



**2020 - 2021
Physiotherapy Clinical Education Handbook**

Approved by the Graduate Admissions & Study Committee July 27, 2020



**McMaster University
Faculty of Health Science
School of Rehabilitation Science
Physiotherapy Program**

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Table of Contents

| | | |
|------------|--|-----------|
| 1.0 | MSc(Physiotherapy) Program | 7 |
| 1.1 | Curriculum Overview MSc (PT) Program | 8 |
| 2.0 | Roles and Responsibilities | 9 |
| 2.1 | Director of Clinical Education (DCE) | 9 |
| 2.2 | Centre Coordinator of Clinical Education (CCCE) | 9 |
| 2.3 | Expanded Role – Centre Coordinator | 9 |
| 2.4 | Clinical Instructors (CI) | 9 |
| 2.5 | Students | 10 |
| 3.0 | Clinical Practice - Academic | 11 |
| 3.1 | Clinical Practice Classes | 11 |
| 3.2 | Clinical Practice I - Pre-Placement Preparation | 11 |
| 4.0 | Clinical Practice - Placement | 12 |
| 4.1 | Placement Requirements | 12 |
| 4.2 | Placement Opportunities | 13 |
| 4.3 | Placement Hours | 14 |
| 4.4 | Catchment Areas* (note: *currently under review) | 14 |
| 4.5 | Northern Studies Stream (NSS) | 15 |
| 4.6 | Placement Expenses | 16 |
| 4.7 | Clinical Practice Overview | 17 |
| 4.8 | Students Independent Work in Clinical Settings | 19 |
| 5.0 | Clinical Processes | 20 |
| 5.1 | In Catchment Placement Process | 20 |
| 5.2 | Out of Catchment (OOC) Placement Process | 23 |
| 5.3 | Role Emerging Process | 24 |
| 5.4 | Student Responsibility Following a Match | 25 |
| 5.5 | International Placement Process | 27 |
| 5.6 | Communication Processes | 29 |
| 6.0 | Models of Supervision | 30 |
| 6.1 | Individual Model 1:1 | 30 |
| 6.2 | Cooperative/Collaborative Model 2:1 | 30 |
| 6.3 | Split Model 1:2 | 30 |
| 6.4 | Shared Supervision Model 1 CI: 2 or More Students | 30 |
| 6.5 | Offsite Supervision | 30 |
| 6.6 | Split Placement Sites | 31 |
| 6.7 | Clinical Practice Strategies | 31 |
| 7.0 | Evaluation of Placements | 32 |
| 7.1 | Evaluation of Placements | 32 |
| 7.2 | Canadian Physiotherapy Assessment of Clinical Performance (ACP) | 32 |
| 7.3 | Learning Contracts | 33 |
| 7.4 | Cardiorespiratory and Neurological Hours and Competency Tracking | 35 |
| 7.5 | Evaluation of Clinical Placement | 36 |
| 7.6 | Placement Evaluation of Document Deadlines | 36 |
| 7.7 | Assessment Process | 36 |

| | | |
|-------------|---|-----------|
| 7.8 | Clinical Practice Expectations | 38 |
| 7.9 | Students Having Difficulty in the Clinical Setting..... | 38 |
| 8.0 | Grading Guidelines | 40 |
| 8.1 | Grading Guidelines | 40 |
| 8.2 | Marking Rubric | 40 |
| 9.0 | Policies and Procedures | 41 |
| 9.1 | Clinical Practice Attendance Policy..... | 41 |
| 9.2 | Dress Code Policy | 44 |
| 9.3 | Conflict of Interest Policy | 45 |
| 9.4 | Confidentiality | 45 |
| 9.5 | Academic Regulations | 45 |
| 9.6 | Harassment and Discrimination | 46 |
| 9.7 | Student Accommodations for Clinical Placement | 46 |
| 9.8 | CPR Certification Requirements | 46 |
| 10.0 | General Information..... | 47 |
| 10.1 | What to Bring on Placement | 47 |
| 10.2 | Workplace Safety and Insurance Board (WSIB)..... | 47 |
| 10.3 | Establishment of Placement Guidelines | 50 |
| 10.4 | Unplanned Interruptions of Placement..... | 51 |
| 11.0 | Protocol for Completion of Final Placement..... | 52 |
| 12.0 | Useful Website Links | 52 |
| 13.0 | Appendices | 52 |

Abbreviations

The following is a list of abbreviations used in the Clinical Education Handbook:

| | |
|--|------------------|
| Academic Coordinator of Clinical Education | ACCE |
| Avenue To Learn | A2L |
| Canadian Physiotherapy Association | CPA |
| Cardiorespiratory | CR |
| Centre Coordinator of Clinical Education | CCCE |
| Clinical Instructor | CI |
| College of Physiotherapists of Ontario | CPO |
| Director of Clinical Education (Physiotherapy) | DCE(PT) |
| Institute for Applied Health Sciences | IAHS |
| Intensive Care Unit | ICU |
| Master of Science (Physiotherapy) Program | MSc (PT) Program |
| Musculoskeletal | MSK |
| National Association for Clinical Education in Physiotherapy | NACEP |
| Neurological | NR |
| Program Academic Standing Committee | PASC |

This handbook is designed for Master of Science (Physiotherapy) (MSc (PT)) Program students, administrative staff and faculty members. It outlines general information and contains resource materials related to the student's professional (clinical) preparation for practice as an autonomous, self-regulated health professional. This handbook is created as a supporting document to the MSc (PT) Program Handbook and readers will be referred to the Program Handbook to avoid duplication of information. All material is subject to change. Any changes will be communicated via Avenue to Learn (A2L).

A new handbook will be available at the beginning of each academic year. Each student is responsible for reviewing the handbook and is expected to abide by the policies and procedures found within this handbook.

The McMaster MSc (PT) Clinical Education Team is comprised of the Director for Clinical Education and the Clinical Education Assistant. Correspondence should be addressed to the following:

Acting Director of Clinical Education (Physiotherapy) (DCE):

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The MSc (PT) Program supports The Canadian Physiotherapy Association's (CPA) Position Statement on the clinical education of physiotherapy students. See section 12.0 for a link to the full document.

Clinical education is a critical component of physiotherapy education programs and is essential to the future provision of quality physiotherapy health care to Canadians. Physiotherapists perform a vital role in clinical education by sharing their professional and clinical expertise and knowledge with physiotherapy students. (Position Statement, Clinical Education of Physiotherapy Students, CPA, 2012. Approved November 2008)

1.0 MSc(Physiotherapy) Program

Overview - Please refer to the MSc (PT) Program Handbook for:

- The MSc (PT) Program's Mission, Values, Student Attributes and Program Outcomes
- The MSc (PT) Program's Educational Philosophy
- An overview of the Physiotherapy Profession
- An overview of the MSc (PT) Program's Curriculum
- Program and Non-Academic Requirements
- Accommodations
- Professional Behaviour Code of Conduct for Graduate Learners – Faculty of Health Sciences
- McMaster University, Faculty of Health Science, School of Rehabilitation Science, and PT Program Policies, Procedures and Guidelines (e.g. Academic Integrity, etc.), and Terms of References for Committees including the Program Academic Study Committee (PASC)

1.1 Curriculum Overview MSc (PT) Program

Program Sessional Calendar

| August | September | October | November | December | January | February | March | April | May | June | July |
|--------------------------------|--------------------|-------------|------------------------|-------------|---------|--------------------|------------------------|------------------------|--------------------|------------------------|------|
| | Unit 1 14 weeks | | | Evaluations | OFF | OFF | Placement 1 6 weeks | Unit 2 13 weeks | Evaluations | Placement 2 7 weeks | OFF |
| OFF | Unit 3 10 weeks | Evaluations | Placement 3 7 weeks | OFF | OFF | Unit 4 12 weeks | Evaluations | Placement 4 8 weeks | Unit 5 10 weeks | | |
| Unit 5 (cont'd) 10 weeks | | | | | | | | | | | |

Legend:

- Orientation Week
- Academic Unit
- Evaluation Week
- Placement
- OFF (i.e. University Closed or Program Break)

2.0 Roles and Responsibilities

2.1 Director of Clinical Education (DCE)

The DCE is a McMaster University Faculty member who is responsible for the development of and coordination of all activities related to the Clinical Education component of the program. The DCE will liaise with the clinical facilities to ensure that the educational philosophy and goals are mutually acceptable.

Responsibilities:

- Identify and develop clinical placements;
- Develop clinical education policies and procedures and present changes to the sites with which an affiliation agreement exists;
- Orient clinical instructors (CI) and centre coordinators to goals and objectives for each clinical placement;
- Respond to concerns of a student or CI;
- Review written evaluation forms and recommend final grades for clinical education courses to the MSc (PT) PASC;
- Review feedback from each clinical placement to assess needs and evaluate policy or curriculum;
- Organize clinical education workshops and online information sessions for CIs and centre coordinators;
- Liaise with government and professional bodies; and
- Develop clinical objectives, evaluation forms, policies/procedures, guidelines, and letters of agreement.

2.2 Centre Coordinator of Clinical Education (CCCE)

An individual who is appointed to act as a liaison between the physiotherapy program and a facility to ensure educational philosophy and goals are mutually acceptable. NOTE: not all facilities have a dedicated CCCE

Responsibilities:

- Identify the number of clinical placements within the facility where competency in specific objectives can be demonstrated and evaluated;
- Identify therapists who would be appropriate as CIs in a specific placement;
- Orient the student to policies and procedures and learning resources specific to the facility;
- Ensure that the CI has a copy of all necessary forms and that evaluation forms are returned to the DCE after completion;
- Liaise with the DCE concerning any problems with a student; and
- Attend meetings at the University and send relevant material back to the facility.

2.3 Expanded Role – Centre Coordinator

Some facilities may have individuals, with expertise in clinical education, who wish to take on added responsibilities and an expanded role.

Responsibilities:

- Respond to problems of the students or CIs and facilitate a mutually acceptable solution;
- Facilitate development of Clinical Instructors role, e.g. reference material or in-service education; and
- Assistance and/or participate in evaluation process.

2.4 Clinical Instructors (CI)

Responsibilities:

- Orient the student to their environment and the roles and responsibilities that physiotherapists assume within the environment;
- At the beginning of placement, the CI is to meet with the student to develop and review a learning plan, as well as to discuss any other relevant information for how the placement will proceed;

- Demonstrate specific administrative, professional, and clinical skills negotiated with the student;
- Assume responsibility for the actions of the student while on placement. A student is practicing under the license of the CI while on placement;
- Make arrangements for the student to be supervised and supported by another licensed practitioner who accepts responsibility for the student, in the event that a CI is unreachable;
- Provide informal feedback to students on a regular basis during clinical placement.
- Provide formal feedback/evaluation to the student in writing and online during midterm and final evaluations;
- Provide ongoing feedback to the student and the DCE on the student's attainment of clinical objectives as negotiated;
- In the event that a student is experiencing difficulty in a clinical setting, contact the DCE as soon as possible;
- Abide by McMaster University policies, procedure and guidelines; and
- Abide by the McMaster University Conflict of Interest Guidelines, (see section 12.0 for a link to the document) e.g. conflict of interest.

2.5 Students

Responsibilities:

- Have a working knowledge of McMaster University, Faculty of Health Science and PT Program policies, procedures, and guidelines in general, and as related to clinical education;
- Have a working knowledge of the College of Physiotherapists of Ontario (CPO) standards (or standards of any regulatory body where a student is completing a placement – i.e. international, out of province);
- Assume responsibility for practicing under the license of the CI while on placement;
- Possess a working knowledge of unit objectives and utilize the information to maximize clinical learning and to develop a learning contract for each clinical education course;
- Identify own areas of strength and areas for improvement to the CI to enhance quality of patient care;
- Provide written/online evaluation of the CI and facility at midterm and final evaluation;
- Abide by the facility's policies and procedures;
- Abide by the PT Program guidelines related to clinical education, and PT program policies, procedures, and guidelines;
- Abide by the School of Graduate Studies, Faculty of Health Science and McMaster University policies, procedures and guidelines;
- Abide by the College of Physiotherapists of Ontario and the Canadian Physiotherapy Association codes of ethics;
- Communicate any concerns regarding the placements (e.g., related to performance, concerns with the clinical instructor, concerns with the clinical site) **immediately** to the DCE;
- Communicate any concerns regarding the placements (e.g., related to performance, concerns with the clinical site) **immediately** to the CI and the DCE;
- Complete an online self-evaluation using the forms provided at both midterm and final evaluation;
- Ensure all paperwork is returned to the School **within one week of completion** of each placement; and
- Ensure that all non-academic requirements remain up-to-date throughout the entire duration of the Program.

3.1 Clinical Practice Classes

Clinical practice classes are arranged in each academic Unit across the program, and they cover core content and essential competencies. Students are expected to be present at all sessions. In most instances these classes will be offered during the Physiotherapy Practice Course time during the unit.

In Units 1-4 Clinical Practice is a separate course, Clinical Practice Course, - and consists of both classes in the academic term and a clinical placement. Objectives of Clinical Practice Courses academic content for each Unit will be published in the individual Unit handbooks. Students will typically participate in a minimum of 2 sessions (either online or in person) and complete an assignment during the academic term. See section 8 for grading criteria of academic sessions.

3.2 Clinical Practice I - Pre-Placement Preparation

Prior to starting Clinical Practice I, all students will be expected to participate in pre-placement preparations in the academic setting.

More information about the dates, times, and professional expectations for Clinical Practice I will be posted on A2L and identified in the Unit handbook during the Unit 1 academic session. Pre- Placement Preparation will likely occur in the Clinical Practice Classes organized throughout the academic unit

4.1 Placement Requirements

Clinical practice placements are organized in a variety of locations including teaching hospitals, community hospitals, health care agencies, specialized centres, private clinics, and other community facilities. During placements, students practice under the supervision of CIs, who are physiotherapists and/or other professionals employed by the facility.

To be eligible for graduation from the MSc (PT) Program, all students must complete the following:

1. Each student must acquire a broad clinical experience including a minimum of 100 hours each in areas of clinical practice with patients/populations who have the following types of conditions:
 - Cardiovascular / Pulmonary
 - Neurological
 - Musculoskeletal
2. Practice Settings:

Each student must acquire clinical experience in each of the following settings:

- Acute / Hospital Care
- Rehabilitation or Community Care
- Ambulatory Care or Private Practice Application

Setting Definitions:

Acute / Hospital Care: physiotherapy care, as part of an Interprofessional team, provided for patients during an acute illness, an acute exacerbation or a surgical intervention which necessitates admission to an acute care facility.

Rehabilitation or Community Care: physiotherapy care, as part of an interprofessional team, provided for a patient to maximize functional independence. Typically following the diagnosis of a new condition, an injury leading to a disability, an acute illness or surgical intervention and/or the progression of a chronic condition. Rehabilitation or community care could be provided within a rehabilitation hospital/unit, clinic, homecare, schools, etc.

Ambulatory Care or Private Practice: physiotherapy care, as a sole physiotherapy service or as part of an interprofessional team, for a patient who lives in the community and attends physiotherapy as an out-patient. This care could be provided at private or public physiotherapy clinics, work sites, etc.

3. A minimum of 1025 hours in clinical practice placements.

Collectively the placements must also provide students with experience working with individuals who are:

- Living with complex or multi-system conditions; and
- Of various ages (across the lifespan).

Notes:

- 1) *Due to the integrated nature of each academic unit, students should expect to participate in a placement in any setting during each placement time block; and*
- 2) *Clinical practice requirements are based on national guidelines* for clinical education for physiotherapy students*

Throughout all placements students can and should be involved in multiple activities that will enhance their learning and provide valuable contributions to the setting and clinicians with whom they are placed.

Such activities may include:

- Contributions to client/patient education boards in the facility;
- Preparation of educational materials to augment treatment and client recommendations;
- Preparation of summaries and critical appraisals of evidence and literature related to practice area topics;
- Completion of individual learning objectives related to administration activities e.g. Billing practices, entrepreneurship, that could be pursued with individuals other than the CI;
- Marketing of innovations through development or revision of brochures
- Research; and
- Development of contact and resource lists relevant to client populations.

CIs and clinical sites are encouraged to develop a cache of research questions and project outlines for students that can be completed as part of their clinical practice expectations.

To contribute back to the facility in which they are placed, **students are expected** to complete at least one project (see examples from above) for each clinical practice placement. It is the expectation of the MSc (PT) Program that work on auxiliary activities takes place outside of the student's clinical hours, unless otherwise negotiated with the DCE. If the student will be completing their placement at multiple sites, they are able to select one site where this project will be completed unless previously arranged by the DCE and the clinical sites at the time of securing the placement offer.

4.2 Placement Opportunities

All students are required to participate in all clinical practice placements during their course of study in approved settings under the supervision of qualified professional staff. The DCE is responsible for the arrangement of all placements. The DCE makes the final decision on placement assignments, considering the choices and needs of the students and the requirements of the facilities. Students are not permitted to approach facilities to negotiate their own placements. Should a student wish to recommend a clinical facility, a clinical facility recommendation form is provided on the Clinical Education website (See section 12.0 for link to the website).

Placement Notes:

- Although every effort will be made to place students in their preferred area, the Physiotherapy Program reserves the right to assign students to a placement that meet the needs of fulfilling a student's clinical practice requirements as well as considering the unique clinical practice needs of student cohort;
- Placements are limited and subject to availability;
- Satisfactory completion of all clinical practice courses is required for graduation;
- Once students are matched to a clinical practice placement, they are expected to declare any known conflict of interests immediately by contacting the DCE(PT) (See section 12.0 for a link to the Conflict of Interest Policy);
- A student may decline a placement; however, due to limited availability of placements such action may lengthen the student's time in the program, delay graduation, and be associated with additional tuition and supplemental fees;
- Students may **not** make any personal arrangements with individual facilities, CIs, or any other Academic Coordinators of Clinical Education (ACCE) or DCEs without prior written permission from the DCE (PT) from McMaster;
- Students are **not** permitted to alter the dates of their clinical experience without permission from the DCE;

- Students are not eligible to complete a clinical placement at a facility where they have previously completed a placement or volunteered or worked. (See section 12.0 for a link to the Conflict of Interest Policy). Special considerations for exceptional circumstances will be presented to PASC for discussion and decision;
- Students who are currently employed by a clinical facility may be ineligible to attend clinical placement at sites considered to be direct competitors. This is due to the fact that the student may be privy to confidential and strategic company information and business practices. In this instance, it is the student’s responsibility to disclose a potential conflict PRIOR to the placement match occurring; and
- The MSc (PT) Program reserves the right to reassign placements as necessary.

4.3 Placement Hours

Students are required to complete all 4 placements as well as obtain a minimum of 1025 hours of clinical practice to meet the MSc (PT) Program’s graduation requirements. Students are permitted a maximum one day for absence in clinical placement due to extenuating circumstances across the program. Students who miss more than one day across all placements will be required to make up hours in their last placement (See section 9.1 for attendance policy).

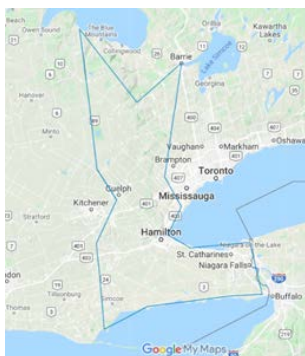
Students can expect to spend an average of 37.5 hours on placement per week; however, it is an expectation that students attend placement during the hours the CI has outlined for the student, which may be more than the 37.5-hour average. Students should also be aware that while the Clinical Education team will do their best to provide students with an idea of what the operating hours for each placement will be at the time of the match, days and hours of placement may vary during a placement. During clinical practice 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. ‘Extra’ hours accumulated during one placement cannot be carried forward to subsequent placements.

It is the student’s responsibility to meet the requirements for clinical practice hours to meet the degree requirements of the MSc (PT) program. For example, it is the student’s responsibility to inform the DCE(PT) and the Clinical Education Administrative Assistant if placement hours are not accumulating to a minimum of 37.5 hours per week.

4.4 Catchment Areas* (note: *currently under review)

In Canada, geographical regions are divided into “catchment areas.” Each University is responsible for soliciting clinical placements in their designated catchment area. There are five Universities that offer Physiotherapy programs in the province of Ontario. In addition, the Northern Ontario School of Medicine (NOSM) supports physiotherapy student placements in Northern Ontario. Thus, there are six catchment areas in Ontario (Appendix 1 describes the catchments for the five Universities; Sections 4.5 and 4.6 provide more detail on Northern Ontario placements).

4.4.1 McMaster Catchment



The current McMaster catchment area extends from Georgian Bay in the North, to Niagara Falls in the South, and from Paris in the West, to Milton in the East. Students will be expected to complete placements within all areas of the designated McMaster catchment.

Catchment areas in Ontario are currently being negotiated by the National Association for Clinical Education in Physiotherapy (NACEP) and are subject to change.

Priority is given to utilizing all existing placements in the McMaster catchment area. Efforts are made to take into consideration student preferences; however, students should be prepared to accept any assigned placement.

4.4.2 McMaster Clinical Partners

A list of clinical partners associated with the McMaster MSc (PT) program is posted on the School of Rehabilitation Science – Master of Science (Physiotherapy) – Clinical Education Web site (See section 13.0 for link to website). This list is not comprehensive but is provided as a resource for students to help familiarize themselves with placement opportunities.

Other Catchment Areas in Canada

Physiotherapy placements in Canada are organized through members of the National Association for Clinical Education in Physiotherapy (NACEP). NACEP is made up of the ACCEs and/or the DCEs from each University program and the provincial or regional coordinators of clinical education. Each NACEP member is responsible for a geographical catchment area.

NACEP members have a national policy on how they receive and request out of catchment, national, and international placement requests. Students are permitted to make requests to complete an out of catchment placement to the DCE/ clinical education team at McMaster who will facilitate requests to other catchment areas in Ontario and Canada. Out of catchment (OOC) placements can occur in Clinical Practice I – IV. Refer to Section 5.2 – Out of Catchment Placement Process, for details on the application process.

4.5 Northern Studies Stream (NSS)

A list of clinical partners associated with the Northern Studies Stream (Northern Ontario) is posted on the School of Rehabilitation Science – MSc (PT) – Clinical Education Web site (see section 12.0 for the link to the website). This list is not comprehensive but is provided as a resource for students to help familiarize themselves with placement opportunities. Approximately 33 students will participate in clinical placements in NSS during the two years of the program. Prior to their assigned NSS placement, students will submit preferences of location and clinical practice area online to the NSS Clinical Coordinator. See link to the online application in section 12.0. Please refer to the MSc (PT) Program Handbook for an overview of the NSS.

Submitting Placement Preferences for NSS

In Unit 1, a mandatory NSS information session is offered at McMaster University. All students are expected to attend (may be delivered online or in person – information will be shared at the beginning of Unit 1). Following this session, all students will complete a preference form indicating their level of interest. Students will select their top choices of the Units in which they would like to participate in the Northern Studies Stream. Students are then randomly matched and assigned to a Unit based on their preferences. Students who do not receive one of their preferences will be placed in order on a waiting list. Preceding their assigned Unit, students will submit preferences of location and clinical practice area to the NSS Clinical Coordinator.

Once students have been assigned an NSS placement, it is their responsibility to fulfill this agreement. The only reason that is accepted for withdrawing from an NSS placement is for medical concerns (documentation must be provided) or extenuating circumstances. Please speak directly to the DCE.

Notes:

- In general, students are permitted to complete one funded placement in the NSS over the course of the program. If there are extenuating circumstances that requires reconsideration of completing one funded placement in the NSS, please contact the DCE; and

- Occasionally, additional funded placement opportunities may arise, and students will be informed of the application process as these opportunities become available.

If interest in NSS is uncharacteristically low, students who have not expressed an interest in completing a NSS placement may be assigned a NSS placement by the PT program (in any unit).

Inquiries related to the NSS should be addressed to:

Hailey Masiero

Northern Ontario School of Medicine (NOSM), Clinical Placements
 955 Oliver Road; Thunder Bay, ON P7B 5E1
 Email: hsplacements@nosm.ca

Table 1.0 – Communities in Northern Ontario

| | | |
|--------------|----------------|-------------------|
| Atikokan | Huntsville | Nipigon |
| Bracebridge | Iroquois Falls | Parry Sound |
| Blind River | Kapuskasing | Red Lake |
| Chapleau | Kirkland Lake | Sault Ste. Marie |
| Dryden | Little Current | Sioux Lookout |
| Elliott Lake | Manitouwadge | Smooth Rock Falls |
| Emo | Marathon | South Procupine |
| Espanola | Matheson | Sudbury |
| Fort Francis | Mattawa | Terrace Bay |
| Geraldton | Mindemoya | Thunder Bay |
| Hearst | New Liskeard | Timmins |
| Kenora | North Bay | Wawa |

4.6 Placement Expenses

Students may be required to complete some of their placements outside of their area of preference/place of residence. Students are responsible for their own transportation and associated costs in order to complete clinical practice requirements. The MSc (PT) Program does not provide funds to assist the student to cover related costs. Costs that may be incurred include, but are not limited to, relocation, accommodations (in addition to rent for Hamilton-area residence), commuting, parking, additional medical coverage costs, and/or food. Students may also need to obtain access to a vehicle to participate in Clinical Placement activities.

4.6.1 Northern Studies Stream

For NSS assigned placements some funding is available. Travel to and from cities where clinical placements are offered, and accommodations may be arranged and covered to a maximum cost paid for by the NSS, through funding made available by the Ontario Ministry of Health and Long Term Care.

4.6.2 Out of Catchment (OOC) and International Placement Expenses

All costs incurred for OOC and international placements are the responsibility of the student. Costs may include, but are not limited to application fee (see Section 5.2 on OOC Applications), travel, relocation, accommodations (in addition to rent for Hamilton residence), vaccinations, insurance, food. The PT Program does not provide funds to assist the student to cover related costs.

4.7 Clinical Practice Overview

Students in the MSc (PT) Program are graduate level students and are expected to be available for academic activities during the full 24 months of the Program, as per School of Graduate Studies Graduate Calendar. Students are expected to be available for the time periods identified for clinical practice placements on the sessional date document, even though they may not be scheduled for classes or clinical placements for the full duration. Until the placement match is made, and the placement is confirmed the DCE is not able to guarantee specific placement dates for any student. Please note that even when the placement is confirmed, placements can be cancelled at the discretion of the clinical site or the DCE on short notice. Consequently, students are not to make any arrangements for the clinical placement time periods. If timing conflicts occur, it will be the responsibility of the student to resolve the conflict with the non-clinical practice related event.

| Academic Unit | Clinical Practice Course Code | Placement Length* |
|--|-------------------------------|-------------------|
| Essentials of Physiotherapy Practice I | PT *781 | 6 weeks |
| Optimizing Physical Function and Mobility Across the Lifespan: Multi-system Dysfunction | PT *782 | 7 weeks |
| Optimizing Physical Function and Mobility Across the Lifespan: Multi-system Dysfunction and Emerging Roles | PT *783 | 7 weeks |
| Transition to Independent Practice | PT *784 | 8 weeks |

Course descriptions can be found in the SGS Calendar:

https://academiccalendars.romcmaster.ca/content.php?filter%5B27%5D=PHYSIOTH&filter%5B29%5D=&filter%5Bcourse_type%5D=-1&filter%5Bkeyword%5D=&filter%5B32%5D=1&filter%5Bcpage%5D=1&cur_cat_oid=39&expand=&navoid=8149&search_database=Filter&filter%5Bexact_match%5D=1#acalog_template_course_filter

4.7.1 Clinical Practice I - Placement

Clinical Practice I includes a placement that six weeks in length. Students who are not participating in the NSS will be placed within the McMaster catchment area. Placements will take place at a variety of clinical facilities and settings. Refer to section 4.2 for additional details re: where students are *not* eligible to complete a clinical placement.

Students may participate in ‘emerging role’ placements. (See section 5.3 for more information on Role Emerging placement process). If a student has intentions of completing an international placement during Clinical Practice IV they may not be eligible for an emerging role placement – please speak with the DCE directly about this. Mandatory in-class clinical practice sessions outlining the policies and procedures that apply to clinical practice and discussion of clinical practice evaluation expectations will be scheduled prior to the start of the placement.

Student’s responsibilities for placement are outlined in the Clinical Practice I - IV checklist (Appendix 5). Students can check the status of current placement offerings on HSPnet (See section 5.0) prior to the preference submission deadline.

4.7.2 Clinical Practice II - Placement

Clinical Practice II includes a seven-week placement that will take place at a variety of clinical facilities and settings such as home care, acute care facilities and private practice. Students are **not** typically permitted to return to sites where they have previously completed a placement. If a student has intentions of completing an international placement during Clinical Practice III or IV they may not be eligible for an emerging role placement– please speak with the DCE directly about this. Refer to section 4.2 for additional details re: where students are *not* eligible to complete a placement.

Students are eligible to apply for an OOC placement for Clinical Practice II. Instructions for how to apply for an OOC placement will be provided to students during the academic term and are outlined in section 5.2. Students who are successful in obtaining an OOC placement will be notified as soon as confirmation is received. Students who are not going OOC or participating in the NSS will be located within the McMaster catchment area. The Clinical Education Team will update the class regularly through A2L as to the status of placements.

Mandatory Clinical Practice classes will be scheduled to discuss the details and expectations surrounding placement.

Student’s responsibilities for placement are outlined in the Clinical Practice I - IV checklist (Appendix 5). Students can check the status of current placement offerings on HSPnet (See section 5.0) prior to the preference submission deadline.

4.7.3 Clinical Practice III - Placement

Clinical Practice III includes a seven-week placement. Students are reminded of clinical practice requirements that must be met for graduation (see section 4.1). Students are not typically permitted to return to sites where they have previously completed a placement. If a student has intentions of completing an international placement, they may not be eligible for an emerging role placement– please speak with the DCE directly about this. Refer to section 4.2 for additional details re: where students are *not* eligible to complete a clinical placement.

Clinical Practice III placements may be completed OOC, in-catchment, internationally, or in the NSS. Role emerging opportunities may also be available to students. The Clinical Education Team will update the class regularly through e-mail and A2L, as to the status of placements.

Student’s responsibilities for this placement are outlined in the Clinical Practice I - IV checklist (Appendix 5). Students can check the status of current placement offerings on HSPnet (See section 5.0) prior to the preference submission deadline.

4.7.4 Clinical Practice IV - Placement

Clinical Practice IV includes an eight-week placement. A variety of clinical facilities and settings will be offered, including home care, rehabilitation centres, geriatric centres, paediatric treatment centres, and community and teaching hospitals. Students are not typically permitted to return to sites where they have previously completed a placement. Refer to section 4.2 for additional details re: where students are *not* eligible to complete a placement.

Students are reminded of Clinical Practice requirements that must be met for graduation (see Section 4.1). In this unit students are encouraged to select placements where they assume a different role from previous placements and/or where they will treat patients and clients more complex/multisystem problems. If a student has intentions of completing an international placement during the Clinical Practice IV placement timeframe they may not be eligible for an emerging role placement in earlier placements – please speak with the DCE directly about this.

Clinical Practice IV placements may be completed OOC, in-catchment, internationally, and with the NSS. Role emerging opportunities may also be available to students. The Clinical Education Team will update the class regularly through email and A2L, as to the status of the placements.

The student's responsibilities for this placement are outlined in the Clinical Practice I - IV checklist (Appendix 5). Students can check the status of current placement offerings on HSPnet (See section 5.0) prior to the preference submission deadline.

4.8 Students Independent Work in Clinical Settings

Under certain circumstances a student may be expected to work independently in non-clinical activities during a placement.

Examples of when independent work may occur are:

- When the CI works part-time or has non-work days;
- When the CI has a planned or unplanned absence; and
- When the CI is engaged in duties, which cannot include the student.

Examples of independent work in which students could engage include:

- Planning and preparation for the next days or weeks in placement;
 - Research about clients, diagnoses, assessment and treatment;
 - Client treatment plan development; and
 - Preparing/reviewing/synthesizing client information into reports.
- Practice of documentation skills;
- Shadowing other clinicians at other facilities;
 - Student's / CIs must inform the DCE if the student will be travelling off site and /or working atypical hours. In instances where a site agreement is not already established with the potential site of travel, and the travel is an elective opportunity (i.e. not a mandatory component of the placement), the student and the CI must complete and submit a field trip form in advance of the scheduled travel;
 - Details about how to access and submit a field trip form can be obtained by contacting the Clinical Education Team;
- Observations of surgery or other procedures;
- Shadowing/collaborating with other health care providers in the same facility; and Team treatment opportunities.

5.0 Clinical Processes

5.1 In Catchment Placement Process

For Clinical Practice Placements I - IV the process* for matching a student to a placement in catchment is as follows:

Step 1

- Placement request emails are sent to all clinical sites within the McMaster University catchment area by the Clinical Education Assistant.
- The Director of Clinical Education (DCE) follows up with the facilities, ensuring an appropriate number of offers are provided, and attempts to ensure there are enough offers in each setting to meet student needs.
- **Students may not make any personal arrangements with facilities, with CIs, or with any other Clinical Coordinators, without written permission from the DCE.**

Step 2

- As placements are confirmed, they will be added to the appropriate placement Unit in HSPnet. Students will be able to login and view placement offers prior to placement preferences being due (See Appendix 6)
- Each facility's offer description may include: placement dates, site name, clinical instructor, placement setting, treatment population, other special instructions/requirements (clinic hours, police check, special dates).

Step 3

- DCE will assign students to an area of practice (i.e., community, acute, rehabilitation).
- Clinical Education Assistant will list the assigned settings on Avenue2Learn.
- Students are to select placements in their assigned area of practice* (Note: settings may change based on placement availability}

Step 4

- Eligible students will log in to HSPnet and select preferences within their assigned setting, in the Site Selector.
- It is the student's responsibility to ensure that their preferences are selected correctly and submitted before the Site Selector is closed.
- Students who do not submit site selections on time will be randomly assigned to a placement without consideration of preference.

Step 5

- HSPnet will be used to assign students to placements available. The process is as follows:
 - 1) HSPnet will run an algorithm to match as many students as possible to preferences.
 - 2) Students who select preferences from only their assigned area of practice are more likely to be matched first using the random matching process.
 - 3) Students who submit preferences outside of their assigned setting are more likely to be randomly matched second.
 - 4) If all of the student's preferences have been previously assigned to other students, the student will be randomly matched to a remaining site, which may not be within the initially assigned setting.*

Step 6

- The DCE will review the selections made by HSPnet and confirm that all students have a placement and all needs/requests received in a timely manner have been considered appropriately.
- The Clinical Education Assistant will finalize the selections in HSPnet, releasing the individual placement information to the students.

Step 7

- Students have the opportunity to switch placements. See Section 5.1.1 - Placement Switching Process
- All decisions regarding final student assignments and placement switching are made by the DCE.

Step 8

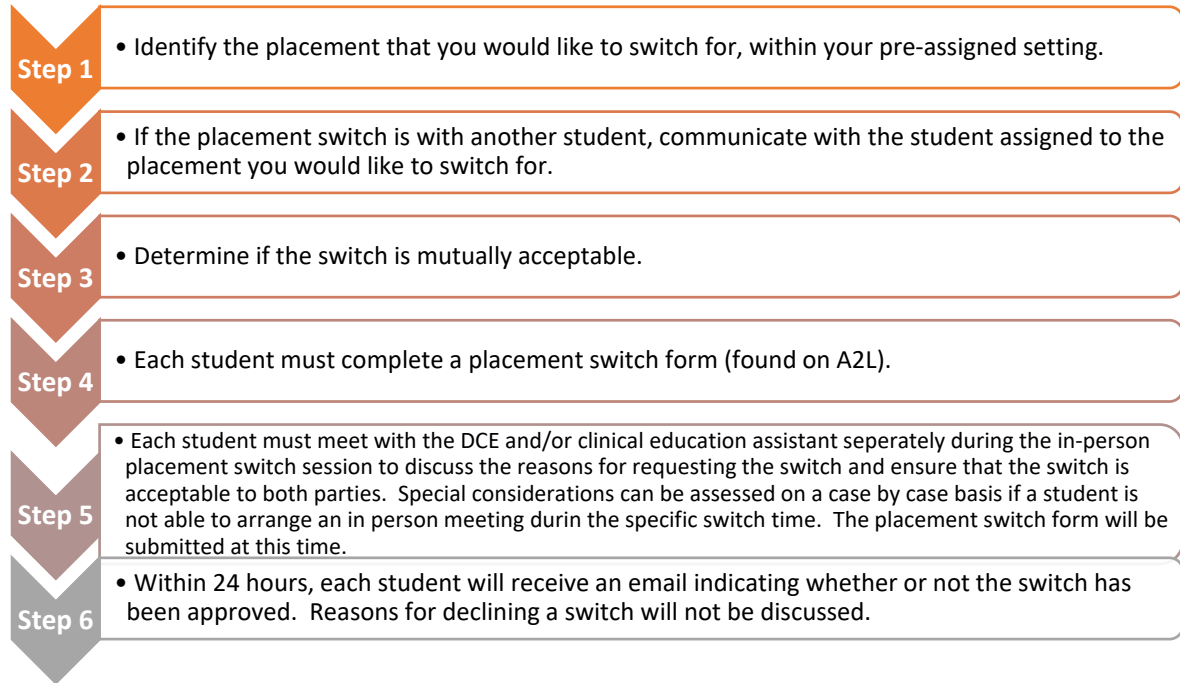
- Once all placements are finalized, sites are notified of their student assignment.
- Students are informed that they are able to begin contacting their site. Students are required to email the site contact indicated on the placement match results, no later than two weeks following the placement match.

Important notes on placement processes:

- **Preference submission is a privilege, not a right.** Although students are given the opportunity to submit preferences, they are not guaranteed to receive any of them. Often, the chance of receiving a preference is dependent on what choices classmates make and the availability of placements;
- When considering what placement options to submit, students are welcome to investigate sites via their websites. Please do not contact the facilities directly. Doing so could jeopardize your assignment to a clinical site;
- The availability of OOC placements are dependent on the host University. In some instances, the student may be requested to make a decision re: waiting for a response from the host University vs. being matched in catchment; in the event that the host University is unable to provide a definite response within 3-4 weeks of the potential placement start date, the DCE may choose to withdraw an OOC request and place the student in catchment to ensure that the student has a placement;
- There is a possibility that some placements may be changed or cancelled because of unforeseen circumstances. These situations are beyond the control of the MSc (PT) Program and may result in the student being re-assigned to a new placement after placements have been confirmed;
- Occasionally, extreme/out-of-the-ordinary situations arise which will be individually assessed. These situations may include, but are not limited to, medical or extenuating personal circumstances. Please inform the DCE as soon as possible regarding these situations. The DCE will consult with the Assistant Dean in these situations as appropriate;
- If you require accommodations during clinical placement, these must be made through Student Accessibility Services (SAS) (See Section 12 for the website link) at McMaster University. Please start the process of registering for formal accommodations early in the program to ensure your needs can be adequately addressed for your success. Refer to the PT Program Handbook for more information;
- On occasion, students are unsuccessful in placements. If a student is required to repeat a placement, the placement will have to satisfy the PASC requirements, and is subject to availability. All students are required to successfully complete the MSc (PT) Program requirements for Clinical Practice. The requirement of a remedial placement will result in the student registering for a remedial course within the PT Program (course code determined based on Unit of study). See the MSc (PT) Program Handbook for details about the remediation course and process;
- The program may, in appropriate circumstances, defer a student's clinical placement or remove a student from a clinical placement. These circumstances arise (but are not limited to) when a student fails to maintain timely and professional communication with the program, exhibits behaviours that place clients or others at risk, or fails to comply with other program (academic or non-academic) requirements (e.g., obtain and receive clearance for mandatory health screening, mask fit testing, etc.);
- Serious deficits in matters pertaining to work in clinical settings, research ethics or professionalism when interacting with human or other subjects may result in termination of the work in a clinical placement or research project. Unsatisfactory standing or serious deficits in matters pertaining to professional skills, which include but are not limited to patient safety, professionalism, ethical behavior and technical skills, as described in the Essential Competency Profile for Physiotherapists in Canada may result in a decision to terminate the clinical placement or research project;
 - In most situations termination of the clinical placement constitutes a failure and will result in the student receiving a grade of FAIL in the Clinical Practice course or the failure may result in dismissal from the program. For Health Sciences Graduate programs with clinical courses, all clinical activities associated with such courses must be successfully achieved for attainment of a passing grade in the course.

5.1.1 In-Catchment Placement Switching Process

Following the placement match, students are given the opportunity to propose a placement switch to the DCE. Placements may be switched with another classmate or with an unmatched placement (as available). A request to switch placements does not guarantee that the switch will be made. For switches between two students, both students must agree to the switch. The DCE is responsible for the final decision related to approving placement switches; reasons for declining a switch will not be provided to the students. All students must follow the switching process as follows:



5.2 Out of Catchment (OOC) Placement Process

Students who meet MSc (PT) Program requirements are permitted to apply for out of catchment (OOC) placements starting in Clinical Practice II and may complete no more than one-requested OOC placements while in the Program. (*Note: Participation in NSS or an international placement does not count as an OOC placement*). Extenuating circumstances where more than one OOC placement request is desired will be considered on an individual basis and in consultation with the PT Program (i.e. Assistant Dean, Program Manager).

In extenuating circumstances, if enough placements cannot be secured in the McMaster catchment area, students may be assigned an OOC placement in communities within driving distance from the McMaster catchment (e.g., Waterloo, Mississauga). Every effort will be made to minimize this possibility; however, should a student be placed OOC without an OOC request being submitted, travel expenses will be the responsibility of the student. As for all other placement assignments, students may decline a placement, however, this action may result in delayed progression through the MSc (PT) Program, and the student will incur additional tuition and supplemental fees, and potentially a delayed graduation.

Once a student is successfully placed in a different catchment (i.e. not McMaster's), they are not eligible to submit another application. Students can apply to the same catchment multiple times if they are not successfully placed in the previous Units. *Note: Each Canadian Physiotherapy Program has different parameters about accepting out-of-catchment placement requests and these may vary in a given year. The Host University has the final decision re: accepting an OOC placement request.*

All costs incurred with OOC placements are the responsibility of the student.

5.2.1 Academic Requirements for an OOC Placement

- Students must demonstrate a passing grade (70% or higher) in the mid-term exams of the Unit if they wish to complete an OOC placement. If a student does not pass a mid-term exam, their OOC request will be withdrawn for that Unit; and
- Students granted remediation in one Unit are not be permitted to go OOC for the placement immediately following that Unit and/or the placement relevant to the Unit requiring remediation.

5.2.2 Additional Requirements for an OOC Placement

- There must be favourable consensus that the student demonstrates the requisite professional behaviours (e.g. independence, maturity) in both academic and clinical placements by academic and clinical faculty for a student to apply for an OOC placement.

5.2.3 Applying for an OOC Placement

- Students wishing to complete a clinical placement outside of McMaster University catchment area (but within Canada) may submit an OOC Request Form (see Appendices 8 & 9) and request three choices of city, type, and area of practice in one other University catchment area. All OOC applicants submit a \$50.00 OOC application fee by cheque only; payable to McMaster University. Please note, the cheque will be returned to the student if their name is not forwarded to the host University (i.e. in the instance that there are more than three students who would like to complete a placement in a specific area). However, once a student's name is forwarded to a host University, the cheque will be cashed, regardless of if a placement is ultimately secured for the requested Unit;
- Students can only request an OOC placement to a single University at a time and may not request specific sites (except BC);
- Deadlines are set each year for all OOC requests across Canada. The Clinical Education Team will inform students of these deadlines. Incomplete forms will be returned to the student and must be completed within a timely manner in order to be considered. Late forms will not be accepted;
- OOC requests are forwarded to the appropriate host University for matches. The availability of OOC placements is outside the control of McMaster's DCE and may vary from unit to unit. Once the form has been submitted, changes can only be made in extenuating circumstances, in consultation with the DCE;

- If the host University is unable to provide a definitive answer 3-4 week in advance of the placement start date, the DCE reserves the right to withdraw the OOC request and to place the student in catchment in order to ensure that sufficient time for pre-placement preparation to occur (i.e. contacting the clinical site, obtaining clinical clearance);
- Students are required to accept an OOC placement if it meets any of the criteria listed on their request form or with the DCE's express permission, find another student willing to take their place; and
- The Clinical Education Team is responsible for keeping students apprised of OOC status as information becomes available.

5.2.4 Important Notes on OOC Placements

- Some University programs are reconsidering their acceptance of all OOC requests. As the DCE is made aware of any changes, information will be forwarded to students. Consequently, some University programs may not be accepting OOC requests for the entire year;
- Students are not permitted to approach a potential Clinical Instructors, potential placement sites, or contact another DCE without the written permission of their DCE. Students who do so forfeit their opportunity to submit OOC requests;
- Due to the large number of requests, some universities cap the number of requests accepted per year. In the case that the number of McMaster requests exceeds the number of allowable requests to another catchment, Year 2 students will be given priority. A random draw of students who meet the eligibility criteria and who have applied for the OOC placement will determine the names forwarded, if the number of students exceeds the number of allowable requests;
- Students going to McGill, Laval, University of Montreal, or University of Ottawa catchment areas will have an increased chance of being placed if bilingual (please indicate on the application);
- Students going to British Columbia, Alberta, and Manitoba must join the Provincial College of Physiotherapists before the placement commences (please check the appropriate website for more information regarding this process and any associated fees);
 - Note:
 - The University of British Columbia has restricted all OOC applications to their student led clinics only for all students; and
 - The University of Alberta accepts two OOC per year per University program.
- It is the student's responsibility to ensure they have met all specified requirements for their OOC placement prior to the commencement of that placement (e.g., an updated Vulnerable Sector Screen, completed medical documentation).
- OOC placement availability varies from year to year; therefore, little information is available beforehand to students regarding OOC placement availability; and
- If an OOC application fee cheque is cashed, this does not indicate that a student is guaranteed a clinical placement, only that their name has been submitted to the host University for consideration.

5.3 Role Emerging Process

The purpose of role emerging placements is to provide students with experiences in community settings which: may include physiotherapists as part of their workforce in the future; focus on health policy or program development related to health care; and focus on health education / promotion that are not typically clinically oriented. In most instances completion of a role emerging placement will satisfy the criteria for a community / ambulatory placement; however, the final placement setting will be assigned based on the location and nature of the role emerging placement.

Examples of emerging placements include those in which the physiotherapist is working primarily as a consultant, educator, administrator and/or researcher. Areas of specialty may include population health, employee health, diabetes, HIV, oncology/palliative care, home care, arthritis. These placements may or may not include direct clinical practice. Beginning in Clinical Practice I, students have the opportunity to complete a role emerging placement.

The following process will be used for applying to and matching students to role emerging placements:

1. Role emerging placements that are available for each Clinical Practice Course will be posted with the other in-catchment placement offers. A detailed description of the placement will be posted on A2L;
2. A role emerging application form will also be posted on A2L. Students who are interested in applying for a role emerging placement will be required to complete one role emerging application form for each of the placements that they are interested in applying for, and to submit to the A2L Drop Box on or before the date that their placement selections close in HSPnet;
3. Role emerging applications will be reviewed by the DCE for the following information:
 - a. Past experience that would contribute to a student's success in the placement;
 - b. The relevance of the student's stated learning goals to the placement objectives; and
 - c. Additional information as requested by the site.
4. Other considerations that will be taken into account prior to assigning students to a role emerging placement include:
 - a. Whether the student has completed a role emerging clinical placement in the past;
 - b. The progress the student is making towards achieving the required cardiorespiratory, neurological and musculoskeletal hours; and
 - c. The student's overall professionalism throughout the Program to date.
5. If there is more than one student who applies for the role emerging placement and the application form is considered equal, then the random matching process from HSPnet will be used to assign a student to the placement. After this assignment occurs, the student's application will be reviewed to ensure that the student has articulated placement goals for this opportunity;
6. The Clinical Education team will inform students if they were successful in their application for a role emerging placement. If the student is not assigned to a role emerging placement, a non-role emerging placement will be assigned to the student based on their in-catchment preference submission;
7. If no candidates apply for the role emerging placement, a student may be assigned to the clinical placement without an application;
8. Students who are assigned to a role emerging placement may be expected to meet with the DCE prior to the start of the clinical placement; and
9. At the end of the clinical placement, the student may be required to complete an exit interview with the DCE and complete an online survey related to the role emerging clinical placement process.

5.4 Student Responsibility Following a Match

It is the student's responsibility to submit all pre-placement documentation to the clinical site as required. This includes, but is not limited to, introductory letter, student placement profile, certificate of clinical clearance, CV, confidentiality forms and other site orientation material. Some sites have additional requirements that students must complete in advance of starting the placement (e.g., documentation training, health and safety modules) and /or have site-specific checklists that require a signature from a representative from the MSc (PT) Program. In the event that students must submit additional documentation please refer to "Student Directed Document Request", Appendix 12, to identify where the documents can be accessed.

The student is responsible for ensuring that the clinical site receives all student documentation in a timely manner. The Clinical Education Team does not have access to VSS and /or medical documentation that have been submitted by the student. Failure to submit the required documentation within the timelines stated by the clinical site may jeopardize a student's ability to start placement and could result in delayed graduation and additional tuition and supplemental fees.

See Appendix 5 for a checklist of information to be sent to the clinical site in advance of starting placements in the Clinical Practice I-IV Courses

5.4.1 *Introductory Letter and Initial Contact*

Once a placement has been finalized (announcement will be made on A2L when finalized), the student is **required** to submit a confirmation letter to the facility **no later than two weeks** following the finalization of the placement. See *Appendix 3* for a sample introductory letter. Each student's letter must include:

- Student's contact information (i.e. local address and phone number);
- Student's McMaster email address;
- Expiration dates of Program & Non-Academic Requirements (i.e. CPR / VSS expiry date); and
- Emergency Contact Information (name, telephone number).

The student is responsible for finding out details about the nature of their placement and to clarify any other relevant issues. In the event that a site initiates contact with the student; the introductory letter must still be sent for the site to have on file.

Along with the confirmation letter for placements in the Clinical Practice I-IV courses, students are required to complete and submit a Student Placement Profile (SPP) and a two-page brief CV (*Appendix 11, Appendix 10*). Throughout the PT Program, students are encouraged to keep their SPP and CV current, to be ready to relay the most up-to-date information to their placement and CI. Students are encouraged to use the SPP to start discussion about expectations, format and frequency of feedback et cetera with their CI(s) at the beginning of the placement. If the site initiates, contact with the student the SPP must still be completed and submitted.

Email correspondence with clinical instructors and clinical facilities should **ONLY** be made through the students McMaster email address. Other email accounts (i.e. Gmail, Hotmail) are not to be used.

5.4.2 *Updating Contact Information*

It is an expectation of the School of Graduate Studies (SGS) at McMaster that students inform the SGS within two weeks of any change in personal information, such as address, name, telephone number etc. Prior to a clinical placement, students should ensure MOSAIC has the correct personal contact information for the student.

5.4.3 *Site-Specific Requirements*

In some instances, clinical sites require the completion of pre-placement training modules or the submission of additional paperwork **PRIOR** to placement starting. It is the student's responsibility to inquire about pre-placement requirements in the introductory letter sent to the site.

Some sites require paperwork to be completed by the student and a McMaster University representative. Refer to "Student Directed Document Request", *Appendix 12*, to identify where the documents can be accessed.

In all instances, notice needs to be provided to the appropriate parties about the completion of additional paperwork **no later than two weeks prior to the start of placement**.

All students are responsible to ensure that a ***McMaster University Safety Orientation Checklist*** is completed by the end of the first week of every placement. You will submit this document at the end of placement

There are some pre-established requirements for some of the larger clinical sites. As the Clinical Education Team becomes aware of these requirements, information will be posted on A2L. These are subject to change at any time. It is each student's responsibility to check the Clinical Facility Information on A2L and confirm requirements with the site to ensure all pre-placement requirements are completed prior to starting each placement.

5.5 International Placement Process

Students may undertake a placement outside of Canada in their final placement, CP IV,, only if they meet specified criteria. The DCE will arrange a session in the first year of the Program to discuss the procedure for the international placement.

There is a \$50.00 administrative application fee due at the same time as the letter of intent and reference letters (cheque is payable to McMaster University). The fee is non-refundable, even if a student chooses not to and/or is no longer eligible to pursue an international placement later in the program.

The Physiotherapy Program supports the philosophy that an international learning experience:

- Enhances student's sensitivity to other cultures, awareness of global health issues and different health care systems.
- Prepares health care professionals to adapt their practice to their own culturally diverse communities.
- Supports and promotes 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 developing a perspective of the profession as part of the international health community.

5.5.1 International Site / Personnel Requirements

The selected international site or personnel must be approved by the Programme Academic Study Committee (PASC) of the MSc (PT) Program based on recommendations provided by the DCE.

For approval, facilities must meet the following criteria:

- Not be located in a country that has a travel advisory posted by the Department of Travel and Foreign Affairs;
- Possess a memorandum of understanding with the MSc (PT) Program;
- Be accredited by the recognized professional organization in that country and/or by the World Confederation of Physical Therapy;
- Provide a copy of a provisional offer of a Clinical Placement for the student confirming the facility can meet the educational requirements of the learning experience. This will include the following:
 - a) Description of service (including name, address, telephone and fax numbers of the clinical facility, CI & director of facility); and
 - b) Student program available.

The supervising physiotherapist (CI) must:

- Agree to structure of the placement to meet the student's learning objectives;
- Agree to use the evaluation process and criteria established by the MSc (PT) programme;
- Have at least one year's clinical experience;
- Be able to communicate effectively in English; and
- Submit a copy of an abridged resume outlining previous supervision and clinical experience and credentials to the MSc (PT) program (i.e. through the student or directly to DCE) showing graduation from a program recognized by the MSc (PT) Program.

5.5.2 Student Requirements and Responsibilities for an International Placement

McMaster University and the MSc (PT) Program have a set of requirements which students are required to fulfill; however, requirements from each host country and facility will vary. Therefore, it is the student's responsibility to identify the country/facility requirements and to address them accordingly (e.g. visa arrangements, medical coverage, etc.).

The student must:

- Be able to communicate effectively in the language of the country selected for an international placement;
- Be responsible for ensuring all documentation has been obtained prior to the placement and has been reviewed by the DCE;
- Maintain academic good standing in the MSc (PT) Program;
- Consistently demonstrate professional behaviours throughout the Program;
- Follow the RMM 801 Field Trips, Student Placements and Research Activity Planning and Approval Program Process; and
- Be responsible for all costs related to the experience, including, but not limited to:
 - Health requirements;
 - Visa arrangements;
 - Accommodation;
 - Travel;
 - Insurance coverage; and
 - Correspondence (telephone, fax, etc.).

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

- Personal Letter of Intent;
- Reference Letters:
 - One academic and one clinical reference that attest to the student's ability to cope with an international placement;
- Interview with the International Practicum Advisory Committee (IPAC);
- Any other requirements requested by the DCE;
- Successful completion, without remediation, of all academic Units and clinical placements preceding the international placement;
- Proof of travel insurance that includes medical evacuation insurance:
 - This includes acknowledging an awareness that in the event of an emergency while travelling abroad that International SOS can provide assistance (see details on Workingatmcmaster.ca);
- Proof of attendance at / completion of the pre-departure workshops (dates and times to be provided by the DCE when available);
- Medical clearance which confirms the student is in a state of satisfactory health and all immunizations for the country of destination are fulfilled;
- An itemized itinerary which includes the dates and locations of personal travel plans (must span the entire travel time); and
- Contact information related to travel and placement timeframe (i.e. cell / accommodation phone number etc.).

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

On approval of the placement, the student confirms in writing to the site a commitment to the placement. A copy is forwarded to the DCE. At this time, all placement details including proper legal name of the facility, current mailing address, contact name and title, email address, phone and fax number, and placement dates need to be forwarded to the DCE and Physiotherapy Clinical Education Assistant. If a student requires a certificate of insurance or proof of attendance at a University, please advise the Physiotherapy Clinical Education Assistant in writing or via email three months prior to the commencement of the international placement.

It is the student's responsibility to ensure that all requirements, including, but not limited to, their Vulnerable Sector Screen or Immunizations, are up-to-date and that the student has the proper documentation requested by the facility to support this.

A more detailed schedule of the international placement process will be released to students in their first year of the program.

Note: Most of the international placements will occur during the placement associated with the Clinical Practice IV Course. However, there may be some exceptions where students can complete an international placement prior to this placement period. Please speak with the DCE for additional information.

5.5.3 DCE Responsibilities for an International Placement

The DCE is responsible for:

- Presenting student requests to PASC for discussion;
- Facilitating a signed affiliation or written agreement with the facility upon request;
- Providing necessary documentation and resource material to the facility;
- Providing student with a letter validating their status as a student in the MSc PT Program.
- Corresponding with the facility at midterm to ascertain the student progress.
- Presenting final course evaluation to PASC;
- Sending a letter of appreciation to facility when placement is completed; and
- Facilitating RMM 801 requirements/process.

5.6 Communication Processes

Throughout the academic Units and during placements, the Clinical Education team will update the class regularly through posting announcements on A2L. Should an individual student wish to clarify an issue regarding placement, please communicate via email. If a meeting is required, email is the most expedient way to set up a mutually convenient time. It is the student's responsibility to check McMaster email regularly during placement to keep up to date. For these reasons, it is the student's responsibility to ensure that their McMaster email address is working at all times. Other email accounts (i.e. personal Gmail, Hotmail) will not be used.

A2L will also be used as a method of communication with students. This includes, but is not limited to, posting reminders, sharing academic content, drop box submissions, document tracking, etc.

In cases where members of the Clinical Education Team will be out of the office or unreachable, a designate will be appointed and communicated to students, for emergency situations.

If you have questions or concerns in relation to a placement, there are several formal and informal avenues available. Many individuals can provide insightful and valuable information:

1. Pre-Clinical Placement:
 - Clinical Education classes;
 - Individual meeting with DCE;
 - Email with DCE;
 - Email with the Clinical Education Assistant; and
 - Consultation with faculty advisor, community physiotherapists.
2. During Clinical Placement:
 - Resource persons within the facility (e.g. Clinical Instructor, CCCE, director/supervisor);
 - Phone call, email, individual meeting with DCE (or designate); and
 - Consultation with relevant faculty.

At any point during placement, regardless of where the placement is located (in catchment, OOC, NSS or International), if a student requires support related to clinical activities or learning, please contact the DCE or stated designate immediately.

3. Post-Clinical Placement:
 - Individual meeting with DCE

6.0 Models of Supervision

Students will be involved in many different supervisory relationships in the clinical placement setting. The following are examples of the models that students may be exposed to over the four placements and the one clinical observation. All models of supervision must meet College of Physiotherapists of Ontario Standards.

6.1 Individual Model 1:1

The assignment of one student to one Clinical Instructor (CI):

- One CI is responsible for tasks related to administration, teaching, consulting and evaluation for the student.

6.2 Cooperative/Collaborative Model 2:1

The assignment of two students to one CI:

- Students encouraged to consult and learn from each other (collaboration);
- Each student must send an independent letter of introduction and SPP to the CI; and
- *Students must complete a separate evaluation form for the CI that is assigned to their placement.*

6.3 Split Model 1:2

The assignment of one student to two CI:

- One student to 2 CIs who may or may not be located in the same clinical location or work within the same institution;
- Many part-time PTs prefer this model;
- Students are required to contact both CIs prior to starting placement with their Introductory Letter
- *Students must also complete a separate evaluation form for each CI that is assigned to their placement regardless if they are from the same clinical site or not; and*
- *In this model the student will divide the number of learning objectives on their learning contract up between the two CIs (i.e. if with one CI for 3 days per week, 3 learning objectives will be specific to that CI and 2 for the other CI). In this model, the student must meet placement expectations in both clinical settings / locations.*

6.4 Shared Supervision Model 1 CI: 2 or More Students

The assignment of a group of students to one group CI:

- Students encouraged to consult and learn from each other (collaboration);
- *Each student must send an independent letter of introduction and SPP to the CI; and*
- *Students must complete a separate evaluation form for the CI that is assigned to their placement.*

6.5 Offsite Supervision

The assignment of a student(s) to an off-site CI:

- The onus on the student(s) to be self-directed, organized and to manage learning opportunities and evaluation;
- Usually occurs at sites where the PT role is emerging; and
- Will often include some student independent work (see Section 4.10).

These are only examples of supervision for students while on placements. Students may be exposed to other supervision models. In all cases, if a student is unclear who their CI(s) are once they are on site, it is the student's responsibility to clarify this information by speaking with the individual identified on the assignment sheet, the CCCE or the DCE.

6.6 Split Placement Sites

In some instances, student’s placement will be split between multiple facilities and clinical instructors. Students who are assigned to multiple placement sites, will receive separate evaluations from both sites (i.e. ACP at mid-term and final evaluations). Both evaluations will be considered to determine the student’s overall success in the placement (i.e. no concerns at either site must be identified) on any of the evaluation tools. To facilitate the volume of paper work associated with split sites the student completes the following:

- One (1) self ACP evaluation at mid-term and final that is used for both sites:
 - Separate notes can be used on the same document to denote differences for each site;
- One (1) learning contract that is used for both sites:
 - The total number of goals does not change – however, the number of goals per site will reflect the time at each site. For example, if a student is at one site (site A) 2 days per week, and another site (Site B) 3 days per week, the learning contract will have 2 learning goals for Site A and 3 learning goals for Site B;
- One (1) combined tracking form that reflects the cardiorespiratory and neurological hours from both clinical placement sites;
- A separate facility evaluation at mid-term and final for each clinical location;
- A separate CI evaluation at midterm and final for each CI that has been assigned to the placement;
- A separate clinical experience summary form for each location; and
- A separate submission to the Avenue to Learn Drop Box by the end of week 1 of placement to confirm placement days and times for each setting.

6.7 Clinical Practice Strategies

Table 4.0 provides students and CIs with examples of strategies that may assist in resolving issues that can arise during clinical placements. If at any point, a student and/or CIs have concerns about the placement they are encouraged to contact the DCE (PT) or stated designate as soon as possible.

Table 4.0 – Strategies for Clinical Placement

| <i>Issues</i> | <i>Strategies</i> |
|--|---|
| Ambiguity / uncertainty of role | <ul style="list-style-type: none"> • use of content learned from courseware • have confidence on “creating” & “testing” new role • use of theoretical framework to guide process • be comfortable with this issue |
| Decreased physical access to the Physiotherapy Clinical Instructor | <ul style="list-style-type: none"> • use of & appreciation of other resources e.g. teachers, health care providers, family • develop clear communication system • identify and utilize other physiotherapists as resources |
| Lack of Accountability for own actions | <ul style="list-style-type: none"> • develop organized schedule of activities • view of self as extension of Physiotherapy Clinical Instructor |
| Uncertainty of learning experience | <ul style="list-style-type: none"> • use of learning contract • use year 2 students as resources • view of placement learning as a continuum • view of self as change agent |

7.0 Evaluation of Placements

7.1 Evaluation of Placements

In Clinical Practice I-IV Courses the *Canadian Physiotherapy Assessment of Clinical Performance (ACP)* and the *Learning Contract* are used to evaluate student performance during clinical placements. The evaluation documents are considered part of the student's official academic records

7.2 Canadian Physiotherapy Assessment of Clinical Performance (ACP)

The ACP is a Canadian designed clinical evaluation tool. This evaluation is based on the Canadian Competency Profile for Physiotherapists (ECP), and the rating scale has been modified from the Revised PT CPI (version 2006) with permission from the American Physical Therapy Association (APTA). Clinical instructors and students will be required to complete an online training module prior to completing the assessment for the first time, as the rating scale now includes anchors with corresponding descriptors. In the ACP equal emphasis is placed on all domains. The ACP is a copyrighted instrument.

ACPs submitted after the assigned deadline may impact a student's ability to progress to the next academic term. In addition, students are expected to perform or complete a self-evaluation at both midterm and at the end of the placement. By submitting the evaluation electronically, at mid-term and at final evaluations, the **student is not indicating that they agree with the evaluation, but rather that they have discussed the evaluation with their CI(s).**

Important Notes:

- The ACP should be completed, and the learning contract reviewed at the mid-point and end of the placement by both the student and the CI;
- The Learning Contract and the ACP should include comments/examples to support the assigned mark / evaluation;
- Scores assigned on the ACP should reflect a typical performance or that performance which most closely describes a student's behaviour over the period evaluated (e.g., the midterm mark reflects performance from the beginning to the mid-point of the placement and the final mark reflects performance from the midterm evaluation to the end of the placement);
- Information about how to access the online module that provides instruction on how to use the ACP is posted on A2L;
- At McMaster, benchmarks have been set for each placement. These benchmarks are used to determine if the student has obtained a mark of 'credit' at the end of the placement period;
- Clinical Instructors will be directed to consider that, if safety is a major concern, resulting in one or more domains being marked below benchmark, the CI should recommend a grade of **NO CREDIT**
- If students do not meet expectations as identified above, the CI will may be directed to consider a final grade recommendation of **CREDIT with RESERVATION** unless safety is a concern, in which case no credit should be recommended;

A student will be presented to the PASC for a final grade assignment if they have one OR more of the following:

- 4 or more domains that have been evaluated below the expected benchmarks in the final ACP
OR
- 2 or more domains that have been evaluated at greater than one level below the expected benchmark in the final ACP
OR
- Have received an overall recommendation of Credit with Reservation or No Credit in the final ACP
OR

- The comments in the Final ACP have highlighted an area of concern
OR
- As otherwise identified in the Program and Clinical Education handbook or Graduate Calendar (i.e withdrawal of a placement)
- To assist in understanding the expectations by unit the following documents are available on A2L and shared with the CIs in advance of the placement starting:
 - A summary of benchmarks by unit (document title: ACP Evaluation Reference Guide); and
 - A detailed table outlining how each domain changes by unit (document title: ACP Clinical Expectations Table).
- To assist CIs and students who are completing role emerging / administrative placements evaluate performance using the ACP, a separate table has been created to supplement the information available for evaluating student performance on this placement (Appendix 13: Evaluation guidelines for a role emerging / research / administrative placement).

7.3 Learning Contracts

In addition to the ACP, a learning contract is used for all placements to maximize the opportunities for student learning within the placement setting.

A learning contract is an agreement between a student and a CI outlining in detail five learning objectives, the resources required to meet the objectives, the type of evaluation to be utilized, and the specific characteristics that will be evaluated.

Learning contracts are utilized in the MSc (PT) Program to reinforce our philosophy of self-directed learning. Students complete components of the learning contract in clinical and academic courses throughout the program.

The MSc(PT) Program believes that the use of learning contracts reinforce the student’s role as an active participant in the process of learning rather than as a passive recipient. Learning contracts allow the student to have more individuality and flexibility within the clinical setting. In addition, as a physiotherapist, it is important to pursue learning throughout a career. This ability to become a life-long learner requires the ability to set goals, state means of attaining these goals and formulate methods of evaluating when these goals are achieved. The learning contract is one strategy that develops these skills.

The learning contracts must demonstrate a progression in learning over the student’s program. Learning needs should be distinct for each clinical setting and placement, and should be appropriate for the student’s level of learning.

7.3.1 SMART Goals

Learning contracts must be written using SMART goals. Examples of how to write “SMART Goals” and examples of “SMART Goals” are available on the College of Physiotherapists of Ontario website.

7.3.2 Steps in Developing the Learning Contract

i) Self-evaluation

The student should assess their strengths and weaknesses and consider past performance during previous clinical placements. Consider:

- What knowledge and skills do I already have?
- What knowledge and skills do I need?
- What knowledge and skills would I like to learn?

ii) Identification of Learning Needs (objectives)

Individual behavioural objectives will depend on the self-evaluation and the clinical setting. Clinical Instructors and students should consider whether the objectives are feasible within the setting and within the placement timeframe.

Consider:

- Are my objectives described clearly?
- Are my objectives realistic and feasible?
- Will it be possible to measure my objectives?
- Do the objectives describe what I propose to learn?
- Are there other objectives I might consider?

iii) Identification of Learning Resources and Strategies

All resources, including literature, facilities and people, should be identified. The feasibility and timeframe of the strategies should be negotiated between the student and CI. Consider:

- How will this strategy help to accomplish my objectives?
- Is this strategy feasible within the learning situation and timeframe?
- How will I acquire the resources? Are they current?
- What knowledge and skills are required to use this resource?
- Are there other resources to consider?
- What are the available resources in the facility?

iv) Identification of Evaluation Methodology

The student should consider means of providing evidence of learning and the most appropriate person to evaluate the objective. This is most often the CI, but other team members or colleagues could be utilized.

Consider:

- Why select this method?
- What knowledge/skill will it help you demonstrate?
- How and when will this be evaluated?
- What alternative methods have you considered?
- Does the method demonstrate variety and creativity?

v) Identification of Criteria for Evaluation

Criteria should reflect the learning objectives and be described in behavioural terms. It is important for the CI and student to agree on the appropriate criteria for the student's level. Consider:

- Are the criteria clear, relevant and able to be applied?
- Do the criteria relate to my objectives?
- Are the criteria appropriate for my level/timeframe?
- What alternative criteria have I considered?

A sample learning contract will be posted on A2L to provide an example of a SMART goal for a clinical placement learning objective.

7.3.3 Marking of Objectives

Learning contracts are scored out of 10 with a maximum of two marks per objective at both the midterm and final evaluations:

| Score | Criteria |
|-------|---|
| 2 | All criteria for that objective were met successfully |
| 1 | Minor elements have not been demonstrated |
| 0 | Major elements were not demonstrated |

Every effort should be made to create the learning contract in collaboration with the Clinical Instructor to ensure that it will reflect the caseload and opportunities available to the student in the placement setting. However, if caseload/ site considerations are identified at mid-term that would prevent a student from completing a learning objective, a new objective can be created to ensure best opportunity for successful completion. If a student's clinical knowledge or clinical skills are preventing the attainment of a learning objective, a new goal cannot replace an existing goal and the DCE should be contacted.

Students who achieve less than 7/10 on their learning contract at the final evaluation because of lacking clinical skills or knowledge will be presented to the PASC for review. In these circumstances, the DCE will follow up with the clinical site in advance of making the grade recommendation if sufficient information is not provided by the CI on the evaluation document.

7.3.4 Submission Timelines

It is expected that students present a draft of their learning contract to their CI by the end of the first week of placement. The learning contract should be finalized (at latest) by the middle of the second week of placement. The DCE will review learning contracts to provide feedback on if the goals are SMART in nature and appropriate for the student's academic level, for students who wish to submit them. However, the learning contract must be submitted by the end of the first week of placement, in an electronic format. Note that that DCE will not comment on if the goals are appropriate for the assigned placement, as identifying appropriate goals is the responsibility of the student and the CI.

An electronic copy of the learning contract and resources for completing the learning contract can be found on Avenue to Learn (for students) or the Clinical Education website.

7.4 Cardiorespiratory and Neurological Hours and Competency Tracking

Students are expected to track their Cardiorespiratory and Neurological contact hours on all placements and during the clinical observation experience to ensure they are meeting Clinical Practice graduation requirements (see Section 4.1 – Clinical Practice Requirements). Tracking expectations will be reviewed in the Clinical Practice classes.

An electronic tracking document is provided for students to complete and must be verified by the CI at final evaluation. Some CIs may request to review and verify the tracking sheet on a more frequent basis. Students should consult with the CI at the beginning of placement, on how frequently and in what method (electronic vs. hardcopy) they would like to review.

Suggested time credits can be granted based on the following:

- 1 assessment = 1 hour of time (including charting);

- 1 reassessment = 0.5 hours of time (including charting); and
- 1 treatment = 0.5 hours of time (including charting).

Note: These time allocations are averages and include the charting and preparation / research time associated with patient care. It is recognized that direct assessment and treatment time may vary across settings and patient populations.

The tracking document is to be submitted to the school, via drop box on A2L, at the end of each placement. The DCE will then review the spreadsheet to ensure students are on track to meet graduation requirements.

Examples of what can be tracked for cardiorespiratory (CR) hours include, but are not limited to: blood pressure assessment, monitoring oxygen saturation levels, suctioning, chest physiotherapy techniques, and patient mobilization for the prevention or management of a CR related condition, exercise prescription that includes assessment of vital signs. A more detailed outline of CR activities is posted on A2L.

Examples of what activities can be tracked for neurological (NR) hours include but are not limited to: assessments and treatments for individuals with progressive neurological conditions (i.e. ALS), concussion or vestibular assessments and treatments, paediatric assessment and treatments when related to an underlying neurological condition (i.e. cerebral palsy), spasticity assessment and management. A more detailed outline of NR activities is posted on A2L.

7.5 Evaluation of Clinical Placement

For In-Catchment and OOC placements, feedback is given to the Clinical Placement Site and the Clinical Instructor (CIs) via the Student Evaluation of Clinical Placement on HSPnet.

Students are expected to complete the Student Evaluation of the Clinical Placement at the midterm and final points of each clinical placement. The evaluation should be reviewed with the CI(s) and/or CCCE at midterm. The final evaluation will be available to view by the clinical instructor(s) 3 days after placement as ended.

In exceptional circumstances, students are encouraged to contact the DCE immediately with concerns about placements that they believe warrant discussion with the school prior to providing the feedback to the clinical site.

7.6 Placement Evaluation of Document Deadlines

For Clinical Practice Placements I-IV, all evaluation documents need to be submitted on Avenue to learn within one week following the last day of placement. It is the student's responsibility to ensure all forms are complete and accurate within the one-week deadline. Failure to submit documents on time may result in suspension of placement preferences for upcoming placements.

The Clinical Education Assistant will track document submissions on A2L. It is the student's responsibility to login to A2L and ensure all documents are received and complete, and to rectify any documents not received or incomplete. Students have one week following their submission deadline to rectify and resubmit incomplete documents, without mark deductions.

A summary of all evaluation documents and the responsibilities for completion can be found on A2L.

7.7 Assessment Process

In Clinical Practice I-IV Courses the CI will assess the student's performance on placement with the ACP. The CI(s) can make a recommendation for one of the following grades at midterm and at the final evaluation:

1. Credit;
2. Credit with Exceptional Performance;
3. Credit with Reservation; or
4. No Credit.

However, it is the DCE, as Course Coordinator, who recommends a final grade (PASS / FAIL) for each student for each clinical placement for the PASC's consideration, and the PASC assigns the final grade for each student. Students must be successful (PASS) or achieve an overall mark of 70 or more in each Clinical Practice course component to be awarded an overall PASS in the course.

A student will be presented to the PASC for a final grade assignment if they have one OR more of the following;

- 4 or more domains that have been evaluated below the expected benchmarks in the final ACP
OR
- 2 or more domains that have been evaluated at greater than one level below the expected benchmark in the final ACP
OR
- Have received an overall recommendation of Credit with Reservation or No Credit in the final ACP
OR
- The comments in the Final ACP have highlighted an area of concern
OR
- As otherwise identified in the Program and Clinical Education handbook or Graduate Calendar (i.e withdrawal of a placement)

1) *Suggested guidelines for recommendation for a Credit or Credit with Exceptional Performance:*

- By the end of the placement, the student demonstrates a level of competency in the skills acquired during the placement that is commensurate with the number of opportunities the student has had to practice and refine the skill;
- There is evidence that the student can modify their behaviour based on feedback and incorporates previous learning into new situations;
- There are no "significant concerns" regarding any of the applicable criteria in the ACP;
- The student successfully completed (2/2) on all of their learning objectives as outlined in the individual learning contract;
- The student has successfully achieved the benchmarks identified for the specific placement by the end of the placement period on each ACP domain; and
- For Credit with exceptional performance, the student has met all of the above criteria, and has demonstrated knowledge and skills above the expected level of a student in his or her current unit on a consistent basis.

2) *Suggested guidelines for recommendation for a Credit with Reservation:*

- By the end of placement, the student may have achieved minimum expectations in the majority of domains, however, there are still some domains where the student is unable to demonstrate minimum requirements;
- The student's performance has been inconsistent throughout the placement;
- The student has not had a major safety concern; however, the clinical instructor may not feel comfortable allowing the student to work independently for the majority of the time;
- The student has not responded to feedback provided over the placement in terms of meeting expectations for progression towards the expected benchmark; and
- If students do not meet all expectations as identified above, the CI will be directed to consider a final grade recommendation of **CREDIT with RESERVATION** unless safety is a major concern in which case the CI should recommend a grade of **NO CREDIT**.

In the event that a CI believes they will recommend a grade of credit with reservation at mid-term or final, the CI must contact the DCE as soon as possible. Students must contact the DCE as soon as possible they are informed of a grade of credit with reservation at mid-term or final evaluation to discuss the evaluation.

3) Suggested *guidelines for recommendation for recommendation of No Credit:*
(Any one or more of these are sufficient to recommend a Fail. This list is not comprehensive):

- The CI determines the student's performance during the second half of the placement presents with "significant concerns" in one or more criteria on the ACP;
- Given the opportunity, the student is unable to demonstrate sufficient improvement after having received constructive feedback and several opportunities for practice;
- The student is not demonstrating a response to feedback related to performance of skills and/or knowledge and/or professional behaviour (**a judgement about this includes consideration of the student's academic level, the level and type of previous clinical placements and the learning opportunities provided during the current placement**);
- The student is below expectations on any domain due to concerns of safety;
- Students who achieve less than 7/10 on their learning contract at the final evaluation because of lacking clinical skills or knowledge
- The observation of safety concerns e.g., unsafe application of modalities; improper guarding of a patient resulting in injury; repeated failure to apply brakes to gait aid or beds during transfers, etc.;
- Unprofessional behaviour (at any level of learning) – e.g., unreceptive to feedback from any member of clinical / placement team; inappropriate conduct with patients or other staff members; frequently late for clinical placement, etc.; and
- The student is absent from clinical placement without prior approval of the DCE and site (in respective order).

In the event that a CI recommends a grade of no credit at mid-term or final, the CI must contact the DCE as soon as possible. Students must contact the DCE as soon as possible they are informed of either a grade of fail at mid-term or final evaluation to discuss the evaluation. See Section 7.10 on 'students having difficulty in the clinical setting'.

7.8 Clinical Practice Expectations

Over the course of the Program, students are expected to progress in the roles and responsibilities in which they partake during Clinical Practice courses.

A chart detailing clinical expectations across the program will be provided to students and will be posted on A2L for students to review over the course of the Program. This chart is also shared with CIs to use as a reference for evaluating student performance in clinical placements. A supplemental chart is also available for students who are completing a role emerging / research / administrative placement.

7.9 Students Having Difficulty in the Clinical Setting

In all instances where a student is experiencing difficulty (e.g., may be unsuccessful in passing their clinical placement), the DCE should be notified immediately by **both** the student and the CI(s). In the event any incidents occur after midterm evaluation, the DCE should be notified **immediately**. If conditions warrant, the DCE may visit the facility to gather further information.

Serious deficits in matters pertaining to work in clinical settings, research ethics or professionalism when interacting with human or other subjects may result in termination of the work in a clinical placement. Unsatisfactory standing or serious deficits in matters pertaining to professional skills, which include but are not limited to patient safety, professionalism, ethical behavior and technical skills, as described in the Essential Competency Profile for Physiotherapists in Canada may result in a decision to terminate the clinical placement. In most situations

termination of the clinical placement constitutes a failure and will result in the student receiving a grade of F in the Clinical Practice course and may result in dismissal from the program.

In some facilities, there may be a CCCE or a Centre Coordinator who has taken on an expanded role – these individuals may be a resource for CI or students who are experiencing difficulty. The role of the individual at each facility varies and should be clarified. Students needing further support in the clinical setting should contact the DCE about clinical issues.

Tools to assist students having difficulty on clinical placement, such as the anecdotal record form and critical incidence reporting form, can be found on the PT Clinical Education website. See section 12.0 for link.

Refer to Appendix 12 for the process to follow once a CI has identified that a student is having difficulty in the clinical setting.

See Section 5.6 regarding communication processes, which can assist a student having difficulty in a clinical setting.

8.0 Grading Guidelines

8.1 Grading Guidelines

The DCE is the course coordinator for all Clinical Practice courses. Final grades are recommended by the DCE to the PASC, and the PASC assigns a final grade to every student. The DCE takes into consideration the recommendation of the CI on the ACP at final evaluation, ACP ratings on each domain, subjective comments on the ACP, and completion of the learning contract and its associated objectives.

The DCE will communicate with the CI(s) and student as necessary to clarify any information contained in the ACP or learning contract, and this information may be taken into consideration when recommending and assigning a grade.

Any students who demonstrate professional behaviour issues in relation to clinical placement or who did not meet expectations as per the DCE's review of learning objectives and/or ACP, will be reviewed by PASC, and may be assigned a grade of FAIL for the placement.

8.2 Marking Rubric

The marking rubric detailing breakdown of grading will be included in each Unit Handbook.

9.1 Clinical Practice Attendance Policy

Students are required to attend each placement in its entirety – 100% attendance is expected of all students. Reasons for an absence from placement are only accepted for exceptional circumstances *and* will require supporting documentation (see table 5.0).

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 (PT) program;
- Students in the MSc (PT) program assume responsibility for patient care during clinical placements;
- Absences disrupt patient care continuity and affect student learning;
- Absences may impact on the clinical instructor's ability to adequately evaluate the student;
- Students are required to complete a minimum number of hours in clinical practice to meet MSc (PT) graduation requirements) (See Section [4.1 on Clinical Practicum Requirements](#) and Section [4.3 on Clinical Practicum Hours](#)); and
- Student PTs are expected to uphold exemplary standards of professional conduct. Attendance is a critical professional obligation.

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 and times.

If for **any** reason, a student misses more than one day of any clinical placement, the DCE (with input from the CCCE/CI) will determine if the student is required to make up time on that specific placement. Students are not to discuss make-up time with the CCCE/CI without consultation from the DCE. 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 course.

If a student has missed more than one day from all clinical placements during the 2-year Program for any reason, they may be required to make up the time during their last clinical placement.

Placement absences will be monitored and tracked for each student during each placement. The Clinical Education Team will update student's absences on A2L. The student should bring any discrepancy to the attention of the Clinical Education Assistant.

'Extra' hours accumulated during each Clinical Placement typically cannot be carried forward to subsequent placement.

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

If 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 CI outside of the previously arranged placement dates (i.e. if the student is absent on the day the evaluation was planned for); and
- 3) The student is responsible for submitting all documentation to the Clinical Education Team as per the stated deadlines.

Table 5.0 – Required Absence Supporting Documentation

The following documents are required to support an absence from a clinical placement.

| | |
|---|---|
| Medical Reasons – Pre-Scheduled appointment | Written verification of the appointment must be provided from the physician or medical office, as soon as possible after submitting the form. |
| Medical Reasons | A student will be required to submit a completed health certificate for any absences > 24 hours (i.e. 1 day) of placement due to medical reasons OR when the site requires a health certificate to clear a student to return to the clinical site (i.e. some occupational health and safety requirements may indicate that the student needs to have a medical note to return). At all times, the health and safety of everyone (i.e. the student, patients, public) needs to be the main priority, and if a student is unclear about the safety of returning to the clinical environment (i.e. concern related to lingering symptoms or resolution of risk) they must err on the side of caution and consult a physician to obtain the health certificate. When completion of the Student Health Certificate is mandated, the student must email an electronic copy of this certificate ((no later than 5 business days of the missed placement day) to the Clinical Education Team and Program Manager. The student must also submit a hard copy of the certificate to the Program Manager as soon as possible. (at latest when associated placement documents are due) |
| Citizenship Court | Submit the original official judicial notice and a photocopy. The photocopy will remain on file. |
| 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; or • An obituary. |
| 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. |

9.1.1 Unplanned Absences

Only unexpected illness, injury, or compassionate leave are considered acceptable reasons for absence from clinical placement without prior approval. If any of these events occur that are beyond the student’s control, the student is expected to follow these steps:

- 1) Contact the clinical facility (CI and/or CCCE) **before** the start of the clinical day so the student’s caseload can be re-assigned;
- 2) Inform the Clinical Education Team or the stated delegate via email of the absence within the day;

- 3) Submit the unplanned absence form and supporting documentation (see Table 5.0) to the Clinical Education Team within 24 hours of the absence (form can be found on A2L); and
 - a. If a student is unable to attend placement due to illness after 24 hours, the student must complete the required documentation (see Table 5.0) and may be required to complete *return to clinical placement checklist* from an attending physician to return to clinical placement. The return to clinical placement checklist is available through contact with the DCE and Program Manager.
- 4) The DCE will notify the student about whether there is a need for making up the missed time.

If a student must leave the site early due to illness, injury, or for another emergency reason, the student is expected to follow these steps:

- 1) Inform the Clinical Education Team or the stated delegate via phone about the need to leave placement immediately (i.e. prior to leaving the clinical site);
- 2) Submit the unplanned absence form to the Clinical Education Team within 24 hours of the absence (form can be found on A2L). Supporting documentation should be submitted as soon as possible following the absence (see Table 5.0):
 - a. If a student is unable to attend placement due to illness after 24 hours, the student must complete the required documentation (see Table 5.0) and may be required to complete *return to clinical placement checklist* from an attending physician to return to clinical placement. The return to clinical placement checklist is available through contact with the DCE and Program Manager.
- 3) If the student leaves the clinical site early due to an incident, in addition to steps 1 and 2, the student must complete the McMaster Incident form submit this form to the Clinical Education Team as well as the Faculty of Health Sciences (FHS) Safety Office within 48 hours. The DCE (or delegate) should be informed immediately of any incidents where personal injury is sustained on clinical placement.
- 4) The DCE will notify the student about whether there is a need for making up the missed time.

9.1.2 Planned Absences

It is recognized that there are extraordinary circumstances when students may need to plan for time away from placement (e.g. specialist medical appointments). To allow students, the *possibility* of a planned absence during a clinical placement, and to be fair and equitable to all students in the MSc (PT) Program, the process for requesting a planned absence is as follows:

- 1) If students are aware of circumstances that may affect their attendance for any length of time during a placement, they are required to complete the Planned Absence Request Form (found on A2L). The planned absence form along with supporting documentation (see Table 5.0) must be submitted to the DCE in hard copy or by e-mail no later than 2 weeks prior to the start of placement;
- 2) The DCE may meet with the student to discuss their request and assess each situation on an individual basis;
- 3) The DCE will contact the CCCE/CI to discuss the student's absence request;
- 4) Based on discussion with the CCCE/CI the DCE will either decline or conditionally approve the request. Reasons for declining an absence will not be discussed. Absences conditionally approved may be declined later if the student is not meeting academic expectations and/or the student has experienced unplanned absences during the clinical rotation; and
- 5) DCE (with input from the CCCE/CI) will decide the amount of time necessary to make up this lost time. Students are not to discuss make-up time with the CCCE/CI without consultation from the DCE.

Other Important Notes about Planned Absences:

- Students may not arrange for planned absences or making up missed time directly with the clinical site/ CI without explicit permission from the DCE. If a student does so, he/she forfeits the option to submit for a planned absence;
- A planned absence request does not automatically guarantee approval;
- If a student has previously been granted a planned absence from a clinical placement, it may affect the success of future planned absence requests; and
- If a student is absent from clinical placement without prior approval from the DCE, it is considered unprofessional conduct and could result in referral for review by PASC.

9.1.3 Late to Placement

Prior to the start of each clinical placement, students are expected to discuss daily start times with the CCCE and/or the CI. Students are expected to arrive 15 min before the negotiated start time to allow for set up and planning for the day ahead. Students must be prepared for each day of clinical placement (i.e. tool kit, chart reviews).

If a student is late to placement, it is the expectation that they contact the clinical site (via the CI or CCCE) regarding their expected arrival. If a student is late recurrently, a site may decide to terminate the placement in consultation with the DCE.

9.1.4 Inclement Weather Policy

Students should refer to McMaster's Storm Emergency Policy and Procedures (see section 13.0 for link) when weather conditions are a concern: <https://secretariat.mcmaster.ca/app/uploads/Storm-Emergency-Policy.pdf>

Item number 4.- *This policy does not apply to students attending a placement at a non-McMaster campus location. These students are asked to follow the direction of their placement supervisors or employers.*

Students will be asked to follow the direction of their placement supervisors during a storm (severe weather conditions) or during inclement weather. It will be at the discretion of the Clinical Instructor and /or the employment site to determine if it is safe for the student to remain at or travel to placement. Students should also consider their ability to safely travel to and from their clinical site

If inclement weather prevents attendance on clinical placement, students are expected to follow these steps:

- 1) Contact the clinical facility (CI and/or CCCE) **before** the start of the clinical day so the student's caseload can be re-assigned;
- 2) Inform the Clinical Education Team or the stated delegate via email of the absence within the day; and
- 3) The Clinical Education Team will notify the student about whether there is a need for making up the missed time.

If the student is unable to attend placement due to inclement weather, this absence does not count as an absence from clinical placement. The Clinical Education Team may advise the student to make up time if it is deemed necessary to fulfill placement requirements or to complete a final evaluation.

9.2 Dress Code Policy

Students will be given the opportunity to increase their knowledge and experience by participating in the care of clients in various health care settings. Students are expected to demonstrate professionalism through appropriate attire and behaviour. Professional dress is expected by all students while on clinical placement. Although there is

no uniform required by the program, students are obligated to observe the dress code of the physiotherapy departments and clinical facilities in which they are placed. In the event that a facility does not have a dress code, students are expected to wear dress pants and a long or short sleeved collared shirt (males and females).

Jeans, torn or ripped clothing, exercise/yoga pants, strapless or low-cut shirts or pants which expose bodily parts when performing clinical duties are not allowed.

Safety and health risks dictate against the wearing of open-toed shoes, clogs, sandals, flip flops, dangling jewellery, and large rings. In addition, hair must be fashioned in a manner that does not impede performance in clinical placement or patient interactions. Many facilities have a 'no scent' policy in effect and are advised not to wear any cologne or perfume while attending their clinical placement. In some areas of service, lab coats may be required or worn to prevent spread of infection. Clinical sites may have additional requirements to satisfy their specific occupational health requirements (for example, some hospitals require running shoes without mesh), consequently, ***students are required to clarify dress code expectations prior to starting placement.***

Students who do not comply with the above may be withdrawn from the clinical placement 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 program must be worn at all times in all clinical facilities.

9.3 Conflict of Interest Policy

Students are not eligible to complete a clinical placement at a facility where they have previously completed a placement or had experience volunteering or working in a clinical context, and/or where they would be evaluated by a family member. It is the student's responsibility to notify the DCE of any conflict of interest that occurs. Exceptional circumstances will be considered on a case by case basis and presented to PASC for discussion and decision.

All students must abide by the McMaster Faculty of Health Science conflict of interest policy and the Conflict Standard from the College of Physiotherapists of Ontario (See section 12.0 for links).

9.4 Confidentiality

The welfare of the client shall be the primary concern of the student. The student therefore will respect the confidentiality of all client information. When in doubt as to the amount of information that can be disclosed, consult the CI. Students need to be familiar with legislation related to Privacy of Personal Information and Electronic Documents Act (PIPEDA) and Personal Health Information Protection Act (PHIPA). Students must abide by each individual facility's confidentiality and/or privacy policies, which may include signing a site-specific confidentiality form.

9.5 Academic Regulations

The clinical practice courses are graduate-level courses. A final grade will be recommended by the DCE to PASC at the completion of each placement, and PASC will assign a final grade to each student. Standard academic regulations apply to the mandatory pre-clinical education classes. In cases where students are experiencing difficulties meeting the objectives satisfactorily, the DCE should be consulted as soon as possible.

9.6 Harassment and Discrimination

See the MSc (PT) Program Handbook for the McMaster Policy on Discrimination, Harassment & Sexual Harassment: Prevent & Response Policy.

9.7 Student Accommodations for Clinical Placement

The process for obtaining accommodations may be lengthy, and students are strongly encouraged to start the process of registering for formal accommodations as soon as the need for accommodations is identified.

Refer to the MSc (PT) Program Handbook for additional information related to the accommodation process.

Once accommodations are finalized:

- 1) The DCE in consultation with the Assistant Dean and Program Manager will work with the DCE to secure a clinical facility that is able to safely meet the required accommodations. The DCE may require disclosure of the accommodations in advance of finalizing the clinical placement to ensure the requirements can be met;
- 2) Unless otherwise specified in the accommodation contract, the student will inform the clinical site of the required accommodations in the introductory letter and again in person on the first day of placement. The DCE will follow up with sites to ensure that questions/concerns are addressed as related to the required accommodations; and
- 3) If the accommodation needs to change between placements, it is the student's responsibility to meet with SAS and the Program to articulate the change in needs.

9.8 CPR Certification Requirements

The Physiotherapy Program requires each student to complete CPR Level C or Basic Life Support as a part of their admission requirements. The completion of first aid training is not required. The CPR certification must remain valid for the duration of each individual's time in the Program. The Program will reference the expiry date indicated on the certification card. If no expiry date is specified (e.g. St. John Ambulance), the Program will consider the certification valid for two years from the date of issue.

Students may be required to renew their CPR certification prior to the official expiry date as part of some placement site requirements. Students must connect with the Clinical site once they have been matched to determine the CPR requirements of that site and whether a renewal is necessary.

10.1 What to Bring on Placement

It is the student's responsibility to bring the following documents on their first day of each placement:

- A. Health Screen Record;
- B. Mask Fit Testing Card (actual card, not the sticker on student's ID badge);
- C. Vulnerable Sector Screen;
- D. CPR certification card; and
- E. Certificate of Clinical Clearance.

Students are expected to bring all items as listed as part of the *McMaster Physiotherapy Program tool kit* to all clinical placements. The list of components includes:

- Bandage scissors;
- Tape measure;
- 12" goniometer;
- 8" goniometer;
- Reflex hammer;
- Alcohol wipes;
- Sphygmomanometer;
- Ziploc bags;
- Cotton balls;
- Isolation gown;
- Boley gauge / Vernier caliper;
- Hand sanitizer;
- Athletic tape;
- Short stretch compression bandage;
- Pro wrap; and
- Tensor bandage.

10.2 Workplace Safety and Insurance Board (WSIB)

When performing unpaid placement work, students may be provided with limited Workplace Safety and Insurance Board coverage or private insurance coverage for personal injuries. Claims requests and reports are coordinated by McMaster University, while claims adjudication is provided by either the Workplace Safety and Insurance Board or the insurance company contracted by the Ministry of Advanced Education and Skills Development (MAESD). If an accident resulting in personal injury occurs during the placement, **immediately**:

1. notify the Clinical Instructor;
2. notify the Clinical Education Team (DCE, CEA or stated delegate); and
3. complete an incident report and fax a copy of this to the Clinical Education Team.

The Clinical Education Team should be informed immediately of any incidents where personal injury is sustained by either a student or a client as a direct result of the student's involvement. Please see below for the injury claims procedures.

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 any coverage to the Hospital/Agency or its employees, but it does relieve the Hospital of any responsibility to provide coverage for McMaster students or faculty members involved in training at the Hospital/Agency.

It is the student's responsibility to make the Clinical Education Team aware of placement hours, weekend rotations and/or date changes, to ensure adequate insurance coverage is provided.

After the student has been assigned a placement, it is the student's responsibility to download and complete the student agreement (on A2L) and submit to appropriate placement drop box on A2L. The form must be received no later than 2 weeks prior to the start of placement. A new form must be completed for each placement.

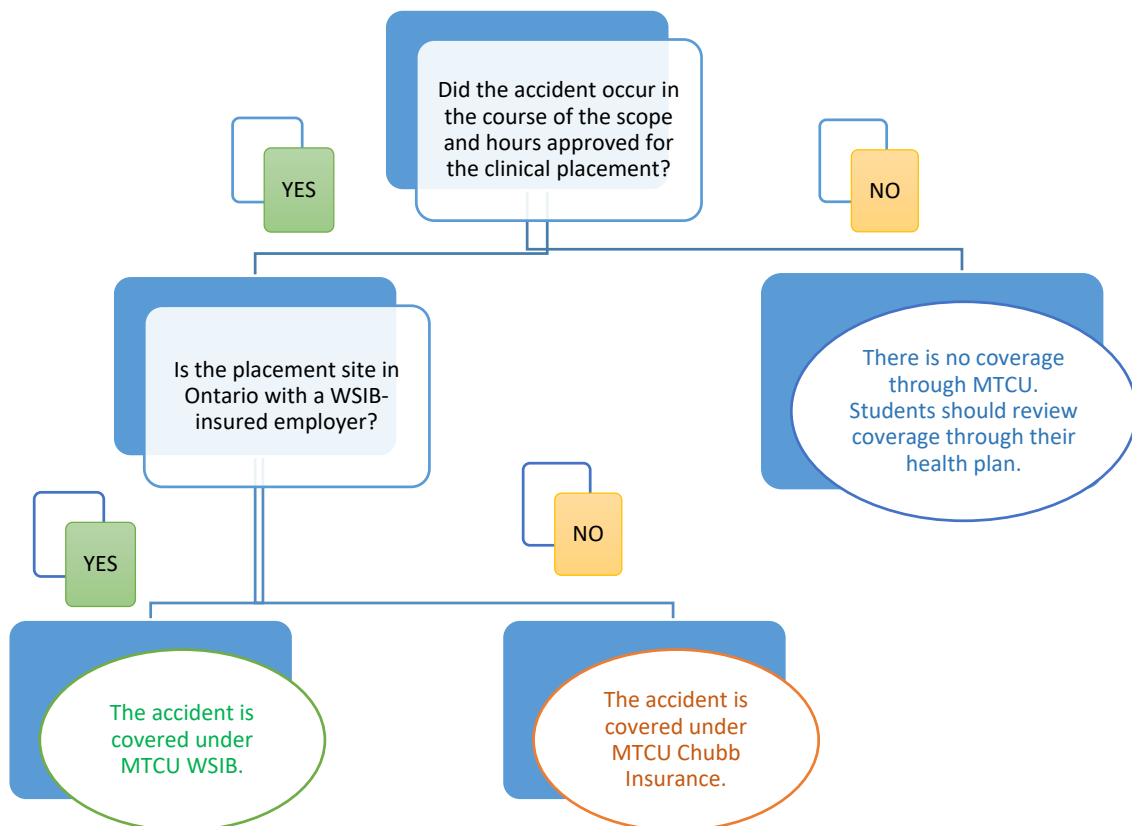
Students are provided a safety orientation checklist, which must be completed in collaboration with the CI. Please note that WSIB procedures are currently under review by McMaster University and are subject to change. Students, CIs and clinical sites will be apprised of any changes via email.

Students who are using their own transportation to travel to, from and during clinical practice placements are responsible for ensuring they have appropriate motor vehicle insurance.

10.2.1 Injury Claims Procedures

The flowchart below applies to clinical placements that meet the following criteria:

- Student is not paid for the placement
- The placement is authorized by the Director of Clinical Education
- There is an evaluation component to the placement and the student receives academic credit for successful completion of the placement
- Placement is in Canada
- Placement is external to McMaster University*



* If the placement is occurring at McMaster University, and the other criteria are met, coverage is provided through McMaster University's Private Insurance Program.

According to MTCU-WSIB Guidelines and related correspondence, students who must travel between clinical sites (including client locations in the community) for the purposes of clinical placement, whether in their own vehicle or as a passenger in their clinical instructor's vehicle, are covered under MTCU insurance (WSIB or private). In addition, McMaster's liability policy covers the student for third party claims arising from placement-related travel. There is no coverage for driving for non-placement activities (e.g., getting lunch, coffee, making any stops between appointments, elective field trips, etc.).

ROLE OF STUDENT

To report any work-related accident or illness, the following steps are required following appropriate emergency treatment/first aid:

- Immediately report the accident or illness to the Clinical Instructor
- Immediately report the accident or illness to the Program Assistant
 - Within 24 hours (up to 72 hours in extenuating circumstances), in conjunction with the Clinical Instructor, complete and submit the McMaster University *Injury/Incident Report* <http://www.workingatmcmaster.ca/med/document/injury-incident-report-fillable-1-36.pdf> and send to:
 - FHS Safety Office daybolli@mcmaster.ca (Janet Manella)
 - SRS Program gasewijk@mcmaster.ca* (Currently on leave; should be sent to miuccio@mcmaster.ca, Tim Miuccio)
- Complete any additional injury reporting procedures required by the placement site
- Respond appropriately to any and all government or university requests for information
- Keep the Program Assistant informed as your situation changes

ROLES OF PLACEMENT SITE & McMASTER UNIVERSITY

MTCU WSIB Coverage

To report an accident or illness that occurred that is covered by the MTCU WSIB program, the following steps are required following appropriate emergency treatment/first aid:

Role of McMaster University (EOHSS or FHS Safety Office)

- Receive the *Injury/Incident Report* from the EOHSS or FHS Safety Office (as submitted by the student and supervisor) and assign an EHS Consultant which shall be communicated back to all parties
- Complete the claim form and submit to WSIB on behalf of placement agency
- Complete the remainder of the MTCU *Reporting Form* and submit to the MTCU
- Forward all other required information to the MTCU and WSIB
- Liaise with the Program Coordinators to obtain necessary information for claim submission, and the Program Assistant to follow up with the student

Role of Placement Site

- Within 72 hours, complete the *Letter of Authorization to Represent Employer* (obtain from the Program Assistant) and send it to the assigned Employee Health Services consultant
- Work with McMaster University to accommodate the student's return to the placement as appropriate

MTCU Chubb Insurance Coverage

To report an accident or illness that occurred that is covered by the MTCU's private sector insurer, Chubb, the following steps are required following appropriate emergency and/or first aid treatment:

Role of McMaster University (EOHSS or FHS Safety Office)

- Receive the ***Injury/Incident Report*** from the EOHSS or FHS Safety Office (as submitted by the student and supervisor) and assign an EHS Consultant which shall be communicated back to all parties
- Contact the placement site as needed to obtain information for the Chubb Insurance reporting form
- Submit all necessary forms to Chubb Insurance and the MTCU
- Liaise with the student, placement site, MTCU, and Chubb Insurance as appropriate

Role of Placement Site

- Contact Employee Health Services ehss@mcmaster.ca for more information related to Chubb Insurance reporting procedures and forms
- Complete the reporting forms provided and submit them to EHS Consultant
- Work with McMaster University to accommodate the student's return to the placement as appropriate

McMaster University Private Insurance Coverage

To report an accident or illness that occurred that is covered by McMaster University's accident program with the private sector insurer, the following steps are required following appropriate emergency treatment/first aid:

Role of McMaster University (EOHSS or FHS Safety Office)

- Receive the information from the student and the placement site
- Submit all necessary forms to the Private Insurer
- Liaise with the student and placement site, as appropriate

Role of Placement Site

- Contact Employee Health Services ehss@mcmaster.ca to obtain a copy of the Private Insurance reporting form
- Complete the reporting form(s) and submit them to ehss@mcmaster.ca
- Complete the ***Letter of Authorization to Represent the Employer*** (obtain from the Program Assistant) and send it to the appropriate Employee Health Services consultant
- Work with McMaster University to accommodate the student's return to the placement as appropriate

Complete MTCU Guidelines are available here:

<http://www.workingatmcmaster.ca/med/document/WSIB-Guidelines-Final-1-36.pdf>

10.3 Establishment of Placement Guidelines

It is understood that in providing a placement for student physiotherapists, 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 student(s), the following points are understood.

- Student(s) placed in the facility is/are required to complete the Placement as a course requirement for graduation from the McMaster University MSc (PT) Program.
- The selection of the CI to supervise the student(s) will be made by the facility. Students shall not be used in lieu of professional staff, but shall be under the supervision of a licensed physiotherapist.
- The selection of clients for the students' learning experiences will be the responsibility of the CI. Responsibility for client care will remain with the CI, even though care activities are assigned to students.

- Students shall be subject to the policies, procedures, guidelines and regulations of the facility and the PT Program., FHS and University. Discipline of student(s) wilfully violating rules and regulations of the facility or the Program, FHS, University will remain the responsibility of the PT Program; however, immediate action while the student(s) is/are in the facility will be the responsibility of the CI or director of PT facility. It is also the responsibility of the facility to report any problems encountered with the student(s) to the DCE of the McMaster MSc (PT) Program.
- The facility will be responsible for evaluating the student's performance according to standards and format provided by the PT Program. Feedback should be given directly to the student(s) by the CI. A report of the student's performance will be sent to the DCE, McMaster MSc (PT) Program.
- As per the Graduate Studies Calendar, unsatisfactory standing or serious deficits in matters pertaining to professional skills, which include but are not limited to patient safety, professionalism, ethical behavior and technical skills, as described in the Essential Competency Profile for Physiotherapists in Canada (www.physiotherapy.ca), may result in a decision to terminate the clinical placement or research project. In most situations termination of the clinical placement or research project constitutes a failure and will result in the student receiving a grade of F in the Clinical Education course (https://academiccalendars.romcmaster.ca/preview_program.php?catoid=39&poid=21191&returnto=8190)
- McMaster University carries general liability insurance that 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."
- McMaster University does not provide coverage for students who continue to engage with any clinical facility outside of the specific period outlined for placement. This includes students volunteering or employment by a facility, before or after the assigned placement dates, or outside of the times the student has been specified to be on placement during the placement period. The facility, supervisor(s) and student will be personally liable for all damages or expenses incurred outside of the designated placement dates and times.

10.4 Unplanned Interruptions of Placement

There may be situations that result in unplanned interruptions of the Clinical Placement schedule (e.g. Severe Acute Respiration Syndrome [SARS], labour disputes). If there is sufficient notice (e.g. possible strike action) alternative placements may be arranged as a proactive measure. If no warning is possible, arrangement for alternative placement/learning experiences will be made as circumstances merit/permit.

During the period of interruption, it is the student's responsibility to stay in close contact with the site Physiotherapy Director/Supervisor and the DCE.

In the event that McMaster University is closed* during a clinical placement (e.g. snow day), students should assess their ability to travel safely to and from their clinical placement. It is the student's discretion to determine if they are able to safely travel to and participate in their clinical placement when the University is closed. If the University is not closed but weather conditions pose an unacceptably elevated risk to student safety, the student can notify the clinical site that they are not able to attend clinical placement for this day. In this instance, students are required to follow the unplanned absence process.

If the clinical facility is closed (e.g. snow day*, students should follow the unplanned absence procedures.

*note: The Faculty of Health Sciences is currently reviewing University closure policies and updates will be provided to students as they become available.

11.0 Protocol for Completion of Final Placement

Typically, students will return to academics following their Unit 5 Placement. If there are circumstances where students will not return to academics following a placement, the process outlined below should be followed. Any changes to the process below will be communicated to students.

1. Ensure you retain a copy of all evaluation forms signed by you and your Clinical Instructor.
2. Upload a scanned copy of your placement documents to the Clinical Practice IV drop box on A2L, no later than one week after your placement has ended.
3. When the DCE is assured that you have completed the placement successfully, the Program Coordinator will be informed. Upon successful completion of the MSc (PT) Program, the Program Coordinator will then send confirmation (via fax or e-mail) to the College of Physiotherapists of Ontario, CPA and the Alliance to inform them that you have successfully completed all requirements for the MSc (PT) degree. This will serve as your letter from the School for your supervised practice license. (Note: The student is required to send the appropriate agencies a copy of their diploma and a transcript when these become available as required).
4. The College will then issue your provisional practice license (if you have done the appropriate paperwork) and you will then be able to start work.

(Note: If you need an official letter for other purposes, e.g. visa requirements, notify the Program Manager in advance.)

If you will be working in another province (e.g. B.C.) which also requires verification of your status, inform the PT Program Coordinator as they will also notify them that you have completed all requirements of the MSc (PT) degree once the program has confirmed that you have successfully completed all the program requirements.

Every College has deadlines for registration applications and the time needed to complete the process so please review the requirements of the province in which you are planning to practice.

For more information (and forms) on Entry to Practice/Registration and Provisional Practice, check the College of Physiotherapists of Ontario website under information for Registrants.

Also check the Canadian Physiotherapy Association website for important information re: malpractice insurance under Member Services.

12.0 Useful Website Links

As of June 2020 all the following website links are active. Throughout the year there may be cases where website links become inactive. The Clinical Education Team will do their best to update students via A2L with the most active website links.

Avenue to Learn

<http://avenue.mcmaster.ca/>

Canadian Alliance of Physiotherapy Regulators

www.alliancept.org

Canadian Physiotherapy Association

<http://www.physiotherapy.ca>

Clinical Education Partners

<https://srs-mcmaster.ca/ptclned/clinical-partners-pt-clinical-education/>

Clinical Facility Recommendation Form

<https://srs-mcmaster.ca/wp-content/uploads/2018/08/PT-Clinical-Facility-Recommendation-Form.pdf>

Clinical Education Resources

<http://srs-mcmaster.ca/ptclned/clinical-instructors-pt-clinical-education>

College of Physiotherapists of Ontario

www.collegept.org

College of Physiotherapists of Ontario – Conflict of Interest Standard

<https://www.collegept.org/rules-and-resources/new-conflict-of-interest>

FHS Professional Behavior Code of Conduct for Graduate Learners

<http://www.mcmaster.ca/policy/Students-AcademicStudies/Professional%20Code-Graduate.pdf>

FHS Conflict of Interest Policy

http://fhs.mcmaster.ca/main/documents/fhs_conflict_of_interest_guidelines.pdf

International SOS (information for McMaster students)

<https://www.internationalsos.com/>

McMaster Conflict of Interest Guidelines: Undergraduate and Graduate Studies

<https://www.mcmaster.ca/policy/faculty/Conduct/ConflictofInterest-UndergraduateandGraduateStudies.pdf>

National Association for Clinical Education in Physiotherapy (NACEP)

<http://www.physiotherapyeducation.ca/ClinicalEducation.html>

National Guidelines for Clinical Education in Physiotherapy

http://www.physiotherapyeducation.ca/Resources/Clin_Ed_Guidelines_FINAL_%202011.pdf

Northern Ontario School of Medicine

www.nosm.ca

Northern Studies Stream Facilities

<https://srs-mcmaster.ca/ptclned/clinical-partners-pt-clinical-education/>

Northern Studies Stream Pre-Placement Application

<https://panda.nosm.ca/nosmapplications>

Physiotherapy Competency Exam

<http://www.alliancept.org/taking-the-exam/>

Professionalism in Clinically Based Education

<http://fhs.mcmaster.ca/pcbe/index.html>

Report an Incident of Injury

<http://fhs.mcmaster.ca/healthscreening/reportit/index.html>

Storm Emergency Policy & Procedures

http://www.mcmaster.ca/opr/html/opr/reports_documents/main/reports_documents/storm.html

WSIB Insurance Program for Students Participating in Unpaid Work Placements

<http://srs-mcmaster.ca/wp-content/uploads/2020/06/First-Day-Safety-Orientation-Checklist-May-2020.docx>

All forms are subject to change. Updated forms will be posted on A2L for students as changes are made.

| Appendix | Page |
|---|------|
| Appendix 1 – Ontario University Physiotherapy Catchment Map | 56 |
| Appendix 2 – Ontario University Physiotherapy Catchment Cities | 57 |
| Appendix 3 – Clinical Practice I-IV Placement Checklist | 58 |
| Appendix 4 – HSPnet Site-Selector (for In-Catchment placements) | 60 |
| Appendix 5 – Out of Catchment Request Form | 61 |
| Appendix 6 – Example of Completed Out-of-Catchment Request Form | 62 |
| Appendix 7 – Sample Confirmation Letter | 63 |
| Appendix 8 – Sample Two Page CV | 64 |
| Appendix 9 – Student Placement Profile | 66 |
| Appendix 10 – Steps to Take for Resolution of Concern with Clinical Instructor | 68 |
| Appendix 11 – Steps to Take to Assist Student Having Difficulty in the Clinical Setting | 69 |
| Appendix 12 – Student Directed Document Requests | 70 |
| Appendix 13 – Evaluation Guidelines for a Role Emerging / Research / Administrative Placement | 71 |



Appendix 2 – Ontario University Physiotherapy Catchment Cities *currently under review

| Western University | McMaster University | University of Toronto | Queen’s University | University of Ottawa |
|--------------------|--------------------------------|------------------------|--------------------|----------------------|
| Cambridge | Brantford | Ajax-Pickering | Beaverton | Alexandria |
| Clinton | Burlington | Barrie | Belleville | Almonte |
| Chatham | Dunnville | Brampton | Bowmanville | Arnprior |
| Goderich | Fergus | Collingwood | Brockville | Bancroft |
| Hanover | Fort Erie | Markham-Stouffville | Campbellford | Barry’s Bay |
| Kitchener | Georgetown | Mississauga | Cobourg | Carlton Place |
| Leamington | Guelph | Newmarket | Cornwall | Deep River |
| London | Hagersville | Oakville (shared) | Kingston | Haliburton |
| Newbury | Hamilton | Richmond Hill | Lindsay | Hawkesbury |
| Owen Sound | Meaford | | Midland | Kanata |
| Petrolia | Milton | Municipalities: | Napanee | Kemptville |
| St. Mary’s | Niagara Falls | Don Mills | Orillia | Minden |
| St. Thomas | Orangeville | Downsville | Oshawa | Nepean |
| Sarnia | Paris | Etobicoke | Penetanguishene | Ottawa |
| Stratford | Port Colbourne | Scarborough | Peterborough | Pembroke |
| Strathroy | St. Catharines | Weston | Picton | Perth |
| Tillsonburg | Shelbourne | Willowdale | Port Hope | Renfrew |
| Wallaceburg | Simcoe | North York | Port Perry | Smith Falls |
| Waterloo | Welland | | Prescott | Winchester |
| Warton | Oakville (shared) | | Trenton | |
| Windsor | Barrie (Some sites; Shared) | | Uxbridge | Quebec: |
| Wingham | | | Whitby | Gatineau |
| Woodstock | | | | |

Appendix 3 – Clinical Practice I-IV Placement Checklist

- Review the policies and procedures on absences during clinical placement in the Clinical Education Handbook. Submit a planned absence form by deadline, if required.
- Review student responsibilities following a match in the Clinical Education Handbook.
- A maximum of two weeks following placement match** send confirmation letter, SPP and 2-page CV to designated contact (as outlined on the placement match).
- Complete pre-clinical requirements (if required by the site)
- Update your contact information while on placement on MOSAIC.
- Ensure all program and non-academic requirements are up-to-date.

On your first day:

- Bring proof of your immunizations, vulnerable sector screen, CPR, and mask fit testing
- Discuss learning styles and expectations with your CI(s).
- Ensure that you have copies / login information for the ACP, Learning Contract, and Safety Orientation Checklist.
- Discuss with your CI how they would like to review your Core Competency Tracking (i.e. frequency of review, hard copy vs. electronic).
- Complete the safety orientation checklist with the CI/CCCE (to be submitted post-placement).
- Discuss mobile device use practices at the clinical site with the CI.

During the first week:

- Pre-book a time with your CI(s) to do your mid-term and final evaluations.
- Start developing the objectives for your learning contract. Submit a draft to CI by the end of the first week of placement. Final version should be finalized (at latest) by the middle of the second week of placement.
- Make the Clinical Education Team aware of your placement hours and any weekend rotations (i.e. complete online survey)
- At any point during placement (regardless of if the placement is in catchment, out of catchment, in NSS or International) **if a student requires support related to clinical activities or learning, please contact the DCE as soon as possible.**
- At any point during placement (regardless of if the placement is in catchment, out of catchment, in NSS or International) **if a student would like to participate in off site activities that are not a typical part of the placement, a Field Trip form must be completed as soon as possible and in advance of participating in the activity.**

At mid-term:

- Complete all Clinical Evaluation form responsibilities (See 'MSc (PT) Clinical Evaluation Form Responsibilities' on A2L for detailed breakdown of expectations).

- CI(s) will provide you with feedback using the ACP and will mark your learning contract.
- Contact the DCE if any domain of the ACP is listed at having significant concerns or if your CI has provided a recommendation of “credit with reservation”.

During your final evaluation:

- Complete all Clinical Evaluation form responsibilities (See ‘MSc (PT) Clinical Evaluation Form Responsibilities’ for detailed breakdown of expectations).
- Your CI(s) will provide you with feedback using the ACP and will provide you with final marks on your learning contract.
- Take a complete copy of all the forms for your own records.
- Contact the DCE if any domain of the ACP is listed at having significant concerns or if your CI has provided a recommendation of “credit with reservation”

Evaluation form submission instructions:

- Prior to submission, ensure all forms are completed correctly, referencing the ‘MSc (PT) Clinical Evaluation Form Responsibilities’ document found on Avenue to Learn.
- Submit your updated Core Competency Tracking, Clinical Education Experience Summary, Learning Contract and Safety Orientation Checklist to the designated drop box on A2L **no later than 1 week following the last day of placement** (any submissions after this date are deemed to be late and will incur mark deductions). Make sure to complete all relevant tabs for each clinical placement (i.e. Unit, Overview and Competency Tab).

If your evaluations are not received and in complete format, you will not be able to continue into the next academic unit.

- Login to A2L to track receipt and completion of your evaluation forms on the attendance tracker.
- Rectify any components listed as incomplete by the stated deadline.

Appendix 4 – HSPnet Site Selector

Messages | Current Placements | Placement History | **Site Selector**

Search Available Placements (use "%" to search all)

Total Placements Available: 6 New Placements Since Last Login: 0

Agency/Site name contains: % Destination Contains: **Search**

Service: Mental Health - community

Zone: North City name contains:

Placement Dates: ALL Added since:

Experience: ALL Ref#:

My Saved Choices [Show Classmate Statistics](#)

| Rank | Placement Site | Address | Schedule | Experience | Ref# | Action |
|------------------------|---|---------|-----------------------------------|-----------------|------|------------------------|
| 2 <input type="text"/> | Agency: Vancouver Coastal Health Authority Site: Richmond Hospital Dest: ICU | Region: | Start: Jan 1/10 End: Apr 30/10 | Sports Medicine | 6635 | Remove |
| 1 <input type="text"/> | Agency: Provincial Health Services Authority Site: BC's Children's Hospital Dest: Rehab | Region: | Start: Jan 1/10 End: Apr 30/10 | | 6651 | Remove |

Save Changes

Please note: Review the Clinical Education Handbook for the complete in-catchment placement process.

Appendix 5 – Out of Catchment Request Form

Please be as specific as possible with regard to the type and location of the placement you are requesting, as students are required to accept an OOC placement if it meets any of the criteria listed on this form.

Unit:

Date of Placements:

Student Name:

Student email address:

Province:

City/Geographical Area: Up to 3 requests in order of preference

- If Ontario:
- | | | |
|-------------|--------------------------|----|
| U of T | <input type="checkbox"/> | 1. |
| NOSM (East) | <input type="checkbox"/> | |
| NOSM (West) | <input type="checkbox"/> | 2. |
| Queen's | <input type="checkbox"/> | |
| UWO | <input type="checkbox"/> | 3. |
| U of O | <input type="checkbox"/> | |

Placement Setting:

Up to 3 requests in order of preference

Previous Experience: (include setting and area of practice)

- | | |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| | 4. |
| | 5. |

Special considerations (i.e. Access to car, family, accommodation, etc.):

Note any potential conflicts that may arise with the specifics of this OOC placement request (i.e.: is there a site in this city/geographical area that you have previously worked at?):

I, _____ understand that if an Out of Catchment Coordinator offers me a placement in accordance with my requests stated above, I will have to accept the placement. I have read and comprehended the Out-of-Catchment guidelines listed on page 1 of this document. I will declare any conflicts of interest as soon as they are known.

Student Signature: _____

Date: _____

NOTE – This form must be accompanied by a cheque (payable to McMaster University) for \$50.00. Cheques will be cashed if the student's name is forwarded to the host university for consideration but cashing of the cheque does **not guarantee a placement. Cheques will be returned to the student if the student's name is not forwarded to the host university of interest (i.e. If there are > 3 students who request a placement in a specific catchment, a random draw of all eligible students will be made to select the 3 requests that will be forwarded).*

Appendix 6 – Example of Completed Out of Catchment Request Form

Please be as specific as possible with regard to the type and location of the placement you are requesting, as students are required to accept an OOC placement if it meets any of the criteria listed on this form.

Unit: 4

Date of Placements: November 3 – December 12, 2014

Student Name: Jane Doe **Student email address:** jdoe@mcmaster.ca

Province: British Columbia

City/Geographical Area: Up to 3 requests in order of preference

- If Ontario:
- U of T
 - NOSM (East)
 - NOSM (West)
 - Queen’s
 - UWO
 - U of O

1. Vancouver
2. Kelowna
3. Victoria

Placement Setting:
Up to 3 requests in order of preference

Previous Experience: (include setting and area of practice)

1. Hospital
2. Community
- 3.

1. Hospital – ICU
2. Community – Private Practice
3. Rehab – In-patient Stroke
4. NA
5. NA

Special considerations (i.e. Access to car, family, accommodation, etc.):

I am originally from BC and have access to accommodation and a car while there.

Note any potential conflicts that may arise with the specifics of this OOC placement request (i.e.: is there a site in this city/geographical area that you have previously worked at?):
None.

I, Jane Doe, understand that if an Out of Catchment Coordinator offers me a placement in accordance with my requests stated above, I will have to accept the placement. I have read and comprehended the Out-of-Catchment guidelines listed on page 1 of this document. I will declare any conflicts of interest as soon as they are known.
Student Signature:

Date: September 3 2018

NOTE – This form must be accompanied by a cheque (payable to McMaster University) for \$50.00. Cheques will be cashed if the student’s name is forwarded to the host university for consideration but cashing of the cheque does **not guarantee a placement. Cheques will be returned to the student if the student’s name is not forwarded to the host university of interest (i.e. If there are > 3 students who request a placement in a specific catchment, a random draw of all eligible students will be made to select the 3 requests that will be forwarded).*

This letter is a SAMPLE ONLY. Please revise appropriately for your specific placement and experience.

John Smith
3344 Winding Way
Hamilton, ON N0G 1B5

October 10, 2020

Ms. Mary Perth, CCCE
Your Community Resource Inc.
Anywhere, Canada L0R 1M1

Dear Ms. Perth,

I am writing this letter to confirm my **(insert number of weeks)**-week clinical placement at your facility which begins on **<insert start date>** and ends on **<insert end date>**.

This will be my **<insert which placement number – i.e. third>** full clinical placement. My previous clinical placements have involved treating orthopaedics (sports medicine) clients at a private clinic and treating cardiorespiratory and post-operative patients in the ICU of a large hospital *(if applicable)*

I understand that my placement at your facility will be in the **<insert unit/ward>**. If you feel there are any specific texts or references which would be beneficial during the placement, I would be grateful if you could send me the references.

I would greatly appreciate if you could please confirm the time and location of our meeting on the first day. Additionally, could you describe your dress code, my hours of work, parking costs, and any other details I should be aware of prior to coming on the first day?

On my first day of placement I will provide you with proof of my immunization status, vulnerable sector screen, CPR and mask fit testing. Should you require this information sooner, I would be happy to provide this to you.

- My vulnerable sector screen was issued on **<insert issue date>** and is considered valid by McMaster University for 1 year from the date of issue.
- My mask fit testing was completed on **<insert completion date>**.
- My CPR was completed on **<insert completion date>**.

Should your facility require me to update any of these, please let me know and I can look into doing so.

In the event of an emergency, please contact:

XXXXX (name and telephone number).

If there are other details I need to know prior to arrival, please feel free to contact me at the information below.

I look forward to meeting on **<insert first day of placement>**.

Sincerely,

John Smith
Physiotherapy Class of 2021
(637) 954-6780
smithj@mcmaster.ca

This is a SAMPLE ONLY. Please revise appropriately for your own needs.

John Smith, BA, PT Student
smithj@mcmaster.ca
3344 Winding Way Hamilton, ON N0G 1B5

Education

Master of Science (Physiotherapy) Present
McMaster University

Bachelor of Arts (Honours) September 2015-
May 2019
McMaster University

Clinical Placements

Private Physiotherapy, Guelph, Ontario Jan 6 –
February 14, 2020

- At this 6-week clinical placement I was responsible for assessing and treating clients with orthopaedic conditions under the supervision of my clinical instructor. I presented an in-service on the role of physiotherapy in the management of complex pain. I also administered the Patient Specific Functional Scale (PSFS), Timed Up and Go (TUG) and other outcome measures routinely.

Qualifications / Certifications

CPR Level C Sept 2019
National Lifeguard Service (NLS) June 2016

Publications

Smith, J., Brown, S., Web, C. (2015). Something about art. *Journal of Publications*. 13(1): 132-134

Poster Presentations

Smith, J., Brown, S., Web, C. (2014). The student volunteer. *Canadian Student Conference*. Halifax, NS. June 2013

Presentations

Brown, C., Green, V., Yellow, S., Smith, J. (2013). Engaging high school students in experiential learning. *New Conference*. Toronto, Ontario, 2014

Employment

Lifeguard Sept 2012
- present
David Braley Athletic and Recreation Centre
McMaster University

Camp Counsellor

Spring & Summer Camp
2013, 2014, 2015
Somewhere, Ontario

June – Aug

Volunteer Experiences

Student Walk Assistance Team (SWAT)
– May 2017
McMaster University

Sept 2015

Shinerama Coordinator
2015, 2016
McMaster University

Sept – Dec



Physiotherapy Student Placement Profile

STUDENT NAME:

STUDENT EMAIL:

PLACEMENT UNIT:

PLACEMENT DATES:

My previous clinical experiences include:

| Type of Facility | Area of Clinical Practice/ Content Area | No. of Weeks |
|----------------------|---|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other experiences I have that may relate to this placement include:

My main goals for this clinical experience are:

I intend to achieve these goals by:

My clinical, interpersonal and professional strengths are:

The clinical and professional skills I would like to improve on during this placement are:

SUPERVISION AND LEARNING

I prefer meetings with my Clinical Instructor(s):

- 2-3x daily
- Once daily
- Weekly
- Scheduled as needed
- Impromptu

I prefer to receive feedback:

- Several times near the start and infrequently after that
- Fairly frequent until you have made substantial progress in mastery, then infrequently
- Frequently, even after you seem to have mastered the skill

I learn best:

- Reading
- Observing
- Discussion
- Hands on
- Other (please explain):

When learning something new, I prefer:

- To find the rationale for it first, understand the whole process and then start work on practical specifics
- To learn theory after you have gotten your 'feet wet' on specifics

For new tasks, I prefer to be supervised:

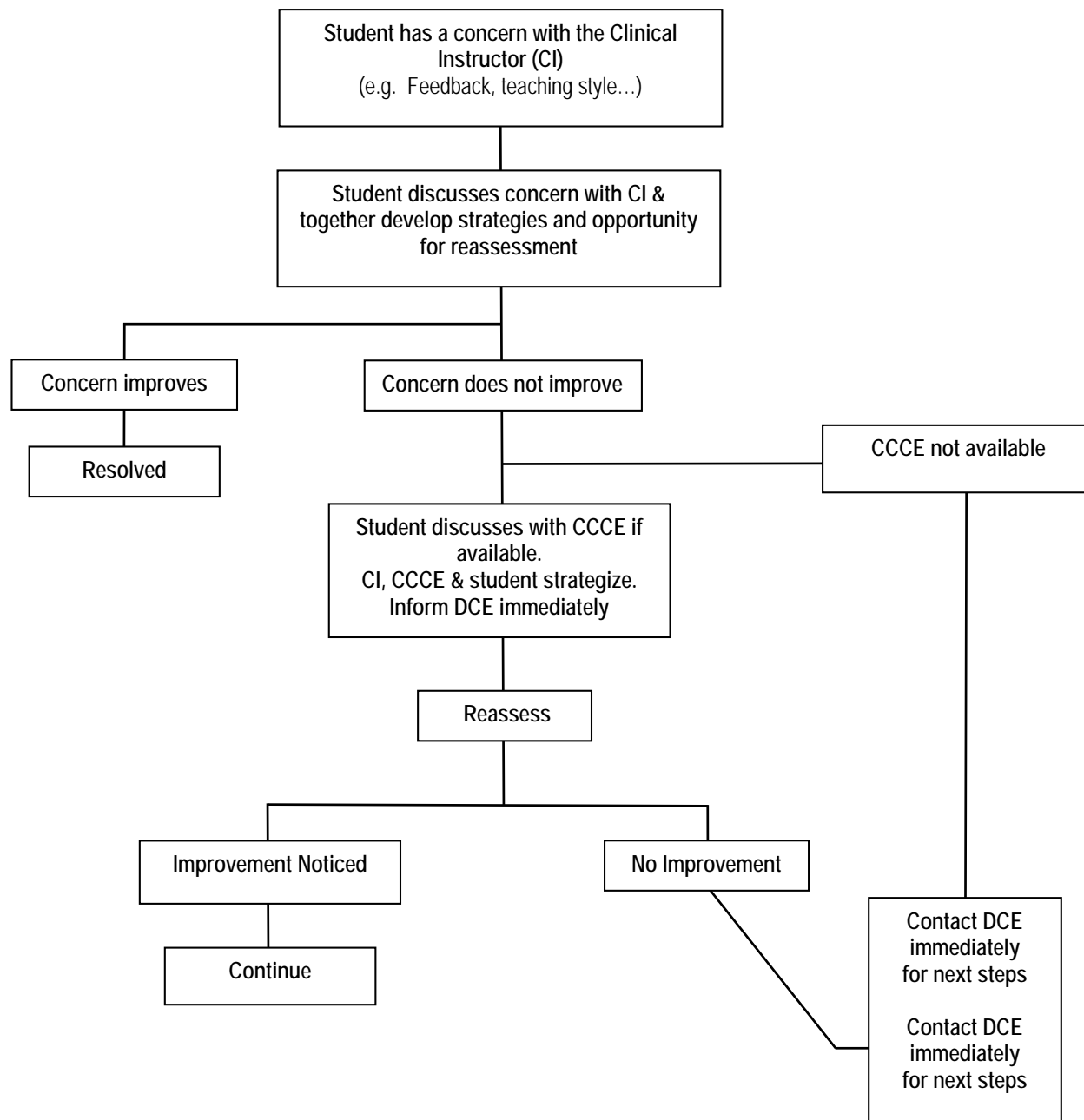
- Direct supervision and discussion during technique
- Direct supervision during technique with discussion before and/or after
- Distant supervision during technique with discussion before and/or after
- Discussion before and after with no direct supervision

I prefer:

- Immediate feedback
- Delayed feedback

****Note for Students and Clinical Instructors:** This form is intended for information sharing purposes only. It is not meant to be prescriptive, but a means to start discussion at the beginning of a placement for how supervision and feedback will take place over six weeks. Other factors that should also be part of the discussion are facility-specific considerations and Clinical Instructor preferences.

Appendix 10 – Steps to Take for Resolution of Concern with Clinical Instructor

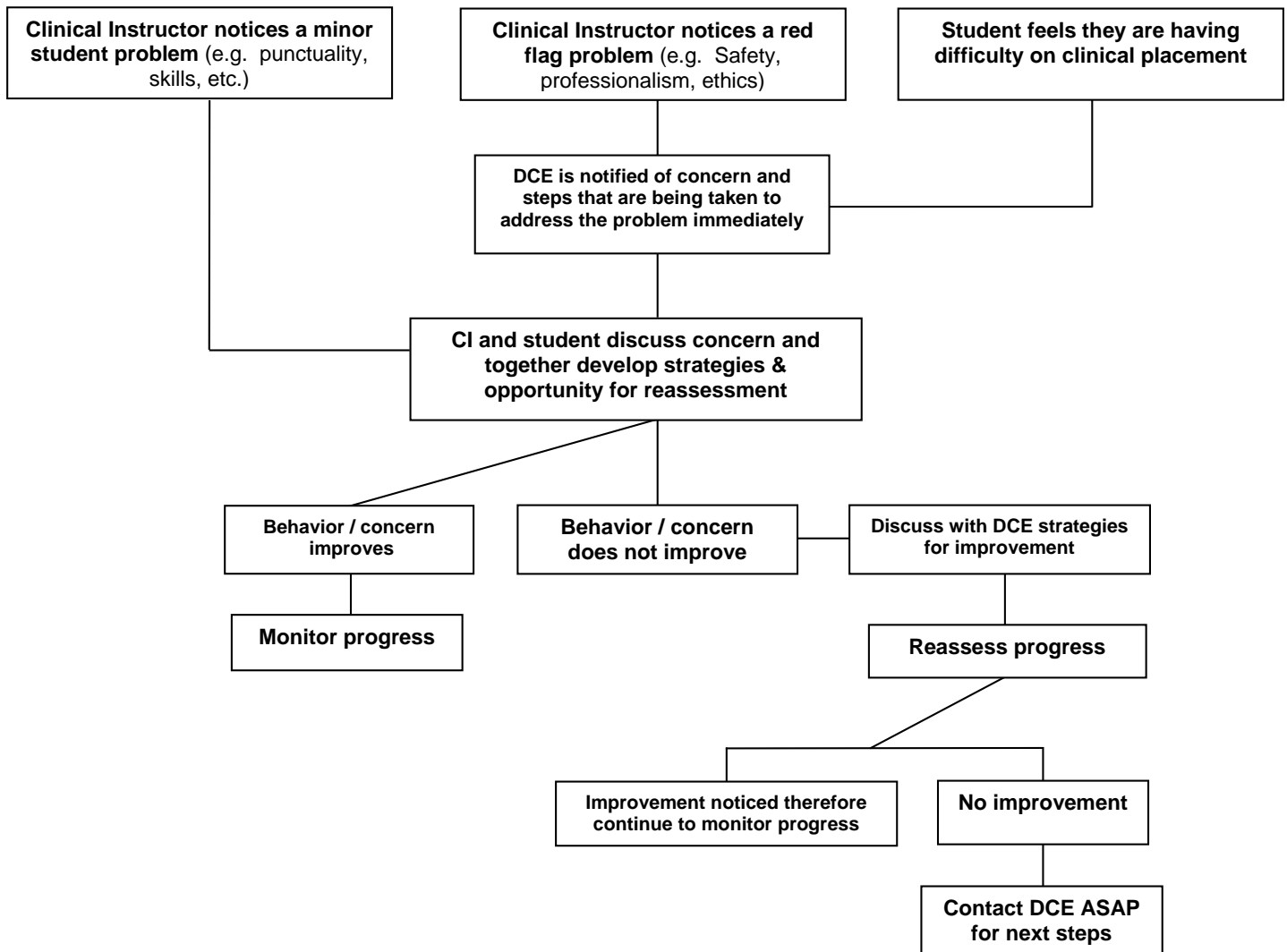


NOTE: If an instance arises where the student feels unable to remain at the clinical site due to a concern, the student must contact the DCE or designate prior to leaving .

Legend
 CI: Clinical Instructor
 CCCE: Centre Coordinator of Clinical Education
 DCE: Director of Clinical Education

Revised and reprinted with permission from Brenda Mori, Dept. of PT, Faculty of Medicine, U of T

Appendix 11 – Steps to Take to Assist Student Having Difficulty in the Clinical Setting



Legend
 CI: Clinical Instructor
 CCCE: Centre Coordinator of Clinical Education
 DCE: Director of Clinical Education

Revised and reprinted with permission from Brenda Mori, Dept of PT, Faculty of Medicine, U of T.



STUDENT DIRECTED DOCUMENT REQUESTS

While in the program, students may require supporting documentation (*i.e.*, personal use, clinical education courses, etc.). To assist students in identifying where each document can be located, the Program has provided students with the list below. The program recommends that students attend to these emails, as soon as possible, to prevent any delay.

Please refer to the **PT Program Requirements** document located on Avenue to Learn (A2L) for additional information about program requirements.

| Supporting Documentation | Why you need it | How to Obtain |
|---|--|---|
| Letter of Good Standing | Confirmation of enrolment in program for student loans. | Contact Liz Dzaman at dzaman@mcmaster.ca to request the letter. (Self-generated option may become available) |
| Certificate of Clinical Clearance (Health Screen) | Faculty of Health Science requirement. May be required to start clinical placement. | This is a self-generated document found in MedSIS; if not cleared, students need to contact P. Hartnett, FHS Professionalism Office |
| Letter of Policy Check / VSS Verification | Faculty of Health Sciences requirement. May be required to start clinical placement, as well as Clinical Laboratories class. | Students must contact P. Hartnett at the FHS Professionalism Office to specifically request this document. |
| Mask Fit | May be required to start clinical placement. | Students have original Mask Fit card. |
| CPR Level 'C' or HCP certificate | May be required for clinical placement, as well as Clinical Laboratories class. | Students have original CPR certificate. |
| Health and Safety Requirements | Program requirement and may be required for clinical placement. | This is a self-generated document through HSPNet . |
| TB Testing | Faculty of Health Science requirement. May be required for clinical placement. | Students must contact P. Hartnett at the FHS Professionalism Office to specifically request this document. |
| Program Identification Badge | Required to be worn for Anatomy Lab, Clinical Laboratories class and clinical placement. | This ID card is provided to students when they enter the program. If lost or stolen, contact L. Dzaman (dzaman@mcmaster.ca) to have it replaced. The cost for replacement is \$50.00. |

Evaluation Guidelines for a Role Emerging / Research / Administrative Placement

Students enrolled in entry-level physiotherapy programs in Canada may have the opportunity to complete a clinical placement in which the main focus of the placement is not traditional clinical skills (i.e. role emerging / research / administrative placements). It is recognized that in these placements the ACP anchor descriptors may become difficult to apply. The table below provides samples of evaluation criteria and development across the progression for the physiotherapy student and their clinical instructor. This table is a guide only, and placement specific questions and concerns should be directed to the ACCE / DCE where the student is enrolled.

Consider the student's performance across these dimensions:

QUALITY OF CARE • SUPERVISION/GUIDANCE REQUIRED • CONSISTENCY OF PERFORMANCE • COMPLEXITY OF TASKS • EFFICIENCY OF PERFORMANCE



| Role | Beginner | Advanced Beginner | Intermediate | Advanced Intermediate | Entry Level | With Distinction |
|------------------------------|---|--|--|---|--|---|
| ACP Anchor Descriptor | “Requiring almost constant supervision and very frequent guidance and cueing...” | “Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance...” | “For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations...” | “For a caseload of 50-75%, consistent and proficient in simple tasks and requires only occasional cueing for comprehensive work...” | “For a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency...” | “Exceeds entry level performance by carrying a full caseload and ...” |
| Expert 1.1 | <p>After a site orientation, the student requires a significant amount of cueing and direction to consult with all members of the research team / organization who may influence or interact with the student throughout the placement</p> <p>Significant direction is required to identify appropriate learning resources and background information; Once identified student is independent in review</p> | <p>After site orientation student the student may require frequent cueing and direction to consult with all members of the research team / organization who may influence the physiotherapy role initially and throughout the placement</p> <p>Direction is required to identify appropriate learning resources and background information; Once identified student is independent in review</p> | <p>After site orientation the student the student can articulate with minimal cueing and direction to consult which members of the research team / organization may influence the physiotherapy role.</p> <p>Throughout the placement infrequent reminders may be required to reconnect with team members as needed</p> <p>After project orientation, infrequent direction is required to identify appropriate learning resources and background information; Once identified student is independent in review</p> | <p>After site orientation the student the student can articulate which members of the research team / organization may influence the physiotherapy role; May require assistance in establishing meetings</p> <p>Throughout the placement rare reminders may be required to reconnect with team members as needed</p> <p>After project orientation, student can appropriately identify learning resources and background information; Once identified student is independent in review</p> | <p>After site orientation the student the student articulates which members of the research team / organization may influence the physiotherapy role; and independently establishes meetings with these members</p> <p>Throughout the placement student able to identify when reconnection with team members is required and initiates these meetings</p> <p>After project orientation, student appropriately identifies learning resources and background information; Once identified student is independent in review</p> | <p>Student comes prepared to first day of placement having reviewed website / information about the project / organization. During the site orientation the student articulates which members of the research team / organization may influence the physiotherapy role; independently establishes meetings with these members</p> <p>Throughout the placement the student is able to identify when reconnection with team members is required and initiates these meetings</p> <p>After project orientation, student appropriately identifies learning resources and background information; Once identified student is independent in review</p> |

| Role | Beginner | Advanced Beginner | Intermediate | Advanced Intermediate | Entry Level | With Distinction |
|------------------------------|--|---|--|---|---|---|
| ACP Anchor Descriptor | “Requiring almost constant supervision and very frequent guidance and cueing...” | “Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance...” | “For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations...” | “For a caseload of 50-75%, consistent and proficient in simple tasks and requires only occasional cueing for comprehensive work...” | “For a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency...” | “Exceeds entry level performance by carrying a full caseload and ...” |
| Expert 1.2 | <p>Student requires quantitative and qualitative measures to be identified by the clinical instructor;</p> <p>If unfamiliar to the student, can independently review documents but requires strong guidance in how to apply measure to the question / task</p> <p>Key deliverables for the placement are established by clinical instructor and</p> <p>Student able to recognize when a task / role may be out of scope and knowledge and requests assistance</p> <p>Student requires direction about how to track project progress throughout placement</p> | <p>Student requires quantitative and qualitative measures to be identified by the clinical instructor;</p> <p>If unfamiliar to the student, can independently review documents related to the measures, with minimum - moderate guidance in how to apply measure to the question / task</p> <p>Student able to recognize when a task / role may be out of scope and knowledge and requests assistance</p> <p>Key deliverables are mainly established by the clinical instructor, however, student assists in generation questions / objectives</p> <p>Student requires direction about how to track project progress throughout placement</p> | <p>After project orientation, the student is able to identify potential measures to evaluate project / role success. Requires discussion with the clinical instructor to identify best measure</p> <p>If measures are unfamiliar to the student, can independently review documents related to the measures, with minimal guidance in how to apply measure to the question / task</p> <p>After a conversation with the Clinical instructor, student proposes key deliverables to CI. These are refined through discussion</p> <p>Student able to recognize when a task / role may be out of scope and knowledge and requests assistance</p> <p>Student requires direction about how to track project progress throughout placement</p> | <p>After project orientation, the student is able to identify and discuss appropriate measures to evaluate project / role success. Clinical instructor may assist in refining list to most applicable through discussion with student</p> <p>If measures are unfamiliar to the student - independently review documents and learns how to apply to question or task with minimal guidance</p> <p>Clinical instructor and student are able to identify key deliverables for the project during a discussion. Student may propose revisions to these deliverables as placement progresses</p> <p>Student presents and integrates methods for tracking progress and updating project status across placement period with minimal direction</p> <p>Student able to recognize when a task / role may be out of scope and knowledge and requests assistance</p> | <p>After project orientation, the student is able to identify and discuss appropriate measures to evaluate project / role success. Student leads discussion with Clinical instructor to refine of measures as needed</p> <p>If measures are unfamiliar to the student - independently review documents and learns how to apply to question or task</p> <p>Student presents and integrates methods for tracking progress and updating project status across placement independently</p> <p>Clinical instructor and student are able to identify key deliverables for the project during a discussion. Student may propose revisions to these deliverables as placement progresses</p> <p>Student able to recognize when a task / role may be out of scope and knowledge and requests</p> | <p>Student comes prepared to project orientation to discuss appropriate measures to evaluate project / role success. Student leads discussion with Clinical instructor to refine of measures as needed</p> <p>Student presents and integrates methods for tracking progress and updating project status across placement independently</p> <p>Clinical instructor and student are able to identify key deliverables for the project during a discussion. Student may propose revisions to these deliverables as placement progresses</p> <p>Student able to recognize when a task / role may be out of scope and knowledge and requests</p> |

| Role | Beginner | Advanced Beginner | Intermediate | Advanced Intermediate | Entry Level | With Distinction |
|------------------------------|--|--|---|--|--|---|
| ACP Anchor Descriptor | “Requiring almost constant supervision and very frequent guidance and cueing...” | “Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance...” | “For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations...” | “For a caseload of 50-75%, consistent and proficient in simple tasks and requires only occasional cueing for comprehensive work...” | “For a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency...” | “Exceeds entry level performance by carrying a full caseload and ...” |
| Expert 1.3 | <p>Clinical instructor guides student through analysis of assessment findings</p> <p>Clinical instructor provides direct guidance in assisting student make link with project findings and context of organization</p> | <p>Student attempts an analysis of assessment findings independently. Assessment may be inaccurate / incorrect – but student able to explain rationale. With direction can produce accurate analysis of findings.</p> <p>With direction, student able to link project findings and context of the organization</p> | <p>Student independently analyses assessment findings. Assessment may be inaccurate, but is generally correct. With minimal direction student produces accurate analysis</p> <p>Student independently makes a link between project findings and context of organization; link may be superficial and CI assistance in generating more complex links</p> | <p>Student independently analyses assessment findings. Assessments are accurate and correct; may have been inefficiently done; With minimal direction student able to produce efficient and accurate analysis</p> <p>Student independently makes a link between project findings and context of organization; link may be superficial and CI assistance in generating more complex links</p> | <p>Student independently analyses assessment findings. Assessments are accurate, correct, and efficiently done;</p> <p>Student independently makes complex links between project findings and context of organization;</p> | <p>Student independently analyses assessment findings. Assessments are accurate, correct, and efficiently done;</p> <p>Student independently makes complex links between project findings and context of organization;</p> <p>Student independently makes complex links between project and external community / other research</p> |
| Expert 1.4 | <p>Clinical instructor directs students in the identification of and potential value of a physiotherapist’s role in the project / organization;</p> <p>Student asks appropriate questions</p> | <p>After project orientation, clinical instructor asks questions to facilitate student identifying the potential value of a physiotherapist’s role in the project / organization;</p> <p>Student asks appropriate questions</p> | <p>After project orientation, student is able to identify the potential value of a physiotherapist’s role in the project / organization with minimal cueing;</p> <p>Student asks appropriate questions</p> | <p>After project orientation, student is able to identify the potential value of a physiotherapist’s role in the project / organization independently;</p> <p>Student asks appropriate questions</p> | <p>After project orientation, student is able to identify the potential value of a physiotherapist’s role in the project / organization independently;</p> <p>Student asks questions that demonstrates an awareness of how the project can relate to other populations</p> | <p>After project orientation, student is able to identify the potential value of a physiotherapist’s role in the project / organization independently;</p> <p>Student independently makes links to demonstrate how the project can relate to other health care professionals / clients with different conditions / diagnoses</p> |

| Role | Beginner | Advanced Beginner | Intermediate | Advanced Intermediate | Entry Level | With Distinction |
|------------------------------|---|--|---|---|---|---|
| ACP Anchor Descriptor | “Requiring almost constant supervision and very frequent guidance and cueing...” | “Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance...” | “For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations...” | “For a caseload of 50-75%, consistent and proficient in simple tasks and requires only occasional cueing for comprehensive work...” | “For a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency...” | “Exceeds entry level performance by carrying a full caseload and ...” |
| Expert 1.5 | <p>Clinical instructor provides significant direction for student to identify project and placement goals that are realistic for the allocated time</p> <p>Clinical instructor directs student to relevant evidence to inform program development</p> | <p>Student independently proposes and Clinical instructor provides direction on project and placement goals that are realistic for the allocated time</p> <p>Clinical instructor discusses with students search terms / locations where relevant evidence may be located; student independently searches and identifies the evidence</p> | <p>Student independently proposes and clinical instructor reviews project and placement goals that are realistic for the allocated time; moderate revisions may be required</p> <p>Student proposes and clinical instructor reviews search terms / locations where relevant evidence may be located; student independently searches and identifies the evidence</p> | <p>Student independently proposes and clinical instructor reviews project and placement goals that are realistic for the allocated time; minimal revisions required</p> <p>Student proposes and clinical instructor reviews, with minimal revision, search terms / locations where relevant evidence may be located; student independently searches and identifies the evidence</p> | <p>Student independently generates and clinical instructor reviews project and placement goals that are realistic for the allocated time; minimal revisions required</p> <p>Student proficient at identifying search terms and identifying databases for searching; searches independently proficiently</p> | <p>Student independently generates and clinical instructor reviews project and placement goals that are realistic for the allocated time; minimal revisions required</p> <p>Student proficient at identifying search terms and identifying databases for searching; searches independently proficiently</p> <p>Student presents alternatives or additional search terms during the process and revises search as needed</p> |

| Role | Beginner | Advanced Beginner | Intermediate | Advanced Intermediate | Entry Level | With Distinction |
|------------------------------|--|--|---|--|--|---|
| ACP Anchor Descriptor | “Requiring almost constant supervision and very frequent guidance and cueing...” | “Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance...” | “For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations...” | “For a caseload of 50-75%, consistent and proficient in simple tasks and requires only occasional cueing for comprehensive work...” | “For a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency...” | “Exceeds entry level performance by carrying a full caseload and ...” |
| Expert 1.6 | <p>Clinical instructor leads student through process of applying for research ethics where applicable</p> <p>Clinical instructor provides consistent feedback related to the proposal and work to date</p> <p>Clinical instructor directs student on what and how to prepare for future / next students who will be assuming project role OR what is required in final placement summary</p> | <p>Clinical instructor leads student through process of applying for research ethics where applicable; student able to draft forms independently and present to CI within agreed upon timelines</p> <p>Clinical instructor provides frequent feedback related to the proposal and work to date</p> <p>Clinical instructor directs student on what to prepare for future / next students who will be assuming project role OR what is required in final placement summary; student identifies how to present information independently and obtains approval from CI</p> | <p>Student initiates application to research ethics and submits to clinical instructor within agreed upon timelines where applicable; moderate revisions are required</p> <p>Clinical instructor provides feedback related to work and proposal at agreed upon intervals</p> <p>Clinical instructor informs student of need for end of placement summary; student proposes content and how to present for approval from CI; moderate revisions required</p> | <p>Student initiates application to research ethics and submits to clinical instructor within agreed upon timelines where applicable; minor revisions are required</p> <p>Clinical instructor provides feedback related to work and proposal at agreed upon intervals</p> <p>Clinical instructor informs student of need for end of placement summary; student independently generates plan for approval from CI</p> | <p>Student initiates application to research ethics and submits to clinical instructor within agreed upon timelines where applicable; minor revisions are required</p> <p>Clinical instructor provides feedback related to work and proposal at agreed upon intervals; usually infrequent</p> <p>Student independently presents plan to CI related to how to summarize placement progress and obtains approval from CI</p> | <p>Student initiates application to research ethics and submits to clinical instructor within agreed upon timelines where applicable; minor revisions may required; seeks out signatures and other sources for assistance independently</p> <p>Clinical instructor provides feedback related to work and proposal at agreed upon intervals; usually infrequent</p> <p>Student independently presents plan to CI related to how to summarize placement progress and obtains approval from CI</p> |

| Role | Beginner | Advanced Beginner | Intermediate | Advanced Intermediate | Entry Level | With Distinction |
|------------------------------|--|---|---|---|--|---|
| ACP Anchor Descriptor | “Requiring almost constant supervision and very frequent guidance and cueing...” | “Starting to be independent with simple patients for a small caseload and requiring frequent cueing/guidance...” | “For ~50% of a caseload, relatively independent with simple patients, but more guidance in complex situations...” | “For a caseload of 50-75%, consistent and proficient in simple tasks and requires only occasional cueing for comprehensive work...” | “For a minimum of a 75% caseload, with consistency, comprehensiveness and efficiency...” | “Exceeds entry level performance by carrying a full caseload and ...” |
| Expert 1.7 | Clinical instructor initiates conversation related to redefining goals and project plan as required; student able to revise with direction | Clinical instructor initiates conversation to redefine goals and project plan. Student able to provide suggestions about how to revise and independently act on suggestions | Student initiates conversation about project goals without prompting; Engages in conversation with CI about goal progression and how to modify goals based on project progression | Student independently identifies goals, need to modify goals, and where applicable propose realistic alternatives to CI with rationale; | Student able to independently identify, modify and discuss project goals with clinical instructor on a day to day basis; Demonstrates an ability to initiate conversations with CI about project process | Student accurately describes project goals and outcomes after a brief conversation about the project Student initiates conversation with clinical instructor and other involved about project goals and progress |
| Expert 1.8 | Student completes the negotiated project with significant direction from the CI | Student completes the project with direction from the CI. Student requires significant direction to complete project if there are any delays or changes to the scope of the project | Student completes the project with minimal guidance from the CI. Student able to respond to project delays or changes in project scope with moderate support from the CI | Student completes the project with minimal direction from the CI. Student responds to project delays or changes in scope with minimal disruption and support from clinical instructor | Student completes project with minimal direction from CI. Student able to anticipate and responds to project delays and changes in scopes with minimal support from CI | Student completes project with minimal direction from CI. Student anticipates and provides alternatives to project delays and changes in project scopes |
| Communicator 2.1 | Requires cueing to actively listen. | Effectively communicates with CI and others involved in the project once the student understands the role and scope of the project. | Builds and maintains rapport in predictable encounters with CI and others involved in the project | Uses appropriate verbal and non-verbal communication and can adapt the communication style based on the needs of the receiver. | Uses appropriate verbal and non-verbal communication when establishing relationships to demonstrate sensitivity and respect in complex and/or challenging situations. | Effectively communicates, with all members of the project team in anticipated and unanticipated situations with minimal cueing. |
| Communicator 2. | Requires probes and guidance to gather and share information about the project with CI or the team. | Initiates the exchange of information but requires cueing to focus on the most relevant and concise information. | Can report basic/essential information at team / project meetings in straight forward situations -seeks out and clarifies information with the team with prompting from CI | Participates in the exchange of information about the project with the team / CI but is occasionally missing minor details and takes slightly longer to do so. | Participates in the exchange of information about the project independently in complex and/or challenging situations. | Discusses project in a confident, relevant and appropriate manner, in large and small group settings |

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| Communicator 2.3 | <p>Written & electronic documentation requires correction on technical information and style</p> <p>Multiple drafts may be required until finalized with direct cueing from CI re: appropriate format for presentation of the project</p> | <p>Written & electronic documentation requires some corrections related to technical information and writing style</p> <p>Student requires support to identify correct format and presentation of the project</p> | <p>Documentation is consistent with minor errors in technical information and in writing style; student may take longer than expected to complete the written documentation</p> <p>All electronic documents (i.e. email / social media where appropriate) is professional and timely</p> <p>Student is able to provide suggestions about format and presentation to CI with minimal support</p> | <p>Student able to document information related to the project in multiple formats (i.e. power point, social media) with minor cueing and support from CI</p> <p>All electronic documents (i.e. email / social media) is professional and timely</p> <p>Information presented is accurate related to technical information and writing style is appropriate for medium</p> | <p>Writes concise and comprehensive project updates and reports efficiently, with minimal errors (i.e. in technical writing and writing style)</p> <p>All electronic documents (i.e. email / social media where appropriate) is professional and timely</p> <p>Student independently identifies the best medium to share project results and updates</p> | <p>Student is efficient and accurate with project related information</p> <p>All electronic documents (i.e. email / social media where appropriate) is professional and timely</p> <p>Is able to independently generate and present information to a variety of audiences (i.e. team meeting, presentation at a local / national conference)</p> |
| Collaborator 3.1 | Requires guidance in identifying the most appropriate project team members who may be collaborators on different aspects of the project | <p>Student is able to describe the roles, responsibilities and perspectives of project team members</p> <p>With minimal cueing student can identify who the most appropriate team member for collaboration</p> | <p>Student actively seeks and shares information with all team members independently</p> <p>Student is able to participate in shared decision making (i.e. consensus activities) with cueing / support</p> | <p>Active participant in the project team, including independent with some decision making</p> <p>Engages in project meetings with minimal cueing;</p> <p>Independently identifies collaborators not yet part of the project team</p> | Effectively participates in the exchange of project related information in a variety of settings and with a variety of individuals / key informants. | Effectively participates in a challenging project team meeting when there are contentious issues without guidance from the CI |

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| Collaborator 3.2 | <p>Respectful at all times with all individuals on the project team and involved in any part of the project</p> <p>With prompting Identifies competing priorities or conflicting value systems, will require assistance to identify possible solutions.</p> <p>Clinical instructor leads the introduction of the student to the individuals of the project team and clearly identifies student’s role</p> <p>Requires cueing and support to address conflict with team members or CI</p> | <p>Respectful at all times with all individuals on the project team and involved in any part of the project</p> <p>Independently identifies competing priorities or conflicting value systems, may need assistance to identify possible solutions.</p> <p>Clinical instructor initiates introduction of the student with the clinical team. With assistance from CI student is able to articulate role with other team members</p> <p>Addresses conflict with team members after moderate support (i.e. role play with CI in advance of approaching team member)</p> | <p>Respectful at all times with all individuals on the project team and involved in any part of the project</p> <p>With the CI, can recognize and discuss competing priorities with team dynamics, however may need assistance to determine the best solution.</p> <p>Student is comfortable initiating conversation with other project team members re: roles and responsibilities. In some instances student may request CI to be present for the discussion</p> <p>Addresses conflict in a professional and collaborative manner with team members with minimal support from CI</p> | <p>Respectful at all times with all individuals on the project team and involved in any part of the project</p> <p>Student is independent in initiating and engaging in conversation with other project team members re: roles and responsibilities</p> <p>Independently recognizes and discusses competing priorities with team dynamics; requires minimal assistance from CI to determine and implement collaborative solution.</p> | <p>Respectful at all times with all individuals on the project team and involved in any part of the project</p> <p>Independently recognizes and discusses competing priorities with team dynamics;</p> <p>Student is independent in initiating and engaging in conversation with other project team members re: roles and responsibilities; recognizes role may be dynamic across the placement and can adapt as needed with minimal support</p> <p>Independently determines and implements collaborative resolution of conflict</p> | <p>Respectful at all times with all individuals on the project team and involved in any part of the project</p> <p>Independently recognizes and discusses competing priorities with team dynamics;</p> <p>Student is independent in initiating and engaging in conversation with other project team members re: roles and responsibilities; recognizes role may be dynamic across the placement and can adapt independently</p> <p>Independently determines and implements collaborative resolution of conflict</p> <p>Recognizes when others are struggling with conflict within team and engages professionally to initiate communication</p> |

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| Manager 4.1 | <p>Is consistently punctual</p> <p>Requires support to prioritize project tasks</p> <p>Does not independently identify project activities that can contribute to.</p> <p>Able to discuss with significant support from CI how project will contribute to the structure and function of the health system as it related to physiotherapy practice</p> | <p>Is consistently punctual.</p> <p>Starting to understand time management and project task prioritization principles.</p> <p>With cueing can independently identify project activities that is able to contribute to</p> <p>With cueing can discuss how project will contribute to the structure and function of the health system as it related to physiotherapy practice</p> | <p>Is consistently punctual.</p> <p>Understands various models of PT service delivery and able to communicate with support how the project links to each</p> <p>Independently prioritizes project tasks and manages time well.</p> <p>Takes initiative to identify project activities that can contribute to (unclear); communicates these tasks to CI</p> | <p>Manages time dedicated to project work well and with minimal CI support.</p> <p>Coordinates activities with other project staff as needed.</p> <p>Liaises with external agencies with cueing and support from CI when indicated (i.e. grant agencies)</p> <p>Independent with identifying project activities that can contribute to (unclear); communicates these tasks to CI</p> | <p>Manages all aspects of project management including scheduling time with project partners, completing tasks for negotiated deadlines.</p> <p>Takes initiative and prioritizes independently when planning and coordinating project activities and with other staff/health care providers.</p> | <p>Independently performs all tasks associated with the project</p> <p>Student shows innovation in managing project tasks</p> <p>Can discuss in an applied manner how project will contribute to the structure and function of health system from a physiotherapy perspective.</p> |
| Manager 4.2* *Only scale that can be left blank on the ACP | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable |

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| Manager 4.3 | <p>Requires constant cueing to attend to hazards in the physical environment (i.e. cluttered workspace, personal body mechanics); aware of safety considerations for self and others</p> <p>With significant support from CI can identify quality improvement opportunities where appropriate</p> | <p>Maintains a safe work environment.</p> <p>Requires some cueing to prevent hazards in work space</p> <p>With some support from CI can identify quality improvement opportunities where appropriate</p> | <p>Maintains a safe work environment.</p> <p>Able to independently prevent hazards in work space</p> <p>Takes initiative to identify quality improvement opportunities related to the project where appropriate</p> | <p>Maintains a safe work environment.</p> <p>Able to independently prevent hazards in work space</p> <p>Independently identifies to CI opportunities for project growth and /or areas where additional work may be beneficial to support project activities</p> <p>Where appropriate will engage in quality improvement with minimal cueing from CI</p> | <p>Maintains a safe work environment.</p> <p>Able to independently prevent hazards in work space</p> <p>Engages with project team to identify potential next steps and future collaborations</p> <p>Identifies and presents opportunities to team and CI related to quality improvement where appropriate</p> | <p>Maintains a safe work environment.</p> <p>Able to independently prevent hazards in work space</p> <p>Independently takes on new initiatives related to the project in collaboration with team members</p> |

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| Advocate 5.1 <i>Note: this may or may not specifically include advocating for the role of physiotherapists as well as patient / client advocacy</i> | Requires cueing to identify advocacy opportunities related to project work; unable to initiate advocacy actions without support from CI and /or project team. | Identifies advocacy opportunities related to the project work with respect to the profession, identifying the advocacy actions as distinct from usual team communication and collaboration; Requires some cueing to channel advocacy efforts appropriately. | Initiates advocacy strategies specific to the project that are beyond the standard communicator and collaborator roles; Able to discuss project limitations with CI in a professional manner | Undertakes advocacy related to the project independently e.g., with community resources. Discusses project limitations effectively with project team members | Advocacy related to the project independently e.g., with community resources is confidently executed. Insight into opportunities to advocate for health of client populations or communities in relation to project outcomes is well developed through discussion with CI (even if little or no opportunity to execute strategies). | Initiates insightful advocacy strategies on behalf of the project in relation to client populations or communities that demonstrate high insight into social determinants of health, health system issues or related. |
| Scholarly Practitioner 6.1 | Requires cueing to self-reflect on role within the project team; Acts on feedback from clinical instructor, but may require cueing to do so With significant cueing can identify if personal experiences may influence project work | Independently self reflects on role in project and shares with clinical instructor with cueing Acts on feedback from clinical instructor in a timely manner With minimal cueing can identify if personal experiences may influence project work | Independently self reflects on role in project and shares with clinical instructor without cueing; with cueing will approach other team members for feedback and Incorporates feedback immediately into role and actions | Incorporates the feedback of others and own beliefs and values to improve own role and function on project team in real time (i.e. as received) | Consistently reflects on performance and actively seeks out new knowledge and skill to consistently improve practice. | Actively seeks out new knowledge and skills, readily shares new found knowledge with peers/co-workers |
| Scholarly Practitioner 6.2 | CI leads discussion with student to identify how past experiences may contribute to role in project team | Student is able to initiate discussion with CI related to how past experience may contribute to role in project | Draws on own experiences to inform roles and contributions to the project team | Builds on past knowledge and experiences to contribute to the growth and development of project related activities | Independently seeks out learning opportunities to develop personal skills and knowledge to contribute to project related activities | Supports the learning of others involved in the project to enhance project related activities |

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| Scholarly Practitioner 6.3 | <p>CI provides strong direction order for student to seek out relevant new knowledge and evidence related to the project</p> <p>Student provided component parts of tasks related to clinical research (i.e. part of an assessment)</p> | <p>Through discussion with CI student is able to identify sources relevant to seeking out new knowledge and evidence related to the project</p> <p>With support student participates in activities that support clinical research (i.e. collecting of standardized data); may take longer than expected to complete the tasks</p> | <p>Applies principles of research and engages in literature searches independently; CI supports student through refining processes</p> <p>With minimal support student participates in activities that support clinical research (i.e. collecting of standardized data); efficiency improving</p> | <p>Actively and independently seeks out new knowledge and evidence related to project work</p> <p>Independently negotiates and participates in activities that support clinical research (i.e. collecting of standardized data); in an efficient manner</p> | <p>Efficiently seeks out new knowledge and evidence related to project work</p> <p>Independently negotiates and participates in activities that support clinical research (i.e. collecting of standardized data); in an efficient and precise manner</p> | <p>Critically questions current practice and seeks out evidence to support project work</p> |
| Professional 7.1 | Requires cueing to ensure all legal requirements (consent, privacy, etc) are met and no professional boundaries are crossed. | Shows awareness of all relevant ethics, laws and professional standards but achieves full adherence only in straightforward situations. | <p>Maintains professional conduct and ethical standards in straightforward situations;</p> <p>Identifies potential breaches of professionalism but may need assistance for troubleshooting.</p> | <p>Independently assures that consent is obtained and privacy maintained in accordance with law where applicable</p> <p>Maintains professional conduct and ethical standards in straightforward situations.</p> | Independently takes action to ensure all legal requirements and professional standards are met for their practice. | Resolves challenging situations that have ethical or professional dilemmas. |

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| Professional 7.2 | Requires cueing to appropriately express respect for individuality and autonomy of project team including respect for professional appearance and any applicable dress codes. | Consistently dresses appropriately. Beginning to express outward action for respecting each team member’s individuality and autonomy but only in straightforward situations. | Identifies situations that require insightful sensitivity, but may need assistance for how to convey respect to team members and others involved in the project appropriately and completely. | Independently assures that project participant’s rights, dignity and uniqueness are respected where applicable, but only in straightforward situations. Requires guidance for situations with cultural complexity. | Independently takes action to ensure project members and participants have their individuality and autonomy respected. | Takes leadership and demonstrates exemplary conduct in situations requiring insightful cultural sensitivity. |
| Professional 7.3 | Conveys enthusiasm for the physiotherapy profession and the learning of others; requires cueing to make any meaningful contribution. | Demonstrates awareness of physiotherapy profession issues, but may require guidance to contribute in local learning opportunities (e.g., at in-services, or learning with other student in 2:1 internship). | Engages in actions that support the profession or others' learning (e.g., contributions to discussion or presentation at in-services, helping other students learn). | Independently follows through on readily available opportunities to develop the physiotherapy profession through discussion, teaching or mentorship of others. | Independently initiates action to promote or advance the physiotherapy profession through discussion with, or teaching of others. | Takes a lead role in activities that develop the profession, and/or provides mentorship to others. |