

Queen's University School of Rehabilitation Therapy Physical Therapy
Program

M.Sc.PT

CLINICAL EDUCATION RESOURCE MANUAL

for courses:

YEAR 1 PT 881 PT 882

YEAR 2 PT 883 PT 884 PT 885 PT 886

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Please be advised that the Academic Coordinators of Clinical Education have made every effort to ensure that this manual is up-to-date, complete and accurate; however, where University and/or School policy is concerned the student/preceptor is advised that official University, School of Graduate Studies and/or School of Rehabilitation Therapy Policy shall prevail over this manual.

This edition of the M.Sc.PT CLINICAL EDUCATION RESOURCE MANUAL replaces all previous editions.

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1.0 Preface

Mission of the M.Sc.PT Program

Our mission is 'to inspire our learners to excel as competent and compassionate physiotherapists through leadership in transformative education, research, student experiences, and collaborative partnerships'.

The overarching goal of our program is to graduate competent and compassionate physiotherapists ready for physiotherapy practice. We aim to achieve this goal by: i) implementing an innovative curriculum that incorporates best evidence in physiotherapy teaching, learning, and practice; and ii) promoting a healthy and enriching student experience.

A full description of the Program Objectives, Curriculum Design and Academic Course Descriptions can be found on the web-site http://rehab.queensu.ca/programs/msc_pt

Clinical Education is an essential component of the education of Physical Therapists and forms approximately one third of the curriculum of the M.Sc.PT program. It is a process by which the Physical Therapy student acquires and applies the knowledge, skills and behaviours necessary for professional practice. Clinical Education is integrated throughout the curriculum and is part of the learning continuum from the academic/University setting to the clinical practice/placement agency.

This manual is a guide for students, as well as clinical instructors and faculty involved in clinical education in the Masters of Physical Therapy (M.Sc.PT) Program, School of Rehabilitation Therapy, Queen's Health Sciences, Queen's University. This manual and complete information about the Physical Therapy Program is available on the web-site: <https://rehab.queensu.ca/academic-programs/mscpt/pt-clinical-education/clinical-instructors>

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2.0 The Clinical Education Curriculum

2.1 Clinical Education

Philosophy of Clinical Education

In the University context, clinical education is a dynamic process with the graduate physical therapy student as the 'learner', and physical therapy faculty members, teaching assistants and clinical instructors (as well as the health care professionals and administrators/managers that students encounter) as the 'facilitators'. Inherent in this collaborative philosophy is the assumption that all the participants benefit through their involvement. The ultimate goal of clinical education is to strive for excellence and develop competent professionals who act with authority, confidence and leadership in their chosen area of practice.

Aim of Physical Therapy Clinical Education

The overall aim of physical therapy clinical education at Queen's University is to provide the student with the opportunity to demonstrate competence and integrate knowledge, skills, attitudes and behaviours with professional practice. The scope of the clinical education program is comprehensive; it is not limited to the traditional areas of clinical practice (musculoskeletal, cardio-respiratory, neurology) but also encompasses the broader practice areas of administration, management, clinical research, consulting and entrepreneurship.

Physical Therapy Clinical Education in Canada

There is a national standard for Physiotherapy Clinical Education in Canada that is based on guidelines developed by the National Association for Clinical Education in Physiotherapy (NACEP) and Physiotherapy Education Accreditation Canada (PEAC). Students must complete a minimum of 1025 hours of clinical experience at clinical facilities representing the scope of physical therapy practice in Canada. Students are encouraged to seek placements in different geographic settings, but will be expected to do at least two placements within the Queen's University catchment area, as described in section 2.4.

2.2 Roles and Responsibilities of the Student, University Faculty, Agency/Facility

A successful clinical placement involves joint effort and responsibility of the student, University and Faculty and the Agency/Facility - Clinical Supervisors and Instructors. An Affiliation Agreement is made between the University and Clinical agency/facility prior to the placement.

The STUDENT has the responsibility to:

- **Cover** all expenses relating to clinical/fieldwork placements including, but not limited to:
 - travel to the geographic location of placement facility or agency
 - daily travel to and from facility/agency
 - accommodations and food
 - university or provincial registration body fees
 - criminal record checks
 - immunizations and certifications (CPR, first aid, WHMIS, etc)
 - appropriate apparel and the university authorized student name tag
- **Be aware of** the legal and ethical boundaries of physical therapy practice and of physical therapy in specific settings, demonstrating professional behaviour that is consistent with the Canadian Physiotherapy Association Code of Ethics;
- **Attend** all scheduled clinical education sessions at the School during the academic term;
- **Submit** all placement requests according to defined procedures with accurate and complete information;
- **Complete** all necessary preparations for clinical experiences as outlined in this manual and during clinical education academic sessions prior to each clinical placement and in a timely fashion;
- **Avoid** scheduling any other commitments during designated clinical placement blocks;
- **Provide** each clinical instructor (CI) with the background information on their own experience and theoretical knowledge, and identify areas where further learning is needed;
- **Bring** all relevant written materials (clinical education manual, course manuals, notes, texts) to the placement site;
- **Identify**, in conjunction with the CI, areas on which to focus learning during the placement including completion of a learning contract in collaboration with the CI;
- **Become familiar** with the routines, schedules, and responsibilities of the specific clinical placement as well as to the human and material resources of the setting;
- **Take responsibility** for their own learning throughout the clinical experience;
- **Spend time** outside 'working hours' on academic/clinical pursuits related to the placement (avg. of 1-2 hrs/night);
- **Complete the learning requirements** of the clinical placement including an oral presentation/in-service as determined by the clinical setting;
- **Display** mature behaviour in interpersonal relationships with clients and their families, and with all health care staff and work related personnel;
- **Accept and respond to feedback** graciously, and provide constructive feedback to the CI regarding perceived progress and problem areas including written midterm and final self-evaluations.

Academic Integrity Statement: Academic integrity is constituted by the five core fundamental values of

honesty, trust, fairness, respect and responsibility (see: www.academicintegrity.org). Adherence to these values by students and faculty is central in order to build, nurture and sustain a thriving academic community. Students are responsible for familiarizing themselves with the regulations concerning academic integrity and for ensuring that their academic work (e.g., assignments, exams, clinical education activities, etc.) conforms to the principles of academic integrity. Departures from academic integrity include plagiarism, use of unauthorized materials, facilitation, forgery and falsification, and are antithetical to the development of an academic community at Queen's. Given the seriousness of these matters, actions which contravene academic integrity carry sanctions that can range from a warning or the loss of grades on an assignment to the failure of a course to a requirement to withdraw from the university. If you have any questions about adhering to the principles of academic integrity, please speak to your instructor or the Associate Director responsible for your program.

The UNIVERSITY FACULTY has the responsibility to:

- Teach the theory which provides rationale and direction for evidence based physical therapy practice
- Introduce physical therapy skills and techniques needed for general practice
- Provide practice in physical therapy skills and techniques with normal populations and, where appropriate and available, with individuals with a known impairment or disability
- Increase the student's use of resources (human and written) to increase levels of knowledge and understanding;
- Teach problem-solving strategies for use in clinical situations
- Introduce the student to pertinent legislation and the legal parameters of physiotherapy practice
- Encourage attitudes that are positive, rehabilitation-oriented and ethical
- Be available as a resource and to assist if problems arise in clinical placements
- Ensure that the University provides adequate liability coverage for students while on clinical placement

***The Academic Coordinator of Clinical Education (ACCE)* is a faculty member of the Physical Therapy Program. The ACCE has administrative responsibility for:**

- Monitoring all aspects of clinical education components of the graduate Physical Therapy curriculum and providing feedback to the Physical Therapy Program;
- Administration of Queen's graduate physical therapy student clinical placements, within Canada and internationally, including the allocation of students to clinical sites; administration and monitoring of students' progress in the clinical education program; development and evaluation of appropriate documentation for Program input and approval; affiliation site profile procedures; and travel to clinical sites in the Physical Therapy Program catchment area annually (as feasible).

- Co-ordination of international and Canadian student placements requested by students outside Queen's University Physical Therapy Program's catchment area requested in the Queen's catchment area (as available)
- Liaison with designated contacts and CIs at all clinical sites offering placements to Queen's graduate physical therapy students in the Queen's catchment area
- Provision of educational opportunities for CIs in clinical education and student supervision
- Chair of the Fieldwork Liaison Committee (Physical Therapy)
- Member, Ontario Association of Clinical Educators in Physiotherapy (OACEP) and National Association of Clinical Educators in Physiotherapy (NACEP)
- Making recommendations for development of and monitoring of clinical education budget/funds
- Development of innovative clinical education opportunities for physical therapy students
- Monitoring of government directions and policies with a possible impact on graduate physical therapy clinical education and providing feedback to the Physical Therapy Program faculty

Responsibilities and role of the AGENCY/FACILITY where the placement takes place and its staff:

The **Centre Coordinator of Clinical Education (CCCE)** is an individual at a clinical education site who coordinates and arranges the clinical education of the physical therapy student and who communicates with the Academic Coordinator of Clinical education and faculty at the educational institution. This person may or may not have other responsibilities at the clinical centre. At sites where a CCCE is not designated, the CI normally carries out this function. The CCCE and CIs are invited to sit as members of the Fieldwork Liaison Committee.

The **Clinical Instructor (CI)** is a physiotherapist who holds a current registration to practice in their jurisdiction, who normally has a minimum of one year of clinical experience and who is responsible for the direct instruction and supervision of physiotherapy students at the clinical affiliation site. For a complete check list of clinical instructor competencies refer to Appendix B.

The CI has the responsibility to (Appendix B):

- Act in accordance with the College of Physiotherapists of Ontario Supervision Standard (CPO, updated Sept 2017). <https://www.collegept.org/rules-and-resources/supervision>
- Act as a professional role model and demonstrate an awareness of the impact of this role on students
- Orient the student to the geography of the site, the agency's policies and procedures, and the clinical rotation
- Work with the student on a student learning contract by developing and clarifying mutually

agreed upon goals, objectives and expectations at the beginning and throughout the learning experience

- Provide the student with opportunities to observe, practice and document the continuum of skills and behaviours necessary in the assigned clinical area including client assessment, treatment planning, treatment interventions, re-assessment, discharge planning, auxiliary personnel supervision and administrative tasks (eg: workload measurement systems)
- In the case of affiliations not involving direct client care (eg: administrative, consultative and research), provide opportunities to observe, as well as designate and supervise appropriate projects;
- Provide timely formal and informal verbal feedback to each student as well as thorough written performance evaluations by collecting information through direct observation, discussions with the student(s), review of the students' client documentation and noting relevant observations of others; the process should be educational, objective and engage the student in self-evaluation
- Advise the student in the choice and format of a presentation (e.g. a case history, patient handout) to clinical staff during the clinical placement; schedule and attend the student's presentation and provide feedback to the student.
- Liaise with the ACCE to clarify any concerns with respect to the affiliation or the student's performance as they arise, to document student performance that is unsafe or requires remediation and to provide formative feedback to the university regarding the curriculum and/or clinical affiliation process.

2.3 Fieldwork Liaison Committee (FLC)

The mandate of this Committee is:

1. To provide a forum for effective communication between the Physical Therapy Program, clinical facilities and students regarding clinical education.
2. Consider all matters related to the development, organization, and administration of fieldwork, including but not limited to supervision, student preparation, and evaluation.
3. Make recommendations regarding policies and procedures related to fieldwork to the Physical Therapy Program Committee.

Membership on the committee will include the Academic Coordinator of Clinical Education, the Chair of the Physical Therapy Program (or delegate), the appointed student representatives from each year of the professional program (or delegate), and the Centre Coordinator of Clinical Education (or delegate) from each affiliated agency in the Queen's University catchment area. Clinical educators in the

Queen's University catchment area, other faculty and students are welcome to attend meetings. Those wishing to attend must notify the Chair prior to the meeting.

The committee meets, at minimum, twice a year in the spring and fall in Kingston (with a virtual option offered). In order to reach our clinical community within the periphery of our catchment area Regional Fieldwork Liaison Committee meetings will be held throughout the year at various locations across the Queen's catchment area, as able. Agendas for the meetings and minutes of the meeting are circulated to all Queen's catchment area agencies. All individuals involved in the instruction and/or supervision of Queen's University graduate physiotherapy students are encouraged to provide feedback via this committee. Participation on subcommittees allows the broader physiotherapy community the opportunity to impact on the clinical education of graduate physiotherapy students.

The Fieldwork Liaison Committee reports to the Physical Therapy Program Committee.

2.4 Clinical Placement Course Requirements

MScPT students undertake 6 placements (minimum 210 minimum hours per placement, generally 4.5 days per week over 7 weeks, for a total of 1025 or more hours) with community based agencies, companies or health care facilities for practical experience in an area within the physical therapy scope of practice. Each placement has a full university credit weighting (6 credits).

Clinical Placement Courses

Year 1	PT 881	Clinical Placement I	January – February*
	PT 882	Clinical Placement II	May-June*
Year 2	PT 883	Clinical Placement III	Sept-Oct*
	PT 884	Clinical Placement IV	Nov-Dec*
	PT 885	Clinical Placement V	Mar-April or July-Aug*
	PT 886	Clinical Placement VI	Mar-April or July-Aug*

***NOTE: TIMING OF PLACEMENTS MAY VARY AS THE RESULT OF PROGRAM LEVEL CHANGES.**

Clinical Placement Course Descriptions

Please refer to Appendix A for further specifications for each placement and relationship of academic course work to placements. Appendix A provides descriptions of the academic courses that will prepare students for each clinical placement.

Clinical Placement I (PT 881)

Course name: Clinical placement I

Course year: Year 1

Course term(s): Fall/Winter

Course description:

This course includes: a) clinical education preparation sessions to understand clinical education processes and requirements; b) a clinical placement in physiotherapy practice where students continue to develop and demonstrate competencies achieved during the preceding academic block with guidance and supervision from a clinical instructor.

Clinical Placement II (PT 882)

Course year: Year 1

Course term(s): Spring/Summer

Course description:

This course includes: a) clinical education preparation sessions to understand clinical education processes and requirements for placement two; b) a clinical placement in physiotherapy practice where students are expected to develop and demonstrate physiotherapy competencies with guidance and supervision from a clinical instructor.

Clinical Placement III (PT 883)

Course credits: 6.0 CR

Course year: Year 2

Course term(s): Fall

Course description:

This course includes: a) clinical education preparation sessions to understand clinical education processes and requirements for placement three and four; b) a clinical placement in physiotherapy practice where students are expected to develop and demonstrate physiotherapy competencies with prompting from the clinical instructor.

Clinical Placement IV (PT 884)

Credit units: 6.0 CR

Course year: Year 2

Course term(s): Fall

Course description:

This course involves a clinical placement in physiotherapy practice where students are expected to demonstrate physiotherapy competencies with prompting from the clinical instructor.

Clinical Placement V (PT 885)

Course credits: 6.0 CR

Course year: Year 2

Course term(s): winter/spring/summer

Course description:

This course includes: a) clinical education preparation sessions to understand the clinical education processes and requirements for placement five and six; b) a clinical placement in physiotherapy practice where students are expected to demonstrate physiotherapy competencies with minimal guidance and supervision.

Clinical Placement VI (PT 886)

Credit units: 6.0 CR

Course year: 2

Course term(s): Winter/Spring/summer

Course description:

This course involves a clinical placement completed in the academic setting in collaboration with a community partner where students will develop plans for a community or population health intervention that is based on or includes plans for a quality assurance or quality improvement evaluation.

Clinical Areas of Practice and Settings for Placements

The mandate of the Physical Therapy Program at Queen's University is to graduate a "generalist" physiotherapist. To this end, and in keeping with the National Curriculum Guidelines (as delineated by CCUP in 2019) each student must complete placements covering the following settings:

***Acute/Hospital
Rehabilitation/Long Term Care and
Ambulatory care/Private
Practice placements and will
also include an elective
placement***

In addition, each student must acquire significant experience in each of the following essential areas of practice:

- a. Cardiovascular and respiratory conditions
 - b. Neurological conditions
 - c. Musculoskeletal conditions
- **Significant experience in each area may be gained during one clinical placement, or through components of multiple placements.**
 - **A minimum of 100 hours should be completed in each of the essential areas of practice (msk, cardio resp, and neuro)**
 - ***Hours of experience in cardio-respiratory, musculoskeletal and neurological will be accumulated and recorded across the 5 clinical placements using the Elentra Daily Clinical Encounter Tool for each placement.***

The vast majority of students will achieve the clinical placement requirements (settings and hours) listed above over the course of their 5 clinical placements in the program.

Students MUST achieve all of these prior to graduation.

In the event that a student is short hours after their 5 placements, the ACCE will assist in scheduling an 'intensive' placement experience.

In the event that more hours or a particular placement setting is not achieved with the above, students may be required to complete an additional placement (usually in block 14) to satisfy all requirements.

The School of Rehabilitation Therapy reserves the right to waive any of the following rules or regulations if the situation dictates that it would be in the best interest of the student or if insufficient placements are not available.

Every effort should be made to acquire placements that will provide a variety of experience in different types of areas and settings.

CLINICAL SETTINGS DESCRIPTION:

Settings for placements can be classified generally into:

1. *Acute Care/Hospital*
2. *Rehabilitation/LTC*
3. *Ambulatory/Private Practice – e.g., private practice, primary care*
4. *“Other” (e.g. University Research, Business Administration, Health Promotion)*

Acute Care/Hospital – majority of time during 1 placement

Rehabilitation/LTC/Community – majority of time during 1 placement

Placement is undertaken in a hospital or institutional rehabilitation setting or centre which may be inpatient/out-patient/mixed/long term/chronic care.

Ambulatory/Private Practice – majority of time during 2 placements

Placement is undertaken in a community practice setting (non-institutional). *Examples:* Public or private community clinic/practice, schools, industry, sports facility.

Non-traditional Practice

This is undertaken in less traditional environments. *Examples:* University/research, business/administration, CPA/OPA, health promotion, fitness, occupational health and safety. Efforts are being made to offer combination clinical / research placements to interested students.

AREAS OF PRACTICE DESCRIPTION

Musculoskeletal experiences can include: surgical and non-surgical conditions and be both acute and chronic in nature. (outpatient orthopaedics, including public and private practice settings, orthopaedic rehabilitation, rheumatology, amputee care, ergonomics, burns, sports therapy).

Neurology experiences can include: exposure to medically stable clients in acute care, rehabilitation or home care settings.

Examples of Clinical Rotations: cerebrovascular accident, acquired brain injury, spinal cord injury, progressive and or congenital neuromuscular diseases (eg. MS, MD, Spina bifida, CP).

Cardio-Respirology/vascular experiences can include: exposure to patient populations with active respiratory and/or vascular disease and/or those requiring prophylactic care. Examples of Clinical Rotations: general medicine/surgery, intensive care, palliative care, long term care, neuromuscular, burns, cardiac rehabilitation, renal rehabilitation, respiratory rehabilitation.

2.5 Placement Record and Placement History Tracking

Students will be provided with access to the Elentra Daily Clinical Encounter Tracking Tool, where students are asked to record conditions, assessment techniques, and treatment techniques they have observed and applied throughout the 5 clinical placements.

2.6 Clinical Placement Dates Placement dates

Academic and Clinical components of the program are presented in eight week blocks throughout the two years of the program. Clinical placement blocks are seven or eight weeks duration, but the placement itself usually lasts **o n l y s e v e n w e e k s** . The placement will normally start on the first day of the block and the final week will provide time for completion of any extra experience to compensate for sick days, placement-related assignments, and preparation for the next academic block. The seven/eight week block may also allow for different start/end dates or for part-time placements (e.g. 4 days /week x 8 weeks) for the convenience of clinical facilities.

Placement duration: 7 weeks duration

Foundations of physiotherapy milestones
- Indicating readiness for placement

[illegible]

Transitions to physiotherapy practice milestones
- Indicating readiness for entry-to-practice

2.7 Geographic Settings for Placements

All students are required to undertake clinical practice during their course of study in settings affiliated with the university, under the supervision of qualified professional staff. Placements take place primarily in the Queen's Catchment area. Limited placement opportunities as exist in Northern Ontario, in the catchment areas of other Canadian universities, as well as internationally. These opportunities outside of the Queen's catchment area are limited.

Each university offering a Physical Therapy Program has its own catchment area. The catchment area is designed to offer its designated university and students' priority in clinical placements. This means that Queen's students have the first opportunity to apply for and be assigned a placement at a site within that catchment area. The relationship that exists between Queen's School of Rehabilitation Therapy and its catchment area sites is valued and reciprocal in nature. Clinicians from those sites have close communication with the Queen's ACCEs and are able to take advantage of educational opportunities offered by Queen's by attaining and Adjunct Status with the School. Student supervision in placements is one of the ways clinicians are granted this designation. In order to maintain this beneficial partnership, priority will be given to utilizing all existing placements in the Queen's catchment area. All students should be prepared to accept assigned placements. To clarify, students should NOT expect that all or indeed any of their placements will be completed within the city of Kingston and should be prepared to take advantage of placements in other cities within the catchment area.

Placements in the Queen's catchment area (In-catchment)

The 'in-catchment' region for placements extends from Ajax in the west, Cornwall in the east. Orillia, Midland, and Penetanguishene are also part of the Queen's catchment area.

Map of Ontario showing Queen's Catchment Area (shaded):



Northern Ontario placements

All Ontario Physical Therapy programs have access to placements in the Northern Ontario catchment area. Northern Ontario placements are arranged by Queen's through the Northern Ontario School of Medicine. The Rehabilitation Studies Program (RS) and the Interprofessional Education Program (IPEP) support clinical placements for rehabilitation therapy and other health sciences students. The programs also assist regional preceptors to develop their skills as clinical educators and to recruit and retain health care professionals to the region. Students with an interest in learning about and working in the North (cities and more remote communities) are eligible to apply for placements. Placements may be funded for travel and accommodation. The numbers of placements available to each Ontario Physical Therapy program is dependent on placement offers, availability of accommodation and the number of placement requests as funding is shared amongst Ontario university programs. Normally Queen's University students are able to access approximately 5-7 placements annually through this program.

Placements in NE and NW Ontario are administered by the Northern Ontario School of Medicine. Please see the NOSM website at <http://www.nosm.ca/> for a full description of the programs, locations and types of placements available. Placements for rehabilitation therapy students are arranged through the

Rehabilitation Studies stream. The East Campus is located in Sudbury; West Campus is in Thunder Bay. Once approval of the ACCE is obtained, students apply directly to the website (this will be sent to approved students).



Placements throughout Canada (Out-Of-Catchment, OOC)

Placements in other parts of Canada are available on a **very limited** basis. These “out-of-catchment” placements are arranged through the ACCE at the applicable University. Priority is given to students in their own University catchment area and students applying from other Universities will be placed after “home” students and depending on availability of facilities. A student is usually only considered for one OOC request per catchment area annually. Fees are charged by some PT Programs for placement of students from other universities, and these must be submitted at the time of application. The National Association of Physical Therapy Educators (NACEP) regulates the allocation of placements throughout Canada as follows:

STUDENTS PLEASE NOTE:

- At least two of the five patient facing placements must be done in the Queen’s University catchment area

- Students may complete more than one placement at a single facility/agency but the placement must be in a different practice area and with a different clinical instructor
- Although it may be possible to find placements throughout Canada, priority will be given to utilizing all offered placements in the Queen's University catchment area. Efforts are made to accommodate students' preferences; however, **all students must be prepared to accept assigned placements.**
- **DO NOT APPROACH FACILITIES EITHER YOURSELF OR THROUGH A RELATIVE OR FRIEND TO INQUIRE ABOUT PLACEMENT AVAILABILITY OR NEGOTIATE YOUR OWN PLACEMENTS.** All placements are arranged by the ACCE through the ACCEs at each university. This is a policy of NACEP, the National Association for Clinical Education in Physiotherapy. Any breach of this regulation will result in denial of a placement in that catchment area.
- You may apply for no more than ONE placement per year in each University designated catchment area other than Queen's University.
- You may apply to only **ONE** catchment area per session; i.e. you may not apply for both an in-catchment and out-of-catchment placement, nor for an out-of-catchment placement in two different catchment areas simultaneously. This also includes Northern Ontario and international placements.

International placements

Students may apply for ONE placement outside Canada in the final year of the program. Information sessions are held in Year 1 for students interested in international placements, but students are encouraged and expected to meet individually with the ACCE prior to making plans for an international placement. Queen's Physical Therapy students have travelled to several countries in the past for international placement experiences including: Australia, India, Tanzania, Israel, the UK, France, and Scotland. Section 3, Applying for Placements, describes the process for international placements.

3.0 The Clinical Education Process I: Applying for Placements

This section describes the process of application for and assignment of placements preparation for placements

The administrative processes outlined below have been carefully developed over time by the PT Program, the School, and NACEP with input from students and clinicians, to provide the best possible infrastructure to support the clinical education curriculum. Inherent in this process is the ongoing support of all stakeholders, including those in the professional community (CCCE, CI, agency staff), the public, and the academic community (ACCE, faculty, administration). **Students are therefore required to adhere to this process.**

Placement organization by the ACCE is a lengthy process involving:

- requesting placement offers from clinical facilities
- confirming offer details and loading information into the database
- making offers available for students to view and select placement requests
- reviewing students' request of their placement choice(s)
- assignment of placements and release of information to class
- informing facilities of student allocations
- ensuring Affiliation Agreements are in place
- preparing the student placement evaluation packages for distribution to clinical instructors.

Offers of Placement from Placement Facilities

Offers are requested from placement facilities in the Queen's catchment area in a Call for Offers in June with follow-up prior to each placement session. Timelines must be adhered to as far as possible in order to complete placement allocations in a reasonable length of time, avoiding delays in communication with placement sites and difficulties in students arranging travel and accommodations. Despite the university's, student's and placement site's best efforts, and due to circumstances beyond their control, there may sometimes be delays in notifying sites of placement confirmations and/or in the sites receiving the student information packages.

Receipt of placement offers from facilities by the deadline dates is essential to avoid overall delays in the process and to coordinate placements across Canada.

The Physical Therapy Program is acutely aware of the present economic and management constraints on sites and practicing health care professionals. These pressures, combined with the early deadline dates for submitting offers to the School, tend to lead to a hesitation to offer student placements. Clinicians are asked to remember

that graduate students must be trained in a diversity of venues providing a wide scope of practice areas to ensure the future of the physiotherapy profession. We suggest that each practicing clinician consider supervising students for two placements per year. ***We also remind students to remember this when they graduate and are in the position of being able to offer placements themselves.***

Requests from clinical sites for a specific student:

There are occasions where a clinical site/instructor will request a specific student, e.g. one who may have done volunteer work at their clinic. This is acceptable ***ONLY***:

1. if the placement is congruent with the student's learning needs and a potential conflict of interest will not arise
2. if this is a new site that may not otherwise take a student
3. on the condition the therapists know it is an exception

if the site agrees to accept other students in the future as assigned by the School. All offers are entered into the School's database and made available for students.

Request for Placement by Students

This process is different for in-catchment, out-of-catchment (other Universities across Canada), and International placements. Students may request placements anywhere in Canada, but Queen's students only have the right to a placement in the Queen's catchment area. Placements granted outside the Queen's catchment area are essentially a 'gift' of the out-of-catchment university and facility offering the placement. In the event of a capping or restrictions on the number of placements offered to Queen's by other overtaxed catchment areas, students whose home is in the catchment area requested will normally be given highest priority by the out-of-catchment ACCE.

Please remember:

*Any initial contact with a facility including questions about the availability of placements or alterations in the assignment of clinical placements must be administered by the ACCE. Under no circumstances may the student contact a facility in Canada directly in order to inquire about placements, obtain or alter a placement.**

** The only exception to this rule is for international placements when students normally make the initial contact and inquiries.*

Guidelines for placement requests:**

- Only one catchment area may be requested per session.
- Only one request may be made to another University catchment area per year.
- Please try to make decisions early so that any questions you may have can be answered. The ACCE may not always be available on the day of, or the day before, the request form due date.
- You may not be granted more than 3 musculoskeletal placements (outpatient orthopaedics, amputees, rheumatology, private practice orthopaedics, sports physiotherapy, inpatient orthopaedics) out of the total of 5 placements you undertake at Queen's so please do not request a 4th placement in the musculoskeletal area unless you have met all the competencies for the cardiorespiratory/vascular and neuromuscular practice areas.

Until placement assignments are finalized, **DO NOT** commit to employment, social occasions, extracurricular courses or travel during designated placement blocks.

Special requests from students:

Students frequently make special requests for placements due to extenuating circumstances. The following situations will be given special consideration in the allocation of placements. Please note that we will do everything that we can to accommodate the following extenuating circumstances, as able, but in no way are we obligated to.

1. A documented medical condition or disability for which a recommendation has been received by the Queen's Student Accessibility Services (QSAS).
2. A student is a single parent with one or more children.
3. A student with a baby or very young child.

Students With Accommodations

Queen's University is committed to achieving full accessibility for persons with disabilities. Part of this commitment includes arranging academic accommodations for students with disabilities to ensure they have an equitable opportunity to participate in all of their academic activities and meet all academic requirements of the program. If you are a student with a disability and think you may need accommodations for your clinical placement, you are strongly encouraged to contact the Queen's Student Accessibility Services (QSAS) office and register as early as possible. For more information, including important deadlines, please visit the QSAS website at: <http://www.queensu.ca/studentwellness/accessibility-services/>

Should you experience an illness, disability or other extenuating circumstance that requires accommodation for a limited time period, please refer to the University's policies on Academic Considerations for Students with Extenuating Circumstances:

<https://www.queensu.ca/secretariat/policies/senate/academic-consideration-students-extenuating-circumstances-policy>

Requests for special consideration that are not valid include:

- lack of money/large loan to pay off
- house or apartment in Kingston so unable to afford paying additional rent for accommodation while on placement in another city.
- don't have a car
- partner is here and do not want to leave him/her
- students who have part-time jobs
- students on sports teams

Please note that due to our dependence on a fluctuating clinical environment, Queen's School of Rehabilitation Therapy cannot guarantee that all students will be placed according to their choice during each placement period.

3.1 Application for Placements

In-Catchment Area Requests

The ACCE will inform students when Queen's catchment area placement offers are ready for selection by students. Placement offers may be viewed on the learning management system (LMS). Requests must be submitted through the survey tool (Qualtrics) by the deadline promulgated by the ACCE. Late requests will be considered **after** the initial matching has been run. Students must use all 5 choices when applying for in-catchment placements. Requests will not be considered if all choices are made at one facility or in one city (i.e. Kingston).

Out-of-Catchment Requests

Please use the appropriate out-of-catchment request form and submit according to the listed deadline (available on the LMS). Remember that only one catchment area may be requested per session and only one request may be made to another University catchment area per year. Requests submitted after the deadline may not be approved or forwarded to the receiving ACCE.

Northern Ontario Requests

Northern Ontario placements must be requested using the Out-of-Catchment Request forms. Once approved by the ACCE, placement requests are made on-line at the Northern Ontario School of medicine (NOSM) web-site: <http://www.nosm.ca/> on the Rehabilitation Studies link <http://www.nosm.ca/rehabstudies/>

Please note that NOSM sets their own dates for application submission. Those dates are:

Placements with start date between Sept 1-Dec 31	June 1
Placement with start date Jan 1 –March 31	October 1
Placements with start date April 1-May 31	January 1
Placements with start date June 1-Aug 30	February 1

International Placement Requests (Appendix E)

Students may apply for ONE placement outside Canada in the final year of the program. International placements are a privilege, not a right. An International Placement in the MScPT Program is an optional way to achieve course credit for one of the required placements in the respective programs. It is recognized that International Placements provide students with a unique opportunity to develop clinical skills, while also combining learning in the areas of global education and cultural diversity.

To be considered for a placement outside of Canada, a student must be approved by the Physical Therapy Program. Conditions for eligibility:

1. The student must be in their final year of the program in order to participate in an International Placement.
2. A student may participate in only one International Placement.
3. A letter of intent and two references (one from a clinical instructor/preceptor and one from a faculty member) must be submitted by the student.
4. The student must maintain a minimum overall grade point average of 80%, without exception. This standing must be maintained until the commencement of the International Placement.
5. The student must have progressed through the program with no conditions, concerns, or course failures.
6. The student must complete the “Acknowledgement of Risk” form and a “Higher-Risk” Off Campus Activity Safety Policy (OCASP) online submission. Completion of the pre-departure orientation, part of the on-line OCASP process, is strongly recommended.
7. There must be favourable consensus from both the respective academic and clinical faculty that the student demonstrates professional behaviour in both academic and clinical situations (e.g., independence, maturity).
8. A signed affiliation agreement with the international site must be in place, prior to confirmation of the placement.
9. For “Level 2” countries [“Exercise high degree of caution”, according to the Department of Foreign Affairs Trade and Development (DFATD)] students may be required to travel in pairs.

10. For “Level 2” countries (DFATD), the International Placement Committee in the SRT must approve the country and/or region of interest. Applications must be submitted to the ACCE/FC before the deadline (identified each year).

Ultimately, it is at the discretion of the Academic Clinical Coordinator of Education, International Placement Committee and the faculty in the School of Rehabilitation Therapy whether it is appropriate and advisable for a student to be permitted to pursue an international placement opportunity.

The process for negotiating an international placement must be started approximately one year in advance of the placement. Please see **Appendix E** for International Placement Policies, Process Guidelines, standard format for letter of intent and reference form, and Acknowledgement of Risk form.

Clinical Placement Fees

Students are responsible for any applicable fees to the out-of-catchment university, to the provincial licensing body or placement facility. Fees for each placement request are now required for the following universities. Please make cheques payable to:

University of Saskatchewan	\$50
University of Alberta	\$50
University of Toronto	\$50
McMaster University	\$50
University of British Columbia	\$50
University of Ottawa	\$50
University of Montreal	\$75
McGill University	\$50

Fees must accompany the request to the university. Fees are non-refundable, meaning that if a placement cannot be found, the fee may not be refunded. Every effort will be made to place students and we will be advised if it is likely that placements will not be available at a particular time.

Universities NOT charging fees to date are Queen’s, Dalhousie, Laval, Manitoba, UWO

3.2 Assigning Placements

In-Catchment Placements

Queen’s Physical Therapy Program uses a computer database to facilitate the placement process and

ensure a system that is as equitable and efficient as possible for matching of students to in-catchment placements. Placement offers from facilities and students' requests are entered into the database. The ACCE will inform students when placement offers are ready for student selection. Students will be able to indicate 5 preferences for the placement session.

Steps in the matching process:

1. Students select their 5 placement preferences
2. Initial matching may be done for students who have priority needs e.g.: for certain locations or for essential placements such as Cardiorespiratory and Neurology
3. The ACCE will complete the match for all other students, with consideration for highest ranked requests, individual learning/placement requirements, and placement match history.

Criteria for placement assignment are: the setting of placement needed by each student, the location requested, and the availability of placement type and setting for each placement session. If all criteria are equal, placements are assigned randomly for those placements requested by more than one student.

Placements requested by only one student can also be easily allocated. For placements requested by more than one student the ACCE will match the placement to the student requiring a particular clinical experience. If a particular group of students are equal in terms of portfolio, then the ACCE will manually perform a lottery draw by writing and pulling a name. Placements are not allocated in alphabetical order of student names.

Out-of-catchment (OOC) placements

The ACCE submits Queen's students' requests for out-of-catchment placements to the other universities and in turn receives requests from other programs. Each PT Program offers available placements to their own students first and any remaining placements are offered to out-of-catchment students. Each university (including Queen's) holds its available catchment placements as long as possible to ensure their own students are placed. Students who have applied out of catchment will not be matched with in-catchment placements unless the placement start date is less than two weeks away. If the placement start date is less than two weeks away, the ACCE will retract the OOC request and offer the student the options from the remaining in-catchment offers.

Informing students and acceptance of placement assignments

The ACCE will inform students of their placement assignments as soon as possible after the matching process has concluded, usually 4-6 weeks prior to placement (if able). Please be prepared for delays, usually due to delays in receiving placement offers or confirmation from out-of-catchment universities and clinical facilities.

4.0 The Clinical Education Process II: Preparation for Placements

Both students and clinical instructors are prepared for clinical placements through clinical education preparation sessions: for students at the School during the academic block prior to a placement and, for clinicians, through workshops and in-services held at Queen's or on-site in the clinical facility.

Essential policies and procedures that must be complied with and completed in a timely fashion include licensing regulations in certain provinces, immunizations, CPR and First Aid training, mask fit testing, Accessibility for Ontarians with Disabilities Act (AODA) training and criminal record checks, as well as Workplace Hazardous Materials Information System (WHMIS) training, WSIB training and Non-Violent Crisis Intervention (NVCI) training. It is the responsibility of each student to maintain a portfolio of their required documents and bring them to the institution where they will complete their placements. Failure to do so may result in cancellation of the placement.

4.1 Student Preparation Sessions

Clinical education sessions are scheduled during the term prior to placement to inform students about the clinical placement process, policies and procedures and to discuss clinical education issues such as: curriculum content, supervision in physiotherapy practice, models of supervision, ethics in clinical practice, conflict management, learning objectives and clinical placement performance evaluation and self-evaluation. Information on these topics is also presented in PCLM and other courses. Sessions are also scheduled prior to PT 882 and subsequent placements to provide a forum for student questions, a debrief on the preceding placement, information on upcoming placement processes, objectives, and performance expectations as students progress to entry-level practice.

It is required that students attend ALL scheduled sessions to avoid missing important information.

4.2 Licensing Regulations

Presently, B.C. and Manitoba require licensing of student trainees with the respective provincial College of Physiotherapy. A list of students going to placements in these provinces is sent to the applicable Colleges of

Physiotherapy. Application forms are available from the College web-sites.

4.3 Police (Criminal) Record Checks

The School of Rehabilitation Therapy requires that all students complete a Criminal Record Check **including vulnerable sector screening**, as it is a mandatory requirement for placement within many of our clinical placement facilities. (*Appendix F*). **Failure to produce the record of these checks by the date stipulated by the program could mean the following:**

- You may not be matched with a clinical placement
- You may not be able to attend your clinical placement.
- You may be asked to leave your placement site and not return until you can show your PRC or VSS.
- A placement site may not accept you for a placement based on the results of your check.
- Progression through the program may be delayed or suspended.

Multiple checks may be required throughout the program, and all costs associated with obtaining the checks will be at your expense.

Many cities can take several weeks to complete the screening, charge a large amount, or make it difficult to receive the vulnerable sector screening. For this reason, we recommend that students obtain their check through the Kingston Police (unless you are living in Alberta or Manitoba). This can be done online as soon as you know your Kingston address by using the Kingston Police eBackground Check at: <https://policechecks.kpf.ca/>

This check can usually be processed in as little as one to two weeks. It costs approximately \$20 payable by Visa or Mastercard. If students complete the online form two weeks before coming to Kingston (or as soon as you have an address), it should be ready to pick up on arrival. If students choose to get this from a city other than Kingston it may not be ready in time for them to submit their placement choices with the rest of the class. PLEASE NOTE: Toronto Police Service may not complete a vulnerable persons' check, therefore, we recommend that you complete your Police Record Check, including the required vulnerable sector screening, with the OPP (in Kingston) instead of in Toronto. If you live in Alberta or Manitoba you must complete your check in that province as they will not supply information to other provinces.

Because many placement sites will require a check that is less than one year old, it is best to wait until at least July before obtaining one. All students are required to have a new criminal record check completed for second year and at the request of a clinical site.

STUDENTS PLEASE NOTE: The SRT follows the FHS Police Records Check Policy Document, available at <https://meds.queensu.ca/academics/postgraduate/current/policies/police-records-check> . In any instance where the record is “not clear” the Faculty shall convene a Special Review

4.4 Occupational Health and Safety Policies

Ministry of Labour

In accordance with Bill 18, *Stronger Workplaces for a Stronger Economy Act* (Legislative Assembly of Ontario, 2014), all PT students must complete the Ministry of Labour (MOL) online module at:

<http://www.labour.gov.on.ca/english/hs/training/workers.php>. The online learning covers a. to d. below, and general types of workplace hazards e.

- a. The duties and rights of workers;
- b. The duties of employers and supervisors;
- c. The roles of health and safety representatives and joint health and safety committees;
- d. The roles of the Ministry; the WSIB; and safe workplace associations and occupational health and safety medical clinics and training centres designated under the OHSA.
- e. Common workplace hazards;
- f. WHMIS; and
- g. Occupational illness, including latency.

Upon completion of the online module, the student will receive a certificate of completion. A copy of the certificate of completion must be provided to the SRT and the student must also bring a copy of their certificate of completion with them to all fieldwork placements.

There are some required elements to meet the standards set out in Bill 18 that need to be specific to the placement site, and can therefore not be offered at Queen's. Training on workplace-specific risks and policies will need to be offered at the clinical site, as these will vary from site to site. Training could include:

- Workplace-specific hazards and hazardous materials
- Reporting health and safety concerns, incidents or injuries
- Health and safety policies, including workplace violence and harassment
- Emergency plan
- Name(s) of the Joint Health and Safety Representative(s)

Immunizations (Appendix F)

Students are responsible for obtaining all necessary immunizations, maintaining their records and having

the appropriate documentation available to show to their supervisor on the first day of placement. Failure to provide the required documentation may result in the student being ineligible for placement selection and assignment. Please note: some facilities require copies to be sent to them a minimum of two weeks in advance. Students assigned to these facilities will be informed and will be expected to comply with this request.

Please see Appendix F for sample form that may be used for Proof of Immunization, Serological status, First Aid and CPR and for the Faculty of Health Sciences Policy on Blood Borne Diseases and Healthcare Workers (Students).

Upon registration, in the first year of the program, Physical Therapy students must review proof of obtaining or completing the following:

- TB test * (2 step tuberculin skin test status)
- Varicella serological status
- Td/MMR (Immunization history for measles, mumps, rubella, diphtheria/tetanus)
- Polio
- Hepatitis B
- Influenza vaccine
- COVID vaccine

In the Fall of second year, Physical Therapy students must show proof of:

- One step TB test
- Influenza vaccine as soon as available
- Any updates of Year 1 results

It is the responsibility of each student to maintain their health records and to take a copy to the institution where they will complete their placements. Placements will be cancelled if the student does not produce the documentation by the dates requested by the program. Failure to produce proof of immunization and flu shot may delay or prevent you from graduating from your program.

First Aid and CPR Training

Students are responsible for obtaining First Aid and Cardiopulmonary Resuscitation (CPR) training. This involves completion of the St. John's Ambulance First Aid Course and Cardiopulmonary Resuscitation (CPR) at Level C-HCP CPR BLS (or equivalent e.g. Red Cross, Lifesaving Society) on entry to the program. Students must provide proof of completion of these two courses and are expected to maintain their status in both. See guidelines for details of recertification requirements. A copy of these certificates must be provided to the School and copies taken, by the student, to each clinical placement.

Proof of re-certification must also be provided to the School and Clinical Placement Facility.

Please see Appendix F for combined Immunization/Proof of First Aid and CPR form.

Non-violent Crisis Intervention (NVCi) Training

In accordance with partner sites' policies, all students will be required to complete NVCi training and maintain their certification throughout the duration of their studies. All first year students must complete the full day of training. The training follows the curriculum outlined by the Crisis Prevention Institute (CPI). The focus will be on the preventing and defusing situations in clinical settings. Training will be offered within the School of Rehabilitation Therapy as part of fieldwork/clinical placement preparation. Students will be required to purchase an online seat and manual to participate in the training. Students will be required to pay for their course via the SRT online store prior to the training, as per the deadline set by the Fieldwork/Clinical Education Coordinator. Students who do not pay for their course or who are absent from the provided training, will be required to access training through a publicly available source (e.g. the CPI, a community college or community organization) at their expense.

Students can access information about NVCi at:

<https://www.crisisprevention.com/Our-Programs/Nonviolent-Crisis-Intervention>

In the event that a student has previously completed NVCi training, the student will be required to provide proof of certification to the SRT main office. A student with a valid certification should note that recertification will be required every other year (valid throughout all placements or at the discretion of the clinical site) and will only be offered by the School of Rehabilitation Therapy at designated times during the academic blocks.

Mask Fit (N95Respirator) Testing:

All students must be fit tested for a respirator mask for protection against communicable diseases. The School of Rehabilitation Therapy will arrange for mask fit testing. Students will receive a card with details of respirator mask fitting that they must carry with them to all placements. The expiration date is shown on the card and up-to-date fitting must be maintained for all placements. Students should confirm with clinical sites in their introductory letter that the site has the available N95 type for the student.

Insurance Coverage

Clinical placement sites are not responsible for coverage for student trainees. There are two types of insurance coverage:

1. Liability Insurance
2. WSIB or private insurance

Liability Insurance

Students registered in a graduate program at the University, pursuing activities related to the furtherance of education in their discipline, are automatically covered by the University's liability insurance policy. Liability insurance provides students with financial protection should the student be sued for negligence causing bodily harm (student has physically injured someone), personal injury (student injures someone through libel, slander, or other such means), or property damage (student damages property belong to the facility or to an individual). The insurance only covers activities performed as part of the student's duties on placement. Therefore, if a third party brings a claim against a student, and thus by extension to the university, it follows that the student will be financially protected by the University should negligence be proven in a court of law. Should such an incident occur, the School of Rehabilitation Therapy must be contacted immediately **TEL: (613) 533-6103, FAX: (613) 533-6776.**

Workplace Safety and Insurance Board (WSIB) or Private Coverage

Clinical placement sites are not responsible for carrying worker's compensation coverage for student trainees who are injured in the workplace. However, the University and the student do need to know if the facility/agency has WSIB coverage for its employees.

A student only completes a claim form if they have experienced on the job injury/disease. The form is the Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form. The form has been posted on the Ministry's public website at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=1352&NO=022-13-1352E>

This form only needs to be completed when submitting a claim resulting from an on the job injury/disease. Please note that institutions will be required to enter their MTCU-issued Firm Number in order to complete the online claim form.

If a student is injured while on placement, it is essential that the ACCE be notified and an accident/incident report including contact names, phone and FAX numbers should be completed by the hospital/community agency and Faxed to the Department of Environmental Health & Safety within 48 hours (phone 613-5332999 or FAX 613-533-3078).

The following procedures will be carried out dependent upon the type of coverage:

- a) For facilities covered by Workers Safety and Insurance Board (WSIB), the Department of Environmental Health & Safety will send a *Letter of Authorization to Represent the Placement Employer* and the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim* form to the

placement employer. The placement employer will be responsible for completing the relevant sections of these forms and sending them back to the Department of Environmental Health & Safety in a timely manner. The placement employer will also be responsible for having the student sign the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim* form, if student has remained on the placement after the injury.

The Department of Environmental Health & Safety will complete a Form 7 for the incident and submit all the required documents to the WSIB and the MTCU.

A copy of relevant documentation will be sent to the placement employer and the School of Rehabilitation Therapy.

- b) For facilities not covered by WSIB, the Department of Environmental Health & Safety will arrange for completion and submission of the applicable Chubb Insurance Company of Canada form.

The Queen's "Off-Campus Activity Safety Policy – Post-Activity Incident Report" (available through the OCASP 2.0 online system or at <https://www.safety.queensu.ca/ocasp> <http://www.safety.queensu.ca/ocasp/form3.pdf>) is required to be completed following any incident on placement.

Accessibility for Ontarians with Disabilities (AODA) Training

Each PT student is required to complete the AODA training modules available via the Queen's Equity office at <http://www.queensu.ca/equity/training>. The student must submit a copy of their proof of completion to the SRT and keep a copy for their own records. Proof of completion is due upon registration.

Workplace Hazardous Materials Information System (WHMIS)

Each PT student is required to complete general education related to WHMIS. In addition to this, students may be required to complete site-specific WHMIS training at the start of any/all fieldwork placements. The University is not responsible to carry out site-specific WHMIS training and the student must participate in the mandatory general training that is included in fieldwork preparation session(s).

Routine Precautions (Infection Control)

Each student is required to participate in training offered related to routine precautions (infection control). Information about the required training will be provided by the SRT.

Additional Requirements:

The SRT endeavours to communicate any site-specific requirements to the individual students, as communicated to the SRT by the site. It is the sole responsibility of the student to ensure that they have met the site requirements, even if they are different from those outlined here. In addition to this, the student is responsible for any costs to meet the requirements of the site. Failure to meet site-specific requirements may result in cancellation of a fieldwork placement and/or a delayed academic program.

STUDENTS PLEASE NOTE: The student is fully responsible for ensuring understanding of the requirements outlined in Section 4 of this manual and/or those outlined by the site following a fieldwork placement match.

OCASP Completion: All students must complete the OCASP START form in advance of their clinical placement. Most clinical placements will fall under the category of 'low risk activities'. Placements taking place internationally, in home care, in corrections, or in remote communities, etc. will be considered 'high risk activities' for the purpose of OCASP completion. Students may not begin placement without completion of the OCASP online form.

4.5 Trouble Shooting Prior to Placement

It is important for all stakeholders in clinical education to recognize the reality of changing clinical environments, practice trends, and changing student situations. The University does not have control over these situations, which, in some circumstances may result in last minute changes with respect to student placements. It is the ACCE's role to document and attempt to find solutions to problems as they arise. The following is a brief list of some possible problems and their follow up:

- (a) A shortage of numbers or types of placements:
 - a second round of letters are sent out to Queen's catchment area clinicians and out-of-catchment ACCE's to request changes in placement types and or additional placements
 - clinicians are encouraged to consider alternate models of supervision (ie. 2:1 two students with one therapist; some facilities offer 3:1 or 4:1 supervision models).
 - new Queen's catchment area sites are sought out
 - innovative placement types are considered and developed as appropriate
- (b) Cancellation of a placement by the site:
 - all attempts will be made by the ACCE to secure a replacement placement in the same timeframe however, it may not be in the same geographic location or in the same practice area.
 - travel and accommodation payments cannot be refunded, so it is highly recommended that these be paid out only once a placement is confirmed.
- (c) Two students each receive a placement the other would prefer:
 - an early request to switch placements may be made in writing to the ACCE prior to the cut-off for initial acceptance (a switch will only be granted if there is sufficient time to notify the sites

and if it is appropriate for both students' clinical and academic history).

- (d) A student request for an out-of-catchment placement is rejected/denied:
- the student will be placed by Queen's ACCE in a placement within the Queen's catchment area (contingent on availability of sufficient numbers and appropriate types of placements)

NOTE: that there is no second opportunity to request an out-of-catchment placement.

4.6 Requests for Leave for Special Events

Conferences

The School encourages students to attend the Ontario Physiotherapy Association (OPA) convention and the Canadian Physiotherapy Association (CPA) convention (especially the student components of the program). Any students wishing time off placement to participate in this meeting should discuss their request with the ACCE before finalizing the placement concerned. A decision will be made in concert with the CI at the agency/facility in question. If more than 2 days will be missed from placement, the time must be made up before successful completion of the placement. Permission can be withdrawn if the student is not performing to standard during the placement in question.

Courses

The Clinical education courses are just that – courses. Time off should not be requested to attend other extracurricular or post-graduate courses. Occasionally, a course that is relevant to the placement may be scheduled concurrently. A student may attend such courses with the approval of BOTH the CI and ACCE. Permission can be withdrawn if the student is not performing to standard during the placement in question.

DO NOT commit to employment, social occasions or travel during designated placement blocks.

Placements are equivalent to employment and requesting vacation days or leave is not appropriate during the relatively short 6-week period of the placement. The only legitimate reasons for leave are illness and bereavement.

Extenuating Circumstances refers to a personal circumstance beyond the student's control that has a direct impact on the student's ability to meet essential academic requirements or standards in a course(s).

Extenuating circumstances include but are not limited to a sudden or acute physical or mental illness, serious injury to self or significant others, bereavement, a traumatic event, or other serious personal/ family crisis. This may include extenuating circumstances that last for a period of a) up to 48 hours, or b) more than 48 hours and up to 3 months.

The forms for extenuating circumstances can be found at the following link:

<http://queensu.ca/studentwellness/home/forms/extenuating-circumstances>. The forms have personal information so any electronic copy needs to be sent to your Program Assistant password protected – please use your student ID as your password.

Requests for leaves that are not valid include, but are not necessarily limited to:

- Attending a wedding
- Attending a family event
- Personal travel
- Leisure pursuits
- Caring for an animal
- National Exam

4.7 Workshops and In-services for Clinicians

The PT Program supports clinicians as clinical educators by offering workshops and in-services on clinical teaching topics. Workshops for clinicians are run throughout the year. A training module is specifically designed to prepare first time Clinical Instructors (CIs), CIs who have not had a Queen's student before, or physiotherapists who have not been active in student supervision for over 2 years for their role in clinical placements. These training workshops may be requested at any time and can take place at Queen's or the ACCE will travel to regional clinical facilities at the request of the clinicians. In addition, CI training workshops may be held in response to an identified need (new clinical education methods, curriculum changes, supervision skills, educational methods). These workshops are discussed at the Fieldwork Liaison Committee (FLC) meetings and organized by the ACCE with the support of FLC members and the PT Program. Clinician training sessions and workshops are normally held at no cost to the participants.

Continuing Education opportunities are also offered to clinicians in the Queen's catchment area in recognition of their contribution to student learning. Recent examples include the Upper and Lower Limb Anatomy, Brainstorm Neuroanatomy Refreshers, Managing Compassion Fatigue, and Post-Concussion Management sessions. These events are put on in response to clinician requests and are run on a cost-recovery basis.

5.0 The Clinical Education Process III: During Placement

The student may interact with numerous professionals while on placement. Several individuals may be involved in student supervision at the placement site, including the CI, CCCE, Department or Program

Director and the ACCE. The roles of these “players” are outlined in Section 2 of this manual. Other physical therapists or healthcare professionals may also invite the student to accompany them for educational purposes. All individuals the student interacts with are invited to contribute relevant information to the CI when the midterm and final evaluations are being collated. If the student or CI has any concerns with respect to the placement they should be addressed as soon as they are apparent. The best solutions are sought collaboratively. If concerns on the part of either individual are not resolved satisfactorily, these concerns must be communicated to the ACCE as early as possible in order that all available options can be reviewed. Early intervention generally promotes the most productive and equitable solutions as well as a less stressful and more enjoyable experience for the CI and the student.

5.1 The Learning Contract *(Appendix H)*

Students are expected to have their own personal written goals and objectives for each placement. The learning needs of each student and the learning opportunities available will vary with each placement. Individual students require varied levels of guidance and therefore the learning contract (student’s goals for the placement and agreed upon methods of achieving these) will reflect those differences. It is essential that the Learning Contract be developed as a collaboration between the student and the CI: the student should arrive with identified learning goals; these are then discussed with the CI, who provides feedback and his/her expectations for what the student should be able to achieve in the placement. By the end of Week One the student should have a Learning Contract that clearly outlines the clinical skills and essential competencies that he/she is expected to develop during that placement.

Day 1 / Week 1:

The student should arrive on the first day of the placement with their learning goals prepared for discussion and development with the CI during the first week of the placement. Objective outcome measures should be discussed and documented for each desired competency and the learning opportunities associated with each desired competency should be identified, with every effort made to access these opportunities. It is recommended that SMART format be considered when developing these goals. If there is any disagreement between student and CI with respect to the expectations, the ACCE may be contacted for advice. It is understood that the CI is the authority when setting these expectations. It is recommended that the Learning Contract be reviewed weekly, based on the student’s progress during the placement. A blank Learning Contract Worksheet and sample Learning Contract are included in Appendix H. The Learning Contract is a contract between the student and the CI and will be submitted to the ACCE at the completion of each placement (PT 881 through 885). A copy of the Learning Contract should be kept by the student and by the CI for the duration of the placement.

5.2 Placement Organization- Chart-by-Week *(Appendix I)*

A Chart-by-Week Worksheet can be found in Appendix I to help students and CIs organize a placement and assist in the planning and review process. This chart can greatly assist students in achieving the learning goals outlined in their Learning Contract.

Progression through the placement:

Depending on the level of the placement, placements may begin with an observational period, when the student observes the therapist; the students may then perform selected components of assessment and treatment with appropriate feedback from the therapist. Once the therapist is confident of the student's competence, the student will assume increasing responsibility and independence towards the end of the placement. Specific caseload expectations are laid out for each placement level; the quality of care delivered within the range is a paramount consideration.

5.3 Student Presentations

It is expected (though not required) that the student give an in-service presentation on a topic relevant to the placement. The topic and format of the presentation should be determined by the student and the CI. The presentation may be in the form of a case history of a client with whom the student is working; a treatment intervention; a clinical problem/condition; a patient information handout; or other project relevant to the clinical setting. Case histories are a common format for communication in health care both in the scientific literature and verbally in health care environments. By preparing and presenting case histories it is expected that the student will enhance their knowledge base, develop their problem-solving abilities and advance their communication skills, preparing the student for involvement in medical "rounds" and other communication and consultations between health professionals. It is expected that the presentation of these case histories will also benefit the placement site by bringing forward new information, promoting discussion, highlighting practice trends and/or noting effectiveness of interventions. The evaluation of the presentation is in the form of verbal feedback from the CI and any individuals present at the presentation as well as by written comments by the CI on the student's clinical performance evaluation form. Copies of the presentation should be submitted to the ACCE at the completion of the placement.

5.4 Feedback

Feedback is essential for student learning while on placement. Tools such as the *First Meeting Questionnaire* (available on the LMS as well as the website under the Clinical Educators tab) can assist the student and CI with communication around feedback expectations. Optimal development of clinical skills and generic abilities such as communication, interpersonal skills and problem-solving, amongst others (see the section on Evaluation) require ongoing feedback about a student's performance. CIs are encouraged to provide

feedback on a daily basis and during all aspects of practice, e.g. after a student has done a patient assessment or performed a specific treatment intervention. Feedback becomes more formal when given as part of EPA assessments and on the final ACP evaluation. Feedback can improve confidence and reassure the student that certain skills and behaviours are being done correctly and well, or may provide the basis for behaviour change and development of improved skills. Feedback needs to be provided early in the placement to be valuable in providing reassurance and guidance for change. Feedback is also a two-way process whereby the student may provide feedback to the CI that will facilitate the learning experience.

5.5 Evaluation/Self-Evaluation *(Appendices L & M)*

The process of student evaluation is designed to maximize the provision of effective feedback to the student to assist in optimizing their learning, as well as to provide the University with periodic grading of the student's performance. Placement evaluation documentation takes three forms:

1. ***The Student Assessment of Clinical Performance (ACP)*** is completed by the CI(s).

The scoring on the grading scale should reflect the student's achievement relative to that of an entry level practitioner (not relative to the placement level) and should clearly follow the anchor descriptors at the beginning of the ACP. Comments should be included at final evaluation. More detailed comments are expected if the student is struggling or 'With distinction' has been marked. The inclusion of *Next Steps* is encouraged to facilitate growth of the student's skills.

2. ***Self-Evaluation:*** A separate copy of the ACP supplied by the student, and is completed by the student as a form of self-evaluation. This ACP should be referred to frequently throughout the placement as a reminder of the competencies being demonstrated in the placement. This is an important exercise in self-reflection for the student and is most beneficial when students record in writing their feelings about the placement and their assessment of their own performance, strengths and areas needing improvement for each of the performance criteria.

3. ***The Student Evaluation of Clinical Placement (SECP)*** is to be completed by the student. This provides feedback to the CI and facility about the learning experience.
4. ***Physiotherapy Entrustable Professional Activities Assessments (PEPAAs)*** are completed by the clinical instructor—usually at least 3 of each of the EPAs (1-10). These EPA assessments will be completed through the Elentra platform. EPAs are clinically relevant tasks or responsibilities which a student can be 'entrusted' to perform independently once they have demonstrated sufficient specific competence. The 10 EPAs are as follows:
 1. Complete a comprehensive physiotherapy assessment
 2. Formulate and communicate a physiotherapy diagnosis and prognosis
 3. Collaborate with the client to identify and prioritize physiotherapy goals
 4. Develop and implement a comprehensive physiotherapy management plan
 5. Document all aspects of physiotherapy encounters
 6. Monitor outcomes of the physiotherapy management plan and respond appropriately
 7. Plan for and complete transition in care
 8. Collaborate to provide interprofessional care as a member of a health team
 9. Use feedback and self-reflection to improve practice
 10. Educate other health professionals

All four of these evaluation form types are completed and discussed by student and CI during the placement. They can be completed more frequently if student progress, or lack thereof, would indicate the need to do so. Formal meeting times should be set, and students should be aware of the timing and duration set aside for review.

Evaluation of Research or Administrative Placements

If the student is undertaking a research or administrative placement, specialized evaluation forms will be provided by the School. The process otherwise remains the same.

Tracking Hours and Experiences on Placement—The Elentra Daily Clinical Encounter Tracking Tool

The Queen's Physical Therapy Program, in collaboration with the Elentra™ group, has developed an online tool for students to capture statistics about their clinical education experiences. This Daily Clinical Encounter Tracking Tool provides students with an easily accessible record of their clinical education experiences while on placement. The Tracking Tool also allows us to confirm that each student has met the clinical education standards for graduation (and compliance with clinical education standards).

These standards include completion of:

- A minimum of 1025 hours of clinical education
- A minimum of 100 hours, each, in the practice area of cardiorespiratory-vascular and neurology
- At least one placement, each, in an acute care/hospital and rehabilitation/long term care setting
- At least two placements in a community/ambulatory setting

Students must also accumulate clinical experience with clients across the lifespan, as well as those with complex health conditions.

In addition, we have built into the system drop-down menus that include the Foundational Content Areas and Topics and Entry-to-Practice Minimal Skills of the Competency Profile for Physiotherapists in Canada (2017). This built-in tracking will allow us to map our students' clinical experiences with the Competency Profile.

What Information are Students Tracking?

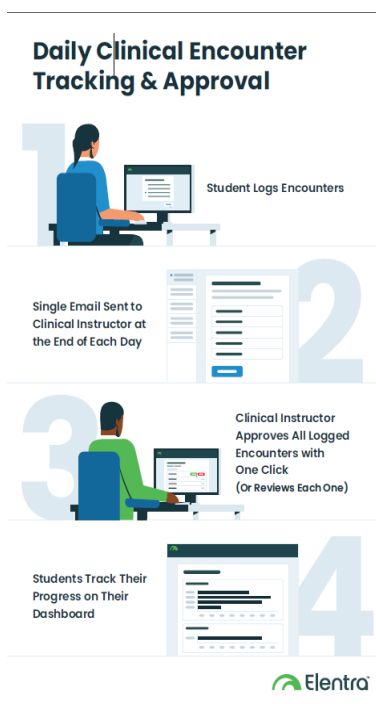
On a daily basis, students will record the following information:

- Health conditions (primary and secondary) for seeking physiotherapy involvement in care – selected from the Competency Profile
- Assessment type used – selected from the Competency Profile
- Intervention type used – selected from the Competency Profile

In addition, students will record information about practice time (both direct clinical and in pre- and post- clinical encounter) in the areas of cardiorespiratory-vascular, neurological, and musculoskeletal.

Where is the Tracked Information Submitted?

The Physical Therapy Program already tracks information regarding students' clinical experiences. This information is used to guide students in selecting clinical placement opportunities to ensure that they meet the required clinical education standards for graduation. In addition, the Program is required to maintain all clinical education information for each student in anonymized form as evidence of compliance with PEAC accreditation standards. This anonymized information is submitted to Physiotherapy Education Accreditation Canada (PEAC).



- Detailed information about the primary and secondary conditions encountered by students
- Detailed information about hours (and activities) in each of the three primary areas of practice
- Tracking of the Foundational Content Areas and Topics and Entry-to-Practice Minimal Skills of the Competency Profile for Physiotherapists in Canada

Students will be submitting their clinical education information through the Elentra tracking system, which is a secure site. Any information entered by a student's clinical instructor (such as the confirmation of clinical experiences, comment, etc.) is linked to the student's information and included when students submit through the Elentra tracking system. You will receive an email in your inbox after midnight each day. You will need to click on the link, quickly review/scan the recorded information and then click "approve all". If you do not agree with something that was entered, you can also choose to edit the entry before submitting.



October 3, 2019

You can choose to overwrite and edit the recorded information when you review, or choose to deny a particular entry.

The Elentra platform is secure and the Elentra group is the custodian of this information, and does not provide access external to the Physical Therapy Program.

Where is the Information Maintained?

Student clinical education information is maintained by the Academic Coordinator of Clinical Education on the Elentra platform, which is secure and password protected. No identifiable information is maintained on a personal computer.

Anonymized data is collated by the Academic Coordinator of Clinical Education and is shared with the Physical Therapy Program Committee (as well as the Director of the School of Rehabilitation Therapy and the Dean of the Faculty of Health Sciences, as needed) for the purposes of reporting on the Program's compliance with clinical education standards, and with PEAC.

Will the Physical Therapy Program use the Information Tracked for any Other Purposes?

The Physical Therapy Program collects data about all aspects of its program for the purposes of Program Evaluation. Clinical education data collected using the Daily Clinical Encounter Tracking Tool will be used to determine the alignment of our curriculum, including clinical education, with the Competency Profile for Physiotherapists in Canada. The data will also be used to relate clinical experience to students' progression in meeting the entry-to-practice milestones of the Competency Profile.

The Program also uses all student performance data for curriculum evaluation, and for monitoring compliance with PEAC standards. With regard to clinical sites, we do monitor the number of student placements provided by each of our clinical sites, as well as the clinical experiences provided at each site. This information helps us to inform to plan clinical experiences for individual students to ensure that each student meets the clinical education standards for graduation. No personal information about clinical instructors is used for program evaluation or revealed in any way.

Protection of Personal Information

All personal information, directly or indirectly collected by the Physical Therapy Program, is protected in accordance with the Freedom of Information and Protection of Privacy Act [R.S.O. 1990, c. F.31].

All personal information collected is used only for the intended purpose. All records containing personal information are maintained in a secure and limited access environment. Information is only accessible to a limited number of authorized individuals in the Program (Academic Coordinator of Clinical Education, Associate Director (Physical Therapy), Physical Therapy Program Assistant). Redundant data is eliminated.

FAQ's

What happens if I miss approving one day?

The next link you receive will have all pending approvals available for viewing by date.

What happens if there are two supervisors?

The student will direct the approvals to the appropriate supervisor. You will only receive the approvals for the activities under your supervision.

What happens if my student shadows someone else?

That time should be captured and the student will send the approval to you.

What if I disagree with what the student entered?

You have the option to overwrite and then approve or decline and an email will be sent to the student to re-submit.

Does the student need to see every condition, assessment and treatment approach listed in the drop down menus?

No! This would not be possible. We are looking for breadth of experience over the 5 placements.

Elentra support desk: healthsci.support@queensu.ca

5.6 Criteria for Assessment

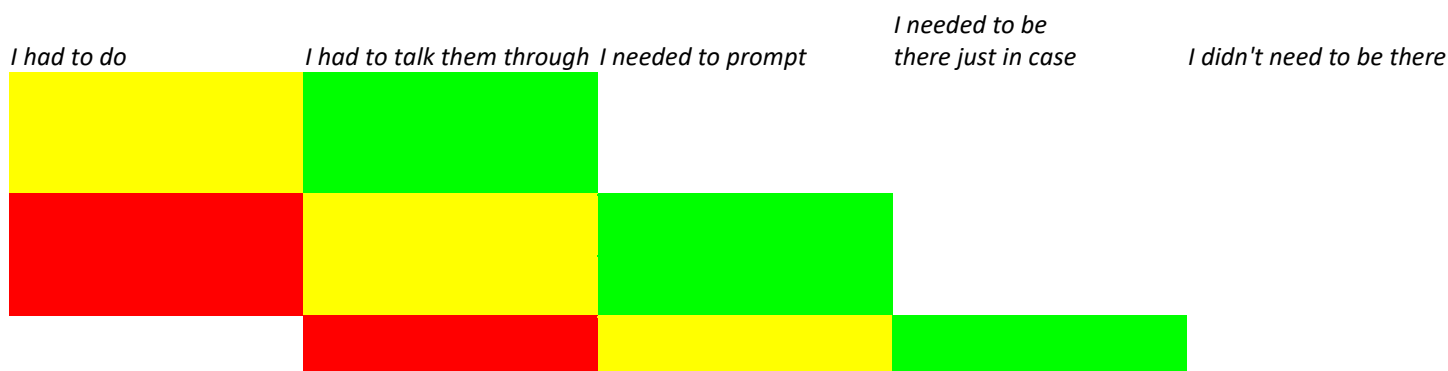
The Assessment of Clinical Performance (ACP) is used by Queen's University's Physical Therapy Program for evaluation of student performance on clinical placements.

Competencies

Seven Roles of a Physiotherapist, including 21 Essential Competencies, are evaluated on the ACP using a rating from Beginner to Entry Level performance. The ACP form (Appendix I) includes instructions on the use of the form, a background history of the development and a glossary of terms.

Competencies are defined separately as ***(1) Generic Abilities and (2) Clinical Competencies***.

Additionally, the program uses Physiotherapy Entrustable Professional Activities Assessments (PEPAAs) to assess clinical performance. Each of the 10 EPA tasks are rated on a scale from the clinician's perspective of:



It is expected that at the Junior level (PT 881 and 882), clinicians will have to talk students through the EPAs, by intermediate level (PT 883 and 884) the clinician will need to prompt, and by senior level (PT 885) the clinician will need to be there just in case.

The 10 EPAs will be evaluated a minimum of 3 times each (more if all three evaluations do not reached the expected level of performance for the placement).

Generic Abilities

Generic abilities are those professional abilities that encompass interpersonal skills, communications skills, effective use of time and resources, use of constructive feedback, problem solving, professionalism, responsibility, critical thinking and stress management.

- *Junior (First year: PT 881, 882)* behaviours which demonstrate knowledge and comprehension
- *Intermediate (Second year: PT 883 PT 884)* behaviours which demonstrate application and generalization
- *Senior (Second year: PT885)* behaviours which demonstrate inferring and synthesizing

Clinical Competencies

Two Canadian publications outline the essential competencies of physiotherapists entering practice in Canada. They are the Essential Competency Profile for Physiotherapists in Canada (most recent update published in 2017) and the Entry-to-Practice Physiotherapy Curriculum Content Guidelines for Canadian University Programs (most recent update published by the Canadian Council of Physiotherapy University Programs, 2019, in association with the Canadian Physiotherapy Association, the Canadian Alliance of Physiotherapy Regulators and the Accreditation Council of Canadian Physiotherapy Academic Programs). Both are considered to be the national standard in Canada for content and entry level competence and are used in the accreditation of Physiotherapy Educational programs by Physiotherapy Education Accreditation Canada (formerly known as the Accreditation Council of Canadian Physiotherapy Academic Programs, ACCPAP). The following page presents guidelines delineating the progression through the student's learning curve as it relates to junior, intermediate and senior level competencies

.

Clinical Skills at the “junior, intermediate and senior level”

Junior Clinical Skills

- can read and interpret medical records with assistance
- can complete a basic clinical assessment with supervision
- can document assessment findings using (SOAP notes
- can suggest differential diagnoses based on analysis of assessment findings and discuss with clinical instructor.
- can suggest a treatment plan and short & long term goals based on assessment findings
- can prepare the treatment area under the supervision of the clinical supervisor
- performs basic hands-on clinical skills, use of treatment tools and patient education at a minimal competency level using a small, but sufficient number of treatment applications
- uses SAFE application of treatment techniques with supervision; can articulate all relevant precautions and contraindications to treatment.
- can perform, at minimum, two new assessments in addition to several treatments daily.

Intermediate Clinical Skills

- can read and interpret medical records, with an emphasis on the relevant data, with minimal assistance
- can complete a thorough clinical assessment, including special tests, with minimal supervision
- can document assessment findings concisely, and in a timely fashion
- can formulate physical diagnoses based on analysis of assessment findings, to be discussed with and approved by clinical instructor.
- can undertake treatment planning, demonstrating a varied treatment repertoire, and realistic short and long-term patient goals
- can prepare the treatment area with minimal assistance
- performs a variety of hands-on clinical skills, uses a broad base of treatment tools and undertakes patient education effectively, with minimal supervision
- demonstrates SAFE and effective application of treatment techniques; can articulate pertinent precautions and contraindications and revise treatment plans based on these.
- can carry 50 to 75% of a full caseload including a minimum of two assessments a day.

Senior Clinical Skills

- can accurately and systematically read and interpret medical records, quickly and independently
- can independently complete a thorough clinical assessment, utilizing only the relevant assessment components
- can document assessment findings independently
- can make physical diagnoses independently, to be reviewed by the clinical instructor prior to treatment intervention..

- can demonstrate comprehensive treatment planning skills, including depth and breadth of treatment repertoire.
- can work with the patient to develop dynamic short and long term patient goals.
- can prepare the treatment area independently
- independently carries out treatment effectively and efficiently using an expanded repertoire of treatment applications.
- demonstrates SAFE and effective application of treatment techniques;
- can articulate pertinent precautions and contraindications and independently revise treatment plans based on these.
- can carry a 75% to 100% caseload, including as many new assessments as are required by the service daily.

Knowledge and Skills for clinical practice areas

To determine the knowledge and skills necessary in any one practice area, e.g. Musculoskeletal, cardiorespiratory, neurology, students should refer to (1) the relevant course objectives, (2) course manuals and notes and (3) the *NPAG Essential Competency Profile (2017)*, found at:

<https://physiotherapy.ca/essential-competency-profile>

Knowledge and skills observed, practiced and achieved should be tracked using the Elentra Daily Clinical Encounter Tracking Tool

Students must bring the relevant course manual(s), notes, and references to the placement site.

Please note that, with the exception of musculoskeletal placements, the student may not have a second graduate exposure to any one clinical area. If a student or CI is in doubt as to the level of competency required in any given area, the ACCE, or the faculty member(s) responsible for instruction in the area of concern, should be contacted for clarification.

Grading

Clinical placements are graded on a Pass/Fail basis rather than numeric grade. Clinical Instructors (CIs) are asked to grade the Assessment of Clinical Performance (ACP) at 7 weeks/ final. The final section on the ACP evaluation form asks for the recommendation of an overall recommended Final Grade (Credit with Exceptional Performance/Credit/No Credit/Credit With Reservation or Incomplete) from the CI. Additionally, clinical instructors will complete a minimum of 3 PEPAAs at the expected level of performance for each of the 10 EPAs. The CI's recommendation and comments are used as an indicator of student performance. The ACCE will assign the final grade for the course.

Clinical Competencies

The Physical Therapy Program at Queen's specifies our program learning outcomes as a set of 39 competencies across seven competency domains: Physiotherapy expertise, communication, collaboration, management, leadership, scholarship, and professionalism, humanism, and cultural humility.

Competency Domain 1: Physiotherapy Expertise

- 1.1 Employ a client-centered approach
- 1.2 Ensure physical and emotional safety of client
- 1.3 Conduct client assessment
- 1.4 Understand patients' "stories," illness experiences, meaning perspectives, contexts, beliefs, and cultures.
- 1.5 Establish a diagnosis and prognosis
- 1.6 Develop, implement, monitor and evaluate an intervention plan
- 1.7 Complete or transition care
- 1.8 Plan, deliver and evaluate programs

Competency Domain 2: Communication

- 2.1 Communicate clearly with patients, families, community members, and interprofessional team members in a way that is understandable and productively contributes to promotion and maintenance of health and team-based care.
- 2.2 Give and receive feedback in a constructive manner
- 2.3 Adapt communication approach to context
- 2.4 Use communication strategies, tools and technologies effectively

Competency Domain 3: Collaboration

- 3.1 Promote an integrated, collaborative approach to health services
- 3.2 Facilitate collaborative relationships and a climate of mutual respect and shared values
- 3.3. Contribute to effective teamwork
- 3.4 Contribute to conflict resolution

Competency Domain 4: Management

- 4.1 Identify options for improved service delivery models
- 4.2 Support organizational excellence
- 4.3 Utilize resources efficiently and effectively
- 4.4 Ensure a safe practice environment
- 4.5 Engage in quality improvement activities
- 4.6 Supervise others
- 4.7 Manage practice information safely and effectively

Competency Domain 5: Leadership

- 5.1 Champion the health needs of clients and communities
- 5.2 Promote innovation in healthcare and health services
- 5.3 Contribute to leadership in the profession and health systems

Competency Domain 6: Scholarship

- 6.1 Use an evidence-based approach to practice
- 6.2 Engage in scholarly inquiry
- 6.3 Integrate self-reflection and external feedback to improve personal practice
- 6.4 Maintain currency with developments relevant to area of practice

6.5 Contribute to the learning of others

Competency Domain 7: Professionalism, Humanism, and Cultural Humility

- 7.1 Comply with legal and regulatory requirements
- 7.2 Behave ethically
- 7.3 Embrace social responsibility as a health professional
- 7.4 Act with professional integrity
- 7.5 Maintain personal wellness consistent with the needs of practice
- 7.6 Use an anti-racist approach in practice
- 7.7 Provide culturally safe care and practice with cultural humility
- 7.8 Use a trauma-informed care approach

5.7 Trouble Shooting During Placement

The majority of concerns that arise during a placement can be easily rectified with a telephone call or email to the ACCE.

The student and their CI do not concur on the expectations for the placement:

- both individuals should review the relevant sections of the Clinical Education Manual and discuss its contents;
- if the manual does not clarify the issue the ACCE should be contacted immediately.

Illness or bereavement:

- Students are discouraged from attending placement while ill. However, absences for greater than 2 days due to illness must be documented with an extenuating circumstances form (or if the student will be under the 210 hour minimum must be made up).
- a student may be granted an absence from placement for the death of a relative for up to 2 days (15 hours) without making up the time unless the student will be under the 210 hour minimum;
- If the student's performance is weak, the CI should request that the time be made up (this may be done during evenings or weekends if the CI provides this coverage, otherwise the placement may have to be extended);
- absences greater than 2 days due to bereavement should be discussed immediately with the ACCE (University policy recognizes absences with respect to 'immediate family': grandparents, parents, siblings, children and grandchildren).

The student or patient/client suffers an injury during placement: for student or client injury, follow the procedures outlined in **Section 4.4**. The ACCE should be contacted immediately. If the ACCE is not available, do not leave a voice mail message, dial 613 533-6103 or 533-6000 ext 77317 and speak with the Clinical Education Assistant who will follow-up.

The student's performance is below standard:

- see sections 4.2-4.4 Evaluation. Student difficulties in placement should be identified and addressed early in the placement to give time for remediation.

There is a question of harassment:

- if there is any suspected verbal, physical or sexual harassment of the student or the CI during the placement period the ACCE must be notified immediately;
- the incident(s) will be documented and, if necessary, followed up by the appropriate individual(s).

5.8 End of Placement

Documentation

Immediately following the placement the CI and student will compile an electronic package containing the following documentation:

PEPAAs

Students will generally have 3 PEPAAs for each EPA (1-10) completed at the expected level of performance in order to successfully have completed the placement.

Student Performance Evaluation Forms – the *Assessment of Clinical Performance (ACP)*

- One completed by the CI ** CI will submit this form using the HSPnet online portal <http://hspscanada.net/>
- One completed by the student (self-evaluation process) ** Student will submit this form using the HSPnet online portal as well.

Completed *Student Evaluation of Clinical Placement Form* ** Student will submit this form using the HSPnet online portal.

Completed Learning Contract –*student will submit this form on OneDrive folders for the specific placement.*

Student Assignment/Presentation (if applicable) –student will submit this on OneDrive folders for the specific placement.

This information should all be submitted within 2 working days of the completion of the placement for purposes of student grading and promotion..

5.9 Confidentiality

All student records must remain confidential. Facilities are asked to keep all student records in secured files where only the CI, CCCE and/or department manager have access to the files.

Policy on retention or copying of clinical placement performance evaluation materials:

The completed Assessment of Clinical Performance (ACP) is a confidential document of student progress that is the property of the School of Rehabilitation Therapy. As such, the document must not be copied for the purpose of retaining on file at the clinical facility. The student may not give permission to the facility to make a copy of the ACP at the end of the placement. As a final record of performance in a designated course the ACP

is comparable to a final examination paper and subject to the same policies.

The *Review of Clinical Placement Form* is completed by the student to provide feedback about the placement to the clinical instructor and facility. The original of this form must be returned by the student to the School. A copy of this form may be made and retained by the clinical facility.

PLEASE NOTE: For learning purposes, students are encouraged to keep photocopies/electronic copies of both from each of their clinical placements.

6.0 Professional Issues

6.1 University Code of Conduct

All students are required to adhere to the University's Code of Conduct. They should also bear in mind that, compliance with this code implies non-participation in disturbances which have been formally prohibited by senate, adherence to the laws governing the possession and/or consumption of alcoholic beverages and generally, maintaining the reputation of the University. In general terms, acceptable conduct does not infringe upon the rights of other members of the University community and conforms to the regulations of the University and its subordinate jurisdictions and to the law of the land.

6.2 The Canadian Physiotherapy Association

The following was obtained from The Canadian Physiotherapy Association website at www.physiotherapy.ca (reviewed July, 2013).

Code of Ethics

Physiotherapists are committed to act with integrity, to honour the rights and dignity of all individuals, to recognize their responsibility to society, and to pursue a quest for excellence in professional activities.

Code of Ethical Conduct

<https://physiotherapy.ca/ethics-and-professionalism-toolkit/>

The provision of effective quality care while respecting the rights of the client shall be the primary consideration of each member of the profession.

Responsibilities to the Client

1. Physiotherapists shall respect the client's rights, dignity, needs, wishes and values.
2. Physiotherapists may not refuse care to any client on grounds of race, religion, ethnic or national origin, age, sex, sexual orientation, and social or health status.
3. Physiotherapists must respect the client's or surrogate's rights to be informed about the effects of treatment and inherent risks.
4. Physiotherapists must give clients or surrogates the opportunity to consent to or decline treatment or alternations in the treatment regime.
5. Physiotherapists shall confine themselves to clinical diagnosis and management in those aspects of physiotherapy in which they have been educated and which are recognized by the professional body and regulatory body.
6. Physiotherapists shall assume full responsibility for all care they provide.
7. Physiotherapists shall not treat clients when the medical diagnosis or clinical condition indicates that the commencement or continuation of physiotherapy is not warranted or is contraindicated.
8. Physiotherapists shall request consultation with, or refer clients to, colleagues or members of other health professions when, in the opinion of the physiotherapist, such action is in the best interest of the client.
9. Physiotherapists shall document the client's history, relevant subjective information, objective findings, clinical diagnosis, treatment plan and procedures, explanation to the client, progress notes and discharge summary.
10. Physiotherapists shall respect all client information as confidential. Such information shall not be communicated to any person without the consent of the client or surrogate except when required by law.
11. Physiotherapists, with the client's or surrogate's consent, may delegate specific aspects of the care of that client to a person deemed by the physiotherapist to be competent to carry out the care safely and effectively.
12. Physiotherapists are responsible for all duties they delegate to personnel under their supervision.

Responsibilities to Society

1. Physiotherapists shall recognize their responsibility to improve standard of health care.
2. Physiotherapists shall comply with all laws and regulations pertaining to the practice of physiotherapy.
3. Physiotherapists shall report, to the appropriate authorities, any member of the profession who

appears to be incompetent or whose conduct while practising as a physiotherapist appears to be unethical or illegal.

4. Where a direct fee is charged, physiotherapists shall inform clients, in advance, of the fee which will be commensurate with the service provided.

Responsibilities to the Profession

1. Members shall abide by the policies of the Association and support its mission.
2. Physiotherapists shall conduct themselves in such a manner as to merit the respect of society for the profession and its members.
3. Physiotherapists shall engage in continuing education for growth and development.
4. Physiotherapists shall advance the science of physiotherapy by sharing relevant information and by supporting, or engaging in, research activities.
5. Physiotherapists shall be responsible for ensuring that research protocols respect the rights of research subjects and are in compliance with standards accepted by the scientific community.
6. Physiotherapists shall be willing and diligent preceptors in the education of physiotherapy students.
7. Physiotherapists shall ensure that their professional judgment and integrity are not compromised by the motives of profit.
8. Physiotherapists shall enter into contracts and agreements only when professional integrity can be maintained.
9. Physiotherapists shall ensure that any advertising of their services is accurate, verifiable and acceptable according to the legal, social and professional norms of the times, and does not bring the profession into disrepute.

6.3 Agency/Community Code of Ethics

As part of their orientation, students are responsible for making themselves aware of (and comply with) codes of conduct or ethical considerations published by the clinical placement institution/facility.

6.4 Client Confidentiality and Equipment Responsibilities

The well-being of clients is the highest priority. Students must ensure absolute confidentiality of client/patient information regardless of the source of that information (patient, therapist, records, charts). There cannot be a breach of this trust either verbally or in writing. If a student is in doubt about what information can be disclosed, and to whom, the CI, CCCE or ACCE should be consulted. Students may be required to sign a declaration of confidentiality at the placement facility. Students are reminded that, as a rule, confidential patient information should never leave the facility property. This includes information in written and electronic form.

All of our placement students have an obligation to maintain the confidentiality of health records and personal information of the clients/patients they see in placement.

The link below is to an article about an Ontario placement student who was *personally* fined **\$25,000.00** by the Ontario Information and Privacy Commission for improperly accessing health records. This is a serious obligation as a student.

<https://www.theglobeandmail.com/news/national/ontario-student-fined-25000-for-accessing-personal-health-info-without-permission/article34335267/>

Students will be required to sign a Statement of Confidentiality (see *Appendix M*) prior to their clinical placements. This will help to ensure that personal information collected for educational purposes and clinical placements shall be treated as confidential material. Each student shall be expected to ensure respect for, and demonstrate integrity where all such confidential information is concerned. See *Appendix L* for details.

During the course of clinical placements, the student may be issued loan items from a clinical site that must be returned to the clinical site at the end of the clinical placement (e.g., personal alarm). All students must sign a Memorandum of Understanding, indicating that they agree to return loaned items and that they take full responsibility for the items, including replacement cost if damaged, lost or stolen (See *Appendix L*).

6.5 Attendance

Full time attendance at placements is mandatory. Students may be granted, at the discretion of the CI and ACCE collectively, a maximum of two days of leave for legitimate reasons that may include illness or other extenuating circumstances (e.g. due to the weather, bereavement, statutory holiday, Canadian Physiotherapy Association Congress – see also Section 5.7). If the student is not meeting the placement objectives or placement experiences have been limited for other reasons, the CI and/or ACCE may require one or both of

the lost days to be made up. This may occur by extending the work-day for several days or by accompanying a CI on a weekend rotation. Should an illness last more than two days, students are expected to provide an extenuating circumstance form. If an extenuating circumstance exceeds two days the ACCE must be notified and the situation/options discussed. Normally a placement will not be considered successfully completed and a PASS assigned if the mandatory minimum of 210 hours on site has not been met. If a student misses more than two days from a clinical placement, the student must make up the lost time prior to final grading and successful completion of the placement. **The ACCE must be notified of an absence of greater than two days from placement.**

6.6 Professional Image

The personal appearance of a student carries a non-verbal message to the client, their family, and the staff. Students will follow the policies and procedures on dress code and general conduct specific to the practice setting. Common sense and discretion should be used to dress neatly and portray a professional image. These guidelines apply to clinical experiences with volunteers at the Clinical Education Centre as well as for all clinical placements.

General guidelines for dress include:

- Clean clothes daily
- Well-groomed hair (e.g., long hair tied back)
- Facial hair on men should be neat and well-groomed
- Discretion consistent with the environment for body-piercings and/or body art/tattoos (e.g., in some cases temporary removal of a piercing or coverage of tattoos may be appropriate).
- Skin should not show as you bend, reach or lift or twist
- Revealing clothing or undergarments should not be seen
- Fingernails should be clean and short for client/patient care and universal precautions
- A lab coat or “scrubs” may be needed on occasion (or in some settings) for sanitary purposes
- **NOTE: Students may be responsible for purchase of their own scrubs, face shield, procedure/surgical masks, etc (PPE) for their clinical placements. Students must bring and wear the appropriate PPE.**

Shoes:

- Rubber/non-slip soled for safety
- Appropriate for the setting/environment (e.g., no outdoor footwear in home or clinic type setting)
- Closed toed, closed heeled (occupational health and safety regulation) and low heel

Shirts:

- of sufficient length or tucked into skirt or pants (NO bare mid-riff)
- collars and short or long sleeves preferred (NOT sleeveless)

Pants/Skirts:

- Business casual pants are appropriate (e.g., khakis that are wrinkle resistance or ironed)
- No jeans, shorts or casual pants (pants must be crease resistant and/or ironed)
- No active/yoga wear
- Generally, skirts should be no more than 2" above the kneecap

Accessories:

- Jewelry limited to wedding/engagement rings and stud or small hoop earrings
- A watch with a second hand or digital readout is highly recommended
- Nametags (purchased through the School) must be worn stating that you are a student physiotherapist
- No perfume and/or scented products

7.0 Academic Regulation

For full details of current Academic Regulations please refer to the School of Rehabilitation Therapy website at www.rehab.queensu.ca

Each of the required 6 clinical placement affiliations carries a full university course credit weighting and therefore university academic regulations apply.

Any circumstances that in the opinion of the student or the CI may adversely influence the student's performance in a placement should be brought to the attention of the ACCE or the Associate Director, Physical Therapy Program as soon as the circumstances in question are known. Whenever possible this should be brought forward and documented prior to completion of the placement.

7.1 Standing

- Clinical placements are graded on a Pass/Fail basis.
- Clinical Instructors (CIs) usually grade the Assessment of Clinical Performance (ACP) at the end of placement (7 weeks). Clinical instructors also evaluate using the PEPAA tool in Elentra to provide ongoing feedback to students.
- Clinical placements may be terminated at any time during the placement, including immediately following the midterm evaluation, if in the opinion of the supervising therapist the student's presence on placement would negatively impact patient safety or patient care. For example, see the College of Physiotherapists of Ontario Standards for Professional Practice: Supervision Standard
- Upon completion of each placement, the student's CI is asked to make a recommendation to the Program for a grade of Credit, No Credit, Credit with Reservation or Credit With Distinction. If the CI does not make a Credit recommendation, or if he/she provides feedback to the Program that indicates the student's performance may not warrant a Pass grade, the Academic Coordinator of Clinical Education (ACCE) or delegate will consider all available evidence and will assign a grade for the course. In the event that a student is on a split placement with 2 or more CI ACP evaluations submitted for the placement, the student must receive credit with exceptional performance or credit on each of the evaluations. If there is one or more evaluation where the student does not receive one of those grades, the ACCE assign a grade for the course. Clinicians also complete PEPAA evaluations throughout.

7.2 Student Withdrawal from Placement

The following policies will apply in respect to a student-initiated withdrawal from placement:

- If a student withdraws from a placement after discussions with the CI and with the approval of the Physical Therapy Associate Director, a grade of incomplete will be given. An alternative placement must be satisfactorily completed.
- If a student withdraws from a placement without prior discussion with the CI and the approval of the Physical Therapy Associate Director, a failing grade will be given.
- In the case of extenuating circumstances which preclude prior discussion (such as serious illness or death in the student's family) the Associate Director, student and facility will mutually agree on the course of action to be taken.

7.3 Academic Decisions/Failure/Withdrawal on Academic Grounds

In a case in which a clinical supervisor recommends that a student be assigned “no credit” or “credit with reservation” in the clinical course, the SRT Student Progress & Awards Committee will normally uphold the clinical supervisor’s recommendation. If there are extenuating circumstances well-documented and sufficient to excuse inadequate performance, the SRT may recommend that the student be allowed to repeat the course.

In keeping with the General Regulations of the School of Graduate Studies and Research (SGSR), unsatisfactory performance by the student during the program may cause proceedings to be instituted requiring the student to withdraw.

Any student who wishes to question the academic decisions of the SRT or any of its instructors is strongly recommended to consult the SGSR’s policy on Appeals Against Academic Decisions

The student is recommended to begin with informal discussions with the course instructor and/or Associate Director, PT Program. If the matter cannot be resolved informally the student may proceed to more formal appeal processes as outlined in the policy.

If a repeated placement is granted, it will normally be scheduled as soon as it is practically feasible.

8.0 APPENDICES

<i>A.....</i>	<i>MScPT Program Description</i>
<i>B.....</i>	<i>Clinical Instructor Competencies</i>
<i>C.....</i>	<i>Fieldwork Bursary Information</i>
<i>D.....</i>	<i>Timelines for the Placement Process</i>
<i>E.....</i>	<i>International Placement Policies</i>
<i>F.....</i>	<i>Immunization and Certification Forms</i>
<i>G.....</i>	<i>Clinical Placement Checklist</i>
<i>H.....</i>	<i>The Learning Contract</i>
<i>I.....</i>	<i>The Assessment of Clinical Performance (ACP)</i>
<i>J.....</i>	<i>NACEP Review of Clinical Placement by Student</i>
<i>K.....</i>	<i>Policy on Student Readiness for Placement</i>
<i>L.....</i>	<i>Memorandum of Understanding Re: Loaned Equipment</i>
<i>M.....</i>	<i>Statement of Confidentiality</i>

APPENDIX A

MScPT Program Description

Master of Science in Physical Therapy Program Description

Mission

Our mission is 'to inspire our learners to excel as competent and compassionate physiotherapists through leadership in transformative education, research, student experiences, and collaborative partnerships'.

Program Objectives

The overarching goal of our program is to graduate competent and compassionate physiotherapists ready for physiotherapy practice. We aim to achieve this goal by: i) implementing an innovative curriculum that incorporates best evidence in physiotherapy teaching, learning, and practice; and ii) promoting a healthy and enriching student experience.

Design of the Curriculum

The Physical Therapy Program at Queen's University is a competency-based, spiral curriculum. The primary objective of our curriculum is to graduate competent and compassionate entry-level physiotherapists ready for practice. As a competency based education program, the Competency Profile for Physiotherapists in Canada (2017) forms a foundation for the expected attributes of our graduates, and our program learning outcomes. Critical to our competency education approach, we: focus our curricular goals on outcomes, emphasize abilities and application of knowledge rather than just knowledge, de-emphasize time-based training, and take a learner centered approach. We conceptualize a progression in competency throughout our program and use a spiral curriculum to progress our learners to entry-level milestones associated with each of the competencies in the Competency Profile for Physiotherapists in Canada.

Our curriculum supports the development of competence over time.

Our curriculum is organized by three stages—Foundations, Core and Transition to Practice.

This organization allows students to develop competencies at a flexible timeline within each phase, while clearly defining milestones that need to be achieved by the end of each stage. We aim to graduate competent and compassionate physiotherapists ready for practice.

The Physical Therapy Program at Queen's specifies our program learning outcomes as a set of 39 competencies across seven competency domains: Physiotherapy expertise, communication, collaboration, management, leadership, scholarship, and professionalism, humanism, and cultural humility.

Competency Domain 1: Physiotherapy Expertise

- 1.1 Employ a client-centered approach
- 1.2 Ensure physical and emotional safety of client
- 1.3 Conduct client assessment
- 1.4 Understand patients' "stories," illness experiences, meaning perspectives, contexts, beliefs, and cultures.
- 1.5 Establish a diagnosis and prognosis
- 1.6 Develop, implement, monitor and evaluate an intervention plan
- 1.7 Complete or transition care
- 1.8 Plan, deliver and evaluate programs

Competency Domain 2: Communication

- 2.1 Communicate clearly with patients, families, community members, and interprofessional team members in a way that is understandable and productively contributes to promotion and maintenance of health and team-based care.
- 2.2 Give and receive feedback in a constructive manner
- 2.3 Adapt communication approach to context
- 2.4 Use communication strategies, tools and technologies effectively

Competency Domain 3: Collaboration

- 3.1 Promote an integrated, collaborative approach to health services
- 3.2 Facilitate collaborative relationships and a climate of mutual respect and shared values
- 3.3. Contribute to effective teamwork
- 3.4 Contribute to conflict resolution

Competency Domain 4: Management

- 4.1 Identify options for improved service delivery models
- 4.2 Support organizational excellence
- 4.3 Utilize resources efficiently and effectively
- 4.4 Ensure a safe practice environment
- 4.5 Engage in quality improvement activities
- 4.6 Supervise others
- 4.7 Manage practice information safely and effectively

Competency Domain 5: Leadership

- 5.1 Champion the health needs of clients and communities
- 5.2 Promote innovation in healthcare and health services
- 5.3 Contribute to leadership in the profession and health systems

Competency Domain 6: Scholarship

- 6.1 Use an evidence-based approach to practice
- 6.2 Engage in scholarly inquiry
- 6.3 Integrate self-reflection and external feedback to improve personal practice
- 6.4 Maintain currency with developments relevant to area of practice
- 6.5 Contribute to the learning of others

Competency Domain 7: Professionalism, Humanism, and Cultural Humility

- 7.1 Comply with legal and regulatory requirements
- 7.2 Behave ethically
- 7.3 Embrace social responsibility as a health professional
- 7.4 Act with professional integrity
- 7.5 Maintain personal wellness consistent with the needs of practice
- 7.6 Use an anti-racist approach in practice
- 7.7 Provide culturally safe care and practice with cultural humility
- 7.8 Use a trauma-informed care approach

These competencies are evaluated throughout the program in a series of courses including:

Professionalism, Collaboration, Leadership and Management (PCLM 1, 2 and 3)

Evidence Based Practice and Clinical Reasoning (EBPR 1, 2 and 3)
and

Applied Clinical Competencies (ACC 1, 2 and 3)

MScPT Courses of Study by Curriculum Theme

	<i>Credit units</i>
Foundations of Physiotherapy Practice	
PT811	3
PT831	6
PT871	9
PT881 Prep	1.5
Placement 1	
PT881	6
PT832 (during placement 1)	1.5
Core of Physiotherapy Practice A	
PT812A	1.5
PT832A	3
PT872A	4.5
PT882 Prep	1.5
Placement 2	
PT882	6
PT832 (during placement 2)	1.5
Core of Physiotherapy Practice B	

PT812B	1.5
PT832B	3
PT872B	4.5
PT883 Prep	1.5
Placement 3	
PT883	6
PT813 during placement 3	0.5
PT898	1
Placement 4	
PT884	6
PT813 during placement 4	0.5
PT898	1
Transitions to physiotherapy practice A	
PT813A	2
PT833A	6
PT873A	4.5
PT885 Prep	1.5
PT898	1
Placement 5	

PT885	6
PT813 during placement 4	0.5
PT898	1
Transitions to physiotherapy practice B	
PT813B	2
PT833B	6
PT873B	4.5
PT898	1
Placement 6	
PT886	6
PT813 during placement 4	0.5
PT898	1
TOTAL	106.5

Professionalism, Collaboration, Leadership, and Management I (PT811)

Credit units: 3.0 CR

Course year: 1

Course term(s): Fall

Course description:

This course covers four physiotherapy competency domains: professionalism, collaboration, leadership, and practice management. Learners gain foundational knowledge and competencies related to Canadian health systems, jurisprudence, ethical practice, interprofessional practice, individual practice management, humanism and cultural humility.

Professionalism, Collaboration, Leadership, and Management II (PT 812)

Credit units: 3.0 CR

Course year: 1

Course term(s): Winter/Spring

Course description:

This course builds on competencies developed in PT811 related to professionalism, collaboration, leadership, and practice management. Learners further develop competencies for jurisprudence, ethical practice, teamwork, collaborative decision-making, practice management, humanism, cultural humility, and innovation in health services.

Professionalism, Collaboration, Leadership, and Management III (PT 813)

Credit units: 6.0 CR

Course year: 2

Course term(s): Winter/Spring

Course description:

This course builds on competencies developed in PT812 related to professionalism, collaboration, leadership, and practice management. Learners prepare for complex scenarios by extending competencies in ethical practice, interprofessional practice, shared leadership, mentorship, quality improvement and assurance, humanism, and cultural humility.

Evidence-Based Practice & Clinical Reasoning I (PT 831)

Course credits: 6.0 CR

Course year: 1

Course term(s): Fall

Course description:

Students gain foundational competencies in evidence-based, client-centred clinical assessment and management. These competencies include seeking, appraising, and applying evidence by integrating it with client values and contexts, and clinician experiences using clinical reasoning and effective communication.

Evidence-Based Practice & Clinical Reasoning II (PT 832)

Credit units: 9.0 CR

Course year: 1

Course term(s): Winter/Spring

Course description:

Students build on competencies developed in PT 831 related to evidence-based, client-centred assessment and management. This course involves applying evidence-based practice, clinical reasoning, and communication in complex clinical scenarios, adapting clinical care in response to changes in client presentation.

Evidence-Based Practice & Reasoning III (PT 833)

Credit units: 6.0 CR

Course year: 2

Course term(s): Fall

Course description:

Students build on competencies developed in PT 832 related to evidence-based, client-centred assessment and management. This course involves applying evidence-based practice, clinical reasoning, and communication in more complex individual, community, and population health scenarios.

Applied Clinical Competencies I (PT 871)

Credit units: 9.0 CR

Course year: 1

Course term(s): Fall

Course description:

Students gain and apply foundational competencies across domains, including physiotherapy expertise and communication. Students develop, practise, and demonstrate evidence-based, client-centred assessment and management competencies through clinical lab learning activities and simulated practice scenarios.

Applied Clinical Competencies II (PT 872)

Credit units: 9.0 CR

Course year: 1

Course term(s): Winter/Spring

Course description:

Students build on competencies developed in PT871 across domains, including physiotherapy expertise and communication. Students further develop and demonstrate evidence-based, client-centred assessment and management competencies through clinical lab learning activities and complex simulations that include changes in client presentation.

Applied Clinical Competencies III (PT 873)

Credit units: 9.0 CR

Course year: 2

Course term(s): Winter/Spring

Course description:

Students build on competencies developed in PT872 across domains, including physiotherapy expertise and communication. Students further develop and demonstrate evidence-based physiotherapy competencies through clinical lab learning activities and simulations that include more complex individual, community, and population health scenarios.

Clinical Placement I (PT 881)

Course name: Clinical placement I

Course year: Year 1

Course term(s): Fall/Winter

Course description:

This course includes: a) clinical education preparation sessions to understand clinical education processes and requirements; b) a clinical placement in physiotherapy practice where students continue to develop and demonstrate competencies achieved during the preceding academic block with guidance and supervision from a clinical instructor.

Clinical Placement II (PT 882)

Course year: Year 1

Course term(s): Spring/Summer

Course description:

This course includes: a) clinical education preparation sessions to understand clinical education processes and requirements for placement two; b) a clinical placement in physiotherapy practice where students are expected to develop and demonstrate physiotherapy competencies with guidance and supervision from a clinical instructor.

Clinical Placement III (PT 883)

Course credits: 6.0 CR

Course year: Year 2

Course term(s): Fall

Course description:

This course includes: a) clinical education preparation sessions to understand clinical education processes and requirements for placement three and four; b) a clinical placement in physiotherapy practice where students are expected to develop and demonstrate physiotherapy competencies with prompting from the clinical instructor.

Clinical Placement IV (PT 884)

Credit units: 6.0 CR

Course year: Year 2

Course term(s): Fall

Course description:

This course involves a clinical placement in physiotherapy practice where students are expected to demonstrate physiotherapy competencies with prompting from the clinical instructor.

Clinical Placement V (PT 885)

Course credits: 6.0 CR

Course year: Year 2

Course term(s): winter/spring

Course description:

This course includes: a) clinical education preparation sessions to understand the clinical education processes and requirements for placement five and six; b) a clinical placement in physiotherapy practice where students are expected to demonstrate physiotherapy competencies with minimal guidance and supervision.

Clinical Placement VI (PT 886)

Credit units: 6.0 CR

Course year: 2

Course term(s): Winter/Spring

Course description:

This course involves a clinical placement completed in the academic setting in collaboration with a community partner where students will develop plans for a community or population health intervention that is based on or includes plans for a quality assurance or quality improvement evaluation.

Critical Inquiry Project (PT 898)

Credit units: 6.0 CR

Course year: 2

Course term(s): Fall/Winter/Summer

Course description:

Students will work with a faculty supervisor to complete a critical enquiry project. The project will enable students to develop and apply scholarship competencies by participation in an area of clinical research and translating the findings of that research to clinical knowledge users

APPENDIX B—

Clinical Instructor Competencies

Clinical Instructor Competencies

THE CLINICAL INSTRUCTOR'S COMPETENCY CHECK-LIST*

****Adapted from the APTA Clinical Instructor's Self-Evaluation Document.***

It is hoped that this check-list will assist potential and current clinical instructors to aim for excellence in supervision skills. Read the checklist prior to and following all clinical placements in order to help you prepare for the placement and subsequently increase and improve your skills. **Optimally**, the Clinical Instructor will:

❖ *HOLD AT LEAST ONE YEAR OF CLINICAL EXPERIENCE.*

- ✓ There are exceptions to this recommendation where a therapist with less than one year of experience feels confident in supervising a student and has departmental support from professional colleagues.

❖ *BE A COMPETENT PHYSICAL THERAPIST who*

- ✓ holds a current registration to practice in their jurisdiction,
- ✓ has a systematic approach to client care and who
- ✓ uses critical thinking and evidence based practice in the delivery of health services.

❖ *DEMONSTRATE PROFESSIONAL SKILLS by*

- ✓ acting as a professional role model,
- ✓ an awareness of the impact of this role on students, by presenting the profession positively, by assuming responsibility for professional self- development, and by ethical behaviour.

❖ *DEMONSTRATE EFFECTIVE COMMUNICATION SKILLS by*

- ✓ defining expectations for students,
- ✓ providing feedback to students,
- ✓ active listening,
- ✓ providing clear and concise written communication,
- ✓ facilitating communication by encouraging dialogue with students,
- ✓ initiating communication that may be difficult,
- ✓ being open to and encouraging feedback from students, clinical educators, and other professional colleagues.

❖ ***DEMONSTRATE EFFECTIVE INTERPERSONAL SKILLS by***

- ✓ acting as a role model of professional behaviour,
- ✓ promoting students as professionals to others,
- ✓ being approachable to students by assessing and responding to student concerns with empathy as appropriate.

□ ***DEMONSTRATE EFFECTIVE INSTRUCTIONAL SKILLS by***

- ✓ planning the learning experience with students,
- ✓ having knowledge of student's academic curriculum, current level of performance and the goals of the placement experience,
- ✓ recognizing and using the entire clinical environment for potential learning experiences,
- ✓ having knowledge of various learning styles and using this knowledge to provide student instruction,
- ✓ sequencing learning experiences to allow progression towards students' personal and academic goals in a timely manner based on the quality of the student's performance.

❖ ***DEMONSTRATE EFFECTIVE SUPERVISORY SKILLS by***

- ✓ developing and clarifying mutually agreed upon goals, objectives and expectations at the beginning and throughout the learning experience, providing feedback both formally and informally,
- ✓ collecting information through direct observation, discussions with students and by: reviewing the students' client documentation as well as the observations of others,
- ✓ providing frequent and timely feedback and analysing this information with the student,
- ✓ adjusting the learning experiences accordingly,
- ✓ performing ongoing formative evaluations with both student and CIs participating,
- ✓ performing summative evaluations of the students' performance by midterm and at the end of the experience,
- ✓ ensuring the students have input into the evaluation process.

❖ ***DEMONSTRATE PERFORMANCE EVALUATION SKILLS by***

- ✓ recognizing, articulating and documenting student progress related to specific student performance standards,
- ✓ identifying areas of entry-level competence, areas of excellence and areas of performance that are unsafe or ineffective,
- ✓ planning activities that challenge the students and/or plan remedial activities based on the level of performance,

- ✓ an awareness of the relationship between the academic program and the clinical centre as it relates to student performance evaluations, including grading, remedial activities and due process in the event of student failure,
- ✓ using a constructive approach to student performance evaluation that is educational, objective and engages students in self-assessment.

APPENDIX C

SRT Fieldwork Bursary Information Application

Queen's University
School of Rehabilitation Therapy Fieldwork Bursary

The Rehabilitation Therapy Student Experience Fund was established with gifts made to the University by alumni and friends of the School of Rehabilitation Therapy (SRT) since February 2003. Through this Fund the SRT Fieldwork Bursary was established to assist Occupational Therapy and Physical Therapy students meet the accommodation and travel expenses associated with fieldwork placements.

The aims of the SRT Fieldwork Bursary are:

1. To improve learning opportunities by promoting student placement selection based on type of setting and learning experience rather than geographical location;
2. To expose students to rehabilitation services in rural, smaller and under-served communities, thereby increasing the chances that students may choose to work in these areas after graduation;
3. To improve the utilization of all available offers in the Queen's University catchment area in order that facilities do not experience unused placement offers;
4. To reduce financial burden to students who must pay for a secondary residence or travel costs when completing clinical/fieldwork placements in geographical locations other than Kingston or their home community.

SRT Fieldwork Bursary Amount

The value of each bursary is **\$200.00**. A total of up to 15 **bursaries*** are available for Physical Therapy students for placements this academic year. Distribution of the bursaries across PT 881, PT 882, PT 883, PT 884, and PT 885 will be at the discretion of the ACCE and the PT Program Chair, based on the applications received and demonstration of need. *This number is based upon available funding (i.e., donations received to the fund over the past year).

Bursary Criteria

The Bursary is available for:

In-catchment placements only;

- Extra accommodation expenses where a student is matched to a placement site outside Kingston and the student must pay for additional accommodation posing anticipated financial burden to the student; or
- Extraordinary travel expenses where there is anticipated financial burden to the student.

The Bursary is not available for:

- Students that are matched to a placement site in the Kingston area (i.e. accessible via public transportation); or
- Students that are matched to an in-catchment placement learning opportunity outside Kingston where the student has accommodation (eg. with relatives) and does not have to pay extra accommodation expenses.

Application Process

The application should be made using the application form attached and submitted to Melanie Law, Associate ACCE by the indicated due dates. Late applications will not be accepted. The application must include the course number; placement setting and location; placement history; and reasons for your application, addressing the aims of the bursary as listed above. Selection of successful applicants will be made by the clinical placement team and the PT Program Chair on the basis of previous awards, demonstrated need, and availability of funds.

APPENDIX D

Timelines for the Placement Process

PT Clinical Placement Timelines 2023- 2024

Typical placement dates are as follows:

YR 1	PT 881 – Class of 2025	Jan 8 – Feb 23, 2024
	PT 882 -- Class of 2025	May 6 – June 21, 2024
YR 2	PT 883 – Class of 2024	Oct 30 – Dec 8, 2023
	PT 884 – Class of 2024	Mar 4 – April 12, 2024
	PT 885 – Class of 2024	April 22 – May 31, 2024

Remember: Placement dates can fluctuate by a week or more, especially over the summer, due to clinical availability. Do not make firm plans for social or other activities until your placement has been confirmed.

Application dates for out of catchment placements will be presented in class.

On average, you must apply a minimum of six months in advance for all placements outside of Queen's catchment area. Timelines for the placement process are based on national dates set annually by Queen's and the National Association for Clinical Education in Physiotherapy (NACEP).

Dates are subject to change for various reasons, such as late receipt of in-catchment offers or placement allocations from out of catchment. Students: your patience with this process and any delays is appreciated.

Please note that NE and NW Ontario placements (NOSM) are considered OOC and must be applied for using the OOC application forms.

***Introductory letters** to placement contact person should be sent approximately one month before each placement start date. Do not send until so informed by the Clinical Education Assistant or ACCE of the date after full confirmation of the placement with the facility.

OOO = out of catchment

IC= in-catchment

APPENDIX E

- International Placement Policy* (<https://www.rehab.queensu.ca/academic-programs/policies/international-placements>)
- Letter of Intent*
- Reference Form*
- Process for International Placements/Finding an International Placement*
- *Acknowledgement and Release for International Student Placement Form*
- Code of Conduct*

Queen's School of Rehabilitation Therapy

Physical Therapy International Clinical

Placement STUDENT LETTER OF INTENT

Student Name: _____

Date: _____

1. Country of Interest (Name ONE only)

2. Facility and location (if known)

3. Dates to be considered:

PT 883

PT 884

PT 885 (circle)

2. Two referees; one PT faculty member and one clinical supervisor from a previous placement (names: please have referees complete the Reference forms available from OnQ or SRT website)

NAME

FACILITY

1 _____

2 _____

3. Goals and Objectives you wish to accomplish:

4. Unique learning you expect from an international placement:

4. Academic Average:

Student signature: _____

Student email: _____

Queen's University

School of Rehabilitation Therapy

Reference for Student applying for an International Clinical Placement (2 references are required- one academic, one clinical)

(Student must insert name and country)

_____ (Student name) is applying for an

International clinical placement in _____ (country)

Students abroad are ambassadors for Queen's University, the School of Rehabilitation Therapy, the Physiotherapy profession in Canada and all Canadians and have a responsibility to favorably and respectfully represent all these groups. Students must be able to adapt to different cultures, have a high level of academic ability and demonstrated clinical competence in previous clinical placements.

Please rate this student on the following attributes:

	Exceptional	High	Moderate	Low	Unable to judge
Treats others with positive regard, dignity					
Presents self in a professional					
Communication with others					
Academic knowledge					
Clinical ability					
Coping and adaptability					

I would recommend this student for an international clinical placement: YES / NO Additional

comments:Referee

Name _____ Signature _____

_____ Date

Please return form by mail, email, or fax directly to:

Randy Booth, M Manip Ther, DPT

ACCE

Email: boothr@queensu.ca

TEL: 613-533-6102

FAX: 613-533-6776

OR Melanie Law, BSc.PT

Associate ACCE

lawm@queensu.ca

613 533-6595

613 533-6776

Finding an International Placement

Many students who wish to have an international placement know which country they want to go to. If you are unsure, but want the experience, the Academic Coordinator of Clinical Education may be able to advise you on locations and may know of specific international programs that will provide a clinical education experience. The School has a list of international facilities that have provided placements to students in the past. Physiotherapy organizations in the countries of interest may have listings or may direct you to Physiotherapy Academic Programs that organize placements. Most countries have Physiotherapy Associations that are accessible on the WWW.

E.g. The Chartered Society of Physiotherapy (CSP) in the U.K., the Australian Physiotherapy Association (APA). In most countries you can contact clinical facilities directly and this is the way most people start, but you may be told that you should contact the associated University program.

The facility should ideally be affiliated with a University Program of Physical Therapy and be regularly involved in the clinical education of students. Students may not undertake more than one international clinical placement. Students must agree, in writing, to accept all financial and medical responsibilities involved in all aspects of a placement outside of Canada in order to be considered eligible for a foreign placement.

The School of Rehabilitation Therapy's Occupational and Physical Therapy programs, in coordination with the International Centre for the Advancement of Community-Based Rehabilitation (ICACBR) are currently developing initiatives to advance opportunities for ongoing student placements in coordination with ICACBR's international development projects, starting with those located in Bangladesh at the Centre for the Rehabilitation of the Paralyzed (CRP). More information on opportunities offered in conjunction with ICACBR will be presented in class annually in the Fall.

Guidelines for Physical Therapy Students - International Clinical Placements

******In addition to reviewing the information in this appendix, students should also review the information available at <http://www.safety.queensu.ca/ocasp/>. You will find information about international travel, medical and immunization information, as well as the post-activity incident report.

Study/Work/Travel Abroad Information Pre-departure

Checklist

The following is a suggested list of activities that you should consider. You will need to add and prioritize accordingly. Use your journal to set out a plan to deal with the logistics of pre-departure preparation.

PLEASE NOTE: The information below is provided as a general resource and should not be considered a conclusive. It represents general considerations for students preparing for fieldwork abroad. Students are encouraged to review all of the information available via the Queen's University International Centre at

<http://www.quic.queensu.ca>

Citizenship If you don't already have a passport you will need to apply for one. Ensure you have a passport that is valid until at least one month after your return date (some countries require a minimum of 6 months). Processing for a passport can vary widely so make sure that you complete this early if you need to. Arrange for appropriate visas (the process may take several months). Determine if you are able to study and work or whether each requires a separate visa. Obtain the address of the Canadian Embassy or Consulate nearest your residence overseas. What do you know about Canada? Review current affairs and be prepared to be a cultural ambassador for your country, Canada.

Academic/Identity

Make photocopies of all necessary academic documents as well as other key documents e.g. identity cards, birth certificate, passport, plane tickets, prescriptions, visas etc.

Prior to your departure, obtain the E mail address, mailing address, telephone and fax numbers of the International Office and/or academic advisor at your host university.

Financial

Investigate anything related to financial aid/funding that is relevant to your own circumstances. Can you continue with your current aid programme when you are overseas e.g. OSAP?

Clear any debts. (E.g. library, parking, rent, etc.)

Be sure to plan ahead for filing your income tax if you will be out of the Country at the time when personal returns are due.

Arrange a Power of Attorney for someone you trust to make bank deposits and transfers, pay credit card bills and carry out other legal matters. Bring cash (\$US and local currency), traveler's cheques (\$US), and credit cards (optional). Check into your financial institutions policy for the use of Interac/debit in other countries; there may be extra fees and you should be aware of how they calculate currency exchange rate(s).

Health

Health and Accident Insurance are your responsibility. Consider what supplemental coverage you require or is required? Adequate insurance can make the difference between an enjoyable experience and a nightmare. Baggage and trip cancellation insurance is often a wise precaution. Visit your family physician or Student Wellness Services on campus to determine the vaccinations required for your destination and to develop your immunization schedule (begin at least three months ahead if bound for Asia, Africa or Latin America). Make sure to take sufficient prescription medications for the time that you are away. Carry spare glasses, lens prescriptions and sun screen. Make sure that you get a check-up done by your physician and your dentist if required before you leave. You will be subject to the regulations and laws of the place you will be visiting when it comes to alcohol and substances.



PHYSICAL THERAPY PROGRAM

STUDENT CODE OF CONDUCT FOR STUDENTS PLANNING AN INTERNATIONAL PLACEMENT

A student in the Physical Therapy Program at Queen's University who wishes to undertake a clinical placement internationally must sign and abide by the following Code of Conduct.

I, _____ as a Queen's University student, hereby agree to:
(printed name)

Physical Therapy related:

- provide care appropriate as it pertains to my level of knowledge and training.
- provide care with appropriate supervision for the level of my knowledge and training.
- provide care consistent with the scope of physical therapy practice for an entry-to-practice physical therapist with acknowledgement that I am not registered and providing services under the supervision of the PT clinical instructor.
- be culturally sensitive when providing services and working within a center or organization.
- arrive at the designated time.
- maintain confidentiality of clients/patients.
- not accept any monetary compensation for work.

Professionally:

- read and abide by the 'Off Campus Activity Safety Policy (OCASP)¹.
- complete the OCASP Risk Management for International Placements (OCASP Environmental Health and Safety).
- complete the pre-departure training of the Faculty of Health Sciences.
- obtain all necessary vaccinations and prophylactic medication before departure.
- take reasonable and appropriate steps to maintain personal safety
- conduct myself ethically.
- respect the dignity and inherent values of each person I work with.
- follow the laws of the host country, not engaging in illegal activities.
- contact the Academic Coordinator of Clinical Education and/or Associate Director (AD) of the Physical Therapy Program to discuss and plan response/action in case of an emergent issue (any situation that could escalate to cause harm to yourself or another).

Emergency contact:

¹ <https://www.safety.queensu.ca/campus-activities-ocasp>

- recognize a deteriorating situation that may cause harm quickly, and contact the appropriate agency (as listed in the OCASP documents) for assistance and support. The contact agencies will include:
 - Local authorities;
 - International SOS (1-215-942-8478);
 - Local Canadian embassy or consulate;
 - Local partner school or institution;
 - Queen's University 24 hr hotline (+1-613-533-6111); and/or
 - Academic Coordinator of Clinical Education and/or the AD of the Physical Therapy Program.
- email the Queen's University Off-campus Emergency Support Program (ESP) Team regarding any non-critical situations.
- immediately inform the Academic Coordinator of Clinical Education and/or the AD of any problems you encounter, including inappropriate supervision for your level of training.
- work with the Academic Coordinator of Clinical Education to identify a mentor on location with whom you will discuss and seek advice on how to manage emergent situations.
- provide a brief weekly report to the Academic Coordinator of Clinical Education (email or other form of communication) regarding your status, including any situation or issue that could affect your well-being while on placement.

I acknowledge the risks involved in completing an **international placement**, including but not limited to, infectious disease, personal injury and death. I agree to take full responsibility for situations that I am placed in, and **will remove myself from any situation that I feel is unsafe** (i.e. unsafe transportation, poor infection control, management of the practice setting, sexual harassment/misconduct, threatening behavior, etc.).

I am aware that circumstances may arise where clinical professionals abroad might interpret my knowledge and skills as more advanced than they are. I agree to inform the appropriate person if at any time my knowledge and skills are overestimated, and if necessary, remove myself from the situation.

I am aware that in the event the Physical Therapy Program, in collaboration with the Director of the School of Rehabilitation Therapy, and/or Dean of the Faculty of Health Sciences as appropriate, deems that a situation is evolving that may cause harm and cannot be effectively controlled, I will be withdrawn from the placement. I agree to abide by the decisions made by the Program, School, and/or Faculty.

Signature: _____

Date: _____

Witnessed (Academic Coordinator of Clinical Education, Physical Therapy Program):

APPENDIX F

**School of Rehabilitation Therapy, Faculty of Health Sciences Process
on Immunization Screening Process and First Aid and CPR Training and
Criminal Record Check**



School of Rehabilitation Therapy Procedures On: Immunization Screening Process and Clinical/Fieldwork Requirements

Immunization Screening Process

The following document provides information on immunizations and tests that are required for students enrolled in the School of Rehabilitation Therapy (SRT) OT and PT students. Students who cannot be immunized due to allergies or family planning reasons must provide a physician's note, and speak to their Academic Coordinator of Clinical Education or Fieldwork Coordinator.

Each section must be signed by a health professional. For students entering their first year of rehabilitation therapy programs, copies of this documentation are required to be submitted through the OnQ student resource page. More information regarding accessing OnQ will be provided closer to your start date. Please ensure you keep the originals of all documents.

It is the responsibility of each student to maintain their health records and to take a photocopy to the institution where they will complete their placements. The absence of documentation will result in the student being deemed ineligible for clinical placements. The only exceptions to this are: Influenza shots and the third Hepatitis shot with serology. Influenza immunization is not usually available until October, takes two weeks to become effective, and should be done as soon as the vaccine becomes available. It is understood that Hepatitis B immunization may not be complete by September 1, 2021 but students must have completed the first and second shot.

****INDETERMINATE RESULTS ARE NOT SUFFICIENT. A REPORT FROM A HEALTH PROFESSIONAL WILL BE NEEDED TO CONFIRM IMMUNOLOGICAL STATUS**

1. Tuberculosis (TB)

Tuberculin skin test (TST): Most students will require a two-step TST upon admission to the School of Rehabilitation. Students with a previous two-step TST **documented** will usually only require a single TST on admission.

Providers of TSTs must be familiar with TST technique, contraindications to testing, and the various clinical situations where a particular TST result would be considered significant; for most (but not all) situations involving healthcare providers, a TST of **10 mm or greater** is considered significant. All TSTs must be read 48-72 hours after administration by a healthcare provider trained in reading TSTs, **with results recorded as millimetres of induration (NOT "positive" or "negative")**. Self-reading of TSTs is not acceptable.

Annual tuberculin skin testing: Annual TSTs **ARE** required for SRT OT and PT students.

Chest x-rays to screen for tuberculosis: Routine chest X-rays are NOT required for students. A chest x-ray report is only required in the following situations:

- A student has a newly-discovered significant TST
- A previously-documented TST was significant, and a chest x-ray was not done at the time, or the report is unavailable (if the report is available, submit this report, and a repeat chest x-ray is not required), or if the last x-ray was taken more than 3 years prior to the start of the program.
- There is a suspicion of active tuberculosis disease (involvement of a TB expert is recommended)

Students with a documented significant (positive) TST; positive IGRA; previous diagnosis of latent TB infection (LTBI) or active TB disease: Students must submit details of all follow-up measures taken.

2. Tetanus, diphtheria, and pertussis

Tetanus and diphtheria primary series: All students are required to provide the dates of a primary immunization series for both diphtheria and tetanus (usually completed in childhood). Students who have not had a primary series must complete a primary adult immunization series.

Pertussis booster: All students are required to provide the date of a pertussis booster (usually given as an adolescent). This should have been given as tetanus/diphtheria/acellular pertussis (Tdap).

Tetanus and diphtheria booster: All students are required to provide the date of a booster given within the previous 10 years.

3. Varicella (chickenpox)

A history of disease alone is not sufficient evidence of immunity to varicella.

Students require one of the following:

- a. Documentation of positive varicella serology;
OR
- b. Documentation of varicella vaccine, given as two doses at least a month apart for adults.

Those with negative serology should be vaccinated as outlined above.

4. Measles

A history of disease alone is not sufficient evidence of immunity to measles. One of the following two items is required for evidence of immunity:

- a. Documented evidence of vaccination with two doses of measles-containing vaccine, given at least a month apart, starting on or after the first birthday;
OR
- b. Documentation of positive measles serology.

Suggested approaches to specific clinical scenarios involving measles and/or mumps:

Only one dose of measles and/or mumps vaccine is documented after the first birthday:

Serology can be drawn to check for immunity. Alternatively, without checking serology, another dose of measles and/or mumps vaccine, given as MMR, can be administered at least one month after the first. **In general, vaccination is preferred over serological testing.** It is not necessary to do serological testing after immunization requirements have been met.

No measles and/or mumps vaccinations are documented after the first birthday: If a series was *likely* given in childhood, serology should be drawn. If this fails to show immunity, or if childhood vaccination was *unlikely* to have been given, two doses of vaccine, given as MMR, should be administered at least a month apart. It is not necessary to do serological testing if immunization requirements have been met.

5. Mumps

A history of disease alone is not sufficient evidence of immunity to mumps. One of the following two items is required for evidence of immunity:

- a. Documented evidence of vaccination with **two doses** of mumps-containing vaccine, given at least a month apart, starting on or after the first birthday;
OR
- b. Documentation of positive mumps serology.

Suggested approaches to specific clinical scenarios involving measles and/or mumps:

Only one dose of measles and/or mumps vaccine is documented after the first birthday:

Serology can be drawn to check for immunity. Alternatively, without checking serology, another dose of measles and/or mumps vaccine, given as MMR, can be administered at least one month after the first. **In general, vaccination is preferred over serological testing.** It is not necessary to do serological testing if immunization requirements have been met.

No measles and/or mumps vaccinations are documented after the first birthday: If a series was *likely* given in childhood, serology should be drawn. If this fails to show immunity, or if childhood vaccination was *unlikely* to have been given, two doses of vaccine, given as MMR, should be administered at least a month apart. It is not necessary to do serological testing after immunization requirements have been met.

6. Rubella

A history of disease alone is not sufficient evidence of immunity to rubella unless accompanied by laboratory confirmation. One of the following two items is required for evidence of immunity:

- a. Documented evidence of vaccination with **two doses** of rubella-containing vaccine on or after the first birthday;
- OR
- b. Documentation of positive rubella serology.

If serology is drawn and fails to show immunity to rubella, a single dose of rubella vaccine, given as MMR, should be administered. Serological testing after immunization is not necessary.

7. Polio

Primary series: All students are required to provide documentation that a primary immunization series for polio has been given (usually completed in childhood). Students who have not had a primary series must complete a primary adult immunization series (3 doses).

Polio booster: All students are required to provide the date of the last dose of polio. A repeat polio booster is not required for students who have received a complete primary series, unless work is expected in a high-risk area.

8. Hepatitis B

Students must have documented immunity to hepatitis B virus (HBV), demonstrated as a protective level of antibody to hepatitis B surface antigen (anti-HBs ≥ 10 mIU/mL). For the majority of new healthcare students in Canada this will be achieved through a complete series of three hepatitis B immunizations, and post-vaccination serology being drawn 1-2 months after the final dose of the series. The following recommendations are made for various clinical scenarios:

Students without a prior history of HBV vaccination: pre-vaccination serology is not necessary, unless the student hails from a background with a high likelihood of previous hepatitis B infection. A three-dose series should be given, at **0, 1, and 6 months**, with at least 1 month between the first and second dose, 2 months between the second and third dose, and 4 months between the first and the third dose. The rapid-dosing schedule for hepatitis B is not required for students. Post vaccination serology should be drawn 1-2 months after the final dose of the series.

Students with a history of an *incomplete* HBV vaccination series: The vaccination series does not need to be re-started; the final dose(s) of the series should be completed, regardless of how long ago the initial dose(s) were given, as long as the minimal intervals between vaccines are respected (see above). Post-vaccination serology should be drawn at 1-2 months after the final dose. Vaccines produced by different manufacturers can be used interchangeably, provided that the age appropriate dosages are used.

Students with a history of a *complete* HBV vaccination series: Serology should be drawn for anti-HBs immediately, although it should be recognized that serology can be falsely negative if drawn > 6 months after the initial vaccination series was completed. If protective levels are shown (anti-HBs ≥ 10 mIU/mL), no further work-up is indicated. If anti-HBs levels are lower than this or absent, a single hepatitis B vaccination should be given immediately, and repeat serology drawn one month later. If anti-HBs levels are still not protective, the second and third dose of vaccine should be given at the appropriate times to complete the second series, with post-vaccination serology for anti-HBs drawn 1-2 months after the final dose.

Hepatitis A: Hepatitis A vaccination is neither required nor recommended for the majority of healthcare providers practicing within Canada at this time. However, some students may wish to be vaccinated against hepatitis A at the same time as hepatitis B, using a combination hepatitis A and B vaccine.

9. Influenza (TO BE SUBMITTED OCT/NOV ANNUALLY)

Annual influenza immunization is strongly recommended for all healthcare providers, including students in healthcare disciplines. All healthcare providers including students receive influenza vaccine at no charge. Influenza immunization should be completed and documentation submitted to the OnQ Student Resource Page. Students who wish to decline influenza vaccination for whatever reason must understand that this means they may not be allowed to participate in clinical activities involving patients.

10. COVID-19

Novel coronavirus disease 2019 (COVID-19) vaccination is required for clinical teaching activities and clinical placements. Learners should follow NACI recommendations on the use of COVID-19 vaccines (<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>). Learners who choose not to have COVID-19 vaccination should be notified that university and hospital policies may preclude them from clinical teaching and/or clinical placements that are curricular requirements. You are responsible to receive the vaccine at your earliest convenience and when available, provide Ministry of Health PDF confirmation to the designated drop box on the OnQ Student Resource Page.

Students may access Student Wellness Services at
<http://www.queensu.ca/studentwellness/health-services>

Standard First Aid and Cardiopulmonary Resuscitation (CPR) Training

Standard First Aid with BLS (4-hour min) (Red Cross, Lifesaving Society, St. John's Ambulance) must be complete and a photocopy submitted to OnQ by September 1, 2021. Current certification must be maintained throughout the 24-month program.

- **CPR/First Aid must be recertified prior to the expiry date on the card.** Any recertification must occur **prior to the assignment** of clinical placements (not for the placements themselves). Some placement sites require recertification yearly.
 - **BLS must be recertified everyone year, regardless of the expiry date on the card.** This recertification must occur **prior to the assignment** of clinical placements (not for the placements themselves). Some placement sites require recertification yearly.
-

Criminal Record Checks

The School of Rehabilitation Therapy requires that all students complete a Criminal Record Check **including vulnerable sector screening annually**, as it is a mandatory requirement for many of our clinical placement facilities. Please refer to the Faculty of Health Sciences (FHS) Police Records Check Policy <http://rehab.queensu.ca/programs/policies/prc>.

All criminal record checks for incoming students must be submitted with your immunization documents by September 1, 2021. A copy of this documentation should be submitted to the OnQ Student Resource page. Failure to do so will result in delayed placement selection.

PLEASE NOTE: Toronto may not complete a vulnerable persons check. Some OPP detachments or cities may require that the School complete a form for each vulnerable sector screening processed. The School is unable to complete these requests. If you live in Alberta or Manitoba, you must complete your check in that province as they will not supply information to other provinces.

The Kingston Police are now doing online CRC's and Vulnerable Sector checks. The School of Rehabilitation Therapy at Queens is a registered organization so if you are getting your check done through KPF, please follow the instructions so that the documentation can be sent directly to the school electronically. The link for the site is as follows; <https://www.kingstonpolice.ca/en/services-and-reporting/background-check.aspx>.

The School of Rehabilitation Therapy **REQUIRES** a ***vulnerable sector screening (disclosure for a sexual offense for which a pardon has been granted or issued)***.

The following information should be entered:

- Description of Position: **Physical Therapy or Occupational Therapy student**
- Name of Organization: **School of Rehabilitation Therapy, Queen's University, 31 George St., Kingston ON K7L 3N6**
- Details: **Will be providing physical therapy assessment and treatment to young children, adults with communication and intellectual disabilities, and the frail elderly.**

Because many placement sites will require a check that is less than one year old, it is best that to wait until at least July before obtaining one. All students are required to have a new criminal record check completed for second year.

If your Criminal Record Check is "not clear", please refer to the Police Records Check policy with the Faculty of Health Sciences.
<http://rehab.queensu.ca/programs/policies/prc>

Health and Safety Training

Queen's University requires all Graduate students to complete Environmental Health and Safety Awareness training. Environmental Health and Safety training is mandated under the Occupational Health and Safety Act. It will be, completed online, and consists of four modules and a final quiz. Approximately five (5) business days after completing the training a certificate of completion will be sent via email for submission to the OnQ Student Resource Page. Further information will follow which will include instructions and links to complete this training.

Accessibility for Ontarians with Disabilities Act (AODA) Training

Accessibility is about giving people of all abilities opportunities to participate fully in everyday life. Queen's is committed to fostering a campus community that is accessible and inclusive for all individuals.

The School of Rehabilitation Therapy requires that all students complete Accessibility for Ontarians with Disabilities Act (AODA) training. This training is a mandatory requirement for placements within many of our clinical placement facilities. Training can be completed online and will consist of the following three (3) modules; Accessible Customer Service, Human Rights 101 and Access Forward. After completing each module, you will receive a confirmation email. Do not delete these emails, as proof of completion must be submitted to the OnQ Student Resource Page. Further information will follow which will include instructions and links to complete this training.

Workplace Hazardous Materials Information System (WHMIS) Training

The School of Rehabilitation Therapy requires that all students complete Workplace Hazardous Materials Information System (WHMIS) training. This training is also, a mandatory requirement for placements within many of our clinical placement facilities. WHMIS training will be completed through an online module. Proof of completion must be submitted to the OnQ Student Resource Page. Further information will follow which will include instructions and links to complete this training.

Routine Precautions

In accordance with partner sites' policies, all students will be required to undergo N95 respirator mask-fit testing during orientation week, participate in online training modules and a lab session during their studies. All students will be required to complete online modules related to:

- Chain of Transmission and Risk Assessment;
- Healthcare Provider Controls;
- Control of the Environment; and
- Additional Precautions.

Further information will follow which will include instructions and links to complete this training. Each student must submit proof of completion of the online modules prior to the lab session offered in OT846 or PT881. All components (mask-fit, online modules and lab session) are required to progress to clinical placement/fieldwork.

Non-Violent Crisis Intervention (NVC) Training

In accordance with partner sites' policies, all students will be required to complete NVC training and maintain their certification throughout the duration of their studies. All first year students must complete the blended training, including online modules and lab components. The training follows the curriculum outlined by the Crisis Prevention Institute (CPI). The focus will be on the preventing and defusing situations in clinical settings. Training will be offered via online modules before entering year one and via a lab session within the School of Rehabilitation Therapy as part of fieldwork/clinical placement preparation. Students will be required to pay for the cost associated with accessing the online modules through the CPI. Students will be required to pay for the course fee via the SRT online store prior to accessing the modules and/or participating in the lab-based training. Students who do not pay for their course material or who are absent from the provided training, will be required to access training through a publicly available source (e.g. the CPI, a community college or community organization) at their expense.

Students can access information about NVC at: <http://www.crisisprevention.com/Specialties/Nonviolent-Crisis-Intervention>.

In the event that a student has previously completed NVC training, the student will be required to provide proof of certification to the OnQ Student Resource Page. A student with a valid certification should note that recertification will be required every two years and will only be offered by the School of Rehabilitation Therapy at designated times during the academic blocks.

APPENDIX G

Clinical Placement Checklist

PT Clinical Placement Checklist

Have I

- Written my letter of introduction to the facility and confirmed placement details ?
- Checked on provincial registration requirements? (licensing in Alberta, BC, Manitoba)
- Read the Clinical Education Manual cover to cover?
- Thoroughly read the ACP on which my performance will be evaluated?
- Left my contact address, phone, and email address with the SRT.

Things I must remember to take to placement

All required up-to-date documents (copies for facilities/keep original myself):

- Immunization record
- WHMIS
- CPR/first aid
- Criminal record check
- Declaration of privacy legislation and infection control education
- Proof of N-95 Mask fitting
- Clinical Education Manual
- Copy of ACP for my own self evaluation
- Ministry of Labour Training Certificate
- NVCI
- COVID vaccine proof
- Text books, course manuals
- Equipment: e.g. goniometer, reflex hammer, stethoscope
- Learning contract (see manual) with prepared list of learning objectives for discussion on first day

Once ON Placement:

- Am I professionally dressed and with Name Tag?
- Be prepared to do an assignment, case study as discussed with CI for presentation to a clinic/PT dept. In- service/continuing education session.

At the end of placement:

Have I completed all necessary forms and reviewed them with my CI?

- Self evaluation ACP
Student Evaluation of Clinical Placement (SECP)
PEPAA Evaluations
Elentra approvals
- Thanked the CI and other relevant people for the placement opportunity

Have a successful clinical placement experience and remember that Melanie Law, Randy Booth, your ACCEs

and Kathy Grant, Clinical Education Assistant, and also the Faculty are always at the end of a phone or email for you to call if you need to contact us during your placement. Contact details are in the CE-Manual.

Finally: keep in touch with the School by checking your email regularly for any messages. boothr@queensu.ca 613 533 -6102

lawm@queensu.ca 613 533-6595

APPENDIX H

The Learning Contract

**QUEEN'S UNIVERSITY - SCHOOL OF REHABILITATION THERAPY PHYSICAL
THERAPY PROGRAM**

LEARNING CONTRACT WORKSHEET LEARNING

CONTRACT WORKSHEET PT 88 _____

NAME: _____ **DATES:** _____

FACILITY _____

AREA OF PRACTICE _____ **CI:** _____

**** Grading: I incomplete P in progress C complete S surpassed initial goal**

OBJECTIVES	METHODS TO ACHIEVE OBJECTIVES	DATE ACHIEVED	LEVEL OF ACHIEVEMENT**	COMMENTS	
List objectives (in point form)	List strategies to be used and tools used to measure outcome.		Student self evaluation	C.I. evaluation	Student and C.I. feedback
Initial: (week 1 - 3)					

OBJECTIVES	METHODS TO ACHIEVE OBJECTIVES	DATE ACHIEVED LEVEL OF ACHIEVEMENT**	COMMENTS
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Mid-term: (week 3 - 6)					
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**** Grading: I incomplete P in progress C complete S surpassed initial goal**

APPENDIX I

The Assessment of Clinical Performance

Copies will be provided upon request. Please email Melanie Law at lawm@queensu.ca

APPENDIX J

Student Evaluation of Clinical Placement (SECP)

*items with an * are not mandatory items and can be left unrated as applicable to the placement

Student Evaluation of the Clinical Placement

National Association for Clinical Education in Physiotherapy / Association Nationale d'Éducation Clinique en
Physiothérapie

Clinical Facility:

Clinical Instructor:

Placement:

Clinical Instructor:

Dates:

CCCE:

Area of Practice:

Student:

The purpose of this form is to: 1) Foster communication between the clinical instructor (CI) and student; 2) Provide constructive feedback to the clinical instructor; 3) Provide feedback to the facility/agency on the student's experience; 4) Provide feedback to the Academic Coordinator of Clinical Education (ACCE) regarding the clinical experience.

Instructions for completion:

1. Students must complete this form at mid and final points of the placement and review the completed form with their CI(s) and CCCE as applicable.
2. Comments are extremely valuable and are strongly encouraged. Please append additional comments if required.
3. Please check the appropriate rating box for each item according to the following scale: SA = Strongly Agree; A = Agree; N = Neutral; D = Disagree; SD = Strongly Disagree
4. The form is to be returned to: Academic Coordinator of Clinical Education; University address

Section 1: The Site	Mid-point					Final				
	SA	A	N	D	SD	SA	A	N	D	SD
1. I was adequately oriented to the site and clinical area (e.g., emergency and safety procedures, equipment, supplies,						--	--	--	--	--
2. The expectations of the placement, roles, and responsibilities were discussed in the first week of the placement										
3. The environment was welcoming, non-threatening, collegial, and respectful.										
4. Opportunities and resources were identified to augment my knowledge and learning (e.g. patient meetings, variety of conditions, in-services).										
5. I was encouraged to take responsibility for my learning.										
6. The amount and type of supervision I received was appropriate to my level/experience/competence.										
7. There was adequate opportunity to: i) conduct assessments and analyse findings.*										
3. develop and progress treatment plans.*										
4. deliver treatment interventions.*										
5. plan for discharges.*										

Section 3: Feedback and Assessment of the Student	Mid-point					Final				
	SA	A	N	D	SD	SA	A	N	D	SD
1. I was encouraged to reflect and self-assess my performance.										
2. I was observed and given constructive feedback that was linked to specific examples of my										
3. The feedback I received was regular, timely, and objectively identified my strengths and areas for										
4. Based on the feedback received, a plan was developed to provide opportunities for ongoing										
5. I was encouraged to provide feedback to the CI and team.										
6. The mid-point assessment of my performance was useful in identifying additional learning needs related to meeting										
7. The formal assessments of my performance were aligned with the informal feedback received to date. (optional at										
Comments at mid-point:	Comments at final point:									

*items with an * are not mandatory items and can be left unrated as applicable to the placement

Page 2

Student Evaluation of the Clinical Placement

National Association for Clinical Education in Physiotherapy / Association Nationale d'Éducation Clinique en
Physiothérapie

Section 2: The Clinical Instructor (*please append an additional sheet for each CI)

The CI...

Mid-point					Final				
SA	A	N	D	SD	SA	A	N	D	SD

5....provided support and encouragement for my learning.

6....appeared open-minded and non-judgmental.

7....was regularly available for discussion and/or consultation.

6....facilitated discussions to review, negotiate, and revise my specific learning goals and objectives regularly.

7....facilitated the development of my skills (e.g., interviews, assessments, clinical skills and techniques, intervention plans, communication, collaboration).

8....helped me develop my clinical reasoning skills (e.g., use of clarifications, probes, reflective questions, etc.).

9....encouraged me to use evidence to support clinical practice.

10.modeled effective physiotherapy behaviours (e.g., clinical skills, clinical reasoning, professional and ethical behaviours, patient and/or family communication).

11.was receptive and responsive to my feedback.

Comments at mid-point:

Comments at final point:

*items with an * are not mandatory items and can be left unrated as applicable to the placement

Page 3

Student Evaluation of the Clinical Placement

National Association for Clinical Education in Physiotherapy / Association Nationale d'Éducation Clinique en Physiothérapie

Overall, the placement provided the learning experience required to develop competency in this area of practice, appropriate to my clinical level.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Appendix K

Policy on Student Readiness for Placement

Please see attached link to the School of Rehabilitation website, Policies section

<http://rehab.queensu.ca/programs/policies>

Appendix L

Memorandum of Understanding for Loaned Equipment on Placement

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is made on DATE: _____ between:

STUDENT NAME _____ **EMAIL** _____

And School of Rehabilitation Therapy
(SRT) Louise D. Acton Building, 31 George
St.
Kingston, ON K7L 3N6

During the course of clinical placements the student, from time to time, may be issued loan items from a clinical site that must be returned to the clinical site at the end of the clinical placement (e.g. personal alarm).

STUDENT agrees to:

- i) return any loan items to the clinical site at the end of the clinical placement;
- ii) take full responsibility to ensure that any item is returned as instructed by the clinical site (ie. to the appropriate person/department); and
- iii) notify the clinical site if any loan item becomes damaged or lost during the time of the clinical placement.

In the event that the site determines the lost or damaged item should be replaced at the expense of the student, the following steps will apply:

1. The clinical site will invoice the SRT for damaged or lost loan items;
2. The SRT will notify the student of the required payment, consistent with the invoice from the clinical site;
3. The student will pay the required amount (as notified in 2. above) through the School's online store.

Failure of the student to pay for any lost or broken equipment may result in sanctions. Those sanctions include:

- **Inability to progress to subsequent clinical placements; and/or**
- **Withholding of letter to respective regulatory body for licensure.**

It is the student's responsibility to ensure understanding of the cost of any loan item issued to the student by the clinical site. This agreement will remain in place until the student completes their program of study at the SRT.

SIGNATURES:

STUDENT

Date

Dr. Marcia Finlayson, Vice-Dean (Health Sciences) or delegate
School of Rehabilitation Therapy, Queen's University

Date

APPENDIX M

Statement of Confidentiality

STATEMENT OF CONFIDENTIALITY



In accordance with provincial and federal law, the Physical Therapy Program in the School of Rehabilitation Therapy is committed to ensuring the confidentiality and privacy of personal information. As a student physiotherapist you will have access to personal information through your encounters with volunteers and mentors who share their lived experiences, clients/patients, students, preceptors, and/or other health care providers.

All personal information collected for educational purposes and clinical education learning shall be treated as confidential material, to be protected for the privacy of the individual. Each student shall be expected to ensure respect for, and demonstrate integrity where all such confidential information is concerned. In educational settings, it is expected that any personal information which forms part of written or oral presentations will be anonymized to protect the identity of the individual(s). No student physiotherapist shall review or discuss client/patient information unless directly related to his/her fieldwork learning opportunity. There shall be no confidential information discussed outside of the clinical education setting. Student physiotherapists will, under no circumstances, remove confidential information from the clinical setting and shall not be permitted access to information at a clinical site outside of the date(s) specified for the individual clinical learning experience.

It is the student physiotherapist's responsibility to read and understand the Canadian Physiotherapy Association's (CPA) *Rules and Regulations* (Revised 2011), College of Physiotherapists of Ontario *Code of Ethics* (Revised 2013), as well as the National Physiotherapy Advisory Group's *Essential Competencies Profile* (Revised 2009). In accordance with these codes and standards, it is expected that each student physiotherapist will:

- respect all client information as confidential, and ensure that they are in compliance with current privacy legislation. Such information shall not be communicated to any person without the consent of the client or surrogate except when required by law. (CPA, 2011);

Canadian Physiotherapy Association (CPA) (2011). Canadian Physiotherapy Association Rules and Regulations. Revised 2011. Available at: <http://www.physiotherapy.ca/getmedia/162eaa85-5a9d-44c7-97e6-019f5523a592/CPA-Rules-Regulations.pdf.aspx>

National Physiotherapy Advisory Group (2009). *Essential Competencies Profile*. Revised October 2009. Available at: <http://www.physiotherapyeducation.ca/Resources/Essential%20Comp%20PT%20Profile%202009.pdf>

College of Physiotherapists of Ontario (2013). *Code of Ethics* (Revised 2013). Available at: http://www.collegept.org/Assets/registrants/guide/english/standards_framework/standards_practice_and_ethics/CodeOfEthics.pdf

- comply with all Legislation and Regulations pertaining to the practice of physiotherapy (including the Physiotherapy Act, 1991) (CPA, 2011);
- Respect confidentiality, privacy and autonomy (Essential Competencies Profile, Section 2.1.4)
- Inform the individual regarding all uses of collected personal and health data and obtain client consent (Essential Competency Profile, Section 7.1.4).
- Be respectful of the differing needs of each individual and honour the individuals' right to privacy, confidentiality, dignity and treatment without discrimination (College of Physiotherapists Code of Ethics, 2013)

For further information the student physiotherapist is directed to review the Physiotherapy Act, Freedom of Information and Protection Act (FIPPA), and Personal Information Protection and Electronic Documents Act (PIPEDA).

It is the responsibility of each student physiotherapist to uphold and respect the confidentiality of the personal information of all the volunteers/mentors, clients/patients, students, preceptors and/or other health care provider who you encounter during your fieldwork learning opportunities.

Any breach of confidentiality will be subject to academic sanctions at the discretion of the clinical instructor, course coordinator and/or academic coordinator of clinical education or associate academic coordinator of clinical education and may result in course failure and/or removal from the clinical learning opportunity.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS. I AGREE TO ACT IN ACCORDANCE WITH PROVINCIAL AND FEDERAL LAW, THE "RULES AND REGULATIONS" (CPA, 2011), 'THE ESSENTIAL COMPETENCIES PROFILE' (NATIONAL PHYSIOTHERAPY ADVISORY GROUP, 2009), COLLEGE OF PHYSIOTHERAPISTS "CODE OF ETHICS", AND ABIDE BY ANY CONFIDENTIALITY/PRIVACY POLICY AT A CLINICAL SITE. I ACKNOWLEDGE THAT ENSURING CONFIDENTIALITY IS MY RESPONSIBILITY.



STUDENT SIGNATURE

WITNESS SIGNATURE

DATE

DATE



Canadian Physiotherapy Association (CPA) (2011). Canadian Physiotherapy Association Rules and Regulations. , Revised 2011. Available at <http://www.physiotherapy.ca/getmedia/162eaa85-5a9d-44c7-97e6-019f5523a592/CPA-Rules-Regulations.pdf.aspx>

National Physiotherapy Advisory Group (2009). *Essential Competencies Profile*,. Revised October 2009. Available at <http://www.physiotherapyeducation.ca/Resources/Essential%20Comp%20PT%20Profile%202009.pdf>

College of Physiotherapists of Ontario (2013). Code of Ethics (Revised 2013). Available at http://www.collegept.org/Assets/registrants/guide/english/standards_framework/standards_practice_and_ethics/CodeOfEthics.pdf