



ACE* SESSIONS *in the MScPT curriculum*

WHO	<i>Clinicians (as individuals or teams) and pairs of first-year MScPT students</i>
WHAT	<i>Provide early and longitudinal exposure to complexity of PT practice</i>
WHEN	<i>3 hours at a mutually agreeable time on Thursdays</i>
WHERE	<i>Anywhere in a healthcare setting</i>
WHY	<i>To help students see varied and broad applications of classroom learning</i>

KEY RESPONSIBILITIES...

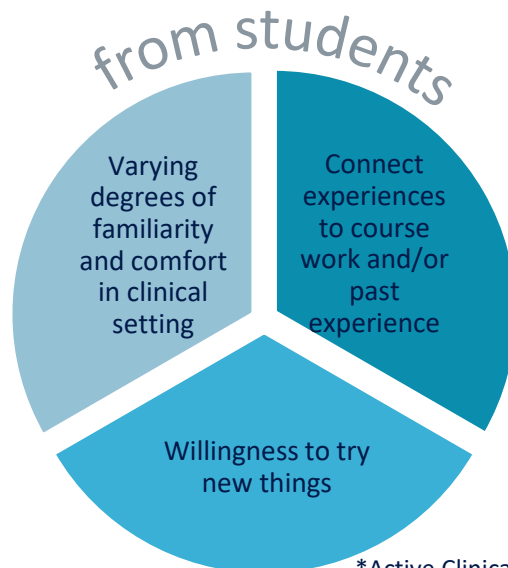
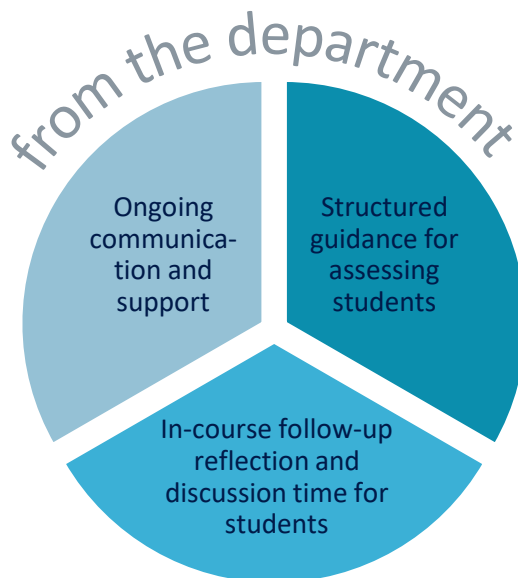
OF CLINICIANS/SITES:

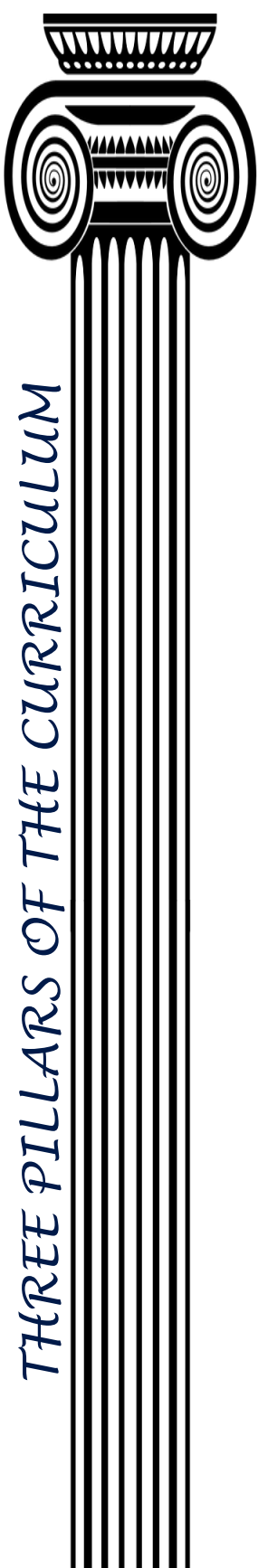
- *Commit as an individual or a team to a set number of ACE sessions per term.*
- *Embrace flexibility of model—students are not required to focus on a specific skill or area.*
- *Perform a brief online evaluation.*

OF STUDENTS:

- *Coordinate with clinician/team to determine best time for session.*
- *Engage with new and unfamiliar content, skills, and experiences.*
- *Behave professionally and appropriately.*

WHAT CAN I EXPECT?





ACE SESSIONS benefit from a mixture of flexibility and light structure. One adaptable model to help instructors navigate ACE encounters with their students is the **TEACH** framework. For each clinical encounter with a patient or activity try following these 5 steps:

1. **Talk** about the encounter (patient visits, rounds, meetings etc.)
2. **Establish** a focus (what the students will attend to most)
3. **Active participation** (create opportunities for the student to engage with their focus)
4. **Cue** reflections (ask and answer questions to encourage student reflection)
5. **Hint** at future learning (ask students what comes next; give suggestions)

To go deeper with each of the key MScPT pillars, try integrating one of the strategies below into the TEACH framework.

CRITICAL THINKING AND ACE SESSIONS

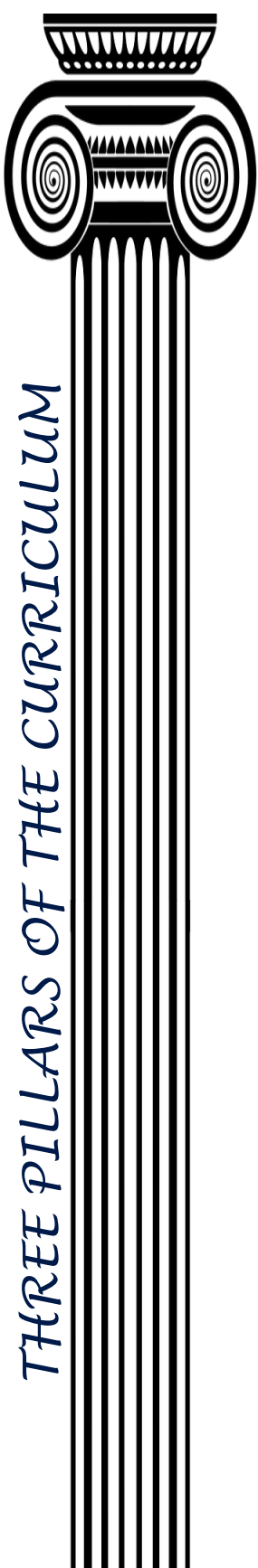
Clinical reasoning is the most relevant aspect of critical thinking in ACE sessions. Look for students to use a variety of forms of knowledge, to gather and select relevant patient information, to interpret patient information, and to generate clinical hypotheses.

STUCK? WHY NOT TRY THIS TO ENGAGE WITH CRITICAL THINKING:

Try using the [1-Minute Preceptor](#) to add structure to TEACH Step 4: Cue Reflections and Questions. This is a great way to elicit evidence of clinical reasoning and lead into a conversation about future learning:

1. **Get a commitment:** At the beginning of a conversation about a clinical encounter, ask the student to commit to their assessment of the situation. “What do you think is going on?” “What do you want to do?” “What else did you consider?”
2. **Probe for supporting evidence:** Ask the student what underlies their commitment to better understand their thought processes and problem solving. “What led you to this conclusion?” “Were there other options you considered and dismissed?”
3. **Teach general rules:** Once you understand what the student knows, you are in a position to address gaps and consolidate learning by teaching 1-2 general rules. “With this diagnosis, always consider assessing...” “It is well established that this treatment has xyz [risks/outcomes/etc].”
4. **Reinforce what was done right:** Provide timely, case-specific, behavior-focused, descriptive feedback to reinforce positive actions and ensure they continue. “What do you think went well during that encounter?” “You did a great job at following the patient’s cue when asking your subjective history.”
5. **Correct mistakes:** Provide timely, case-specific, behavior-focused, descriptive feedback to identify areas for improvement and encourage self-assessment. “I noticed the patient grimacing during the assessment and I did not see you respond to this. What do you think might have been happening there?”
6. **Identify next learning steps:** Take advantage of the opportunity to hint at future learning. Ask the student to identify a plan to address their areas of improvement, perhaps by looking something up, developing a checklist, etc. “What will you do in the future to remember to check in with the patient? Let’s come up with a strategy together.”





INQUIRY MINDSET AND ACE SESSIONS

Inquiry mindset asks students to take the initiative, to direct their own learning, to think creatively and flexibly, and to exhibit persistence and resilience.

STUCK? WHY NOT TRY THIS TO ENGAGE WITH INQUIRY MINDSET:

Within the TEACH framework, try using the [Critical Incident Q&A \(CIQ\)](#) to add structure to TEACH Step 4: Cue Reflections and Questions. This informal Q&A can be used to take up a few minutes of a session when you have some downtime or need to leave the student, and it can be used on a regular basis or more sporadically. Ask the student to spend 10-15 minutes answering the following 3 questions:

1. At what moment in the ACE session(s) were you most engaged as a learner? Least engaged?
2. What action did anyone in the clinic take that you found most affirming or helpful? Most puzzling or confusing?
3. In light of your answers to 1 and 2, what topics or skills would you like to focus on in your next ACE session?

Discuss their answers in the moment, or review them at the next session. This strategy also connects with TEACH Step 2: Emphasize a Focus, by asking students to use their reflection to target future clinical learning.

PROFESSIONALISM AND ACE SESSIONS

In ACE sessions, professionalism is largely communicated through informal experiences and role-modelling rather than through formal instruction. Be aware of how you and the clinical environment might be sending hidden messages!

STUCK? WHY NOT TRY THIS TO ENGAGE WITH PROFESSIONALISM:

Within the TEACH framework, try [modelling your thinking](#) in TEACH Step 1: Talk about the encounter. Try framing your description of the upcoming encounter using the following:

1. **Clarify your values:** If what you, the instructor, have to offer your students is yourself, what do you want them to take away from participating in this encounter with you? You may or may not want to share this with students in the moment. "Today we will be meeting with a patient who often tries my patience, but I really value being a compassionate PT and I will be doing my best to model care and patience even when I might not be feeling it."
2. **Engage your curiosity:** Share your curiosity about what will happen in the encounter. This models your own ongoing professional engagement and interest, and will often point students to aspects of the encounter they might not otherwise consider. "With this patient, I'm especially interested to see how he has been keeping up with exercises at home, as I know there are a number of situational factors that make that difficult for him."
3. **Share your observations:** Describe what you have observed about the patient and/or their context and how that fits into your experience. "I've noticed that this patient is very quick to learn and often has lots of questions, much more so than other people with this diagnosis I've seen in the past."

