospital bed.</td>
</tr>
</tbody>
</table>

Examination findings:
- Shallow breathing
- Swollen ankles
- Limited AROM of left hip abduction and flexion
- Weak hip extension and quadriceps contractions

Instruct Mr. Relin how to prevent respiratory and circulatory complications, and perform two bed exercises to maximize the protective stage of healing.


YOU HAVE 10 MINUTES
This information gives you specific instructions, tells you the patient’s name, age, gender and pertinent tasks that you are required to complete as part of the assessment. An announcement will go over the public address system indicating when you may enter the room.

### Announcement schedule overview for 10 minute the station

First group goes to appropriate door and reads question (2 minutes)

- **1st Announcement** – Student enters room
- **2nd Announcement** – Student has 2 minutes left
- **3rd Announcement** – Student leaves the room and goes to next station

Students have 2 minutes to travel to the next station and read the question

- **1st Announcement** – Student enters next station

### Announcement schedule overview for a 5 minute clinical station

First group goes to appropriate door and reads question (2 minutes)

- **1st Announcement** – Student enters room
- **2nd Announcement** – Student has 1 minutes left (to complete the clinical portion)
- **3rd Announcement** – Students will be instructed to start the written component
- **4th Announcement** – Students have 2 minutes left
- **5th Announcement** – Student leaves the room and goes to next station

Students have 2 minutes to travel to the next station and read the question

- **1ST ANNOUNCEMENT – STUDENT ENTERS NEXT STATION**

### UPON ENTERING THE ROOM

Upon entering the room, you will encounter:

- A table with another copy of the posted assessment question,
- A standardized patient (SP),
• Standardized station equipment will include hand sanitizer, tissues, additional paper and pencil,
• Necessary equipment for completion of S6 question, and
• A faculty coach and a standardized patient (SP).

The faculty coach begins marking your performance when there is evidence of interaction between you and the SP. The key to interacting with the SP is to relate to them exactly as you would with patients. You are expected to communicate in an empathetic manner and answer any questions that they might have. Remember to keep them comfortable and properly draped / dressed as you perform the required skills.

You are responsible for pacing your time allotment. You may use all of the time allotment or finish well in advance of the scheduled time. Should you finish early, you may choose to add or change your response. You are to remain in the assessment space and not engage the SP or assessor in conversation.

Cautionary note: refrain from offering more responses than asked for. Your first responses will be the items scored unless you state otherwise.

The assessor’s role is to evaluate the student's communication, assessment and treatment, safety and client feedback and education skills using a standardized checklist (p. 24). You are not to engage the assessor in conversation; they are not to answer your questions. They may redirect you to re-read the question if it appears that you have misread the instructions.

Once you have completed the assessment, you are requested to leave the premises. Evidence of disclosure of the assessment contents, by any means, will result in an automatic failure in the assessment and is disciplinable up to and including dismissal from the program.
Marking the Assessment

The faculty coach uses a standardized checklist which is designed so that a student receives marks for successfully performing the skill. Some skills are more difficult to perform than others, some have a component of safety attached to them, or appear less difficult but are integral to the care of a patient (e.g. demonstrating a particular hand placement to perform a ligament test, donning a transfer belt on a client, or stating the purpose of a physical therapy intervention). These skills are assigned a higher weighting in the assessment. Some items are less difficult to perform but play an integral part of the performance of a task (e.g. closing an interaction with a client). A lower weighting is assigned to these tasks.

Skills related to safety are given special attention. Safety section evaluates the students’ ability to ensure patient safety is not compromised throughout the interaction. Safety is defined as: “Freedom from the occurrence or risk of injury, danger, or loss”, (The Canadian Patient Safety Institute [CPSI], 2008, p. 43). In an instance where a student makes an unanticipated error which causes harm, no harm, an adverse event or close call, the skill will be deemed unsafe and marks will be deducted from the overall station score.

1Error: An act (plan, decision, choice, action or inaction) that when viewed in retrospect was not correct and resulted in an adverse event or a close call (The Canadian Medical Protective Association, 2008)

2Harm: An outcome that negatively affects the patient’s health and/or quality of life (CPSI, 2008, p. 42). Note: this includes physical harm or psychological harm to the patient.

3No harm: an event that reaches the patient but does not result in harm (CPSI, 2008, p. 43).

4Adverse event: An event that results in unintended harm to the patient, and is related to the care and/or services provided to the patient rather than to the patient’s underlying medical condition (CPSI, 2008, p. 41).

5Close call: An event with the potential for harm that did not result in harm because it did not reach the patient due to timely intervention or good fortune (sometimes called a near miss) (CPSI, 2008, p. 41).
A major safety error is weighted 25% of the total S6 question marks (e.g. if the total marks of the station add up to 32 excluding the anticipated major safety error, the major safety error would be weighted a score of 8). A minor safety error is weighted 10% of the total S6 question marks (e.g. if the total marks of the station again add up to 32 excluding the anticipated minor safety error, the minor safety error would be weighted a score of 3). A marginal safety error (e.g. failure to wash hands) may be weighted as low as 3% of the total S6 question marks and may not be necessarily categorized as a minor safety error.

The weighting of safety errors is designed to avoid a situation where there are automatic student failures. The student with the stronger performance but commits either a major or minor safety error may not fail the station however the overall score may be a low passing score. The student with a weaker performance and commits either a major or minor clinical safety error may cause the overall score to be a failure for the station.

Note that not all safety errors can be anticipated on checklists. In the event that a student incurs a safety error which is not anticipated and identified on the checklist the Faculty Coach will describe the safety error in the section following the Comment Box. A deduction of 10% or 25% will be applied to the student’s station mark when an unanticipated minor or major safety error is identified by the assessor. Examples of safety errors are described below.
Examples of Safety Errors

The following examples of safety errors reflect information taught in various courses. It is not an exhaustive list of infractions.

**Major Safety Error**

1. Failure to perform appropriate ligament stability and artery tests (CV/VAT) prior to spinal manual therapy.
2. Leaving a patient who is unsteady in any position.
3. Improper use of equipment or improper education of a patient in its use, thereby putting the patient at risk for harm.
4. Failure to screen sensory function prior to the application of thermal modalities.
5. Inadequate knowledge base regarding the contraindications or precautions in assessment or intervention, e.g. incorrect activity information following a medical event such as an MI or CABG; movement precautions with THR; or inappropriate prescription of exercises with respect to healing of tissues.
6. Not standing close enough/assisting enough when patient is ambulating, or attempting to lift an individual alone when body weight requires 2 assistants.
7. Unsafe transfer or PT technique where patient not fully supported and potential for falls/unsteady postures will quickly occur.
8. Lack of observation or response to symptoms of distress and need to discontinue treatment, e.g. profuse diaphoresis in exercise, skin breakdown with frictions.
9. Continuing treatment when patient (or standardized patient, SP) complains of increasing symptoms (e.g. above and beyond those requested as part of the SP’s script).
10. Unprofessional behavior, for example, exhibited poor use of language, word choice, was disrespectful to patient or used racial slur, inappropriate dress.
11. Lack of recognition of an appropriate cultural sensitivity to the patient.
12. Sensitive practice errors e.g. inappropriate physical contact with client, improper draping, ask permission to touch the client.
13. Information to patient was inaccurate and caused physical or psychological harm.
Minor Safety Error

1. Prescription of bed client exercises that was too advanced or inappropriate for the patient’s physical capabilities.
2. Lack of observation patient doing a prescribed home exercise program.
3. Incorrect body mechanics/positions for himself/herself or the patient.
4. Failure to communicate to patient that the patient may experience symptoms (e.g. soreness) after assessment or treatment.
5. Information to patient was inaccurate but would not cause physical or psychological
An example of an abbreviated weighted check list along with examples of safety errors is found below:

<table>
<thead>
<tr>
<th>SCORE</th>
<th>Example of S6 Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>COMMUNICATION</strong></td>
</tr>
<tr>
<td>1</td>
<td>Introduces self (including name and title: student physiotherapist)</td>
</tr>
<tr>
<td>1</td>
<td>Obtains consent: Explains the general purpose of interaction, the procedures to be used and potential adverse effects.</td>
</tr>
<tr>
<td>1</td>
<td>Obtains consent: Verifies patient’s basic understanding of the procedure (do you have any questions?).</td>
</tr>
<tr>
<td>1</td>
<td>Obtains consent: Asks/obtains consent for assessment/treatment once purpose is explained.</td>
</tr>
<tr>
<td>1</td>
<td>Instructions and/or information are clear, concise and correct</td>
</tr>
<tr>
<td>1</td>
<td>Uses appropriate language throughout the exchange with the patient.</td>
</tr>
<tr>
<td>1</td>
<td>Demonstrates professional and respectful behavior.</td>
</tr>
<tr>
<td>1</td>
<td>Closes interaction with patient.</td>
</tr>
<tr>
<td></td>
<td><strong>ASSESSMENT AND/OR TREATMENT</strong></td>
</tr>
<tr>
<td>Variable</td>
<td>Instructor adds specific bubble(s) appropriate to the question.</td>
</tr>
<tr>
<td></td>
<td><strong>PATIENT EDUCATION AND FEEDBACK</strong></td>
</tr>
<tr>
<td>Variable</td>
<td>Confirms patient understanding during the intervention/assessment.</td>
</tr>
<tr>
<td>Variable</td>
<td>Teaches appropriate technique: Instructor adds specific bubble(s) appropriate to the question</td>
</tr>
<tr>
<td>10% or 25%</td>
<td>Teaches appropriate technique: Instructor may add anticipated safety error(s) appropriate to the question</td>
</tr>
<tr>
<td>10% or 25%</td>
<td>Answers questions appropriately: Instructor may add anticipated safety error(s) appropriate to the question</td>
</tr>
<tr>
<td></td>
<td><strong>SAFETY</strong></td>
</tr>
<tr>
<td>1</td>
<td>Infection control/routine practices - Washes hands prior to and after touching the patient.</td>
</tr>
<tr>
<td>Variable</td>
<td>Uses good body mechanics: Instructor adds specific bubble(s) appropriate to the question</td>
</tr>
<tr>
<td>10% or 25%</td>
<td>Uses good body mechanics: Instructor may add anticipated safety error(s) appropriate to the question</td>
</tr>
<tr>
<td>Variable</td>
<td>Advises patient to let student know if the patient is experiencing any untoward responses. (Instructor lists specific responses)</td>
</tr>
<tr>
<td>Variable</td>
<td>Ensures patient safety at all times: Instructor adds specific bubble(s) appropriate to the question.</td>
</tr>
<tr>
<td>10% or %25</td>
<td>Ensures patient safety at all times: Instructor may add anticipated safety errors appropriate to the question</td>
</tr>
</tbody>
</table>

**Comments**

Unanticipated Major safety errors (___ marks)
1. __________________ 2. __________________

Unanticipated Minor safety errors (___ marks)
1. __________________ 2. __________________
FACULTY COACH FEEDBACK TO STUDENTS

Individual students will be informed if they failed more than two stations 1-2 working days after the OSCE. The student cohort will receive general feedback for each of the stations. This feedback will include general strengths and areas for improvement for each of the stations. This information will be posted on UM Learn within 7 days of the S6. Student marks will be posted on the UM Learn within 1 week of completion of the assessment. A student whose performance was marginal or failed the S6 Clinical Skills Assessment will be required to make an appointment with the relevant instructor or course coordinator to discuss a learning plan. The student will not progress to clinical placement until performance has been deemed adequate. Students are encouraged to make appointments to meet with respective instructors or year/course coordinators to review their checklists for stations that are marginally completed.

If a student has an overall failure of the S6 / OSCE portion of course (i.e. fails more than 2 stations), these results will be discussed at a MPT Student Progress Committee meeting where the decision to offer a student a re-sit examination will be made. Students offered a re-sit will be charged for the costs of this student assessment.