

Master of Sciences in Physiotherapy

**Emerging Roles:
Handbook for Professional Practice**



School of
Rehabilitation
Science
REACHING FURTHER

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INTRODUCTION

This handbook is designed for students, student coordinators, Clinical Instructors, faculty members and facilities that offer role-emerging placements for physiotherapy students. It outlines general information and specific program policies and procedures related to role-emerging placements in professional practice. It will be used during role-emerging placements offered over the current academic year in conjunction with the Clinical Education Handbook

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1.0 INTRODUCTION

1.1 What Is a Role-Emerging Placement? And Why Are They Necessary for Physiotherapists?

Traditionally, student physiotherapists have participated in fieldwork placement settings in which physiotherapists have an established or existing role and thus, can supervise students to learn and practice the skills required for that role. Bossers and colleagues (1997) described this type of placement as “role-established”. In the McMaster University MSc PT program, placements are not described as role established. It is an implicit assumption. However, clinical placements in settings that do not have either an established PT role or PT program, do not have an on-site physiotherapy Clinical Instructor, and occur in settings where physiotherapy services would be beneficial, are described as “role-emerging” placements, consistent with the description of Bossers and her colleagues (1997). Role-emerging clinical placements are placements that give rehabilitation students clinical education opportunities at locations where there is no established rehabilitation programme or identified set of rehabilitation roles and responsibilities. These placements challenge rehabilitation students to learn how to develop programmes and contribute to health care in new ways (Wojkowski 2019). Role Emerging placements tend to not have an established program, or a staff person hired to fulfill the role, is coordinated and tend to be supervised by an off-site licensed therapist who is not employed by the setting, and the student is assigned to a site staff person as a contact for site concerns (Jung, Solomon & Cole, 2005).

**umbrella term

For the purposes of this handbook the term Role Emerging will also be used to describe placements where physiotherapists are filling roles that can be described as “non-traditional”, “innovative” and “role established” (Barker Dunbar, Simhoni, & Anderson, 2002).

In some Role Emerging placements there will an offsite Clinical Instructor. The frequency of on-site supervision by the “off-site” Clinical Instructor will be openly discussed and determined with the student. At the placement setting, another experienced individual is determined to be the “on-site” supervisor whom students can approach regarding day-to-day activities. These placements require a strong partnership and effective communication between the educational institution, the placement setting, the clinical practitioner, and the student (Finch, 2000).

1.2 Historical Background of Role-Emerging Placements and Congruence with the Program Philosophy

The McMaster University MSc PT Program supports the Canadian Council of Physiotherapy University Programs (CCPUP) definition, philosophy, and guidelines for clinical education:

Physiotherapy (PT) clinical education is the component of entry-to-practice curriculum, in which students gain practical experience and engage in a range of professional opportunities in various clinical settings, for the purpose of learning and applying physiotherapy knowledge, skills, behaviours and clinical reasoning.

Clinical Education serves to develop and refine, in a graded fashion, the practice skills, confidence, judgment, efficiency and responsibility needed by physiotherapy students for entry-level practice (CCPUP, 2011).

In order to keep up with the speed with which the world is changing, it is becoming widely recognized that Canadian institutions also need to change if they are to remain effective at preparing students for what the work world might look like. The Globe and Mail recently produced a series on education that suggested universities “need to be less bound to lecture halls (and) more innovative with curriculum” in order to do this (Anderssen, 2012). This emphasizes the need for clinical placements in order to provide this type of learning as well as the opportunity to develop the required professional competence.

Unfortunately, in the past couple decades many factors have negatively impacted the ability to find traditional clinical placements. The profession has shifted from a primarily hospital/institution-based setting, to one more of a private, consultative, and community-based setting. Additionally, professionals face increased constraints on time and finances, as well as an increased workload (Jung et al., 2005). Placements that offer emerging roles are becoming an increasingly

essential alternative as the future of the physiotherapy job setting becomes more unpredictable (Dean, 2009).

Role-emerging placements provide opportunities that are consistent with the MSc PT Program beliefs about problem-based and self-directed learning (McMaster University School of Rehabilitation Sciences, 2008), as well as McMaster University's Forward with Integrity statement (2011). A role-emerging placement is much like a problem-based tutorial in which the student determines their own learning needs, and the professional facilitates their learning with questions, feedback, and challenges to inspire critical thinking. This can be done in role-emerging placements by the off-site physiotherapist or the on-site supervising staff. In order to move forward with integrity, McMaster must cultivate networks within the university as well as with the world around it. It must work to "serve the greater good of our community" (McMaster University, 2011). Role-emerging placements strengthen relationships between students, the community, and the school as they work together for the greater good of patients and the community.

To enter practice, physiotherapists require a specialized knowledge of physiotherapy. A physiotherapist must be able to fulfill all the roles involved in their field. These include that of an expert in function, mobility, and health; a communicator to develop relationships with all those they work with; a collaborator in interprofessional team practice; a manager of time, resources, and priorities; an advocate for the profession and the health of individuals and communities; a scholarly practitioner and life-long learner that is able to think critically; and a professional that practices ethically with high standards (National Physiotherapy Advisory Group, 2009). They should be committed to the following:

Empowering people to self-heal, serving as coaches in the wellness, prevention, or rehabilitation process, minimizing harm through minimizing iatrogenic (medical care) risks, and providing cost-effective, low-cost care (Dean, 2009).

The main purpose of the MSc PT Program is to prepare physiotherapists who possess the requisite knowledge, skills, and professional behaviours to practice in the emerging realities of the current health, education, and social service systems. Further, they need to engage in a broader societal context of rapid and constant change, within local, national, and international communities. A role-emerging placement offers the context for this learning. Students will achieve an understanding of the influence of family, society, culture, and environment as they explore the concepts of activity and health across the lifespan and within the context of client-centred practice.

Graduates will be prepared to function as:

- autonomous and independent practitioners
- members of interdisciplinary and multi-disciplinary practice teams
- critical consumers of research information
- leaders in their chosen profession
- lifelong learners

The MSc PT Program believes clinical experience should:

- Be a collaborative learning experience among students, clients, clinical educators, on-site clinical coordinators, and university programs
- Be mutually beneficial to students and clinical educators
- Be accepted as an essential part of professional growth for both students and clinical educators
- Occur in a positive learning environment
- Consider the teaching methods and learning styles of both students and clinical educators
- Consider students' learning objectives in relation to their professional development within the context of the clinical environment
- Support students to account for their learning
- Enable students to link theory with practice
- Enable students to take an active role within the site
- Promote satisfaction for both students and clinical educators regarding the clinical experience
- Support clinical educators' preferences for student level, timing and supervision model to facilitate an educational fit
- Occur anywhere the roles and functions of a physiotherapist can be developed and integrated. (CCPUP, 2011)

1.3 Evidence to Support Use of Role-Emerging Placements

Parker Palmer, as cited in Jung et al. (2005), believes that “enlightened teaching evokes and invites community as they are places of source for hope, and where the passion to connect and learn is constantly fulfilled”. Role-emerging placements immerse students in the community allowing for a mutually beneficial learning experience for all those involved.

1.3.1 Benefits of Role-Emerging Placements

For students:

- Provides opportunities for students to identify PT role rather than having it imposed; thus, it facilitates self-directed learning, professional growth, creativity, and autonomy (Bossers, Cook, Polatajko & Laine, 1997)
- Enhances self-reflection as the Clinical Instructor shifts more towards a facilitator of learning instead of an expert information provider (Solomon & Baptiste, 2005a).
- Enhances skills in problem solving, critical thinking, prioritization, and adaptability (Jung et al., 2005)
- Provide experiences in roles that are different from traditional hierarchical settings (Bossers et al., 1997)
- Provides increased learning about personal communication and reflection skills (Thew, Hargreaves & Cronin-Davis, 2008)
- Develops consultation, marketing, and advocacy skills (Solomon & Baptiste, 2005b)
- Encourages personal growth and increased compassion, greater comfort and confidence when working with clients and professionals (Jung et al., 2005)
- Opportunity to gain experience and understanding of interdisciplinary team roles and skills (Jung et al., 2005)
- Opportunity for personal learning and reflection (Dancza 2013)
- Opportunity to develop better understanding the value of collaboration and interpersonal dynamics (Dancza 2013)

For the profession and Clinical Instructor:

- Advancement of the profession into new practice areas (Cooper & Raine, 2009)
- Increased awareness of PT role and potential to others (Bossers et al., 1997)
- Increased options for student supervision on a part-time basis; possibly increasing the number of physiotherapists that might be able to be a Clinical Instructor
- Allow students to be involved in development of health care programs (Wojkowski 2019)

For the placement setting:

- Students and faculty can offer additional skills and contributions including service provision, evaluation methods and education (Cooper & Raine, 2009; Wilkins & Jung, 2001)
- Increased partnership and collaboration with universities and increased opportunities to enhance evidence-based practice (Jung et al., 2005)
- Staff have an increased understanding of the physiotherapy role in the setting and there is a potential to create future employment opportunities (Jung et al., 2005)
- Provides opportunity to engage in program development and to have a source of affordable clinical consultation and client education (Solomon & Baptiste, 2005b)

For the university:

- Increased clinical placement opportunities which are often in short supply (Solomon & Baptiste, 2005b)
- Establish and strengthen stance as a university that provides innovative learning opportunities and community engagement (McMaster University, 2011)
- Increased number and diversity of teachers than what the university can generally provide (McMaster University, 2011)

1.3.2 Challenges of Role-Emerging Placements

For students:

- Less PT supervision time (Jung et al., 2005; Thew et al., 2008); may feel isolated or overwhelmed by role ambiguity and need to define PT role (Cooper & Raine, 2009)
- Availability of Supervisor with competing demands (Dancza 2013)
- Concerns or anxiety about not being able to learn what is perceived to be “traditional” skills in the profession or what will be tested on the national licensing exam (Jung et al., 2005)
- Potential for students to become an additional staff member; assertiveness needed to ensure a focus on physiotherapy scope of practice and student needs (Cooper & Raine, 2009)
- Concerns about their understanding of the professional role in the role-emerging placement setting (Bilics, LaMothe & Murphy, 2002)

For the profession:

- Can be demanding on professional practice time and resources (Cooper & Raine, 2009) including tasks such as arranging affiliation agreements with the site (Jung et al., 2005)
- Recruiting a registered physiotherapist to be an off-site Clinical Instructor that is comfortable with this role and able to access this site (Jung et al., 2005)
- Insufficient time to full development of the student physiotherapist’s role within the setting and for other staff members to understand the role (Jung et al., 2005)
- Understanding, integrating, and remaining respectful of the different cultures of different professions; becoming more aware of the tendencies, ways of thinking, and the culture of physiotherapy profession (Hall, 2005)

1.3.3 Strategies for Successful Role-Emerging Placements

Getting Started: If possible, it is beneficial to arrange a meeting with the student, off-site Clinical Instructor, on-site supervisor, and director of clinical education to address questions and concerns prior to the start of the placement.

Sheila Banks, the Fieldwork Education Coordinator for Dalhousie University Occupational Therapy Program suggested strategies to help students begin work in a role-emerging clinical placement:

- Reviewing any prior reports or legacy projects from past role-emerging placements at that facility
- “FOCUS ON RAPPORT BUILDING” and establishing relationships with clients and other staff members. Don’t wait to be approached – be friendly, outgoing and take initiative to learn more about others. Participate in activities and events available at the facility even if it is just coffee or lunch breaks.
- Consider how information is shared in the practice setting and what strategies can be used to enhance communication with others.
- Show sensitivity to clients and their particular socio-economic status. This may include being mindful of your own clothing and presentation (i.e. brand name clothing or accessories).
- In many instances, students will be paired on a role-emerging placement to enable collegial support and problem-solving particularly when the off-site Clinical Instructor is not readily available.

KEYS TO SUCCESS IN ROLE-EMERGING PLACEMENT (Some of the following challenges and strategies may only apply if there is not an on-site PT Supervisor present)	
Potential Challenge	Strategies to Ensure Success
<ul style="list-style-type: none"> • Ambiguity/uncertainty of physiotherapy role in the new setting 	<ul style="list-style-type: none"> • Seek information, research experiences and the needs of the type of clients to be encountered prior to the start of placement • Attempt to discuss the placement with students who have previously had a role-emerging placement, particularly in that area • Prioritize time spent with on-site supervisor to allow discussion of role • Use content learned from course work to understand link to physiotherapy and current clients • Recognize and use theoretical frameworks to guide therapeutic

	<p>process</p> <ul style="list-style-type: none"> • Recognize that feelings of ambiguity will exist and that is “normal”; remember that you are not expected to know all the answers - placement is a learning opportunity. Embrace it! • Have confidence in “creating” and “testing” the new role • Use reflective journaling to document and explore issues / challenges • Determine and use alternate resource people who may also be of help • Clinical instructors can promote learning by asking students to clearly articulate theories and rationale
<ul style="list-style-type: none"> • Decreased physical access to the physiotherapy Clinical Instructor 	<ul style="list-style-type: none"> • Use and appreciate other resource people (e.g. staff, other health care providers, faculty, family) • Develop a clear communication system with off-site Clinical Instructor • Use time when not with off-site Clinical Instructor to prioritize learning needs and potential questions you would like to ask the off-site Clinical Instructor • Consider reviewing weekly plans at the start of the week with the off-site Clinical Instructor and then “checking in” with the off-site Clinical Instructor at the end of the week regarding what was completed, challenges in doing so and then activities to carry over into next week • Clearly label and identify your learning needs so that the Clinical Instructor can recommend appropriate resources or strategies • Use your strengths (i.e., accessing literature and research to address questions) • Identify and utilize other physiotherapists or PT students as resources if needed • Consider and use other health care providers or the on-site supervisor • Provide thoughtful and appropriate feedback to help ensure your learning needs are met
<ul style="list-style-type: none"> • Accountability for own actions 	<ul style="list-style-type: none"> • Use the journal as a tool for reflection • Develop an organized schedule of activities • View yourself as an extension of the off-site Clinical Instructor and thus required to represent both yourself and her/his professionalism and credibility
<ul style="list-style-type: none"> • Uncertainty of learning experience 	<ul style="list-style-type: none"> • Consult second year students and students who have previously had role-emerging placements as resources • View placement learning as a continuum, that each setting provides unique opportunities to learn • View of self as change agent; recognize and embrace the opportunity to leave a lasting impact as an ambassador for the profession • Seek information; research the practice area, setting and/or experiences and needs of the type of clients to be encountered prior to the start of placement • Identify and use personal supports who will help you to achieve and maintain confidence in times of uncertainty • Use your Learning Contract as a guide
<ul style="list-style-type: none"> • Lack of clearly defined roles can create challenges establishing boundaries 	<ul style="list-style-type: none"> • Ensure student, off-site Clinical Instructor, and on-site supervisor clearly discuss role and expectations in the student orientation • Be assertive in identifying your own learning needs and negotiating

	<p>limits if needed (e.g., If you are being asked to do too much assisting other staff help during busy times but be sure to also address your own learning)</p> <ul style="list-style-type: none"> • Recognize learning and rapport building opportunities that can occur with other parties that are involved
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(Wojkowski & Nicoll, 2013)

2.0 PROFESSIONAL PREPARATION COMPONENT

2.1 Student Roles and Responsibilities

In any and all placement experiences, student physiotherapists are expected to actively participate in assigned placements to acquire and/or apply knowledge, therapeutic skills, and clinical reasoning skills pertaining to the setting. Students are expected to participate in planned learning activities and engage in self-directed learning and open communication in order to meet the placement expectations and standards. This is also true in role-emerging placements.

The responsibilities of students in all clinical placements are:

1. To follow all policies and procedures of the facility, including those regarding dress and general conduct
2. To take responsibility for his or her own learning, to stay organized, and manage learning opportunities
3. To develop and implement learning objectives (including resources, evidence, and validation) as components of the Learning Contract. This contract serves as a component for student evaluation
4. To prepare an online self-evaluation according to the Canadian Physiotherapy Assessment of Clinical Performance 2.0 (ACP 2.0), as well as evaluation of the PT Clinical Instructor at midterm and final, for review with the Clinical Instructor
5. To actively participate in experiential learning and maximize opportunities for client involvement
6. To work collaboratively with other health care professionals and caregivers to deliver quality service
7. To accept and respond appropriately to feedback, and to provide feedback to the Clinical Instructor(s) and other team members as appropriate
8. To communicate with the Director of Clinical Education (DCE) regarding any problems or other issues related to placement experiences
9. To support the MSc PT Program philosophy and goals, and to act as an effective representative of the program
10. To abide by the College of Physiotherapists of Ontario (CPO) (www.collegept.org) and the Canadian Physiotherapy Association code of ethics (www.physiotherapy.ca)
11. To disclose and manage in a timely way any limitations that may affect their ability to do the essential components of clinical activity or put other staff or patients/clients at risk
(Wojkowski & Nicoll, 2013; CCPUP, 2011)

In addition to the aforementioned responsibilities, students are also expected to:

1. Review the role-emerging handbook prior to the start of the placement
2. Review any information provided by the facility and meet with the DCE and Clinical Instructor(s) prior to the start of the placement
3. Send the introductory placement letter to both the off-site Clinical Instructor and the on-site supervisor
4. Research the placement site and if possible, contact students who have previously had a placement at the facility to learn more and to establish a potential peer support

Due to the advanced self-directed learning skills and independence that are required with most role-emerging placements, it is an expectation that with the current curriculum, students will usually be in the second year of the McMaster University Physiotherapy Program. Bossers et al. (1997) indicate that role-emerging placements are ideally suited for students in their senior placements.

2.2 Off-site PT Clinical Instructor Roles & Responsibilities

In role-emerging placements, if there is typically no physiotherapist employed at the facility or organization where the placement is occurring an Off-site PT Clinical Instructor will be assigned.. This Clinical Instructor will typically be an individual who does not work at the placement location is “off-site” and provides supervision for the student. Consistent with all other types of placements, off-site physiotherapist Clinical Instructors for role-emerging practice settings will typically have a minimum of one-year professional experience and be a registrant with the appropriate regulatory body.

Note: There may be circumstances where there is an onsite PT Clinical Instructor. In these circumstances, the role description will apply to the PT Clinical Instructor that is on-site.

The role of the off-site Clinical Instructor is:

1. To support the student’s learning about physiotherapy and how to address those concepts with clients and professionals in a setting in which there is not currently an established physiotherapy role or program
2. To provide ongoing supervision at an appropriate level for the student’s skills, throughout the placement; however, the off-site Clinical Instructor and student will communicate and develop the preferred methods and quantity of communication throughout the placement
NOTE: a minimum of 4 hours of weekly direct communication with the student is required of the off-site clinical supervisor (telephone, face to face, or electronic communication)
3. To ensure that when there is no supervision, the student is performing activities that the Clinical Instructor feels he or she is competent to perform according to the College of Physiotherapists Standard for Professional Practice regarding the supervision of student learners (College of Physiotherapists of Ontario, 2011)
4. To develop and maintain skills as a Clinical Instructor through continuing education (e.g. attendance at workshops and seminars)
5. To support and understand the MSc PT Program philosophy and goals and be aware of curriculum content, professional preparation objectives, and evaluation strategies
6. To provide the opportunity for the student to participate in appropriate learning situations in order for the student to be able to meet personal and program objectives
7. To create a climate in which the student can practice self-appraisal
8. To create a climate in which the student can be open to give and receive feedback
9. To provide feedback to the student in a meaningful and timely way: Verbal feedback throughout placement; written and verbal at midterm and final evaluations (using the ACP 2.0)
10. To facilitate and encourage self-directed learning in the student
11. To function both as a resource and process consultant to the student
12. To assist the student in developing learning objectives for their Learning Contract that are specific to the setting, client population and needs of the student
13. To evaluate student performance based on the learning objectives and evaluation criteria using the ACP 2.0 online evaluation tool at midterm and final
14. To communicate with the DCE (as needed) re: expectations of students and evaluation of performance to foster a flexible, collegial, and mutually reflective relationship with the student that builds trust as a team (Jung et al., 2005)
(Wojkowski & Nicoll, 2013; CCPUP, 2011)

Future directions and initiatives include exploration of the increased use of technology to support off-site Clinical Instructors, including virtual clinical instruction.

2.3 On-site Supervisor Roles & Responsibilities

In role-emerging placements, where there is not a PT Clinical Instructor on-site, a person employed at the facility or organization assumes a supervisory role on-site and acts as a contact person for the student at the placement. The on-site supervisor is not a physiotherapist, but a person with expertise regarding the placement. The role of the on-site supervisor is:

1. To provide the student with an orientation to the facility/setting/program including:

- a physical tour of the facility and student “work area” (e.g. student work space, location for student to receive mail and/or correspondence, lunch area, etc.)
 - a review of the organizational structure and culture of the facility
 - the rules and regulations within the facility to which the student is to adhere
 - introduction of the student to other staff members at the site
 - training or arranging for training for students on any needed computer programs, technology or equipment that is required
 - identification of on-site resources that may be of benefit to the student
 - emergency procedures
2. To communicate with the off-site Clinical Instructor and/or DCE to share feedback regarding student performance

2.4 Director of Clinical Education (DCE) Roles & Responsibilities

In all placements, the DCE is a university faculty member that is responsible for coordinating student placements for 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. In role-emerging placements, the DCE acts as a resource for the student, off-site Clinical Instructor and on-site supervisor at the placement facility.

The role of the DCE in role-emerging placements is:

1. To identify and develop new and innovative role-emerging clinical placements
2. To ensure a process exists for approving sites: review, monitor and evaluate sites, review, and revise the professional practice and role-emerging handbooks on an annual basis; and organize and conduct educational workshops for off-site Clinical Instructors and on-site supervisors
3. To negotiate with facility-based coordinators the number of students each facility is able to accommodate in order to support the professional preparation component of each term
4. To match student needs with available sites
5. To disseminate information to the sites concerning the program philosophy, curriculum, and education guidelines
6. To act as a resource to the sites in the planning of learning experiences and the evaluation of student performance
7. To monitor individual student progress throughout placement and to assist the student in developing strategies to meet his/her ongoing learning objectives throughout the program
8. To respond to concerns of the student, the off-site Clinical Instructor, or the on-site supervisor
9. To submit final student grades for approval
10. To maintain a database on sites and Clinical Instructors
11. To liaise with the term teams to ensure that curriculum content enhances student preparation for placement experiences
12. To address current issues and future directions in physiotherapy in Canada by sitting on the National Association for Clinical Education in Physiotherapy (NACEP)
13. To address accommodation issues that affect the placement experience (Wojkowski & Nicoll, 2013)

2.5 Potential Independent Activities in Placements

Over the course of the two-year MSc PT Program, student therapists in physiotherapy at McMaster University develop skills such as problem-solving and critical thinking, self-direction, and autonomy. These, together with increasing content and procedural knowledge, prepare students for competent entry-level professional practice. Clinical education, through placements in a variety of settings, offers students experiential learning opportunities in which academic learning can be integrated. At each progressive level of placement experience, the expectations for the student grow.

In the first placement experience, students may observe and shadow Clinical Instructors, as well as take on direct and indirect activities with clients that are deemed to be appropriate for the specific setting and student. Throughout all placements however, even those in which there is a greater level of supervision required, students can and should be involved in multiple independent activities which will enhance learning and provide valuable contributions to the setting

and clinicians with whom they are placed. These important supporting activities can be planned and conducted by the students themselves, as negotiated and agreed upon with the Clinical Instructor. Such activities can be part of the “normal” placement hours in any supervision model. Having dedicated time to learn is essential in supporting the development of knowledge and skills necessary for the provision of service to clients. A student might be ‘on their own’ and able to engage in these independent activities when the off-site Clinical Instructor is unable to be on-site or available.

The following are examples of independent activities students may engage in at times where direct activities with clients are not occurring:

- Planning and preparation for upcoming 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
- Contributions to Client/Patient Education Boards in the facility – visual materials
- Preparation of educational materials to augment treatment and client recommendations
- Summaries and critical appraisals of evidence and literature related to practice area topics
- In-service preparation for delivery to staff: client case studies, standardized assessment tools, treatment techniques
- Some students may have individual learning objectives such as administration activities (i.e. billing practices, entrepreneurship) that could be pursued with personnel other than Clinical Instructor or clinicians
- Marketing of innovations through development or revision of brochures and visual materials
- Product research
- Site visits to related facilities, clinics, clinicians
- Collaboration with support personnel to master handling skills; wheelchair, seating, and mobility skills; transfer skills; range of motion and strength measurement, etc.
- Surgical observations
- Learning time with alternate professionals in the same facility
- Practice clinical interviewing skills
- Team treatment opportunities
- Contact and resource lists relevant to particular client populations
- Special projects (Clinical Instructors are encouraged to develop a list of research questions and project outlines)
 - Educational
 - Research
 - Establishing expectations and objectives for programs and organizations

In identifying other activities that may be viable for students to undertake, activities should:

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

(Wojkowski & Nicoll, 2013)

2.6 Journals

Journaling is **recommended** for all placements and is encouraged for role-emerging placements because:

- It is a strategy to encourage student self-reflection and clinical reasoning
- It facilitates self-understanding, growth and development
- It is used as a teaching/evaluation tool in clinical education
- It is used as a trigger for subsequent discussions between Clinical Instructor and student

Journal recommendations on a role-emerging placement:

- Two entries per week is recommended to capture placement experience
- Many students submit their journals to the Clinical Instructor to guide and focus subsequent discussions during

supervision time.

Identify time to discuss journal:

- Interactive journaling is very helpful but needs to be done in a timely way (should be done immediately to assist student in resolving issues or dilemmas)

Identify what content should be included in the journal:

- Thoughts, feelings, concerns, or issues arising from the learning experience
- Can be done at anytime but best when student is thinking/working through a placement related issue
- Do not submit a log (e.g. record what was done at 9am, 10am, etc.). The submission may be a hybrid of log and reflections, however it is important that a journal is **not** exclusively a log
- Best to be flexible with the type of content, however approach should be thoughtful rather than contrived

Identify purpose of the journaling exercise:

- For student learning and discussion
- To capture what students do when conducting tasks independently (i.e. without observation by Clinical Instructor)

Ensure confidentiality:

- Identify who will see the journal (sometimes they are submitted to the school but, not necessarily)
- If Clinical Instructor keeps the journals, identify whether (and when) the journals will be destroyed
- If Clinical Instructor would like to keep a “sample” for future reference, ensure student gives consent and all identifiable information is deleted
- If using email, ensure that the information is secure/anonymized

The following is one example of how students may organize their journals, although the journal structure can be determined by the student:

Student Reflective Journal Template

<p>Incident Describe the basics of what occurred: date, who was involved, positive or negative occurrence, etc.</p>
<p>Communication Reflect on how the incident is linked to communication with others at the facility, within the therapy team, with clients</p>
<p>Integration with team Reflect on how the incident is linked to efforts to integrate rehab into the community setting. Could include documentation issues, referral issues, needs assessment, etc.</p>
<p>Self-management Reflect on how the incident links to the efforts to provide self-management intervention to clients; may link to the challenges of incorporating rehabilitation principles to self-management, challenges re: goal setting, or instrumental issues related to the groups</p>
<p>Discipline specific practice issues Reflect on how the incident is linked to PT practice; how is your role different in this setting; what are you learning about PT in primary care?</p>

<p style="text-align: center;">Action Planned and Taken What did you ultimately do in response to the incident and the steps outlined above?</p>

(Letts & Richardson, 2005)

Journals can be narrative or can be written in the template format as this example shows:

Incident:

In discussion with the client today, I recognized as they shared their story, similarities between them and my cousin's experiences within the mental health system.

Communication:

I am struggling with how to share this information with the client. Would it build rapport, which can be challenging to do in this setting? Would this downplay the situation or make the client feel I have minimized her experience by comparing it to someone else's experiences? Alternatively, I thought it might help the client to see me in this setting as more than just a student, but a student physiotherapist who could both empathize and have some understanding of the situation and thus could offer some assistance to her.

Integration:

I am not sure how comfortable I am with disclosure in this setting, nor how to use my sense of self in a role-emerging setting which has not had a PT. I feel sharing would show some sense of understanding and has the potential to encourage the client to engage in further discussion with me in a more "deep" and less superficial way. It could help the client if I discuss via an example how PT could benefit people in similar circumstances, consistent with my cousin's situation. She benefitted from physiotherapy.

Self-management:

I recognize that my comfort/discomfort interacting with clients in this setting is apparent to them. If I am hesitant, they will be hesitant to approach me and certainly will be reluctant to trust me enough to share a their PT related concerns. I need to appear open and approachable, even if I'm uncertain of next steps. It all starts with dialogue.

Discipline specific practice issues:

Clearly, sharing personal information may be appropriate in some instances but not in others. However, I need to trust my emerging clinical judgement or I will not be able to establish rapport. Why should a client take a risk with a student PT if I don't take a risk to share?

Action planned:

I will discuss timing and boundaries with my off-site Clinical Instructor when she is next on site to ensure I respectfully establish rapport via disclosure of my cousin's experiences so that I can build trust to allow exploration and discussion of PT related concerns.

3.0 RECOMMENDED TIMELINE FOR ACCOMPLISHMENT OF ADMINISTRATIVE TASKS BY STUDENT AND CLINICAL INSTRUCTOR

	STUDENT TASKS	OFF-SITE CLINICAL INSTRUCTOR TASKS	ON-SITE SUPERVISOR TASKS
FIRST WEEK OF PLACEMENT	<p><i>Note: It is ideal to arrange a meeting with the off-site Clinical Instructor, on-site supervisor, the DCE and student in advance of the placement to clarify expectations and address questions.</i></p> <ul style="list-style-type: none"> • Participate in orientation • Present draft Learning Contract (including resources, evidence & validation) • Identify general strengths and weaknesses based on previous placement • Establish feedback strategies • Begin weekly journaling 	<ul style="list-style-type: none"> • Participate in on-site orientation with on-site supervisor and student to discuss evaluation, potential frequency of “on-site time” and development of preferred communication strategies • Review draft Learning Contract and provide input and recommendations (including resources, evidence & validation) • Contact DCE with questions re: student’s Learning Contract, such as depth/quality • Consider strategies to address student strengths and weaknesses • Establish feedback strategies • Review use of journal and frequency of review 	<ul style="list-style-type: none"> • Provide facility orientation to student and off-site Clinical Instructor (includes physical space, culture, administrative details of site) • Ensure any necessary training and access is arranged or completed with the student (e.g. electronic charting, etc.) • Clarify role expectations with student and off-site Clinical Instructor • Liaise with student, off-site Clinical Instructor and/or DCE if needed re: questions or concerns
SECOND WEEK OF PLACEMENT	<ul style="list-style-type: none"> • Finalize learning objectives (including resources, evidence & validation) • Establish agreement that the Learning Contract is a document jointly developed between the student and the Clinical Instructor • Continue minimum two weekly journal entries; share with Clinical Instructor, as negotiated • Liaise with off-site Clinical Instructor and on-site supervisor regarding potential topics for a Legacy Project 	<ul style="list-style-type: none"> • Finalize learning objectives (including resources, evidence & validation) • Establish agreement that Learning Contract is jointly developed between the student and Clinical Instructor • Participate in discussion with student and on-site supervisor as needed regarding potential Legacy Projects considered valuable to the setting • Review the student’s journal entries on regular basis as negotiated 	<ul style="list-style-type: none"> • Liaise with student, off-site Clinical Instructor and/or DCE if needed re: questions or concerns • Participate in discussion with student and off-site Clinical Instructor as needed regarding potential Legacy Projects considered valuable to the setting
MID PLACEMENT	<ul style="list-style-type: none"> • Prepare for midterm evaluation by providing online self-evaluation to Clinical Instructor (ACP 2.0), indicating suggested rating, strengths and learning issues • Complete the online Student Evaluation of Clinical Placement (SECP) • Provide feedback to the Clinical Instructor and supervisor on placement experience to date • Revise Learning Contract (including resources, evidence & validation) as needed 	<ul style="list-style-type: none"> • Solicit feedback from on-site supervisor to inform midterm evaluation • Prepare midterm evaluation online (ACP 2.0) and providing feedback to the student, highlighting strengths and learning issues • Review students revisions to Learning Contract (including resources, evidence & validation), if appropriate • Contact DCE if student does not meet ‘satisfactory’ level of performance 	<ul style="list-style-type: none"> • <u>Either</u> submit an individual online evaluation (ACP 2.0), or provide feedback to off-site Clinical Instructor who may submit the midterm assessment “jointly” on behalf of both instructors • Liaise with student, off-site Clinical Instructor and DCE if needed re: questions or concerns

LAST WEEK OF PLACEMENT	<ul style="list-style-type: none"> • Prepare for final evaluation by providing online self-evaluation and assigning a recommended final ranking (ACP 2.0) • Prepare to complete the online Student Evaluation of Clinical Placement (SECP) • Ensure all evaluations are submitted in a timely manner • Ensure evaluation forms are signed and mailed to DCE • Ensure closure with clients, staff and team • Take initiative to prepare salient information to share with the next placement student (via the DCE) so that incoming students can build on prior learning and experiences if applicable • Participate in a debriefing meeting if possible, with the off-site Clinical Instructor, on-site supervisor and DCE 	<ul style="list-style-type: none"> • Solicit feedback from on-site supervisor to inform the final evaluation (ACP 2.0) • Prepare final evaluation by providing feedback to the student and assigning a recommended final ranking <ul style="list-style-type: none"> ✓ Learning Contract signed by Clinical Instructor and student ✓ ACP 2.0 evaluation completed by Clinical Instructor and student • Participate in a debriefing meeting if possible, with the student, on-site supervisor and DCE 	<ul style="list-style-type: none"> • <u>Either</u> submit an individual online evaluation (ACP 2.0), or provide feedback to off-site Clinical Instructor who may submit the midterm assessment “jointly” on behalf of both instructors • Liaise with student, off-site Clinical Instructor and DCE if needed re: questions or concerns • Participate in a de-briefing meeting if possible, with the student, off-site Clinical Instructor and DCE
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5.0 GLOSSARY OF TERMS

Canadian Physiotherapy Assessment of Clinical Performance 2.0 (ACP 2.0) – used by all English Canadian university PT programs to evaluate physiotherapy students during placement at midterm and final evaluation. This evaluation is based on the Canadian Competency Profile for Physiotherapists (ECP), and the rating scale has been modified from the Revised PT CPI (version 2006) with permission from the APTA. Every performance criterion in this instrument is important to the overall assessment of clinical competence. It is applicable to a wide range of clinical settings (Wojkowski & Nicoll, 2013).

Learning Contract – 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 (Wojkowski & Nicoll, 2013).

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

Journal: A journal is a reflective tool used by a student as a strategy for self-reflection, understanding, growth, development and clinical reasoning. Although journals are sometimes completed via a template, more often the format is less prescribed. It is not simply a chronology of events or activities but is a narrative of thoughts, feelings and learning arising during the clinical placement.

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

Off-site Clinical Instructor: In role-emerging placements, there is no physiotherapist employed at the facility or organization where the placement is occurring. As a result, a Clinical Instructor who does not work at the placement location is “off-site” and provides supervision for the student. The frequency of direct contact with the student is to be negotiated between the student and Clinical Instructor but must be a minimum of 4 hours per week. See definition of Clinical Instructor below for additional information.

On-site Supervisor: In role-emerging placements, a person employed at the facility or organization assumes a supervisory role and acts as a contact person for the student at the placement. The on-site supervisor is not a physiotherapist but a person with expertise regarding the placement.

Canadian Council of Physiotherapy University Programs (CCPUP) – The Canadian Council of Physiotherapy University Programs (Academic Council) is a national organization which includes representatives from Canada’s 14 physiotherapy university education and research programs and physiotherapy colleagues from the accreditation, regulatory and association sectors. The Academic Council provides leadership in topics, trends, and issues pertinent to physiotherapy academic and clinical education and research. Fundamental to the activities of the Academic Council is the collaborative working relationship of its member organizations and the National Association for Clinical Education in Physiotherapy (CCPUP, 2011).

National Association for Clinical Education in Physiotherapy (NACEP) – The NACEP is made up of the Academic Coordinators of Clinical Education (ACCE) from each university program and the provincial or regional coordinators of clinical education. These members have a joint policy on how national and international internships are processed. Each member is responsible for a different geographical catchment in their respective provinces (CCPUP, 2011).

Clinical Instructor: The Clinical Instructor is a physiotherapist with a minimum of one year of professional experience and credentials with the appropriate regulatory body who agrees to provide and supervise learning opportunities for students during clinical placement. In addition to providing ongoing supervision, the Clinical Instructor is responsible for evaluation and documentation of the student's performance during the placement.

Director of Clinical Education (DCE): is often referred to as the clinical education coordinator, clinical placement coordinator, professional practice coordinator or academic clinical coordinator of education. This individual is the faculty member responsible for development and management of the professional practice component of the curriculum. The DCE acts as a resource to both the student and Clinical Instructor during clinical placements.

Professional Practice Experience: please see definition of clinical placement.

Role-Emerging Placement: Clinical education placements that occur in settings without an established physiotherapy role or on-site physiotherapist, but in which there are clients that would benefit from physiotherapy services (Bossers et al., 1997).

ACP 2.0 Evaluation Guidelines for a Role Emerging / Research / Administrative Placement

Students enrolled in entry-level physiotherapy programs in Canada may have the opportunity to complete a clinical placement in which the main focus of the placement is not traditional clinical skills (i.e. role emerging / research / administrative placements). It is recognized that in these placements the ACP 2.0 anchor descriptors may become difficult to apply. The table below provides samples of evaluation criteria and development across the progression for the physiotherapy student and their clinical instructor. This table is a guide only; placement specific questions and concerns should be directed to the DCE where the student is enrolled.

Consider the student's performance across these dimensions:
 QUALITY OF CARE • SUPERVISION/GUIDANCE REQUIRED • CONSISTENCY OF PERFORMANCE • COMPLEXITY OF TASKS • EFFICIENCY OF PERFORMANCE



	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level	With Distinction
ACP Anchor Descriptor	<p>The student requires close supervision 90-100% of the time managing patients with constant monitoring, even with patients with simple conditions</p> <p>The student requires frequent cueing and feedback</p> <p>Performance is inconsistent and clinical reasoning is performed at a very basic level</p> <p>The student is not able to carry a caseload</p>	<p>The student requires clinical supervision 75% to 90% of the time managing patients with simple conditions and 100% of the time managing patients with complex conditions</p> <p>The student demonstrates consistency in developing proficiency with simple tasks (e.g., chart review, goniometry, muscle testing and simple interventions)</p> <p>The student initiates but is inconsistent with comprehensive assessments, interventions, and clinical reasoning</p> <p>The student will begin to share a caseload with the clinical instructor</p>	<p>The student requires clinical supervision less than 50% of the time managing patients with simple conditions and 75% of the time managing patients with complex conditions</p> <p>The student is proficient with simple tasks and is developing the ability to consistently perform comprehensive assessments, interventions, and clinical reasoning.</p> <p>The student is capable of maintaining ~ 50% of a full-time physical therapist's caseload</p>	<p>The student requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions</p> <p>The student is consistent and proficient in simple tasks and requires only occasional cueing for comprehensive assessments, interventions, and clinical reasoning</p> <p>The student is capable of maintaining ~75% of a full-time physical therapist's caseload</p>	<p>The student requires infrequent clinical supervision managing patients with simple conditions and minimal guidance/supervision for patients with complex conditions</p> <p>The student consistently performs comprehensive assessments, interventions and clinical reasoning in simple and complex situations. The student consults with others and resolves unfamiliar or ambiguous situations</p> <p>The student is capable of maintaining at minimum 75% of a full-time physical therapist's caseload in a cost-effective manner</p>	<p>The student is capable of maintaining 100% of a full-time physical therapist's caseload without clinical supervision or guidance, managing patients with simple or complex conditions, and is able to function in unfamiliar or ambiguous situations. In addition, the student demonstrates at least one of the criteria listed below:</p> <p>The student is consistently proficient at comprehensive assessments, interventions and clinical reasoning</p> <p>The student willingly assumes a leadership role for managing patients with more complex conditions or difficult situations</p> <p>The student is capable of supervising others</p> <p>The student is capable of serving as a consultant or resource for others</p> <p>The student actively contributes to the enhancement of the clinical facility or service with an expansive view of physical therapy practice and the profession</p>

ACP Rating Scale	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level	With Distinction
<p>Domain 1: Physiotherapy Expertise <i>As experts in mobility and function, physiotherapists use clinical reasoning that integrates unique knowledge, skills, and attitudes to provide quality care and enhance the health and wellbeing of their clients.</i></p>	<p>After a site orientation, the student requires a significant amount of cueing and direction to consult with all members of the research team/organization who may influence or interact with the student throughout the placement. Significant direction is required to identify appropriate learning resources and background information; once identified student is independent in review.</p>	<p>After site orientation, the student may require frequent cueing and direction to consult with all members of the research team/organization who may influence the physiotherapy role initially and throughout the placement. Direction is required to identify appropriate learning resources and background information; once identified student is independent in review.</p>	<p>After site orientation, the student can articulate with minimal cueing and direction to consult which members of the research team/organization may influence the physiotherapy role. Throughout the placement infrequent reminders may be required to reconnect with team members as needed. After project orientation, infrequent direction is required to identify appropriate learning resources and background information; once identified student is independent in review.</p>	<p>After site orientation, the student can articulate which members of the research team/organization may influence the physiotherapy role; may require assistance in establishing meetings. Throughout the placement rare reminders may be required to reconnect with team members as needed. After project orientation, student can appropriately identify learning resources and background information; once identified student is independent in review.</p>	<p>After site orientation, the student articulates which members of the research team/organization may influence the physiotherapy role and independently establishes meetings with these members. Throughout the placement, the student is able to identify when reconnection with team members is required and initiates these meetings. After project orientation, student appropriately identifies learning resources and background information; once identified, the student is independent in review</p>	<p>Student comes prepared to the first day of placement having reviewed website/information about the project/organization. During site orientation, the student articulates which members of the research team/organization may influence the physiotherapy role; student independently establishes meetings with these members. Throughout placement, the student is able to identify when reconnection with team members is required and initiates these meetings. After project orientation, student appropriately identifies learning resources and background information; once identified, student is independent in review.</p>
<p>1.1 - Employ a client-centered approach</p> <p>1.2 - Ensure physical and emotional safety of client</p>	<p>Student requires quantitative and qualitative measures to be identified by the clinical instructor; if unfamiliar to the student, can independently review documents but requires strong guidance in how to apply measure to the question/task. Key deliverables for the placement are established by the clinical instructor and student. Student is able to recognize when a task/role may be out of scope and knowledge and requests assistance. Student requires direction about how to track project progress throughout placement.</p>	<p>Student requires quantitative and qualitative measures to be identified by the clinical instructor; if unfamiliar to the student, can independently review documents related to the measures, with minimum - moderate guidance in how to apply measure to the question/task. Student is able to recognize when a task/role may be out of scope and knowledge and requests assistance. Key deliverables are mainly established by the clinical instructor, however, student assists in generating questions/objectives. Student requires direction about how to track project progress throughout placement.</p>	<p>After project orientation, the student is able to identify potential measures to evaluate project/role success. Requires discussion with the clinical instructor to identify best measure. If measures are unfamiliar to the student, can independently review documents related to the measures with minimal guidance in how to apply measure to the question/task. After a conversation with the clinical instructor, student proposes key deliverables to CI; these are then refined through discussion. Student is able to recognize when a task/role may be out of scope and knowledge and requests assistance. Student requires direction about how to track project progress throughout</p>	<p>After project orientation, the student is able to identify and discuss appropriate measures to evaluate project/role success. Clinical instructor may assist in refining the list to most applicable through discussion with student. If measures are unfamiliar, the student independently reviews documents and learns how to apply to question/task with minimal guidance. Clinical instructor and student are able to identify key deliverables for the project during a discussion. Student may propose revisions to these deliverables as placement progresses. Student presents and integrates methods for tracking progress and updating project status across the placement period with minimal direction. Student</p>	<p>After project orientation, the student is able to identify and discuss appropriate measures to evaluate project/role success. Student leads discussion with Clinical instructor to refine measures as needed. If measures are unfamiliar, the student independently reviews documents and learns how to apply to the question or task. Student presents and integrates methods for tracking progress and updating project status across placement independently. Clinical instructor and student are able to identify key deliverables for the project during a discussion. Student may propose revisions to these deliverables as placement</p>	<p>Student comes prepared to project orientation to discuss appropriate measures to evaluate project/role success. Student leads discussion with clinical instructor to refine measures as needed. If measures are unfamiliar to the student, the student independently reviews documents and learns how to apply to the question or task. Student presents and integrates methods for tracking progress and updating project status across placement independently. Clinical instructor and student are able to identify key deliverables for the project during a discussion. Student</p>

			placement	is able to recognize when a task/role may be out of scope and knowledge and requests assistance.	progresses. Student is able to recognize when a task/role may be out of scope and knowledge and requests assistance.	may propose revisions to these deliverables as placement progresses. Student is able to recognize when a task/role may be out of scope and knowledge and requests assistance.
1.3 - Conduct client assessment	Clinical instructor guides student through information collection and analyses of project data. Clinical instructor provides direct guidance in assisting student with making links to project findings and context of organization.	Student attempts independent collection and analyses of project data. Collection/analysis may be inaccurate/incorrect, however the student is able to explain rationale. With direction, the student can produce accurate analyses of findings. With direction, the student is able to link project findings and context of the organization.	Student independently collects and conducts analyses of project data. With minimal direction, student produces accurate analyses. Student independently makes a link between project findings and context of organization; link may be superficial and the student may require CI assistance in generating more complex links.	Student independently collects and conducts analyses of project data. Analyses are accurate. With minimal direction, the student is able to produce efficient and accurate analysis. Student independently makes a link between project findings and context of organization; link may be superficial and the student may require CI assistance in generating more complex links.	Student independently collects and conducts analyses of project data. Analyses are accurate and efficiently done. Student independently makes complex links between project findings and context of organization.	Student independently collects and conducts analyses of project data. Analyses are accurate and efficiently done. Student independently makes complex links between project findings and context of organization. Student independently makes complex links between project and external community/other research.
1.4 - Establish a diagnosis and prognosis	Clinical instructor directs students in the identification of and potential value of a physiotherapist's role in the project/organization. Student asks appropriate questions.	After project orientation, clinical instructor asks questions to facilitate student identifying the potential value of a physiotherapist's role in the project/organization. Student asks appropriate questions.	After project orientation, student is able to identify the potential value of a physiotherapist's role in the project/organization with minimal cueing. Student asks appropriate questions.	After project orientation, student is able to identify the potential value of a physiotherapist's role in the project/organization independently. Student asks appropriate questions.	After project orientation, student is able to identify the potential value of a physiotherapist's role in the project/organization independently. Student asks questions that demonstrate an awareness of how the project can relate to other populations.	After project orientation, student is able to identify the potential value of a physiotherapist's role in the project/organization independently. Student independently makes links to demonstrate how the project can relate to other health care professionals/clients with different conditions/diagnoses.
1.5 - Develop, implement, monitor, and evaluate an intervention plan 1.6 - Complete or transition care 1.7 - Plan, deliver and evaluate programs	Clinical instructor provides significant direction for student to identify project and placement goals that are realistic for the allocated time. Clinical instructor directs student to relevant evidence to inform program development. Clinical instructor leads	Student independently proposes and Clinical instructor provides direction on project and placement goals that are realistic for the allocated time. Clinical instructor discusses with students search terms/locations where relevant evidence may be located. Student independently searches and identifies the	Student independently proposes and clinical instructor reviews project and placement goals that are realistic for the allocated time. Moderate revisions may be required. Student proposes and clinical instructor reviews search terms/locations where relevant evidence may be located. Student independently searches	Student independently proposes and clinical instructor reviews project and placement goals that are realistic for the allocated time. Minimal revisions are required. Student proposes and clinical instructor reviews, with minimal revision, search terms/locations where relevant evidence may be located. Student	Student independently generates and clinical instructor reviews project and placement goals that are realistic for the allocated time. Minimal revisions are required. Student is proficient at identifying search terms and identifying databases for searching. Searches are done independently and proficiently.	Student independently generates and clinical instructor reviews project and placement goals that are realistic for the allocated time. Minimal revisions are required. Student is proficient at identifying search terms and identifying databases for searching. Student searches independently and proficiently. Student

	<p>student through the process of applying for research ethics where applicable. Clinical instructor provides consistent feedback related to the proposal and work to date. Clinical instructor directs student on what and how to prepare for future/next students who will be assuming the project role OR what is required in final placement summary.</p> <p>Clinical instructor initiates conversations related to redefining goals and project plans as required. Student is able to revise with direction.</p> <p>Student completes the negotiated project with significant direction from the CI.</p>	<p>evidence. Clinical instructor leads student through process of applying for research ethics where applicable. Student is able to draft forms independently and present to CI within agreed upon timelines. Clinical instructor provides frequent feedback related to the proposal and work to date. Clinical instructor directs student on what to prepare for future/next students who will be assuming project role OR what is required in final placement summary. Student identifies how to present information independently and obtains approval from CI.</p> <p>Clinical instructor initiates conversation to redefine goals and project plan. Student is able to provide suggestions about how to revise and independently act on suggestions.</p> <p>Student completes the project with direction from the CI. Student requires significant direction to complete project if there are any delays or changes to the scope of the project.</p>	<p>and identifies the evidence. Student initiates application to research ethics and submits to clinical instructor within agreed upon timelines where applicable. Moderate revisions are required. Clinical instructor provides feedback related to work and proposal at agreed upon intervals. Clinical instructor informs student of need for end of placement summary; student proposes content and how to present for approval from CI. Moderate revisions required.</p> <p>Student initiates conversation about project goals without prompting. Student engages in conversation with CI about goal progression and how to modify goals based on project progression.</p> <p>Student completes the project with minimal guidance from the CI. Student is able to respond to project delays or changes in project scope with moderate support from the CI.</p>	<p>independently searches and identifies the evidence. Student initiates application to research ethics and submits to clinical instructor within agreed upon timelines where applicable. Minor revisions are required. Clinical instructor provides feedback related to work and proposal at agreed upon intervals. Clinical instructor informs student of need for end of placement summary. The student independently generates plan for approval from CI.</p> <p>Student independently identifies goals, the need to modify goals, and where applicable, proposes realistic alternatives to CI with rationale.</p> <p>Student completes the project with minimal direction from the CI. Student responds to project delays or changes in scope with minimal disruption and support from clinical instructor.</p>	<p>Student initiates application to research ethics and submits to clinical instructor within agreed upon timelines where applicable. Minor revisions are required. Clinical instructor provides feedback related to work and proposal at agreed upon intervals; usually infrequent. Student independently presents plan to CI related to how to summarize placement progress and obtains approval from CI.</p> <p>Student is able to independently identify, modify and discuss project goals with clinical instructor on a day-to-day basis. Demonstrates an ability to initiate conversations with CI about project processes.</p> <p>Student completes project with minimal direction from CI. Student is able to anticipate and responds to project delays and changes in scope with minimal support from CI.</p>	<p>presents alternatives or additional search terms during the process and revises search as needed.</p> <p>Student initiates application to research ethics and submits to clinical instructor within agreed upon timelines where applicable. Minor revisions may be required. Student seeks out signatures and other sources for assistance independently. Clinical instructor provides feedback related to work and proposal at agreed upon intervals; usually infrequent. Student independently presents plan to CI related to how to summarize placement progress and obtains approval from CI.</p> <p>Student accurately describes project goals and outcomes after a brief conversation about the project. Student initiates conversation with clinical instructor and others involved about project goals and progress.</p> <p>Student completes project with minimal direction from CI. Student anticipates and provides alternatives to project delays and changes in project scopes.</p>
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ACP Rating Scale	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level	With Distinction
<p>Domain 2: Communication As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships. When applicable, consider/apply essential competencies.</p> <p>2.3 - Adapt communication approach to context and 2.4 - Use communication tools and technologies as you rate the student on items 2.1 and 2.2</p>	Requires cueing to actively listen.	Effectively communicates with CI and others involved in the project once the student understands the role and scope of the project.	Builds and maintains rapport in predictable encounters with CI and others involved in the project	Uses appropriate verbal and non-verbal communication and can adapt the communication style based on the needs of the receiver.	Uses appropriate verbal and non-verbal communication when establishing relationships to demonstrate sensitivity and respect in complex and/or challenging situations.	Effectively communicates, with all members of the project team in anticipated and unanticipated situations with minimal cueing.
2.1 - Use oral and non-verbal communication effectively						
2.2- Use written communication effectively	Requires probes and guidance to gather and share information about the project with the CI or the team.	Written and electronic documentation requires some corrections related to technical information and writing style. The student requires support to identify correct format and presentation of the project.	Documentation is consistent with minor errors in technical information and in writing style. The student may take longer than expected to complete the written documentation. All electronic documents (i.e. email/social media where appropriate) are professional and timely. Student is able to provide suggestions about format and presentation to CI with minimal support.	Student is able to document information related to the project in multiple formats (i.e. power point, social media) with minor cueing and support from CI. All electronic documents (i.e. email/social media) are professional and timely. Information presented is accurate related to technical information and writing style is appropriate for medium.	Writes concise and comprehensive project updates and reports efficiently with minimal errors (i.e. in technical writing and writing style). All electronic documents (i.e. email/social media where appropriate) are professional and timely. Student independently identifies the best medium to share project results and updates.	Student is efficient and accurate with project related information. All electronic documents (i.e. email/social media where appropriate) is professional and timely. Student is able to independently generate and present information to a variety of audiences (i.e. team meeting, presentation at a local/national conference).

ACP Rating Scale	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level	With Distinction
<p>Domain 3: Collaboration <i>As collaborators, physiotherapists work effectively with others to provide inter- and intra-professional care.</i></p>	<p>Requires guidance in identifying the most appropriate team members who may be collaborators on different aspects of the project.</p> <p>Student is respectful at all times with all individuals on the project team or who are involved in any part of the project.</p>	<p>Student is able to describe the roles, responsibilities and perspectives of project team members. With minimal cueing, the student can identify the most appropriate team member for collaboration.</p> <p>The student is respectful at all times with all individuals on the project team or who are involved in any part of the project. Independently identifies competing priorities or conflicting value systems; student may need assistance to identify possible solutions. Clinical instructor initiates introduction of the student with the clinical team. With assistance from CI, the student is able to articulate their role with other team members. Addresses conflict with team members after moderate support (i.e. role play with CI in advance of approaching team member).</p>	<p>Student actively seeks out and shares information with all team members independently. Student is able to participate in shared decision making (i.e. consensus activities) with cueing/support.</p> <p>The student is respectful at all times with all individuals on the project team or who are involved in any part of the project. With the CI, can recognize and discuss competing priorities with team dynamics, however may need assistance to determine the best solution. Student is comfortable initiating conversation with other project team members re: roles and responsibilities. In some instances, student may request CI to be present for discussions. Addresses conflict in a professional and collaborative manner with team members with minimal support from CI.</p>	<p>Active participant in the project team, including independent with some decision making. Engages in project meetings with minimal cueing. Independently identifies collaborators who are not yet part of the project team.</p> <p>Respectful at all times with all individuals on the project team or who are involved in any part of the project. Student is independent in initiating and engaging in conversation with other project team members re: roles and responsibilities. Independently recognizes and discusses competing priorities with team dynamics. Requires minimal assistance from CI to determine and implement collaborative solutions.</p>	<p>Effectively participates in the exchange of project related information in a variety of settings and with a variety of individuals/informants.</p> <p>Respectful at all times with all individuals on the project team and involved in any part of the project. Independently recognizes and discusses competing priorities with team dynamics. Student is independent in initiating and engaging in conversation with other project team members re: roles and responsibilities. Recognizes role may be dynamic across the placement and can adapt as needed with minimal support. Independently determines and implements collaborative resolution of conflicts.</p>	<p>Effectively participates in a challenging project team meeting when there are contentious issues without guidance from the CI.</p> <p>Respectful at all times with all individuals on the project team or who are involved in any part of the project. Independently recognizes and discusses competing priorities with team dynamics. Student is independent in initiating and engaging in conversation with other project team members re: roles and responsibilities. Recognizes role may be dynamic across the placement and can adapt independently. Determines and implements collaborative resolution of conflict. Recognizes when others are struggling with conflict within the team and engages professionally to initiate communication.</p>
<p>3.1 - Promote an integrated approach to client services</p> <p>3.2 - Facilitate collaborative relationships</p> <p>3.3 - Contribute to effective teamwork</p> <p>3.4 - Contribute to conflict resolution</p>	<p>With prompting, identifies competing priorities or conflicting value systems; student will require assistance to identify possible solutions. Clinical instructor leads the introduction of the student to the individuals of the project team and clearly identifies students role. The student requires cueing and support to address conflict with team members or CI.</p>					
ACP Rating Scale	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level	With Distinction
<p>Domain 4: Management <i>As managers, physiotherapists manage self, time, resources and priorities to ensure safe, effective and sustainable services.</i></p>	<p>Is consistently punctual. Requires support to prioritize project tasks. Does not independently identify project activities that they can contribute to. Able to discuss with significant support from CI how project will</p>	<p>Is consistently punctual. Starting to understand time management and project task prioritization principles. With cueing, can independently identify project activities that they are able to contribute to. With</p>	<p>Is consistently punctual. Independently prioritizes project tasks and manages time well. Takes initiative to identify project activities that they are able to contribute to and communicates these tasks to CI. Can discuss how the</p>	<p>Is consistently punctual. Takes initiative to identify project activities that they are able to contribute to and lead and communicates these tasks to CI. Manages time dedicated to project work well with minimal CI</p>	<p>Is consistently punctual. Manages all aspects of project management including scheduling time with project partners and completing tasks for negotiated deadlines. Takes initiative and prioritizes independently</p>	<p>Is consistently punctual. Independently performs all tasks associated with the project. Student shows innovation in managing project tasks. The student can discuss in an applied manner how the project will contribute to the structure</p>

<p>4.1- Support organizational excellence.</p> <p>4.2 - Utilize resources efficiently and effectively.</p> <p>4.4 - Engage in quality improvement activities</p>	<p>contribute to the structure and function of the health system as it is related to physiotherapy practice.</p>	<p>cueing, can discuss how the project will contribute to the structure and function of the health system as it is related to physiotherapy practice.</p>	<p>project will contribute to the structure and function of the health system as it is related to physiotherapy practice and is able to communicate with support how the project links to each.</p>	<p>support. Coordinates activities with other project members as needed. Liaises with external agencies with cueing and support from CI when indicated (i.e. grant agencies ,key interest groups). Able to communicate value of project within the profession and health system.</p>	<p>when planning and coordinating project activities and with other staff/health care providers. Able to communicate value of project within the profession and health system.</p>	<p>and function of a health system and or/ contribute to the profession from a physiotherapy perspective.</p>
<p>4.3 - Ensure a safe practice environment</p>	<p>Requires constant cueing to attend to hazards in the physical environment (i.e. cluttered workspace, personal body mechanics). Aware of safety considerations for self and others. With significant support from CI, can identify quality improvement opportunities where appropriate.</p>	<p>Maintains a safe work environment. Requires some cueing to prevent hazards in workspace. With some support from CI, can identify quality improvement opportunities where appropriate.</p>	<p>Maintains a safe work environment. Able to independently prevent hazards in workspace. Takes initiative to identify quality improvement opportunities related to the project where appropriate.</p>	<p>Maintains a safe work environment. Able to independently prevent hazards in workspace. Independently identifies to CI opportunities for project growth and/or areas where additional work may be beneficial to support project activities. Where appropriate, will engage in quality improvement with minimal cueing from CI.</p>	<p>Maintains a safe work environment. Able to independently prevent hazards in workspace. Engages with project team to identify potential next steps and future collaborations. Identifies and presents opportunities to team and CI related to quality improvement where appropriate.</p>	<p>Maintains a safe work environment. Able to independently prevent hazards in workspace. Engages with project team to identify potential next steps and future collaborations. Identifies and presents opportunities to team and CI related to quality improvement where appropriate.</p>
<p>4.5 - Supervise others</p>	<p>With significant support, able to provide guidance and direction related to project/ research. research to Instructors or other team members</p>	<p>With moderate support, able to provide guidance and direction related to project/ research to Instructors or other team members</p>	<p>With moderate support, able to provide guidance and direction related to project/ research to Instructors or other team members. Able to provide feedback on tasks completed by others.</p>	<p>With minimal support, able to provide guidance and direction related to project/ research to Instructors or other team members. Able to provide feedback on tasks completed by others.</p>	<p>Able to provide guidance and direction related to project/ research to Instructors or other team members. Able to provide feedback on tasks completed by others.</p>	<p>Leads tasks and is extremely comfortable supervising project tasks. Provides guidance and direction to all project team members.</p>
<p>4.6 - Manage practice information safely and effectively</p>	<p>With significant direction and guidance, is able to maintain records of project/research. With significant direction, able to ensure secure retention, storage, transfer, and destruction of documents. Maintains confidentiality of records and data with appropriate access.</p>	<p>With moderate direction and guidance, is able to maintain records of project/research. With moderate direction, able to ensure secure retention, storage, transfer, and destruction of documents. Maintains confidentiality of records and data with appropriate access.</p>	<p>With moderate direction and guidance, is able to maintain records of project/research. With moderate direction, able to ensure secure retention, storage, transfer and destruction of documents. Maintains confidentiality of records and data, with appropriate access. As needed, manages health records and other information in paper and electronic format.</p>	<p>With minimal direction and guidance, is able to maintain records of project/research. With minimal direction, student is able to ensure secure retention, storage, transfer, and destruction of documents. Maintains confidentiality of records and data with appropriate access. As needed, manages health records and other information in paper and electronic format.</p>	<p>Able to maintain comprehensive, accurate and timely records of project/research. Manages health records and other information in paper and electronic format. Ensures secure retention, storage, transfer, and destruction of documents. Maintains confidentiality of records and data with appropriate access. Manages health records and other information in paper and</p>	<p>Independently able to maintain and direct project team with comprehensive, accurate, and timely records of project/research. Manages health records and other information in paper and electronic format with precision and efficiency. Consistently ensures secure retention, storage, transfer, and destruction of documents. Maintains confidentiality of records and data with appropriate access. Manages health</p>

					electronic format.	records and other information in paper and electronic format.
ACP Rating Scale	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level	With Distinction
Domain 5: Leadership <i>As leaders, physiotherapists envision and advocate for a health system that enhances the wellbeing of society.</i>	Requires cueing to identify advocacy opportunities related to project work. Student is unable to initiate advocacy actions without support from CI and/or project team.	Identifies advocacy opportunities related to the project work with respect to the profession, identifying the advocacy actions as distinct from usual team communication and collaboration. Requires some cueing to channel advocacy efforts appropriately.	Initiates advocacy strategies specific to the project that are beyond the standard communicator and collaborator roles. Able to discuss project limitations with CI in a professional manner.	Undertakes advocacy related to the project independently (e.g., with community resources). Discusses project limitations effectively with project team members.	Advocacy related to the project independently e.g., with community resources, is confidently executed. Insight into opportunities to advocate for the health of client populations or communities in relation to project outcomes is well developed through discussion with CI (even if little or no opportunity to execute strategies).	Initiates insightful advocacy strategies on behalf of the project in relation to client populations or communities that demonstrate high insight into social determinants of health, health system issues, etc.
5.1 - Champion (advocate for) the health needs of clients						
*For the remaining rating scales on the ACP 2.0 since these domains and benchmark descriptions will directly apply to project/research related placements, please use general resource guides for the ACP 2.0 for assistance with evaluation						
5.2 - Promote innovation in healthcare						
5.3 - Contribute to leadership in the profession						
7.3 - Embrace social responsibility as a health professional						
Please use benchmarks as outlined in general ACP 2.0						
Domain 6: Scholarship <i>As scholars, physiotherapists demonstrate a commitment to excellence in practice through continuous learning, the education of others, the evaluation of evidence, and contributions to scholarship.</i>						
6.1 - Use an evidence-informed approach in practice						
6.2 - Engage in scholarly inquiry						
6.4 - Maintain currency (up to date) with developments relevant to area of practice						
Please use benchmarks as outlined in general ACP 2.0						
6.3 - Integrate self-reflection and external feedback to improve personal practice						
Please use benchmarks as outlined in general ACP 2.0						
6.5 - Contribute to the learning of others. This can include patients, families, caregivers, peers and colleagues (e.g., as in a student presentation)						
Please use benchmarks as outlined in general ACP 2.0						

Domain 7: Professionalism

As autonomous, self-regulated professionals, physiotherapists are committed to working in the best interest of clients and society, and to maintaining high standards of behaviour.

7.1 - Comply with legal and regulatory requirements

7.2 - Behave ethically

7.4 - Act with professional integrity

Please use benchmarks as outlined in general ACP 2.0

7.5 - Maintain personal wellness consistent with the needs of practice

Please use benchmarks as outlined in general ACP 2.0