Guidelines for Supervising Physiotherapy Students Engaged in Tele-Rehabilitation as part of Clinical Education

Developed by the NACEP Tele-Rehabilitation in Clinical Education Working Group: Jasdeep Dhir, Samantha Doralp, Crystal Garnett, Genevieve Gervais-Cadrin, Daphne Pereira, Robin Roots, Martha Visintin; June 2020.

Preamble

The use of Tele-Rehabilitation (TR) in physiotherapy in Canada has seen a sudden upsurge during the Spring of 2020 in response to the COVID-19 pandemic. This has also resulted in an increase in the number of clinical education experiences involving the use of TR. Most aspects of a clinical education experience remain the same regardless of whether the experience occurs in-person or using TR, however, some aspects might differ. These guidelines aim to highlight these differences and intend to provide the Clinical Instructor (CI) and student with guidance for clinical education experiences that involve patient care using TR.

During the COVID-19 pandemic, Physiotherapy Education Accreditation Council (PEAC) considers TR as direct patient care and can be included in the 1025 hours of clinical education experience required to for graduation *(p.3 PEAC COVID-19 Guidance to Programs, March 26, 2020).*

Definition of Tele-Rehabilitation in Physiotherapy

Tele-Rehabilitation (TR), also known as virtual care or digital practice, is the delivery of professional physiotherapy services remotely, using telecommunications technology as the service delivery medium. TR relates to all aspects of patient care including the patient interview, physical assessment and diagnosis, treatment, maintenance activities, consultation, education, and training. It can include the use of media such as videoconferencing, email, apps, web-based communication, and wearable technology. Physiotherapist assistants may or may not be present with the patient.

TR is an alternate mode of service delivery for traditional rehabilitation services and as such, the practice of TR does not remove or alter any existing responsibilities of the provider. Providers must adhere to all existing practice requirements, including the scope of practice of the profession, the standards of professional practice, the code of ethics, as well as any provincial and federal laws that guide practice. *(https://www.collegept.org/registrants/virtual-practice-in-physiotherapy)*

Technical and Administrative Considerations

Refer to your Provincial Regulators and Health Authorities for specific requirements on each of the items listed below. Refer to the Resources for TR for links to Provincial Regulators.

Tele-rehabilitation Platforms

Various platforms can be used to deliver TR. TR can occur via screen or phone. The Canadian Physiotherapy Association (CPA) has developed a list of TR platforms that are available.

In consideration of the varying models of clinical education in TR that can be implemented, each CI should ensure that the platform being used can support the selected supervision model. If using a model of supervision where the student will be working remotely, all student connections and networks must be secure and protected. CIs might need to consider if platforms require additional or adjunct licenses for use to allow students access. Privacy considerations must remain aligned with each Provincial Regulator and the Personal Information Protection and Electronic Documents Act (PIPEDA) requirements.

Consent and Confidentiality

Patients must be made aware of the benefits, inherent risks, outcomes and limitations of providing care via TR. This should be clearly explained. Obtaining informed consent is mandatory and does not vary from the requirements of in-person care.

CIs and students using TR must ensure that they obtain informed consent for each of the following: 1) having a student present as part of service delivery, 2) assessment and treatment, 3) participating in TR services, and if applicable, 4) recording the TR session. Obtained consent details should be documented in the patient's chart for each session. The CPA has created a sample consent form for TR practice. CIs and students are expected to refer to their respective Provincial Regulators to ensure they are in accordance with expectations.

Verification of Identity

Many jurisdictions require that physiotherapists verify their identity to patients and that they also verify the identity of their patients. The student must also verify their identity. This should be documented in the patient chart.

Considerations for a Tele-Rehabilitation Clinical Placement

Various Models of Clinical Education in TR

TR in clinical education can be implemented using various models. The following are some examples:

- All participants connect remotely—the CI, patient, and student(s) are each in a separate physical location and connect remotely.
- The CI conducts a session in-person with the patient and the student(s) connects remotely.
- The CI and the student(s) are in the same physical location and the patient connects remotely.
- In a collaborative peer-coaching supervision model, the CI might conduct a session in-person with the patient and one student, while a second student connects remotely.

Specific Considerations when Preparing for a TR Clinical Placement

- Review the evaluation tool (for example, the ACP) to determine how the student will be assessed on each role and competency throughout the placement in a TR context.

- Determine how chart reviews and patient charting will be achieved given technical and privacy considerations.
- Discuss relevant "web-side" manners with the student. (See sample web-side manner in virtual care)
- Determine the student's knowledge of and experience with TR.
- Determine the supervision approach—the level of supervision required may be more initially as the student requires additional time to observe and understand the functioning and particularities of TR sessions.
- Define CI and student-specific roles prior to TR sessions.
- Encourage "active observation" when the student is observing a TR session. Be explicit to ensure the student remains engaged throughout the session. (See Practical Tips for Engaging a Student in Active Observation during a Physiotherapy Clinical Placement).

Preparing for a TR session is as important as the session itself. Students should be involved with the decision-making process in determining whether a patient is suitable for TR and should develop a good understanding of the benefits and limitations of TR. Students should assist the patient in preparing for TR with introductory communication that outlines what the patient should expect from, and how they can prepare for a TR session (e.g. what to wear, who should be with them, how to prepare the environment, etc.). Students should also prepare their questions and assessments as much as possible in advance so that instructions to patients are clear and concise.

Adverse Events Management

There are several risks associated with providing care virtually, which include technical issues that may result in disrupted or termination of services without warning and the potential for a medical emergency to occur during the time the provider is connected to the patient virtually. For these reasons, it is important to ensure that risk mitigation measures are put in place at the start of each session and prior to services commencing. This includes providing the patient with an alternate means of contacting the provider in the event of a technical issue and ensuring a detailed plan is in place with steps to be followed in the event of a medical emergency. (See sample Critical Event Management Plan).

Clinical Reasoning

Without the findings from the provider's physical examination and palpation to guide the physiotherapist's diagnosis, TR requires much more explicit questioning techniques and active listening to inform clinical reasoning. In order to facilitate this sophisticated reasoning in students, CIs are encouraged to ask the student to articulate their reasoning throughout the session or following each session and guide them through the process to enrich their learning and skill development.

Feedback

Determine how and when feedback will be provided to the student. Best practices for feedback include establishing an educational alliance at the start of the placement with clear goals, that together with focused objective feedback on behaviour and skills, can help focus a student's learning and advance their knowledge and skills. Students should be consulted regarding their preference for receiving feedback, such as the time, place, delivery mode, and type. Special attention to language and non-verbal cues may be required if feedback is provided in the presence of a patient during a TR session.

Caseload

It is recognized that a TR caseload might vary or differ from an in-person caseload. When evaluating a TR placement and the associated clinical placement benchmarks related to caseload management, evaluations should continue to reflect a percentage of the instructor's caseload.

Evaluation of a TR Clinical Placement

All essential competencies required by physiotherapists in Canada can be evaluated in a TR clinical education setting. The student's performance in this type of clinical placement is assessed using the same evaluation tool as a standard in-person placement. Most Canadian PT programs use the Assessment of Clinical Performance (ACP). The following ACP Accompaniment for Tele-Rehabilitation Placements document has been developed to facilitate student evaluation in a TR clinical placement.

Appendices

- ACP Accompaniment for Tele-Rehabilitation Placements
- Resources for TR
- Critical Event Management Plan
- Practical Tips for Engaging a Student in "*Active Observation"* during a Physiotherapy Clinical Placement

The following document is designed to accompany the existing Assessment of Clinical Performance (ACP). The Physiotherapy Essential Competencies that students must demonstrate remain the same whether services are provided in person or via tele-rehabilitation (TR). As such, the ACP will be used to evaluate students' performance during the provision of direct care with TR.

The following table has been developed as a guide to facilitate using the ACP by identifying key considerations for specific enabling competencies when evaluating students' skills as they engage in TR interventions. This is not an exhaustive list of considerations, but a guideline to assist Clinical Instructors (CI) and students when completing the ACP. Competency items in the column flagged by an asterisk (*) require additional consideration. Rows highlighted in green list items that are essentially unchanged in a placement that includes TR.

Competency		*	Tele-Rehabilitation Considerations
Expert	**1.1**		Items 1.1.1, 1.1.4, 1.1.5 are unchanged
		1.1.2	Additional considerations for client expectations given virtual care. For example, student should be explicit about limitations with TR in the assessment.
		1.1.3	Student access to client records might be limited or not available. Additional considerations for how access will affect interpretation of this item.
	1.2		Items 1.2.2 is unchanged
		1.2.1	Additional considerations for selecting outcome measures that are appropriate for TR. For example, does the student consider how a tool can be adapted to be suitable for TR?
		1.2.2	Additional risks due to virtual care should be explicitly stated, such as privacy and confidentiality.
		1.2.3	Additional considerations to ensure safety during assessment including explicit discussion of the client environment during session, privacy, availability of assistance if required, discussion of safety and follow up emergency plan prior to start of assessment.
		1.2.4	Must explicitly ask about changes in health status in cases where changes are difficult to observe during the virtual intervention. Additional caution must be demonstrated with vulnerable populations to determine whether to postpone/end intervention depending on the patient's condition.
	1.3		Items 1.3.1, 1.3.2, 1.3.3 are unchanged
	1.4	1.4.1	A diagnosis via TR will be based only on subjective or observational findings. As such, the student should be aware of how this might be limiting when formulating a diagnosis and the consideration of whether the client requires in-person assessment.
		1.4.2	Additional consideration of whether TR is appropriate or if in-person care is needed (or hybrid model)
		1.4.3	Might require additional steps to reach out to other health professionals, for example, when HCP are not in the same physical location. CI might have to provide additional guidance in how best to reach out to team.
	1.5		Items 1.5.1, 1.5.3, 1.5.4, 1.5.5
		1.5.2	Additional considerations of virtual limitations, such as access to equipment or lack of hands-on treatment
	1.6		Items 1.6.3, 1.6.4, and 1.6.5 are unchanged
		1.6.1	Must consider orienting client to how TR setting is different. For example, consideration of safety, confidentiality, differences in follow up, frequency and duration of visits, etc.
		1.6.2	Clear consideration demonstrated that the interventions chosen are safe and effective when delivered via TR (as not all options will be appropriate given environment, equipment or supervision limitations).
	1.7		Items 1.7.4 is unchanged
		1.7.1	Must explicitly state how TR is different and the specific goal of each session.
		1.7.2	Extra caution should be demonstrated given that symptoms might not be directly observed or visible and require asking the client about symptoms. An explicit emergency plan should be in place.
		1.7.3	The measures that are used might differ from in-person care. For example, might be based on observation or asking patient to report on symptoms verbally or via questionnaire, instead of hands-on measurement.
	1.8		Items 1.8.1, 1.8.2, 1.8.3 and 1.8.4 are unchanged
Communicator	**2.1**		Item 2.1.1 is unchanged
		2.1.2	Additional considerations for technology, such as speaking slower and pausing to listen (due to not being able to speak at the same time). Can be helpful to advise patient of what to expect with communication during session (sharing screen, looking down when listening and taking notes, etc.).
		2.1.3	Greater emphasis on verbal communication and facial expressions (given what is seen by client) to ensure patient comprehension
		2.1.4	Additional privacy considerations given virtual care

	2.2		Items 2.2.1, 2.2.2 and 2.2.3 are unchanged
	2.3		Item 2.3.2 is unchanged
		2.3.1	Additional considerations to ensure privacy for electronic records and communication might be required.
Collaborator	**3.1**		Items 3.1.2 and 3.1.3 are unchanged
		3.1.1	Might be more challenging to observe via TR
		3.1.4	Consider within the limitations of services offered within TR.
		3.1.5	Consider family and care provider during TR.
	3.2		Items 3.2.2, 3.2.3 and 3.2.4 are unchanged
		3.2.1	Additional considerations of cultural beliefs and values when providing virtual care in line with the use of technology.
Manager	**4.1**		Items 4.1.1 and 4.1.3 are unchanged
		4.1.2	Consideration that despite client needs, some resources might not be applicable or available virtually.
		4.1.4	Additional considerations due to use of technology and student potentially working remotely from home. Might require evaluation of other indicators such as responding in timely manner to emails and calls or being prepared for virtual appointments
	4.2		All items (4.2.1, 4.2.2, 4.2.3) are potentially NA, depending on structure of TR setting
	4.3		Item 4.3.4 is unchanged
		4.3.1	Additional considerations of client environment—must be explicitly considered prior to the start of assessment and treatment, with identified risks mitigated as appropriate
		4.3.2	Consideration of own environment for delivery of care
		4.3.3	Additional caution must be demonstrated through ensuring the client is well supported and can both hear and understand all instructions delivered virtually. Takes into consideration all elements of safety from a distance, including having a clear emergency plan for adverse events and clear verbal cues to client during treatment.
Advocate	**5.1**		Items 5.1.2, 5.1.4, 5.1.5 and 5.1.6 are unchanged
		5.1.1	Might be differences in HOW students are able to collaborate
		5.1.3	Is aware of limitations of TR and develops strategies to address this. For example, in-person care might be offered, or client is referred elsewhere.
Scholarly Practitioner	**6.1**		Items 6.1.2 and 6.1.3 are unchanged
		6.1.1	Students can use a reflective journal if opportunities to gather feedback from providers or clients is limited.
	6.2		All items (6.2.1 and 6.2.2) are unchanged
	6.3		Item 6.3.2 is unchanged
		6.3.1	This can include research regarding best practices for assessment and intervention via TR.
Professional	**7.1**		Items 7.1.1, 7.1.2, 7.1.3, 7.1.4, and 7.1.6 are unchanged
		7.1.5	Additional consideration of other persons during interventions in both the patient's and student's environment to ensure privacy of the session and also all associated documentation.
	7.2		Item 7.2.2 is unchanged
		7.2.1	Sensitivity relative to cultural, family and work-related issues for family, as well as sensitivity regarding personal image during TR and when recording images. Physiotherapists will need, as always, to be mindful of cultural and personal beliefs about health care, technology and its role in people's lives and wellbeing.
	7.3		Items 7.3.1 and 7.3.2 are unchanged

Rating Scale and Anchor Descriptors

	Tele-Rehabilitation Considerations
Supervision	No changes to expectations. Students should meet expectations by end of placement.
Caseload	The caseload of the CI might be different than when services are offered in-person. The percentage recommendations in the ACP document can be applied and do not need to be adjusted.
Clinical Reasoning	The clinical reasoning process will look different via TR as students will not be able to gather assessment information using hands-on techniques or approaches. Students' reasoning is therefore limited by what information they gather subjectively and through observation. Adjustments might be needed, such as more direct time.

Developed by: Samantha Doralp, Genevieve Gervais-Cadrin, Martha Visintin

Resources relating to Tele-rehabilitation (TR) as part of Clinical Education

Resource	Information provided
University of Toronto	Guidelines on supervision of a learner in a virtual patient care encounter (medical students)
Northern Ontario School of Medicine	General Information on Supervising Learners while providing Virtual Care
College of Family Physicians of Canada	General Tips for Supervising Family Medicine Learners providing Virtual Care

General Resources for Providing Tele-rehabilitation (TR)

Resources from University Programs	Information provided
Dalhousie University: Developing a Strong 'Web-Side Manner' for Healthcare Providers using Video-Based Virtual Care Q&A for Healthcare Providers: Telehealth/Virtual Care Appointments	Documents on "web-side manners" and virtual care developed by Dalhousie University's IC3RG (International Chronic and Complex Conditions Research Group)
University of British Columbia	Program for Excellence in Telerehabilitation Education and Research (PETER)- General overview and benefits of using TR.

Resources from Professional Associations	Information provided
Canadian Physiotherapy Association	General information on TR including platforms, consent, insurance coverage, resource during COVID-19, etc.
American Physiotherapy Association	General information on TR including implementation, billing, regulations, etc.

Resources and Links to Professional Regulators	Information provided
Canadian Alliance of Physiotherapy Regulators	Publications and guidelines on TR
Quebec	Document : Téléréadaptation: Principes directeurs en physiothérapie (2018)
Ontario	Virtual practice standards and expectation, risks, acceptable types of treatments and modalities, fees and billing, etc.
Alberta	Resource guide elaborating TR expectation in accordance with standards of practice
Manitoba	Resource guide elaborating TR expectation in accordance with standards of practice
Saskatchewan	Practice guidelines for TR
British Columbia	Practice guidelines for TR including consent, privacy, safety
New Brunswick	Considerations when engaging in TR
Nova Scotia	No information specific to TR- general regulator website
Prince Edward Island	
Newfoundland and Labrador	

Critical Event Management Plan

The purpose of this document is to provide an outline of potential critical events that may occur during a tele-health session and to describe a plan of action in case a critical event does occur.

Adverse Event #1: Loss of Connection

Purpose	This protocol addresses the prevention and management in the case of a lost or disrupted connection with the patient during the tele-interview.
Management Strategy	Prevention o Prior to booking appointment, discuss with the patient the best method of contacting them for the tele-interview and any factors which may impact their connection (internet availability and speed, telephone service, landline versus cell phone, access to equipment and software, etc.) o Prior to booking appointment, discuss with the patient what to do in case of lost or disrupted connection o Collect alternate contact methods for the patient on the consent form (email, primary phone, secondary phone, etc.) o Establish a primary, secondary method of contact (include a tertiary if possible) o The physiotherapist will confirm the patient's current location, contact information, and emergency contact info at the beginning of the tele-interview In case of lost connection, the physiotherapist will: o Immediately try to reconnect via the primary method of contact o Within 3 minutes, if the connection has not returned, attempt the secondary and/or tertiary methods as applicable o Within 5 minutes, send an email to the patient if their email address has been provided (including details of lost connection and best contact information for the physiotherapist) o Within 10 minutes, if contact has not been re-established, contact the patient's emergency contact person o Document all attempts to establish reconnection and the result of each attempt
Equipment (type and location)	Physiotherapist will have access to: o Landline and/or cellular telephone (charged with service) o A laptop and/or desktop computer (charged with stable internet connection) o An email account o Patient contact info o Other devices if available (such as a tablet) o Other required equipment and software as applicable o Critical event plan Patient will have access to: o Equipment (charged with connection) for their primary and secondary method of contact at minimum o The physiotherapist's contact info (phone number and email address at minimum) and the clinic's contact info o Critical event plan o Other required equipment and software as applicable
Personnel Involved	Physiotherapist, patient, and any administration personnel at the clinic

Elizabeth Connors, Dalhousie University

Patient Strategies	If the patient experiences a lost connection, they will be instructed to: o Wait five minutes for the physiotherapist to re-establish the connection and/or contact the patient using a secondary or tertiary means o Ensure all devices are nearby, charged, and have connection o Reply to all communication from the physiotherapist promptly o If the patient does not receive communication from the physiotherapist within 5 minutes, they can attempt to contact the physiotherapist via telephone and/or email o If the patient does not receive communication from the physiotherapist within 10 minutes, they are instructed to contact the clinic via telephone for further instructions
Follow-up	If connection is not re-established with the patient, the physiotherapist will follow-up with the patient and/or their emergency contact with 24 hours.

Adverse Event #2: Patient Medical Emergency

Purpose	This protocol addresses the prevention and management in the case of a patient medical emergency during the tele-interview. This may include suspected stroke, suspected heart attack, loss of consciousness, sudden worsening of condition, sudden shortness of breath, allergic reaction, fall, fracture, and/or any other serious medical concerns identified by the physiotherapist.
Management Strategy	Prevention o The physiotherapist will confirm the patient's current location, contact information, health card number, and emergency contact info at the beginning of the tele-interview o During the patient's initial interview, the physiotherapist will discuss any current and past medical history/conditions, medications, and screen for red flags o If the physiotherapist suspects a serious medical concern, they will refer the patient to the emergency room, their family physician/walk-in clinic, and/or advise them to come into the clinic for an in-person assessment as appropriate o The physiotherapist will thoroughly document the event and all steps taken In case of a sudden medical emergency, the physiotherapist will: o Immediately direct the patient to call 911 if able to follow directions o If the patient is unable to follow directions, the physiotherapist will contact 911 and give the address, contact info, and the health card number of the patient as well as a description of the event o The physiotherapist will remain on the call with the patient until emergency services arrive o After finishing the call with emergency services, the physiotherapist will contact the patient's emergency contact o The physiotherapist will thoroughly document the event and all steps taken
Equipment (type and location)	Physiotherapist will have access to: o Landline and/or cellular telephone (charged with service) o A laptop and/or desktop computer (charged with stable internet connection) o Patient contact info, emergency contact info, and health card number o Critical event plan Patient will have access to: o Equipment (charged with connection) for their primary and secondary method of contact at minimum

Elizabeth Connors, Dalhousie University

	○ The physiotherapist's contact info (phone number and email address at minimum) and the clinic's contact info
Personnel Involved	Physiotherapist, patient, and emergency services/family physician as needed
Patient Strategies	○ Have access to a charged phone with a reliable connection during the tele-interview ○ Ensure all contact information and emergency contact information is up to date ○ Have health card and list of medications nearby in case of emergency ○ Ensure that the medical information provided to your physiotherapist is accurate, truthful, and up to date to the best of your ability
Follow-up	Follow up with the patient and/or their emergency contact within 24 hours.

Adverse Event #3: Patient Non-medical Emergency

Purpose	This protocol addresses the management in the case of a patient non-medical emergency during the tele-interview. This may include house fire, intruder, etc.
Management Strategy	In case of a sudden emergency, the physiotherapist will: ○ Immediately direct the patient to call 911 if able ○ If the patient is unable to follow directions, the physiotherapist will contact 911 and give the address, contact info, and the health card number of the patient as well as a description of the event ○ The physiotherapist will remain on the call with the patient until emergency services arrive ○ After finishing the call with emergency services, the physiotherapist will contact the patient's emergency contact ○ The physiotherapist will thoroughly document the event and all steps taken
Equipment (type and location)	Physiotherapist will have access to: ○ Landline and/or cellular telephone (charged with service) ○ A laptop and/or desktop computer (charged with stable internet connection) ○ Patient contact info, emergency contact info, and health card number ○ Critical event plan Patient will have access to: ○ Equipment (charged with connection) for their primary and secondary method of contact at minimum ○ The physiotherapist's contact info (phone number and email address at minimum) and the clinic's contact info
Personnel Involved	Physiotherapist, patient, and emergency services
Patient Strategies	○ Have access to a charged phone with a reliable connection during the tele-interview ○ Ensure all contact information and emergency contact information is up to date ○ Ensure location is secure and dangerous goods or appliances are not left unattended during the tele-interview
Follow-up	Follow up with the patient and/or their emergency contact within 24 hours.

Adverse Event #4: Domestic Abuse and/or Unsafe Home Environment

Purpose	This protocol addresses the prevention and management in the case of suspected domestic abuse and/or an unsafe home environment

Management Strategy	○ The physiotherapist will confirm the patient's current location, contact information, health card number, and emergency contact info at the beginning of the tele-interview ○ All patients are encouraged to use a safe and private location for tele-interviews to encourage open communication with their health care provider and are recommended to utilize equipment such as headsets and/or chat boxes in case of the need to ensure information is not overheard In case of a suspected unsafe home environment, the physiotherapist will: ○ Utilize secure communication strategies as described above ○ Reassure the patient ○ Explain the duty to report if applicable ○ Provide any local resources and/or phone numbers as appropriate ○ Make any appropriate rereferrals ○ Contact emergency services (911) if there is an immediate threat/concern, following the medical emergency event protocol above ○ Stay on the connection as long as necessary to ensure the patient remains safe ○ Document suspected concerns and steps taken
Equipment (type and location)	Physiotherapist will have access to: ○ Landline and/or cellular telephone (charged with service) ○ A laptop and/or desktop computer (charged with stable internet connection) ○ Patient contact info, emergency contact info, and health card number ○ Critical event plan Patient will have access to: ○ Equipment (charged with connection) for their primary and secondary method of contact at minimum ○ The physiotherapist's contact info (phone number and email address at minimum) and the clinic's contact info
Personnel Involved	Physiotherapist, patient, and emergency services/family physician as needed
Patient Strategies	○ Have access to a charged phone with a reliable connection during the tele-interview ○ Ensure all contact information and emergency contact information is up to date ○ Have health card and list of medications nearby in case of emergency ○ Ensure that the medical information provided to your physiotherapist is accurate, truthful, and up to date to the best of your ability ○ Ensure the location used for the tele-interview is private
Follow-up	Follow up with the patient and/or their emergency contact within 24 hours.

Reference

https://www.physiotherapyalberta.ca/files/practice_guideline_critical_event_management_plan.pdf

Elizabeth Connors, Dalhousie University

Practical Tips for Engaging a Student in "*Active Observation*" during a Physiotherapy Clinical Placement

The following suggestions aim to engage the student while they observe their Clinical Instructor (CI) or colleague (another student in a peer-coaching collaborative experience) conduct a patient session. An agreed upon time to debrief on cases should be determined by the CI and the student in advance.

To enhance learning, the student should engage in "active observation". They should be actively involved in every step of the patient session by using their observation, clinical analysis, clinical reasoning, and charting skills. The student can imagine that they are engaging with the patient themselves. The following are concrete examples of how a student can *actively observe* throughout the various stages of a patient session:

***Throughout the session, the student*:**

- takes notes and charts the findings of the session as if it was their own patient. The student chart can be used as personal practice, submitted to the CI or peer for feedback, or used to include in the patient chart.
- identifies and reflects on the communication style and strategies used (verbal and non-verbal), the ability to establish rapport, aspects that are effective, that they would like to incorporate into their own future practice, or that they might prefer to do differently.
- takes note of any aspects of the session or questions they would like to discuss.

***During the introduction and subjective assessment, the student*:**

- identifies and reflects on the types of questions that were utilized, for example, open-ended, close-ended, leading, probing, and clarifying, etc.
- identifies additional information that they would like to obtain and additional questions that they would ask.
- takes note of the flow and organization of the discussion and questions.
- indicates their clinical reasoning to date. For example, a differential diagnosis that they have formulated and the objective assessments that they would perform based on the information obtained from the subjective assessment.

***During the objective assessment, the student*:**

- observes the assessment techniques, notes the findings of each assessment, and analyzes the findings to determine their clinical impression.
- identifies any assessment that they have learned differently, or additional tests that they would have included.
- takes note of the organization and sequencing of the assessments.
- indicates which interventions they would perform based on the additional information obtained from the objective assessment.
- develops a treatment plan.

***During interventions, the student*:**

- observes the interventions performed and takes note of what is done effectively and strategies that are implemented
- takes note of the organization and sequencing of the various interventions.
- identifies any intervention that they have learned differently or additional interventions that they would include.
- considers alternatives or progressions for the interventions (if too painful, too easy, too difficult, not effective, etc.).

***During the closing of the session, the student*:**

- reflects on how to summarize and effectively close the session.
- considers how they would verbalize next steps to the patient.
- considers how they would respond any questions that the patient has.

Additional guiding reflection questions for the student:

- Was time managed efficiently? What strategies were used?
- How was safety ensured throughout the session?
- How was patient comprehension verified?
- What were the overall strengths of this session?
- What were the top 2-3 learning points for you from this session?
- Is there anything that you would like to review or look up related to the case/session that you observed?
- Would be able to run a session like this independently? Would you need to review anything specific?