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This handbook is designed for student coordinators, clinical instructors and faculty members. It outlines general information and contains resource materials related to the students’ professional (clinical) preparation for practice as an autonomous, self-regulated health professional. A new handbook will be available at the beginning of each academic year.
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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:

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1.0 MSc(Physiotherapy) Program

1.1 Mission

The MSc (PT) Program is committed to providing an educational opportunity for its students, which is excellent, innovative and consistent with the mission of the Faculty of Health Sciences. With an emphasis on problem-based, small group, self-directed learning, and integrated academic and clinical education, the program provides professional and interprofessional educational opportunities in partnership with the community and university at large.

The MSc (PT) Program strives to prepare physiotherapists to be caring and reflective practitioners who are clinical scholars with the ability to provide client-centered, effective and efficient health care, to critically evaluate the scientific basis of practice, to adapt to and initiate change, to collaborate within interprofessional teams, and to become lifelong learners.

1.2 Values

We Value:

Excellence
- Achieving our best in all our endeavors

Caring
- Acting with concern for the wellbeing of every person

Respect
- Acting with honesty and integrity and recognizing the uniqueness of each individual

Collaboration
- Fostering partnership and teamwork with each other and our communities

Innovation
- Providing an environment that encourages creativity, openness and risk taking

1.3 Goals

The global goal is to prepare students to practice in a variety of roles and diverse practice environments. As clinical scholars, students will exemplify mindful, ethical practice and apply their knowledge and skills in an evidence-based way to clients, patients, systems and organizations.

To achieve this, the education process focuses on several key elements:

Knowledge related to:
- the fundamental, theoretical and scientific bases of physiotherapy practice;
- the use of preventive, therapeutic, rehabilitative, and supportive strategies in the management of clients;
- the determinants of health;
- the ethics of health care practice;
- the concepts of health promotion, health policy, and the delivery of health care;
- the principles and methods of evidence-based practice.

Skills related to competency in:
- physiotherapy clinical decision making, assessment, management and evidence-based practice;
- learning including self-directed learning, self- and peer- evaluation and group communication and behavior;
- education and communication including effective oral and written communication.

Professional Behaviors related to acting ethically and responsively:
- towards clients: to provide client-centered care and advocate on behalf of clients and their families;
- towards oneself: to recognize and acknowledge personal assets, emotional reactions, limitations in one’s own knowledge, skills, and behaviors, and to build on one’s assets, and to overcome limitations;
- toward colleagues: to contribute to productive communication and cooperation among colleagues in
physiotherapy and other health professions;
• toward the community: to contribute to the maintenance and improvement of the health of the general population;
• towards the profession: to contribute to the advancement of the profession in the areas of research and clinical practice and in promoting the role of physiotherapy.

1.4 Educational Philosophy

The educational philosophy of the MSc (PT) Program emphasizes that the process of learning is equal in importance to the content. It is consistent with adult learning theory and is based on principles of self-directed, problem-based, small group learning.

1.4.1 Problem-based learning (PBL)

PBL is an educational process where learning is centered around problems as opposed to discrete subject-related courses. It was originally developed in response to the observation that students entering the clinical setting could not incorporate previously acquired knowledge into patient care activities (Walton and Mathews, 1989). It was felt that students did not retain basic science information as they did not understand the relevance of the basic sciences to clinical practice when introduced to it in their clinical years.

From a theoretical perspective, PBL contends that knowledge is best remembered in the context in which it is learned and that acquisition and integration of new knowledge requires activation of prior knowledge (Schmidt, 1983). Throughout the program students are presented with a variety of problems carefully designed for each curriculum unit. These health care problems promote the exploration of the underlying foundational, clinical and physiotherapy sciences in a context that resembles the future professional context as closely as possible. Students must incorporate evidence-based practice skills, self-directed learning skills and clinical reasoning when engaged in problem-based learning.

1.4.2 Self-Directed Learning

The philosophy of self-directed learning recognizes that with some guidance, adult learners should be able to take responsibility for their own learning. Indeed, the more active they are in determining their own needs and learning goals, the more effective their learning is likely to be. Within broad guidelines, students should determine their own learning needs, how they will best set and achieve objectives to address those needs, how to select learning resources, and whether their learning needs have been met.

An overall goal is to exercise the student’s capacity to think and discover during the process of gaining knowledge. The program is designed to guide, stimulate, and challenge students in order to produce professionals who will make a difference in practice.

Although the program stresses the importance of self-directed learning, it should be noted that this is not a self-paced program. Attendance and participation in tutorials, laboratories and inquiry seminars is required. It is necessary to demonstrate by self, peer, and faculty evaluation that satisfactory progress has been achieved. Although the program is student-centred, it is the mutual role and responsibility of faculty and students to create a learning environment, to select learning resources, to facilitate and support learning, and to evaluate the learning process.
Community resources do not allow us to match 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 100 hours of musculoskeletal, 100 hours of neurological AND 100 hours of cardiorespiratory patient care across all clinical placements
Dates for each clinical rotation can be found on the McMaster Physiotherapy Clinical Education website.

### 2.1 Unit 1 - Fundamentals of Physiotherapy Practice

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<thead>
<tr>
<th>Academic Overview</th>
<th>Clinical Education Overview</th>
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<tbody>
<tr>
<td>This Unit is concerned with clinical decision-making and evidence-based health care practice related to an individual's functional movement</td>
<td>During the Unit 1 (academic portion), students have time dedicated to clinical education. The time will be allocated as follows:</td>
</tr>
<tr>
<td>Students will consider movement of the upper body and how difficulties with movements of the arms, the head, the neck and the chest (the upper quadrant) relate to how a person moved his/her whole body in his/her environment.</td>
<td>• An in-class skills workshop in preparation for clinical placements</td>
</tr>
<tr>
<td>Students will be examining normal movement or pathological or age-related changes that may interfere with normal movement. Dysfunction may result from injury, disease, habitual patterns of movement and/or the demands of occupation and sport.</td>
<td>• A 3 day clinical observation at a clinical placement site</td>
</tr>
<tr>
<td>The ethical basis for students’ clinical decisions also will be considered in the context of each health care scenario.</td>
<td>The purpose of the clinical skills 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).</td>
</tr>
<tr>
<td>The roles played by physiotherapists include assessing and treating (including prevention) an individual client and his/her family, developing and implementing programs for groups of clients, communicating with health care professionals, educating the public and health care professionals, conducting clinical research and influencing health policy. These roles will be explored as students expand their understanding of the scope of physiotherapy.</td>
<td>The general purpose of Unit 1 Clinical Education Experience is to:</td>
</tr>
<tr>
<td>Role of the Clinical Instructor (CI)</td>
<td>1. Introduce the students to CIs who will act as role models for professional behaviour and as resources for clinical practice.</td>
</tr>
<tr>
<td>1. To role model/demonstrate specific administrative, professional and clinical skills as negotiated with student. For example, a CI working in a hospital environment may review how to access, extract relevant data and record findings in their electronic charting system.</td>
<td>2. Provide an orientation to students on various aspects of clinical practice including but not limited to charting guidelines.</td>
</tr>
<tr>
<td>2. To provide ongoing feedback to the student and the DCE on the students’ attainment of clinical objectives and negotiated practical skills.</td>
<td>3. Provide students with the opportunity to practice and/or observe specific clinical skills.</td>
</tr>
<tr>
<td>3. To orient the student to the particular clinical environment and the roles and responsibilities physiotherapists assume within the environment.</td>
<td>4. Expose students to a variety of patients thus reinforcing some concepts introduced in Unit 1.</td>
</tr>
<tr>
<td>Examples of Specific Activities that may be Observed / Practiced during the Clinical Exposure Placement</td>
<td>5. Foster the students’ ability to critically reflect on their clinical learning.</td>
</tr>
<tr>
<td>• Interviewing</td>
<td>Initially, the student will be involved primarily in observing the therapist “in action”. Towards the end of the placement, when the student becomes more comfortable with the environment and the CI more comfortable with the student, the student may be able to perform some clinical skills under the supervision of the CI.</td>
</tr>
<tr>
<td>• Patient handling skills</td>
<td>Role of the Clinical Instructor (CI)</td>
</tr>
<tr>
<td>• Components of assessment of peripheral joints (e.g. manual muscle testing, goniometry, special tests)</td>
<td>1. To role model/demonstrate specific administrative, professional and clinical skills as negotiated with student. For example, a CI working in a hospital environment may review how to access, extract relevant data and record findings in their electronic charting system.</td>
</tr>
<tr>
<td>• Establishing client-centred goals with patients and their families</td>
<td>2. To provide ongoing feedback to the student and the DCE on the students’ attainment of clinical objectives and negotiated practical skills.</td>
</tr>
<tr>
<td>• Instructions in specific exercises</td>
<td>3. To orient the student to the particular clinical environment and the roles and responsibilities physiotherapists assume within the environment.</td>
</tr>
<tr>
<td>• Development of home programs and patient education.</td>
<td>Examples of Specific Activities that may be Observed / Practiced during the Clinical Exposure Placement</td>
</tr>
<tr>
<td>• Charting</td>
<td>• Interviewing</td>
</tr>
<tr>
<td>• Discharge planning with the patient and their families.</td>
<td>• Patient handling skills</td>
</tr>
<tr>
<td>• Practising the clinical competencies taught in the clinical skills lab.</td>
<td>• Components of assessment of peripheral joints (e.g. manual muscle testing, goniometry, special tests)</td>
</tr>
<tr>
<td>• Applying the professionalism objectives</td>
<td>• Establishing client-centred goals with patients and their families</td>
</tr>
<tr>
<td>• Reflecting on any thought-provoking incidents.</td>
<td>• Instructions in specific exercises</td>
</tr>
</tbody>
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### 2.2 Unit 2 - Fundamentals of Musculoskeletal Practice

<table>
<thead>
<tr>
<th>Academic Overview</th>
<th>Clinical Education Overview</th>
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</thead>
<tbody>
<tr>
<td>• In addition to using all the information acquired in Unit I, Unit II provides</td>
<td>Students will begin their first 6-week clinical placement following the academic unit. Students</td>
</tr>
<tr>
<td>students with an opportunity to acquire new information and skills focusing on</td>
<td>who are not participating in the NSS will be located within the McMaster catchment area.</td>
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<tr>
<td>issues related to persons presenting with back and/or lower extremity dysfunction.</td>
<td>Placements will occur at a variety of different clinical facilities and settings. Students</td>
</tr>
<tr>
<td>• Pain will also be explored from the initial stimulus to the nociceptor, through to</td>
<td>are eligible to return to a site where they completed their Unit 1 clinical experience.</td>
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<tr>
<td>its manifestation in pain behaviour.</td>
<td>Starting in Unit 2, students may participate in ‘Role emerging’ placements.</td>
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<tr>
<td>• The problems and learning situations in this unit are designed around a number of</td>
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<tr>
<td>recurring themes relevant to clinical practice:</td>
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<tr>
<td>• <strong>Epidemiology:</strong> This theme allows students to acquire an understanding of the big</td>
<td></td>
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<tr>
<td>picture of the conditions presented in this Unit. (e.g. What are the distribution</td>
<td></td>
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<tr>
<td>and determinants of low back pain?)</td>
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<tr>
<td>• <strong>Red flags:</strong> Red flags are signs and symptoms associated with serious or life</td>
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<tr>
<td>threatening conditions. (e.g. Is it likely that this patient’s low back pain is a</td>
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<tr>
<td>result of cancer?)</td>
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<tr>
<td>• <strong>Questions and Tests:</strong> The integration of knowledge, skills, and measurement</td>
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<tr>
<td>properties are stressed. (e.g. Should I measure lumbar flexion? If yes, how?</td>
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<tr>
<td>What does the numerical result tell me?)</td>
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<tr>
<td>• <strong>Classification:</strong> Various methods of classifying/labelling patients’ will be</td>
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<tr>
<td>explored. (e.g. Facet joint problem versus extension irritating signs?)</td>
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<tr>
<td>• <strong>Prognosis:</strong> This theme provides the students with an opportunity to address</td>
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<tr>
<td>factors that aid clinicians in making a prognosis about a particular patient. (e.g.</td>
<td></td>
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<tr>
<td>Given a set of clinical findings, what is the likely time-course of this problem?</td>
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<tr>
<td>Can it be altered by an intervention</td>
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<tr>
<td>• <strong>Treatment Selection:</strong> Students will be challenged to select, based on the</td>
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<tr>
<td>literature, the best interventions for the cases presented in this unit. (e.g. What</td>
<td></td>
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<tr>
<td>should I suggest? - rest, exercise, traction, TNS?</td>
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<tr>
<td>• <strong>Skills:</strong> Intuitively, this theme addresses the basic level clinical skills</td>
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<td>associated with the patient groups addressed in this unit (e.g. How do I perform</td>
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<tr>
<td>the relevant hands-on skills?)</td>
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<tr>
<td>• <strong>Outcome:</strong> This theme provides the students with an opportunity to examine</td>
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<tr>
<td>issues associated with assessing patient outcome.</td>
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### 2.3 Unit 3 - Fundamentals of Cardiorespiratory and Neurological Practice

<table>
<thead>
<tr>
<th>Academic Overview</th>
<th>Clinical Education Overview</th>
</tr>
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<tbody>
<tr>
<td>• In this Unit students will continue to expand their understanding of the role of</td>
<td>The second 6-week clinical education placement will occur at a variety of different clinical</td>
</tr>
<tr>
<td>physiotherapy in the health care system.</td>
<td>facilities and settings such as home care, acute care facilities and private practice. Students</td>
</tr>
<tr>
<td>• They will focus on the knowledge, skills and professional behaviours required</td>
<td>may not be eligible to return to sites where they have previously completed a 6-week clinical</td>
</tr>
<tr>
<td>for client-centred practice in the areas of cardiorespiratory and neurological</td>
<td>placement. Students who are not going OOC or participating in the NSS will be located within</td>
</tr>
<tr>
<td>practice.</td>
<td>the McMaster catchment area.</td>
</tr>
<tr>
<td>• During this Unit, students will also address the typical aging process and how</td>
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<tr>
<td>this process influences the respiratory system, and, movement and function.</td>
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</tr>
<tr>
<td>• Knowledge of the cardiovascular and respiratory (CVR) systems is critical for all</td>
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<tr>
<td>physiotherapists, as primary care practitioners. In any practice setting, a client</td>
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<tr>
<td>may present with abnormalities of the CVR systems which must be taken into account</td>
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<tr>
<td>when planning and managing all aspects of physiotherapy care. Failure to do so may</td>
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<tr>
<td>result in death or serious complications.</td>
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</tr>
<tr>
<td>• Building upon CVR knowledge and skills acquired in previous Units, students will</td>
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<tr>
<td>study the CVR systems including: normal physiology and changes with aging or</td>
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<tr>
<td>obesity, selected medical and surgical conditions, assessment and management issues.</td>
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<tr>
<td>This learning will continue in subsequent Units.</td>
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<tr>
<td>• This Unit will also introduce students to neurological practice. They will address</td>
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<tr>
<td>aspects of neurological assessment, the use of standardized measures in</td>
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<tr>
<td>neurological practice, and management strategies for clients with acute spinal</td>
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<tr>
<td>cord injury and acute stroke.</td>
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<tr>
<td>• Students will explore the concepts of the International Classification of</td>
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Functioning Disability and Health (ICF) and Nagi Model of Disablement which will provide structure for clinical reasoning. Knowledge and skills related to neurological physiotherapy practice will continue to be developed in subsequent Units.

- Throughout the Unit, students will continue to develop skills related to assessment and management strategies with the goal of enhancing the quality of life of people with acute or chronic disorders.
- As well, students will continue to develop their critical appraisal skills in order to be able to implement evidence-based practice.
- Professional behaviours of respect for one's self, colleagues and clients, of accountability, and of leadership will be emphasized. The students will explore the roles of advocate and team member.

### 2.4 Unit 4 - Advanced Neurological Practice

#### Academic Overview
- In this unit, students will continue to expand their knowledge, skills and professional behaviours needed to provide client-centred practice for individuals with various neurological disorders.
- They will continue to gain knowledge and develop skills and behaviours to be effective in interacting with individuals from across the lifespan.
- The concepts of the ICF and Nagi model of disablement will continue to be used, to provide a structure for the development of students’ clinical reasoning.
- Knowledge: The focus is on neuroanatomy, neurophysiology, neuroplasticity, motor control and motor learning, the use of standardized measures, prognosis and a task oriented approach to treatment.
- Skills: Students’ assessment skills will continue to develop. They will be introduced to physiotherapy interventions that are focused on enhancing the quality of life of individuals with acute and chronic neurological disorders.
- As well, they will continue to improve their critical thinking and develop their critical appraisal skills in order to implement evidence-based practice.
- Professional Behaviours: there is a focus on new ethical dilemmas, the roles of other members of the health care team and emerging roles of the physiotherapist as an advocate and consultant.

#### Clinical Education Overview
- Students begin their third 6-week clinical placement following the end of the academic unit. Students may not be 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.

### 2.5 Unit 5 - Community Health / Community Practice

#### Academic Overview
- Up until this unit, students’ approaches to healthcare have been at the level of the individual client. In this unit they become acquainted with concepts that relate to community health and population health.
- The overall objective of the unit is to prepare physiotherapists for new and emergent roles in community settings and existing roles where there may be opportunity for further development. Therefore, the problems have been constructed with this in mind using conditions which would be seen by a physiotherapist in this emergent or developing role in a selected environment. Some problems will include aspects of care that they have seen in a previous unit but this time they will encounter them in a different setting.
- All of the problems in this unit involve chronic illness to a lesser or greater degree and students will also encounter management of chronic diseases within a primary care setting.
- Therefore, the major issue is how physiotherapists within a community health care system contribute to aiding this person or groups of people to attain and maintain maximal health and well-being on a background of morbidity.
- There will be interest in studying the trajectories in physical functioning associated with systemic changes as a result of a chronic condition and/or aging.
- Students will also become familiar with the link between psychological and physical processes and come to recognise the interplay of both on health.
- The concepts related to community health that students will encounter in this unit are the following:
  - *health in the broadest terms and what constitutes good health and*
2.6 Unit 6 - Integrated Practice and Professional Transition

<table>
<thead>
<tr>
<th>Academic Overview</th>
<th>Clinical Education Overview</th>
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<tr>
<td>- Unit 6 is a 14 week unit comprised of some interprofessional opportunities and some advanced level theory and skills. It is designed to assist in preparing students for entry into practice. Unit 6 is the final academic unit, and is followed by a six week clinical placement.</td>
<td>Placements are offered in variety of areas of clinical practice including private practice, home care, rehabilitation centres, geriatric centres, pediatric treatment centres, community, and teaching hospitals.</td>
</tr>
<tr>
<td>- This Unit has been designed to enable students to assess and treat clients with complex health problems involving multiple systems and physical, psychological and environmental issues.</td>
<td>Students can complete any rotation, but often complete placements with a focus on outstanding practicum requirements.</td>
</tr>
<tr>
<td>- The problems build on content studied in Units I to V and include degenerative neuromuscular disease, women’s health issues (osteoporosis, pregnancy, stress urinary incontinence), as well as specialty areas of practice (pediatric neurology, amputations, burns, advanced musculoskeletal conditions).</td>
<td>Placements may be provided out-of-catchment, in-catchment, in the NSS and internationally during this Unit. Role emerging opportunities will also be available to students.</td>
</tr>
<tr>
<td>- The key themes of pain, occupational performance, and collaborative approaches to care will be apparent throughout the Unit.</td>
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<tr>
<td>- In addition to drawing on knowledge and skills from previous units, students will continue to identify and address gaps in knowledge and skills required to manage complex health conditions found in physiotherapy practice.</td>
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<td>- Emphasis is on clinical reasoning (using the ICF model), determining client-centred goals of management, and designing, implementing, and modifying physiotherapy interventions based on current best evidence with consideration of the specific factors impacting the care of each client.</td>
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<tr>
<td>- Students will also explore some of the current and future challenges facing the profession as they prepare for their transition to professional practice.</td>
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<td>- There will be a series of guest seminars and workshops that address a variety of topics such as entrepreneurship in the professions, challenges working in different practice settings, and legal and political issues in the profession.</td>
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<tr>
<td>- Students will be able to integrate and further develop research knowledge, skills and methodology through participation in active research.</td>
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2.7 Curriculum Design MSc(PT) Program

The curriculum covers 6 units of study over a 25 month period. Units are 14 weeks in duration with Units 2 through 5 consisting of 8 weeks of academic study followed by 6 weeks of clinical practice. All units have an interrelated problem-based tutorial and clinical laboratory course. A Foundational Knowledge for the Physiotherapy Practitioner course runs across Units 1, 2 and 3 in Year 1. A Research and Evidence-Based Practice course runs across Units 4, 5 and 6.

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<td>Unit I Fundamentals of PT Practice</td>
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PBT = Problem-Based Tutorials  
CL = Clinical Laboratory  
PTPrac = Foundational Knowledge for the Physiotherapy Practitioner  
REBP = Research & Evidence Based Practice  
PrT = Professional Transition  
CEA = Clinical Education Academic
3.0 Roles and Responsibilities

3.1 Director of Clinical Education (DCE)

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.

3.2 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.

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

3.3 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.

3.4 Clinical Instructors (CI)

Responsibilities:
- To orient the student to their environment and the roles and responsibilities 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 responsibilities for the action 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 will be unreachable.
- To provide informal feedback to students on a regular basis during clinical placement.
- To provide formalized feedback/evaluation to the student in writing during midterm and final evaluations.
- To provide ongoing feedback to the student and the DCE on the students’ 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://www.mcmaster.ca/mufa/handbook/conflic.htm).
- For PTs practicing in Ontario, to abide by the College of Physiotherapists of Ontario ‘Standards for Professional Practice: Clinical Education’.

3.5 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 weakness to the CI in order to enhance quality of patient care.
- Provide written evaluation of the CI and facility at mid-term and final evaluation.
- Abide by the facility’s policies and procedures.
- Abide by the program guidelines related to clinical education.
- 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 as soon as possible to the CI and the DCE.
- Complete a written self-evaluation using the form provided to the student at both mid-term and final evaluations.
- Ensure all paperwork is returned to the School within one week of completion of the placement.
- Ensure that all non-academic requirements remain up-to-date throughout the entire duration of the program.
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).

Satisfactory completion of all clinical placements is required for graduation from the MSc(PT) program.

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 in 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 (CI’s), who are physiotherapists and/or other licensed health care professionals employed by the facility.

As of September 2012 the classification of clinical placements at McMaster was changed. In order to be eligible for graduation and to write the national credentialing exam, all students must complete the following placements:

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

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: students may be required to use the ‘elective’ placement to complete program requirements*

Collectively the placements must also provide students with experience working with individuals

- Living with complex or multi system conditions
- At variety of ages (across the lifespan)

Students are also required to complete 100 hours of musculoskeletal, 100 hours of neurological AND 100 hours of 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.

4.2 Clinical Practicum Hours

Students are required to complete a minimum of 1025 hours of clinical practica to meet MSc(PT) graduation requirements and to be eligible to take the Physiotherapy Competency Exam (PCE) in Canada (http://www.alliancept.org/pdfs/exams_candidate_policies_2014_140619_eng.pdf)

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. 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.

4.3 Catchment Areas

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. Thus, there are five catchment areas in Ontario (Appendix 1). In addition, Northern Ontario is divided into 2 parts: Northeast and Northwest.

4.3.1 McMaster Catchment

The 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.

4.3.2 McMaster Clinical Partners

A listing of clinical partners associated with the McMaster MSc(PT) program is posted on the Clinical Education website, as well as 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.

4.3.3 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. If you would like to request a student from another catchment area, please contact the McMaster DCE.
4.3.4 Northern Studies Stream

The Northern Studies Stream (NSS), a joint initiative between the Northern Ontario School of Medicine and McMaster University, is a unique educational opportunity to explore remote and northern health care issues. As an option available for students in the Physiotherapy Program, the NSS encourages students who have an interest in small community or northern practice to undertake placement opportunities in various Northwestern and Northeastern Ontario health and community settings during Units 2 through 6. Students have the opportunity to complete the academic, as well as the clinical portion of Unit 5 in the north.

This stream was developed to help recruit rural clinicians who practice in Northern Ontario. The benefits of this program include:

- Increasing students’ awareness and knowledge of the determinants of health unique to northern and rural communities
- Increasing awareness of First Nations health concerns and practices
- Providing students with skills required for the unique practice of rural healthcare
- Support from clinical instructors, program educators and other clinicians in the North
- Partnerships between rehabilitation professionals, McMaster, the Northern Ontario School of Medicine and the local communities

Approximately 33 students will participate in NSS during the two years of the program.
4.4 Clinical Placement Auxiliary Activities

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

- Increase the quality and efficiency of client assessment, intervention, service
- Improve communication or the translation of knowledge between client and clinician, intra- and inter-professionally, and from a systems perspective
- Decrease paperwork while maintaining standards of practice

Such projects 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 are encouraged to develop a cache of research questions and project outlines for the student. Work on auxiliary activities should take place outside of clinical hours, unless otherwise negotiated with the DCE.

4.5 Students Independent Work in Clinical Settings

Under what circumstances could a student be ‘on their own’ and available to engage in independent work?

- 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

What sorts of independent work could the student engage in?

- Work on auxiliary activities
- 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 of documentation skills
- Site visits to related facilities, clinics, clinicians
- Collaboration with physiotherapy assistants (PTAs) to master handling skills (wheelchair, seating and mobility skills, transfer skills, range of motion and strength measurement)
- Surgical observations
- Learning time with alternate therapists in the same facility
- Practice clinical interviewing skills
- Team treatment opportunities
### 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 4-5 months prior to the start of placement
- Facilities/CIs are requested to fill out a placement request form ([http://srs-mcmaster.ca/clinical-placement-form/](http://srs-mcmaster.ca/clinical-placement-form/)) including placement dates, site name, clinical instructor, placement setting, treatment population, other special instructions/requirements (clinic hours, police check, special dates). The more detailed the information, the more students will have to base their placement selection off of.

**Step 1**
- The Director of Clinical Education (DCE) follows up with the facilities, ensuring an appropriate number of offers are provided and attempts to make sure there are enough offers in each setting to meet student needs.
- Students may not make any personal arrangements with facilities, CIs or with any other Clinical Coordinators, without written permission from the DCE

**Step 2**
- As placements are confirmed an online list of available placements will be updated for students to review

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

**Step 4**
- Eligible students complete an placement request form indicating their top placement preferences, based on the listed offers.

**Step 5**
- Students are matched to a placement considering their preferences and clinical requirements

**Step 6**
- Once the matching process has been completed, students are released the placement match results
- Students are provided the opportunity to apply to switch placements with a classmate

**Step 7**
- Once all placements are finalized, sites are notified with 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.
5.2 Communication Processes

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

Pre-Clinical Placement
- Individual meeting with DCE
- E-mail with DCE
- E-mail with the Clinical Education Assistant
- On site meeting with the DCE

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

*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

Post-Clinical Placement
- Phone call, e-mail, individual meeting with DCE (or designate)

In cases where members of the Clinical Education Team will be out of the office, a designate will be appointed for students and CIs to contact in case of emergency.
The purpose of role emerging placements are to allow students experience in community settings which have the potential to 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 placements where the physiotherapist is working primarily as a consultant, educator, administrator and/or researcher. Areas of speciality 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.

If you are interested in supervising a role emerging placement, or have an idea for one, please contact the Clinical Education Team to arrange a meeting.

See the McMaster MSc(PT) Role Emerging Handbook for more information.
Students will be involved in many different supervisory relationships in the Clinical Placement setting. The following are examples of the models that students may be exposed to over the five placements.

7.1 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

7.2 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

7.3 Split Model 1:2

The assignment of one student to two CI:
- 1 student to 2 CI (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

7.4 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

7.5 Off-Site Supervision (in role emerging settings)

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 in sites where there is no PT on-site and the PT role is emerging (see chart below for strategies to address issues in role-emerging placement)

*Please note that 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.*
7.6 Clinical Practicum Strategies
Below is the information to maximize student success in clinical placements. If you have any questions or concerns about these strategies, please contact the DCE.

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<thead>
<tr>
<th>Student Concerns</th>
<th>Strategies</th>
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<td>• use of theoretical framework to guide process</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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<td>• develop clear communication system</td>
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<td>• identify and utilize other physiotherapists as resources</td>
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<td>Accountability for own actions</td>
<td>• develop organized schedule of activities</td>
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<td>• view of self as extension of Physiotherapy Clinical Instructor</td>
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<td>Uncertainty of learning experience</td>
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<td>• use year II students as resources</td>
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<td>• view of placement learning as a continuum</td>
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<td>• view of self as change agent</td>
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8.1 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).

8.2 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 at the clinical education sessions.

- **Clinical Experience Log Book**
  The purpose of this log book is to serve as a resource by which the student can document the experiences that they have during their observation period and to help them identify the "gaps" or potential learning issues that they may want to address in future clinical placements.

- **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.

8.3 Assessment Process - ACP

The Clinical Instructor(s) must recommend one of the following grades: 1) Credit 2) Credit with Exceptional Performance, 3) Credit with reservation or 4) No Credit at the end of each placement. However, it is the responsibility of the DCE to recommend a final grade to each student for each clinical placements to the Program Academic Study Committee (PASC). This recommendation will take into consideration where a student is marked on the evaluation scale on the ACP in addition to the comments written by the clinical instructor. 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 "Credit"**

   - By the end of the placement, the student demonstrates a level of competency in the skills acquired during the 6-week placement which is commensurate with the number of opportunities the student has had to practice and refine the skill. The student has also achieved the Physiotherapy Program Expectations for the relevant unit (see Physiotherapy Program Expectation Table)
   - 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.

2) **Suggested guidelines for "Credit with Exceptional Performance"**

   - By the end of the placement the student has consistently performed above the student's current level of learning in all domains on the ACP
3) Suggested guidelines for “Credit with Reservation”

- Student has demonstrated consistent improvement throughout the placement, in response to feedback. However, the student is still not meeting expectations in 1-2 areas on the ACP.
- Clinical instructor perceives that the student is safe in all patient interactions, and with more practice could improve in efficiency and effectiveness.
- There are no significant areas of concern that have been identified on the ACP.

Suggested guidelines for recommendation for no Credit: (Any one or more of these are sufficient to recommend a fail):

- The CI determines the student’s performance during the second half of the placement still presents as “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 regards 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).
- Students who receive a mark of 0 on any element OR two or more marks of 1 of their learning contract at the final evaluation.
- The observation of major safety concerns (i.e. unsafe application of modalities, improper guarding of a patient resulting in injury; repetitive failure to apply brakes to gait aid or beds during transfers).
- Unprofessional behaviour (at any level of learning) – (i.e. unreceptive to feedback from any member of clinical / placement team; inappropriate conduct with patients or other staff members).
- Absent 2 or more days from clinical placement without prior approval of the DCE and site (in respective order).

The DCE is the course coordinator for all clinical education courses spanning Units 2 through 6. Final grades are recommended by the DCE to PASC. The DCE takes into consideration the recommendation of the CI on the ACP, 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 CPI 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.

See section 7.10 on ‘students having difficulty in the clinical setting’
8.4 Canadian Physiotherapy Assessment of Clinical Performance (ACP)

The primary tool for assessment of student performance in a clinical setting in Units 2 through 6 is the Canadian Physiotherapy Assessment of Clinical Performance (ACP). The Canadian Council of Physiotherapy University Programs (CCPUP) own the ACP rights. Requests for use of the ACP outside of regular clinical education activities, in part or whole, must be directed to CCPUP.

The ACP is a central component of the assessment system and is used by most Canadian university PT programs to ensure students’ readiness for practice. It is applicable to a broad range of clinical settings and throughout the continuum of clinical learning experiences. Every performance criterion in this instrument is important to the overall assessment of clinical competence and most criteria are observable in every clinical experience. All students and clinical instructors are required to complete an online training module prior to using the ACP for the first time. Information about how to access this module will be provided to clinical instructors in the placement confirmation notification.

It is important that the 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.

The ACP is completed online and hosted through HSPnet. Students and clinical instructors will be issued a confidential login and password to access the ACP on HSPnet and required to complete a brief module on confidentiality with the first login. The ACP for each clinical placement is released in 2 stages: mid term evaluation and final evaluation. Clinical Instructors and students are responsible for ensuring that mid term evaluations are completed and submitted within 22 days of the start of placement and final evaluations are completed and submitted no later than 3 days following the last day of placement. In the event that the evaluations cannot be completed in this timeframe, students and clinical instructors are asked to contact the Physiotherapy Clinical Education Team as soon as possible so alternative arrangements can be made. Students are expected to complete a self-evaluation with the ACP at both midterm and at the end of the placement.

**Note:** once an ACP is “submitted” online, the student and /or the clinical instructor will be able to view a static copy of this document; please consider carefully the timing of “submissions”

ACPs not completed by the deadline may impact a student’s ability to progress to the next academic term. By logging in and viewing the mid term and final ACP with their CI the student is indicating not that they agree with the evaluation, but they have discussed the evaluation with their CI(s).

- The ACP should be completed and the learning contract reviewed at the mid-point (no later than 22 days after the start of placement) and end of the placement by both the student and the CI.
• It is more meaningful and provides more discriminating information about the student if comments/examples are provided.
• 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 mid-term evaluation until the end of the placement).
  o CI are required to only evaluate the performance that they observe. Please do not estimate that a student would be at entry level they have not demonstrated the ability to manage a full caseload and accompanying responsibilities.

Access to the electronic copy of the ACP on HSPnet will be provided to clinical instructors prior to the start of each placement

8.5 Learning Contracts

In addition to the ACP, learning contracts are 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 programme.

It is our belief that the use of a learning contract reinforces the students’ 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.

8.5.1 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.
8.5.2 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. CI(s) and students should consider whether the objectives are feasible within the setting and a six week time frame. 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 time frame 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 time frame?
- How will you 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 your objectives?
- Are the criteria appropriate for your level/time frame?
8.5.3 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.

8.5.4 Submission Timelines

It is expected that student 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, and 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 the Clinical Education website.

8.6 Cardiorespiratory and Neurological Hour 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).

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 / discharge = 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 by the student. The DCE will review the spreadsheet to ensure students are on track to meet graduation requirements.

8.7 Student Evaluation of Clinical Placement

For placements, feedback is given to the Clinical Placement Site and the CI via the Student Evaluation of Clinical Placement document.

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 the Clinical education website.

**8.8 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.

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

**8.9 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 CIs in the placement packages and can be found on the Clinical education website.

**8.10 Students Having Difficulty in the Clinical Setting**

In all instances where the CI feels that the student is experiencing difficulty (e.g., may be unsuccessful in passing their clinical placement), the DCE should be notified before the mid-term evaluation or sooner if possible. At mid term, if an ACP is submitted with a student being identified as being “At Risk” on any of the domains, an automatic email will also be generated to the DCE.

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 students has demonstrated repetitive 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 will result in the DCE recommending a failing grade for the placement.

In some facilities the Centre Coordinator has taken on an expanded role and 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.

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.
9.1 Clinical Placement 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 from the student.

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

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 to the Clinical Education Team within 48 hours of the absence.

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) Notify the CI/CCCE of their need to leave placement.
2) Inform the Clinical Education Team or the stated delegate via phone about the need to leave placement
3) Submit the unplanned absence form and supporting documentation to the Clinical Education Team within 24 hours of the absence

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

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. The planned absence form along with supporting documentation 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.
• 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 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 health care settings. Students are expected to demonstrate professionalism through appropriate attire and behaviour. Professional dress is expected by all students while on clinical placement. Although there is no uniform required by the program, students are obligated to observe the dress code of the physiotherapy departments and clinical facilities in which they are placed. In the event that a facility does not have a dress code students are expected to wear dress pants and a long or short sleeved collared shirts (males and females).

Jeans, torn or ripped clothing, 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 slips, 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, 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

In keeping with the McMaster University School of Graduate Studies Policy, MSc(PT) students are not eligible to complete a clinical placement at a facility where they have previously completed a 6 week 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.


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 facilities confidentiality and/or privacy policies, which may include signing a site specific confidentiality form.

9.5 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 DCE should be the first point of contact if the student, CI or site has any harassment or discrimination concerns; however if you require further support additional resources are provided below.

The Human Rights and Equity Services Office is available for consultation to students, staff and faculty:
  hres@mcmaster.ca
  905-525-9140 x27581.

9.6 FHS Professional Behavior Code of Conduct for Learners

The Faculty of Health Science Professional Behavior Code of Conduct for 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: http://fhs.mcmaster.ca/pcbe/documents/FHS_PBG_2014.pdf
10.1 McMaster Program & Non-Academic Requirements

Program and Non-Academic Requirements are mandated by the School of Rehabilitation Science and the Faculty of Health Science.

Students are required to maintain current program and non-academic requirements for the entire duration of their registration in the MSc(PT) program (i.e., in both academic and clinical terms). Failure to maintain current requirements may result in the student being withdrawn from the program and/or clinical placement.

As of July 2015 students complete the following requirements upon entry into the program:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical (Immunization Record) Certificate</strong></td>
<td>Upon entry to the program, students are required to have a completed medical certificate. If is strongly recommended that students have their annual flu shot. Some immunizations are updated at the beginning of Year 2 of the program.</td>
</tr>
<tr>
<td><strong>Vulnerable Sector Screen (VSS)</strong></td>
<td>Students are required to complete a VSS on a yearly basis.</td>
</tr>
<tr>
<td><strong>WHIMIS Training</strong></td>
<td>Upon entry to the program, all students complete a training module on Workplace Hazardous Materials Information System (WHIMIS).</td>
</tr>
<tr>
<td><strong>Infection Control Training</strong></td>
<td>Students are required to attend sessions on infection control. Students are responsible for being aware of and using infection control precautions. During clinical placement, students will follow the policies and procedures of the clinical site regarding infection control.</td>
</tr>
<tr>
<td><strong>CPR Training</strong></td>
<td>Upon entry to the program students must hold a valid CPR certification. The PT program recommends students re-certify on an annual basis, however this is not enforced. Should your site require annual renewal, please ensure the Clinical Education team is made aware with your placement request.</td>
</tr>
<tr>
<td><strong>N-95 Testing</strong></td>
<td>Students undergo N-95 Fit Testing upon entry into the program. This remains valid for 2 years from the date of issue. Some students may be required to re-certify in the second year of the program to ensure validity throughout their entire final placement.</td>
</tr>
<tr>
<td><strong>Health and Safety Training</strong></td>
<td>Upon entry to the program students complete a number of health and safety modules including: fire safety, violence and harassment in the workplace, ergonomics, code awareness and slips, trips and falls.</td>
</tr>
</tbody>
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Program and Non-Academic Requirements are currently under review by the Faculty of Health Science. These items are subject to change. CCCEs will be notified of any significant changes.

10.2 Program & Non-Academic Requirements on Placement

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

A. Health Screen Record
B. Mask Fit Testing Card
C. Vulnerable Sector Screen
D. CPR certification card

If your clinical site requires more recent renewal of requirements than is mandated by McMaster, please inform the Clinical Education Team in the initial placement offer. It is the student’s responsibility to ensure they have met the sites requirements prior to the start of placement.
10.3 Site-specific Requirements

In some instances, clinical sites require the completion of pre-placement training modules or the submission of additional paperwork PRIOR to placement starting. It is the student’s responsibility to inquire about pre-placement requirements in the introductory letter sent to the site; however, if your clinical site is aware of these additional requirements in advance, please inform the Clinical Education Team in the initial placement offer.
11.1 MSc(PT) Tool Kit

As a physiotherapist-in-training, students will be developing physiotherapy-specific knowledge, skills, and attitudes over the 25 month program. There are several essential clinical evaluation/diagnostic “tools” students are required to have and bring to clinical placement. These include:

- BP Cuff / Sphygmomanometer
- Reflex Hammer
- Tape Measure
- Goniometer (12’)
- Bandage scissors
- Stethoscope

11.2 Workplace Safety and Insurance Board (WSIB)

When performing unpaid placement work, students may be provided with limited Workplace Safety and Insurance Board coverage or private insurance coverage for personal injuries. Students who are placed at McMaster University are ineligible for WSIB coverage.

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 (ACE-INA). If an accident resulting in personal injury occurs during the placement, immediately:

- notify the Clinical Instructor
- notify the DCE
- complete an incident report and fax a copy of this to the DCE

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.

Students are provided a WSIB declaration of understanding which must be completed and submitted prior to attending each placement facility. Placement facilities are provided a Letter to Placement Employers outlining the insurance coverage procedures which must also be completed and returned to the school prior to the beginning of each student placement.

Students are provided a safety orientation checklist that is required to be completed with the CI/CCCE on the first day of placement.

The DCE must 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.

11.3 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 which covers and indemnifies all students, faculty members and employees of the University, while engaged in University authorized activities. Specifically, the policy includes "students of McMaster University Faculty of Health Sciences, with respect to all activities related to their professional training."

### 11.4 Unplanned Interruptions of Placement

Unfortunately, on occasions, 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 advanced 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 expected to attend clinical placement if their facility is open and the student is able to safely to get to and from the placement site.

In the event that the facility is closed (e.g. snow day), students should follow the unplanned absence procedures.
12.1 The Effective Use of Questioning in Clinical Teaching

The Effective Use of Questioning in Clinical Teaching

Why do we ask our students questions?
- To find out what they know
- To understand how they think
- To assess their level of performance

The Three Levels of Questions
- Informational (asks for specific pieces of information)
- Applications (asks student to apply their knowledge to a specific situation)
- Problem-solving (asks for principles and creative answers to new ideas)

What are some examples of the three types of questions?

Teachers spend most of their time asking informational questions. Why do you think this is?
- Teachers need clinical information to deal with the clinical situation
- Teachers believe that a basic level of knowledge is required in clinical situations
- Informational questions get shorter answers – time is short!
- Teachers may not possess the skills to formulate higher level questioning

What sort of pitfalls can a teacher fall into?
- Creating an unpleasant (and therefore avoided) learning environment
- Providing information and ideas too readily to the learners
- Not leaving enough “wait-time” for student response
- Attending to the talker and forgetting the silent student

Effective strategies
- Plan key questions ahead of time
- Phrase questions clearly and specifically
- Adapt questions to learner’s needs and level
- Ask questions at a variety of levels in a group
- Avoid the “guess what I’m thinking” game
- Avoid answering your own question
- Direct questions to a group of learners – don’t stop with the first response
- Use questions to evaluate the learning experience
- Allow learners to question you

Dealing with learner responses
- Positive reinforcement – nod, smile, comment
- Probing question (when initial response isn’t enough or is incorrect)
- Justification question (e.g. why?)
- Clarification question
- Extension (request elaboration)
- Redirection (ask the same question of another learner)

Allyn Walsh, Assistant Dean, Program for Faculty Development, 2004
## 12.2 Feedback Grid

<table>
<thead>
<tr>
<th>Continue...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comment on aspects of performance that were effective. Be specific and describe impact. Highlight things you would like to see be done in the future</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start, or do more....</th>
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</thead>
<tbody>
<tr>
<td>Identify behaviour the student knows how to do, and could do, or do more often</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Consider....</th>
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</thead>
<tbody>
<tr>
<td>Highlight a point of growth for the learner, a “do-able” challenge for future interactions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stop, or do less</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point out actions that were not helpful, or could be harmful. Be specific, and indicate potential impact</td>
</tr>
</tbody>
</table>
The One Minute Preceptor: Microskills of Clinical Teaching

Most clinical teaching takes place in the context of busy clinical practice where time is at a premium. The five microskills of the One Minute Preceptor teaching model enable teachers to effectively assess, instruct and provide feedback more efficiently. This model is used when the teacher knows something about a case that is being presented that the learner either needs or wants to know.

The five microskills of clinical teaching:

1. **Get a commitment:** When discussing a patient presentation or case, rather than giving the learner the answer, you might ask them questions such as:
   What do you think is going on? What other types of information do you feel are needed?

2. **Probe for supporting evidence:** Before offering the learner your opinion, ask:
   Why do you think this? What evidence supports your opinion? What else did you consider?

3. **Teach general rules:** Identify specific teaching point (gap in their knowledge) and discuss general rules that are transferable. If no gaps exist, skip this step.

4. **Reinforce what was right:** Avoid general praise. Tell them what exactly they did right and the effect that it had.

5. **Correct mistakes:** Allow the learner to self-evaluate first.
   Timing is key-try to find time soon after the mistake to discuss what was wrong and how to avoid it in the future.
   Focus on correctable behaviours.

"The One Minute Preceptor: Microskills of Clinical Teaching" was originally developed by Kay Gordon, M.A., and Barbara Meyer, M.D., M.P.H., Department of Family Medicine, University of Washington School of Medicine.

12.4 Aids for Giving and Receiving Feedback

Some of the most important data we can receive from others (or give to others) consists of feedback related to our behaviour. Such feedback can provide learning opportunities for each of us if we can use the reactions of others as a mirror for observing the consequences of our behaviour. Such personal data feedback helps to make us more aware of what we do and how we do it, thus increasing our ability to modify and change our behaviour and to become more effective in our interactions with others.

To help us develop and use the techniques of feedback for personal growth, it is necessary to understand certain characteristics of the process. The following is a brief outline of some factors which may assist us in making better use of feedback, both as the giver and the receiver of feedback. This list is only a starting point. You may wish to add further items to it.

1. **Focus feedback on behaviour rather than the person**
   It is important that we refer to what a person does rather than comment on what we imagine he is. This focus on behaviour further implies that we use adverbs (which relate to qualities) when referring to a person. Thus we might say a person "talked considerably in this meeting," rather than that person "is a loudmouth". When we talk in terms of "personality traits" it implies inherited, constant qualities difficult, if not impossible, to change. Focusing on behaviour implies that it is something related to a specific situation that might be changed. It is less threatening to a person to hear comments about his behaviour than his "traits".

2. **Focus feedback on observation rather than inferences**
   Observations refer to what we can see or hear in the behaviour of another person, while inferences refer to interpretations and conclusions which we make from what we see or hear. In a sense, inferences or conclusions about a person contaminate our observations, thus clouding the feedback for another person. When inferences or conclusions are shared and it may be valuable to have this data, it is important that they be so identified.

3. **Focus feedback on description rather than judgement**
   The effort to describe represents a process for reporting what occurred, while judgement refers to an evaluation in terms of good or bad, right or wrong, nice or not nice. The judgements arise out of a personal frame of reference or values, whereas description represents neutral (as far as possible) reporting.

4. **Focus feedback on descriptions of behaviour which are in terms of "more or less" rather than in terms of "either-or"**
   The "more or less" terminology implies a continuum on which any behaviour may fall, stressing quantity, which is objective and meaningful rather than quality, which is subjective and judgemental. Thus, participation of a person may fall on a continuum from low participation to high participation, rather than "good" or "bad" participation. Not to think in terms of "more or less" and the use of continua is to trap ourselves into thinking in categories, which may then represent serious distortions of reality.
5. Focus feedback on behaviour related to a specific situation, preferably to the "here and now" rather than to behaviour in the abstract, placing it in the "there and then"  
What you and I do is always tied in some way to time and place, and we increase our understanding of behaviour by keeping it tied to time and place. Feedback is generally more meaningful if given as soon as appropriate after the observation or reactions occur, thus keeping it concrete and relatively free of distortions that come with the lapse of time.

6. Focus feedback on the sharing of ideas and information rather than on giving advice  
By sharing ideas and information we leave the person free to decide for himself, in the light of his own goals in a particular situation at a particular time, how to use the ideas and the information. When we give advice we tell him what to do with the information, and in that sense we take away his freedom to determine for himself what is for him the most appropriate course of action.

7. Focus feedback on exploration of alternatives rather than answers or solutions  
The more we can focus on a variety of procedures and means for the attainment of a particular goal, the less likely we are to accept our particular problem. Many of us go around with a collation of answers and solutions for which there are no problems.

8. Focus feedback on the value it may have to the recipient, not on the value or "release" that it provides the person giving the feedback  
The feedback provided should serve the needs of the recipient rather than the needs of the giver. Help and feedback need to be given and heard as an offer, not an imposition.

9. Focus feedback on the amount of information that the person receiving it can use, rather than on the amount that you have which you might like to give  
To overload a person with feedback is to reduce the possibility that he may use what he receives effectively. When we give more than can be used we may be satisfying some need for ourselves rather than helping the other person.

10. Focus feedback on time and place so that personal data can be shared at appropriate times  
Because the reception and use of personal feedback involves many possible emotional reactions, it is important to be sensitive to when it is appropriate to provide feedback. Excellent feedback presented at an inappropriate time may do more harm than good.

11. Focus feedback on what is said rather than why it is said  
The aspects of feedback which relate to the what, how, when, where, of what is said are observable characteristics. The why of what is said takes us from the observable to the inferred, and brings up questions of "motive" or "intent".

It is maybe helpful to think of "why" in terms of a specifiable goal or goals which can then be considered in terms of time, place, procedures, probabilities of attainment, etc. To make assumptions about the motives of the person giving feedback may prevent us from hearing or cause us to distort what is said. In short, if I question "why" a person gives me feedback, I may not hear what he says.

In short, the giving (and receiving) of feedback requires courage, skill, understanding and respect for self and others.

George F.J. Lehner, Ph.D.  
Professor of Psychology  
University of California, Los Angeles  
1975 University Associates Publishers, Inc.
# 12.5 Weekly Planning Form

<table>
<thead>
<tr>
<th>Date: ______________________________</th>
<th>Week: _____________________________</th>
</tr>
</thead>
</table>

**Student’s Review of the Week (completed by the student):**

<table>
<thead>
<tr>
<th>Areas of Strength:</th>
<th>Areas of improvement:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CI’s Review of the Week (completed by the CI):**

<table>
<thead>
<tr>
<th>Areas of Strength:</th>
<th>Areas of improvement:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Goals for the Upcoming Week of _____________________ (completed by the student):**

<table>
<thead>
<tr>
<th>Areas of Strength:</th>
<th>Areas of improvement:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student’s**

Signature: ______________________________________

**CI’s**

Signature: ______________________________________

Adapted from the American Physical Therapy Association
12.6 Anecdotal Record

Student Name: ___________________________  Date: ___________________________

Evaluator/Observer: ___________________________

Setting (place, people involved, atmosphere, etc):

Student’s Action or Behavior:

Evaluator’s Interpretation:

Student’s Signature: ___________________________

Evaluator’s Signature: ___________________________

Student’s Comments:

### 12.7 The Critical Incident Report

*Directions:* Record each entry clearly and concisely without reflecting any biases.

**Student’s Name:**

**Evaluator/Observer:**

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
</table>

**Student’s Initials:**  
**Evaluator’s Initials:**

**Student’s Initials:**  
**Evaluator’s Initials:**

**Student’s Initials:**  
**Evaluator’s Initials:**

**Student’s Signature:**  
**Evaluator’s Signature:**

12.8 Steps to Take for Resolution of Student Concern with Clinical Instructor

- Student has a concern with the Clinical Instructor (CI)
  (eg. Feedback, teaching style...)

- Student discusses concern with CI & together develop strategies and opportunity for reassessment

  - Concern improves
    - Resolved
  - Concern does not improve
    - Student discusses with CCCE, CI, CCCE & student strategize. Inform DCE
      - Reassess
        - Improvement Noticed
          - Continue
        - No Improvement
          - Contact DCE 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
12.9 Steps to Take to Assist Student Having Difficulty in the Clinical Setting

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

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

Behavior / concern improves

Monitor progress

Behavior / concern does not improve

Discuss with CCCE, CI, DCE and student strategize.

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

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As of August 2014 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 CIs/CCCEs with the most active website links.

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 Learners  

McMaster PT Clinical Education  
www.macptclined.ca

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

Preceptor Resources  
www.preceptor.ca

Preceptor Development  
www.practiceeducation.ca

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

MTCU-WSIB Insurance Program for students participating in unpaid work placements  
http://www.workingatmcmaster.ca/ehs/wsib/