



## Clinical Instructor Manual



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

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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 when content updates are required.

<b>INTRODUCTION</b>	<b>5</b>
<b>1.0 MSC (PHYSIOTHERAPY) PROGRAM</b>	<b>6</b>
1.1 MISSION	6
1.2 VALUES	6
1.3 PROGRAM OUTCOMES	6
1.4 EDUCATIONAL PHILOSOPHY	6
<b>2.0 CURRICULUM OVERVIEW</b>	<b>9</b>
2.1 UNIT 1 - FOUNDATION OF PHYSIOTHERAPY PRACTICE/ CLINICAL PRACTICE I	9
2.2 UNIT 2 - ESSENTIALS OF PHYSIOTHERAPY PRACTICE/ CLINICAL PRACTICE II	10
2.3 UNIT 3 - OPTIMIZING PHYSICAL FUNCTION AND MOBILITY ACROSS THE LIFESPAN: MULTI-SYSTEM DYSFUNCTION	11
2.4 UNIT 4 – OPTIMIZING PHYSICAL FUNCTION AND MOBILITY ACROSS THE LIFESPAN: MULTI-SYSTEM DYSFUNCTION AND EMERGING ROLES	12
2.5 UNIT 5 – TRANSITION TO INDEPENDENT PRACTICE	13
2.6 CURRICULUM DESIGN MSc(PT) PROGRAM	14
<b>3.0 ROLES AND RESPONSIBILITIES</b>	<b>15</b>
3.1 DIRECTOR OF CLINICAL EDUCATION (DCE)	15
3.2 CENTRE COORDINATOR OF CLINICAL EDUCATION (CCCE)	15
3.3 EXPANDED ROLE – CENTRE COORDINATOR	15
3.4 CLINICAL INSTRUCTORS (CI)	15
3.5 STUDENTS	16
<b>4.0 CLINICAL EDUCATION PRACTICUM</b>	<b>17</b>
4.1 CLINICAL PRACTICUM REQUIREMENTS	17
4.2 CLINICAL PRACTICUM HOURS	18
4.3 CATCHMENT AREAS	18
4.4 CLINICAL PLACEMENT AUXILIARY ACTIVITIES	21
4.5 STUDENTS INDEPENDENT WORK IN CLINICAL SETTINGS	21
<b>5.0 CLINICAL PROCESSES</b>	<b>23</b>
5.1 IN-CATCHMENT PLACEMENT PROCESS	23
5.2 COMMUNICATION PROCESS	24
<b>6.0 ROLE EMERGING PLACEMENTS</b>	<b>25</b>
<b>7.0 MODELS OF SUPERVISION</b>	<b>25</b>
7.1 INDIVIDUAL MODEL, 1:1	25
7.2 COOPERATIVE/COLLABORATIVE MODEL, 2:1	25
7.3 SPLIT MODEL/ TEAM SUPERVISION 1:2 OR MORE CIs	25
7.4 SHARED SUPERVISION MODEL 1 CI: 2 OR MORE STUDENTS	26
7.5 OFF-SITE SUPERVISION (IN ROLE EMERGING SETTING)	26

7.6 SPLIT PLACEMENT SITES	26
7.7 CLINICAL PRACTICUM STRATEGIES	27
<b>8.0 CLINICAL EVALUATION METHODS</b>	<b>27</b>
8.1 INTRODUCTION	27
8.2 ASSESSMENT PROCESS	27
8.3 CANADIAN PHYSIOTHERAPY ASSESSMENT OF CLINICAL PERFORMANCE 2.0 (ACP 2.0)	29
8.4 LEARNING CONTRACTS	31
8.5 STUDENT EVALUATION OF CLINICAL PLACEMENT	33
8.6 EVALUATION DOCUMENT DEADLINES	34
8.7 CLINICAL PRACTICUM EXPECTATIONS	34
8.8 STUDENTS HAVING DIFFICULTY IN THE CLINICAL SETTING	34
<b>9.0 POLICIES AND PROCEDURES</b>	<b>35</b>
9.1 CLINICAL PLACEMENT ATTENDANCE POLICY	35
9.2 DRESS CODE POLICY	37
9.3 CONFLICT OF INTEREST POLICY	37
9.4 CONFIDENTIALITY	37
9.5 HARASSMENT AND DISCRIMINATION	37
9.6 FHS PROFESSIONAL BEHAVIOUR CODE OF CONDUCT FOR LEARNERS	38
9.7 EQUITY, DIVERSITY AND INCLUSION	38
<b>10.0 PROGRAM &amp; NON-ACADEMIC REQUIREMENTS</b>	<b>40</b>
10.1 McMASTER PROGRAM & NON-ACADEMIC REQUIREMENTS	40
10.2 PROGRAM & NON-ACADEMIC REQUIREMENTS ON PLACEMENT	40
10.3 SITE-SPECIFIC REQUIREMENTS	41
<b>11.0 GENERAL INFORMATION</b>	<b>41</b>
11.1 MSc(Pt) TOOL KIT	41
11.2 WORKPLACE SAFETY AND INSURANCE BOARD (WSIB)	41
11.3 ESTABLISHMENT OF PLACEMENT GUIDELINES	42
11.4 UNPLANNED INTERRUPTIONS OF PLACEMENT	42
<b>12.0 RESOURCES</b>	<b>43</b>
12.1 THE EFFECTIVE USE OF QUESTIONING IN CLINICAL TEACHING	44
12.2 FEEDBACK GRID	45
12.3 THE ONE-MINUTE CLINICAL INSTRUCTOR	46
12.4 AIDS FOR GIVING AND RECEIVING FEEDBACK	47
12.5 WEEKLY PLANNING FORM	49
12.6 ANECDOTAL RECORD	50
12.7 THE CRITICAL INCIDENT REPORT	51
12.8 STEPS TO TAKE FOR RESOLUTION OF STUDENT CONCERN WITH CLINICAL INSTRUCTOR	52
12.9 STEPS TO TAKE TO ASSIST STUDENT HAVING DIFFICULTY IN THE CLINICAL SETTING	53
12.10 CONSULTATION, RESOLUTION AND REPORTING OPTIONS FOR VIOLATIONS OF THE DISCRIMINATION AND HARASSMENT POLICY	54
<b>13.0 USEFUL WEBSITE LINKS</b>	<b>55</b>

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The MSc (PT) Program supports The Canadian Physiotherapy Association's (CPA) Position Statement on the clinical education of physiotherapy students.

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

We expect our faculty, staff, students, and clinical partners to establish learning and working environments that are free from harassment and discrimination on any basis, including but not limited to race, religion, and gender. We expect our partners to foster a culture that respects the human rights, integrity, and dignity of all community members.

The Position Statement on the Promotion of Equity, Diversity and Inclusion in the MSc(PT) Program at McMaster University can be found [here](#). Additional resources can be found on the MSc(PT) Program Clinical Education Partners website: <https://srs-pt.healthsci.mcmaster.ca/education/partners/>.

## 1.0 MSc (Physiotherapy) Program

### 1.1 Mission

To educate student physiotherapists:

Who deliver compassionate and effective physiotherapy in dynamic health environments through integration of best evidence and physiotherapy practice management principles, professional standards, and collaborative care and who demonstrate leadership by contributing to their profession, to their communities and to the physiotherapy knowledgebase.

### 1.2 Values

We Value:

- Collaboration and Teamwork
- Innovation and Creativity
- Accountability
- Honesty and Integrity
- Lifelong learning
- Citizenship

### 1.3 Program Outcomes

- Provide students with a variety of innovative learning experiences that reflect current and emerging practices in physiotherapy and education
- Provide students with an academic and clinical educational foundation that enables them to safely practice within the professional, legal and ethical framework of physiotherapy practice
- Promote the importance of professional growth and life-long learning to the continued development of self as physiotherapist
- Deliver a curriculum that is responsive to the educational needs of students and communities served by the McMaster Physiotherapy Program
- Ensure program quality through ongoing assessment of outcomes
- Educate the communities served by the McMaster Physiotherapy Program about current and emerging roles 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. A module explaining the Program Overview can be found [here](#).

#### **Position Statement on the Promotion of Equity, Diversity and Inclusion in the MSc(PT) Program at McMaster University**

The following statements are expressed to inform and guide a process of eliminating oppressive educational practices and content and maximize attention to an equitable learning experience. The MSc(PT) Program is committed to leveraging the broadest definition of inclusivity such that all individuals feel they are reflected in the content, faculty, staff, student body and environment through:

1. Encouraging self-awareness and personal growth processes, regarding values and beliefs, such that we can explore different perspectives, amplify voices of those with lived experiences of discrimination, while grounding our approaches in openness, compassion, and respect.
2. Creating and promoting spaces [within and outside the classroom] to support reflection and development of our own knowledge about local, national, and global issues through recognizing social inequity, privilege and promoting social justice.
3. Engaging in and supporting dialogue on all topics of health professional education, through active listening and respect, even when those conversations may be challenging and/or uncomfortable.
4. Establishing an environment where everyone feels they experience equitable education and opportunities to be successful.
5. Promoting a continuous process of critical reflection, learning and development for individuals and groups.
6. Facilitating processes that lead to continuous quality improvement informed by feedback from all stakeholder groups, including but not limited to the Program's admission process and curriculum renewal.

Example of a Current Strategy:

One way that all members of the McMaster Physiotherapy Community can contribute to establishing an inclusive and equitable learning environment is through the thoughtful preparation of any presentation content. To support the development of presentations which occur as part of the MSc(PT) Program, the following guidelines for staff, faculty, students and guests are recommended:

1. Always use patient first language (i.e. A person who has suffered from a stroke and not a stroke survivor).
2. Be thoughtful of all images (photos / stock art / images)
  - a. If you are not sure if an image is appropriate, default to not including an image at all.
  - b. If you are including images of individuals: ensure they are reflective of a diverse group of learners.
3. When making a presentation about a case scenario, do not make assumptions about the client(s) more than what has been provided (e.g. choose images to reflect the demographics that align with the description of the client in the case scenario).
4. Be open and receptive to discussions about presentation content – including dialogue about why an image may have elicited a specific response from others in attendance.

### *1.1.1 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 PBL.

### 1.1.2 *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.



## 2.0 Curriculum Overview

By the end of the program, students must have completed 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. A short video presentation with an overview of each clinical placement course can be found on the 'Partners' pages of the website under ['Orientation, Modules & Presentations - Clinical Practice Course Overview Presentations'](#).

### 2.1 Unit 1 - Foundation of Physiotherapy Practice/ Clinical Practice I

The purpose of Unit 1 is to introduce students to:

- The physiotherapy profession; scope of practice, professional code of ethics, and theoretical frameworks relevant to the profession
- The theory and processes of problem-based, small group learning
- Self-regulation for personal and professional development and growth
- The theory and processes of evidence-based practice
- Foundational knowledge, skills, and attitudes related to physiotherapy assessments for musculoskeletal, cardiorespiratory, and neurological conditions across the lifespan and continuum of care
- Foundational knowledge, skills, and attitudes related to intervention for musculoskeletal, cardiorespiratory, and neurological conditions across the lifespan and continuum of care

Unit 1 Academic Overview	Clinical Practice I (781)
<p>Foundations of Physiotherapy Practice introduces students to the theory and processes of problem-based, small group learning, using self-regulation and an evidence-based approach. Health care problems will include healthy aging, and health care problems related to musculoskeletal, cardiorespiratory and neurological conditions. This unit reviews and builds on fundamental pre-requisite knowledge related to anatomy, physiology, statistics, and social sciences. Theoretical frameworks relevant to the physiotherapy profession will be introduced. Students will master foundational skills related to performing physiotherapy assessments and treatments safely for musculoskeletal, cardiorespiratory, neurological and other conditions across the lifespan. Students will be exposed to the concepts of cultural sensitivity and the implications for practice, as well as personal and professional self-regulation communication, safety and risk in practice, privacy and consent, inter and intra professional collaboration and teamwork.</p>	<p>Students will begin their first 6-week clinical placement following the academic unit. Students who are not participating in the <a href="#">Northern Studies Stream</a> (NSS) will be located within the <a href="#">McMaster catchment area</a>. Placements will occur at a variety of different clinical facilities and settings. The objective of this course is to provide students with the opportunity to apply the knowledge and skills they have gained in the academic setting in a clinical setting. Students are supervised by regulated health care professionals (clinical instructors) who share their professional and clinical expertise with the students to prepare the students for physiotherapy practice. There are no specific texts associated with this course. In place of texts, students may be provided with/or may access readings from various resources including, but not limited to, research literature, various texts, information from professional associations, faculty.</p>

## 2.2 Unit 2 - Essentials of Physiotherapy Practice/ Clinical Practice II

The purpose of unit 2 is for students to expand their knowledge as it relates to:

- Describing and enacting the essential competencies of a physiotherapist
- The theory and processes of problem-based, small group learning
- Self-regulation for personal and professional development and growth
- The theory and processes of evidence-based practice
- The application of foundational knowledge, skills, and attitudes related to physiotherapy assessments for more complex clinical presentations of musculoskeletal, cardiorespiratory, and neurological conditions across the lifespan and continuum of care
- Foundational knowledge, skills, and attitudes related to intervention for more complex clinical presentations of musculoskeletal, cardiorespiratory, and neurological conditions across the lifespan and continuum of care

Unit 2 Academic Overview	Clinical Practice II (782)
<p>Students begin to explore complexities of physiotherapy practice. This unit builds on the foundations provided in earlier courses through application of knowledge and skills into different contexts and situations. Healthcare problems will present with increasing complexity and will be used to develop knowledge and skills in managing individuals with different health conditions, considering co-morbidities. Students will recognize typical and atypical development and changes across the lifespan and the role of the physiotherapist in managing changes in physical and cognitive function and psychosocial issues. They will continue to explore issues around cultural sensitivity and diversity. Students will apply theoretical frameworks into knowledge and skills. Students will begin to develop proficiency in conducting comprehensive physiotherapy assessments and in creating preventative, restorative and compensatory management plans that incorporate domains of the individual, task, and environment. Students will further develop their understanding of research methodology including study design, sampling, risk of bias, and statistical analysis. In unit 2, students will also explore issues related to several areas of professional practice including ethical decision-making, client advocacy, working with support personnel, therapeutic relationships and professional boundaries, and electronic record keeping.</p>	<p>Students will begin their 7-week clinical placement following the second academic unit. Students who are not participating in the <a href="#">Northern Studies Stream</a> (NSS) will be located within the <a href="#">McMaster catchment area</a> or may request an <a href="#">out of catchment</a> placement. Starting in Clinical Practice II, if offered, students may participate in <a href="#">role emerging placements</a>.</p> <p>Placements will occur at a variety of different clinical facilities and settings. The objective of this course is to provide students with the opportunity to apply the knowledge and skills they have gained in the academic setting in a clinical setting. Students are supervised by regulated health care professionals (clinical instructors) who share their professional and clinical expertise with the students to prepare the students for physiotherapy practice. There are no specific texts associated with the course. In place of texts students may be provided with and/or may access readings from various resources including, but not limited to, research literature, various texts, information from professional associations or the facility.</p>

## 2.3 Unit 3 - Optimizing Physical Function and Mobility Across the Lifespan: Multi-system Dysfunction

The purpose of unit 3 is for students to expand their knowledge as it relates to:

- A physiotherapist’s role as an advocate for patients, communities, and the physiotherapy profession
- Effective interpersonal communication strategies when collaborating with patients, fellow physiotherapists, and other professionals
- Effective knowledge translation strategies using a variety of communication media
- The application of the three pillars of evidence-based practice (i.e. clinical expertise, the best available evidence, and patient preference) in the context of more complex clinical presentations
- Consistent, independent self-regulation for ongoing personal and professional development and growth.
- The application of evolving knowledge, skills, and attitudes related to physiotherapy assessments for persons with complex comorbidities across the lifespan and continuum of care
- The application of evolving knowledge, skills, and attitudes related to intervention for persons with complex co-morbidities across the lifespan and continuum of care

Unit 3 Academic Overview	Clinical Practice III (783)
<p>Building on unit 1 and unit 2 concepts, unit 3 introduces students to the complexity of evaluating and treating individuals with multi-system dysfunction. The unit focuses on a set of acute and chronic conditions that affect multiple bodily systems, resulting in primary, secondary and composite impairments, activity limitations, and participation restrictions. Students will become proficient in demonstrating the necessary skills and knowledge to develop comprehensive assessment protocols for individuals with multi-system dysfunction and using assessment findings to inform the development of a management plan consisting of preventative, restorative and compensatory interventions. Health care problems will cover individuals with concussion, osteoporosis, cancer, whiplash associated disorder, multiple sclerosis, and Guillain-Barre syndrome. Students will expand upon previous knowledge related to the roles and responsibilities of a physiotherapist and the contexts in which a physiotherapist can practice. This includes developing knowledge regarding self-regulation, models of care, public and population health, managing conflict, managing a practice, advocacy, and leadership. Students will also expand their knowledge related to research methodology with a particular focus on systematic reviews.</p>	<p>Students will begin their 7-week clinical placement following the third academic unit. Students who are not participating in the <a href="#">Northern Studies Stream</a> (NSS) will be located within the <a href="#">McMaster catchment area</a> or may request an <a href="#">out of catchment</a> placement. Students may only complete one <a href="#">out of catchment</a> placement through the program. If a student has completed an out of catchment placement in a previous unit, they are not eligible to apply for an additional request. If offered, students may also participate in <a href="#">role emerging</a> placements. Placements will occur at a variety of different clinical facilities and settings. The objective of this course is to provide students with the opportunity to apply the knowledge and skills they have gained in the academic setting in a clinical setting. Students are supervised by regulated health care professionals (clinical instructors) who share their professional and clinical expertise with the students to prepare the students for physiotherapy practice. There are no specific texts associated with the course. In place of texts students may be provided with and/or may access readings from various resources including, but not limited to, research literature, various texts, information from professional associations or the facility.</p>

## 2.4 Unit 4 – Optimizing Physical Function and Mobility Across the Lifespan: Multi-system Dysfunction and Emerging Roles

The purpose of unit 4 is for students to expand their knowledge as it relates to:

- A physiotherapist’s role as an advocate for patients who are undergoing care transitions (e.g. from pediatric to adult care streams)
- The use of self-reflection along with the identification and use of appropriate external resources to ensure:
  - effective interpersonal conflict resolution and;
  - appropriate decision making in challenging ethical situations
- The use of technology to reduce barriers to accessing physiotherapy care
- The application of the three pillars of evidence-based practice (i.e. clinical expertise, the best available evidence, and patient preference) in the context of supporting people with multi-morbidity affecting multiple bodily systems
- A physiotherapist’s role in ensuring continuous quality improvement of the programs and services in which he/she is involved
- A physiotherapist’s role as a knowledge exchange broker throughout collaboration with patients and other healthcare providers
- The application of evolving knowledge, skills, and attitudes related to physiotherapy assessments for persons with complex clinical presentations affecting multiple bodily systems across the lifespan and continuum of care
- The application of evolving knowledge, skills, and attitudes related to intervention for persons with complex presentations affecting multiple bodily systems across the lifespan and continuum of care

Unit 4 Academic Overview	Clinical Practice IV (784)
<p>Unit 4 builds on concepts introduced in unit 3, related to the complexity of evaluating and treating individuals with multi-morbidity causing multi-system dysfunctions; the focus is on the role of physiotherapists in managing clients with multi-morbidity, as well as their role in inter-disciplinary and emerging environments and in population health. Students will become proficient at development management plans for individuals and groups, with a particular focus on interdisciplinary collaboration and empowering people to develop self-management strategies for their acute and chronic conditions. Health care problems will include individuals with carpal tunnel syndrome, rheumatoid arthritis, traumatic amputation, fibromyalgia, complex regional pain syndrome, cystic fibrosis, asthma, Alzheimer's disease, Parkinson disease, amyotrophic lateral sclerosis, chronic obstructive pulmonary disease, congestive heart failure, temporo-mandibular joint disorder, and thoracic pain and dysfunction. Students will further expand upon knowledge related to the roles and responsibilities of physiotherapists as it related to methods for continuous program and service quality improvement, entrepreneurship, practice management, ethical decision making, conflict resolution, supporting people through care transitions, and the use of technology to increase access to physiotherapy services. Students will continue to develop research knowledge study design, critical appraisal of research literature and outcome measurement;</p>	<p>Students begin their 8-week clinical placement following the fourth academic unit. Students who are not participating in the <a href="#">Northern Studies Stream (NSS)</a> will be located within the <a href="#">McMaster catchment area</a> or may request an <a href="#">out of catchment</a> placement. Students may only complete one <a href="#">out of catchment</a> placement through the program. If a student has completed an out of catchment placement in a previous unit, they are not eligible to apply for an additional request. If offered, students may also participate in <a href="#">role emerging</a> placements. The objective of this course is to provide students with the opportunity to apply the knowledge and skills they have gained in the academic setting in a clinical setting. Students are supervised by regulated health care professionals (clinical instructors) who share their professional and clinical expertise with the students to prepare the students for physiotherapy practice. There are no specific texts associated with the course. In place of texts students may be provided with and/or may access readings from various resources including, but not</p>

Unit 4 Academic Overview ctn'd	Clinical Practice IV (784) ctn'd
<p>This knowledge will culminate in the initial stages of the developing of a systematic or scoping review. Students will be required to complete one elective course, selected from a list of specific courses, in unit 4 or 5, to enhance preparation for professional practice.</p>	<p>limited to, research literature, various texts, information from professional associations or the facility.</p>

## 2.5 Unit 5 – Transition to Independent Practice

The purpose of unit 5 is for students to expand their knowledge/abilities as it relates to:

- Transitioning from the role of a physiotherapy student to that of an established, independent physiotherapist
- Practicing as an altruistic, socially responsible healthcare provider
- The use of peer mentorship to facilitate ongoing professional and personal growth
- The consistent, judicious application of the three pillars of evidence-based practice (i.e. clinical expertise, the best available evidence, and patient preference) in any healthcare context while supporting people with any health condition(s) amenable to physiotherapy intervention
- Developing a quality scientific manuscript in collaboration with peers and a supervisor
- The application of entry-to-practice level knowledge, skills, and attitudes related to physiotherapy assessments for persons with complex clinical presentations affecting multiple bodily systems in complex contexts across the lifespan and continuum of care
- The application of entry-to-practice level knowledge, skills, and attitudes related to intervention for persons with complex presentations affecting multiple bodily systems in complex contexts across the lifespan and continuum of care

Unit 5 Academic Overview	Clinical Practice
<p>Unit 5 is the last unit of study for students in the MSc(PT) Program at McMaster. The unit supports students in their preparation to transition from a health professional student to a self-regulated, independent practitioner. In this unit, students will integrate learning from across the previous four units for various settings (i.e., acute, rehabilitation, community) and body systems (i.e. musculoskeletal, cardiorespiratory, neurological). Students who did not participate in their elective course in unit 4 will complete their elective in unit 5. Health care problems will include individuals with burns, traumatic brain injuries, stroke, pregnancy related pelvic girdle pain, mental health conditions, no established diagnosis and chronic radicular pain. By the end of this unit, students will be proficient in performing comprehensive, entry-level physiotherapy assessments and developing management plans for individuals across the lifespan and along the continuum of care. At the conclusion of this unit, students will submit and present a group research project which acts to integrate the skills and knowledge related to research methods over the duration of their studies in the MSc(PT) Program. Students will prepare for transition to independent practice by developing a proposal for a new physiotherapy role, business or program, and further exploring the concepts of professional self- regulation, challenging communication, and ethical practice.</p>	<p>Students will be provided with in-class informational sessions to help prepare for entry to practice.</p>



## 3.0 Roles and Responsibilities

### 3.1 Director of Clinical Education (DCE)

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

#### Responsibilities:

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

### 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.

NOTE: not all facilities have a dedicated CCCE

#### Responsibilities:

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

### 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 clinical instructors and facilitate a mutually acceptable solution;
- Facilitate development of clinical instructor's role, e.g. reference material or in-service education; and
- Assist and/or participate in evaluation process.

### 3.4 Clinical Instructors (CI)

#### Responsibilities:

- Orient the student to their environment and the roles and responsibilities that physiotherapists assume within

the environment;

- At the beginning of placement, the CI is to meet with the student to develop and review a learning plan, as well as to discuss any other relevant information for how the placement will proceed;
- Demonstrate specific administrative, professional, and clinical skills negotiated with the student;
- Assume responsibility for the actions of the student while on placement. A student is practicing under the license of the CI while on placement;
- Provide direction to the student regarding a clinical placement project that is relevant to the setting. This can include but is not limited to literature/evidence reviews, educational presentations/ in-services, development of patient educational materials.
- Make arrangements for the student to be supervised and supported by another licensed practitioner who accepts responsibility for the student, in the event that a CI is unreachable;
- Provide informal feedback to students on a regular basis during clinical placement.
- Provide formal feedback/evaluation to the student in writing and online during midterm and final evaluations;
- Provide ongoing feedback to the student and the DCE on the student's attainment of clinical objectives as negotiated;
- In the event that a student is experiencing difficulty in a clinical setting, contact the DCE as soon as possible;
- Abide by McMaster University policies, procedure and guidelines; and
- Abide by the McMaster University Conflict of Interest Guidelines (see [Section 9.3](#)).

### 3.5 Students

#### Responsibilities:

- Have a working knowledge of McMaster University, Faculty of Health Science and PT Program policies, procedures, and guidelines in general, and as related to clinical education;
- Have a working knowledge of the College of Physiotherapists of Ontario (CPO) standards (or standards of any regulatory body where a student is completing a placement – i.e. international, out of province);
- Assume responsibility for practicing under the license of the CI while on placement;
- Possess a working knowledge of unit objectives and utilize the information to maximize clinical learning and to develop a learning contract for each clinical education course;
- Identify own areas of strength and areas for improvement to the CI to enhance quality of patient care;
- Provide written/online evaluation of the CI and facility at midterm and final evaluation;
- Abide by the facility's policies and procedures;
- Abide by the PT Program guidelines related to clinical education, and PT program policies, procedures, and guidelines;
- Abide by the School of Graduate Studies, Faculty of Health Science and McMaster University policies, procedures and guidelines;
- Abide by the College of Physiotherapists of Ontario and the Canadian Physiotherapy Association codes of ethics;
- Communicate any concerns regarding the placements (e.g., related to performance, concerns with the clinical instructor, concerns with the clinical site) **immediately** to the DCE;
- Communicate any concerns regarding the placements (e.g., related to performance, concerns with the clinical site) **immediately** to the CI and the DCE;
- Complete an online self-evaluation using the forms provided at both midterm and final evaluation;
- Ensure all paperwork is returned to the School **within one week of completion (with the exception of the learning contract due within 24 hours of completion)** of each placement; and
- Ensure that all non-academic requirements remain up-to-date throughout the entire duration of the Program.



## 4.0 Clinical Education Practicum

The MSc(PT) Program supports The Canadian Physiotherapy Association's Position Statement on the clinical education of physiotherapy students. The full document can be accessed at: [https://physiotherapy.ca/app/uploads/2022/08/clinical-education-of-physiotherapy-students\\_en.pdf](https://physiotherapy.ca/app/uploads/2022/08/clinical-education-of-physiotherapy-students_en.pdf)

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 28 weeks (1 six-week, 2 seven-week, and 1 eight-week placement) 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 December 2019, the classification of clinical placements at McMaster was changed to align with description in the [National Physiotherapy Entry -to-Practice Curriculum Guidelines](#). To be eligible for graduation and to write the national credentialing exam, all students must have experiences in the following placement settings:

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

#### Setting Definitions:

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

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

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

1. A minimum of 1025 hours in clinical practice placements.
  - A minimum of 820 hours must be in settings that provide direct, clinical patient care.
  - Students may complete one placement (or components of more than one placement) in a setting that does not involve direct clinical care for patients (examples: Physiotherapy Association, Lung Association, Sports Science Council, Research Lab) if the student has (or will have, by graduation) successfully completed the required mix of clinical experience (i.e., hours, areas of practice and practice settings).

2. The majority of clinical education hours are supervised and evaluated by a qualified physiotherapist.
  - While the majority of clinical education hours are supervised by qualified physiotherapists, students may at times be supervised by other qualified professionals (subject to provincial/territorial regulatory bodies).
  
3. 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 Director of Clinical Education, 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 practice to meet MSc(PT) graduation requirements (<https://peac-aepec.ca/pdfs/Resources/Competency%20Profiles/CCPUP%20Curriculum%20Guidelines%202019.pdf>).

Students can expect to spend a minimum of 37.5 hours on placement per week. However, it is an expectation that students attend placement during the hours the clinical instructor (CI) has outlined for the student, which may be more than the 37.5 hour minimum. If the placement hours are less than 37.5 hours per week, the CI will work with the DCE to develop a plan to supplement the placement hours so the total minimum hours can be met for the placement period. During clinical practice, 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. Lunches and break times are to be included in the total hours each week for tracking purposes.

## **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. In addition, Northern Ontario is divided into 2 parts: Northeast and Northwest.

#### 4.3.1 McMaster Catchment



#### 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. This list is updated on a biannual basis and is provided as a resource for students to help familiarize themselves with possible 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 (<https://srs-pt.healthsci.mcmaster.ca/wp-content/uploads/2022/08/clinical-facility-recommendation-form.pdf>).

### 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 University 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 Clinical Practice I-IV.

This stream was developed to help recruit rural clinicians to 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 University and local communities

Approximately 30 students will participate in NSS during the two years of the program. For interested and eligible learners, there are also opportunities to apply into the Indigenous and Francophone learner pathway.

#### **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. Students are expected to complete a project while on completing their clinical placement. This project can include a range of learning activities.

Activities that should be considered with students are those which:

- Increase the quality and efficiency of client assessment, intervention, and 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
- Preparation of summaries and critical appraisals of evidence and literature related to practice area topics
- Completion of individual learning objectives related to administration activities (e.g., billing practices) and entrepreneurship that could be pursued with individuals other than the CI
- Development of contact and resource lists relevant to client populations
- Research
- Marketing of innovations through development or revision of brochures

Clinical Instructors are encouraged to develop a cache of research questions and project outlines for the student.

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

If a student is required to complete additional unplanned project work (e.g., due to unforeseen circumstances that may limit a student's ability to engage in direct placement activities), outside of this requirement, and as a part of their clinical education experiences, students are required to submit their project work to the Clinical Education Team. Students are only required to submit their work if time spent on the project exceeds 37.5 hours. All project work is evaluated by the Clinical Instructor. The Program will only collect this work, under the circumstances above, so that it is maintained within the student's clinical education file. Students who are matched to planned part-time administrative/research/role emerging placements are not required to submit work, unless directed to do so by 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 clinical instructor (CI) works part-time or has non-workdays
- 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 can a student engage in?

- Planning and preparation for the 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
- Shadowing other clinicians at other facilities
  - Student`s/CIs must inform the DCE and Clinical Education Assistant if the student will be travelling off site and/or working atypical hours. In instances where a site agreement is not already established with the potential site of travel, and the travel is an elective opportunity (i.e., not a mandatory component of the placement), the student and the CI must complete and submit a Field Trip Form to the Clinical Education Team in advance of the scheduled travel
- Observations of surgery or other procedures
- Shadowing/collaborating with other health care providers in the same facility
- Team treatment opportunities
- Placement related project work as directed by the CI
  - This can include but is not limited to: development of patient education material, literature review, critical appraisal of assessment or intervention, etc.

## 5.0 Clinical Processes

### 5.1 In-Catchment Placement Process

For clinical practice Placements I - IV the process for matching a student to a placement in catchment is as follows:



## 5.2 Communication Process

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 the Director of Clinical Education (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

Note: At any point during placement (regardless of if the placement is in catchment, out of catchment, in Northern Studies Stream 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 clinical instructors to contact in case of emergency.



## 6.0 Role Emerging Placements

The purpose of role emerging placements is 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 role 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 CP II, based on available placement offers, students will have the opportunity to complete a role emerging placement. Role emerging placements are typically not offered in CP I.

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 and associated resources for more information.

## 7.0 Models of Supervision

Students will be involved in many different supervisory relationships in the clinical placement setting. The following are examples of the models that students may be exposed to over the four placement periods:

### 7.1 Individual Model, 1:1

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

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

### 7.2 Cooperative/Collaborative Model, 2:1

The assignment of two students to one Clinical Instructor (CI):

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

### 7.3 Split Model/ Team Supervision 1:2 or More CIs

The assignment of one student to two or more CIs:

- One student to 2 or more CIs who may or may not be in the same clinical location or work within the same institution
- Many part-time PTs prefer this model
- Students are required to contact both CIs prior to starting placement with their Introductory Letter
- Students must also complete a separate evaluation of clinical placement form for each CI that is assigned to their placement regardless of if they are from the same clinical site or not. If they are from the same clinical the student evaluation will be set up such that there will be an opportunity to evaluate each CI independently; and
- In this model, the student will divide the number of learning objectives on their Learning Contract

between the two CIs (i.e., if with one CI for 3 days per week, 3 learning objectives will be specific to that CI and 2 for the other CI). In this model, the student must meet placement expectations in both clinical settings/locations.

#### **7.4 Shared Supervision Model 1 CI: 2 or More Students**

The assignment of a group of students to one group clinical instructor (CI):

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

#### **7.5 Off-Site Supervision (in Role Emerging setting)**

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

- The onus on the student(s) to be self-directed, organized and to manage learning opportunities and evaluation
- Usually occurs at sites where the PT role is emerging
- Will often include some student independent work (see Section 4.5)

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 Centre Coordinator of Clinical Education, or the Director of Clinical Education.

#### **7.6 Split Placement Sites**

In some instances, a student's placement may be split between multiple facilities and Clinical Instructors. Students assigned to multiple placement sites will receive separate evaluations from both sites (i.e. ACP 2.0 at mid-term and final evaluations). Both evaluations will be considered to determine the student's overall success in the placement (i.e., no concerns identified at either site) on any of the evaluation tools.

To facilitate the volume of paperwork associated with split sites, the student completes the following:

- One (1) self ACP 2.0 evaluation at mid-term and final that is used and completed for each site
  - Separate notes can be used on the same document to denote differences for each site
- One (1) Learning Contract used for both sites:
  - The total number of goals does not change – however, the number of goals per site will reflect the time at each site. For example, if a student is at one site (site A) 2 days per week, and another site (Site B) 3 days per week, the Learning Contract will have 2 learning goals for Site A and 3 learning goals for Site B
- One (1) combined tracking form that reflects the cardiorespiratory and neurological hours from both clinical placement sites
- A separate student evaluation of clinical placement at mid-term and final for each clinical location
- A separate clinical experience summary form for each location
- A separate survey submission on Avenue to Learn by the end of week 1 of placement to confirm placement days and times for each setting.

## 7.7 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 Director of Clinical Education.

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

## 8.0 Clinical Evaluation Methods

### 8.1 Introduction

In CP I - IV, the Canadian Physiotherapy Assessment of Clinical Performance 2.0 (ACP 2.0) and the Learning Contract are used to evaluate student performance. Clinical placements in CP I - CP IV are academic courses. The evaluation documents are considered part of the student’s official academic records.

### 8.2 Assessment Process

In Clinical Practice I-IV courses, the Clinical Instructor (CI) will assess the student’s performance on placement with the Canadian Physiotherapy Assessment of Clinical Performance 2.0 (ACP 2.0). The CI(s) will make a recommendation of one of the following grades at midterm and at the final evaluation:

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

However, it is the Director of Clinical Education (DCE), as Course Coordinator, who recommends a final grade (PASS/FAIL) for each student for each clinical placement for the Program Academic Study Committee’s (PASC) consideration, and the PASC assigns the final grade (CREDIT/NO CREDIT) for each student.

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

- By the end of the placement, the student demonstrates a level of competency in the skills acquired during the placement that is commensurate with the number of opportunities the student has had to practice and refine the skill
- There is evidence that the student can modify their behaviour based on feedback and incorporates previous learning into new situations
- There are no “significant concerns” regarding any of the applicable criteria in the ACP 2.0;
- The student successfully completed (2/2) on all of their learning objectives as outlined in the individual Learning Contract
- The student has successfully achieved the benchmarks identified for the specific placement by the end of the placement period on each ACP 2.0 domain
- For Credit with Exceptional Performance, the student has met all the above criteria, and has demonstrated knowledge and skills above the expected level of a student in his or her current unit on a consistent basis

2) Suggested guidelines for recommendation of Credit with Reservation:

- By the end of placement, the student may have achieved minimum expectations in the majority of domains, however, there are still some domains where the student is unable to demonstrate minimum requirements
- The student’s performance has been inconsistent throughout the placement
- The student has not had a major safety concern; however, the clinical instructor may not feel comfortable allowing the student to work independently for the majority of the time (please see clinical expectations table for expected level of supervision during each placement period)
- The student has not responded to feedback provided over the placement in terms of meeting expectations for progression towards the expected benchmark
- If there are major safety concerns and/or major breaches in the Professional Code of Conduct (<https://secretariat.mcmaster.ca/app/uploads/Professional-Behaviour-Code-for-Graduate-Learners-Health-Sciences-2014.pdf>) the CI should recommend a grade of NO CREDIT (credit with reservation is not appropriate in this instance)

In the event that a CI believes they will recommend a grade of Credit with Reservation at midterm or final, **the CI must contact the DCE as soon as possible**. Students must contact the DCE as soon as they are informed of a grade of Credit with Reservation at midterm or final evaluation to discuss the evaluation.

3) Suggested guidelines for recommendation of No Credit:

*(Any one or more of these are sufficient to recommend a Fail. This list is not comprehensive):*

- The CI determines the student’s performance during the second half of the placement presents with “significant concerns” in one or more criteria on the ACP 2.0
- Given the opportunity, the student is unable to demonstrate sufficient improvement after having received constructive feedback and several opportunities for practice
- The student is not demonstrating a response to feedback related to performance of skills and/or knowledge and/or professional behaviour (a judgement about this includes consideration of the student’s academic level, the level and type of previous clinical placements and the learning opportunities provided during the current placement)
- The student is below expectations on any domain due to concerns of safety
- Student receives a mark of less than 7/10 on their Learning Contract at the final evaluation because of lacking clinical skills or knowledge
- The observation of safety concerns e.g., unsafe application of modalities; improper guarding of a patient resulting in injury; repeated failure to apply brakes to gait aid or beds during transfers, etc.
- Unprofessional behaviour (at any level of learning) – e.g., unreceptive to feedback from any member of clinical /placement team; inappropriate conduct with patients or other staff members; frequently late for clinical placement, etc.

- The student is absent from clinical placement without approval of the DCE and site (in respective order). See [Section 9.1](#) for Absence Policies.

In the event that a CI recommends a grade of No Credit at midterm or final, **the CI must contact the DCE as soon as possible**. Students must contact the DCE as soon as they are informed of either a grade of fail at midterm or final evaluation to discuss the evaluation. See [Section 8.8](#).

### 8.3 Canadian Physiotherapy Assessment of Clinical Performance 2.0 (ACP 2.0)

Information and additional resources on the ACP 2.0 can be accessed through the 'Partners' page of the MSc(PT) website under '[Handbooks > Evaluations > Evaluation Guides](#)'.

**1.0 EXPERT – Focus on Assessment**  
As experts in function and mobility, physiotherapists integrate all of the Physiotherapist Roles to lead in the promotion, improvement, and maintenance of the mobility, health, and well-being of Canadians.

1.1 Consults with the client to obtain information about his/her health, associated history, previous health interventions, and associated outcomes.

1.1.1 Collects and reviews background information relevant to the client's health.  
1.1.2 Determines the client's expectations related to physiotherapy services.  
1.1.3 Collects and reviews health information about the client from other sources (e.g., other sources may include previous health records, other health care practitioners, professional colleagues, or family).  
1.1.4 Collects and reviews information related to the client's prior functional abilities, physical performance, and participation.  
1.1.5 Identifies the client's personal and environmental factors affecting his/her functional abilities, physical performance, and participation.

	Beginner	Advanced Beginner	Inter-mediate	Advanced Inter-mediate	Entry Level	With Distinction
Midterm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Final	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.2 Collects assessment data relevant to the client's needs and physiotherapy practice.

1.2.1 Selects quantitative and qualitative methods and measures based on evidence-informed practice.  
1.2.2 Informs the client of the nature and purpose of assessment as well as any associated significant risk.  
1.2.3 Safely performs a physiotherapy assessment, taking into account client consent, known indications, guidelines, limitations and risk-benefit considerations.  
1.2.4 Monitors the client's health status for significant changes during the course of assessment and takes appropriate actions as required.

	Beginner	Advanced Beginner	Inter-mediate	Advanced Inter-mediate	Entry Level	With Distinction
Midterm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Final	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Midterm Comments:

Final Comments:

Please check if you have significant concerns with the student's performance on these items.  Midterm  Final

The primary tool for assessment of student performance in a clinical setting in clinical practice (CP) I - CP IV is the Canadian Physiotherapy Assessment of Clinical Performance 2.0 (ACP 2.0). The Canadian Council of Physiotherapy University Programs (CCPUP) own the ACP 2.0 rights. Requests for use of the ACP 2.0 outside of regular clinical education activities, in part or whole, must be directed to CCPUP.

The ACP 2.0 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 2.0 for the first time. Information about how to access this module will be provided to Clinical Instructors in the placement confirmation notification.

#### **ACP 2.0**

The ACP 2.0 is a Canadian designed clinical evaluation tool. This evaluation is based on the 2017 Canadian Competency Profile for Physiotherapists (ECP), and the rating scale has been modified from the Revised original ACP. Clinical instructors and students will be required to complete an online training module prior to completing the assessment for the first time. The ACP 2.0 is a copyrighted instrument.

ACP 2.0s submitted after the assigned deadline may impact a student's ability to progress to the next academic

term. In addition, students are expected to perform or complete a self-evaluation at both midterm and at the end of the placement. By submitting the evaluation electronically, at midterm and at final evaluations, the **student is not indicating that they agree with the evaluation, but rather that they have discussed the evaluation with their CI(s).**

The ACP 2.0 is completed online and hosted through HSPnet. Students and Clinical Instructors will be issued a confidential login and password to access the ACP 2.0 on HSPnet and are required to complete a brief module on confidentiality with the first login. The ACP 2.0 for each clinical placement is released in 2 stages: midterm evaluation and final evaluation. **Clinical Instructors and students are responsible for ensuring that midterm evaluations are completed and submitted within the specified timeframe determined by 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 2.0 at both midterm and at the end of the placement.

***Note:*** once an ACP 2.0 is “submitted” online, the student and the Clinical Instructor will be able to view a static copy of this document; please consider carefully the timing of “submissions”.

ACP 2.0s that are not completed by the deadline may impact a student’s ability to progress to the next academic term. By logging in and viewing the midterm and final ACP 2.0 with their Clinical Instructor (CI), the student is indicating not that they agree with the evaluation, but they have discussed the evaluation with their CI(s).

- The ACP 2.0 should be completed, and the Learning Contract reviewed, at the mid-point and end of the placement by both the student and the CI
- It is more meaningful and provides more discriminating information about the student if comments/examples are provided
- Scores assigned on the ACP 2.0 should reflect a typical performance or that performance which most closely describes a student’s behaviour over the period evaluated (e.g., the midterm mark reflects performance from the beginning to the mid-point of the placement and the final mark reflects performance from the midterm evaluation until the end of the placement)
  - 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 2.0 on HSPnet will be provided to Clinical Instructors prior to the start of each placement.

### **ACP 2.0**

A student will be formally presented to the PASC for a final grade assignment if they have one OR more of the following on the ACP 2.0 (there are a total of 18 rating scales on the ACP 2.0)

- 3 or more rating scales that have been evaluated below the expected benchmarks in the final ACP 2.0  
**OR**
- 2 or more rating scales that have been evaluated at greater than one level below the expected benchmark in the final ACP 2.0  
**OR**
- Have received an overall recommendation of Credit with Reservation or No Credit in the final ACP 2.0  
**OR**
- The comments in the Final ACP 2.0 have highlighted an area of concern  
**OR**
- As otherwise identified in the Program and Clinical Education handbook or Graduate Calendar (i.e withdrawal of a placement)


To assist in understanding the expectations by unit, the following documents are available on A2L and shared with the CIs in advance of the placement starting:

- A summary of benchmarks by unit (ACP 2.0 Quick Reference Guide: Clinical Placement Expectations)
- Both a general table and a comprehensive table outlining how each domain changes by unit (ACP 2.0 General Reference Guide: Clinical Placement Expectations and ACP 2.0 Comprehensive Reference Guide: Clinical Placement Expectations)

To assist CIs and students with evaluating performance in role emerging/administrative placements using the ACP 2.0, a separate table has been created (ACP 2.0 Administrative/ Project Reference Guide: Clinical Placement Expectations).

Students who have rating scales on the final ACP2.0 that do not meet the expected benchmarks, but do not meet the criteria as stated above to formally present to PASC, will be brought forth to PASC at an awareness level for tracking across the Program and advised of the occurrence(s) by the course coordinator.

## 8.4 Learning Contracts

 <b>Unit _____ Learning Contract for _____</b> Placement Facility: _____ Preceptor: _____						
OBJECTIVES	LEARNING RESOURCES TECHNIQUES AND TOOLS	EVALUATION METHODOLOGY	CRITERIA FOR EVALUATION	MIDTERM MARK	FINAL MARK	FINAL COMMENTS
What do I want to learn?	How will I go about learning it?	A: What evaluation will be used? B: Who will confirm the objective is complete?	What are the characteristics of my performance which will tell us that the objectives have been met?	2 All criteria have been met successfully. 1 Minor elements have not been demonstrated. 0 Major elements were not demonstrated.		
1. _____	• _____	• _____	• _____	_____	_____	_____
2. _____	• _____	• _____	• _____	_____	_____	_____
3. _____	• _____	• _____	• _____	_____	_____	_____
4. _____	• _____	• _____	• _____	_____	_____	_____
5. _____	• _____	• _____	• _____	_____	_____	_____

Student Signature (midterm): \_\_\_\_\_ Student Signature (final): \_\_\_\_\_  
 Preceptor Signature (midterm): \_\_\_\_\_ Preceptor Signature (final): \_\_\_\_\_  
 Date (midterm): \_\_\_\_\_ Date (final): \_\_\_\_\_

In addition to the Canadian Physiotherapy Assessment of Clinical Performance 2.0 (ACP 2.0) a Learning Contract is used for placements during the clinical practice I-IV courses to maximize the opportunities for student learning within the placement setting.

A Learning Contract is an agreement between a student and a Clinical Instructor 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 MSc(PT) Program to reinforce our philosophy of self-directed learning. Students complete components of the Learning Contract in clinical and academic courses throughout the program. A short module on the Learning Contract for Clinical Instructors can be found on our website ([Learning Contract Module](#)).

The MSc(PT) Program believes use of a Learning Contract reinforces the student's role as an active participant in the process of learning rather than as a passive recipient. Learning Contracts allow the student to have more individuality and flexibility within the clinical setting. In addition, as a physiotherapist, it is important to pursue learning throughout a career. This ability to become a life-long learner requires the ability to set goals, state means

of attaining these goals and formulate methods of evaluating when these goals are achieved. The Learning Contract is one strategy to develop these skills.

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

#### *8.4.1 SMART Goals*

Learning contracts must be written using SMART goals. Examples of how to write "SMART Goals" and examples of "SMART Goals" are available on the College of Physiotherapists of Ontario website ([https://www.collegept.org/docs/default-source/quality-assurance/qmf\\_smart\\_learninggoals\\_updated.pdf?sfvrsn=b889c9a1\\_0](https://www.collegept.org/docs/default-source/quality-assurance/qmf_smart_learninggoals_updated.pdf?sfvrsn=b889c9a1_0)).

#### *8.4.2 Steps in Developing the Learning Contract*

##### *i) Self-evaluation*

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

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

##### *ii) Identification of Learning Needs (objectives)*

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

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

##### *iii) Identification of Learning Resources and Strategies*

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

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

##### *iv) Identification of Evaluation Methodology*

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

- Why select this method?



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

#### v) Identification of Criteria for Evaluation

Criteria should reflect the learning objectives and be described in behavioural terms. It is important for the CI and

- student to agree on the appropriate criteria for the student's level. Consider:
  - Are the criteria clear, relevant and able to be applied?
  - Do the criteria relate to my objectives?
  - Are the criteria appropriate for my level/timeframe?
  - What alternative criteria have I considered?

#### 8.4.3 Marking of Objectives

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

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

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

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

#### 8.4.4 Submission Timelines

It is expected that students present a draft of their Learning Contract to their CI by the end of the first week of placement. The Learning Contract should be finalized and submitted on HSPnet (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 second week of placement, in an electronic format. Note that that DCE will not comment on if the goals are appropriate for the assigned placement, as identifying appropriate goals is the responsibility of the student and the CI.

An electronic copy of the Learning Contract and resources for completing the Learning Contract can be found on Avenue to Learn (for students) or the [MSc Physiotherapy Partners website](#).

### 8.5 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 (SECP) document.

Students are expected to complete the online SECP at the midterm and final points of each clinical placement. The SECP will be made available for CI's to review after the final SECP has been completed and submitted by the student. The SECP will be made available for review for approximately 14 days after the final submission date and only after the final evaluation has been submitted by the student. Students are encouraged to provide feedback to their CI's throughout the clinical placement. Information and additional resources on the SECP can be accessed through the 'Partners' page of the MSc(PT) website under ['Handbooks > Evaluations > Evaluation Guides'](#).

## **8.6 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, with the exception of the Learning Contract, which is due within 24 hours of placement completion. 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 [MSc Physiotherapy Partners website](#).

## **8.7 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 Clinical Instructors in the placement packages and can be found on the [MSc Physiotherapy Partners website](#).

## **8.8 Students Having Difficulty in the Clinical Setting**

In all instances where the Clinical Instructor (CI) feels that the student is experiencing difficulty (e.g., may be unsuccessful in passing their clinical placement), the Director of Clinical Education (DCE) should be notified before the midterm evaluation or sooner, if possible.

In the event any incidents occur after midterm evaluation, the DCE should be notified immediately. If conditions warrant, the DCE may visit the facility to gather further information. In a situation where the student has demonstrated 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 [Section 12.9](#) for the process to follow once a CI has identified that a student is having difficulty in the clinical setting. See [Section 5.2](#) 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 placement in its entirety – 100% attendance is expected of all students.

Reasons for an absence from placement should only be considered in exceptional circumstances and will require supporting documentation (see table 5.0).

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

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

- Successful completion of all clinical education courses is an academic requirement for graduation from the MSc (PT) program
- Students in the MSc (PT) program assume responsibility for patient care during clinical placements
- Absences disrupt patient care continuity and affect student learning
- Absences may impact on the clinical instructor's ability to adequately evaluate the student
- Students are required to complete a minimum number of hours in clinical practice to meet MSc (PT) graduation requirements) (See [Section 4.1 on Clinical Practicum Requirements](#) and [Section 4.2 on Clinical Practicum Hours](#)); and
- Student PTs are expected to uphold exemplary standards of professional conduct. Attendance is a critical professional obligation.

**To ensure the student is covered with liability insurance for the duration of the placement, the Clinical Education Team must be aware of all absences and changes in placement dates and times.**

Absence days may be planned or unplanned and may be taken for various reasons, including but not limited to: illness, loss of a family member or friend, medical appointment, significant life event, etc. Students are allowed to take a maximum of 4 absence days total across ALL placements. If there are extenuating circumstances, the DCE and the Assistant Dean will work with students to identify next steps.

Students are encouraged to be thoughtful regarding the use of absence days, as there may be unforeseen circumstances on future clinical placements where absence days will be required. These unforeseen circumstances will be included in the total 4 permitted absence days.

**The following criteria apply to absence days:**

- A student cannot take >3 absence days per placement period
- If a student requires an absence day due to illness, they must adhere to all documentation and clearance requirements as outlined in the Clinical Education Handbook

*\*There may be extenuating circumstances (e.g., prolonged illness), whereby the clinical education team, student, and Clinical Instructor/Preceptor will need to manage absences that fall outside the outlined criteria.*

**Should a student choose to take an absence day, the following process must be followed:**

- Submit the absence form to the clinical education team for reference:
  - at minimum 2 weeks prior to the placement start date for Planned Absences
  - as soon as the absence date is known and/or within the day of absence for Unplanned Absences
- The student must also communicate the absence to the assigned Clinical Instructor prior to the start of the clinical placement day, copying the clinical education team.
- The student must arrange to make up the missed time with the Clinical Instructor to ensure they meet the minimum hours required for each clinical placement.
- Make-up days or hours must be outlined on the respective absence form. Any organized make-up days must be organized to align with the sessional dates of the respective clinical placement course. If a student is not able to meet the minimum required hours within the current placement period, they may

be required to organize make-up time in a future placement. This organization will be supported by the clinical education team.

- The student must ensure, through discussion with their Clinical Instructor, that any missed time will not impact on their ability to meet placement expectations. The student will need to attest to having had this discussion via signature on the absence form.

**Students are expected to follow the outlined process for both planned and unplanned absence days. Failure to adhere to the process may result in a student being presented to the Program Academic Study Committee for professionalism concerns.**

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

'Extra' hours accumulated during each Clinical Placement typically cannot be carried forward to reduce the time required for subsequent placements.

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

If an absence occurs during the last week of clinical placement:

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

### *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 time. If a student is late recurrently, a site may decide to terminate the placement in consultation with the DCE.

### *9.1.4 Inclement Weather Policy*

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

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

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

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

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

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

## 9.2 Dress Code Policy

Students will be given the opportunity to increase their knowledge and experience by participating in the care of clients in various health care settings. Students are expected to demonstrate professionalism through appropriate attire and behaviour. Professional dress is expected by all students while on clinical placement. Although there is no uniform required by the program, students are obligated to observe the dress code of the physiotherapy departments and clinical facilities in which they are placed. In the event a facility does not have a dress code, students are expected to dress in a professional manner (i.e. dress pants and a long or short sleeved collared shirt).

For security reasons, the identification tag issued by the program must be worn at all times in all clinical facilities.

## 9.3 Conflict of Interest Policy

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

All students must abide by the McMaster University Conflict of Interest Guidelines ([Conflict of Interest Guidelines - Undergraduate Studies and Graduate Studies](#)) and the Conflict Standard from the College of Physiotherapists of Ontario (<https://www.collegept.org/rules-and-resources/new-conflict-of-interest#:~:text=A%20physiotherapist%20is%20in%20a,next%20door%20to%20your%20office>)

## 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 clinical instructor. 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 provisions for students working off campus in university-sanctioned academic activities. Please see [Resource 12.10](#) for Consultation, Resolution and Reporting Options for Violations of the Discrimination and Harassment Policy.

The Director of Clinical Education should be the first point of contact if the student, Clinical Instructor or site has any harassment or discrimination concerns; however, if you require further support additional resources are provided below.

The Equity and Inclusion Office is available for consultation to students, staff and faculty:

Email: [equity@mcmaster.ca](mailto:equity@mcmaster.ca)

Phone: 905.525.9140 ext. 27581

The McMaster Sexual Violence Prevention and Response Office (<https://svpro.mcmaster.ca/>) has several resources and options that are available to MSc(PT) students.

## **9.6 FHS Professional Behaviour 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](http://fhs.mcmaster.ca/pcbe/documents/FHS_PBG_2014.pdf)

## **9.7 Equity, Diversity and Inclusion**

McMaster University is committed to the promotion of Equity, Diversity and Inclusion. Please use the following link to access the McMaster Equity and Inclusion Office and associated information: <https://equity.mcmaster.ca/>

We expect our faculty, staff, students, and clinical partners to establish learning and working environments that are free from harassment and discrimination on any basis, including but not limited to race, religion, and gender. We expect our partners to foster a culture that respects the human rights, integrity, and dignity of all community members.

### **Position Statement on the Promotion of Equity, Diversity and Inclusion in the MSc(PT) Program at McMaster**

The following statements are expressed to inform and guide a process of eliminating oppressive educational practices and content and maximize attention to an equitable learning experience. The MSc(PT) Program is committed to leveraging the broadest definition of inclusivity such that all individuals feel they are reflected in the content, faculty, staff, student body and environment through:

- 1) Encouraging self-awareness and personal growth processes, regarding values and beliefs, such that we can explore different perspectives, amplify voices of those with lived experiences of discrimination, while grounding our approaches in openness, compassion, and respect.
- 2) Creating and promoting spaces [within and outside the classroom] to support reflection and development of our own knowledge about local, national, and global issues through recognizing social inequity, privilege and promoting social justice.
- 3) Engaging in and supporting dialogue on all topics of health professional education, through active listening and respect, even when those conversations may be challenging and/or uncomfortable.
- 4) Establishing an environment where everyone feels they experience equitable education and opportunities to be successful.
- 5) Promoting a continuous process of critical reflection, learning and development for individuals and groups.
- 6) Facilitating processes that lead to continuous quality improvement informed by feedback from all stakeholder groups, including but not limited to the Program's admission process and curriculum renewal.

### **Justice, Equity, Diversity, and Inclusion Resource List**

In collaboration with the Physiotherapy Anti-Racism, Anti- Bias, Anti Oppression Committee, we offer a library of

resources related to justice, equity, diversity, and inclusion. We encourage Clinical Instructors to review these resources and identify opportunities for learning, unlearning and self-directed growth and reflection. This is a general and evolving list of resources that will be updated on an annual basis. We recognize that in addition to the resources suggested in this library, there are several other valuable opportunities available. Please click [here](#) to access this resource list which can also be found on the 'Partners' page of the MSc(PT) website.

## 10.0 Program & Non-Academic Requirements

### 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.

Students complete the following requirements upon entry into the program:

<b>Health Screening (Immunization) Record</b>	Upon entry to the program, students are required to have a completed health screening record. Health requirements and vaccinations are dictated and monitored by McMaster University, Faculty of Health Sciences central Professionalism Office. Some immunizations are updated at the beginning of Year 2 of the program.
<b>Vulnerable Sector Check (VSC)</b>	MSc Physiotherapy learners must have a valid VSC for the entirety (start date to end date, inclusive) of their placement period.
<b>WHIMIS Training</b>	Upon entry to the program, all students complete a training module on Workplace Hazardous Materials Information System (WHIMIS).
<b>Infection Control Training</b>	Students are required to complete a e-learning module infection control. Students are also required to review several resources related to infection prevention and control during orientation to the program and prior to each clinical placement period. Please see our <a href="#">PPE Checklist</a> for the resources that students are required to review. 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.
<b>CPR Training</b>	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.
<b>N-95 Testing</b>	Students undergo N-95 Fit Testing upon entry into the program. This remains valid for 2 years from the date of issue.
<b>Health and Safety Training</b>	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.

Program and Non-Academic Requirements may come under review by the Faculty of Health Science. These items are subject to change. The Centre Coordinator of Clinical Education 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:

- Health Screen Record
- Mask Fit Testing Card
- Vulnerable Sector Check
- 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.

## 11.0 General Information

### 11.1 MSc(PT) Tool Kit

As a physiotherapist-in-training, students will be developing physiotherapy-specific knowledge, skills, and attitudes over the 24-month program. There are several essential clinical evaluation/diagnostic "tools" students are provided with in their clinical toolkits (see below). If you require student to bring any of these items with them to clinical placement, please indicate this directly to the student.

These include:

- Bandage scissors;
- Tape measure;
- 12" goniometer;
- 8" goniometer;
- Reflex hammer;
- Alcohol wipes;
- Sphygmomanometer;
- Cotton balls;
- Isolation gown;
- Boley gauge / Vernier caliper;
- Hand sanitizer;
- Zinc oxide athletic trainers tape;
- Short stretch compression bandage (Rosidal);
- Pro wrap;
- Econo-San elastic bandage (3" and 4");
- Tensor bandages (including finger);
- Stethoscope;
- Theraband;
- Electrodes;
- Monofilament (skin prick);
- Whiteboard Marker;
- Nametag; and
- McMaster professional logo golf shirt

### 11.2 Workplace Safety and Insurance Board (WSIB)

Student coverage while on unpaid placement:

The government of Ontario, through the Ministry of Colleges and Universities (MCU), reimburses WSIB for the cost

of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Students enrolled at an Ontario postsecondary institution are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements, either required or optional, that are part of an Approved Program.

MCU also provides private insurance through Chubb Insurance (formerly ACE-INA) to students should their unpaid placement take place with an employer who is not covered under the Workplace Safety and Insurance Act and limited coverage where eligible placements take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through the applicable student insurance plan or other insurance plan.

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 annually and returned to the school prior to the beginning of placement. The form can be found here: <https://srs-pt.healthsci.mcmaster.ca/wp-content/uploads/2022/08/wsib-insurance-letter-to-placement-employers.pdf>.**

Students are provided a Safety Orientation Checklist that is required to be completed with the Clinical Instructor/ Centre Coordinator of Clinical Education on the first day of placement.

### 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 are required to complete this clinical placement as a course requirement for graduation from the McMaster University MSc(PT) Program.
- The selection of the Clinical Instructor (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 Director of Clinical Education (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, COVID-19). 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 Director of Clinical Education.

<b>Resources</b>	<b>Page</b>
<a href="https://srs-pt.healthsci.mcmaster.ca/education/partners/clinical-education-resources/">https://srs-pt.healthsci.mcmaster.ca/education/partners/clinical-education-resources/</a>	
12.1 - The Effective Use of Questioning in Clinical Teaching	44
12.2 - Feedback Grid	45
12.3 - The One-Minute Clinical Instructor	46
12.4 - Aids for Giving and Receiving Feedback	47
12.5 - Weekly Planning Form	49
12.6 - Anecdotal Record	50
12.7 - The Critical Incident Report	51
12.8 - Steps to Take for Resolution of Student Concern with Clinical Instructor	52
12.9 - Steps to Take to Assist Student Having Difficulty in the Clinical Setting	53
12.10 - Consultation, Resolution and Reporting Options for Violations of the Discrimination and Harassment Policy	54

## 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

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<p><b>Continue...</b> <i>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</i></p>	<p><b>Start, or do more....</b> <i>Identify behaviour the student knows how to do, and could do, or do more often</i></p>
<p><b>Consider....</b> <i>Highlight a point of growth for the learner, a “do-able” challenge for future interactions</i></p>	<p><b>Stop, or do less</b> <i>Point out actions that were not helpful or could be harmful. Be specific, and indicate potential impact</i></p>

### ***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.

Neher JO, Gordon KA, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. JABFP, 5:419-24, 1992.

## 12.4 Aids for Giving and Receiving Feedback

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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

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Date: \_\_\_\_\_ Week: \_\_\_\_\_

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

Areas of Strength:	Areas of improvement:
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Clinical Instructor's (CI's) Review of the Week (completed by the CI):

Areas of Strength:	Areas of improvement:
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Goals for the Upcoming Week of \_\_\_\_\_ (completed by the student):

Areas of Strength:	Areas of improvement:
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Student's  
Signature: \_\_\_\_\_

CI's  
Signature: \_\_\_\_\_

*Adapted from the American Physical Therapy Association*

## 12.6 Anecdotal Record

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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:

Format adapted from: Shea ML, Boyum PG, Spankle MM. *Health Occupations Clinical Teacher Education Series for Secondary and Post Secondary Educators*. Urbana, IL:Department of Vocational and Technical Education, University of Illinois at Urbana-Champaign; 1985.

## 12.7 The Critical Incident Report

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

**Student's Name:**

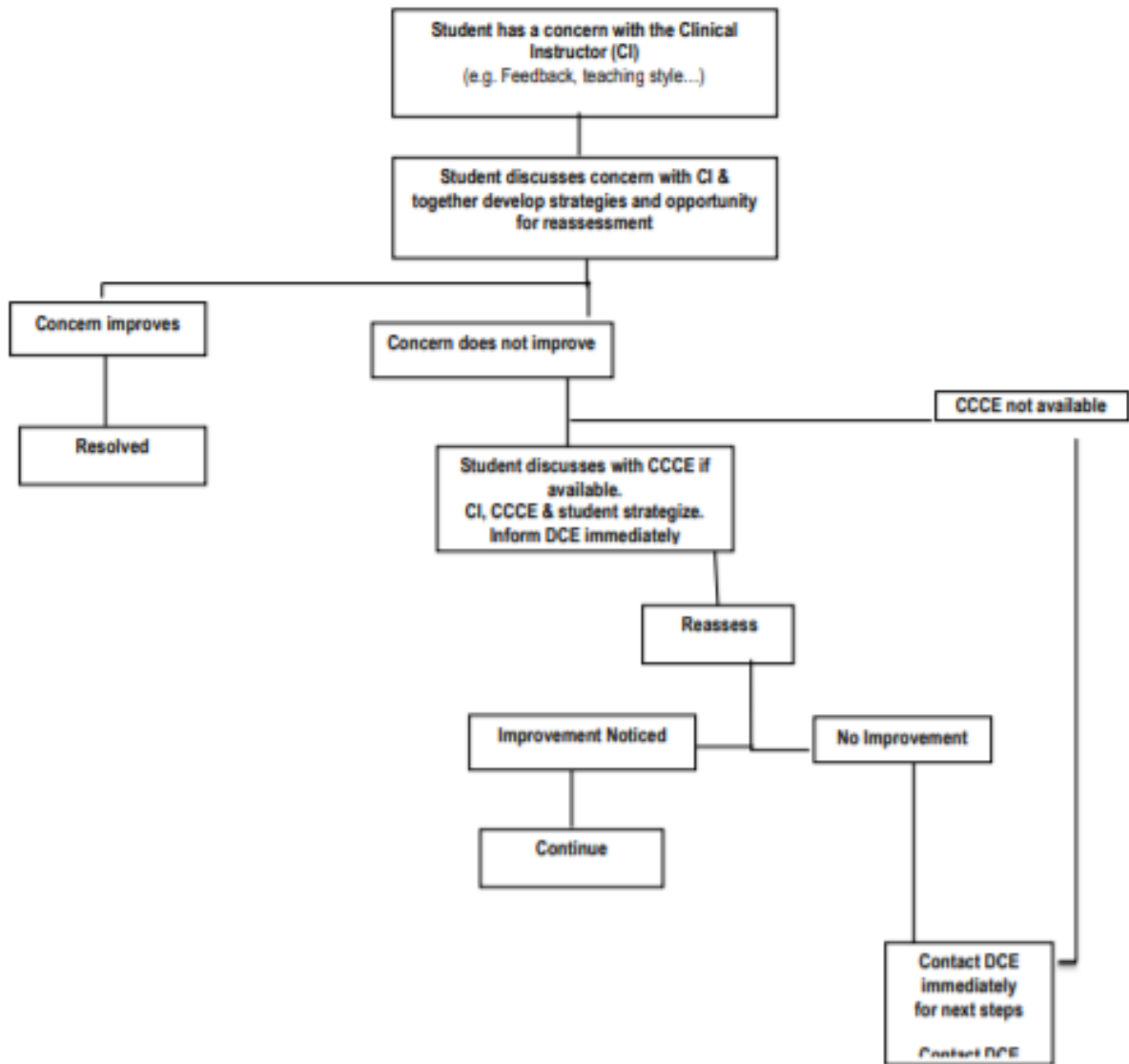
**Evaluator/Observer:**

Date (Time)	Antecedents	Behaviors	Consequences
<i>Student's Initials:</i> <i>Evaluator's Initials:</i>			
<i>Student's Initials:</i> <i>Evaluator's Initials:</i>			
<i>Student's Initials:</i> <i>Evaluator's Initials:</i>			

**Student's Signature:**  
**Evaluator's Signature:**

*Format adapted from: Shea ML, Boyum PG, Spankle MM. Health Occupations Clinical Teacher Education Series for Secondary and Post-Secondary Educators. Urbana, IL: Department of Vocational and Technical Education, University of Illinois at Urbana-Champaign; 1985.*

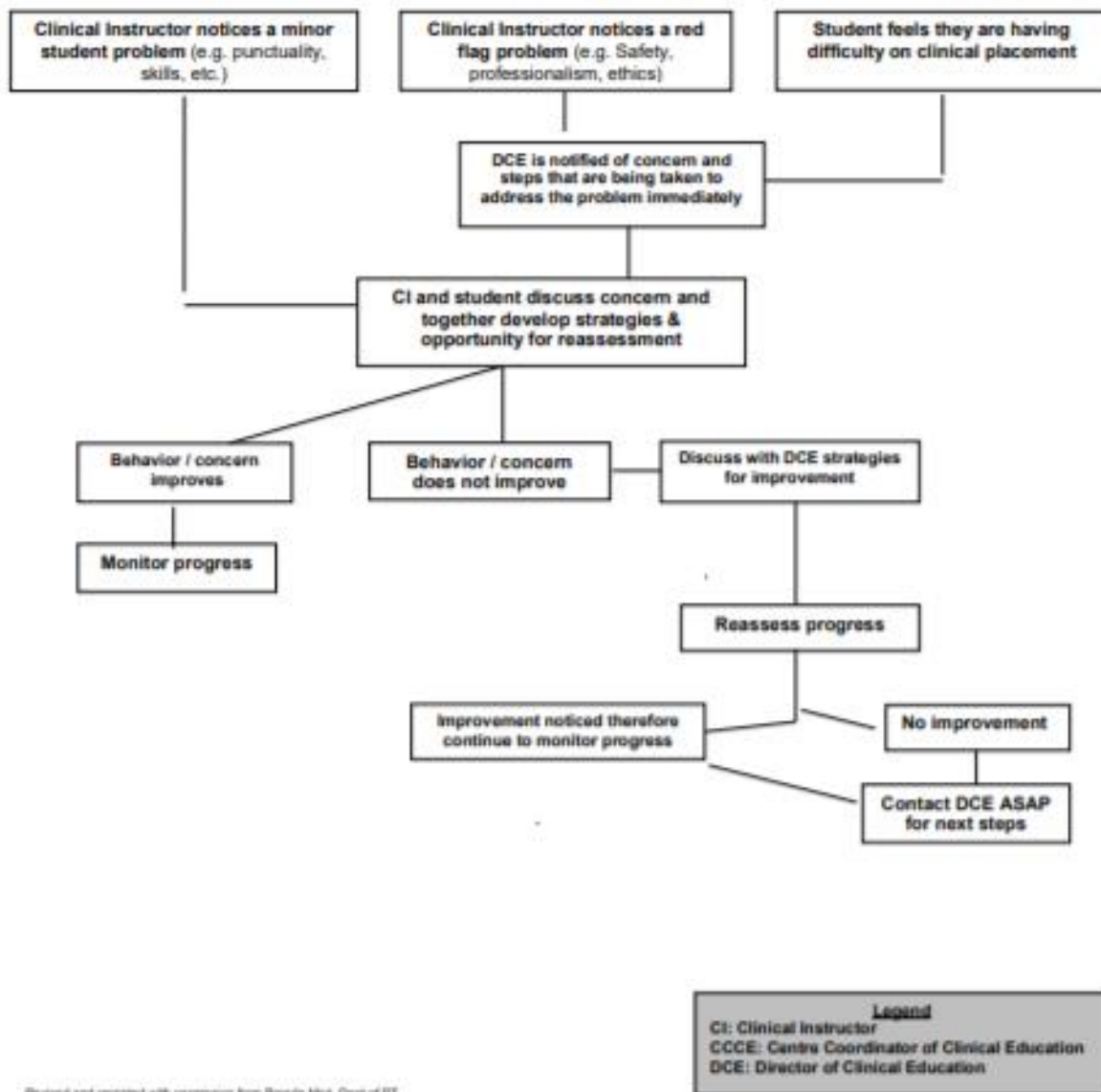
## 12.8 Steps to Take for Resolution of Student Concern with Clinical Instructor



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

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

## 12.9 Steps to Take to Assist Student Having Difficulty in the Clinical Setting



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

## 12.10 Consultation, Resolution and Reporting Options for Violations of the Discrimination and Harassment Policy

### Consultation, Resolution and Reporting Options for Violations of the Discrimination and Harassment Policy\*

Version Date: Aug. 17, 2023

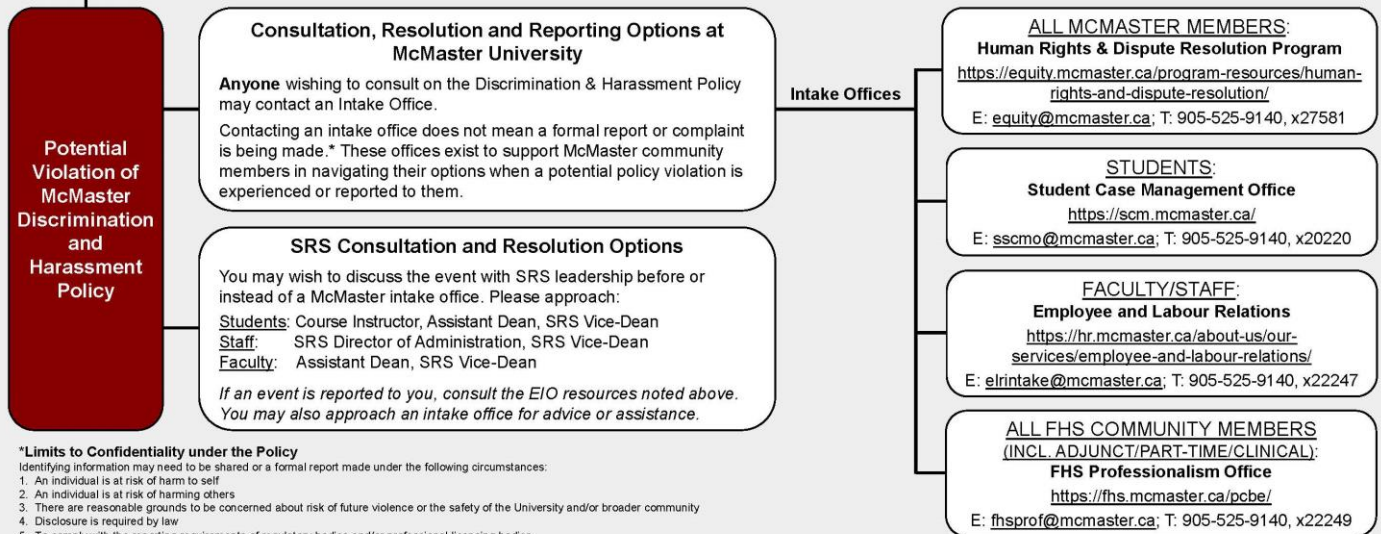
School of Rehabilitation Science, McMaster University \*<https://secretariat.mcmaster.ca/app/uploads/Discrimination-and-Harassment-Policy.pdf>

All McMaster Community Members are responsible for contributing to an environment that is free of Discrimination and Harassment. This guide is intended to provide at-a-glance guidance on options available for consultation, reporting and resolution for McMaster members who experience a potential violation, or to whom a potential violation is reported.

McMaster's Equity and Inclusion Office (EIO) has created the following resources to inform you of your options. Please review:

**BLUE FOLDER** (Discrimination & Harassment Policy): [https://equity.mcmaster.ca/app/uploads/2021/03/Remediated\\_Blue-Folder-McMasters-Discrimination-Harassment-Policy.pdf](https://equity.mcmaster.ca/app/uploads/2021/03/Remediated_Blue-Folder-McMasters-Discrimination-Harassment-Policy.pdf)

**GOLD FOLDER** (Sexual Violence Prevention and Response Office (SVPRO)): <https://svpro.mcmaster.ca/app/uploads/2020/11/Gold-Folder.pdf>



## 13.0 Useful Website Links

As of September 2023, all of the below 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 clinical instructors with the most active website links.

Canadian Alliance of Physiotherapy Regulators

[www.alliancept.org](http://www.alliancept.org)

Canadian Physiotherapy Association

<http://www.physiotherapy.ca>

College of Physiotherapists of Ontario

[www.collegept.org](http://www.collegept.org)

College of Physiotherapists of Ontario – Conflict of Interest Standard

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

FHS Professional Behavior Code of Conduct for Graduate Learners

<https://secretariat.mcmaster.ca/app/uploads/Professional-Behaviour-Code-for-Graduate-Learners-Health-Sciences-2014.pdf>

McMaster PT Clinical Education – Partners

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

McMaster University’s Code of Student Rights and Responsibilities

<https://secretariat.mcmaster.ca/app/uploads/Code-of-Student-Rights-and-Responsibilities.pdf>

National Guidelines for Clinical Education in Physiotherapy

[https://www.physiotherapyeducation.ca/jobs\\_docs/1620912656CCPUP\\_guidelines2019\\_final\\_0623DIGITAL%20\(1\).pdf](https://www.physiotherapyeducation.ca/jobs_docs/1620912656CCPUP_guidelines2019_final_0623DIGITAL%20(1).pdf)

Preceptor Resources

[www.preceptor.ca](http://www.preceptor.ca)

Professionalism in Clinically Based Education

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

Storm Emergency Policy & Procedures

<https://secretariat.mcmaster.ca/app/uploads/Storm-Emergency-Policy.pdf>

Canadian Physiotherapy Assessment of Clinical Performance 2.0 (ACP 2.0)

<https://hspanada.net/>

Clinical Education Experience Summary

<https://srs-pt.healthsci.mcmaster.ca/wp-content/uploads/2022/08/clinical-education-experience-summary-december-2020.pdf>

ACP 2.0 Quick Reference Guide Clinical Placement Expectations

<https://srs-pt.healthsci.mcmaster.ca/wp-content/uploads/2022/10/ACP-2.0-Quick-Reference-Guide-Clinical-Placement-Expectations.pdf>

ACP 2.0 General Reference Guide- Clinical Placement Expectations

<https://srs-pt.healthsci.mcmaster.ca/wp-content/uploads/2022/10/ACP-2.0-General-Reference-Guide-Clinical-Placement-Expectations.pdf>

ACP 2.0 Comprehensive Reference Guide – Clinical Placement Expectations

<https://srs-pt.healthsci.mcmaster.ca/wp-content/uploads/2022/10/ACP-2.0-General-Reference-Guide-Clinical-Placement-Expectations.pdf>

ACP 2.0 Research Admin Role Emerging Placement Expectations Table

[https://srs-pt.healthsci.mcmaster.ca/wp-content/uploads/2023/09/ACP-2.0-Reference-Guide\\_Research\\_Admin\\_Project\\_Role-Emerging-Placements.pdf](https://srs-pt.healthsci.mcmaster.ca/wp-content/uploads/2023/09/ACP-2.0-Reference-Guide_Research_Admin_Project_Role-Emerging-Placements.pdf)

Learning Contract Guidelines

<https://srs-pt.healthsci.mcmaster.ca/wp-content/uploads/2023/09/Learning-Contract-Guidelines-in-MScPT.pdf>

Cardiorespiratory Competency Descriptions

<https://srs-pt.healthsci.mcmaster.ca/wp-content/uploads/2022/08/cr-competency-description.pdf>

Neurological Conditions and Competency Descriptions

<https://srs-pt.healthsci.mcmaster.ca/wp-content/uploads/2022/08/nr-competency-description.pdf>