McMaster University  
School of Rehabilitation Science  
Physiotherapy Program

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This handbook is designed for students, school administrators 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 this other book to prevent duplication of information for some sections. All material is subject to change. Any changes will be communicated via. Avenue to Learn.

A new handbook will be available at the beginning of each academic year. Each student is responsible for reviewing the handbook and abiding by the policies and procedures stated.
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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:

**Director of Clinical Education (Physiotherapy):**
Sarah Wojkowski, PT, PhD (c)
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McMaster University
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Fax: 905-524-0069
Email: wojkows@mcmaster.ca

**Clinical Education Assistant (Physiotherapy):**
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School of Rehabilitation Science
McMaster University
Institute of Applied Health Sciences (IAHS) 431
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Fax: 905-524-0069
Email: ptclned@mcmaster.ca
Overview - Please refer to the MSc(PT) Program Handbook for:

- The MSc(PT) Program’s Goals, Mission, Vision, Values
- The MSc(PT) Program’s Educational Philosophy
- An overview of the Physiotherapy Profession
- An overview of the MSc(PT) Program’s Curriculum
- Policies and Procedures, and Terms of References for Committees including the Program Academic Study Committee
1.1 Curriculum Design MSc(PT) Program

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<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
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**Unit I**
Fundamentals of PT Practice

- **Academic**
- PBT
- CL
- PTPrac
- CEA

**Unit II**
Fundamentals of Musculoskeletal Practice

- **Academic**
- Clinical Practice I
- PBT
- CL
- PTPrac
- CEA

**Unit III**
Fundamentals of Cardiorespiratory & Neurological Practice

- **Academic**
- Clinical Practice II
- PBT
- CL
- PTPrac
- CEA

**Unit IV**
Advanced Neurological Practice

- **Academic**
- Clinical Practice III
- PBT
- CL
- REBP
- CEA

**Unit V**
Community Health/Community Practice

- **Academic**
- Clinical
- PBT
- CL
- PTPrac
- CEA

**Unit VI**
Integrated Practice & Professional Transition

- **Academic**
- Clinical
- PBT
- CL
- PTPrac
- REBP

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**Legend**

- PBT – Problem Based Tutorial
- CL – Clinical Lab
- PTPrac – Physiotherapy Practice
- REBP – Research and Evidence Based Practice
- CEA – Clinical Education, Academic
2.0 Roles and Responsibilities

2.1 Director of Clinical Education

The DCE is a 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) Program Academic Study Committee.
- Review feedback from each clinical placement to assess needs and evaluate policy or curriculum.
- Organize clinical education workshops for CIs and centre coordinators.
- Liaise with government and professional bodies.
- 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 Director of Clinical Education (DCE) after completion.
- Liaise with the DCE concerning any problems with a student.
- 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 the Clinical Instructors in the development of their roles, e.g. reference material or in-service education.
- Assistance and/or participate in evaluation process.

2.4 Clinical Instructors (CI)

Responsibilities:
- To 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 responsible for meeting with the student to develop and review a learning
plan, as well as discuss any other relevant information for how the placement will proceed.

- To role model/demonstrate specific administrative, professional, and clinical skills negotiated with the student.
- To assume responsibility for the actions of the student while on placement. A student is practicing under the license of the CI while on placement.
- To 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.
- To provide informal feedback to students on a regular basis during clinical placement.
- To provide formal feedback/evaluation to the student in writing during midterm and final evaluations.
- To 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, it is the responsibility of the CI to contact the DCE as soon as possible.
- To abide by McMaster University policies and procedures.
- To abide by the McMaster University Conflict of Interest Guidelines (http://fhs.mcmaster.ca/main/documents/fhs_conflict_of_interest_guidelines.pdf)

### 2.5 Students

**Responsibilities:**

- Have a working knowledge of the policies and procedures of the Program in general, and as related to clinical education.
- 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 in order to enhance quality of patient care.
- Provide written 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 and procedures.
- Abide by the School of Graduate Studies and McMaster University policies.
- Abide by the College of Physiotherapists of Ontario (www.collegept.org) and the Canadian Physiotherapy Association codes of ethics. (www.physiotherapy.ca)
- Communicate any concerns regarding the placements immediately to the CI and the DCE.
- Complete a written self-evaluation using the form provided to the student at both midterm and final evaluations.
- Ensure all paperwork is returned to the School within one week of completion of each placement.
- Ensure that all non-academic requirements remain up-to-date throughout the entire duration of the Program.
3.1 Clinical Education Classes

Clinical education 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 Unit 1, Clinical Education Classes are considered part of the Clinical Lab (CL) Course. All content covered in clinical education classes is testable material on the final CL written exam or on the Objective Structured Clinical Exam (OSCE). In Units 2-6 Clinical Education is a separate course, and consists of both classes in the academic term and a clinical placement. Objectives of clinical education academic content for each Unit will be published in the individual Unit handbooks. In general students can expect to participate in 2-3 classes, submit an assignment and complete a quiz in each academic term. See section 8 for grading criteria of clinical education academic sessions.

3.2 Unit 1 Clinical Skills Workshop

In Unit 1, students are required to attend a clinical skills workshop. The purpose of this workshop is to provide students with additional opportunities to learn and refine clinical skills that are required for clinical placements. As the majority of content covered in Unit 1 focuses on orthopedic assessment and treatment, the workshop will supplement this information with general assessment and moving and handling skills (i.e. relevant to all practice settings).

Students are expected to participate in all days of the workshop. Missing some components may result in a student being ineligible to proceed to their first clinical exposure.

The content presented, taught, and practiced during the workshop will be evaluated as part of the Unit 1 Clinical Lab Course (i.e. during OSCE and/or final exam). Students are responsible for content provided as pre-reading in addition to presented material.

More information about the dates, times, evaluation and professional expectations will be provided on the Unit 1 skills workshop outline, sent via email to students early in the Unit.
4.0 Clinical Education Practicum

The MSc(PT) Program supports The Canadian Physiotherapy Association’s Position Statement on the clinical education of physiotherapy students. The full document can be accessed at: http://www.physiotherapy.ca

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, November 2008).

4.1 Clinical Practicum Requirements

Students spend a total of 30 weeks (3 introductory days and 5 six-week placements in full-time clinical practice). Clinical education is organized in a variety of locations including teaching hospitals, community hospitals, health care agencies, specialized centres, private clinics, and other community facilities. During clinical education, students practice under the supervision of Clinical Instructors (CIs), who are physiotherapists and/or other professionals employed by the facility.

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

1. A minimum of 100 hours each of: musculoskeletal, neurological AND cardiorespiratory patient care across all clinical placements. Students, together with the DCE, are responsible for ensuring that these requirements are met during their program. Tracking sheets will be used to help students accumulate this time and ensure core competencies are met

2. Placement Types:

   1 ACUTE / HOSPITAL 
   i.e. ICU, general medicine

   1 REHABILITATION / LONG TERM CARE 
   i.e. regional rehab center, outpatient neuro private practice, pediatrics, complex continuing care, long- term care

   2 COMMUNITY / AMBULATORY 
   i.e. employee health, private practice musculoskeletal, hand clinics, community health centers, family health teams, emerging roles

1 ELECTIVE* 
*Note: in the event that a student has not completed all of the required placement requirements, a student may have to use the ‘elective’ placement to achieve the MSc(PT) Clinical Education Program Requirements

Collectively the placements must also provide students with experience working with individuals
- Living with complex or multi-system conditions
- At a variety of ages (across the lifespan)

*Note: Due to the limited number of clinical placement opportunities available, students should expect to participate in a placement in any setting during each placement time block (i.e. all students will not be assigned to the same placement setting after an academic unit). Placement settings do not always correspond to the content covered in the academic unit that proceeds the placement period.

4.2 Clinical Practicum Opportunities

All students are required to undertake clinical education during their course of study in approved settings under the supervision of qualified professional staff. The DCE is responsible for the arrangement of all clinical placements. The DCE
makes the final decision on placement assignments, considering the choices and needs of the students and the requirements of the facilities.

- Although every effort will be made to place students in their preferred area, the Physiotherapy Program reserves the right to place students where and when it finds it necessary to meet the needs of that student’s academic progress. Clinical education requirements are based on national guidelines for clinical education for physiotherapy students.
- Placements are limited and subject to availability.
- Satisfactory completion of all clinical education courses is required for graduation.
- A student may decline a placement; however, due to limited availability of placements such action may lengthen the student’s program, delay graduation, and be associated with additional tuition and supplemental fees.
- Students may not make any personal arrangements with the individual facilities, CIs, or any other Academic Coordinators or Directors of Clinical Education without prior written permission from the DCE.
- 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 had experience volunteering or working in a clinical context. See section 9.3 on conflict of interest. Special considerations for exceptional circumstances may be considered on a case-by-case basis.
- The MSc(PT) program reserves the right to reassign placements as necessary.

4.3 Clinical Practicum Hours

Students are required to complete a minimum of 1025 hours of clinical practica to meet the MSc(PT) Program’s graduation requirements.

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 or less 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, days and hours of placement may vary during a placement. During clinical practica, 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 each Clinical Placement cannot be carried forward to subsequent placements.

It is the student’s responsibility to meet the requirements for clinical practica hours in order to meet the degree requirements of the MSc(PT) program.

See section 9.1 for the attendance policy.

4.4 Catchment Areas (*Currently under review)

In Canada, geographical regions have been 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 5 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(P) program is posted in the Clinical Education course on Avenue to Learn. This list is not comprehensive, but is provided as a resource for students to help familiarize themselves with placement opportunities.

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, as well as on Avenue to Learn.

4.4.3 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 Academic Coordinators of Clinical Education (ACCE) and/or the Directors of Clinical Education (DCE) from each University program and the provincial or regional coordinators of clinical education.

NACEP members have a national policy on how they receive and request out of catchment, national, and international placement requests. Each NACEP member is responsible for a geographical catchment area. Students are permitted to make requests to other catchment areas in Ontario and in Canada for clinical placements that follow academic units 3, 4, 5, and 6.

Refer to Section 5.2 – Out of Catchment Placement Process, for details on the application process.

4.5 Northern Studies Stream (NSS)

- Refer to the MSc(P) Program Handbook for an overview of the Northern Studies Stream

A list of clinical partners associated with the Northern Studies Stream (Northern Ontario) is posted on the Clinical Education course on Avenue to Learn. 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 through: http://www.nosm.ca/education/rehab/general.aspx?id=2030

Submitting Placement Preferences for NSS

In Unit 1, a NSS information session is offered at McMaster University. All students are expected to attend in person or participate via a computer, depending on how the session is hosted. Following this session, students will complete a request form indicating their level of interest. If interested, students select their top choices of the Units in which they would like to go up North. 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 from withdrawing from an NSS placement is for medical concerns (documentation must be provided) or extenuating circumstances. Please speak directly to the DCE.
* Note: Students are permitted to complete one funded placement in the NSS over the course of the program. If there are extenuating circumstances that may require reconsideration, please contact the DCE.

If interest in NSS is uncharacteristically low, students may be assigned by the program to a clinical placement (any unit) in NSS.

Inquiries related to the NSS should be addressed to:

**Brock Chisholm**  
Northern Ontario School of Medicine (NOSM), Rehabilitation Studies  
955 Oliver Road; Thunder Bay, ON P7B 5E1  
Email: brock.chisholm@nosm.ca

**Table 1.0 – Communities in Northern Ontario**

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<td>Atikokan</td>
<td>Mattawa</td>
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<tr>
<td>Bracebridge</td>
<td>Mindemoya</td>
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<tr>
<td>Blind River</td>
<td>New Liskeard</td>
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<tr>
<td>Chapleau</td>
<td>North Bay</td>
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<tr>
<td>Dryden</td>
<td>Nipigon</td>
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<tr>
<td>Elliott Lake</td>
<td>Parry Sound</td>
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<tr>
<td>Espanola</td>
<td>Red Lake</td>
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<tr>
<td>Fort Francis</td>
<td>Sault Ste. Marie</td>
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<tr>
<td>Geraldton</td>
<td>Sioux Lookout</td>
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<tr>
<td>Hearst</td>
<td>Smooth Rock Falls</td>
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<tr>
<td>Kenora</td>
<td>South Procupine</td>
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<tr>
<td>Huntsville</td>
<td>Sudbury</td>
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<tr>
<td>Iroquois Falls</td>
<td>Terrace Bay</td>
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<td>Kapuskasing</td>
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<td>Wawa</td>
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<td>Manitouwadge</td>
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<td>Marathon</td>
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<td>Matheson</td>
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**4.6 Placement Experiences**

Students may be required to complete some of their clinical placements outside of their area of preference/place of residence. Students are responsible for their own transportation and associated costs in order to complete Program requirements, including clinical placement. No funds are available from the PT Program to assist the student to cover related costs. Students must consider costs such as relocation, rent (in addition to rent for Hamilton residence), commuting, parking, additional medical coverage, and food. Students may need to obtain access to a vehicle to participate in Clinical Placement activities.

Financial resources have been posted on the Clinical Education, Avenue to Learn page for students to review.

**4.6.1 Northern Studies Stream**

In certain placement streams, external funding is available. Travel to and from cities where clinical placements are offered and accommodations may be arranged and paid for by the Northern Studies Stream, through funding made available by the Ontario Ministry of Health.
4.6.2 Out of Catchment and International Placement Expenses

All costs incurred for out-of-catchment and international placements are the responsibility of the student. Costs may include, but are not limited to application fee (see section on Out of Catchment Applications) travel, relocation, rent (in addition to rent for Hamilton residence), vaccinations, insurance and food. No funds are available from the PT Program to assist the student to cover related costs.

4.7 Clinical Practicum Overview

Community resources do not permit the matching of the type of clinical placement with the academic focus of the unit, (e.g., all students having a neurological placement after Unit 4). Students are required to complete a minimum of 100 hours of musculoskeletal, 100 hours of neurological AND 100 hours of cardiorespiratory patient care across all clinical placements.

Students in the MSc(PT) program are graduate level students, and are expected to be available for academic activities during the full 25 months of the program. In particular, students are expected to be available for the full clinical placement time periods, 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 education related event.
### Table 2.0 – MSc(PT) Program Overview

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<td><strong>Year 1 - Class of 2018</strong></td>
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<tr>
<td>Unit 1</td>
<td><strong>Fundamentals of Physiotherapy Practice</strong>&lt;br&gt;This unit focuses on the fundamental knowledge and skills of clinical practice. The emphasis is on acquiring knowledge and basic clinical skills related to musculoskeletal practice. Fundamental skills related to cardiorespiratory and neurological practice are also introduced. The musculoskeletal focus is on the assessment and treatment of the upper quadrant.</td>
<td></td>
<td>Oct 20 – Oct 28 2016 (3 days during this period)</td>
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<tr>
<td>Unit 2</td>
<td><strong>Fundamentals of Musculoskeletal Practice</strong>&lt;br&gt;In this unit there is a major emphasis on musculoskeletal assessment and treatment of the lower quadrant. In most instances, clinical placement following unit 2 will be in a community / ambulatory setting.</td>
<td>PT *624</td>
<td>Mar 1 – Apr 21 2017 (6 weeks within the stated time period)</td>
</tr>
<tr>
<td>Unit 3</td>
<td><strong>Fundamentals of Cardiorespiratory and Neurological Practice</strong>&lt;br&gt;This unit emphasizes the assessment and treatment of patients and clients with cardiorespiratory problems. In addition it provides an introduction to neurological practice focusing on individuals with spinal cord injuries and stroke. Following Unit 3, clinical placement could be in a community / ambulatory setting, hospital/acute setting or rehabilitation / long term care setting.</td>
<td>PT *634</td>
<td>Jun 21 – Sept 1 2017 (6 weeks within the stated time period)</td>
</tr>
<tr>
<td><strong>Year 2 - Class of 2017</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit 4</td>
<td><strong>Advanced Neurological Practice</strong>&lt;br&gt;This unit emphasizes the assessment and the development and implementation of interventions for clients with neurological problems across the lifespan. Following Unit 4, clinical placement could be in a community / ambulatory setting, hospital/acute setting, or rehabilitation / long term care setting.</td>
<td>PT *714</td>
<td>Oct 31 – Dec 23, 2016 (6 weeks within the stated time period)</td>
</tr>
<tr>
<td>Unit 5</td>
<td><strong>Community Health / Community Practice</strong>&lt;br&gt;This unit provides students with the skills to assume current and emergent health care roles in the community with an emphasis on educational and consultation skills. There will be a focus on the integration of health promotion and disease prevention concepts to promote physical activity and movement in all age groups for persons with and without disability. These concepts will be applied to conditions such as rheumatoid arthritis, osteoporosis and coronary heart disease. Following Unit 5, clinical placement could be in a community / ambulatory setting, hospital/acute setting, or rehabilitation / long term care setting.</td>
<td>PT *724</td>
<td>Feb 27 – April 15, 2017 (6 weeks within the stated time period)</td>
</tr>
<tr>
<td>Unit 6</td>
<td><strong>Integrated Practice and Professional Transition</strong>&lt;br&gt;This unit will focus on assessment and management of clients with complex, multisystem health problems for example, diabetes, palliative care, multisystem failure and work-related injuries. This unit also provides the opportunity for students to focus on topical professional issues as they prepare for their transition to professional practice. Following the academic component of the unit, students complete a clinical practice course in an area of interest or need, based on past clinical education experiences. They may choose an international placement provided they meet specified criteria.</td>
<td>PT *734</td>
<td>Aug 2 – Sept 29, 2017 (6 weeks within the stated time period)</td>
</tr>
</tbody>
</table>
4.7.1 **Unit 1 Clinical Experience**

During the Unit 1 (academic portion), students have time dedicated to clinical education. The time will be allocated as follows:

- In-class skills workshop in preparation for clinical placements (see section 3.2)
- 3 days of clinical observation at a clinical placement site

The general purpose of Unit 1 Clinical Education Experience is to:

1. To introduce the students to Clinical Instructors (CIs) who will act as a role models for professional behaviour and as resources for clinical practice.
2. To provide an orientation to the students on various aspects of clinical practice – with a specific focus on rehabilitation and acute care settings.
3. To expose students to a variety of patients in an observational or directly supervised capacity
4. To foster the students’ ability to critically reflect on their clinical learning.

As soon as possible in Unit 1, each student will be assigned a clinical placement. The expectations and format of the placement will be outlined during the clinical education sessions. Preferences are not solicited from the student for this placement.

Student’s responsibilities for clinical experience are outlined in the Unit 1 checklist (Appendix 4).

Clinical instructors’ responsibilities for the clinical experience include:

1. To role model/demonstrate specific administrative, professional and clinical skills as negotiated with student. For example a Clinical Instructor (CI) working in a hospital environment may review how to access, extract relevant data and record findings in their electronic charting system.
2. To *demonstrate specific skills related to the clinical setting. Note, it is very likely that many skills demonstrated during the clinical experience in unit 1 will be addressed in future academic units and the skills will not just be specific to those learned in Unit 1.
3. To provide on-going feedback to the student and the DCE on the students' performance and professional behaviours.
4. To orient the student to their environment and the roles and responsibilities physiotherapists assume within the environment.

* It is recognized that initially the student will be involved primarily in observing the therapist "in action". Towards the end of the practicum when the student becomes more comfortable with the environment and the Clinical Instructor more comfortable with the student, the student may be able to perform clinical skills under the supervision of the Clinical Instructor. However, it is important to remember that the purpose of the unit 1 clinical experience is observational in nature.

Examples of Specific Activities:

- Interviewing
- Patient handling skills
- Components of assessment of peripheral joints: e.g. manual muscle testing, goniometry, special tests
- Establishing client-centred goals with patients and their families instructions in specific exercises
- Development of home programs and patient education
- Charting
- Discharge planning with the patient and their families
- Practicing the clinical competencies taught in the clinical lab course or 3 day clinical skill workshop.
- Applying the professionalism objectives you learned in Unit 1 in the “real world” and reflecting on any Thought Provoking Incidents.
Role of Student

1. To attend all Clinical Education classes scheduled during Unit 1.
2. To write a confirmation letter to the contact person at the assigned clinical facility (see Appendix 3). It is important to initiate this process as soon as the DCE notifies you that the placements have been finalized. All letters must be received by the placement site no later than two weeks following the placement assignment. Failure to provide sites with a confirmation letter within this timeframe may result in the clinical placement being withdrawn. The student would then have to wait for a new placement to be secured, which may result in delayed program completion and/or additional tuition fees. The purpose of the confirmation letter is for the student to do the following:
   - confirm start time and location, dress code, hours, etc.
   - outline previous relevant experience (if any)
   - outline their learning objectives
   - verify any pre-clinical requirements required of the student
   - provide an emergency contact information (i.e. name and telephone number)
3. To dress and behave in a manner that reflects a professional manner and attitude and to conform to the required safety standards.
4. To be prepared to discuss and negotiate specific activities.
5. To attend all components of the clinical education experience including but not limited to:
   * Completion of 3 days of observational clinical experience (note – students are expected to be available for the entire duration of the clinical placement experience timeframe to ensure that in the event of an unplanned absence or illness of the student or CI, students are able to complete all 3 days of observation during this time)
   * In the event of an unplanned absence due to illness or for any other reason, it is the responsibility of the student to inform the CI and the DCE immediately (see section 9.1 – clinical attendance policy).
6. To abide by the terms and conditions outlined in the acknowledgement form.
7. To ensure that all the evaluation tools are complete and received by the Clinical Education Team no later than one week following the last day of placement.

Role of the Director of Clinical Education (DCE)

1. To identify Clinical Instructors and clinical facilities.
2. To communicate regularly to the students by email any unexpected changes related to the clinical experience.
3. To act as a liaison between the school and the clinical community for the purpose of clarifying, explaining or mediating any questions or issues which may arise during the clinical placement.
4. To orient Clinical Instructors, centre coordinators and students to the structure, process and expected outcomes of the Clinical Education Experience in Unit I.
5. To review the feedback from the clinical education experience and make recommendations for change and improvement.
6. To liaise with the Unit I Chair to ensure the process is meeting the students’ needs and program requirements.

7. To review student evaluations and report to Program Academic Study Committee (PASC).

4. 7. 2 Unit 2 Clinical Practicum

Students will begin their first 6-week clinical placement following the academic unit. Students who are not participating in the NSS will be placed within the McMaster catchment area. Placements will occur at a variety of clinical facilities and settings. Students are eligible to return to a site where they completed their Unit 1 clinical experience.

Mandatory clinical education sessions outlining the policies and procedures that apply to clinical education and discussion of clinical practicum evaluation expectations will be scheduled prior to the start of clinical placement.

Starting in Unit 2, students may participate in ‘emerging role’ placements. (See section 5.4 for more information on Role Emerging process).

Student’s responsibilities for clinical placement are outlined in the Unit 2 checklist (Appendix 5). Students are able to check the status of current placement offerings on HSPnet (See section 5.0) prior to the preference submission deadline.
4.7.3 Unit 3 Clinical Practicum

The second 6-week clinical education placement will occur at a variety of clinical facilities and settings such as home care, acute care facilities and private practice. In most instances, students are not eligible to return to sites where they have previously completed a 6-week clinical placement.

Students are eligible to apply for an out of catchment (OOC) placement for this clinical placement. Instructions for how to apply for an OOC placement will be provided to students during the Unit 2 academic term and are outlined in section 5.2. Students who are successful in obtaining an OOC 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 email and Avenue to Learn, as to the status of placements.

Mandatory clinical education sessions will be scheduled to discuss the details and expectations surrounding clinical placement.

Student’s responsibilities for clinical placement are outlined in the Unit 3 checklist (Appendix 5). Students are able to check the status of current placement offerings on HSPnet (See section 5.0) prior to the preference submission deadline.

4.7.4 Unit 4 Clinical Practicum

Students begin their third 6-week clinical placement following the end of the academic unit. Students are reminded of clinical practicum requirements that must be met for graduation (see section 4.1). In most instances, students are not eligible to return to sites where they have previously completed a 6-week clinical placement.

Placements may be provided out-of-catchment, in-catchment and with the NSS during this unit. Role emerging opportunities will also be available to students. The Clinical Education Team will update the class regularly through email and Avenue to Learn, as to the status of the placements.

The student’s responsibilities for clinical placement are outlined in the Unit 4 checklist (Appendix 5). Students are able to check the status of current placement offerings on HSPnet (See section 5.0) prior to the preference submission deadline.

4.7.5 Unit 5 Clinical Practicum

A variety of clinical facilities and settings will be offered, including home care, rehabilitation centres, geriatric centres, paediatric treatment centres, and both community and teaching hospitals. In most instances students are not eligible to return to sites where they have previously completed a 6-week clinical placement.

Students are reminded of clinical practicum requirements that must be met for graduation (see Section 4.1). In this unit students are encouraged to select placements where you assume a different role from previous placements and/or where you treat more complex/multisystem problems. If a student has intentions of applying for an international placement in unit 6 he / she may not be eligible for an emerging role placement – please speak with the DCE directly about this.

Placements may be provided out-of-catchment, in-catchment and with the NSS during this unit. Role emerging opportunities will also be available to students. The Clinical Education Team will update the class regularly through email and Avenue to Learn, as to the status of the placements.

The student’s responsibilities for clinical placement are outlined in the Unit 5 checklist (Appendix 5). Students are able to check the status of current placement offerings on HSPnet (See section 5.0) prior to the preference submission deadline.
4.7.6  Unit 6 Clinical Practicum

Placements are offered in a variety of areas of clinical practice including private practice, home care, rehabilitation centres, geriatric centres, paediatric treatment centres, community, and teaching hospitals. Often students complete placements with a focus on outstanding practicum requirements (more information on practicum requirements can be found in Section 4.1). Placements may be provided out of catchment, in-catchment, in the NSS, and internationally (for students who meet requirements – see Section 5.6) during this unit. Role emerging opportunities will also be available to students.

4.8 Clinical Placement Auxiliary Activities

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 could include:

- Contributions to client/patient education boards in the facility
- Preparation of educational materials to augment treatment and client recommendations
- Summaries and critical appraisals of evidence and literature related to practice area topics
- In-service preparation and delivery to staff: client case studies, standardized assessment tools, treatment techniques
- Some students may have individual learning objectives such as administration activities: billing practices, entrepreneurship, for example, that could be pursued with personnel other than the CI
- Marketing of innovations through development or revision of brochures
- Product research
- Contact and resource lists relevant to particular 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 placement expectations.

As a way to contribute back to the facility in which they are placed, students are expected to prepare at least one project (see examples from above) for each clinical 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.

4.9 Students Independent Work in Clinical Settings

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

Examples of when independent work may occur are:

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

Examples of independent work students could engage in are:

- Work on auxiliary activities (see section 4.9)
- Planning and preparation for next days or weeks in placement
  - Research about clients, diagnoses, assessment and treatment
  - Client treatment plan development
  - Preparing/reviewing/synthesizing client information into reports
- Practice documentation skills
- Shadowing other facilities, clinics, clinicians
  - Student’s / CIs must inform the DCE if the student will be travelling off site and /or working atypical hours

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• Collaboration with physiotherapy assistants (PTAs) to master handling skills (wheelchair, seating and mobility skills, transfer skills, range of motion and strength measurement)
• Surgical observations
• Shadowing/collaborating with alternate therapists in the same facility
• Team treatment opportunities
5.0 Clinical Processes

5.1 In Catchment Placement Process

In Unit 1, students will be randomly assigned to their clinical placement. In Units 2-6 the process* 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 (clinical hours, police check, special dates).

**Step 3**
- DCE will assign students to an area of practice (i.e., community, hospital, rehabilitation)
- Clinical Education Assistant will list the assigned settings on Avenue to Learn.
- Students will have the option of selecting from placements in their assigned area of practice.

**Step 4**
- Eligible students will login 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 assigns 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.
- Students may decline a placement match; however such action may lengthen the student’s program, delay graduation and be associated with additional tuition fees.

**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 in-catchment placement process:

- **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 or speak with classmates, other students, tutors etc. about their experiences/advice. Do not contact the facilities directly. Doing so could jeopardize your standing in the MSc(PT) Program.

- 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) 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.

- On occasion, students are unsuccessful in clinical placements. In the event that a student is required to repeat a clinical 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 Education; 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.

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 (should there be any). A request to switch placements does not guarantee that the switch will be made. For switches between two students, both students must agree upon the switch. The DCE is responsible for the final decision related to approving placement switches, and reasons for declining a switch will not be discussed. All students must follow the switching process as follows:
5.2 Out of Catchment Placement Process

Students who meet McMaster requirements are permitted to apply for out of catchment (OOC) placements starting in Unit 3 and may complete no more than two requested OOC placements while in the program. (Note: Participation in NSS does not count as an OOC placement).

In extenuating circumstances, if enough placements cannot be secured in the McMaster catchment area, students may be assigned an OCC placement in communities within driving distance from the McMaster catchment (e.g. Cambridge, Waterloo). Every effort will be made to minimize this possibility; however, should a student be placed OCC in Unit 2, travel expenses will be the responsibility of the student. As for all other placement assignments, students may decline a placement, however, such an action may result in delayed progression through the MSc(PT) Program, and include additional tuition and supplemental fees, and delayed graduation.

Once a student is successfully placed in this catchment, they are not eligible to submit another application until the following academic year. However, students can apply to the same catchment multiple times in an academic year if they are not successfully placed in the previous terms. 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.

Students can also submit an OOC request to more than one different catchment area in an academic year, but are limited to one OCC catchment application per Unit. For example, in Year 2 of the MSc(PT) program, a student could submit one OOC request to UWO in Unit 4 AND 5, as long as the student was not placed in the UWO catchment in Unit 4. The student could also submit an OOC request once to UBC in Unit 6, but could not have done so in Unit 4 OR 5 because they had submitted a request to UWO.

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

NOTE: All OOC applications are to be accompanied by a $50.00 cheque made payable to McMaster University. 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 > 3 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.

5.2.1 Academic Requirements for an OOC Placement

- Students must have a minimum B (75%) overall average in the previous academic unit and must demonstrate a passing grade (70% or higher) at the midterm of the Unit if they wish to complete an OOC placement. If a student does not pass a midterm exam, their OOC request will be withdrawn for that Unit.
- Students granted remediation in one Unit would not be permitted to go out-of-catchment 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

- Students must have progressed through the program with no conditions or problems in any of their previous clinical experiences.
- There must be favourable consensus that the student demonstrates professional behaviour (e.g. independence, maturity) in both academic and clinical situations by academic and clinical faculty for a student to apply for an OOC placement.

5.2.3 Applying for an OOC Placement

i) 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 applications must be accompanied by the $50.00 OOC application fee (cheque only – addressed to McMaster University).

ii) Students can make only one OOC request to a single University at a time and may not request specific sites.

iii) 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.

iv) OOC requests are forwarded to the appropriate University DCE 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.

v) 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 his/her place.

vi) The McMaster University Clinical Education Team will be 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 the classes. Consequently, some schools may not be accepting OOC requests for the entire year.

- Students are not permitted to approach a potential CI, approach a potential placement site, or contact another ACCE/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, second year students will be given priority. A random draw of names will determine the names forwarded in the event that the number of second year students also exceeds the number of allowable requests.

- Students going to McGill, Laval, U of Montreal, or U of Ottawa catchment areas will have an increased chance of being placed if bilingual (please indicate so on 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:**
  - UBC has restricted all OOC applications to their student led clinics only for all students;
  - UAlberta accepts 2 OOC per year per school
  - UOttawa will not accept a second OOC application from a student if they have already been placed in the catchment area once during the course of their PT 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 criminal reference check, completed medical documentation).
- OOC placement availability varies from year to year; therefore little information is available beforehand to students regarding OOC placement availability.
- 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 give students experience in community settings which may include physiotherapists as part of their workforce in the future, settings which focus on health policy or program development related to health care, and sites with a focus on health education / promotion that are not typically clinically oriented. Completion of a role emerging placement will satisfy the criteria for one of the mandatory community / ambulatory placements.

Examples of emerging placements include those in which the physiotherapist is working primarily as a consultant, educator, administrator and/or researcher. Areas of specialty might 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 Unit 2, 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 unit will be posted with the other in-catchment placement offers. A corresponding description of the placement will also be posted on Avenue to Learn (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 1 role emerging application form for each of the placements that he / she is 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:
   - Past experience that would contribute to a student’s success in the placement
   - The relevance of the student’s stated learning goals to the placement objectives
   - Additional information as requested by the site
4. Other considerations that will be made prior to assigning students to a role emerging placement include:
   - Whether the student has completed a role emerging clinical placement in the past
   - The progress the student is making towards achieving the required cardiorespiratory, neurological and orthopaedic hours
   - The student’s overall professionalism throughout the Program to date
5. If there is more than 1 student who applies for the role emerging placement, and the application form is considered equal, a random draw will occur.
6. The clinical education team will inform students if they were successful in their application for a role emerging placement. In the event that 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, the program has the right to assign a student to the
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.
9. During the role emerging placement period, students are expected to be in close contact with the DCE regarding any concerns or changes to the placement.
10. Students will be required to complete an e-portfolio during their role emerging placement. The clinical education team will provide information to the student.
11. At the conclusion of the clinical placement, the student will 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-clinical documentation to the clinical site as required. This includes, but is not limited to, introductory letter, student placement profile, certificate of clinical clearance, resume, confidentiality forms and other site orientation material.

The Clinical Education Team is not responsible for ensuring that the clinical site receives all student documentation in a timely manner. In addition, the Clinical Education Team does not have access to VSS and/or medical documentation (students submit directly to Faculty of Health Sciences, Office of the Professionalism Advisor) 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 4 for Unit 1 checklist.

See Appendix 5 for Unit 2-6 checklist

5.4.1 Introductory Letter and Initial Contact

Once a Clinical Placement has been finalized, the student is required to submit a confirmation letter to the facility no later than two weeks following the finalization of the Clinical Placement. See Appendices 3 and 10 for sample introductory letters. 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)
- Emergency Contact Information (name, telephone number)

The student is responsible for finding out details about the nature of the 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 Units 2 - 6, students are required to complete and submit a Student Placement Profile (SPP) and, starting with the Class of 2018, a two-page resume (Appendix 11, Appendix 10). Throughout the PT Program, students are encouraged to keep their SPP and resume (CO 2018) current, in order to be ready to relay the most up-to-date information to their next placement and CI. Students are encouraged to use the SPP to start discussion with their CI(s) at the beginning of the placement about expectations, format and frequency of feedback etc. In the event that 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) should not be used.
5.4.2 Certificate of Clinical Clearance

All PT students who have met the requirements pertaining to health screening and VSS records will be issued a Certificate of Clinical Clearance by the Professionalism Office at McMaster University. Students are expected to keep this certificate and present it upon request at any placement facility.

5.4.3 Updating Contact Information

As per the MSc(Pt) Program Handbook, it is an expectation that students provide the program with up-to-date contact information at all times. Prior to a clinical placement, students should ensure HSPnet has the correct personal contact information for the student, as well as updated emergency contact information in the Alternate Address and Alternate Phone Number fields.

5.4.4 Site-Specific Requirements

In some instances, clinical sites require the completion of pre-placement training modules or the submission of additional paper work 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. For medical/immunization documents the student will need to make an appointment with the Student Wellness Centre to have the documentation completed. For all other documents, the students will need to contact the Clinical Education Team to arrange a time to complete the forms.

Letters confirming enrolment can be automatically generated by the student at: https://sgs-webserver.mcmaster.ca/tbindstudent/

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 placement.

There are some pre-established requirements for some of the larger clinical sites. As of August 2016, the following sites request that students complete pre-placement processes. These are subject to change at any time.

Hamilton Health Sciences (HHS) – All Sites

E-Doc training prior to starting on clinical placement at all in-patient treatment facilities is mandatory. The E-Doc training will take place off-site, and is at least 4 hours in length. Students will be notified about the date and time as soon as possible in each Unit; however, training will typically occur 1-2 weeks prior to placement. Note – this may occur during the unscheduled week between end of exams and start of clinical placement. Attendance at the set E-doc session is mandatory, and failure to attend may jeopardize a student’s ability to be placed within HHS and / or start their placement on time. For students who complete multiple placements at HHS over the course of the program, it is at the student's own discretion whether they attend the E-doc training for a subsequent time.

Students are required to complete the HHS online training orientation prior to the start of placement. Students are also required to complete and submit an HHS confidentiality form to the Clinical Education Assistant at least 2 weeks prior to the start of placement. The orientation materials and subsequent forms will be posted on Avenue to Learn. For students who complete multiple placements at HHS over the course of the program a new confidentiality form is required for each placement, and it is suggested that students re-review all orientation materials prior to each placement.

St. Joseph’s Hospital (Hamilton)

All students matched with St. Joseph’s in Hamilton must forward a copy of the N-95 Fit Card and health screen information to the CCCE with their introductory letter and SPP. In addition, students are required to complete an online training module prior to starting placement at St. Joseph’s. The CCCE will instruct students in each Unit when the module is available for completion.
Niagara Health System (NHS)
The NHS has their own pre-placement clearance process. Details will be provided to students once they have contacted the CCCE for the NHS. Note: Varicella immunity or vaccination is a requirement of NHS. Failure to complete the forms and submit them in the required time may jeopardize a student’s ability to be placed at the NHS, and /or may require a delayed start date.

West Haldimand General Hospital
Mask fit testing and CPR must be valid for the entire duration of placement at West Haldimand General Hospital. Students will be asked to present their mask fit and CPR cards on the first day of placement.

MAC H2OPE
Students are required to have a VSS less than 1 year old, and must present an original VSS on the first day of placement.

5.5 International Placement Process (*Currently under review)

Students may undertake a placement outside of Canada only in the final (Unit 6) clinical placement and 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.

Please note the Faculty of Health Sciences at McMaster is currently reviewing the process for international placements. As a result requirements may change throughout the year. The DCE will update students with this information as it becomes available.

5.5.1 Eligibility for an International Placement

The determination of the student’s eligibility to pursue an international placement is based on:
  • Letter of Intent
  • Reference Letters
  • 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

5.5.2 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 have a travel advisory posted by the Department of Travel and Foreign Affairs
- Possess an affiliation with a Physiotherapy professional program, OR
- Be accredited by the recognized professional organization in that country and/or world federation.

The supervising physiotherapist (CI) must:

- Agree to structure the placement to meet the student's learning objectives and use the evaluation process and criteria established by the educational programme.
- Have at least one year's clinical experience and be able to communicate effectively in English.

5.5.3  

**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.
- Successfully complete all clinical placements prior to Unit 6.
- Maintain a B+ average over the course of the MSc(PT) Program
- Consistently demonstrate professional behaviours throughout the Program
- Be responsible for all costs related to the experience, inclusive of but not limited to:
  - Health requirements
  - Visa arrangements
  - Accommodation
  - Travel
  - Insurance coverage
  - Correspondence (telephone, fax, etc.)

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

Students must provide evidence of the following to the DCE:

1. Letter of Intent
2. One academic reference and one clinical reference that will attest to the student’s ability to cope with an international placement
3. Submission of the $50.00 application fee (cheque only – payable to McMaster University)
4. Facility’s formal affiliation with a University Physiotherapy Program
   OR
   Facility’s accreditation by the recognized professional organization in that country and/or world federation
   OR
   Credentials of supervising CI showing graduation from a program recognized by the McMaster MSc(PT) Program.
5. Copy of facility’s provisional offer of a Clinical Placement
6. Confirmation that the facility is able to 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).
   b. Student program available
7. An abridged resume from supervising clinician outlining previous supervision & clinical experience
8. Medical clearance which confirms the student is in a state of satisfactory health and all immunizations for the country of destination are fulfilled
9. Proof of travel insurance that includes medical evacuation insurance
10. Proof of attendance at / completion of the pre-departure workshops (dates and times to be provided by the DCE when available)
11. An itemized itinerary which includes the dates and locations of personal travel plans (must span the entire travel time)
12. Contact information related to travel and placement timeframe (i.e. cell / accommodation phone number etc.)
13. Any additional requirements determined by the DCE

On approval of the placement, the student confirms in writing to the site a commitment to undertake the elective at the named site. 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 Clinical Placement 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, such as, but not limited to, their Criminal Reference Check 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.

5.5.4 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 his/her status as a student in the MSc(PT) Program.
• Corresponding with the facility at midterm in order to ascertain the student progress.
• Presenting final course evaluation to PASC.
• Sending a letter of appreciation to facility when placement is completed.

5.6 Communication Processes

If you have questions or concerns in relation to placement there are a number of formal and informal avenues available. There are many resource persons who can provide insightful and valuable information on the process and learning experiences.

Pre-Clinical Placement
• Clinical Education classes
• Individual meeting with DCE
• Email with DCE
• Email with the Clinical Education Assistant
• Consultation with faculty advisor, community physiotherapists, peers

During Clinical Placement
• Resource persons within facility (e.g. Clinical Instructor, student coordinator, director/supervisor, other students)
• Phone call, email, individual meeting with DCE (or designate)
• Consultation with relevant faculty

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

Post-Clinical Placement

• Individual meeting with DCE

Throughout the academic units and during clinical placements, the Clinical Education team will update the class regularly through e-mail. Should an individual student wish to clarify an issue regarding placements, please communicate via email. If a meeting is required, email is the most expedient way to set a mutually convenient time. It is the student’s responsibility to check McMaster email regularly during placement in order 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.

The class-specific Clinical Education course on Avenue to Learn 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, a designate will be appointed for the students to contact in case of emergency.

In instances where the Clinical Education Team will be unreachable a stated delegate will be provided.
6.0 Models of Supervision

6.1 Individual Model, 1:1
The assignment of one student to one CI:
- accepted standard but not clearly proven as best method
- students have direct communication and accountability with one CI
- student experiences primary relationship with one Clinical Instructor
- limited opportunities to participate in other PT services
- one CI is responsible for tasks related to administration, teaching, consulting and evaluation

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)
- decreases reliance on the CI
- role of the CI is changed because he/she needs to be able to delegate more clinical responsibilities to the students
- "frees" the CI to become a resource person for the students and increases learning opportunities within the clinical setting
- comparison of students can occur

6.3 Split Model, 1:2
The assignment of one student to two CIs:
- 1 student to 2 CIs who may or may not be located in the same clinical location (many part-time PTs prefer this model)
- often, the full-time staff are the ones always involved in supervision and this model can maximize the resources of all the staff
- equal responsibility shared by CI, therefore it is essential that there is effective communication occurring and clear expectations between them
- students benefit from working with and are exposed to different approaches and techniques
- Students are also required to contact both CIs prior to starting placement with their Introductory Letter
- **In this model, the student must receiving passing recommendations from both clinical instructors**
- **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**

6.4 Shared Supervision Model, 3 or more: 1
The assignment of a group of students to one group CI:
- onus on the student to be self-directed, organized and to manage learning opportunities and evaluation
- consistent expectations because one CI has overseeing responsibility
- very student-centred

6.5 Offsite Supervision
The assignment of a student(s) to an off-site CI:
- onus on the student(s) to be self-directed, organized and to manage learning opportunities and evaluation
- usually occurs at sites where there is no PT on-site and the PT role is emerging
- 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 examples. 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 cardioresp and neuro 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
- 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 Practicum Strategies

**Table 3.0 – Clinical Practicum Strategies**

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<td>• have confidence on “creating” &amp; “testing” new role</td>
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<td>• be comfortable with this issue</td>
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<td>Decreased physical access to the Physiotherapy Clinical Instructor</td>
<td>• use of &amp; appreciation of other resources e.g. teachers, health care providers, family</td>
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7.0 Clinical Evaluation Methods

7.1 Introduction

The Unit 1 evaluation of the clinical experience is done through the clinical experience logbook and the competency tracking spreadsheet.

In Units 2 through 6 the Canadian Physiotherapy Assessment of Clinical Performance (ACP) and the Learning Contract are used to evaluate student performance. Clinical placements in Unit 2 through 6 are academic courses. The evaluation documents are considered part of the student’s official academic records (Section 6.7).

7.2 Unit 1 Clinical Experience Evaluation

The evaluation of the clinical education observation in Unit 1 is qualitative. This section of the Unit will be evaluated on a complete - incomplete basis. The use of the following evaluation tools will be explained in detail in the Unit 1 clinical education sessions.

- **Clinical Experience Log Book**
  The purpose of this logbook is to serve as a resource by which you can document the experiences that you will have during your observation period and to help you to identify the "gaps" or potential learning issues that you may want to address in your Unit 2 clinical placement.

- **Comments from the Clinical Instructor**
  CIs are asked to provide on-going feedback to students on their performance of Unit 1 clinical objectives. At the end of the 3 days, CIs and students will formally discuss this educational experience. CIs will provide students with written feedback on their strengths and areas for improvement in the areas of knowledge, skills and professional behaviour.

An electronic copy of the logbook can be found on Avenue to Learn.

Students are required to complete and submit the cardioresp. and neuro. tracking form into the dropbox on A2L at the end of the 3 days of clinical exposure placement.

7.3 Canadian Physiotherapy Assessment of Clinical Performance (ACP)

The ACP is a new, Canadian designed clinical evaluation tool has replaced the CPI as of 2016. 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 APTA. Clinical instructors 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 the concept of the “red flag” domains has been removed, with equal emphasis being placed on all domains. The ACP is a copyrighted instrument.

It is important that the student ensures that sections on student information, clinical education site information, and placement information are completed prior to the end of the placement. If this information is not completed the ACP will be returned to the student. 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 indicating not that they agree with the evaluation, but 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.
- It is more meaningful and provides more discriminating information if both the Learning Contract and the ACP
include comments/examples  
- 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 until the end of the placement).  
- All CIs and students will be expected to complete an online training module in advance of using the ACP for the first time. Information about how to access the online module will be posted on Avenue to Learn.

### 7.4 Learning Contracts

![Learning Contract Image]

In addition to the ACP a learning contract is used in Unit 2 through 6 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 what the student will learn (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 McMaster University Physiotherapy Program in order to reinforce our philosophy of self-directed learning. Students complete components of the learning contract in clinical and academic courses throughout the program.

It is our belief that the use of a learning contract reinforces 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 to develop 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.

#### 7.4.1 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. In addition, the MSc(PT) program has a brief online video that describes the component parts of a SMART goal. The video can be accessed using the link that will be provided on Avenue to Learn.
7.4.2 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 a six-week 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.
7.4.3 Marking of Objectives

The contract is scored out of 10 with a maximum of 2 marks per objective at both the midterm and final evaluations.

- 2 All criteria for that objective have been 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, in the event that case load/site considerations have been 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. However, 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 receive a mark of 0 on two elements OR two or more marks of 1 of their learning contract at the final evaluation as a result of lacking clinical skills or knowledge will be presented to the Program Academic Standing Committee (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.

7.4.4 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.

7.5 Cardiorespiratory and Neurological Hours and Competency Tracking

Students are expected to track their Cardiorespiratory and Neurological contact hours on all clinical placements from Units 1 – 6, to ensure they are meeting Clinical Practicum requirements (see Section 4.1 – Clinical Practicum Requirements). Tracking expectations will be reviewed in the Clinical Education 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.

Time credits will be granted based on the following:

- 1 assessment = 1 hour of time (including charting)
- 1 reassessment = 0.5 hours of time (including charting)
- 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.

The tracking document is to be submitted to the school, via the Avenue to Learn (A2L) dropbox, 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 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.

Examples of what activities can be tracked for Neuro 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.

7.6 Evaluation of Clinical Placement

For In-Catchment and Out-Of-Catchment placements, feedback is given to the Clinical Placement Site and the CI via the Student Evaluation of Clinical Placement document. Students who have multiple CI are required to complete a separate Clinical Instructor Evaluation for each CI.

Students are expected to complete the Student Evaluation of the Clinical Placement at the midterm and final points of each clinical placement. This form should be reviewed with the CI and/or CCCE at midterm and at final and a copy can be left with the facility. The original of this form is to be returned to the Clinical Education Team at the end of placement.

An electronic copy of the Student Evaluation of Clinical Placement document can be found on Avenue to Learn (for students) or the Clinical Education website.

For International placements students are required to complete the Student Evaluation of International Clinical Placement form and return it to the Clinical Education Team.

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.

7.7 Evaluation Document Deadlines

All evaluation documents are due back in completed form to McMaster University no later than one week following the last day of placement. It is the student’s responsibility to ensure all forms are complete and returned to McMaster University within the one week deadline.

The Clinical Education Assistant will track document submissions on Avenue to Learn. It is the student’s responsibility to login to Avenue to Learn and ensure all documents are received and complete, and to rectify any documents not received or incomplete. Students have 1 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 Avenue to Learn.

7.8 Assessment Process

The Clinical Instructor(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, the DCE recommends a final grade (PASS / FAIL) to each student for each clinical placement to PASC for consideration. Students must achieve an overall mark of 70 or more in each clinical education course in order to be awarded a PASS for each unit.

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 6-week 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 is able to modify his/her 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 his/her learning objectives outlined in the individual learning contract
• For Credit with exceptional performance, the student has met all of the above criteria, and also 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 the majority of the time
• The student has not been able to demonstrate a response to feedback provided over the placement

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 the amount of change in performance with regard to the skills a student is expected to acquire and refine during the 6-week placement. (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).
• Student receives a mark of 0 on two elements OR two or more marks of 1 of their learning contract at the final evaluation as a result of lacking clinical skills or knowledge
• The observation of major safety concerns (i.e. unsafe application of modalities; improper guarding of a patient resulting in injury; repeated failure to apply brakes to gait aid or beds during transfers)
• Unprofessional behavior (at any level of learning) – (i.e. un receptive to feedback from any member of clinical / placement team; inappropriate conduct with patients or other staff members; frequently late for clinical placement)
• The student is absent from clinical placement without prior approval of the DCE and site (in respective order)
See Section 7.10 on ‘students having difficulty in the clinical setting’

7.9 Clinical Practicum Expectations

Over the course of the program, students are expected to progress in the roles and responsibilities they partake in during clinical practicum.

A chart detailing clinical expectations across the program will be provided to students in Unit 1 and will be posted on Avenue to Learn for students to review over the course of the program. This chart is also shared with clinical instructors to use as a reference for evaluating student performance in clinical placements.

7.10 Students Having Difficulty in the Clinical Setting

In all instances where a student is experiencing difficulty (e.g., may by 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. In a situation where the student has demonstrated repeated safety violations, and the clinical site and / or instructor is concerned for the wellbeing and health of the student, patients and the CI, the site may terminate a placement prior to the stated end date. In this instance the DCE will withdraw the student from the site. This action may result in the DCE recommending a failing grade for the placement.

In some facilities, there may be a Center Coordinator for Clinical Education 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 or the Unit Chair concerning academic 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 at http://srs-mcmaster.ca/ptclned/clinical-instructors-pt-clinical-education

Refer to Appendix 13 for the process to follow once a CI has identified that a student is having difficulty in the clinical setting.

See Section 5.7 regarding communication processes, which can assist a student having difficulty in a clinical setting.

7.11 Academic Records

Academic records are defined as:

Information relating to a student’s admission to, and academic performance at McMaster University. The “official student academic record” contains the clinical evaluation forms that have been used to judge a student’s performance in clinical education courses.

Access to Student Academic Records by Others

Any information contained in the academic record of a student shall be released to other persons and agencies only with the student’s prior expressed written consent, or on the presentation of a court order, or in accordance with the requirements of professional licensing or certification bodies of the Ministry of Colleges and Universities for an annual enrolment audit, or otherwise under compulsion of law.

Academic records are normally under the custodial responsibility of the Academic Division and shall be kept at all times under appropriate security. These records are ultimately the property of the University.

Where clinical evaluation forms are under the custodial responsibility of hospitals and treatment centres providing clinical education, the Academic Division will advise these centres of this policy and related security issues.
8.0 Grading Guidelines

8.1 Grading Guidelines

The DCE is the course coordinator for all clinical education courses spanning Units 2 through 6. Final grades are recommended by the DCE to the PASC. The DCE takes into consideration the recommendation of the CI on the ACP at final evaluation, and completion of the learning contract and its associated objectives.

The DCE will communicate with the CI as necessary to clarify any information contained in the ACP or learning contract, and this information may be taken into consideration during grading.

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

8.2 Marking Rubric

The marking rubric detailing breakdown of grading for Units 2 - 6 will be included in each Unit Handbook.
9.1 Clinical Practicum Attendance Policy

Students are required to attend each 6 week clinical placement in its entirety – 100% attendance is expected of all students. Reasons for days absent from placement will only be accepted for exceptional circumstances, and will require supporting documentation (see table 5.0).

Why must students attend each 6 week 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 of 1025 hours of clinical practica to meet MSc(PT) graduation requirements (See Section 4.1 on Clinical Practicum Requirements and Section 4.3 on Clinical Practicum Hours).
- Student PTs are expected to uphold exemplary standards of professional conduct. Attendance is a critical professional obligation.

If for any reason, a student misses more than 1 day of clinical placement, the 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.

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.

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

The DCE (in conjunction with the Assistant Dean of the PT Program) will decide the amount of time necessary to make up this lost time. Any lengthy absence from clinical placement may necessitate withdrawal from a placement. Depending on circumstances associated with the absence, the DCE may recommend a failing grade for that particular course.

Placement absences will be monitored and tracked for each student during each placement. The Clinical Education Team will update student’s absences on Avenue to Learn (A2L) at the end of each clinical placement. The student should bring any discrepancy to the attention of the Clinical Education Assistant.

‘Extra’ hours accumulated during each Clinical Placement 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.

In the event that an absence occurs during the last week of clinical placement:
1) Evaluation forms will not be processed by the Clinical Education Team until the last scheduled day of the clinical placement.
2) The student may be responsible for scheduling an evaluation review with the CI outside of the previously arranged placement dates (i.e. if the student is absent on the day the evaluation was planned for).
3) The student is responsible for submitting all documentation to the MSc(PT) program as per the stated deadlines.
Table 4.0 – Required Absence Supporting Documentation

<table>
<thead>
<tr>
<th>Medical Reasons – Pre-Scheduled appointment</th>
<th>Written verification of the appointment must be provided from the physician or medical office, when the planned absence is submitted.</th>
</tr>
</thead>
</table>
| Medical Reasons                          | The student must submit the MSc(PT) Clinical Education Student Health Certificate (posted on Avenue to Learn)  
A physician must complete and sign the certificate on your behalf.  
McMaster’s policy requires that you “be seen by a physician at the earliest possible date, normally on or before the date of missed work”. |
| 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:  
- A letter from the funeral home confirming that you attended the funeral  
- A death certificate  
- 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 or 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 clinical hours 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 3.0) to the Clinical Education Team within 24 hours of the absence (form can be found on Avenue to Learn).
4) The DCE will notify the student about whether there is a need for making up the missed time.

If a student has to 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 and supporting documentation (see Table 3.0) to the Clinical Education Team within 24 hours of the absence (form can be found on Avenue to Learn).

The DCE (or delegate) should be informed immediately of any incidents where personal injury is sustained on clinical placement.

If a student is unable to attend clinical practice for more than two consecutive days due to illness, the student must have documentation and a complete return to clinical placement checklist from an attending physician to return to clinical placement. The return to clinical placement checklist is available on Avenue to Learn.
9.1.2 Planned Absences

It is recognized that there are extraordinary circumstances when students may need to plan in advance for time away from placement (e.g. specialist medical appointments). In order 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 Avenue to Learn). The planned absence form along with supporting documentation (see Table 1.0) 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 a) decline or b) conditionally approve the request. Reasons for declining an absence will not be discussed. Absences conditionally approved may be declined at a later time if the student is not meeting academic expectations and/or the student has experienced unplanned absences during the clinical rotation.
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/ Clinical Instructor 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
- 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 on time and prepared for each day of clinical placement. The MSc(PT) Program strongly recommends that students arrive at least 15 minutes prior to the negotiated start time to allow the set-up time for the day ahead.

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.

9.2 Dress Code Policy

Students will be given the opportunity to increase their knowledge and experience by participating in the care of clients in various healthcare 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 shirts (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. 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 must be presented to the DCE as soon as possible.

All students must abide by the McMaster Faculty of Health Science conflict of interest policy (http://fhs.mcmaster.ca/main/documents/fhs_conflict_of_interest_guidelines.pdf)

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

Each six-week clinical placement is a formal course. A final grade will be recommended by the DCE to PASC at the completion of each placement. 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

The Human Rights and Equity Services Office is dedicated to making McMaster an equitable, safe and supportive environment for all members of the University community. This office administers the Sexual Harassment and Anti-Discrimination policies for McMaster University. They provide advice to people who feel they have been harassed or discriminated against and receive complaints defined under the University policies. The McMaster policies make provision for students working off campus in University-sanctioned academic activities.

The Human Rights and Equity Services Office is available for consultation to students, staff and faculty: hres@mcmaster.ca 905-525-9140 x27581.
Students may also wish to speak to the Faculty of Health Sciences Liaison, Advisor, Professionalism.

Robin Edwards
905-525-9140 x.22249
edwardro@mcmaster.ca

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 Assistant Dean 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 in order to ensure the requirements can be met.

2) 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. Students are responsible to work with the site to achieve the required accommodations. The DCE will follow up with sites to ensure that questions / concerns are addressed as related to the required accommodations.

3) In the event that the accommodation needs change between placements, it is the student’s responsibility to meet with SAS and the program to articulate the change in needs.
10.1 Program & Non-Academic Requirements

See the Physiotherapy Program Handbook for details on Program and Non-Academic Requirements.

10.2 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 students ID badge)
C. Vulnerable Sector Screen
D. CPR certification card
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 academic classes and clinical placements. See Physiotherapy Program Handbook for more details on tool kits.

Some clinical sites may require more recent renewal of some requirements than is mandated by McMaster. The Clinical Education Team will make every effort to make students aware of these requirements; however, it is the student’s responsibility to inquire about requirements in the introductory letter sent to the site and to ensure they are fulfilled prior to the start of placement.

10.3 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 Education and Training. If an accident resulting in personal injury occurs during the placement, immediately:

- notify the Clinical Instructor
- notify the Clinical Education Team (DCE, CEA or stated delegate)
- 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.

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 the drop box outside of 431. 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 must be completed in collaboration with the clinical instructor. 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.
10.4 Establishment of Placement Guidelines

It is understood that in providing a Clinical 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 this Clinical 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 Clinical Instructor. 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 and regulations of the facility and the PT Program. Discipline of student(s) wilfully violating rules and regulations of the facility or the Program 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 University 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 at the McMaster University MSc(PT) Program. The facility has the right to terminate a placement if it is felt that student involvement is placing the client at risk.
- 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 employed 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.

10.5 Unplanned Interruption of Placement

Unfortunately, on occasion, there are situations that have resulted in unplanned interruptions of the Clinical Placement schedule (e.g. Severe Acute Respiration Syndrome [SARS], strikes). If there is sufficient notice (e.g. possible strike action) alternative placements may be arranged as a proactive measure. If no advance 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 are still expected to attend clinical placement if their facility is open and the student is able to get to and from the placement site safely.

In the event that the facility is closed (e.g. snow day), students should follow the unplanned absence procedures.
When you have completed your final placement:

1. Ensure you retain a copy of all evaluation forms signed by you and your Clinical Instructor.

2. Bring in the original copies of all evaluation forms or express or fax a copy to (905) 524-0069 and mail the originals to the Clinical Education Team’s attention.

3. The DCE will review the completed evaluation forms within 4 working days of receipt in most instances.

4. When the DCE is assured that you have completed the placement successfully, the PT Curriculum Assistant will be informed. The PT Curriculum Assistant 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. (You are required to send them a copy of your diploma when you receive it later on).

5. 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 Curriculum Assistant 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 following website: www.collegept.org under information for Registrants.

Also check the Canadian Physiotherapy Association website for important information re: malpractice insurance. www.physiotherapy.ca under Member Services
12.0 Professionalism

12.1 FHS Professional Behavior Code of Conduct for Learners

The Faculty of Health Sciences Professional Behavior Code of Conduct for Graduate Learners is to be adhered to throughout the entire program of study, in all academic and clinical courses.

A copy of the code of conduct can be found at:

See the MSc(PT) Program Handbook for additional information related to Professionalism.
13.0 Useful Website Links

As of August 2016 all of 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 Avenue to Learn 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

College of Physiotherapists of Ontario
www.collegept.org

FHS Professional Behavior Code of Conduct for Graduate Learners

National Association for Clinical Education in Physiotherapy
http://www.physiotherapyeducation.ca/ClinicalEducation.html

National Guidelines for Clinical Education in Physiotherapy

Northern Ontario School of Medicine
www.nosm.ca

Northern Studies Stream Pre-Placement Application
http://www.nosm.ca/education/rehab/general.aspx?id=2030

Physiotherapy Competency Exam
http://www.alliancept.org/exams_candidates_overview.php

Professionalism in Clinically Based Education
http://fhs.mcmaster.ca/pcbe/index.html

ReportIT (online incident report for McMaster Students)
http://fhs.mcmaster.ca/healthscreening/reportit/index.html

MTCU-WSIB Insurance Program for students participating in unpaid work placements
http://www.workingatmcmaster.ca/ehs/wsib/
All forms are subject to change. Updated forms will be posted on A2L for students, as changes are made.

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Appendix 1 – Ontario University Physiotherapy Catchment Map *currently under review

W = Western University
M = McMaster University
T = University of Toronto
Q = Queens University
O = University of Ottawa
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<td>Port Colbourne</td>
<td>Scarborough</td>
<td>Peterborough</td>
<td>Pembroke</td>
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<tr>
<td>Strathroy</td>
<td>St. Catharines</td>
<td>Weston</td>
<td>Picton</td>
<td>Perth</td>
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<tr>
<td>Tillsonburg</td>
<td>Shelbourne</td>
<td>Willowdale</td>
<td>Port Hope</td>
<td>Renfrew</td>
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<tr>
<td>Wallaceburg</td>
<td>Simcoe</td>
<td>North York</td>
<td>Port Perry</td>
<td>Smith Falls</td>
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<tr>
<td>Waterloo</td>
<td>Welland</td>
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<td>Prescott</td>
<td>Winchester</td>
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<tr>
<td>Wiarton</td>
<td>Oakville (shared)</td>
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<td>Trenton</td>
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<td>Windsor</td>
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<td>Uxbridge</td>
<td>Quebec</td>
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<td>Wingham</td>
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<td>Whitby</td>
<td>Gatineau</td>
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<tr>
<td>Woodstock</td>
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</tbody>
</table>

*Currently under review*
October 10, 2016

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

Dear Ms. Perth,

I am writing this letter to confirm my clinical placement at your facility which begins on <insert issue date>, and ends on <insert issue date>.

This will be my first clinical placement. I understand that my placement at your facility will be in the <insert unit/ward, if known>. This will be my first time in a <insert setting> environment.

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:

XXXXXXXX (name and phone number required)

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 2018
(637) 954-6780
smithj@mcmaster.ca
No later than two weeks following placement match send confirmation letter and SPP 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 with the PT Curriculum Assistant.

☐ 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 expectations with your CI(s).

☐ Ensure that you have copies of the: Safety Orientation Checklist, Clinical Experience Logbook, Student evaluation of the Clinical Placement form and the Core Competency tracking.

☐ Pre-book a time on your last day to exchange feedback with your Clinical Instructor, as well as to complete and sign all required evaluation forms

☐ Complete the safety orientation checklist with the CI/CCCE

☐ During time on placement keep your Clinical Experience Logbook and Core Competency Tracking up-to-date

☐ Provide your Clinical Instructor with section B of the Clinical Experience logbook to complete.

☐ Ensure you complete the (1) Logbook and (2) Student Evaluation of the Clinical Placement (one for each Clinical Instructor) (3) Core Competency Tracking and bring all complete to your last day of placement.

☐ On your last day, review the Student Evaluation of the Clinical Placement, Clinical Experience Logbook and Core Competency Tracking with your Clinical Instructor(s). Be prepared with a written self-evaluation of your strengths and areas for improvement. Your Clinical Instructor will review his/her feedback about your performance as well.

☐ Ensure you have a complete copy of all of the forms for your own records.

☐ Submit the ORIGINAL, SIGNED Clinical Experience Logbook and the Student evaluation of the Clinical Placement to the Clinical Education Team a maximum 1 week following the last day of placement. (Any submissions after this date are deemed to be late and will incur mark deductions)

☐ Submit your updated Core Competency Tracking to the designated drop box on A2L a maximum 1 week following the last day of placement. (Any submissions after this date are deemed to be late and will incur mark deductions)

☐ Login to the AVENUE to Learn Clinical Education course, to track receipt and completion of your evaluation forms.

☐ Rectify any components listed as incomplete by the stated deadline.
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 (CO 2017), and 2 page resume (CO 2018) 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 with the PT Curriculum Assistant.

☐ 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 Student Evaluation of the Clinical Placement, 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

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 mid-term:
☐ Complete all Clinical Evaluation form responsibilities (See ‘MSc(PT) Clinical Evaluation Form Responsibilities’ 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 risk of failing

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 of the forms for your own records.
**Evaluation form submission instructions:**

☐ Prior to submission ensure all forms are completed correctly, referencing the ‘MSc(PT) Clinical Evaluation Form Responsibilities’ document

☐ Submit your updated Core Competency Tracking to the designated dropbox on A2L a **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)

☐ Submit the **originals** of your Student Evaluation of Clinical Placement, Clinical Education Experience Summary and Learning Contract to the Clinical Education Team a **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)

Submission can take place in the following formats:
1) Drop-off forms to the drop box outside of IAHS 431
2) Fax documents to the Clinical Education Teams attention at (905) 524-0069. Original documents must be submitted to the school shortly thereafter.
3) Mail documents to the Clinical Education Teams attention. We suggest using a method in which delivery can be tracked, in case documents are lost in the mail.

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

☐ Login to the Avenue to Learn, Clinical Education course, to track receipt and completion of your evaluation forms.

☐ Rectify any components listed as incomplete by the stated deadline.
Review the Clinical Education Handbook for the complete in-catchment placement process.

Please note:
1) Preference submission is a privilege, not a right. Although students are given the opportunity to submit preferences, you 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.
2) It is the student’s responsibility to ensure that their preferences are correct and submitted in HSPnet by the deadline.
3) Preference submission deadline will be provided to students on Avenue to Learn. The HSPnet ‘Site Selector’ will close at this time, and no preferences will be accepted afterwards.
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.

<table>
<thead>
<tr>
<th>Unit:</th>
<th>Date of Placements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Student email address:</td>
</tr>
</tbody>
</table>

**Province:**

<table>
<thead>
<tr>
<th>If Ontario:</th>
<th>U of T</th>
<th>NOSM (East)</th>
<th>NOSM (West)</th>
<th>Queen’s</th>
<th>UWO</th>
<th>U of O</th>
</tr>
</thead>
<tbody>
<tr>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

1.  
2.  
3.  

**Placement Setting:**
Up to 3 requests in order of preference

1.  
2.  
3.  

**Previous Experience:** (include setting and area of practice)

1.  
2.  
3.  
4.  
5.  

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

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 red and comprehended the Out-of-Catchment guidelines listed on page 1 of this document.

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 in the event that 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).
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.

<table>
<thead>
<tr>
<th>Unit: 4</th>
<th>Date of Placements: November 3 – December 12 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name: Jane Doe</td>
<td>Student email address: <a href="mailto:jdoe@mcmaster.ca">jdoe@mcmaster.ca</a></td>
</tr>
<tr>
<td>Province: British Columbia</td>
<td>City/Geographical Area: Up to 3 requests in order of preference</td>
</tr>
<tr>
<td>If Ontario:</td>
<td></td>
</tr>
<tr>
<td>U of T</td>
<td></td>
</tr>
<tr>
<td>NOSM (East)</td>
<td></td>
</tr>
<tr>
<td>NOSM (West)</td>
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<tr>
<td>Queen’s</td>
<td></td>
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<tr>
<td>UWO</td>
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<tr>
<td>U of O</td>
<td></td>
</tr>
</tbody>
</table>

| Placement Setting: | Previous Experience: (include setting and area of practice) |
| Up to 3 requests in order of preference | |
| 1. Hospital | 1. Hospital – ICU |
| 2. Community | 2. Community – Private Practice |
| 3. | 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.

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 red and comprehended the Out-of-Catchment guidelines listed on page 1 of this document.

Student Signature: Jane Doe

Date: September 3 2016

*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 in the event that 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).
October 10, 2016

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

Dear Ms. Perth,

I am writing this letter to confirm my 6 week clinical placement at your facility which begins on <insert start date> and ends on <insert end date>.

This will be my third full 6 week 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.

I understand that my placement at your facility will be in the <insert unit/ward>. I have covered <insert academic content> in the Physiotherapy curriculum and feel academically prepared for the placement. 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 2016
(637) 954-6780
smithj@mcmaster.ca
John Smith, BA, PT Student  
smithj@mcmaster.ca  
3344 Winding Way Hamilton, ON N0G 1B5

Education

Master of Science (Physiotherapy)  
McMaster University  
Present

Bachelor of Arts (Honors)  
McMaster University  
September 2012-May 2015

Clinical Placements

Private Physiotherapy, Guelph, Ontario  
Nov 1 – Dec 24, 2015
• 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.

St. Peters Hospital, Hamilton Health Sciences  
• During this 3 day clinical exposure placement I had the opportunity to observe physiotherapy assessments and treatments for individuals who have suffered a stroke. I also participated in administering the Chedoke-McMaster Stroke Assessment (CMSA)

Qualifications / Certifications

CPR Level C  
Sept 2015
National Lifeguard Service (NLS)  
June 2012

Publications


Poster Presentations


Presentations


Employment

Lifeguard  
Sept 2012 - present
David Braley Athletic and Recreation Center
McMaster University
Camp Counsellor  
Spring & Summer Camp  
Somewhere, Ontario  


Volunteer Experiences
Student Walk Assistance Team (SWAT)  
McMaster University  

Sept 2012 – May 2015

Shinerama Coordinator  
McMaster University  

Sept – Dec 2013, 2014
McMaster University MSc(PT) Program
Student Placement Profile (SPP)

STUDENT NAME: STUDENT EMAIL:

CLASS OF: UNIT:

PLACEMENT DATES:

What are your main goals for this clinical experience and how do you intend to achieve them?

What are your clinical, interpersonal and professional strengths?

What clinical and professional skills would you like to improve during this placement?

SUPERVISION AND LEARNING

How often do you prefer meetings with your clinical supervisor?

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

How often do you prefer to receive feedback from your clinical supervisor?

- □ 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

How best do you learn? Check any that apply.

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

When learning something new, do you usually 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
How do you prefer to be supervised for new tasks?

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

Which do you 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.

(Modified from an adapted version of the Grey-Bruce Regional Health Centre/D’Youville College Student Placement Profile retrieved Oct 15, 2009 from the Orientation – Welcoming the Student, Roles and Expectations module on the Preceptor Education Program website: http://www.preceptor.ca)
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.
Clinical Instructor notices a minor student problem (eg. punctuality, skills, etc)

Clinical Instructor notices a red flag problem (eg. Safety, professionalism, ethics)

Student feels they are having difficulty on clinical placement

DCE is notified of concern and steps that are being taken to address the problem immediately

CI and student discuss concern and together develop strategies & opportunity for reassessment

Behavior / concern improves

Monitor progress

Behavior / concern does not improve

Discuss with DCE strategies for improvement

Reassess progress

Improvement noticed therefore continue to monitor progress

No improvement

Contact DCE ASAP for next steps

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.