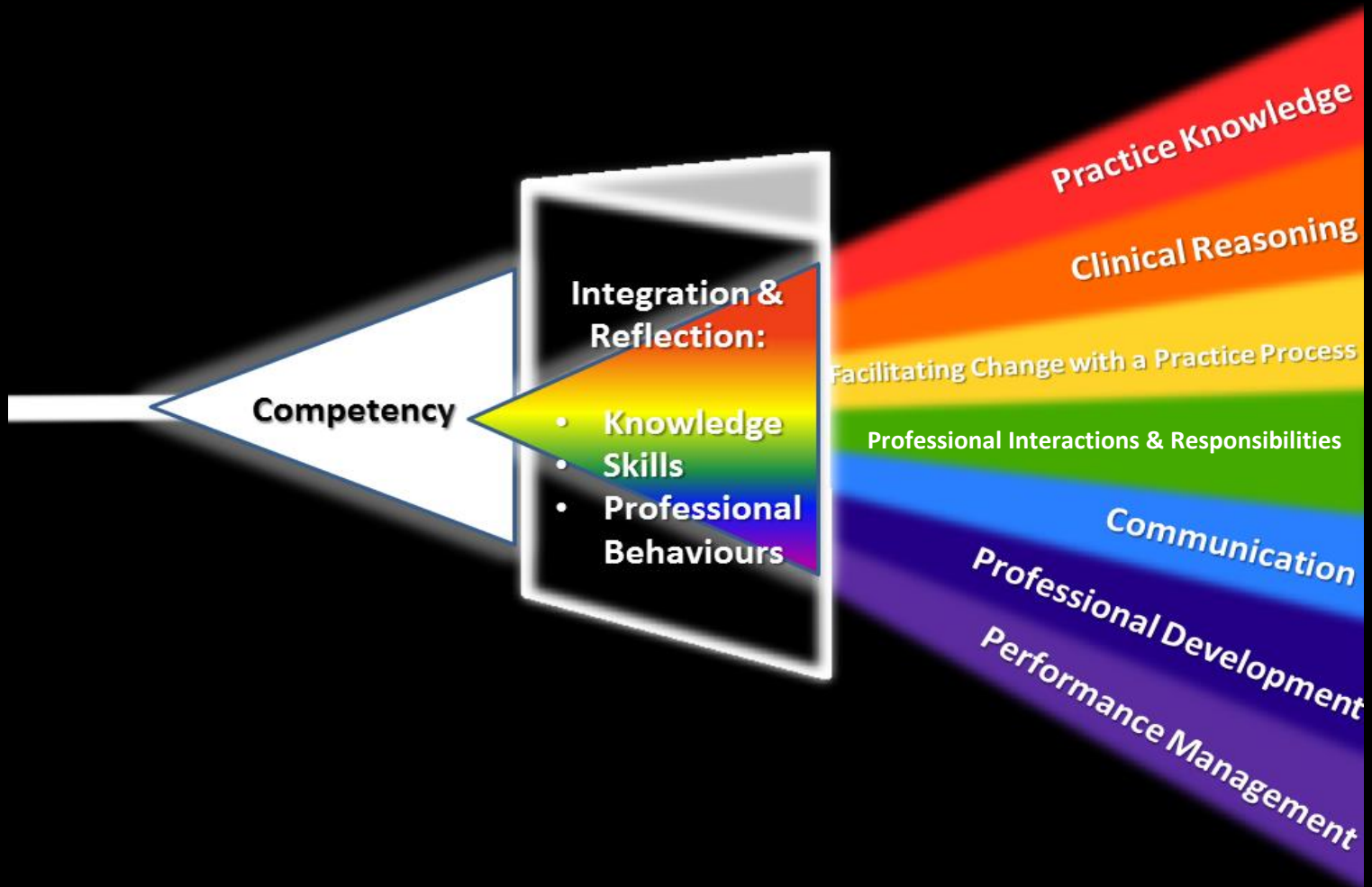


Occupational Therapy Practice: Refraction and Reflection



Master of Sciences in Occupational Therapy MSc(OT)

CLINICAL EDUCATION HANDBOOK

**This Clinical Education Handbook is a supplement
to the Occupational Therapy Program Handbook.**

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Master of Science Occupational Therapy Program

Clinical Education Handbook

**This Clinical Education Handbook is a supplement
to the Occupational Therapy Program Handbook.**



School of
Rehabilitation
Science
REACHING FURTHER

In collaboration with Lakehead University



August 2020

INTRODUCTION

This handbook is designed for students, student coordinators, preceptors and faculty members. It outlines general information, specific program policies and procedures and provides resource materials related to clinical education. A new handbook will be available at the beginning of each academic year. Each student is responsible for reviewing the handbook and abiding by the information provided. The OT Clinical Education Handbook is to be used as an ongoing reference by students throughout the MScOT Program related to clinical education topics.

In the case of any discrepancy between information in this handbook and the OT Program Handbook, the information in the OT Program Handbook will prevail.

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About Terminology in Clinical Education

The terms *clinical placement*, *fieldwork*, and *professional practice experience* are often used interchangeably within the McMaster and clinical communities. The terms are used to describe the clinical education opportunities in which students participate. Students apply knowledge acquired in the university setting and develop practical experience in clinical settings under the supervision of an occupational therapist. The purpose is to facilitate development of new knowledge, clinical reasoning skills and professional identity. The experience is collaborative among students, clients, preceptors, and university programs.

The 2020-2021 Clinical Education Handbook reflects currently accepted language that is as inclusive as possible. This is reflected, for example, in the use of language such as: *they*, *them*, *their* that replaces language such as *her*, *him*, *her's*, *his* to this end.

As our language evolves to continue to represent all people through neutrality and inclusivity, so too will the language used in this Clinical Education Handbook.

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1.0 MSc(OT) PROGRAM

1.1 Mission of Program

The mission of the MSc (Occupational Therapy) Program is to prepare graduates with requisite knowledge, skills, and professional behaviours to practice as entry-level occupational therapists in a range of institutional and community settings throughout Canada and the International community.

Students will achieve an understanding of the influence of family, society, culture and physical environment as they explore the concepts of occupation and health across the lifespan within the context of client-centred practice. Graduates will be prepared to function as independent practitioners, as members of interdisciplinary teams, as critical consumers of research, as agents of change, as leaders in their profession, and as lifelong self-directed learners. The mission is grounded in professional and educational frameworks, which also serve to shape the Program goals and provide the foundation for the curriculum design.

1.2 Educational & Professional Conceptual Frameworks: Steps & Pillars

The MSc (OT) Program is based on several integral educational and professional conceptual frameworks, developed as the “Steps & Pillars”. Detailed information can be found in the OT Program handbook and on the Program Website.

The alignment between clinical education courses and the educational and professional conceptual frameworks is also described on Avenue to Learn, related to each Term in which there is a Clinical Education course (Terms 1, 2, 4 and 5):

Course Description

Occupational Therapy Clinical Education Courses align with the McMaster Occupational Therapy Program Professional and Educational Conceptual Frameworks (the “Steps and Pillars”). Specifically, these courses provide students with learning and development opportunities drawing from the pillars of experiential learning, as well as tenets of problem-based, self-directed, inter-professional and inquiry-based learning. In clinical education courses, students also integrate and draw from the foundational steps of philosophy of health, concepts of occupation, the McMaster Lens for Occupational Therapy and process frameworks to guide their student practice.

1.3 Goals of the MSc(OT) Program

While our beliefs about health and occupation provide the structural framework for the **content** of the curriculum, our beliefs about problem-based learning and self-directed learning provide the pedagogical framework for the learning **process**. To enter professional practice, occupational therapists require a specialized knowledge of occupational science and an understanding of the meaning and value of occupation. They also require knowledge of the

humanities and the basic and applied sciences, including the biomedical sciences, behavioural sciences, and social sciences. Occupational therapists require a set of generic skills and behaviours (e.g., teamwork, communication, information management, critical appraisal, critical thinking, clinical reasoning, ethical decision-making) in addition to specific occupational therapy skills.

- The central purpose of the MSc(OT) Program is to prepare occupational therapists who possess the requisite knowledge, skills and professional behaviours to practice in the emerging realities of the current health care system and the broader societal context of rapid and constant change, within local, national and international communities.
- Students will achieve an understanding of the influence of family, society, culture and environment as they explore the concepts of occupation and health across the lifespan within the context of client-centred practice.

Graduates will be prepared to function as:

- autonomous, independent practitioners
- members of interprofessional practice teams
- critical consumers of research-based information
- leaders and agents of change in their chosen profession
- lifelong self-directed learners

Goals for the terms and individual courses are articulated within the particular appropriate student handbooks and learning resources. The overall learning environment includes the immediate local area, as well as many experiences across Canada, some international opportunities and a close relationship with the Northern Ontario School of Medicine that includes clinical education sites across Northern Ontario.

1.4 Curriculum Design

The curriculum is offered as a full-time, two-year, entry level master's program. Broad categories of issues are interwoven throughout the curriculum, such as ethics, legal implications to practice, policy, and planning. There are five university-based terms of study and four clinical education placements interspersed throughout the program. Each term of study has a particular focus and is organized to integrate elements of inquiry, skills acquisition, professional preparation, small group and independent learning.

**Curriculum Design MSc(OT)
as of May 2020**

JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
								Term 1 Wellness, Health & Occupation *761 Foundational Knowledge I 771 Inquiry & Integration 781 Professional Reasoning and Skills		Practicum *791 Occupational Therapy Practicum I	
								Term 2 Person, Environment & Occupation *762 Foundational Knowledge II 772 Inquiry & Integration 782 Professional Reasoning & Skills		Practicum *792 Occupational Therapy Practicum II	Term 3 Disability & Occupation *736 Foundational Knowledge III 773 Inquiry & Integration 783 Professional Reasoning & Skills
Practicum *795 Occupational Therapy Practicum III		Term 5 Complexities of Practice II: Older Adults & Transition to Practice 776 Inquiry & Integration 786 Professional Behaviour and Reasoning Skills 746 Evidence Based Practice				Practicum *796 Occupational Therapy Practicum IV		CONVOCATION November			

*denotes half course

1.5 Terms of Study

Year 1 ~ September – July		Placement
Term 1	<p>Wellness, Health & Occupation</p> <p>This term provides students with opportunities to gain specific skills in identifying health and wellness issues in relation to occupation. Students will be introduced to theories of occupation and the application of OT models and frameworks in practice. They will explore concepts of clinical reasoning, ethical reasoning and critical appraisal. This term will set the foundation for practice through understanding the health care system and the OT's role within it.</p>	OTP I 4 weeks over November / December
Term 2	<p>Person, Environment & Occupation</p> <p>Students continue to learn about interactions between person, environment and occupation. Students begin to explore and critically appraise assessments commonly used by OTs. Process frameworks receive attention, including the Occupational Performance Process Model (OPPM) and Canadian Practice Process Framework (CPPF).</p>	OTP II 8 weeks over March – May
Term 3	<p>Disability & Occupation</p> <p>The term provides students with opportunities to gain specific skills in understanding disability as a social and health construct; to explore disability across the life span and the relevance to occupational therapy practice in the home, community and institutions. Students critically appraise evidence related to commonly used interventions. Students continue to increase their knowledge related to OT assessment, treatment planning, intervention, discharge planning, and follow-up at a basic level.</p>	
Year 2 ~ September – August		Placement
Term 4 a & b	<p>Complexities of Practice I: Children, Youth and Adults.</p> <p>This term focuses on theory and practice through a developmental lens. Students will explore in greater depth, complex issues in children, youth and adults. Advanced clinical reasoning skills and evidence-based decision-making will be highlighted, as well as consideration of health systems issues. Coursework will include professional reasoning and skills and inquiry courses and once weekly problem-based tutorials. An evidence-based practice course will begin in Term 4 including large group sessions, seminar groups and the initial stages of the evidence-based practice projects.</p>	OTP III 8 weeks over January / March
Term 5 a & b	<p>Complexities of Practice II: Older Adults & Transition to Practice</p> <p>This term will continue the exploration of the developmental continuum by addressing the impact of aging on the identities and occupations of adults and older adults. As the last academic term, there will be emphasis on the integration and consolidation of the knowledge, skills and professional behaviour that students have acquired throughout the OT Program in preparation for transition to professional practice. Coursework will include professional reasoning and skills and inquiry courses and once weekly problem-based tutorials. The evidence-based practice course will include large group sessions, independent team work and a symposium. There will be enhanced opportunities for independent learning and interprofessional education throughout the term.</p>	OTP IV 8 weeks over June / August

2.0 CLINICAL EDUCATION COURSES

The Canadian Association of Occupational Therapists (CAOT) refers to the term "fieldwork education" and the MSc OT program at McMaster University supports the CAOT definition, philosophy and approval guidelines for fieldwork content.

Fieldwork education is an essential component of an occupational therapist's professional education program. It is a collaborative process that involves a variety of supervised field experiences related to the practice of occupational therapy. ***The aim is the integration of theory to practice of the three learning domains - knowledge, skills, and attitudes, as well as the development of clinical reasoning skills and professional identity*** (University Fieldwork Coordinator Meeting, June 1991).

2.1 Principles Guiding Clinical Education (Fieldwork) Education in Canada

These guidelines are intended to ensure that each clinical education (fieldwork) experience provides excellent learning opportunities, resources and an optimal learning environment. Students acquire abilities and professional behaviours as well as new knowledge while engaged in clinical education (fieldwork) education. Students, fieldwork educators/preceptors, onsite fieldwork coordinators, university professors and university fieldwork coordinators are expected to collaborate in linking clinical education (fieldwork) experiences to what students have learned in class. Therefore, it is important to share a common vision for fieldwork education.

The fieldwork experience (placement) should:

- Be a collaborative learning experience among students, clients, preceptors, onsite fieldwork coordinators, and university programs;
- Be mutually beneficial to students and preceptors;
- Be an essential part of professional growth for both students and fieldwork educators (preceptors);
- Occur in a positive learning environment;
- Consider teaching methods and learning styles of both students and preceptors;
- Consider students' learning requirements in relation to their professional development within the context of the fieldwork environment;
- Support students to account for their learning;
- Enable students to link theory with practice;
- Enable students to take an active role within the site;
- Promote satisfaction for both students and preceptors regarding the fieldwork experience;
- Support preceptors' preferences for student level, timing and supervision model to facilitate an educational fit;
- Occur anywhere the roles and functions of an occupational therapist can be developed and integrated.

(University Fieldwork Coordinators Committee [UFCC] - Association of Canadian Occupational Therapy University Programs [ACOTUP] Canadian Guidelines for Fieldwork Education in Occupational Therapy [CGFEOT] 2011 – Revised Edition)
Available at: <https://www.acotup-acpue.ca/CGFEOT.pdf>

In addition to the 'Principles Guiding Fieldwork Education in Canada' from the CGFEOT, the School of Rehabilitation Science at McMaster University believes:

1. that there are core knowledge, skills and attitudes common to all areas of practice.
2. in offering a variety of progressively challenging and interactive learning experiences to students.
3. in the ongoing professional development, support, and recognition of preceptors.

2.2 Student Roles and Responsibilities

Student occupational therapists actively participate in assigned placements to acquire and/or apply knowledge, therapeutic skills, and professional behaviours within the setting. Students participate in planned learning activities, engage in self-directed learning and open communication in order to meet the placement expectations and standards. The responsibilities of the students are:

1. to follow all policies and procedures of the facility, including those regarding dress and conduct,
2. to take responsibility for their own learning,
3. to develop objectives for and implement the Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT) (Bossers et al, 2007) which serves as the basis for learning and evaluation at both midterm and final evaluations through self and preceptor written evaluations,
4. to actively initiate and participate in experiential learning and maximize client interaction opportunities,
5. to work collaboratively with other health care professionals and caregivers to deliver quality service,
6. to seek, accept and respond appropriately to feedback, and to provide appropriate and constructive feedback to the preceptor and team members,
7. to communicate with the DCE regarding any problems or other issues related to placement experiences,
8. to support the MSc(OT) Program philosophy and goals, and represent the program appropriately,
9. ***to demonstrate professional behaviour that is consistent with the following documents, the content of which each student must be aware and apply:***
 - **Professionalism in the Faculty of Health Sciences (McMaster, 2014); Available at:** <https://www.mcmaster.ca/StudentsAcademicStudies/ProfessionalCodeGraduate.pdf>
 - **College of Occupational Therapists of Ontario (COTO) Code of Ethics (2011); Available at:** <https://www.coto.org/docs/code-of-ethics-May-2016.pdf>
 - **Profile of Occupational Therapy Practice in Canada (CAOT, 2012); Available at:** <https://www.caot.ca/document/3653/2012otprofile.pdf>
 - **COTO Essential Competencies of Practice for Occupational Therapists (3rd edition, 2011) Available at:** https://www.coto.org/3rd-essential-competencies_ii_May-2011.pdf
10. to utilize ***Enabling Occupation II: Advancing An Occupational Therapy Vision for Health, Well-being & Justice Through Occupation (CAOT, 2007)*** and ***Enabling Occupation: An Occupational Therapy Perspective (CAOT, 1997)*** as the basis for occupational therapy service planning/delivery.
11. to disclose and manage in a timely way any limitations that may affect the student's ability to do the essential components of clinical activity or that may put other staff or patients/clients at risk.
12. To demonstrate safety in clinical student practice, and exercise sound judgement in carrying out duties.

2.3 Director of Clinical Education (DCE) Roles & Responsibilities

The role of the DCE is to develop and manage the clinical education course components of the curriculum.

The DCE acts as a resource to both the student and preceptor. The role of the DCE is:

1. to liaise with the Term Teams to ensure that curriculum content enhances student preparation for placement experiences;
2. to review and revise the clinical education handbook on an annual basis;
3. to investigate new sites that can provide appropriate learning opportunities to students;
4. to ensure a process exists for approving sites: review, monitor and evaluate sites;
5. to liaise with the Northern Ontario School of Medicine Coordinator(s) regarding placements in Northern Ontario;
6. to maintain a database of sites and preceptors;

7. to address student accommodation issues that affect the placement experience;
8. to disseminate information to the sites concerning the program philosophy, curriculum and guidelines;
9. to negotiate with facility-based coordinators the number of students each facility is able to accommodate in order to support the clinical education component of each term;
10. to match student educational needs with available sites;
11. to act as a resource to the sites in the planning of learning experiences and the students' evaluation;
12. to monitor individual student progress throughout placement and to assist the student in developing strategies to meet their ongoing learning objectives throughout the program;
13. to submit final student grades to the Program for Academic Study Committee (PASC) for approval;
14. to organize and conduct educational workshops for preceptors;
15. to address current issues and future directions within the profession in Ontario by collaborating with Fieldwork Coordinators of Occupational Therapy Programs (in Ontario);
16. to address current issues and future directions within the profession in Canada by sitting on the Committee of University Fieldwork Education (CUFE), or alternative, of ACOTUP.

2.4 Preceptor Roles & Responsibilities

The preceptor will have a minimum of one year professional experience and hold credentials with the appropriate regulatory body. Alternatively, in some cases, a preceptor may have less experience and is recommended by her/his facility leadership to engage. The role of the preceptor is:

1. to develop and maintain skills as a preceptor through continuing education (e.g. attend workshops);
2. to support and understand the MSc(OT) Program philosophy and goals and be aware of curriculum content, clinical education objectives and evaluations;
3. to provide student orientation to the placement;
4. to provide appropriate learning opportunities for the student to meet program and personal objectives;
5. to create a climate in which the student can practice self-appraisal;
6. to create a climate in which the student can give and receive feedback;
7. to provide feedback to the student in a meaningful and timely way. Verbal feedback is provided throughout placement and written and verbal feedback is provided at Midterm and Final Evaluations;
8. to facilitate and encourage self-directed learning by the student;
9. to function both as a resource and process consultant to the student;
10. to assist the student in refining objectives in the CBFEE-OT to ensure relevance to the setting / clients;
11. to provide ongoing supervision throughout the placement;
12. to evaluate student performance based on the objectives and evaluation ratings in the CBFEE-OT;
13. to submit documentation regarding student performance and to recommend a final rating of student performance to the DCE;
14. to communicate with the DCE, as needed, regarding expectations of students and evaluations.

2.5 Clinical Advisory Group (CAG)

The CAG is comprised of the OT, PT, and SLP DCEs, clinicians and facility student coordinators from the in-catchment clinical community. This group links the MSc(OT), MSc(PT), and MSc(SLP) Programs and the clinical settings and communities in which OTs, PTs, and SLPS practice. This linkage is essential to ensure that the professional programs remain current in terms of the demands, trends and expectations on the professions in practice. In addition, this link exists to ensure that developments in the academic and practice components of the programs can be readily conveyed with our clinical communities. Proposed changes and development in the MSc Programs can be vetted with our clinical communities. Collaboration and understanding of all stakeholders' opinions and expertise benefit decision-making that will serve the university-clinical partnerships and student learning opportunities effectively. The co-chairs of this group are the DCEs in each program.

Functions:

- to act as a liaison between the placement facilities and the OT/PT/SLP Programs;
- to explore future directions of clinical education in the McMaster's catchment areas;
- to identify problems and establish solutions to the shortages of learning opportunities;
- to provide feedback to the OT Program on professional preparation content, policies and procedures.

2.6 Clinical Education Student-Faculty Working Group

This advisory group consists of student representatives from each of the year 1 and 2 classes, the DCE, and the CEA. The Clinical Education Student-Faculty Working Group acts as a liaison between the MSc(OT) student body and faculty members on matters related to clinical education, placement resources and opportunities. The group acts as the point of communication about ideas, concerns, and suggestions related to the clinical education courses.

The Clinical Education Student-Faculty Working Group will have a strong working knowledge about the clinical education guidelines and procedures in order to:

- Create and sustain a mechanism for regular and effective communication between students and faculty
- Remain current with clinical education guidelines and procedures
- Have an advisory role in current and ongoing projects related to clinical education (e.g. student groups, guidance for clinical education handbook development)
- Act as a resource for queries about matters pertaining to the clinical education process in general

This group does not participate in advocacy for individual students about personal matters and/or experiences on or relating to placement. These issues are resolved via other existing committees and procedures.

2.7 Models of Supervision

Students will be involved in varied supervisory relationships in the placement setting. The following are examples of the models to which students may be exposed over the four placements.

Individual Model - 1:1

The assignment of one student to one preceptor:

- accepted standard but not clearly proven as the best method of supervision
- students have direct communication and accountability with one preceptor
- may limit opportunities to participate in other OT services
- one preceptor is responsible for tasks related to administration, teaching, consulting and evaluation

Cooperative/Collaborative Model - 2:1

The assignment of two students to one preceptor:

- students are encouraged to consult and learn from each other (collaboration)
- decreases reliance on the preceptor who acts in supervisory and resource capacities
- role of the preceptor is changed because he/she needs to provide clinical responsibilities to each student, appropriate to each student's abilities and learning stage
- comparison of students may occur

Split Model - 1:2

The assignment of one student to two preceptors:

- Enables OTs employed part-time to offer placement opportunities. Often, full-time staff are the ones involved in supervision and by contrast, this model can maximize the resources of all the staff
- equal responsibility shared by preceptors, therefore it is essential that there is effective communication occurring about expectations and evaluation among all
- student benefits from working in different practice areas and preceptors

Paired Model – 2:2

The assignment of two students to two preceptors:

- students are encouraged to work together to integrate learning from two different settings
- allows OTs employed part-time to participate in student supervision
- decreased reliance on preceptors for direct teaching; however each student must be provided with sufficient learning opportunities
- preceptors share responsibilities equally and need to have clear communication
- comparison of students may occur

Shared Supervision Model - 3 or More: 1

The assignment of a group of students to one preceptor:

- onus on each student to be self-directed, organized and able to manage learning opportunities as well as evaluation
- consistent expectations because one preceptor has overseeing responsibility
- very student-centred

'Off-site' Supervision

Innovative Role Expansion / Role Enhancing/ Role Emerging / Community Development Placements. Often, two students are assigned to an off-site preceptor:

- onus on the students to be self-directed, organized and able to manage learning opportunities and evaluation;
- usually occurs in sites where there is no OT on-site and / or where the OT role is emerging or expanding (see chart on following page for strategies to address issues in role-emerging placements);

- may also be used in settings where there may not be a plan or possibility for a formal OT role, but there are still identified roles for OT;
- can be executed as a demonstration project, and may be carried over into similar settings in which there may be potential for a role emerging initiative;
- students use the reflective journaling process to document learning activities, challenges and implications. This is used to focus and facilitate discussion with the off-site preceptor;
- Students' roles include initiation / participation in / completion of legacy projects appropriate to the area of practice;
- Students produce an executive summary for submission to site and school at end of placement.. Executive summaries will be shared with future students to continue this legacy work.

INNOVATIVE / ROLE EXPANSION / ROLE ENHANCING / ROLE EMERGING / COMMUNITY DEVELOPMENT PLACEMENTS

Issues	Strategies
<ul style="list-style-type: none"> • ambiguity / uncertainty of role 	<ol style="list-style-type: none"> 1. use of content learned from courses in university based courses 2. have confidence in “creating” and “testing” a new role 3. use of theoretical frameworks to guide the process 4. be comfortable with this issue 5. use of the reflective journal to document and explore issues / challenges experienced on a day to day basis
<ul style="list-style-type: none"> • decreased physical access to the occupational therapy preceptor 	<ol style="list-style-type: none"> 1. use and appreciation of other resources (e.g. educators, professional team members, client/family, peers) 2. develop clear and consistent communication system 3. identify and utilize other occupational therapists as resources
<ul style="list-style-type: none"> • accountability for own actions 	<ol style="list-style-type: none"> 1. use of journal as a tool for reflection and a medium / catalyst for discussion between the student and preceptor 2. develop organized schedule of activities 3. view of self as extension of occupational therapy preceptor
<ul style="list-style-type: none"> • uncertainty of learning experience 	<ol style="list-style-type: none"> 1. use of CBE-OT to guide learning on placement 2. use year II students as resources 3. view of placement learning as a continuum across many settings and systems, with varying degrees and types of structure 4. view of self as a change agent

3.0 PLACEMENT PROCESS

3.1 General Guidelines

Students participate in four (4) placements throughout the MSc (OT) program. Clinical placement sites include those in the McMaster Catchment Area (IC), the Northern Ontario School of Medicine (NOSM) Pan-Northern Ontario regions and sites located outside of McMaster's catchment area (OOC).

The following guidelines have been developed to ensure that student placement assignments occur fairly for all students. The primary objective is to provide learning opportunities that allow all students to gain the appropriate knowledge, skills and professional behaviours required for entry level professional practice.

Guidelines:

1. Students **must not** arrange their own individual placements directly with sites or individuals. This would cause unfair advantage and inequitable access for students and is prohibited in all Canadian University OT programs. Failure to comply with this guideline may result in serious consequences impacting placement assignment. This agreement facilitates a process to meet placement demands across the country, recognizing the needs of all the stakeholders including student OTs, preceptors, and DCEs. Many factors influence the matching of students to the available offers from the clinical placement sites. Although student preferences may be solicited by the university program, the most appropriate match will be determined by the DCE who must take the needs of the program, community partners, current and future students into account. Students can inform the DCE of contacts for potential sites that should be explored. No student from any Canadian University may contact any site, facility or member of the personnel from any facility related to placement recruitment or to ask placement-related questions.
2. The process of in-catchment student-placement matches entails the use of a software program and manual review to ensure appropriate matching in each case. In some streams and in some cases a randomized lottery will occur. For example, this may occur in the NOSM streams in the event that too few or too many students indicate interest in the available northern clinical placement stream.
3. The recruitment of placements involves a balance between all streams: in-catchment, out of catchment, and the NOSM Pan-Northern stream. In any given term, if the balance based on a class's stream preferences cannot result in sufficient placement availability, this balance will be adjusted, and those students affected will be informed. For example if a large number of students in a given term request in-catchment stream, some of these may have to be moved to out of catchment stream in order to obtain sufficient placements for all students.
4. Changes in assigned placements, including those in the northern streams, will not be considered except in exceptional circumstances, to be determined by the DCE, at their assessment and discretion. The DCE may request documentation/supplementary information during the decision-making process.
5. All expenses incurred while completing placements are the responsibility of the student. Students must consider costs such as relocation, rent (in addition to rent for a residence near McMaster), commuting, parking, additional medical coverage, and food. In any

stream, students **may need to obtain** access to a vehicle to participate in placement activities. Students are expected to provide their own means of transportation (driving, public transportation, other) to each assigned clinical facility and to cover all costs associated with the placement (e.g travel, parking, accommodation). This guideline also applies to students completing international placements. The method and timing of transportation must not impede timely access to all learning opportunities and placement responsibilities.

6. Students must be prepared to complete **placements** outside of the McMaster University in-catchment area. This guideline will address limited resource distribution with more equity, and will expose students to a wider range of learning opportunities within different geographic regions. Students are expected to travel outside of Hamilton, Ontario for mandatory teaching sessions and clinical placements. Students are responsible for their own transportation and associated costs in order to complete program requirements. Some placements may be located in rural, under-serviced and remote areas.
7. The final decisions regarding student assignments are made by the DCE in conjunction with OT faculty at McMaster University.
 - Students will be given opportunities to identify preferences for sites and practice areas in some placement courses; however, the final decision regarding assignments rests with the DCE and MSc(OT) faculty. This group will consider the needs of all students, the OT Program, resources available, preceptors, and the sites in the decision making process. Students may be assigned to learning situations which **are not consistent with their identified preferences.**
8. Students will complete placements in a broad range and scope of practice settings.
 - Every effort will be made for students to complete placements in a variety of settings (e.g. community to hospital), with a range of patient populations/client groups. (e.g. varying ages, occupational issues) encompassing traditional to emerging practice opportunities.
 - It is required by the program that students complete **one placement in a mental health setting**. This will ensure the preparation of entry level clinicians with generalist clinical skills and knowledge.
9. Remedial or Atypically-Timed Placements: In the event that a student requires a placement outside of one of the 4 placement blocks, due to leave of absence or remedial placement needs, a placement will be identified in a timeframe that is commensurate with all demands of the clinical community at the time.
10. During clinical placements, students may be required to attend evening and weekend hours. Whenever possible, students will know in advance if evening and/or weekend hours are required, however changing programs, client needs and caseloads may not be known at the time of student assignments. It is the student's responsibility to meet the requirements for clinical placement hours in order to meet the degree requirements of their respective programs.
11. All learners in the MSc Occupational Therapy Program are required to pay a non-refundable clinical education placement fee , to defray some of the costs associated with the clinical matching process in all streams.

12. Conditions for withdrawing from the northern streams are reviewed on a case by case basis and on the basis of a medical condition with documentation, or serious extenuating circumstances for which corroborating documentation may be required. In the case that such a withdrawal is approved, it is the student's responsibility to work with the DCE and CEA to identify another student to take their assigned spot.
13. Students are not required to have a driver's license for the OT program; however, the lack of a driver's license impacts the range of placements in which a student may participate. Thus, students are encouraged to share this information as early as possible in the program with the DCE to be proactive in the matching process. Note: A lack of driver's license does not prohibit a student from having a placement at a distance from the University, or from having a placement in which driving is required to access sites, clients and resources. Students will be required to determine alternative ways by which to access their assigned placements.

3.2 Placement Opportunities

There are 4 main streams available for assignment of students to various placement experiences.

- In-catchment (McMaster University OT catchment)
- NOSM Pan-Northern Ontario
- Out of catchment
- International (typically occurring in OTP IV, with possible negotiation for occurrence in OTP III depending on availability and early knowledge of an available placement; if a student is interested in this timing, they should communicate with the CEA to arrange a meeting to discuss with the DCE as soon in Year 1 as possible.)

In all streams, placement preferences will be considered, however all placement allocations are based on the **supply** of available placements, facilities, and occupational therapy preceptors. Due to these factors, particular sites, practice areas, or geographical preferences will never be possible to be guaranteed in any stream for specific time periods.

Students may only be in **one** catchment stream for each placement course. A change of catchment streams after committing to a preferred stream can only occur on the basis of changed documented medical needs or other extenuating circumstances that prohibit the student from continuing on with the originally requested stream. The Clinical Education program relies on and works within recruitment processes based on the numbers of students requesting each stream to ensure placements for all students.

1. Students in **Term 1 (OTP I)** may have the opportunity to select one of 3 streams (In-catchment (IC), Northern Ontario and Out of catchment (OOC) by the following three methods:
 - a. Submit a preference form and letter of intent for Northern Ontario School of Medicine (NOSM) Pan-Northern Stream. Students not matched will default into the in catchment stream.
 - b. Submit preference form for an out of catchment placement on A2L. Students not matched will default into the in catchment stream.
 - c. Students in the in-catchment stream in OTP I will be included in a random matching

process as soon as sufficient placements are obtained.

Please note: Students submit preferences for all Northern Ontario School of Medicine (NOSM) Pan-Northern Stream for, II, III, and IV placement courses at the same time, in Term 1 of the MSc (OT) Program.

2. **OTP II, III, and IV:**

- a. Placement offers **IN** the McMaster University catchment area (**IC**). As soon as sufficient placements are obtained, students in in-catchment stream for OTP II, OTP III, and OTP IV will have the opportunity to review the list of available placements and submit their top ten preferences for consideration. In some terms, depending on the speed and volume of placement recruitment, more than one matching round will be used.

It is the student's decision to participate in matching processes.

RANDOMIZED SELECTION PROCESS:

- For in-catchment placements (IC), all submitted students' preferences are entered into a software system that assists with the matching process.
- The probability of each student obtaining one of 10 preferences depends directly on the number of students requesting any given placement.
- Following the randomized process, the initial matched list is reviewed and adjusted to meet all requirements related to issues such as:
 - Meeting formal documented academic accommodations for students registered with Student Accessibility Services (SAS), religious observance, etc.
 - Specific learning needs and environments for each student
 - Requirements of site and/or preceptor such as timing of placement

- b. The Inter-University System manages placement offers **OUTSIDE** McMaster University catchment area (**OOC**) but still within Canada. This OOC stream is managed through the DCE who works within the system used nationally by all university programs. Students interested in this stream will submit an application when requested by the DCE and CEA. Students will be required to determine one (1) out of catchment area only on their application in any term.

If a student has requested out of catchment and active recruitment is occurring on the student's behalf, the application remains open until i) a placement is recruited for the student; or ii) we are advised that a placement cannot be recruited. If an OOC placement is unable to be recruited for a student who submits an out of catchment application, the OOC application is first closed and then the student will be placed in the McMaster catchment stream.

If i) above, occurs, the DCE will contact the student when this notification is received. If ii) above, occurs, the DCE will be in touch with the student and all other students who opted for out of catchment stream to advise that the student may submit preferences based on a list of in-catchment placements that will be prepared for this purpose. The timing of matching for students in the OOC stream does not coincide with the matching process of students in the IC stream.

3. **NORTHERN ONTARIO SCHOOL OF MEDICINE (NOSM) PAN-NORTHERN ONTARIO STREAM**

This is a joint initiative between McMaster University and the Northern Ontario School of Medicine (NOSM). Students who are northern Ontario residents will be given priority for placements, however; any student, regardless of residency, may apply. It is a unique educational opportunity to explore remote and northern health care issues and/or clinical experience in northern Ontario. Clinical Education sites include the communities of Atikokan, Dryden, Fort Frances, Kenora, Manitowadge/Marathon, Nipigon, Sioux Lookout, Thunder Bay, Wawa, Blind River, Bracebridge, Cochrane, Elliot Lake, Englehart, Espanola, Gore Bay, Gravenhurst, Hailebury, Hearst, Huntsville, Iroquois Falls, Kapuskasing, Kirkland Lake, Little Current, Mattawa, Moose Factory, New Liskeard, North Bay, Parry Sound, Sault Ste. Marie, Smooth Rock Falls, Sturgeon Falls, Sudbury, and Timmins.

Early in Term 1, a NOSM information session is held for students. All students attend this session and will subsequently submit an electronic application following this session. This session may be in-person with team members from NOSM, or may be provided through virtual classroom means.

Students will submit preference form and letter of intent for Northern Ontario School of Medicine (NOSM) Pan-Northern Stream; lottery process is used to select students for available spots (Please note: the spot is a placeholder for each student, which will subsequently result in a recruited placement for each student by NOSM). Students not selected will default into the in-catchment stream and can request to be placed on a waiting list in the case of a spot becoming available due to a change in the circumstances of a student selected to this stream, necessitating movement out of the NOSM stream.

Please note: NOSM limits the number of Northern Ontario placements per student throughout the 2 year program to one placement; in some circumstances approval may be sought for a student to have a second placement experience however this is managed on a case by case basis, and is entirely dependent on supply of placements, and allocated on the basis of fair and equitable access for all students; these can occur in any areas within the Pan-Northern Ontario geography.

In total, approximately 33 students of each class participate in funded Northern Ontario School Of Medicine (NOSM) Pan-Northern Stream placements over the course of the program. There is a lottery system to determine which students are selected for each placement. There are currently an additional 2 unfunded placements per fiscal year.

In some cases, a randomized lottery will occur. For example, this may occur in the NOSM streams in the event that too few or too many students indicate interest in the available northern clinical placement stream, as all allotted placements are required to be used to ensure that all students can be placed for each of the 3 clinical education courses.

3.3 Guidelines for International Placements

In OTP IV, or, in some situations, OTP III, students have the option of applying to complete an international placement. The Occupational Therapy program believes that international learning experiences have the potential to:

- enhance students' sensitivity to other cultures, awareness of global health issues and different health care systems
- prepare health care professionals to adapt their practice to their own culturally diverse communities
- support and promote the profession internationally and enable the student to act as an ambassador for Canadian occupational therapy.

The International placement stream is defined as encompassing the developed and developing world. Students who meet specified criteria are provided the opportunity to complete their OTP IV, or, in some situations, OTP III placement in an international setting. Please see section 6 for more details.

3.4 Summary of Placement 'Matching' Process

In OTP I, placements are randomly assigned for students.

In OTP II, III, and IV, students in the in-catchment stream are invited to submit preferences for placement 'matching'.

The process for in-catchment and out of catchment requests is summarized below and will be further discussed in each term's Clinical Education Course sessions.

3.4.1 Summary of Streams for Placement Experiences

Submission of Preferences <i>Approximate Dates</i>	Course	In-catchment (IC) Within the geographic area assigned to McMaster University (see overview in Section 3.4.2)	Out of Catchment (OOC) Outside of McMaster's catchment	NOSM Pan-Northern Stream After being advised by DCE, students then complete the PANDA application online at www.nosm.ca	International (OTP IV or, in some situations, OTP III) planning and preparation begins during Year 1
OOC: Class of 2022 September 2020 (date will be posted)	OTP I	The majority of student placements will be in-catchment School obtains placement offers. The process of student-placement matches entails the use of a software program and manual review to ensure appropriate matching in each case.	Some placements will be out of catchment Students complete and submit application form to Clinical Education Assistant (CEA). Applications are reviewed by CEA and DCE and processed for matching to available offers in other universities' catchments. Students will be required to determine one (1) out of catchment area only on their application in any term. If no placement is obtained the DCE will notify the student and close the OOC application and student placement will move to in-catchment stream.	Placements offered jointly via the Northern Ontario School of Medicine (NOSM) and McMaster University.	N/A
Submission of Preferences	Course	In-catchment (IC)	Out of Catchment Outside of McMaster's catchment	NOSM Pan-Northern Stream	International (OTP IV or, in some situations, OTP III)

<u>Approximate Dates</u>		Within the geographic area assigned to McMaster University (see overview in Section 3.4.2)		After being advised by DCE, students then complete the application online at www.nosm.ca	planning and preparation begins during Year 1
OOC: Class of 2022: September 2020 (date will be posted)	OTP II	As above: School obtains placement offers from clinical sites and uses a database system to match placement offers with students' submitted 10 preferences. Outcome of matching process depends on volume of student preferences per placement offer.	As above	Placements offered jointly via the Northern Ontario School of Medicine (NOSM) and McMaster University.	N/A
OOC: Class of 2021: September 2020 (date will be posted)	OTP II	As above: School obtains placement offers from clinical sites and uses a database system to match placement offers with students' submitted 10 preferences. Outcome of matching process depends on volume of student preferences per placement offer.	As above	Placements offered jointly via the Northern Ontario School of Medicine (NOSM) and McMaster University.	Refer to relevant sections in Clinical Education Handbook and Avenue to Learn for detailed process and requirements. Students are responsible for obtaining an interested and qualified placement site and preceptor. Memoranda of Understanding and Risk Management Processes will be necessary for each placement.

<p>OOC:</p> <p>Class of 2021: September 2020 (date will be posted)</p>	<p>OTP III</p>	<p>As above: School obtains placement offers from clinical sites and uses a database system to match placement offers with students' submitted 10 preferences. Outcome of matching process depends on volume of student preferences per placement offer.</p>	<p>As above</p>	<p>Placements offered jointly via the Northern Ontario School of Medicine (NOSM) and McMaster University.</p>	<p>Refer to relevant sections in Clinical Education Handbook and Avenue to Learn for detailed process and requirements.</p> <p>Students are responsible for obtaining an interested and qualified placement site and preceptor.</p> <p>Memoranda of Understanding and Risk Management Processes will be necessary for each placement.</p>
<p>Class of 2021: September 2020 (date will be posted)</p>	<p>OTP IV</p>	<p>As above School obtains placement offers from clinical sites and uses a database system to match placement offers with students' submitted 10 preferences. Outcome of matching process depends on volume of student preferences per placement offer.</p>	<p>As above</p>	<p>Placements offered jointly via the Northern Ontario School of Medicine (NOSM) and McMaster University.</p>	<p>Refer to relevant sections in Clinical Education Handbook and Avenue to Learn for detailed process and requirements.</p> <p>Students are responsible for obtaining an interested and qualified placement site and preceptor.</p> <p>Memoranda of Understanding and Risk Management Processes will be necessary for each placement.</p>

Notes:

1. For NOSM PAN-NORTHERN STREAM, there may be Interprofessional Experience Placements (IPEP) available.
2. The DCE is responsible for making final decisions on placement assignment in all streams.
3. Students must be prepared to complete **placements in any of the streams (McMaster Catchment Area, NOSM Pan-Northern Stream and the Out of Catchment stream)**, due to limited placement supply / resources and to ensure fair access to all streams for all students.
4. Through the DCE, students may apply for a placement outside of the McMaster Catchment Area, and in the NOSM Pan-Northern Stream, however, the number of applications accepted may be limited and submission of an application does not guarantee a placement will be available.
5. Please note that in all streams, geographical areas may or may not have placements available at any given placement period. This is entirely dependent on which sites and occupational therapy preceptors have provided placements for a given time frame and level of placement.
6. The Canadian clinical education system is established on **a supply model**: OTs, and facilities provide placements at the timing and availability they are able to provide.

3.4.2 OT CATCHMENT GEOGRAPHICAL INFORMATION

McMaster Clinical Education In-Catchment (IC) Area:

*The assigned placements, other than those in the Northern Studies Stream, **may** include:*

- Hamilton
- Burlington
- Brantford
- Milton
- Orangeville
- Fergus
- Paris
- Oakville
- Barrie
- St. Mary's
- Guelph**
- Cambridge**
- Georgetown
- Niagara Falls**
- Welland**
- St. Catharines**
- Mississauga *
- Brampton*

**Mississauga and Brampton- shared with University of Toronto and University of Western Ontario*

***Niagara Falls, Welland, St. Catharines, Cambridge, Guelph shared with University of Western Ontario*

Through Northern Ontario School of Medicine (NOSM) Pan-Northern Stream:

- Atikokan
- Dryden
- Ear Falls
- Emo
- Fort Francis
- Geraldton
- Hornepayne
- Ignace
- Kenora
- Longlac
- Manitouwadge
- Marathon
- Nipigon and Red Rock
- Pickle Lake
- Rainy River
- Red Lake
- Schreiber
- Sioux Lookout
- Sioux Lookout Zone
- Terrace Bay
- Thunder Bay
- Wawa

- Blind River
- Bracebridge
- Cochrane
- Elliot Lake
- Englehart
- Espanola
- Gore Bay
- Gravenhurst
- Hailebury
- Hearst
- Huntsville
- Iroquois Falls
- Kapuskasing
- Kirkland Lake
- Little Current
- Mattawa
- Moose Factory
- New Liskeard
- North Bay
- Parry Sound
- Sault Ste. Marie
- Smooth Rock Falls
- Sturgeon Falls
- Sudbury
- Timmins

Please note that in all streams, geographic areas may or may not have placements available at any given placement period.

This is entirely dependent on which sites and occupational therapy preceptors have provided placements for a given time frame and level of placement.

CANADIAN CATCHMENT AREAS- AN OVERVIEW

CANADIAN UNIVERSITY	CATCHMENT AREAS
University of British Columbia	All of British Columbia and the Yukon
University of Alberta	All of Alberta, Northwest Territories * Shares Saskatchewan with University of Manitoba
University of Manitoba	Manitoba and Inuvik * Shares Saskatchewan with University of Alberta
University of Ottawa	North of Cornwall, City of Ottawa, Cavelton Place * Shares with Queens: Cornwall, Smith Falls, Perth ** Works with Quebec universities to place in that province
Queens University	Kingston, St. Lawrence area (Brockville, Gananoque etc.), North to Perth, West to include Belleville, Campbellford, Coburg, Oshawa, Bowmanville and Peterborough * Shares Cornwall, Smiths Falls, Perth with Ottawa University
University of Toronto	Mississauga to Whitby and Newmarket to Lake Ontario * Mississauga and Brampton- shared with McMaster and Western
University of Western Ontario	Niagara Falls, Welland, St. Catharines, Owen Sound, Collingwood, Orillia, Wingham, St. Thomas, Stratford, Woodstock, London, Chatham, Sarnia, Windsor, Kitchener, Waterloo, Cambridge, Guelph, Penetanguishene * Mississauga and Brampton; shared with McMaster and University of Toronto ** Niagara Falls, Welland, St. Catharines, Cambridge, Guelph shared with McMaster
McMaster University	Hamilton, Burlington, Oakville, Brantford, Milton, Orangeville, Fergus, Paris, Oakville, Barrie, St. Mary's, Guelph, Cambridge, Georgetown, Niagara Falls, Welland, St. Catharines *Mississauga and Brampton shared with McMaster, University of Toronto and Western **Niagara Falls, Welland, St. Catharines, Cambridge, Guelph shared with McMaster
Université Laval	Manages placements in Quebec City and environs Works with other Quebec universities for Québec placements
McGill University	Montreal and environs Works with other Quebec universities for Québec placements
Université de Montréal	Works with other Quebec universities for Québec placements
Université de Sherbrooke	Works with other Quebec universities for Québec placements
Université de Trois Rivières	Works with other Quebec universities for Québec placements
Dalhousie University	Newfoundland, Labrador, Nova Scotia and Prince Edward Island
Province of New Brunswick	Manages some governmental placement requests Dalhousie University manages some placement requests

3.5 Introductory Letter and Initial Contact

Once placements and students have been matched, the CEA / DCE will advise the class regarding timing of sending out the required letters of introduction.

The student is **required to submit an introductory letter to the placement site within five business days of receiving your placement match and site contact information.** This provides an opportunity for the preceptor to "get to know" the student. The student sends a formal cover email, with the required documents **as attachments**. These attachments include the professional letter of introduction and other required documents. Students must copy the CEA and DCE on this email as this serves as another checkpoint in the matching process to ensure that sites are expecting students and that both sides are preparing for the onset of the placement courses. In placement, the preceptor may use this information, where possible, to modify and/or develop learning experiences suited to the individual needs and interests of the student.

A **telephone call or other method of follow-up to the contact person/preceptor may also be required shortly after sending the letter if this is the preferred method of contact by the preceptor.** This is to confirm the placement, find out details about the nature of the placement, and to clarify any other issues. Questions that should be asked include:

- What readings and additional experiences would be useful to help me prepare for the placement?
- Are there any updates about the placement dates, work hours or practice area?
- Are there any updates about location, need for access to vehicle, or other details?
- Do I need to produce evidence of my immunization status to the placement site?
- Do I need to bring my criminal reference check to the placement site?

In the original email, the student will ask the preceptor or delegate what method of follow-up contact is preferred.

Student Introductory Letter –

1. Introductory Letter will include:
 - Student name, previous degree(s), address, phone/email address and **EMERGENCY CONTACT INFORMATION.**
 - Required for OTP II, III, and IV Placements: Previous CBE-OT Summary Page (document will be included as an attachment)
 - Required: Form specifying expiry dates for Police Check/Vulnerable Sector Screen and CPR (document will be included as an attachment)
2. Letter of Introduction will include brief information about:
 - Previous related work and life experience
 - Interests that begin to paint a picture of who you are as a person
3. Previous Placements (other than in OTP I):
 - Identify specific sites/agencies/hospitals with a brief description of the area of practice
 - Include a brief statement about your progression in the previous placements
4. Personal Goals:
 - Identify general goals that you are aiming to achieve in this placement.
 - The goals identified in your initial communications should be broader than those you will subsequently include in your CBE-OT evaluation tool because there can be unexpected changes in the types of learning opportunities available.

5. Curiosity:
 - Identify questions or concerns that have arisen as you began to think about the placement. These could include the type of supervision, specific skills required, location, specific information, etc.
6. Assessments/Interventions:
 - Identify those which you have specifically administered independently and with which you are familiar. Also identify those that may be useful in the placement but with which you have had limited learning.
7. Skills:
 - identify skills/strengths developed in previous work experience or previous placements AND areas that require improvement
 - this area may allow the preceptor to understand a bit more clearly what your personal OT learning history has been, your strengths and where your gaps are.

Suggested Guidelines Developed by: Deanna Tripodi, BHSc(OT) (Class '97)

Find a sample letter below, however as a growing professional and unique individual, **remember to make this correspondence reflect you and your learning.** You are making a first impression with those who may become your colleagues, employers, and team members in the future.

OTP II Sample Letter

150 Bold Street
Hamilton, Ontario
L8P 4S3

EMERGENCY CONTACT INFORMATION:

Name:

Telephone:

Email:

Relationship to Student:

April 30, 2020

Preceptor Name
Treatment Centre
1204 St. Jerome St.
Peterborough, ON P3A 2V9

Dear *Preceptor Name*:

The purpose of this letter is to introduce myself to you prior to beginning my Occupational Therapy placement on (date). I am looking forward to working with you in Peterborough, and would like to thank you for providing this opportunity.

I am a mature student, and spent 12 years in the work force before deciding to return to school last fall to pursue a career in Occupational Therapy. I graduated in from the University of Waterloo with a degree in Health Studies. I spent the year immediately following graduation working with adolescents with mental illnesses at a rural residential treatment centre. The next

11 years were spent working for Harris Community Living with adults with developmental disabilities. During 9 years of that time, I worked within the Developmental Day Programs that they offered, both in Collingwood, and in a nursing home where many of the clients lived. The last 2 years were spent in a variety of positions in a Seniors Program, and in Residential Services.

While I may have limited experience with older adults, I feel confident however, that some of the skills and experiences that I bring from past placements and employment will be transferable to my learning with you. I am experienced in working as part of an interprofessional team, and I also have experience working with individuals with a wide variety of disabilities. I foresee my greatest challenge as becoming comfortable working with an older adult population, and gaining confidence in my ability to communicate effectively with both the clients and their caregivers.

I have also enclosed a copy of the last page of the CBFE-OT from my last placement which highlights my strengths and future learning issues. Also enclosed is a list of all the placements that I have completed since entering the program. A more detailed resume can be sent to you if needed.

Please also find enclosed a form that specifies my expiry dates for Police Check/Vulnerable Sector Screen and CPR.

I hope that this letter provides some information about my background. Once again, I would like to express my appreciation for the opportunity you are providing. I am looking forward to working with you and your team. I will be calling within the next two weeks to discuss the placement details with you.

I can be reached at home 905-555-2222, or through email: studentot@mcmaster.ca.

Sincerely,

Jill Smith
Student Occupational Therapist (Yr 2)
McMaster University

3.6 Acknowledgment of Valid Police Check Vulnerable Sector Screen and CPR Form

Both the Police Check Vulnerable Sector Screen and CPR Forms are *Program Requirements* needed throughout *all courses* of the MSc (OT) Program and are not specific only to clinical education courses.

Prior to the start of each clinical placement, all students must demonstrate that they have fully met the program and placement requirements to both the School and the placement facility. These requirements are to ensure the safety of all clients with whom the students will come in contact.

Police checks and CPR must be kept up to date and valid for the entire duration of the 2 year program.

Students cannot begin a placement with an expired CPR, however if the CPR is due to expire during the placement time period, students are required to provide an updated Acknowledgement of VSS and CPR form to the School listing the new expiry date.

For more information regarding Police Check Vulnerable Sector Screen and CPR requirements please contact the OT Program Coordinator:

Email: otprog@mcmaster.ca ; Phone: 905-525-9140 ext. 27829

Once students have received contact information for the upcoming placement, they will submit the following to the placement facility:

- Letter of Introduction
- Completed Acknowledgement of Valid Police Check Vulnerable Sector Screen and CPR form
- In OTP II, III, and IV, CBE-OT Summary Page (Competency #8-Overall Rating of Student's Performance) of the most recent placement.

THIS CONFIRMATION MUST ACCOMPANY STUDENT LETTER OF INTRODUCTION TO PLACEMENT FACILITY

Acknowledgement of Valid Police Check Vulnerable Sector Screen (VSS) and CPR as per McMaster University, Faculty of Health Sciences (FHS) / School of Rehabilitation Sciences (SRS) Program Mandatory Requirements

I confirm that I have valid documentation as follows and which will continue to be valid throughout the duration of the Clinical Education Course.

I verify that I understand I am not permitted to begin placement if my VSS expiry date occurs during the placement period:

Program Requirement	Expiry Date <i>*You must NOT complete this field with an expired date, or an expiry date that will occur during your placement</i>	Explanation/Action Plan <i>*If your VSS has expired/will expire before or during placement you must contact Patricia Hartnett (FHS): Michael G. DeGroote Centre for Learning MDCL 3514 1280 Main Street West, Hamilton, ON Phone: 905-525-9140 ext 22249 Email: patricia@mcmaster.ca</i>
Police Check Vulnerable Sector Screen (VSS) (valid within one year of date of issue)		
Valid CPR		

Student Acknowledgement

Please carefully read these statements and initial each one to indicate you have read and understand it clearly.

Police Check Vulnerable Sector Screen (VSS): Students must have a valid police check at all times during the program. VSS expires one year from the date of issue.

The program and/or placement sites may request to see the original at any point in time. Students who are unable to produce documentation upon request will be removed from the clinical site. Students must keep an original version for their records and submit one copy to the School.

Students with an expired VSS may be referred to the Faculty of Health Sciences Professionalism Advisory Panel.

_____ (Initial)

CPR: Students must have a valid CPR Card at all times during the program. The MSc (OT) program considers CPR valid from date of issue.

Students who submit a late CPR after the expiration date will incur a \$50 late fee, payable to the School of Rehabilitation Science. Students may not proceed to placement until a valid CPR is submitted and this fee is paid.

The program and/or placement sites may request to see the original at any point in time. Students who are unable to produce documentation upon request will be removed from the clinical site.

_____ (Initial)

3.7 Record of Forward Feeding

Forward feeding is the process of passing on or forwarding information about students' past evaluations to the future preceptor.

Benefits of Forward Feeding

- a) Educationally sound and consistent with learning theory
 - students need to build on strengths and address weaknesses which will in turn determine how they will function in the new setting
 - encourages student self-assessment and self-disclosure
 - encourages student to be self-directed, and be responsible for own learning
- b) Supports the view that preceptor and student are learning partners and are committed to the same outcome
 - open communication between stakeholders about personal strengths and weaknesses enhances working relationships and helps to ensure the delivery of professional services
 - views student as a professional member of the community taking on attitudes, behaviours and skills for future practice
- c) Fosters the protection of society by preventing unchecked and ongoing incompetence of students

Disadvantages of Forward Feeding

- a) Possibility of the development of bias towards the student by the preceptor or those working in the setting
 - it is impossible to totally discount this occurring and may ultimately influence the evaluation of student performance
 - dependent on the preceptor use of the information judiciously and confidentially
- b) Tenuous balance of the rights and responsibilities of the student with those of the MSc(OT) program and those of the client (ethically and legally)
 - There are implications of the student's decision to disclose or not to disclose
- c) Assumptions made that the previous issues/problems will be current issues/problems in the new learning environment

The MSc(OT) Program views the forwarding of information related to students' evaluations as a growth-promoting process. The student must remain central to this process and be encouraged to initiate this process. The College of Occupational Therapists of Ontario (COTO) supports OTs as supervisors for students and emphasizes their accountability in this role for safe and ethical practice. COTO's guidelines on student supervision include the ability of the preceptor/supervisor to question the student about "current learning needs, previous clinical experiences, perceived weaknesses, apparent strengths, and information on any other issues which may assist in ensuring a learning process that promotes a safe, ethical, and quality practice".

The final page of the CBFE-OT is used by the student to facilitate forward feeding. The student provides this completed page to the preceptor before OTP II, III, and IV placements to facilitate building on prior learning and experiences.

3.8 Reflective Journals

Regular reflective journaling is **required throughout each clinical education course**.

- Journaling is a strategy to develop student clinical reasoning
- Journaling facilitates self-understanding, growth and development
- Journaling is used as a medium for teaching/evaluation in clinical education
- Journaling is used as a trigger for subsequent discussions between preceptor and student

Consider the following for your setting and needs:

How is it done?

- a minimum of two journal entries per week
- paired peer review and feedback process
- submitted via email between paired student peers
- In innovative / role emerging placements, journal entries are used to augment communication and focus subsequent discussions between student and preceptor, as well as submitted for paired peer review and feedback.
- In innovative / role emerging placements, negotiate how often and when journal will be sent to preceptor such that the preceptor has time to review it and provide comments if appropriate, particularly in preparation for subsequent discussions during supervision time.
- In innovative / role emerging placements, preceptors will determine how they will review or provide feedback on the journal.

How will preceptor respond to the student's journal in role emerging placements?

- Interactive journaling is very helpful but needs to be done in timely way. It should be done by students as soon as possible after the trigger.
- Preceptors can assist students in resolving issues or dilemmas raised in the reflections. The journal should be reviewed in some way. Not every preceptor will opt to respond to the student journal in writing and that is their prerogative.

What content should be reflected on in the journal?

- thoughts, feelings, concerns, or reactions arising from specific learning experiences
- how the experience will shape your learning and development as a future OT and next steps you will take
- can be done at anytime but best when student has encountered a critical learning incident/issue
- do not provide a chronology / log format (i.e. a record of what was done at 9 am, 10 am etc). Daily activities may be a way to organize and/or spark reflection on placement, but the REFLECT rubric is used to deepen and develop the reflective process as much more than a chronology.
- best to be flexible with the type of content and see what emerges for you in placement; however the exercise should not be contrived.
- reflective journaling is typically a homework activity done outside of placement hours to support learning

What about confidentiality?

- identify who will see the journal.
- if the preceptor is retaining the journal, identify whether and when the journal will be destroyed
- if the preceptor would like to keep a "sample" for future reference, student may give consent and all identifiable information is removed
- peer reviews are strictly confidential in terms of content of the journal and content of the peer feedback

Prior to OTP I, each student will be paired with another student for the purpose of mutual peer review and formal feedback about the Clinical Education Course journals.

Please see below for a journaling template. This is just one example of how students may organize such a journal, although other journal structures can be determined independently by students to select a format that suits them.

Also refer to:

Reflection in Practica: A Clinical Education Mini Manual for Student OTs (Shimmell, Bull, Wakefield, 2014) Posted on Avenue to Learn, and available online at:

<https://ClinicalEducationMiniManualforStudents.pdf>

Student Reflective Journal Template

<p>Incident / Experience / Observation (Describe the basics of what occurred – date, who involved positive or negative occurrence, etc.)</p>
<p>Communication (Reflect on how the incident is linked to communication with others at the placement site, within the therapy team, with clients)</p>
<p>Integration with team (Reflect on how the incident is linked to efforts to integrate rehab into the setting. Could include documentation issues, referral issues, needs assessment, etc)</p>
<p>Impact on Service Provision to Client (Reflect on how the incident links to the efforts to provide intervention to clients)</p>
<p>Discipline specific practice issues (Reflect on how the incident is linked to OT practice; how is your role different in this setting?; what are you learning about OT in this setting?)</p>
<p>Action Planned and Taken (what did you ultimately do in response to the incident and the steps outlined above)</p>
<p>Adapted from: Letts, L., & Richardson, J. (2005). <i>Reflective Journal Template</i>. Unpublished.</p>

3.9 Potential Independent Activities in Placement

Throughout all placements, **students can and should be involved in multiple independent activities which will enhance their learning and provide valuable contributions to the setting and clinicians with whom they are placed.** These important supporting activities can be planned and conducted by the students themselves, as negotiated and agreed upon with the preceptor. Such activities can be completed in part during placement hours in any supervision model. Having dedicated time to learn is essential in supporting the development of knowledge and skills necessary for the provision of services to clients. It is also expected that students will have **regular “homework”** that will also support their learning and maximize active and appropriate participation in the placement setting.

Under what circumstances could a student OT be ‘on their own’ and available to engage in auxiliary activities?

- When the preceptor works part-time and has non-work days.
- When the preceptor is away unexpectedly or expectedly.
- When the preceptor is engaged in duties which cannot include the student.

In what learning activities should student OTs engage when direct activities with clients are not occurring?

- Planning and preparation for next days or weeks in placement
 - research about clients, diagnoses, assessment and treatment possibilities
 - client treatment plan development
 - preparing / reviewing / synthesizing client information into (draft) documentation/reports
- Contributions to the Client/Patient Education Boards in the facility – visual materials for posting
- Preparation of educational materials for clients and their families to augment treatment/recommendations
- Summaries and critical appraisals of evidence/literature related to practice area topics and dilemmas
- Preparation and delivery of in-service education for staff: case studies, standardized tools, etc.
- Some students may have individual learning objectives such as administration activities (e.g. billing practices, entrepreneurship, etc.) that could be pursued with personnel other than the preceptor
- Product research for materials or equipment used in practice
- Site visits to other facilities, OTs or procedures such as surgery to meet personal learning needs
- Collaboration with occupational therapy assistants (OTAs) to master handling skills; wheelchair, seating and mobility skills; transfer skills, etc and promote intra-professional practice education
- Learning time with “float” therapist for exposure to varied roles and responsibilities
- Engage in team treatment opportunities to learn about other professionals and their scope of practice and promote inter-professional practice education
- Development of contact and resource lists relevant to particular client populations in the setting
- Special projects (Clinicians are encouraged to develop a cache of research questions and project outlines)
 - Educational needs
 - Research needs
 - Setting’s wish list activities

In identifying other activities that may be viable for students to undertake, the following model was proposed.

Activities that should be considered with student OTs are those which:

- Increase the Quality and Efficiency of Client Assessment, Intervention, Service
- Improve Communication or the Translation of Knowledge between clinician and client, intra- and inter-professionally, and form a systems perspective

4.0 COMPETENCIES AND EVALUATION

4.1 The Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT)

The CBFE-OT is the evaluation measure used to evaluate the competencies of a student occupational therapist completing a fieldwork placement at McMaster University. The measure identifies seven competencies and associated behaviours that a preceptor uses to assign a grade for student performance.

REQUIRED TEXT THROUGHOUT 2 YEAR PROGRAM:

Bossers, A., Miller, L.T., Polatajko, H. J., & Hartley, M. (2007). *Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT)*. Toronto, ON: Thomson Limited.

The CBFE-OT is individualized by the student in consultation with their preceptor. The evaluation encompasses the mandated requirements from the program and faculty and the student's personal goals and objectives. It allows the learner to take responsibility for the learning process. In concert with her/his preceptor, the learner identifies their learning needs, develops appropriate plans, manages and evaluates the learning that takes place during the placement. This approach is consistent with self-directed lifelong learning and thus will result in greater quality and depth of learning for the student.

The CBFE-OT includes 7 competencies:

1. Practice Knowledge

- Has the theoretical knowledge and technical expertise to serve clients/client groups, colleagues, the agency and the profession
- Utilizes evidence based knowledge
- Knows the parameters of the profession and its role within the agency
- Understands the core values and vision of the profession

2. Clinical Reasoning

- Demonstrates analytical thinking
- Demonstrates conceptual thinking
- Demonstrates good judgment and sound decision making
- Utilizes good problem solving
- Demonstrates reasoning based on evidence

3. Facilitating Change with a Practice Process

- Facilitates and manages change in others
- Establishes a therapeutic relationship
- Practices in a safe manner
- Collaboratively identifies goals
- Advocates and consults
- Practices in a client-centered manner
- Based on sound theory and good evidence, appropriately:

- Assesses needs
- Reports assessment results
- Makes referrals and plans intervention
- Plans and enacts the closure of the intervention
- Plans discharge and follow up

4. Professional Interactions and Responsibility

- Adheres to ethical and legal practice standards
- Centers on client/client group needs, always
- Follows through on commitments; shows respect for clients, colleagues and the profession
- Contributes effectively as a team player
- Motivates others
- Fosters trust and respect as a professional
- Builds collaborative working relationships
- Deals effectively with obstacles and opposition
- Acts with professional integrity
- Gives and receives feedback effectively

5. Communication

- Fosters open communication
- Listens actively
- Speaks clearly and appropriately
- Listens and speaks respectfully
- Manages conflict with diplomacy
- Provides explanations and/or education that is at an appropriate level for the client
- Writes clearly and appropriately
- Modifies language for the listener
- Uses non-verbal communication appropriately and effectively

6. Professional Development

- Demonstrates self-directed learning
- Integrates new learning into practice
- Student tries to identify areas for future growth and sets new levels for personal best
- Adapts to change
- Demonstrates commitment to the profession
- Upholds the core values of the profession
- Demonstrates skills of self-appraisal

7. Performance Management

- Self-starter
- Completes tasks in a time-efficient manner, setting priorities effectively
- Demonstrates effective resource utilization
- Demonstrates quality management
- Is accountable and responsible
- Teaches/Coaches
- Demonstrates operational and organizational awareness
- Demonstrates leadership (delegates appropriately)
- Seeks assistance and feedback appropriately (responds positively to constructive

- feedback)
- Demonstrates self-monitoring
 - Organizes time and sets priorities effectively

Shippmann and colleagues (2000) note that definitions of competency in the literature vary but a common aspect across definitions is that competencies are derived from analysis of the profession as opposed to analysis of specific jobs within the profession.

Why use the CBFE-OT?

Rationale for the use of the CBFE-OT in the McMaster University MSc(OT) Program:

- The clinical education component is based on an adult education model and principles of self-directed learning versus a skills-training or apprenticeship model
- The CBFE-OT is a learning and evaluation tool which views the student as an adult learner and the preceptor as a facilitator
- Through learning objectives, competence in the three learning domains of knowledge, skills and professional behaviours is addressed
- Several different methods of evaluating clinical competence can be identified within the CBFE-OT (e.g. direct observation, chart review, and discussion), thereby not relying on one method unduly
- The CBFE-OT provides information to the preceptor to aid in rational decision-making about student progress and provides detailed and useful feedback to the student to facilitate learning
- Student and preceptor are actively involved throughout the process thereby promoting collaboration and partnership in the placement experience
- The CBFE-OT can be applied and adapted to each placement setting
- The learning experience becomes focused and relevant to the student's needs, preceptor's expertise, and the MSc OT Program objectives.

4.2 McMaster University Occupational Therapy Clinical Education Experiences & Fieldwork Levels

This document is a tool to assist both students and preceptors in understanding how the four clinical education placements in the M.Sc.(OT) program align with Canadian Fieldwork Levels. Further, using the competencies identified in the Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT), this tool identifies the student performance expectations as well as strategies that preceptors may utilize to assist students in each placement.

In the CBFE-OT manual, the Canadian Fieldwork Levels were matched with the cumulative number of fieldwork hours of three Canadian occupational therapy programs involved in the pilot study of the evaluation. We applied this data to the cumulative fieldwork hours acquired in McMaster University's placements as well, to determine appropriate fieldwork levels.

As a student progresses from one placement to the next, there is an expectation that the student has acquired the knowledge and skills expected in previous placements. For example, a student entering their second placement will be expected to have met the expectations of the first placement and be prepared to build on those skills in this second placement. This student will be required to meet the identified expectations of the second placement by the completion of the placement. If a student is not on track to meet those expectations by the end of placement, as determined by the student and/or preceptor, a call to the Clinical Education Team at McMaster University is warranted.

When a student is struggling in placement, in order to successfully pass the placement at final evaluation, he/she is expected to not only improve in areas of difficulty previously identified but also demonstrate consistent improvement in those areas. In other words, the appropriate behavior or skill must be demonstrated by the student and observed by the preceptor on a regular basis with increased depth and complexity as time passes.

The *Expectations of Students* information is also embedded on the new CBFE-OT evaluation tool for each competency and at each level.

To re-iterate, the student expectations identified in the subsequent pages of this document are **minimum baseline expectations** to successfully pass the placement. If there are any questions about these expectations, do not hesitate to contact us.

Lorie Shimmell, MSc., BHScOT., OT Reg.(Ont.)

**Shaminder Dhillon, MSc., O.T. Reg. (Ont.)
Assistant Professor**

Placement	Canadian Fieldwork Level	Expectations of Students	Preceptors Strategies
OTP I 4 weeks Nov-Dec (Year 1)	1	<p>Practice Knowledge: Students are able to apply occupational therapy theories and models learned in class to the placement setting. During placement, students begin to develop and apply content knowledge about the placement setting including scope of the OT role. Students demonstrate knowledge in client work and student projects.</p> <p>Clinical Reasoning: Students are able to provide a hypothesis for client presentation and potential next steps.</p> <p>Facilitating Change: Students are able to establish therapeutic relationships, practice in a client-centred way and begin to engage in different parts of the practice process, as negotiated with preceptors.</p> <p>Professional Interactions & Responsibility: Students are respectful, present with integrity and follow through on commitments. Students identify challenges and conflicts. Students explore the ethical and legal practice standards for the placement setting. Students are able to give, receive and integrate general feedback.</p> <p>Communication: Students listen actively with openness and non-judgement. Students are able to engage clients, families and team members appropriately. Students are beginning to document basic interactions with clarity and accuracy.</p> <p>Professional Development: Students are able to not only initiate identification of some strengths and weaknesses in personal performance, but also be self-directed in hypothesizing how those weaknesses will be addressed in placement. Preceptors will need to provide input. Students are exploring the scope of the profession.</p> <p>Performance Management: Students demonstrate responsibility for scheduling their own time with input from the preceptor and efficiency with this time. Students identify learning priorities and potential resources/approaches with preceptors' assistance. Students are beginning to understand the organization/system.</p>	<p>Preceptors provide direct teaching.</p> <p>Preceptors are with students, unless negotiated otherwise.</p> <p>Preceptors provide feedback on all students' activities (following student initiated self-evaluation), in addition to two formal evaluations.</p> <p>Preceptors prompt students' clinical reasoning by asking questions.</p> <p>Initiation is shared between preceptors and students as needed to progress students' learning.</p>

Placement	Canadian Fieldwork Level	Expectations of Students in addition to OTP I expectations...	Preceptors Strategies
<p>OTP II 8 weeks March – May (Year 1)</p> <p>OTP II 8 weeks Jan-March (Year 2)</p>	2	<p>Practice Knowledge: Based on preparatory work, students begin placement with some practice knowledge, which builds during the placement. Students continue to contribute to the program via projects.</p> <p>Clinical Reasoning: Students are able to provide an explanation for client presentation and offer potential assessment, intervention and outcome measurement strategies.</p> <p>Facilitating Change: Students are able to participate in all parts of the practice process, but not necessarily with the same client from beginning to end.</p> <p>Professional Interactions & Responsibility: Students demonstrate openness to explore challenges and conflicts. Students find relevant information/resources regarding the ethical and legal practice standards for the placement setting. Students are able to give, receive and integrate general feedback relating to all parts of practice.</p> <p>Communication: Students engage clients and families in all parts of the practice process. Students initiate communication with team members about their respective contributions to client services. Students are documenting all parts of practice with clarity and accuracy.</p> <p>Professional Development: Students are able to not only initiate identification of a number of strengths and weaknesses in personal performance, but also be self-directed in planning to address the identified weaknesses. Preceptors may need to provide input. Students have a good understanding of the profession and are able to represent the profession appropriately.</p> <p>Performance Management: Students demonstrate responsibility for time management with input from the preceptor and efficiency/accountability with this time. Students identify learning/clinical priorities, resources/approaches and seek input from preceptors. Students are able to articulate the operational and organizational context of practice in this setting.</p>	<p>Preceptors may provide more direct teaching at the beginning of placement, then gradually decrease support (as students demonstrate independence in parts of practice).</p> <p>Preceptors facilitate problem-solving in collaboration with students.</p> <p>Preceptors provide feedback regularly on students' activities (following student-initiated self-evaluation), in addition to two formal evaluations.</p> <p>Preceptors use questions to prompt students in linking information and considering alternatives</p>

Placement	Canadian Fieldwork Level	Expectations of Students in addition to OTP II expectations...	Preceptors Strategies
OTP III 8 weeks June - Aug (Year 2)	3	<p>Practice Knowledge: Based on preparatory work, students begin placement with a reasonable understanding of the relevant practice knowledge in the assigned setting. This is further developed on placement and applied from beginning to end of service delivery with a partial caseload, as negotiated with preceptors. Students continue to contribute to the program via projects.</p> <p>Clinical Reasoning: Students are able to explain client presentation, develop and implement an assessment, intervention and outcome measurement plan for a partial caseload with some complexity.</p> <p>Facilitating Change: Students are able to participate in all parts of the practice process independently with a partial caseload, in consultation with preceptors.</p> <p>Professional Interactions & Responsibility: Students demonstrate initiative to explore challenges and conflicts and collaborate on solutions. Students find relevant information as needed, and adhere to the ethical and legal practice standards for the placement setting. Students are able to give, receive and integrate specific feedback relating to all parts of practice.</p> <p>Communication: Students communicate with clients and families on their partial caseload throughout the provision of services. Students provide meaningful contributions to team meetings for service provision. Students are completing all documentation with appropriate depth and efficiency for their partial caseload.</p> <p>Professional Development: Students are able to not only initiate identification of a number of specific strengths and weaknesses in personal performance, but also be self-directed and detailed in addressing the identified weaknesses independently. Preceptors' involvement is limited. Students have a strong understanding of the profession and are positive ambassadors of the profession.</p> <p>Performance Management: Students initiate management, accountability and responsibility of their time, based on prioritization of client needs and learning priorities. Students check-in with preceptors regarding their learning and clinical plans for their partial caseloads. Students are engaged in the operational and organizational context of practice in this setting.</p>	<p>Direct teaching is limited at this level. Students should become oriented to the placement setting quickly.</p> <p>Preceptors should be gradually adding clients to the students' caseloads as students become independent in working with each client.</p> <p>Preceptors provide feedback regularly at the beginning of placement and gradually only in activities where students' are still developing skills (following student-initiated self-evaluation). In addition, two formal evaluations are required.</p>

Placement	Canadian Fieldwork Level	Expectations of Students in addition to OTP III expectations...	Preceptors Strategies
OTP IV 8 weeks September-October (Year 2)	3	<p>Practice Knowledge: Based on preparatory work, students begin placement with a reasonable understanding of the relevant practice knowledge in the assigned setting. This is further developed on placement and applied from beginning to end of service delivery with a full caseload. Students continue to contribute to the program via projects.</p> <p>Clinical Reasoning: Students are able to explain client presentation, develop and implement an assessment, intervention and outcome measurement plan for a full caseload with a typical level of complexity.</p> <p>Facilitating Change: Students are able to participate in all parts of the practice process independently with a full caseload, in consultation with preceptors.</p> <p>Professional Interactions & Responsibility: Students demonstrate sophistication in exploring challenges and conflict and in collaborating on solutions. Students find relevant information as needed, and adhere to the ethical and legal practice standards for the placement setting. Students are able to give, receive and integrate specific feedback in breadth and depth that relates to all parts of practice.</p> <p>Communication: Students communicate with clients and families on their full caseload throughout the provision of services. Students collaborate with team members as needed for the best service provision. Students are completing all documentation with appropriate depth and efficiency for their full caseload.</p> <p>Professional Development: Students are able to not only initiate identification of a number of specific strengths and weaknesses in personal performance, but also be self-directed and detailed in addressing the identified weaknesses independently. Preceptor involvement is minimal. Students demonstrate the knowledge, skills and behaviors of a colleague in the profession.</p> <p>Performance Management: Students independently manage their time with accountability and responsibility, prioritize client needs and learning needs, develop and implement their plans for a full caseload and their personal learning. Students seek approval from preceptors prior to implementation. Students demonstrate leadership within the operational and organizational context of practice.</p>	<p>Direct teaching occurs in novel situations only. Students should be able to take primary responsibility for clients early in the placement.</p> <p>Preceptors should respond to daily check-ins initiated by the student regarding their caseload management. Preceptors' assistance may be needed in working with complex clients.</p> <p>Preceptors provide feedback as needed on skill areas that students are working on developing in preparation for entry to practice (following student-initiated self-evaluation). In addition, two formal evaluations are required.</p> <p>Preceptors may use questions to prompt students in creative/innovative thinking.</p>

4.3 Diagnosing Learning Needs for Learning Objective Development

How to diagnose your learning needs: What knowledge, skills and behaviours do you need to develop now in order to function competently in the occupational therapy profession today and in the future?

A learning need is the gap between where you are now and where you want/need to be to master all competencies. A competency can be thought of as the ability to do something at some level of proficiency, and is usually composed of some combination of knowledge, understanding, skill, attitude, and values. For example "ability to ride a bicycle from my home to the store": is a competency that involves some knowledge of how a bicycle operates and the route to the store; an understanding of some of the dangers inherent in riding a bicycle; skill in mounting, pedalling, steering, and stopping a bicycle; an attitude of desire to ride a bicycle; and a valuing of the exercise it will yield. "Ability to ride a bicycle in cross-country race" would be a higher-level competency that would require greater knowledge, understanding, skill, etc.

In occupational therapy, there are a few resources which you should consult to begin the process of reflecting on where your current learning is and where you want/need to be:

- The CBE-OT (Bossers et al., 2007)
- The Profile of Occupational Therapy Practice in Canada (CAOT, 2012) Available at: <http://www.caot.ca/document/3653/2012otprofile.pdf>
- COTO Essential Competencies of Practice for Occupational Therapists (3rd edition, 2011). Available at: https://www.coto.org/3rd-essential-competencies_ii_May-2011.pdf

4.4 Components of the Student's Learning Objectives Table in the CBE-OT

4.4.1 Objectives

The student identifies personal learning objectives based on the reflection described above. These have particular relevance to the student's learning and development in a specific setting related to a competency in the CBE-OT. While the CBE-OT manual identifies that students do not need learning objectives for each competency, it is a **requirement of the McMaster University MSc OT program that each student have a minimum of 2 learning objectives for each competency** relevant to one's individual learning needs. Each should be SMART and therefore manageable in the context of all other objectives and activities, appropriate to the specific placement.

As a continuing pilot for 2020, students will create a minimum of 1 learning objective for each competency relevant to one's individual learning needs for OTP I. For OTP II, III and IV, students will be required to have a minimum of 2 learning objectives for each competency

CBE-OT Learning objectives are not submitted to the school but serve as discussion points for negotiation and finalizing the student's learning contract between they and their Preceptor. In order to have as much time during the placement to address and meet all learning objectives, everything should be finalized by end of first week, or very early in the beginning of the second week at the latest.

4.4.2 Resources required to meet the objectives

This section includes the various means used to complete and demonstrate the Evidence of Accomplishment, for the purpose of working toward the overarching Objective. Resources should include **specific** references (e.g. which books, journals, etc.); people (e.g. preceptor, team members, client and family); class notes and techniques learned at school should be identified **specifically**; libraries and community services can also be resources.

The Approach describes the action to be taken using the identified resources. Some good approaches for inclusion are role modelling of specific techniques by the preceptor, discussion with preceptor, practicing with / using specialized assessments or equipment.

4.4.3 Evidence

This section must demonstrate the student's knowledge and skill. Evidence includes **quantity and quality** of what is done by the student. Evidence should be prioritized and negotiated by the preceptor and the student to determine what evidence is necessary to successfully complete (pass) that particular objective. Evidence of accomplishment must be observable, measurable, specific and identified as a behaviour or product (e.g. written report).

4.4.4 Validation

Validation involves ensuring that the evidence of accomplishment is accurate and complete. In this section the student needs to identify who and how the evidence will be validated. It should be clear what criteria will be used for validation.

4.4.5 Student's Learning Objective Table

Objectives	Resources Required to Meet the Objectives	Evidence	Validation
<p>This column answers the question:</p> <p>WHAT IS THE STUDENT REQUIRED TO DO OR DEMONSTRATE ON SUCCESSFUL COMPLETION?</p>	<p>This column answers the question:</p> <p>HOW WILL THE STUDENT PREPARE TO ACHIEVE THE OBJECTIVE?</p>	<p>This column answers the question:</p> <p>WHAT ARE THE DEMONSTRATED PARTS OF KNOWLEDGE, SKILL OR BEHAVIOUR THAT WILL BE PROOF OF THE STUDENT'S COMPETENCE AND MASTERY? (WHAT WILL THE STUDENT SAY, WRITE OR DO?)</p>	<p>This column answers the question:</p> <p>WHAT ARE THE GUIDELINES/ CRITERIA FOR ENSURING THE EVIDENCE IS ACCURATE AND COMPLETE?</p>
<p>Consider:</p> <ul style="list-style-type: none"> • Diagnosing learning needs • Placement opportunities 	<p>1 <u>RESOURCES</u></p> <ul style="list-style-type: none"> • should be specifically named and may include reference texts, class notes, charts, clinicians, community resources • should be prioritized based on relevance and content <p>2 <u>APPROACH / STRATEGY</u> Describes the process or method of utilizing resources and achieving objectives such as:</p> <ul style="list-style-type: none"> • opportunity to observe/role model skills, or tasks • plan and co-lead groups • discussion and feedback with therapist • documenting needs, actions and time management 	<p>Evidence should include quantity and quality (frequency, total of times demonstrated, clear advancement of skill between level of independence versus supervision level, etc.)</p> <p>Evidence should be prioritized.</p> <p>Time frame for achievement of specific evidence should be identified.</p> <p>Evidence of Accomplishments must be SMART:</p> <p>S – Specific M – Measurable A – Achievable R – Realistic T- Timelined</p>	<p>Consider:</p> <ul style="list-style-type: none"> • Who will validate the evidence? • When will it be validated? • How will the evidence be validated?

4.5 Evaluation Scheme

Students and preceptors will evaluate student performance in Occupational Therapy clinical education courses using the Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT). Students are evaluated across a range that culminates in the competency levels of an entry level clinician. Both numeric ratings and narrative / textual evaluation feedback are used to indicate the level of competency of student performance in seven individual competencies. At Midterm Evaluation and again at Final Evaluation, student performance will be evaluated using a rating between 1 and 8 for each of these seven individual competencies, an overall rating of student performance, and written narrative evaluation. Please note, that each level of placement has a typical numeric range, for example, it would be highly unusual for a first placement student to achieve a rating in a competency of 7 or 8 as this would indicate readiness for entry level practice in that competency. A rating of 1 on the Competency Rating Scale is equivalent to an entry-level student i.e., someone just beginning occupational therapy studies. A rating of 8 on the Competency Rating Scale is equivalent to an entry-level clinician i.e., someone ready to enter clinical practice.

The designation of a **U** for unacceptable or **E** for Exceptional may be added as a qualifier to the numerical rating to designate that numerical rating as Unacceptable, or as Exceptional. The **U** or **E** designations **are not used independent of a numerical rating**.

Canadian Fieldwork Level 1: OTP I Placement Individual Competency Ratings:

On each of the seven individual competencies, Level 1 students are expected to achieve a rating between 1 and 3. A student who achieves a rating of 1 demonstrates **low stage 1 competency** whereas a student who achieves a rating of 3 demonstrates **mastery of Stage 1 competency/Transition to Stage 2**.

Canadian Fieldwork Level 2: OTP II Placement Individual Competency Ratings:

On each of the seven individual competencies, Level 2 students will typically achieve a rating between 3 and 6. A student who achieves a rating of 3 demonstrates **mastery of Stage 1 competency/Transition to Stage 2**, whereas a student who achieves a score of 6 demonstrates **mastery of stage 2 competencies/transition to Stage 3**.

Canadian Fieldwork Level 3: OTP III and OTP IV Placement Individual Competency Ratings:

On each of the seven individual competencies, Level 3 students will typically achieve a rating between 6 and 8. A student who achieves a rating of 6 demonstrates **mastery of stage 2 competencies/transition to Stage 3** whereas a student who achieves a score of 8 demonstrates **mastery of stage 3 competencies/readiness to enter clinical practice**.

The final preceptor recommendation of the Clinical Education Course outcome is based on all ratings of the individual competencies combined with the written narrative evaluation. Using these, the preceptor will recommend to the Director of Clinical Education (Occupational Therapy) an overall rating at Final Evaluation that indicates student overall performance throughout the placement course. The preceptor provides a recommendation to the following question on the CBFE-OT:

As the OT Preceptor, do you recommend the student pass this placement?

Yes No

The Midterm and Final Evaluations are submitted to the Director of Clinical Education – Occupational Therapy (DCE). Based on all evaluative evidence, the DCE identifies the final overall performance outcome of each student as either satisfactory (pass) or unsatisfactory (fail) in the Clinical Education course.

The grades recommended to the DCE are presented to the Program Academic Study Committee (PASC). If the final overall performance outcome identified by the DCE differs from the preceptor's recommendations, OR if both the DCE and the preceptor recommend a fail, PASC will review and make a final decision regarding the overall rating. In its deliberations, PASC will take into consideration evidence provided on the CBFÉ-OT, other supporting evidence from the preceptor, DCE, and the student. That evidence is used in PASC deliberations to determine if a student's performance has met the competency expectations for the Clinical Education Course level. A "pass" standing in the Clinical Education Course final evaluation is needed to meet the minimum requirements of the course.

If, at any time during a placement, the DCE or university faculty member believes that the student's English language proficiency, communication, knowledge, clinical skills, or professional behaviours present a risk or potential risk to clients, the site or university has the right and responsibility to withdraw the placement.

Additional Documents:

1. Bossers, A., Miller, L.T., Polatajko, H. J., & Hartley, M. (2007). *Competency Based Fieldwork Evaluation for Occupational Therapy CBFÉ-OT*. Toronto, ON: Thomson Limited.
2. McMaster University OT Clinical Education Experiences & Fieldwork Levels

4.6 Required Time Line for Accomplishment of Evaluation Tasks

Students are required to attend carefully to these evaluations requirements.

****Note: it is ultimately the student's responsibility to communicate with the school at any time at which progress, competency development and performance are not proceeding appropriately. This is part of accurate self-assessment. Although the preceptor may also connect with the school if any concerns arise, the student should *always* communicate as a self-directed learner. It is strongly recommended that student and/ or preceptor contact the school at any time as soon as questions or concerns arise. This contact should *not* wait until midterm or final evaluation, as early communication affords us the opportunity to manage issues together as early as possible, with as much time as is available for strategies to be put into place and implemented collaboratively.**

We welcome your questions and opportunity to work together on strategies for learning and management of issues. Please see fields for requesting contact from the school at midterm and final, however as above, please contact us *as soon as* questions or concerns arise. **

Requirements Checklist

In Occupational Therapy Clinical Handbook 2019-2020

AT ANY TIME: Contact DCE and CEA if student level of performance in any area of competency development is not being met, or if you have questions concerns about any aspect of the placement.

*Students are required to complete and check-off all student requirements		Preceptor / Facility Education Coordinator Tasks	
Before Placement Begins			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Once you receive all relevant contact information from the CEA, you will prepare and send <i>by email attachments</i> to site contact and/or preceptor, the DCE-OT and CEA, the following:</p> <ul style="list-style-type: none"> Professional letter of introduction Acknowledgement of Valid Police Check Vulnerable Sector Screen (VSS) and CPR In OTP II, III and IV include CBFE-OT summary from previous term Follow-up with the site contact and/or preceptor to obtain more information about the setting and potential learning opportunities 	<p>Review student letter and reflect on potential learning opportunities at the placement site to offer the student</p> <p>Identify any requirements student may need to prepare for prior to arriving at the placement</p>	<input type="checkbox"/> <input type="checkbox"/>
First Week of Placement			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Orientation</p> <p>Present draft CBFE-OT with proposed objectives based on understanding of placement setting and identified personal strengths and weaknesses from previous placement experiences (CBFE-OT) to Preceptor; students may integrate project work into their personal learning objectives and therefore should navigate project discussions as early as possible with preceptor.</p> <p>Initiate and establish feedback plan (e.g. daily, weekly, etc)</p>	<p>Orientation</p> <p>Review and provide input to the draft CBFE-OT</p> <p>Preceptor to contact DCE or CEA with questions/ concerns</p> <p>Consider strategies to address student strengths and weaknesses and establish feedback plan (e.g. daily, weekly, etc)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Second Week of Placement			
<input type="checkbox"/> <input type="checkbox"/>	<p>Finalize CBFE-OT learning objectives early in week at latest</p> <p>Agreement established that CBFE-OT is jointly developed between the student and the preceptor</p>	<p>Finalize CBFE-OT learning objectives early in week</p> <p>Agreement established that CBFE-OT is jointly developed between the student and the preceptor</p>	<input type="checkbox"/> <input type="checkbox"/>
Mid Placement			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Prepare for Midterm Evaluation by completing electronically typed self-evaluation, highlighting strengths and learning issues, with ratings and comments identified for each competency and overall. The evaluation may be requested by the preceptor a couple of days prior to the OT Preceptor completing her/his evaluation. Complete Student Evaluation of Placement & Preceptor Form.</p> <p>At face-to-face meeting, summarize self-evaluation and engage in discussion with preceptor about progress and performance to date.</p> <p>Initiate discussion of midterm feedback using Student Evaluation of Placement & Preceptor Form and provide copy to preceptor. (You may also be asked to provide a copy to the facility student coordinator.)</p>	<p>Prepare for Midterm Evaluation by providing electronically typed feedback for the student, highlighting strengths and learning issues.</p> <p>Ratings and comments are identified for each competency and overall. Student's self- evaluation may be requested a couple of days in advance of the preceptor beginning to prepare their written evaluation.</p> <p>At face-to-face meeting, student discusses self-evaluation and both student and preceptor engage in discussion based on written evaluations and ratings.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Negotiate an overall rating for midterm using student and preceptor rationale with examples and evidence. The overall CBFE-OT rating should not be an average of the competency ratings as this implies that each competency is equally represented in the placement, which may not be the case in every practice setting.</p> <p>Make revisions to Learning Objectives Tables in the CBFE-OT, if needed, and ensure the rationale, date and new plan are clearly included</p> <p>Clarify expectations for remaining weeks</p> <p>Following the midterm evaluation meeting, provide an email to the DCE and CEA, and your preceptor(s) and include the following attachments:</p> <ol style="list-style-type: none"> 1. Amalgamated Preceptor and Student's completed CBFE-OT with all midterm fields and Checkbox Certifications completed by both student and preceptor(s), on Placement History page 2. Student Evaluation of Placement and Preceptor Form 	<p>Invite student feedback about preceptorship and placement experience.</p> <p>Negotiate an overall rating for using student and preceptor rationale with examples and evidence.</p> <p>Oversee revisions to Learning Objective Tables in the CBFE-OT, if needed</p> <p>Clarify expectations for remaining weeks</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Last Week of Placement

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Prepare for Final Evaluation by providing electronically typed self-evaluation and assigning a recommended final rating/comments as well as ratings/comments for each competency. The evaluation may be requested by the preceptor a couple of days prior to the OT Preceptor writing their evaluation. Complete Student Evaluation of Placement & Preceptor Form.</p> <p>At face-to-face meeting, summarize self-evaluation and engage in discussion with preceptor about progress and performance throughout full placement.</p> <p>Initiate discussion of final feedback using Student Evaluation of Placement & Preceptor Form and provide copy to preceptor. (You may also be asked to provide a copy to the facility student coordinator.)</p> <p>Negotiate an overall rating for final using student and preceptor rationale with examples and evidence. The overall CBFE-OT rating should not be an average of the competency ratings as this implies that each competency is equally represented in the placement, which may not be the case in every practice setting.</p> <p>Complete and submit final feedback on Student Evaluation of Placement and Preceptor Form and provide copy to preceptor and/or facility student coordinator</p> <p>On the final scheduled day of placement, student provides an email to the DCE and CEA, and your preceptor(s) and include the following attachments:</p> <p>Amalgamated Preceptor and Student's completed CBFE-OT with Checkbox Certifications completed by both student and preceptor(s), on Placement History page, and on final summary page.</p> <p>Student Evaluation of Placement and Preceptor Form</p> <p>Submit Tracking Hours Form if you were absent at any point throughout the placement</p> <p>Student will use CBFE-OT evaluation to inform learning objectives and focus for subsequent placements and other courses, therefore copies of each CBFE-OT are to be retained by student.</p>	<p>Prepare for Final Evaluation by providing an electronically typed evaluation and assigning a recommended final rating/comments as well as ratings/comments for each competency. Student's self-evaluation may be requested a couple of days in advance of preceptor's preparation of their evaluation.</p> <p>At face-to-face meeting, student discusses self-evaluation and both student and preceptor engage in discussion based on written evaluations and ratings.</p> <p>Invite student feedback about preceptorship and placement experience.</p> <p>Negotiate an overall rating for using student and preceptor rationale with examples and evidence.</p> <p>Provide recommendation of Pass or Fail</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Please note: These submissions occur on the *last scheduled placement date* and CBFE-OT must evaluate all weeks/days of placement:

- **OTP I- evaluate all 4 weeks of placement**
- **OTP II, III and IV- evaluate all 8 weeks of placement**

- The DCE reviews all student evaluations in terms of competencies, completeness, comprehensiveness, assigned ratings, feedback and recommendation of pass/fail. Clinical Education course outcomes, progress and preceptor recommendations for pass/fail are reviewed by the Program Academic Study Committee (PASC), as are all courses in the MSc OT Program.
- Student may receive a grade of Incomplete if documentation is not submitted immediately following completion of placement course as these components are necessary to verify successful completion. It is the student's responsibility to submit of all required documentation on the final day of the placement course and that documentation is submitted to the CEA / DCE, with preceptor(s) included, as per school requirements.

4.7 Student Evaluation of Placement & Preceptor

The **Student Evaluation of Placement and Preceptor Form** (see below) is completed and submitted to both the School and preceptor by the student at **midterm and at the end (final) of the placement**. The feedback that is provided through this form should be articulated in a clear and professional manner at all times. Everything that is included in this form should be discussed with the preceptor and/or facility student coordinator. The student shares this information with the preceptor and/or student coordinator of the facility. The original form is returned to the DCE and kept on file. A copy of the completed form is provided to the preceptor. This form is available on Avenue to Learn as well as at the following link: <http://srs-mcmaster.ca/ot/clinical-placement-documents-and-resources/> under 'Clinical Placement Resources'. Students are also able to access this form using the link provided as part of the Student and Preceptor Placement Package which is sent electronically at onset of each placement.

This information is used as a resource to the DCE to:

1. allocate students to appropriate sites;
2. review and monitor sites;
3. monitor individual student progress throughout program; and
4. assist the student in developing strategies to meet their learning objectives throughout the program.

For those preceptors who have faculty appointments with the School of Rehabilitation Science, this information may be passed on to the Department Education Coordinator (DEC) for review.

**McMASTER UNIVERSITY – MSc(OT) PROGRAM
STUDENT EVALUATION OF PLACEMENT AND PRECEPTOR**

I, _____, acknowledge that I have reviewed this information with my Preceptor(s) and have provided a copy to them for transparency.

Student Name: _____ **OTP:** _____

Placement Facility: _____ **Dates:** / / to / /
m d y m d y

Area of Practice: _____

Preceptor: _____ **Placement Facility Student Coordinator:** _____
(If applicable)

Model of Supervision Used (Check Appropriate Section):

- | | |
|---|---|
| <p>1) 1 Therapist: 1 Student _____</p> <p>2) 2 or more Therapists _____</p> | <p>3) 1 Therapist: 2 or more Students _____</p> <p>4) Other (Explain) _____</p> |
|---|---|

MIDTERM: Please describe the orientation process in this placement including what you found helpful and what additionally would have been helpful for a new student?

What positive feedback have you provided your Preceptor(s) over the course of your placement to date?

MIDTERM:

FINAL:

What constructive feedback and strategies have you provided your Preceptor(s) over the course of your placement to date?

MIDTERM:

FINAL:

END OF PLACEMENT: Did you complete satisfactorily the objectives and your personal learning objectives? Explain.

END OF PLACEMENT: Were you able to integrate theory to practice in knowledge, skills and professional behaviour? Explain.

Additional comments/recommendations.

Cont'd

Please evaluate the Preceptor and/or Student Coordinator in the following functions: **Unsatisfactory (U); Satisfactory (S); Good (G); Excellent (E)**

FUNCTIONS	Midterm (M)	U	S	G	E	COMMENTS
	Final (F)					
1) Provide the opportunity for the student to participate in appropriate learning situations in order that the student is able to meet objectives.	M					
	F					
2) Create a climate in which the student can be open to give and receive feedback.	M					
	F					
3) Provide feedback to the student in a meaningful and timely way.	M					
	F					
4) Facilitate and encourage self-directed learning in the student.	M					
	F					
5) Function both as a resource and process consultant to the student.	M					
	F					
6) Assist the student in developing a learning contract particular to the setting, client population and needs of the student.	M					
	F					
7) Evaluate student performance based on the objectives outlined in the learning contract.	M					
	F					
8) Support the Occupational Therapy Program philosophy and goals and be aware of curriculum content, objectives and evaluation strategies.	M					
	F					
9) Provide suggestions and/or access to inter- professional placement opportunities.	M					
	F					
10) Provide suggestions and/or access to intra- professional placement opportunities. This would mean OTA personnel and/or OTA students.	M					
	F					

5.0 GUIDELINES FOR CLINICAL EDUCATION

5.1. Infection Control

By November 1st of each academic year, students are **required** to review each of following 5 Modules on the Public Health Ontario website:

1. Hospitals: 4 Moments in Hand Hygiene
<https://www.publichealthontario.ca/4MomentsinHandHygiene>
2. Hospitals: How to Handrub
<http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/JustCleanYourHands/Pages/JCYH-videos.aspx>
3. Hospitals: How to Handwash <https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene/jcyh-videos>
4. Long-Term Care and Retirement Homes: For professionals
<http://www.publichealthontario.ca/LongTermCare&RetirementHomes:ForProfessionals>
5. Environmental Cleaning Toolkit – Module 1 – Chain of Transmission
<http://www.publichealthontario.ca/ChainofTransmission>
6. [Infection Prevention and Control Fundamentals](https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-fundamentals.pdf?la=en) <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-fundamentals.pdf?la=en>

Upon successful completion, students beginning year 1 and again at the beginning of year 2 are required to complete and submit the Affidavit of Completion on Avenue to Learn under corresponding OTP Course, under Dropbox.

It is strongly recommended that these 5 modules also be reviewed prior to the onset of every placement. Students are responsible for being aware of and using infection control precautions. During placement, students will follow the facility policies and procedures regarding infection control.

Questions regarding Infection Control Modules contact Cheryl Gemmell, Safety Office Associate, Faculty of Health Sciences at (905) 525-9140 x24956 or email gummelc@mcmaster.ca.

5.2. Student OT Attendance at Clinical Placements

During each placement, the student assumes responsibility for client care, team collaboration and their learning. It is expected that the student will attend and actively engage every day in each of the four placements during the two year program. Students will follow the work schedule of the placement (i.e. take statutory holidays if the facility observes the holiday). Similarly, students will work on weekends and/or evenings if the staff works during this time.

During times of extreme weather, students must always make a determination as to the safety of getting to and from their placements. If driving is the main method of access, just as one would to access their work and responsibilities, alternatives such as public transportation (where available) and taxis are viable methods that can enable access when individual transportation is of concern. Generally, if other members of the team and staff are making it

into the site, it would be anticipated that the student will as well. Communication must be made between the student, site student coordinator, preceptor, DCE and CEA if any absence for any reason is anticipated.

Students are required to attend each clinical placement in its entirety – 100% attendance is expected of all students. Reasons for days absent from placement will only be accepted for exceptional circumstances, and will require supporting documentation (see table below).

Why must students attend each clinical education course in its entirety?

Reasons for this policy include, but are not limited to, the following:

- Successful completion of all clinical education courses is an academic requirement for graduation from the MSc(OT) program.
- Students in the MSc(OT) program assume responsibility for client care during clinical placements.
- Absences disrupt client care continuity and affect student learning.
- Absences may impact the preceptor's ability to adequately evaluate the student.
- Students are required to complete a minimum of 1000 hours of clinical practice to meet MSc(OT) graduation requirements and the national occupational therapy accreditation standards
- Student OTs are expected to uphold exemplary standards of professional conduct.
- Excellent attendance and communication about attendance are critical professional obligations.
- To ensure the student is covered with liability insurance for the duration of the placement, the Clinical Education Team **must** be aware of all absences and changes in placement dates.

The approach students are to take when there is an absence from placement is as if they were in a work position in which regular communication, initiated and maintained by the student at onset (as soon as unexpected absence is recognized to be needed) and daily thereafter throughout any absence from work is required. When the student is communicating via email with the School about placement issues they must always include the DCE, CEA and preceptor. The student will submit the appropriate Absence Form within this correspondence (Please see Unplanned and Planned Student Absence sections).

The student is required to communicate with this same group, above, as to when they anticipate that they will be able to return to placement, and the date of actual return. At this point, all parties will know the total time that the student will need to complete for the missed time and learning activities. This approach allows all parties to track and monitor absences, and to make plans that work for everyone as to making up this important learning time.

Once returned to placement, the student initiates communication with the DCE, CEA and preceptor, to negotiate a plan for time make-up in learning-rich activities that is acceptable with the site and preceptor, does not produce any undue hardship for preceptor above her/his work commitments, and helps meet learning objectives. The plan is then summarized by the student in an email with both the preceptor and School, and if there are any concerns that arise with the plan and / or impacts on learning progress, the DCE will address these, and help to refine that plan as needed.

For illnesses, students have 1 day as buffer for their own health/medical issues and needs in each placement that, under circumstances in which the student is progressing in stage-

appropriate learning, does not need to be made up, when they have appropriately communicated with the School and preceptor as per the requirements. The student will be required to submit an Unplanned Absence Form. Anytime over that 1 day will need to be made up. If it is determined by the student and/or preceptor that the one day must be made up in order to fulfill learning needs the student will track this time accordingly with dates/hours/activities using the form on Avenue to Learn for this purpose.

If for **any** reason, a student misses more than 1 day of placement, the DCE/CEA (with input from the preceptor) will decide the amount of time necessary to make up. Students are **not** to discuss make-up time with the preceptor without consultation from the CEA and DCE. The student will track this time accordingly with dates/hours/activities using the form located in **Avenue to Learn under Content- Health & Safety Documentation** for this purpose.

If a student has missed 3 or more days in total from clinical placements during the 2 year program for any reason, they may be required to make up the time during their final clinical placement prior to graduation.

The DCE, in conjunction with the Assistant Dean of the OT Program, will determine the amount of time necessary to make up. Any lengthy absence from clinical placement may necessitate withdrawal from a placement. Depending on circumstances associated with the absence, the DCE may recommend a failing grade for that particular course. Lengthy absences can have a negative impact on learning, ability for a student to fulfill stage-appropriate objectives for the placement course, and can potentially jeopardize successful completion. For these reasons, early and regular communication is required with the School so that planning can be made to minimize risks to success.

Placement absences will be monitored and tracked with each student during each placement. The Clinical Education Team will update students' absences at the end of each clinical placement and retain an ongoing summary of attendance and absence. 'Extra' hours accumulated during each placement cannot be carried forward to subsequent placements.

Planned / unplanned absences cannot be used to end a placement early or for the purpose of having placement evaluations completed earlier.

In the event that an absence occurs during the last week of clinical placement:

- 1) Evaluation forms will not be processed by the Clinical Education Team until the last scheduled day of the clinical placement.
- 2) The student may be responsible for scheduling an evaluation review with the preceptor outside of the previously arranged placement dates (i.e. if the student is absent on the day on which the evaluation was planned).
- 3) The student is responsible for submitting all documentation to the MSc(OT) program as per the stated process and deadlines.

If, once the student has negotiated with the preceptor upon their return that there is difficulty getting all of the time covered in learning rich ways, some make-up time may need to be carried forward into the next placement. In some cases this may be an alternative option.

Unplanned Student Absences

Only unexpected illness, injury, family emergency or compassionate leave are considered reasons for absence from placements without prior approval as these are beyond the student's control**. If any of these events occur, the student **must contact the preceptor and/or site student coordinator, the DCE and CEA before the start of the work day so the student's caseload and activities can be managed appropriately. The DCE and CEA must always be notified immediately within the same correspondence.** Compensatory time must be arranged by the student in consultation with both the preceptor and DCE. As soon as it is possible, it is the student's responsibility to initiate discussions with the DCE/CEA and preceptor to identify a plan that is approved by the preceptor, followed by a group email from the student (including preceptor, DCE, CEA), summarizing the proposed plan for review and determine program approval. The student is also responsible to communicate specific plans for the make up of missed placement time with preceptor and DCE/CEA, and maintain communications with preceptor, DCE and CEA at all times.

**If any of these events occur that are beyond the student's control, the student is expected to follow these steps:

- 1) Contact the placement facility (preceptor and/or site student coordinator at the facility) **before** placement hours so the student's responsibilities can be re-assigned. Include, within this same email, the Clinical Education Team (DCE and CEA) at SRS or the stated delegate in the same email. The student should discuss their responsibilities that day, and explain how these will be managed.
- 2) Submit the **Unplanned Absence Form** and supporting documentation (see Table below) to the Clinical Education Team **within 24 hours** of the absence. Absence forms are located on **Avenue to Learn under Content- Health & Safety Documentation.**
- 3) The DCE will notify the student about whether there is a need for making up the missed time.

If a student is unable to attend placement for **more than two** consecutive days (the aforementioned 1 buffer day is counted as one of these two days) due to illness, the student must have documentation and a complete *return to placement checklist* from an attending physician to return to placement.

The DCE and CEA or delegate(s) must be informed immediately of any incidents where personal injury is sustained on placement. Please also refer to section 5.4.3 Workplace Safety and Insurance Board (WSIB) and the Program Handbook for more information regarding process.

Absence-Supporting Documentation

Medical Reasons	Supporting medical documentation and/or <i>MSc(OT) Clinical Education Student Health Certificate</i> may be requested by the School. If the <i>MSc(OT) Clinical Education Student Health Certificate</i> is requested, an attending physician must complete and sign the certificate.
Bereavement - Death of a Family Member or Friend	Provide one of the following: <ul style="list-style-type: none"> • A letter from the funeral home confirming that you attended the funeral • A death certificate

	<ul style="list-style-type: none"> • An obituary
Other	The DCE may request additional supporting documentation if absences occur for reasons outside of those stated above.

At the end of placement, student will be required to submit, via email, the Hours Tracking Sheet, documenting how the time away from placement was made up including a brief note of the activities and duties involved to the Preceptor, DCE and CEA.

Planned Student Absences

If a student has circumstances that may affect their attendance for any day, part-day, or time period during the placement, they are required to **make a formal request** by submitting the **Planned Absence Form located on Avenue to Learn under Content- Health & Safety Documentation for this purpose.**

for the time away as well as a proposed plan to make up the missed learning to the DCE.

A planned absence request must always be completed in advance so that, if approved, this can be taken into consideration for all subsequent placement matching. This enables the School to work with potential placement sites and preceptors ahead of time.

Planned absence requests must be made **4 weeks prior to the first day of the university-based term in which the placement is scheduled to occur.** In the case of OTP III (Jan – March) the request must be submitted within the first 4 weeks of Term 4.

Another example, if a planned absence request is intended during the placement timeframe of June – August for OTP IV, the planned absence form must be submitted 4 weeks in advance of the first day of Term 5.

Documentation for the requested absence will be required, some examples of which are provided below:

Pre-Scheduled Medical / Medical Specialist Appointment (does not include dental and other non-medical appointments)	Submit copy of appointment card with identified practitioner name and information
Jury Duty	Submit the original official judicial notice and a photocopy. The photocopy will remain on file.
Wedding	Absences for weddings will only be granted if one of the people getting married is part of your immediate family <i>or</i> you are in the wedding party. You must provide a copy of the wedding invitation and a letter from either spouse.
Other	The DCE may request additional supporting documentation if absences occur for reasons outside of those stated above.

The student is **not** permitted to discuss this planned absence request with preceptor or site student coordinator at the site until/unless provided approval by the DCE for their request.

The DCE will assess each situation on an individual basis. If further input is required, the DCE will consult with the PASC to respond to the student request. If the request is approved, it is conditional until also approved by the preceptor that is able to adjust the placement period. The DCE will approach the preceptor PRIOR to the beginning of the placement. If a student has previously been granted a planned absence from placement, it may affect the success of subsequent requests.

If a placement and preceptor are not available that can accommodate the students' requested absence, the student's placement may not be able to proceed at its typical time.

At the end of placement, student will be required to submit, via email, the Hours Tracking Sheet, documenting how the time away from placement was made up including a brief note of the activities and duties involved to the preceptor, DCE and CEA.

Late to Placement

Prior to the start of each placement students are expected to discuss daily start times with the preceptor and/or the site student coordinator.

Students are expected to arrive sufficiently **ahead of the actual daily work onset time** to begin their placement work day on time and prepared for each day of placement.

The MSc(OT) Program strongly recommends that students arrive a minimum of 15 minutes prior to the negotiated start time to allow the set-up time for the day ahead.

For example, it is not acceptable or professional for a student to arrive at 8 am if that is the onset of the work day.

If a student is late to placement, it is the expectation that they contact the placement site (via the preceptor or site student coordinator) regarding expected arrival. If a student is late recurrently, a site may decide to terminate the placement in consultation with the DCE. This would also affect evaluation in one or more competencies.

5.3 Interruptions of Placements

Unfortunately the MSc(OT) Program has experienced unplanned interruptions of the placement schedule (e.g. Severe Acute Respiration Syndrome [SARS] and strikes). With sufficient notice, alternative placements may be arranged as a proactive measure. If no advance warning is possible, arrangement for alternative placements/learning experiences will be made as circumstances merit/permit.

Time loss due to unplanned interruptions, job action or strike at a placement site will not affect the student's promotion from one term to the next. If this time loss exceeds 10 days, the student will be required to make up the learning experience. Every effort will be made to provide supplementary learning experiences prior to the student's anticipated date of graduation. For shorter term time loss of 1 - 10 days, students may be given supplemental work external to the site and supervised by the DCE as deemed appropriate and agreed to by the University and preceptor. During the period of interruption it is the student's responsibility to stay in close contact with the site student coordinator, the preceptor and the DCE.

5.4 Personal Safety Guidelines

Although no one plans that something untoward may happen during any activity, it is important and prudent to be aware of safety considerations and discuss these with your preceptor to ensure that you are acting in accordance with the facility expectations and also ensuring your

own safety. The following sections raise issues that you will need to reflect upon prior to placement and discuss with your preceptor and/or site student coordinator.

5.4.1 Considerations for Community Visits / Activities

Within the community, it is the responsibility of students to ensure that someone (preceptor, site coordinator, etc) is aware of their whereabouts anytime they leave the main site in which the placement is based. The challenge is that the student is expected to maintain client confidentiality at the same time. Consider who at the site is appropriate to receive this information, how the information should be shared and what information is necessary to share. When in doubt as to the amount of information that can be disclosed, consult the preceptor. Students must be familiar with legislation related to privacy of personal information: *Personal Information Protection and Electronic Documents Act* (PIPEDA) and health information: *Personal Health Information Protection Act* (PHIPA).

PIPEDA: <http://www.priv.gc.ca>

PHIPA: <http://www.ontario.ca/laws/statute/04p03>

When travelling by car, consider maintenance and equipment that will ensure your safety as well as pre-planning regarding routes and weather conditions that could impact your visit. Further, students should engage the preceptor in discussions about potential situations that could be encountered travelling to/from visits regardless of the mode of transportation.

You are encouraged to carry a fully-charged cell phone with you at all times. While students need to provide clients and families with a number to reach them for rescheduling visits, this should **not** be your cell phone or home phone number. Providing personal contact information may lead to safety and boundary concerns. Students are encouraged to provide the placement facility contact phone numbers.

During the visit, there may be situations when students feel uncomfortable. Students should consult their preceptors about these potential situations and develop some strategies ahead of time to address these concerns.

5.4.2 Dress Code

As a representative of the MScOT Program, the School of Rehabilitation Science and McMaster University, as well as the placement site, it is important that your appearance and attire are appropriate and professional. While each student adopts a dress code that reflects personal beliefs and values, these need to be balanced with how the student could be perceived by clients/families and professionals as well as potential safety risks.

Safety and health risks dictate against the wearing of open-toed shoes, clogs, sandals, flip flops, nail polish, dangling jewellery, and large rings. In addition hair must be maintained in a manner that does not impede performance in placement or patient interactions. Many facilities have a 'no scent' policy in effect and students are advised not to wear any cologne or perfume while attending their placements. In some areas of service, lab coats may be required or worn to prevent spread of infection. Placement sites may have additional requirements to satisfy their specific occupational health requirements, consequently, students are required to clarify dress code expectations prior to starting placement.

Some facilities require a uniform to be worn by all staff and students at the site. The School will advise students who are going to a site which requires a uniform following the matching process. It is the student's responsibility to obtain and manage costs of uniform and appropriate dress/attire.

Students who do not comply with the above may be withdrawn from the placement course by the program or asked to leave by the facility.

When in doubt, students should clarify dress and behaviour codes with the centre coordinator of the facility or DCE.

For security reasons, the identification tag issued by the MSc (OT) program must be worn at all times in all placement facilities.

Footwear appropriate to the task being performed must be worn to ensure a safe workplace for everyone. Footwear for patient care areas and activities should meet the following criteria:

- Heel height – low to medium
- Closed toe and closed heel with a solid upper covering (no holes in the top of the shoe)
- Flexible non-slip soles
- Sturdy construction
- Shoes must be maintained in good repair

Jeans, torn or ripped clothing, exercise / yoga pants, strapless, midriff or low cut shirts or pants which expose body parts when performing clinical duties, and clothing with textual or imagery messages **are not permitted**.

- Adhere to Guidelines as identified in Best Practices for Hand Hygiene in All Health Care Settings, by Provincial Infectious Diseases Advisory Committee (PIDAC), Published by Ministry of Health and Long Term Care, 2010
<http://www.ontla.on.ca/library/repository/.pdf>
- Students will also adhere to all site-specific dresscode requirements

5.4.3 Workplace Safety and Insurance Board (WSIB)

Reporting Incidents/Injuries

Please see the OT Program Handbook for information

Not all situations can be anticipated and there is a level of risk in all activities. If a student experiences an incident (e.g., abusive phone calls, inappropriate client behaviour during an activity / visit, dangerous animals, etc.), during any aspect of the MSc OT Program this is to be reported using the Report It process at McMaster University Incident Report within 24 hours of the incident. For more information regarding Injury Claims Procedures please click on the following link: <https://srs-mcmaster.ca/Injury-Claims-Procedures.pdf>

When on placement, students will also be required to complete any process required by the placement facility/site.

McMaster University's Report It system must be followed: <http://reportit.mcmaster.ca/>

You may also be required to complete an incident report at the placement facility. If you are injured while carrying out duties associated with your placement, it is recommended that you be assessed immediately by a physician.

5.4.4 Harassment and Discrimination

The Equity and Inclusion Office (EIO) is dedicated to making McMaster University an equitable, safe and supportive environment for students, faculty and staff. This office implements the Sexual Harassment and Anti-Discrimination policies for McMaster University. A range of confidential services to staff, student and faculty members are provided, including consultation on human-rights related issues, awareness and education and

complaint resolution mechanisms when campus members feel they have been harassed or discriminated against. The McMaster policies make provisions for students working off campus in University-sanctioned academic activities.

Equity and Inclusion Office, McMaster University, University Hall, Room 104

Website: <https://equity.mcmaster.ca/>

Ph: (905) 525-9140 x27581; Email: equity@mcmaster.ca

5.5 Conflict of Interest

It is a potential conflict of interest for students to attend placements at facilities and/or with preceptors who are previously known to them either personally or professionally. Prior relationships can consciously or unconsciously impact current relationships and influence the learning experience and evaluation of the student. It is the responsibility of the student to notify the DCE if they have been matched at a facility or with a preceptor with whom they have already had a relationship **of any kind** to determine if a conflict of interest is present and how it should best be managed. If a perceived or real conflict of interest is not declared, the student's placement may be cancelled.

5.6 Establishment of Placement Guidelines

It is understood that in providing a placement for student occupational therapists, the facility will retain overall responsibility for the best possible patient care, including treatment and safety of clients. In order to fulfil this responsibility, and also meet the learning needs of the students, the following points are understood:

1. Student(s) placed in the facility is/are required to complete this placement as a course requirement for graduation from the McMaster University MSc(OT) Program.
2. The selection of the preceptor to supervise the student(s) will be made by the facility. Students shall not be used in lieu of staff, but shall be under the supervision of a registered occupational therapist.
3. The selection of clients for the students' learning will be the responsibility of the preceptor. Responsibility for client care will remain with the preceptor, even though care activities are delegated to the students.
4. Students shall be subject to the policies, procedures and regulations of the facility and the MSc(OT) Program. Discipline of student(s) wilfully violating rules and regulations of the facility or the Program will remain the responsibility of the OT Program, however, immediate action while the student(s) are in the facility will be the responsibility of the facility/preceptor. It is also the responsibility of the facility to report any problems encountered with the student(s) to the DCE.
5. The facility will be responsible for evaluating the student(s) performance according to standards and format provided by the OT Program. Feedback should be given directly to the student(s) by the preceptor. A report of the student(s) performance will be sent to the DCE. **The facility has right to terminate placement if it is felt that student involvement is placing any client, staff, the student themselves, or other students at risk, or if the student has contravened the rules, policies or procedures established by the facility.**
6. McMaster University carries general liability insurance which covers and indemnifies all students, faculty members and employees of the University, while engaged in University authorized activities. Specifically, the policy includes "students of McMaster University, Faculty of Health Sciences 'with respect to all activities related to their professional training.' This coverage includes students who, as a part of their training, are placed in settings either within or outside of Hamilton, Ontario, Canada. This insurance policy

does not provide coverage to the Hospital/Agency or its employees, but it does relieve the Hospital/Agency of any responsibility to provide coverage for McMaster students or faculty members involved in training at the Hospital/Agency.

6.0 INTERNATIONAL PLACEMENT

6.1 Philosophical Statement

The Occupational Therapy Program believes that international learning experiences:

- will enhance student sensitivity to different cultures, global health issues and health care systems.
- will prepare students to adapt their practice to their own culturally diverse communities.
- will support and promote the profession internationally.

International, in the context of this document is interpreted to encompass the developed and developing world. These learning experiences should assist the student in understanding the profession as part of the international health community. Student occupational therapists who meet specified criteria are provided with the opportunity to complete their OTP IV, or, in some situations, OTP III placement, in an international setting.

6.2 Student Eligibility

The determination of the student's eligibility to pursue an international placement is based on:

- A Letter of Intent (section 6.6)
- 2 Reference Letters (section 6.7)
- Interview with the DCE and International Placement Advisory Committee (IPAC)
- An overall academic standing of at least B+ in the OT program

International placements are typically approved for students travelling and on placement in pairs particularly when going to developing countries. This may be a program requirement depending on the intended destination. This allows closer peer support for both personal and practice issues that may arise.

6.3 International Placement Criteria

The selected international site or personnel must be approved by the PASC of the MSc(OT) Program. PASC bases its decision on recommendations provided by the IPAC and the DCE. Decisions regarding student suitability to participate in an international placement are based on a review of the formative and summative evaluations across the university-based and clinical education components of the program.

For approval:

a) facilities must:

- possess an affiliation with an occupational therapy professional program,

OR

- be accredited by the recognized professional organization in that country and/or the World Federation of Occupational Therapists (WFOT).

b) supervising occupational therapists (preceptors) must:

- have credentials showing graduation from a program recognized by the MScOT Program.
- agree to structure the placement to meet the student's learning objectives and use the evaluation process and criteria established by McMaster University.
- have at least one year's placement experience and be able to communicate effectively verbally and in writing in English.

6.4 Student Requirements

Requirements from each country and facility will vary. Therefore, it is the student's responsibility to identify the requirements and address them accordingly (e.g. visa arrangements, medical coverage, etc).

From the OT program perspective, the student must:

- Be able to communicate effectively in the language of the country selected for an international placement or be placed at a facility where services are provided in English
- Ensure all documentation has been obtained prior to the placement and submit to the DCE for review.
- Successfully complete all placements, and maintain an overall B+ average in all courses
- Consistently demonstrate professional behaviours throughout the program
- Meet all McMaster requirements including the provision of an itinerary that includes both the placement period and any travel period(s) the student will have prior to, during and/or following the placement period.
- Attend available Pre-Departure Sessions, as required by SRS.
- be responsible for **all costs** related to the experience, inclusive of but not limited to:
 1. health requirements
 2. visa arrangements
 3. accommodation
 4. travel
 5. insurance coverage (for out of province/country)
 6. correspondence (telephone, fax, etc.)

Any exceptions to the stated eligibility criteria will be considered on individual merit, by the PASC.

6.5 Procedure

In Year 1, the DCE will conduct a session with the class to discuss international placements. Students interested in an international placement must notify and meet with the DCE. This must be done prior to initiation of any contact with facilities. Once the DCE is aware of the student's intent to apply for an international placement, the student must prepare documentation to demonstrate her/his commitment to the process.

6.5.1 Students must provide evidence of the following to the DCE:

- a. Letter of Intent (section 6.6)
- b. One reference each from a faculty member and a past preceptor to attest to the student's ability to cope with an international placement (section 6.7)
- c. The facility's formal affiliation with an Occupational Therapy University program
OR
The facility's accreditation by the recognized professional organization in that country and/or the WFOT
- d. A copy of facility's provisional offer of a placement
- e. Confirmation that the facility is able to meet the educational requirements of the OTP IV, or in some situations, OTP III, learning experience. This will include the following:
 - a description of the service (including name, address, telephone and fax numbers of the placement facility, preceptor, and membership information with appropriate regulatory body as well as the name of director of facility)
 - student programs and support available

- an abridged Curriculum Vitae from the supervising occupational therapist outlining previous supervision and placement experience.

On approval of the placement (section 6.9), the student may confirm in writing to the host site a commitment to undertake the placement. A copy of this letter of confirmation is forwarded to the DCE.

6.5.2 Environmental and Occupational Health Support Services (EOHSS)

Students must familiarize themselves with the risks associated with international travel including health, political, cultural risks. Students are required to sign waivers that they assume responsibility for events following from these risks. The DCE will hold a meeting with all students having an international placement to complete this task.

Students **may** also be required to meet with McMaster University Health & Safety Specialist regarding risk management **if a risk is identified**. If this meeting is required, failure to schedule and attend this meeting has serious consequences for your insurance coverage. This meeting would take place shortly after the group meeting with the DCE. Prior to this meeting, students must:

- a) Review RMM #801 (Field Trip and Electives Planning and Approval Policy): <http://RMM801-Field Trips Student Placements & Research Activity Planning and Approval.pdf>

This document is part of the Risk Management Manual: <http://www.workingatmcmaster.ca/rmm> (specifically under #8. Event and Contract Planning/Approvals) and is reviewed by the Environmental and Occupational Health Support Services (EOHSS)

- b) Complete pages 9, 11 & 12 of this document for approval by the office of EOHSS. If required, as indicated by the DCE, contact information for the appropriate contact person at EOHSS will be provided
- c) Obtain documentation from the DCE that placement request is approved (see section 6.9).
- d) Outline your proposed destination, travel and accommodation arrangements, proof of acquisition of required visas, awareness and completion of immunization requirements etc.
- e) Register with Canadian Government prior to departure: <https://travel.gc.ca/>
- f) Any additional documentation and preparatory activities as required by the University and SRS.

University and SRS.

Students should also regularly check Government of Canada, Department of Foreign Affairs website, www.voyage.gc.ca, for travel updates and/or warning reports related to your proposed destination. This site also has useful travel information to help plan your trip.

6.5.3 Student Evaluation of International Placement

Upon completion of the placement, the student completes the Student Evaluation of International Placement form in addition to the CBFÉ-OT and Student Evaluation of Placement and Preceptor and returns all to the DCE. This should be done immediately upon completion of the placement to ensure all documentation is in order for clearance to graduate at Fall Convocation. If the evaluation material is not received promptly upon completion of placement, students may receive an incomplete grade.

6.5.4 The DCE is responsible for:

- Arranging an IPAC meeting student interviews/presentations and discussion of eligibility for international placement.

- Presenting the student who has requested international placement to PASC for discussion and decision about preliminary approval in Term 4 (for OTP IV placement) or Term 2/3 (for OTP III placement).
- Facilitating a signed affiliation or written agreement with the facility upon request.
- Providing necessary documentation and resource material to facility.
- Presenting the student who has requested international placement to PASC for discussion and decision about final approval in Term 5 (for OTP IV placement) or Term 4 (for OTP III placement).
- Facilitating the student to obtain a letter validating their status as a student in the MSc(OT) Program.
- Corresponding with the facility in order to ascertain the student's progress.
- Presenting final course evaluation to PASC.
- Sending a letter of appreciation to facility when the placement is completed.

6.6 International Letter of Intent

(NOTE: fillable form available on <http://SRS-McMaster.ca> and on Avenue to Learn)

International Letter of Intent
McMaster University, MSc(OT) Programme
INTERNATIONAL PLACEMENT

Student Name:

Date:

1. Facility and location being considered:

2. Two referees (names, and e-mail addresses):

i.

ii.

3. Goals and objectives you wish to accomplish during the placement:

4. Unique learning you expect from the international placement:

Student signature: _____

Please forward to:

Laurie Perrett, Director of Clinical Education (DCE OT)

Scan & Email: perrettl@mcmaster.ca

Class of 2021: Submission Deadline- August 7th, 2020 at 9:00 am

Class of 2022: Submission Deadline- August 6th, 2021 at 9:00am

**6.7 MCMASTER UNIVERSITY, MSc(OT) PROGRAM
SCHOOL OF REHABILITATION SCIENCE
STUDENT INTERNATIONAL PLACEMENT
Guidelines for Referees**

In an international placement, students in the School of Rehabilitation Science are considered ambassadors for their country, their profession and their university. Students who are interested in applying for an international placement require two reference letters, one from an academic faculty member and one from a preceptor. These individuals will attest to the student's suitability for an international placement. The following guidelines have been developed to assist you in formulating your letter and will provide the School with the information needed to determine the student's suitability for this unique placement experience.

Please comment on the following:

1. Context in which you know the student
 - Identify in what capacity and when you have worked with the student as a preceptor, course coordinator, etc. Indicate also approximately how much time you spent with the student or whether you were able to directly observe the student in a practice/clinical setting.
2. Personal and professional characteristics of the student
 - Comment on the student's competency in the following areas: a) time management and organization; b) adaptability/flexibility; c) ability to work independently with limited support or resources; and d) problem-solving abilities and level of self-direction.
3. Interpersonal and communication skills
 - Comment on the communication skills of the student, both in their professional role and on an interpersonal level.
4. Clinical skills
 - Consider the student's clinical reasoning ability, and clinical skills with particular emphasis on client safety and respect.
5. Final recommendation
 - Summarize your thoughts by making a clear recommendation about whether or not the student would be suitable for an international placement.

Please use the attached form. Your comments will remain confidential to the International Placement Advisory Committee (IPAC), comprised of the OT/PT Directors of Clinical Education, the SRS Program Manager and the Clinical Education Assistant (CEA) for the specific program. If you have further questions and/or comments, please contact:

Laurie Perrett
Director of Clinical Education
McMaster University
School of Rehabilitation Science
1400 Main Street West, IAHS 416
Hamilton, ON L8S 1C7
Ph: 905-525-9140 x26561
Fax: 905-524-0069
Email: perrettl@mcmaster.ca

Thank you for participating in this important aspect of clinical education.

**6.8 MCMaster UNIVERSITY, MSc(OT) PROGRAM
REFERENCE LETTER**

(NOTE: fillable form available on <http://SRS-McMaster.ca> and on Avenue to Learn)

**McMaster University, MSc(OT) Programme
INTERNATIONAL REFERENCE LETTER**

Student's Name:

Name of Referee:

Address, phone & fax number:

1. Context in which you know the student:

2. Personal & professional characteristics of the student:

3. Interpersonal & communication skills of the student:

4. Clinical skills of the student:

5. Final recommendation:

Signature of Referee: (signature not required if sent directly from referree to DCE)

Please forward to:

**Laurie Perrett
Director of Clinical Education
McMaster University
School of Rehabilitation Science
1400 Main Street West, IAHS 416
Hamilton, ON L8S 1C7
Ph: 905-525-9140 x26561
Fax: 905-524-0069
Email: perrettl@mcmaster.ca**

**Class of 2021: Submission Deadline- August, 7th, 2020 at 9am
Class of 2022: Submission Deadline- August, 6th, 2020 at 9am**

6.9 STUDENT INTERNATIONAL PLACEMENT - APPROVAL FORM
(NOTE: fillable form available on <http://SRS-McMaster.ca> and on Avenue to Learn)

**MCMASTER UNIVERSITY FACULTY OF HEALTH SCIENCES
MSc(OT) PROGRAM
SCHOOL OF REHABILITATION SCIENCE
STUDENT INTERNATIONAL PLACEMENT STREAM ~ APPROVAL FORM**

Student ID: _____ Student Name: _____

Student phone #: _____ E-mail: _____

OTP IV Start Date: _____ End Date: _____

Destination Country: _____

Facility Name: _____

Contact Name: _____

Contact Address: _____

Contact Phone: _____

E-mail: _____

Area of Practice: _____

Objectives

1. _____

2. _____

3. _____

4. _____

Objectives Approval

Student Signature: _____ Date: _____

DCE Signature: _____ Date: _____

~~~~~  
**Approval of Clinical Education Course**

DCE Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Dean: \_\_\_\_\_ Date: \_\_\_\_\_

This International Placement Course is approved on the basis of an academic assessment and a risk assessment of current political, environmental and public health conditions. Approval may be withdrawn in the event that any of the assessed factors change prior to commencement of the placement.

## 6.10 INTERNATIONAL PLACEMENT SCHEDULE

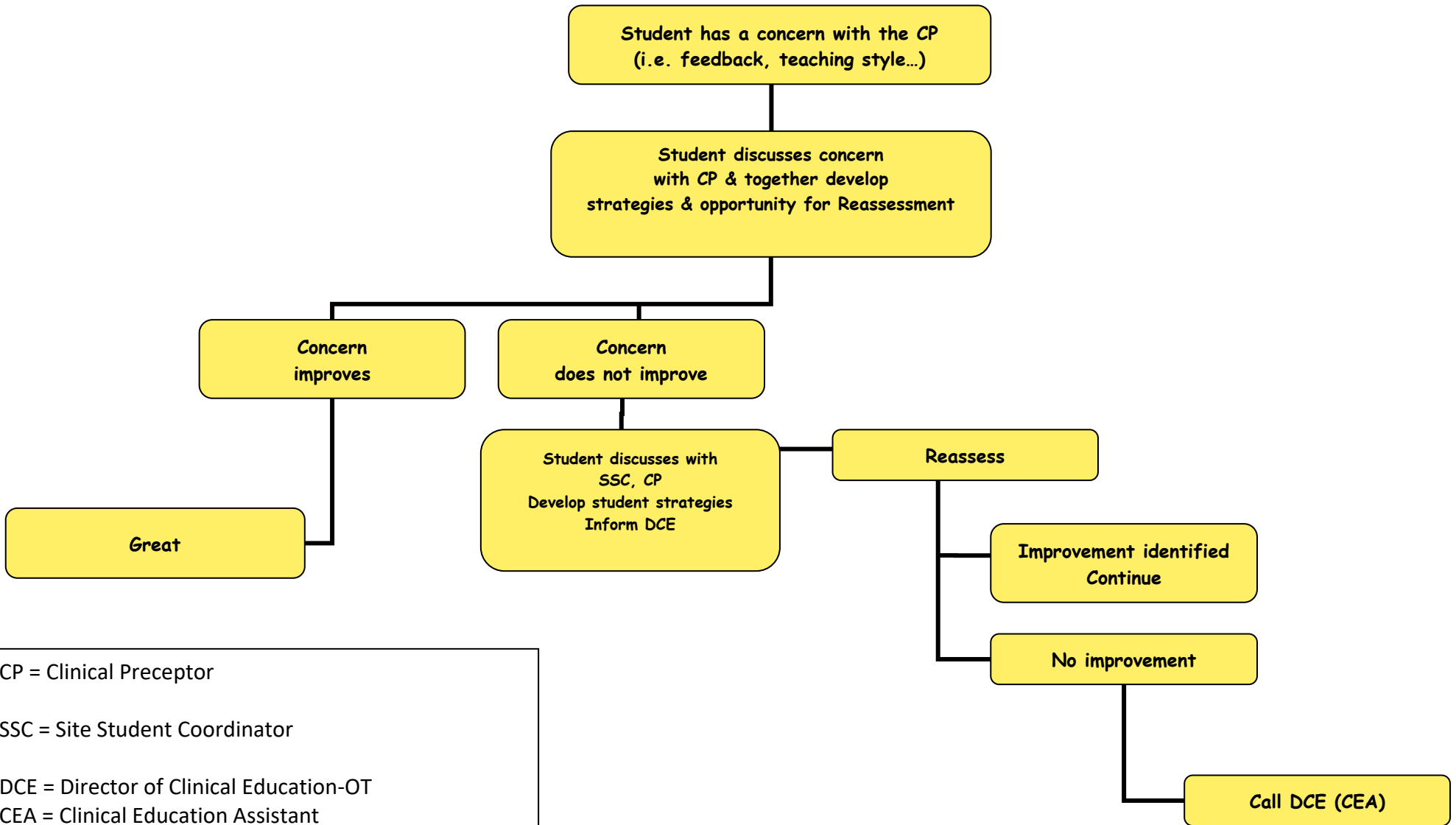
This schedule represents the majority of international placements which are scheduled for OTP IV. If an OTP III placement is considered, please discuss adjusted timeline with DCE and CEA.

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Term 1</b>                  | - Orientation and basic introduction to International Placement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Term 3</b>                  | - International Placement Session                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Summer Year 1</b>           | <p><b>Class of 2021: Submission Deadline- August 7<sup>th</sup>, 2020 at 9:00am</b><br/> <b>Class of 2022: Submission Deadline- Date to be posted August 6<sup>th</sup>, 2021 at 9:00am</b></p> <p>Student Letter of Intent and two reference letters submitted to IPAC via DCE</p> <p>September</p> <ul style="list-style-type: none"> <li>- Student interview with IPAC</li> <li>- DCE presents all students' interested in International Placement to PASC for review and decision on provisional approval: <ul style="list-style-type: none"> <li>• Successfully complete all placements, and maintain an overall B+ average</li> <li>• Consistently demonstrates professional behaviours throughout the program</li> </ul> </li> </ul> <p>September, following Term 4 PASC Meeting</p> <ul style="list-style-type: none"> <li>- PASC Chair (Assistant Dean-OT) notifies student of <b>Eligibility Status via electronic letter</b></li> <li>- Attend available Pre-Departure Sessions or complete Preparatory modules , as required by SRS.</li> </ul> |
| <b>February – April Year 2</b> | <ul style="list-style-type: none"> <li>- First week of February all remaining documentation submitted to IPAC</li> </ul> <p>DCE presents all students' interested in International Placement to PASC occurs in /around April of Year 2 for review and decision on final approval:</p> <ul style="list-style-type: none"> <li>• Successfully complete all placements, and maintain an overall B+ average</li> <li>• Consistently demonstrates professional behaviours throughout the program</li> </ul> <p>September, following Term 4 PASC Meeting:</p> <p>PASC Chair (Assistant Dean-OT) notifies student of Eligibility Status via electronic letter</p>                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Term 5</b>                  | <p>April / May</p> <ul style="list-style-type: none"> <li>- pre-departure session to sign risk management forms</li> <li>- arrange meeting with McMaster University's Environmental Health &amp; Safety (Risk Management) if required</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>OTP IV</b>                  | <p>Final Day of Placement: preceptor emails, phones or faxes Final Evaluation Ranking to DCE. Documentation sent by mail or faxed immediately at end of placement, with delivery in signature-sealed envelope by student upon return to Canada.</p> <p>September/October</p> <ul style="list-style-type: none"> <li>- Student Evaluation of International Placement – Debriefing Session form completed and returned to DCE within <b>1 week</b> of completion of placement</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## 7.0 ISSUE RESOLUTION PROCESS

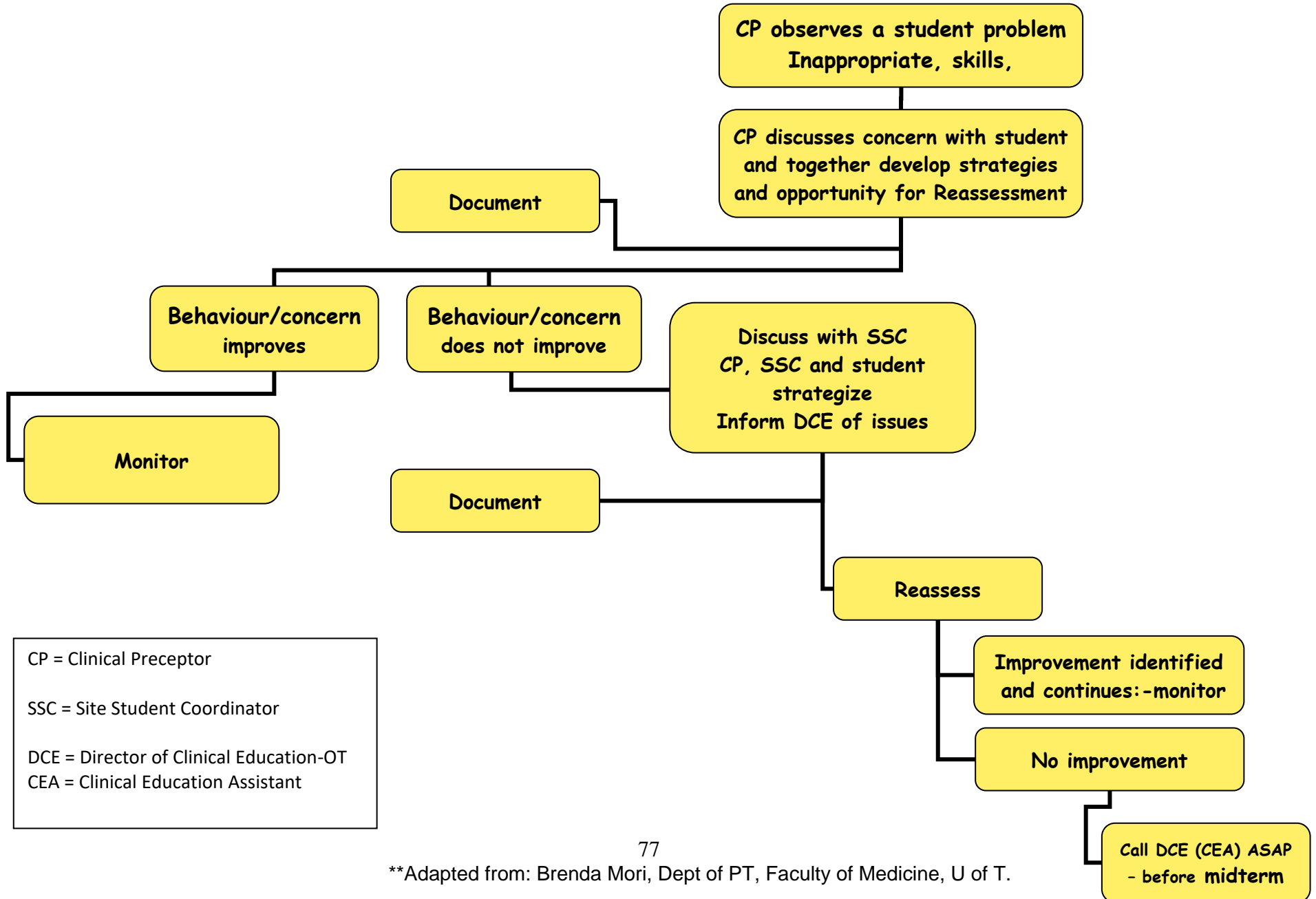
7.1

### Process for Issue Resolution if Student has a Concern with the Clinical Preceptor

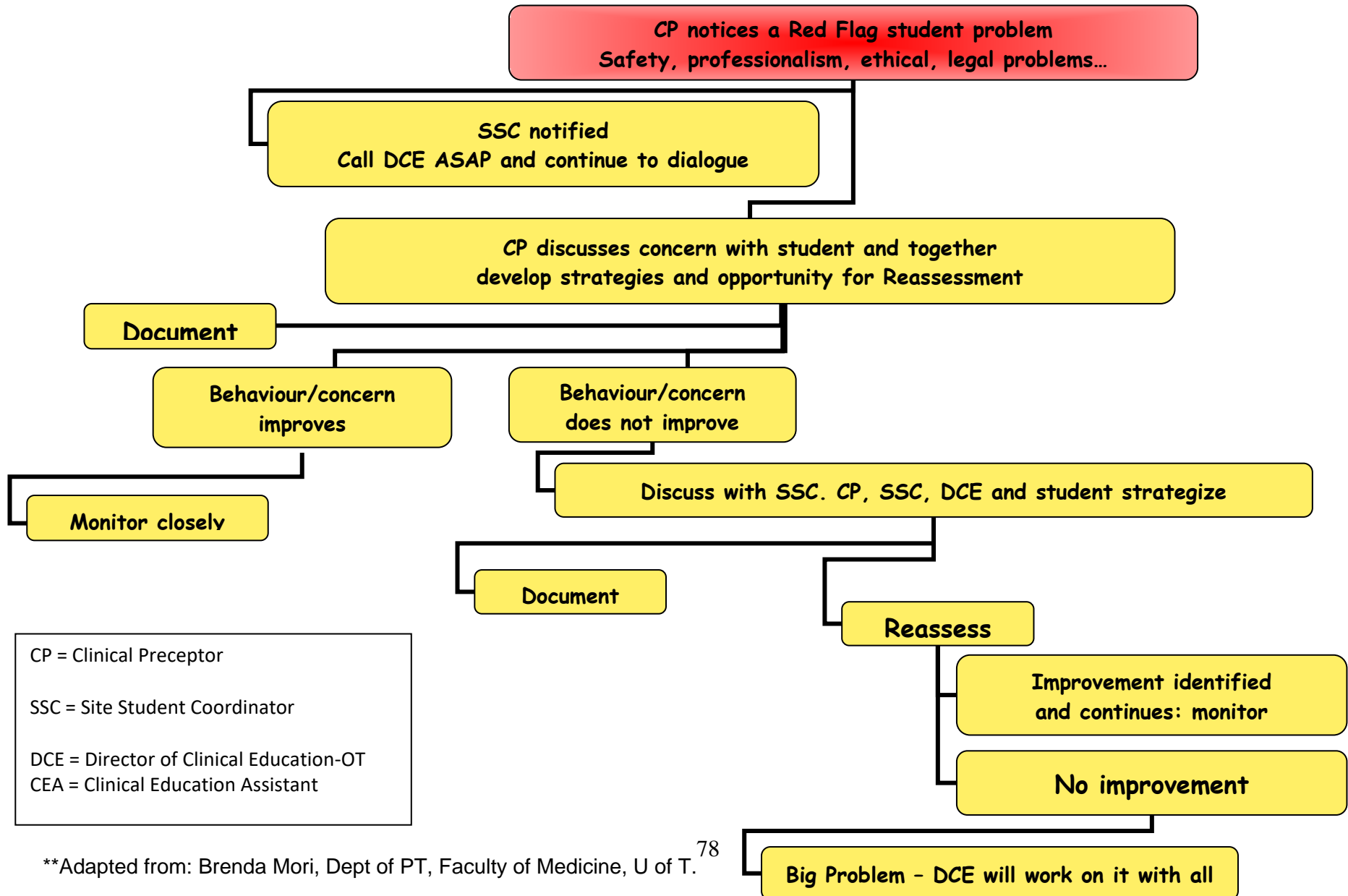


\*\*Adapted from: Brenda Mori, Dept of PT, Faculty of Medicine, U of T.

## Process for Issue Resolution if Clinical Preceptor has a Concern with a Student



## Process for Issue Resolution if Clinical Preceptor has a “Red Flag” Problem with a Student



## 8.0 BIBLIOGRAPHY

### General student preparation

These resources assist students in addressing the spectrum of issues related to clinical education. The material is presented practically to help the students navigate through the learning experience. Topics include, purpose of fieldwork, knowing yourself, learning styles, teamwork and facing placement challenges. Clinical education is conceptualized as occurring in three stages/levels along a continuum of professional development.

Alsop, A., & Ryan, S. (1996). *Making the most of fieldwork education: A practical approach*. London: Chapman and Hall. **(available on loan from DCE)**

Barnes, M., Bell, S., Duncombe, L., Miller, G., Latella, D., Lowenstein, N., et al. (2002). In K. Sladyk (Ed.), *The successful occupational therapy fieldwork student*. Thorofare, NJ: Slack **(available on loan from DCE)**

Bonello, M. (2001). Fieldwork within the Context of Higher Education: A Literature Review. *British Journal of Occupational Therapy*, 64(2), 93-99.

Napier-Tibere, B., & Haroun, L. (2004). *Occupational therapy fieldwork survival guide: A student planner*. Philadelphia, PA: F.A. Davis **(available on loan from DCE)**

Neistadt, M. (1996). Teaching strategies for the development of clinical reasoning. *American Journal of Occupational Therapy*, 50, 676-684.

Neistadt, M. (1998). Teaching clinical reasoning as a thinking frame. *American Journal of Occupational Therapy*, 52, 221-228.

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Potts, H., Babcock, J., & McKee, M. (1998). Neistadt, M. (1998). Teaching clinical reasoning as a thinking frame. *American Journal of Occupational Therapy*, 52, 221-228.

Sullivan, T., & Bossers, A. (1998). Occupational therapy fieldwork levels. *The National*, 15, 8-10.

### Learning contracts and learning tools

Components, process, advantages, and the theoretical approach of learning contracts and the benefits of interactive journals are discussed. Relevance of learning tools to clinical education and professional development are also addressed.

Butler, C., & Pashley, J. (1979). Perspectives from tomorrow's therapists: An occupational therapy student's perspective of the learning contract. *Canadian Journal of Occupational Therapy*, 46, 218-219.

Gaipman, B., & Anthony, A. (1989). Contracting in fieldwork education: The model of self-directed learning. *Canadian Journal of Occupational Therapy*, 56, 10-14.

Houden, R. L., Frid, P. J., & Collier, C. P. (1998). Learning objectives. *Annals RCPSC*, 31, 327-332.

- Matheson, R., (2003). Promoting the integration of theory and practice by the use of a learning contract. *International Journal of Therapy and Rehabilitation, 10*(6), 264-8.
- Salvatori, P. (1994). The learning contract as an effective clinical education tool. *Annals of Community-Oriented Education, 7*, 329-340.
- Solomon, P. (1992). Learning contracts in clinical education: Evaluation by clinical supervisors. *Medical Teachers, 14*, 205-210.
- Tryssenaar, J. (1995). Interactive journaling: An educational strategy to promote reflection. *American Journal of Occupational Therapy, 49*, 695-702.
- Whitcombe, S.W., (2001). Using learning contracts in fieldwork education: The views of occupational therapy students and those responsible for their supervision. *British Journal of Occupational Therapy, 64*(11), 552-8.
- Wolpaw, D., Papp, K. (2003). SNAPPS: A learner-centred model for outpatient education. *Academic Medicine, 78*(9), 893-898.

## **Supervision models**

- Advantages and disadvantages of various models of student supervision are discussed. Models include: role-emerging where an off-site preceptor supervises students in a site having no occupational therapists employed, a 1:2 ratio with one supervisor to two students, a split placement method in which one student has two preceptors in two areas of practice, paired placement where two students are supervised by two preceptors and a shared supervising model in which students work with several preceptors and an on-site supervisors.
- Bossers, A., Cook, J., Polatajko, H., & Laine, C. (1997). Understanding the role-emerging placement. *Canadian Journal of Occupational Therapy, 64*, 70-81.
- Gaiftman, B., & Forma, L. (1991). The split placement model for fieldwork placements. *Canadian Journal of Occupational Therapy, 58*, 85-88.
- Jung, B., Martin, A., Graden, L., & Awrey, J., (1994). Fieldwork education: A shared supervision model. *Canadian Journal of Occupational Therapy, 61*, 12-19.
- Martin, M., Morris, J., Moore, A., Sadlo, G., & Crouch, V. (2004). Evaluating practice education models in occupational therapy: Comparing 1:1, 2:1 and 3:1 placements. *British Journal of Occupational Therapy, 67*(5), 192-200.
- Price, D., & Whiteside, M. (2016). Implementing the 2:1 student placement model in occupational therapy: Strategies for practice. *Australian Occupational Therapy Journal, 63*, 123-129. doi: 10.1111/1440-1630.12257
- Tiberius, R., & Gaiftman, B., (1985). The supervisor-student ratio: 1:1 versus 1:2. *Canadian Journal of Occupational Therapy, 52*, 179-183.
- Practice Guidelines: Supervision of Student Occupational Therapists. College of Occupational Therapists of Ontario ( October 2018).



## Unique practice settings

Student and clinician perspectives on various placement settings are discussed. Settings include a homeless shelter, a private practice, poultry plant, and a community agency. Themes identified are personal and professional growth, role elaboration, and opportunity for learning in the context of health care reform.

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## Occupational therapist assistant

Student occupational therapists and student occupational therapist assistants are paired in some placement learning experiences. Themes that emerge are learning about each other's roles, collaborative learning, impact on health care and resistance to roles.

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## 10.0 CLINICAL EDUCATION ONLINE RESOURCES

**e-tips for Practice Education.** A project launched with a Grant from the Practice Education Innovation Fund, which is sponsored by the BC Ministries of Advanced Education and Health and administered by the BC Academic Health Council. [www.practiceeducation.ca](http://www.practiceeducation.ca)

**Preceptor Education Program (PEP) for Health Professionals and Students.** The University of Western Ontario, Health Sciences. A Project funded by The Ministry of Health and Long-Term Care. Developed by: Bossers, A., Bezzina, M.B., Kinsella, A., MacPhail, A., Schurr, S., Moosa, T., Rolleman, L., Ferguson, K., Deluca, S., Macnab, J. & Jenkins, K. [www.preceptor.ca](http://www.preceptor.ca)

## 11.0 GLOSSARY OF TERMS

**CBFE-OT:** The Competency Based Fieldwork Evaluation for Occupational Therapists (*CBFE-OT*) is an evaluation measure used to evaluate the competencies of a student completing a clinical fieldwork placement. The measure identifies seven competencies and associated behaviours that a preceptor uses to assign a grade for student performance. McMaster University adopted the use of the CBPE-OT as the method of evaluation for fieldwork in 2010. Bossers, A., Miller, L.T., Polatajko, H. J., & Hartley, M. (2007). *Competency Based Fieldwork Evaluation for Occupational Therapy CBFE-OT*. Toronto, ON: Tompson Learning.

**Clinical Education Assistant (CEA):** Provides support to Director of Clinical Education and acts as a resource to both the student and preceptor during clinical placements.

**Clinical Placement:** The terms clinical placement, fieldwork, practicum and professional practice experience are often used interchangeably within the McMaster and clinical communities. The terms are used to describe the clinical education opportunities students participate in to allow application of knowledge acquired in the academic setting and development of practical experience in clinical settings under the supervision of an Occupational Therapist. The purpose is to facilitate development of new knowledge, clinical reasoning skills and professional identity. The experience is collaborative among students, clients, preceptors, and university programs.

**Director of Clinical Education (DCE):** (may be referred to in different settings as the fieldwork coordinator, professional practice coordinator, clinical placement coordinator or academic clinical coordinator of education). This is the faculty member responsible for development and management of the clinical education component of the curriculum. The DCE acts as a resource to both the student and preceptor during clinical placements.

**Fieldwork:** please see definition of clinical placement.

**Journal:** A journal is a reflective tool used by a student as a strategy for student self reflection, self understanding, growth, development and clinical reasoning. Although journals are

sometimes completed via a template, more often the format is less prescribed. It is not simply a chronology of events or activities but is a narrative of thoughts, feelings and learning arising during the clinical placement.

**Legacy Projects:** are defined as student-created materials that are shared with the fieldwork/practice setting to further an understanding of the value of occupational therapy or occupation with clients in that setting and/or the potential occupational therapy roles and/or process. These learning activities often become helpful and essential marketing and/or referral tools which can help clients and other health care professionals or staff in the role emerging setting to refer appropriate clients to the attention of the student occupational therapist.

**Offsite Preceptor:** In role emerging fieldwork placements, there is not an occupational therapist employed at the facility or organization where the placement is occurring. As a result, a preceptor who does not work at the placement location but “offsite” provides supervision for the student. The frequency of direct contact with the student is to be negotiated between the student and preceptor but must be a minimum of 4 hours on average per week. See definition of preceptor below for additional information.

**Onsite Supervisor:** In role emerging placements, a person employed at the facility or organization assumes a supervisory role and acts as a contact person for the student at the placement. The onsite supervisor is not an occupational therapist but a person with expertise regarding the placement location.

**Program for Academic Study Committee (PASC):** The Occupational Therapy Program Academic Study Committee is a sub-committee of the MSc(OT) Education Committee. It is responsible for implementing the academic regulations of the Occupational Therapy Program, as approved by the Graduate Curriculum and Policy Committee of the Faculty of Health Sciences.

**Practicum:** please see definition of clinical placement.

**Preceptor:** The preceptor is an occupational therapist with a minimum of one year of professional experience and credentials with the appropriate regulatory body who agrees to provide and supervise learning opportunities for students during clinical placement. In addition to providing ongoing supervision, the preceptor is responsible for evaluation and documentation of the student’s performance during the placement.

**Professional Practice Experience:** please see definition of clinical placement.

**Role Emerging Placement:** Clinical fieldwork placements that occur in settings without an established occupational therapy role or on site occupational therapist, but in which there are clients that would benefit from occupational therapy services (Bossers et al., 1997b).

**Site Student Coordinator:** The Site Coordinator is the point person between students, preceptors and the Director of Clinical Education.

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