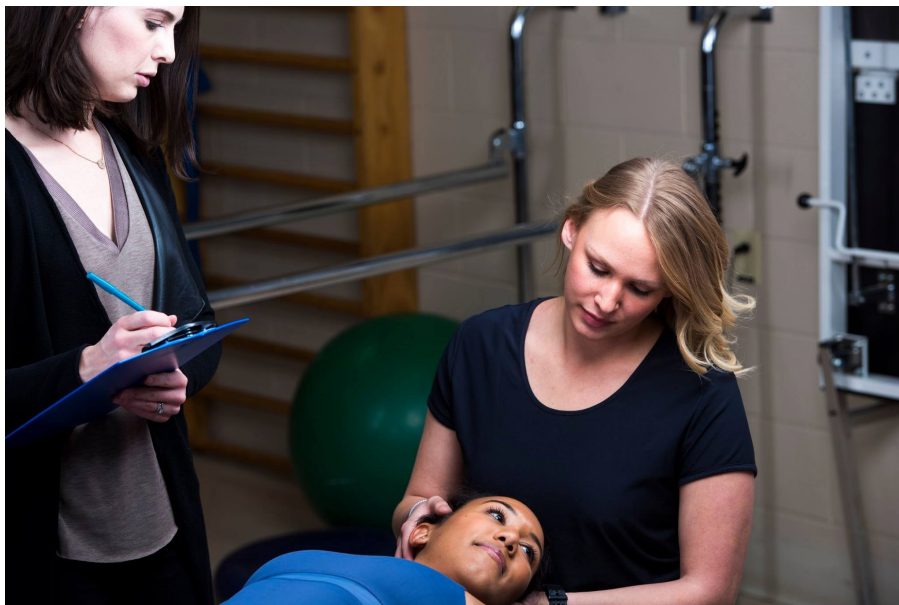


# University of Alberta MScPT

## Site Clinical Practice Manual



**2017-2018**



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**INTRODUCTION**

**PROFESSIONAL PRACTICE AND THE PUBLIC INTEREST**

**FACILITY POLICIES AND PROCEDURES**

**Clinical Component of the MScPT (course based) Program**

Each student in the MScPT (course based) program will be required to successfully complete a minimum of 1100 hours of clinical practice in order to meet the clinical requirements for graduation. The clinical placements occur in approved facilities under the supervision of qualified professional staff.

The clinical program consists of six courses. The first course is a one-week introductory placement in the fall of the first year. Other placements are six-weeks in length and are placed in the first, second and third years of the MScPT (course based) program.

Students must be prepared to travel throughout the province in order to obtain the placement experiences that are required for graduation. Students may choose to apply for national or international placements at designated times. Students are responsible for all costs associated with their clinical placements (e.g. travel, visa, accommodation, health and travel insurance, registration expenses).

**Professional Practice and the Public Interest**

The Dean, or Academic Coordinator of Clinical Education acting on behalf of the Dean, may immediately deny assignment of a student to, withdraw a student from, or vary terms, conditions, or site of clinical placement if the Dean or Chair or Academic Coordinator of Clinical Education has reasonable grounds to believe that this is necessary in order to protect the public interest.

**Facility Policies and Procedures**

The Department supports the continuity of safe, effective care and treatment as students are incorporated into clinical practice sites. When students attend required clinical placements at approved institutions, students will also follow the administrative procedures and regulations of that institution.

The responsibility for familiarizing students with site-specific policies and regulations is a shared one:

- the Department will inform the students of General Precautions relating to client care and will ensure that students have completed their clinical placements pre-requisites
- the site is responsible for providing the students with an overview of site and rotation – specific policies and procedures that are needed for the student to begin practice in the site
- the students are responsible for following up on directives provided (for e.g. reading specified manuals) and for asking questions if there are uncertainties

**ACADEMIC  
COORDINATOR  
OF CLINICAL  
EDUCATION**

**CLINICAL  
EDUCATION  
ASSISTANT**

**CENTRE  
COORDINATOR  
OF CLINICAL  
EDUCATION**

**Roles and Responsibilities of the  
Academic Coordinator of  
Clinical Education (ACCE)**

The ACCE is an academic staff member of the Department of Physical Therapy who is responsible for the coordination of the clinical component of the MScPT (course based) program. The role of the ACCE is:

- to provide a liaison between the University of Alberta and the facilities involved in the clinical education of physical therapy students; through meetings, workshops, facility visits, and ongoing communication with Educators and CCCEs
- to coordinate the clinical placements for the MScPT (course based) students ensuring that the students fulfil the clinical requirements for graduation
- to assist and support the Centre Coordinators of Clinical Education (CCCEs) and the Clinical Instructors (CIs) in providing the highest quality of clinical education
- to be the Departmental representative on the Centre for Studies in Clinical Education (CSCE)
- to represent the Department in the National Association of Clinical Educators in Physiotherapy (NACEP)

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**Roles and responsibility of the  
Clinical Education Assistant  
(CEA)**

The CEA works under the direction of the ACCE and CCCE to assist in the administration of the clinical component of the MScPT (course based) program. The role of the CEA is to:

- manage placement requests, sites and evaluations within the physical therapy portion of the database (HSPnet)
- fulfil administrative duties (for example, organizing meetings, mailouts)
- communicate / correspond with various stakeholders (students, site personnel, police)
- maintain records relevant to clinical placements
- maintain the physical therapy clinical education web page

**Roles and responsibility of the  
Centre Coordinator of Clinical  
Education (CCCE)**

The CCCE is the primary contact person for a site and is the coordinator of clinical placement experiences in the facility. The role of the CCCE is:

- to function as a liaison between the ACCE and the site therapists
- to coordinate clinical placements within the facility
- to ensure that all student evaluation forms are properly completed and submitted via HSPnet at the end of each placement

**CLINICAL INSTRUCTOR**

**Roles and responsibility of the Clinical Instructor (CI)**

The CI is the professional who is the student's mentor and who is directly responsible for supervising the student during the clinical placement. The role of the CI is:

- to act as a mentor and professional role model for the student
- to assist the student in establishing an appropriate placement learning plan and the strategies to achieve the plan
- to provide the opportunity for the student to acquire / integrate / consolidate the knowledge, skills and attitudes necessary to become a competent entry-level practitioner
- to formally and informally evaluate the performance of the student during the placement
- to provide constructive feedback to the student
- to communicate with the CCCE and / or ACCE should concerns about their student's performance become apparent

- to abide by the Code of Student Behaviour for the University of Alberta
- to be actively involved in their learning
- to formally evaluate their performance during the midterm and final week of the placement and have this ready to discuss with the CI
- to provide constructive feedback to the CI and site regarding the placement

**STUDENT**

**Roles and responsibility of the Student**

The student is enrolled in the MScPT (course based) program and is in clinical sites for the purpose of completing designated clinical placements / courses. The role of the student is:

- to abide by the Code of Ethics of the Canadian Physiotherapy Association
- to abide by the Code of Ethics of the College of Physical Therapists of Alberta (CPTA) as itemized in the General Regulations

**CLINICAL PROGRAM PROFILE**

**Clinical Program Profile**

The immediate objective of the MScPT (course based) program is to provide students with physical therapy skills that meet the workplace demands of diverse and changing healthcare environments.

The clinical program will provide each student with 31 weeks of full-time experience in six different clinical courses / placements.

The clinical program will provide each student with:

- a one-week, introductory placement in the first year (PTHER 517) followed by:
- five six-week, full-time placement in each of the following settings:
  - \* An acute care hospital
  - \* community (LTC, home care, rehab hospital)
  - \* private practice or out-patient orthopedics (hospital-based) or an occupational rehabilitation placement
  - \* An Alberta Adventure Placement (outside the greater Edmonton or Calgary regions).

Each student will normally complete a total of 40% of a caseload (approximately 100 hours) in each cardiorespiratory and neurological client care as part of the clinical program. Tracking of the cumulative exposure to these areas of practice will be via the Clinical Instructor's approximations provided on the Assessment of Clinical

Performance (ACP).

If a student's exposure to either area of practice totals less than 40% of a caseload the ACCE will ensure that the student obtains placements that will afford an opportunity for further exposure to the deficient area of practice.

The ACCE will have information as to the varied options that exist to help the student meet his / her needs.

The five, full-time placements will be designated as PTHER 518, 520, 521, 522 and 523, sequentially.

**THE MERITS OF  
RURAL  
PRACTICE**

**The Merits of Rural Practice**

There are many challenges and opportunities for a student to experience in a rural Rehabilitation practice. The caseload is varied in terms of age of clients, diagnoses, type of care, and location of service. As all therapists are generalists, there are many opportunities for interaction between clinicians of similar and different disciplines. Rural practice really supports teamwork.

Because the facilities are small and the staff are known to each other, the atmosphere is usually more casual and informal. In rural practice therapists can apply a more holistic approach in their practice; it is common for a therapist to treat and know the entire family of clients through various encounters and settings. As each therapist covers a broad spectrum of services, there are more opportunities for therapists to participate in health promotion and prevention.

Therapists are frequently sole charge so they have management responsibilities in addition to their clinical work. They enjoy the independence and flexibility of working in a small department where the decisions they make can result in immediate changes.

To meet the caseload demands, the therapists are always expanding their knowledge and skills, drawing on the resources of other community service providers, and finding creative, local solutions to complex situations. There is a strong commitment from management in supporting a therapist's need for continued

education and professional development. Therapists develop strong networks with in and external to their home communities to support their clinical growth and expertise.

Rural therapists are creative and resourceful, and ready to tackle the new challenges that each day can bring. Many choose a position in a rural practice to develop broad expertise and stay for the slower paced, friendly rural lifestyle.

*Prepared by Judy Quach from Keeweenaw Lakes Regional Health Authority and Terry Williamson, colleagues and students from the David Thompson Health Region.*

**PRE-REQUISITES FOR CLINICAL COURSES**

**MEDICAL EXAMINATION**

**Pre-requisites for Clinical Courses**

The pre-requisites for clinical practice must be completed in order for the student to commence their placements. The pre-requisites are:

- successful completion of the appropriate academic coursework
- appropriate immunizations
- Basic Life Support (BLS) CPR
- Police information check, including a vulnerable sector screen
- fit testing for the N-95 mask before the clinical placement and every two calendar years
- letter of intent

**Immunization**

Rehabilitation Medicine students are health care professionals who will be exposed to patients during the course of studies at the University.

The University of Alberta recognizes its duty to minimize the risk of transmission of bloodborne pathogens to/by individuals studying or working at this University. The Bloodborne Pathogens Policy limits the possibility of bloodborne pathogens within the educational setting. The University recognizes, however, that it is not possible to completely eliminate the risk of infection. Refer to the General Faculties Council Policy Manual, [108.12](#), for additional information.

To ensure, insofar as possible, both student and patient safety, the Faculty requires immunizations, or proof of immunity, to poliomyelitis, diphtheria, tetanus, measles, mumps, rubella and hepatitis B. As well, confirmation of varicella (chicken pox) antibody status, history of disease or vaccination is required. TB testing (typically one-step) is required.

Subsequent targeted tuberculin testing of students within health sciences faculties is recommended if:

- they are in contact with a known case of infectious tuberculosis, or
- they undertake a practicum in an area highly endemic for tuberculosis.

**Hepatitis B:** Hepatitis B surface antigen testing will be performed by University Health Services. For those students who test negative for hepatitis B surface antigen (HBsAG), hepatitis B vaccination will be required. An exception will be made for those individuals who have proof of prior vaccination and test positive for antibody to hepatitis B surface antigen (antiHBs).

After vaccination, students will receive a second test to determine if they have converted to produce the appropriate antibody titre. If they have not converted they will receive a second vaccination and again be tested. Those students who then fail to convert will be counseled as to their potential risk status during training and future practice.

For those students who test positive for HbsAG, their "e" antigen (HBeAG) status and the presence of hepatitis B viral DNA will be determined. If they are found to be positive for the "e" antigen or the viral DNA they will be counseled as to their risk of infecting patients.

The Hepatitis B inoculation is a series of three injections. The second injection is given one month after the first injection and the third injection is given six months after the first injection. The inoculation is effective for five years.



**MEDICAL EXAMINATION**

**CPR**

**SECURITY CLEARANCE CHECK**

**Human Immunodeficiency Virus (HIV):**

The data relating to transmission of HIV from a health care worker to a patient in a health care setting are limited. Transmission from patients to a health care worker is more common. All students accepted into the Faculty are encouraged to undergo HIV testing at any time during their program when concerns about infection have arisen. Testing for HIV is not mandatory.

Students must sign a waiver if they are unable to meet these immunization requirements.

Should a facility require further examinations in order that a student may begin his/her placement, it will be the responsibility of the **facility** to see that they are done.

It is each student's responsibility to ensure their ongoing health is such that they will not pose a risk to themselves or their clients.

The ACCE / Department Chair has the right to request an examination for students who have had a known illness or injury, which could provide hazardous to the student or his/her clients.

It is the student's responsibility to:

- ensure that his/her immunizations are kept up-to-date
- carry a current immunization record to each placement.

Refer to the procedures for Pre-Requisites. Refer to the Faculty of Rehabilitation Medicine Regulations S143.6 for further details.

**Cardio-pulmonary Resuscitation (CPR)**

Students must obtain certification in the Basic Life Support (BLS) CPR from an approved provider that follows the guidelines of the Heart and Stroke Foundation before beginning their clinical placements. Students must maintain their certification by recertifying in each of the subsequent years that they are in the program.

**Police Information Check**

Subsequent to the Protection for Persons in Care Act (5 January, 1998), a Police Information Check which includes a Vulnerable Sector Screen is required for all Alberta Health Services (AHS) sites.

Students in the Department of Physical Therapy are required to meet the Police Information Check requirements of the sites at which they are allocated placements. All student admitted to the MScPT program will have a Police Information check completed before the first placement.

All students will have their Police Information Checks reviewed by the ACCE before their first placement. A student for whom the Check reveals a criminal record may be unable to complete the required clinical placements and may be required to withdraw from his / her program. The clinical agency / site will determine the criteria for acceptance / denial of a placement if the Police Information Check reveals a criminal record.

It is the responsibility of the student to:

- Notify the ACCE if at any time their status should change.

**FIT-TESTING**

**LETTER OF INTENT**

**Fit-Testing**

As part of the pre-requisites for clinical placements, MScPT (course based) students are required to be fit-tested for the N-95 mask before their first placement in the program and every two calendar years thereafter. The fees charged for this are the responsibility of the student.

Students presently enrolled in the MScPT (course based) program who have not been fit tested will be required to fulfill this prerequisite.

There are several components to the fit-testing process as follows:

1. Health Screening Questionnaire – The *Respirator Wearers Health Screening Questionnaire for Health Care Workers* must be completed by all students being fit-tested. This questionnaire will be provided to students at the time of fit-testing.
2. Education and Training – will be provided to each student on the care, use, and disposal of the respirators. Before clinical placement, students will be shown a video from Capital Health entitled *Infection Prevention and Control* which will provide information on procedures to follow to prevent exposure to infectious agents.
3. Fit-testing – Students will be fit-tested to the most common models of respirators used across the Alberta Regional Health Authorities. Fit-testing can take up to 30 minutes.
4. Proof of Fit-Testing – students will be issued a certificate showing that they have been appropriately fit-tested and trained in respirator use and disposal. The certificate will indicate the model of respirator that must be used and it will be the students' responsibility to show this certificate when they first show up for their placement. A student can be refused placement, in some cases, if they are not fit-tested.
5. Quality Assurance – of the entire fit-testing process will be provided by

the Office of Environmental Health & Safety, University of Alberta.

A block of time will be scheduled for the students to be fit-tested. If a student is unable to attend during the scheduled time it is the students' responsibility to schedule and obtain the fit-test.

If a student can not be fit for an N95 mask they **should not** attend to patients with expected or diagnosed airborne respiratory infections (such as TB, measles, chicken pox). It is the students' responsibility to speak with the Academic Coordinator of Clinical Education and the Clinical Instructor about this prior to seeing clients.

**Letter of Intent**

Each student must send a "letter of intent" and brief resume to the contact person at each of their placement sites.

The letter is intended to:

- confirm the placement
- provide information on the student's background experiences
- address issues of concern (i.e. accommodation, dress code, etc.)

The resume will include:

- previous degree, if applicable
- work history
- volunteer history
- past placements
- contact information while on placement
- e-mail

It is the responsibility of the student to:

- ensure that the letter arrives at the facility four weeks in advance of the placement.

**PLACEMENT ALLOCATION**

**Placement Allocation**

The goals of the department are to provide the students with placements that will ensure they:

- meet the clinical requirements for graduation
- have the opportunity to obtain the clinical competencies that will enable them to provide efficacious, cost-effective physical therapy services to the people of Alberta and Canada

**PLACEMENT LOCATION**

Students will use a web-based clinical placement system. All placement offers are entered onto the database which allows students to go on-line and select their top ten choices for each placement (in sequential order). Once the placement system deadline has passed (as set up by the Academic Coordinator of Clinical Education) a random allocation computer matching program is run. Students will be informed of their allocated placement approximately one week after this.

Placements are **not to be arranged by the student.**

**Placement Location**

Students may be required to complete their clinical courses outside their location of choice. The University reserves the right to place students where and when it finds necessary to meet the needs of the students' programs. Accommodation and travel expenses are the responsibility of the student.

The Department will attempt to place students in their location of choice.

**FEEES**

**Fees**

Students will be assessed University tuition fees while in clinical practice. Fees for Athletics/ Recreation and Health services are optional for students taking classes which are held off campus.

Students should note that physical therapists offer to supervise students for a variety of reasons, including:

- professional commitment
- personal professional growth

Clinical Instructors do not get paid for mentoring students.

However, students pay fees for all clinical placements / courses. These fees support clinical placements in many ways:

- liability and workers compensation coverage for students while in placements
- negotiation to support contracts (potentially costly for Canadian and international placements)
- partial coverage of the Academic Coordinator of Clinical Education's position
- coverage of the Clinical Education Assistant's position
- workshops provided to Clinical Instructors to foster excellence in clinical education
- clinical appointments offered to Clinical Instructors and Centre Coordinators of Clinical Education
- communication: paper, photocopying costs, mailing, computers, telephone
- student health services
- administrative costs at the University level

**PLACEMENT  
SITE APPROVAL**

**Placement Site Approval**

Sites wishing to become involved in the clinical education program must be approved by the department. The ACCE or CEA will forward information, including an application form, to the site contact, and answer questions they may have relating to student placements. The ACCE will monitor the site through the students' completed evaluations of the Clinical placement form. It is the responsibility of the site to complete the information required.

Contractual agreements must be established between the University and all sites in which students gain clinical placement experience.

**ALTERED  
PLACEMENT  
DATES**

**Altered Placement Dates**

Placement dates are set in order to maximize the efficiency of site personnel and to facilitate inter-provincial placements.

If a student needs to alter the dates of a placement, it is the student's responsibility to submit a written request to the ACCE, providing the reason for the request.

The ACCE will consider the request in consultation with the appropriate site personnel.

The student must realize that a request for altered dates may be refused by the ACCE or the Destination Coordinator for a variety of reasons, including inconvenience to the site personnel or the clients.

If approved, the ACCE will informally notify the student and the Clinical Education Assistant.

**Dates of Clinical Placements**

For the 2017-18 year, the placements are scheduled as follows:

Shadow Days for first years: Sept 27 and Oct 4, 1-4 pm

PTHER 522: Sep 5—Oct 13

PTHER 523: Oct 16—Nov 24

PTHER 517: Dec 11-15

PTHER 520: Jan 8—Feb 16, 2018

PTHER 518: April 30—June 8, 2018

PTHER 521: April 30—June 8, 2018

**DATES OF  
CLINICAL  
PLACEMENTS**

**PROGRAM REQUIREMENTS FOR CLINICAL PRACTICE HOURS**

**Program Requirement for Clinical Practice Hours**  
 Each student is required to successfully complete a minimum of 1100 hours of clinical practice in order to meet the requirements for graduation.

do not interfere with clinical commitments (insofar as this is possible)

- inform the ACCE and the appropriate site personnel of time – off that is required for appointments that are in conflict with their clinical placement hours

**PLACEMENT HOURS**

**Placement Hours**  
 A full-time week is considered to be approximately 37.5-40 hours. At all times, the student must be appropriately supervised. Student hours of clinical practice will coordinate with those of the Clinical Instructor. Flex hours (ie. shifts, evenings, week-ends) are possible and may be required.

It is the responsibility of the Clinical Instructor to record all absences not made up by the student, on the student's evaluation report.

**ILLNESS/TIME OFF**

A CI may work greater than a 40 hour week. The student will not be required to work more than 40 hours each week.

It is the responsibility of the ACCE to monitor each student's absences over time to ensure that the minimum hours required for graduation are met.

**LEAVE**

**Illness/Time Off**  
 While on clinic placement, 100% attendance is expected from all students. Any illness lasting more than one day must be covered by a medical certificate. Any time missed will need to be made up; if possible tagged onto the current placement if this is convenient for the CI and site, or it will be tracked by the ACCE and added on to a future placement.

**Leave**  
 Absences required for religious or compassionate reasons must be presented to the ACCE in writing.

A request for an approved leave of absence from clinical practice for other than medical, religious or compassionate reasons will not normally be entertained. If time off is necessary, a student may petition the ACCE.

It is the student's responsibility to:

- notify the ACCE and appropriate site personnel of unexpected absence(s) or delays in reporting to work
- notify the ACCE and the site personnel in a timely manner (i.e. **before** the work day begins or as promptly as possible)
- schedule required personal appointments so that they

In requesting consideration for time off from a placement, it is the student's responsibility to:

- approach the ACCE with a written request
- approach the appropriate site personnel, once approval for the leave is obtained from the ACCE
- formulate a plan for making up the hours missed in a manner that will benefit the clients, the site and their own professional growth

**HOLIDAYS**

- ensure that the plan for making up time is approved by the Clinical Instructor
- realize that making up the lost hours may lengthen the student's program and delay graduation

If the placement cannot be continued, the ACCE will try to arrange for a placement in an alternate clinical facility.

**HOSPITAL STRIKE PERIODS**

The ACCE will consider the request in consultation with the appropriate site personnel.

The student needs to realize that alternate placements cannot be guaranteed; and that it may be necessary for additional periods of clinical practice to be arranged in order for the student to fulfil the requirements for graduation.

**UNAUTHORIZED TIME OFF**

**Holidays**

When in clinical placements, students are allowed to take only those statutory holidays allowed for employees in the clinical facility in which they are practicing. Students in clinical practice will not be given time off for the University Reading Week or other holidays that do not coincide with the clinical facility's approved holidays.

**Unauthorized Time Off**

Any unauthorized absence from clinical practice is regarded as a **serious breach** of discipline and a lack of professional conduct.

**Student Placement During Hospital Strike Periods**

Students will be expected to continue to attend a clinical facility in the event of a strike affecting any group of workers in that facility, providing that:

In the event that a student is absent from their clinical placement without prior authorization, it is the responsibility of the Centre Coordinator of Clinical Education or the Clinical Instructor to:

- appropriate supervision is available
- an appropriate opportunity for learning is available

- contact the ACCE
- note the absence on the Student Evaluation

The site may decide to:

- refuse to allow the student to continue their placement

Students will not be expected to perform duties outside the normal range expected of physical therapy students in that facility, i.e., they shall not be used to provide other patient, administrative, or non-clinical services.

In the event that the placement needs to be terminated, it is the responsibility of the CI or CCCE to inform the ACCE.

OBJECTIVES

PTHER 517

**Overall Objectives for Placements**

Clinical placements provide students with exposures to practice and the opportunity to apply their classroom learning to clinical practice. Conversely, the students will be expected to bring their clinical learning back to the classroom.

The objectives outlined for the clinical placements provide a general reference for student learning and evaluation. Two documents have been used as references in the development of the objectives:

- the Competency Profile for the Entry-level Physiotherapist in Canada (Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association, Accreditation Council for Canadian Physiotherapy Academic Programs)
- the Competency Assessment Questionnaire (College of Physical Therapists of Alberta)

The Ad Hoc Clinical Education Advisory Committee was instrumental in the development of these objectives.

Note that:

- the objectives are **flexible**. They are influenced by many things (e.g. placement, caseload, student's past experience).
- the knowledge, skills and behaviors are **cumulative** – i.e. objectives for a given level include those that are specified in addition to those from previous placements (as relevant)

It is the intent of the Department that students should:

- undertake **one project** during each six-week placement (for eg. provide a case study review, in-service, best practice paper)
- vary their projects between the placements, as possible
- be permitted the time to review the literature relevant to the care of at least **one client** (e.g. related to outcome measure, best practice) during each placement

**Objectives for PTHHER 517 (one week Introduction to Clinical Practice)**

This is an introductory placement. Students are expected to:

- model professional behavior
- take a history on a minimum of one client
- Engage in hands-on skills as deemed appropriate by the CI, given your background knowledge and skills (gait aids, goniometry, muscle testing and assist in transfers)

By the end of the introductory placement the student will:

**Professional issues**

- present themselves in a professional manner (e.g. prompt, prepared, professional appearance)
- present their qualifications honestly
- consistently treat clients with respect and dignity
- consistently demonstrate ethical, professional behavior (e.g. client confidentiality, autonomy and informed consent)

## PLACEMENT OBJECTIVES

### PTHER 518

- develop a working relationship with the CI that is built on trust and respect
- be actively involved in their learning
- demonstrate knowledge of the professional scope of practice
- practice within their professional and personal scope of practice
- practice safely (e.g. infection control, environmental issues)

#### Communication / interdisciplinary work

- demonstrate appropriate communication (verbal and non-verbal) strategies
- take a minimum of one history: use active listening and questioning to identify client goals and preferences
- interpret and respond appropriately to their client's non – verbal communication
- communicate to reflect a focus on client goals and the physiotherapist's role in facilitating these

#### Evidence – base / problem-solving

- apply the C.O.R.E. (client-oriented research and evaluation leads to best practice), the ICF (international classification of function) and the Decision Making Model in their client interactions

#### Objectives for PTH 518 (first six-week placement)

This is the first six-week placement. The goal is for students to integrate and apply their knowledge and skills within the context of a patient population. The expectation is for the student

to have hands-on experience, and further develop professional behaviors.

By the **end of** PTH 518 the student will:

#### Professional issues

- initiate dialogue with the CI re: goals: demonstrate flexibility in adapting these to the facility / rotation / caseload
- seek relevant learning opportunities
- develop a therapeutic relationship with the client/significant others that is built on trust and respect
- seek formative feedback from CI and relevant others
- use formative feedback to enhance performance (through active-listening, self-reflection and ongoing communication)
- complete their self-evaluation and Clinical Learning Record: use these to modify performance
- communicate with CI to effect appropriate transfer of responsibility and caseload
- be consistently reliable (e.g. completing tasks on time)
- begin to develop an awareness of relevant health and professional legislation

#### Client service

- Begin to share the supervising therapist's caseload and its associated responsibilities
- manage caseload with CI guidance about 75-90% of the time
- work under supervision in providing services to clients with representative physical conditions
- Ensure the client's and the student's own safety during



**PTHER 518**

- client interactions
- independently access information to support client care
- select and safely complete appropriate assessments
- integrate theory and assessment to contribute to the process of determining the differential diagnosis with CI guidance
- work with the CI to identify appropriate short and long term goals of treatment
- establish prognosis with CI guidance
- demonstrate an increasing ability to integrate pathology and assessment findings to identify different treatment options
- contribute to the process of determining best treatment considering the evidence, their experience and the client's goals and beliefs
- safely and effectively apply interventions that are appropriate to the student's level
- consistently perform ongoing assessments: use findings to guide discussion regarding ongoing care
- be involved in discharge planning
- adjust for range of client abilities with some CI prompting
- be sensitive and appropriately responsive to the client

**Communication / interdisciplinary work**

- communicate timely, relevant client information to the CI
- maintain client documents with the assistance / guidance of the CI, ensuring that the

- written records are relevant, complete, timely, legible and compliant with site policies
- demonstrate respect for other team members
- work with other health professionals to achieve client goals

**Management**

- manage time given appropriate caseload
- prioritize use of resources
- schedule patients, equipment and space as per site protocols
- coordinate services with others to ensure optimal client care
- appropriately assign care activities to support personnel with informed consent of client and the guidance of the CI
- monitor delegated care under the guidance of the CI
- provide appropriate feedback to support personnel under the guidance of the CI

**Evidence – base / problem-solving**

- apply physiotherapy models to practice
- justify clinical decisions taking into account client issues, knowledge, assessment/experience
- differentiate between levels of evidence used in decision making process
- use appropriate outcome measures in client care
- verbalize potential sources of error in clinical data collection
- use research skills to gather information relevant to client care

**PTHER 520, 521  
AND 522**

**Objectives for PTHER 520**

The expectation for this placement is that students will further their hands-on experience with clients in a different practice setting, increasing their independence over the six weeks.

By the end of the placement, the Program's objectives are that students will:

**Professional issues**

- appropriately adapt to unforeseen situations – eg. latecomers
- independently use self-evaluation to guide practice

**Client service**

- carry approximately 50% of a full-time physical therapist's caseload and its associated responsibilities
- manage caseload responsibilities with CI guidance ~50% of the time
- adjust appropriately for range of clients' physical abilities appropriately and effectively manage discontinuation of service
- suggest timeframe in which a treatment effect should be expected
- advocate for clients

**Communication / interdisciplinary work**

- assume responsibility for ongoing communication between self, CI, support personnel and other team members
- communicate effectively in challenging situations (for e.g. unexpected situations, conflict, with non-speaking, non-English-speaking or hearing-

impaired clients)

- identify differing client / therapist expectations and reach consensus on treatment
- demonstrate sensitivity, professional appropriateness and effectiveness in communication with groups (e.g. interdisciplinary meetings)
- initiate appropriate health professional referrals to ensure optimal client outcomes

**Objectives for PTHER 521 and 522**

The goals of these course are to offer the students

- further experience with hands-on practice with increasing independence
- the opportunity to further develop professional behaviors
- opportunity to enhance inter-professional collaboration
- experience with appropriate delegation to support personnel

By the end of PTHER 522 the student will:

**Professional issues**

- incorporate ethical, legal and economic issues in practice

**Client service**

- carry 50-75 % of full time physical therapist's caseload and its associated responsibilities
- manage caseload responsibilities with CI guidance 25% of the time
- select, and safely, effectively and efficiently apply assessment and intervention techniques
- independently identify short

**PTHER 523**

- and long term goals
- work effectively with complex clients (physical, mental, cultural, lifespan, language, social and economic contexts)

**Management**

- adapt practice to different models of health service delivery
- evaluate conflicting service demands, set and justify priorities in order to optimally deliver services
- evaluate service costs against anticipated benefits of service
- identify resource and environmental needs that ensure safety and quality of care
- obtain confirmation of financial support prior to initiating service

**Evidence – base / problem - solving**

- make sound decisions given the presence of ambiguity / conflicting input
- appropriately use research to help resolve issues of ambiguity (i.e. meta-analyses, systematic reviews and qualitative studies)
- use information from multiple sources to make decisions (client values, advanced knowledge/research, experience)
- employ global, client-centered thinking that recognizes patterns, cause and effect relationships, individual differences and is long-term in nature

**Objectives for PTH 523**

The goals of these course are to offer the students:

- further experience with hands-on practice with increasing independence
- the opportunity to further develop professional behaviors
- opportunity to enhance inter-professional collaboration
- experience with appropriate delegation to support personnel

By the end of the placement the student will:

**Professional issues**

- explain foreseeable limitations on confidentiality to the client (i.e. third party reporting)

**Client service**

- carry 80- 90% of an entry level therapist’s caseload and its associated responsibilities with minimal supervision
- independently manage caseload responsibilities
- work independently with clients with representative conditions
- identify need for guidance / supervision when working with complex clients
- demonstrate holistic, flexible approach to client care

**Communication / interdisciplinary work**

- prepare professional reports for third party payers

**Evidence – base / problem - solving**

- apply research within the complexity of client care

**DRESS CODE**

**Dress Code**

As students move between placement sites and types the site expectations regarding professional dress may vary.

that the student will be actively involved in their learning.

**LEARNING PLAN**

The Department views appropriate dress as a critical component of professional manner. Individual facilities may decide to have the University of Alberta physical therapy students adhere to the Departmental dress code, or to the facility's own dress code. Monitoring the students' dress is the facility's responsibility.

The students will develop a Learning Plan for each of their clinical placements.

**CLINICAL LEARNING RECORD**

The Department Dress Code supports that:

- female students wear a professional dress, skirt or pants with a short or long sleeved top.
- male students wear professional pants and a short or long sleeved top
- shoes have a closed toe and heel
- t-shirts are not permitted although golf shirts (with collar) are acceptable
- name tags must be worn by the students at all times while on placement. The Department will supply each student with a name tag prior to the first clinical placement.

The learning plan is drawn up by the student in collaboration with the CI.

Learning plans should:

- increase the student's abilities as a self-directed learner
- provide increased direction to the placement
- focus and provide structure to the feedback
- outline two - three specific goals for the placement
- be completed within the first few days of a placement
- take into account the student's goals, as well as the facility's and the university's goals

Learning plans should not:

- limit the experiences / learning opportunities of the student.

It is the student's responsibility to:

- bring his / her completed learning plan to the meeting with the CI
- be prepared to discuss gaps in his / her experiences to date and possible placement goals
- be open to suggestions that may be put forward by the CI
- Submit a copy of the learning plan to the ACCE

The Department Dress Code does not accept:

- sweat pants, rugby pants or denim as professional dress

**Learning Plan**

The long-term objective of the MScPT (course based) includes that its graduates will have life-long learning skills and will continually monitor their practice. One of the guiding principles is

**Clinical Learning Record**

Each student is required to monitor and guide their own clinical experiences to ensure that they obtain exposure to a broad spectrum of clients: clients across the lifespan,

**SUPERVISION**

clients with a wide variety of conditions, clients across the continuum of care.

The ACCE will provide each student with a Clinical Learning Record and will explain its use.

Each student is responsible for completing The Clinical Learning Record including the:

- **checklists** of their exposures and experiences relative to assessment, treatment and representative conditions
- **written records** of specific conditions and rounds, clinics and other experiences
- **personal reflections** on their strengths and the areas requiring continued attention
- **professional / placement goals**
- **Learning Plans**, specific to each placement
- a **review of their clinical competencies** (developed by the Canadian Physiotherapy Association and the College of Physical Therapists of Alberta) after the fourth and the final placements

**Supervision**

A student’s need for supervision will vary within and between placements.

Each student must have adequate supervision to ensure safe and effective assessment and treatment of patients, and to ensure a directed learning situation.

It is the responsibility of both the student and the CI to communicate openly about issues of supervision.

A suggested approach to supervision when a student has not had

previous experience in a similar case is that:

- the student should first observe an assessment and/or treatment performed by the CI
- the student should then perform that or a similar assessment/ treatment under the direct observation of the CI
- the CI should offer guidance, as indicated, or intervene if safety is a concern
- the CI should provide appropriate feedback after the assessment / treatment is completed
- the CI should pass responsibility for patient care to the student as the student is deemed capable of assuming it
- the CI should provide intermittent observation and feedback in order to ensure safe and effective client care, student growth and accurate student evaluation
- the CI should have regular discussions with the student to monitor progress of both the student and the student’s clients

If the student has had previous experience in a similar case or can generalize from previous experience:

- the CI should observe the student's assessment and treatment skills in order to determine the amount of supervision required

**RELATED  
CLINICAL  
EXPERIENCES**

**Related Clinical Experiences**

The Department recognizes the diversity of experiences that are available to students while on their clinical placements. The Department supports that students should have exposure to experiences in addition to direct client – care while they are completing their placements. The time spent in these related experiences needs to be weighed with the learning objectives of the placement and the students performance. A student who is struggling in a placement should devote time and energy to direct patient care, minimizing the time spent in related experiences.

- if a student is having difficulty in a given placement, the CI may decide, in consultation with the ACCE, that the time spent in related experiences should be limited in order that the student can direct maximum time and energy to consolidating the competencies related to client care.

All students should have the opportunity (where appropriate) to:

- attend rounds, case conferences, and unit inservice education
- review x-rays and other diagnostic test findings that are relevant to the caseload
- observe relevant diagnostic procedures
- observe other disciplines

The experiences listed above are considered a valuable adjunct to the student’s clinical experience. The time allocated to these activities should be carefully monitored to ensure that:

- they contribute to the competencies which would be required for the student to function effectively within the scope of practice of the placement
- they do not take undue time away from direct client care. The Department’s guidelines for time spent in direct client care at each level of placement experience may be found in the placement objectives.

## EVALUATION

### Evaluation

Evaluation is a critical aspect of professional growth.

Evaluation is a key contributor to the professional growth of the student and to the quality assurance of the clinical education program.

Evaluation takes many forms:

- therapist evaluation of the student's performance – both formative and summative
- student self evaluation – both formative and summative
- student evaluation of the placement

Evaluation (and feedback) provided by the CI to the student is essential for the student's continued professional growth and determines whether the student receives credit for a placement or not.

The student's self-evaluation is an important communication tool between the CI and student. It provides the student with a benchmark and is a vehicle for the student's ongoing professional growth. The student's evaluation of the clinical site / placement provides important feedback to both the site and to the Department. It is one method by which the student has input into the quality assurance of the clinical education component of the program.

### Therapist evaluation of the student's performance

#### Informal

- timely, informal evaluation provided by the CI is used throughout the placement to reinforce, modify or guide the student's future actions or behaviours

- when possible, the CI should give the student an opportunity to analyze or reflect on his or her performance as a starting point in a feedback session
- if serious problems have been identified (eg. unprofessional behaviours, making the same mistake repeatedly), it is vital to identify the problematic behaviours. The CI should clearly itemize the behaviours, providing specific examples to the student. The CI should document the discussion. To direct the situation, the CI, in collaboration with the student, should itemize:
  - \* the problem behaviour(s)
  - \* the desired behaviour(s)
  - \* the student's plan for improvement
  - \* the therapist's plan to assist the student's efforts
  - \* the CI should communicate with the ACCE, informing him/her of the problem(s)
  - \* at the mid-term for all six-week placements, the CI will complete the appropriate evaluation and discuss this with the student (using the student's self-evaluation as a prompt for communication about performance and performance expectations).

#### Formal (summative)

- the CI will complete the appropriate U of A evaluation form online via HSPnet to provide a standardized formal or summative evaluation of the student
- the CI will also provide a recommendation as to overall ranking of the student (credit with exceptional performance, credit, credit with reservation)

## STUDENT'S EVALUATION OF THE CLINICAL PLACEMENT

- or no credit)
- Forms are submitted online via a unique username and password and therefore signatures are not required
- Once submitted, forms are viewable by both the student and the ACCE
- The student may still appeal a failed placement report after it has been submitted.

### Student's self-evaluation

- when possible, the CI should give the student the opportunity to analyze or reflect on his or her performance as a starting point in any informal feedback session
- the student's self – reflection / evaluation is a requirement for the midterm (with all six-week placements) and final evaluation (in all placements) sessions.

### Student's Evaluation of the Clinical Placement

- it is expected that each student will complete a Student's Evaluation of Clinical Placement Form upon the completion of each placement.

The facilities may keep a copy of the student's evaluation of the placement, but will need to obtain the consent of the student prior to making and keeping a copy of the CI's Evaluation of the Student.



**CREDIT/  
NO CREDIT**

**Credit / No Credit**

To receive credit for the placement, the student must obtain a P+, P or P- on the overall recommendation from the CI.

**FAILURE OF A  
CLINICAL  
COURSE**

**Pass with Distinction (P+)**

Indicates that, throughout the clinical placement, the student's overall performance has been significantly better than would have been expected for a student at that experience level. While the University transcript presents the course grade as CREDIT, the student will know that his/her overall performance was outstanding.

**Pass (P)**

Indicates the student has successfully completed the clinical placement. The student may have demonstrated areas of strength and areas requiring continued work, but the student's overall performance was that expected of a student at that experience level.

**Borderline Pass (P-)**

Indicates that the student has successfully completed the placement, but that there are areas of significant weakness. These weaknesses do not warrant a failure.

It may be **recommended** by the Clinical Instructor that the student complete another clinical placement in the same rotational area in order to further consolidate the competencies specific to the rotation. This may not be required if the weaknesses are in areas common to all rotations – e.g. charting.

**Fail (F)**

Indicates that the student has not met the expectations and therefore has not successfully completed the placement. Red flags exist (e.g.

safety issues, significant problems with caseload competencies, professional issues).

It is the responsibility of the CI to:

- communicate with the CCCE / ACCE at any time that a student is at risk of failure in a placement. The communication will ensure that the expectations of the CI are appropriate and that the Department supports the call for failure
- communicate with the student to provide justification for the call for failure

It is the student's responsibility to:

- weigh the input from the CI considering the justification
- contact the ACCE if (s)he believes that the call for failure is not justified
- contact the ACCE to discuss possibilities for a repeat of the clinical placement experience

**Failure of a Clinical Course**

A student must successfully complete each clinical course in order to graduate from the program.

A student may fail only one clinical course during the program.

Students who fail a clinical course must have the approval of the Department and the Faculty of Graduate Studies and Research to retake the course. If a student fails a second clinical course, the student will be asked to leave the program.

**Appeal of a Failed Clinical Course**

In the event that a student has been deemed to have failed a clinical placement and that (s)he does not agree with the call for failure, (s)he may appeal the decision.

**APPEAL OF A  
FAILED  
CLINICAL  
COURSE**

If a student intends to appeal, the student must notify the Associate Chair of the Department of Physical Therapy of the intention to appeal the failed grade, and submit a formal written request for appeal, no later than 10 calendar days from the notification of placement failure.

**WITHDRAWAL  
FROM A  
CLINICAL  
COURSE**

**Withdrawal from a Clinical Course**

A student may petition the Academic Coordinator of Clinical Education (ACCE) for withdrawal from a clinical placement for religious, compassionate or health reasons. Students requesting withdrawal from a clinical course after the deadline dates for the specific clinical course will have to receive the approval of the ACCE / Department Chair and the Faculty of Graduate Studies and Research. After the add/ drop deadline, students who withdraw from a clinical course for reasons other than mentioned above will receive a failing grade. Withdrawal from a clinical course will result in a lengthening of the student's program.

It is the student's responsibility to:

- submit the request in writing to the ACCE
- include a medical certificate with the request, if the request is based on health issues

Each request will be taken into consideration by the ACCE / Chair of the Department in consultation with the Centre Coordinator of Clinical Education of the involved facility.

## **UNTOWARD INCIDENTS AFFECTING THE STUDENT**

### **Untoward Incidents Affecting the Student—including such things like Student Contact with Active Tuberculosis or a Needle Stick Injury**

All untoward incidents involving students must be reported to the Department of Physical Therapy.

Untoward incidents involving a student and a client(s) will be:

- reported immediately to the Director of the department of the clinical facility
- documented as per the site protocol
- reported to the ACCE

Should a physical therapy student come in contact with an active case of tuberculosis or a needle stick injury:

- the CI will report the fact to the CCCE
- the CCCE or CI will report the exposure to the ACCE
- the ACCE will ensure that the student is aware of the exposure and that they are informed of the need for follow-through
- the ACCE and student will complete the WCB paperwork to document this exposure

It is the student's responsibility to:

- have the appropriate tuberculosis assessment. This can be done at University Health Services or an Edmonton Board of Health Unit. If the student is outside Edmonton, the student must report to the nearest Health Unit.

All instances of contact with active TB will be reported to the TB Services at the Aberhart Hospital.

The TB Services will assume the appropriate follow-up.

Compliance is the responsibility of the student. If TB Services feel that the student is infectious, family, friends and colleagues will be screened and the student will be asked not to attend clinical practice until they are no longer infectious (active).

**DISCRIMINATION  
AND  
HARASSMENT****Discrimination and Harassment**

The University of Alberta and the Faculty of Rehabilitation Medicine are committed to providing an atmosphere of work and study in which individuals are treated with respect and dignity. This policy has been adopted to ensure that students are not subjected to discrimination and harassment while working and studying on and off campus and further, that they do not subject those with whom they come into contact to discrimination or harassment.

Discrimination is any act or omission based on race, color, ancestry, place of origin, gender, physical or mental disability, marital or family status, religious beliefs, age, or sexual orientation when the act of omission results in loss of or limit on opportunities. Harassment encompasses the term “sexual harassment” and includes conduct or comments that are intimidating, threatening, demeaning, or abusive and may be accompanied by direct or implied threats to grade(s), status, or job. Harassment creates a hostile work or study environment and limits individuals in their pursuit of educational, research, or work goals.

Students who believe they have been subjected to discrimination or harassment are encouraged to seek assistance. When the circumstances are related to a clinical placement, students are encouraged to refer to the *Faculty of Rehabilitation Medicine Discrimination and Harassment Policy and Guidelines for Clinical Practice* available from the Academic Coordinator of Clinical Education in their department.