

ACKNOWLEDGEMENTS

We wish to thank the clinicians in the community, who so generously share their skills and expertise with the students in the Physical Therapy Program.

The University of Toronto, Department of Physical Therapy, wishes to thank the Canadian Physiotherapy Association and the College of Physiotherapists of Ontario, for the reference material contained within this Manual.

PREFACE

This Manual contains information regarding the clinical education component of the [Master of Science in Physical Therapy](#) and [Ontario Internationally Educated Physical Therapy Bridging Programs](#) at the University of Toronto. It is intended primarily as a reference and learning guide for individuals involved in providing physical therapy students with clinical experiences that will help them acquire skills and knowledge that integrate with the academic component of the program. The Department of Physical Therapy recognizes that it is in the clinical environment that the knowledge, attitudes, and skills required are applied and evaluated.

The Department of Physical Therapy wishes to thank all the members of the Clinical Education Community for their ongoing valuable contribution to the department with our students in the development of this handbook.

If you have any questions, comments or suggestions, please contact the Department of Physical Therapy Clinical Education team at ptclined@utoronto.ca.

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1.0 INTRODUCTION

1.1 Purpose of this Handbook

The handbook for clinical supervision manual is designed to provide clinical sites with:

1. An orientation to the Department of Physical Therapy
2. Information regarding the MScPT & OIEPB Program curriculums and clinical internship component within the program
3. An understanding of the roles and responsibilities of the DCE, Academic Coordinator of Clinical Education (ACCE), Centre Coordinator of Clinical Education (CCCE), Clinical Instructor (CI) and Students in Clinical Education;
4. Basic information, policies and procedures governing clinical practice in Physical Therapy;
5. Information on hosting students in your clinical environment;
6. Process and forms for the assessment of students in clinical education

1.2 History of the Department of Physical Therapy

The first program in Physical Therapy in Canada was established in the Department of Extension at the University of Toronto in 1929. It was a two-year program followed by six months of clinical practice, leading to a diploma in Physiotherapy. In 1946, the two-year program was lengthened to three years with three months of clinical practice. It remained in the Department of Extension and a diploma was granted in Physiotherapy.

In 1950, the program was transferred into the Faculty of Medicine and combined with Occupational Therapy. The impetus behind combining the programs was financial; in the period following World War II, hospitals often did not have the financial resources for two separate positions. It was also thought that the two professions had a great deal of similarities and the combination of the two would produce a more diversified professional. This program was three years in length with eight months of clinical practice to be completed before graduates could be recognized by the professional associations. Graduates achieved a diploma of Physical and Occupational Therapy.

The combined program continued until 1971, when a four-year Bachelor of Science in Physical Therapy was introduced in the Department of Rehabilitation Medicine, Faculty of Medicine. At this time, 16 weeks of clinical practice were required in two eight-week Modules. The program underwent continual modification throughout the years.

In 1993, the Division of Physical Therapy became the Department of Physical Therapy, thereby achieving increased autonomy over the curriculum and the direction of the program. The four-year direct-entry program consisted of Basic Science courses, Clinical Science courses, Core Physical Therapy courses, seven and a half electives from Arts and Science, and a total of thirty weeks of clinical practice. This curriculum was referred to as the “Classic Curriculum.”

As of 1995, the program became a second-entry level program, three years in length, leading to a Bachelor’s of Science in Physical Therapy (BSc(PT)). The program emphasized evidence-based practice, critical thinking and integration of basic and clinical sciences. The program provided a unique exposure to a variety of educational strategies within the University and the community.

A twenty-six month program of the Master of Science in Physical Therapy (MScPT) replaced the BScPT program in 2001. The MScPT is a professional program that requires the completion of a four-year undergraduate degree for admission. It enhances and expands upon the foundations of the Evidenced-Based Curriculum through implementation of the enhanced Best Practices. In 2007, the program was consolidated into twenty-four months including twenty-eight weeks of full-time clinical internships plus 66 hours of clinical structure skill sessions that are integrated into the curriculum. In September 2019 we launched the [renewed MScPT curriculum](#). This program continues to be 24 months and is underpinned with three pillars including the inquiry mindset, critical thinking and professionalism. The renewed curriculum also includes 30 weeks of clinical education which is organized in 5 internships, each of 6 weeks.

In 2012, we welcomed the [Ontario Internationally Educated Physical Therapy Bridging \(OIEPB\) Program](#) to the Department of Physical Therapy. The Bridging Program is designed to provide educational opportunities for physical therapists educated outside of Canada, who already possess specified qualifications, to develop the additional knowledge, skills and clinical reasoning required to meet Canadian entry-to-practice standards. This 10-month Bridging Program provides cultural and workplace orientation to facilitate success in the workplace.

1.3 Department of Physical Therapy Vision and Mission

As the Department of Physical Therapy is situated within the Faculty of Medicine at the University of Toronto, we are aligned with the Faculty of Medicine’s Academic Strategic Plan. The Department of PT is situated within the Rehabilitation Sciences Sector (RSS) and we are located in the Rehabilitation Sciences Building, Centre for Function and Well-Being at 500 University Avenue.

The Department of Physical Therapy is also a graduate unit within the School of Graduate Studies (SGS). Within SGS, the Department is located in the Life Sciences Division. Within the Faculty of Medicine, the Department is also a member of the

Specifically, the Department of PT has our own [Vision and Mission](#).

Vision: International leadership in education and research in Physical Therapy and Rehabilitation Science

Mission: To educate future and current physical therapists, advance practice, foster leadership, contribute to our communities and improve the health of individuals and populations through the discovery, application and exchange of knowledge. We are improving the health of individuals through the discovery, application and exchange of knowledge.

2.0 PHYSICAL THERAPY CURRICULUM

2.1 MScPT Curriculum Introduction

The goal of the University of Toronto MScPT Curriculum is to develop highly competent academic practitioners who will consistently demonstrate the essential competencies of a practicing physical therapist in a wide range of settings upon graduation.

With the launch of the renewed curriculum in September 2019, our shared educational **values** of the educators and learners consist of three foundational pillars: critical thinking, an inquiry mindset and a strong sense of professionalism.



Critical thinking is the ability to interpret, integrate, analyze, and evaluate various forms of knowledge to make judgments/inferences in order to make the best evidence-informed decisions for clients, families, and communities. The diverse knowledge we draw on includes clinical and life sciences, humanities and social sciences, and global and indigenous knowledge. Critical thinking requires learners to embrace ambiguity, to reflect and make changes to self and one's practice. A critical thinker is receptive to new ideas and ways of thinking, challenges conventional practices and will innovate new ones.

An **inquiry mindset** is characterized by the learner taking initiative to access relevant information and viewpoints. This mindset equips the learner to strive for the highest level of competence by employing the habits of mind needed to succeed throughout one's professional careers. Habits of mind that support an inquiry mindset include self-directed and life-long learning, flexibility in thinking, creativity and innovation, and persistence and resilience in the face of difficulties.

Professionalism means acting with integrity and respect, demonstrating leadership within and outside the profession, and working towards the development of a physical therapy identity that reflects these core values. We are committed to principles of equity and diversity. This means implementing a process where learners are engaged in learning to become systemic advocates for the clients, families and diverse communities that we serve.

Based on these values, our **goal** is to graduate academic physical therapy practitioners who will demonstrate:

1. Critical Thinking Skills - We define critical thinking as encompassing three distinct but related domains of:

- Clinical reasoning
- Critical appraisal
- Critical reflexivity

2. Inquiry Mindset

- A flexible and open mind to learning new knowledge
- Taking the initiative in their learning
- Being self-directed in their learning

3. Professionalism

- Ability to act as self-regulating professionals who exhibit strong personal, moral, and ethical values
- Cognizant of the changing laws, codes, and guidelines that impact themselves and their clients
- Creative entrepreneurs with sound business acumen capable of excelling in professional practice in a wide variety of venues

Based on the revised educational mission of the MScPT program and the three overarching pillars, we aim to generate a **teaching and learning environment** that consists of the following specific values and actions. The learning environment will enable learners to:

- Embrace complexity
- Deal with uncertainty
- Develop and practice resilience and perseverance

Instructors will develop a teaching environment to facilitate learning by modeling these educational values:

- Cultivating a supportive learning environment
- Providing opportunities for creativity and innovation
- Supporting and challenging the learners
- Using a common language to explicate our educational values (e.g., critical thinking, integration, inquiry-mindset)
- Ensuring our shared language reflects our educational values
- Integrating diverse content and practice settings
- Supporting learners with diverse learning needs through multimodal teaching and learning methods
- Creating and using authentic cases

We maintain the educational practices of Clinical and Basic Sciences, Evidence-Based Practice, Professionalism and Interprofessional Education and Multiple Educational Strategies.

2.2 MScPT Curriculum

The vision of the MScPT curriculum is to develop highly skilled and competent physical therapy practitioners.

The MScPT curriculum is consistent within the national curriculum content framework (see figure 1). It is designed to integrate Systems, Research and Internship Components organized in twelve units to maximize educational principles. Four major themes are integral to the curriculum. Educational strategies for the program will be lectures, seminars, tutorials, laboratories, case-based learning, structured clinical sessions, integrated sessions, structured site visits, and clinical internships. An enhanced research approach has been added to the curriculum. Students are required to take all units.



Figure 1. Physiotherapy Curriculum Content Framework¹

2.2.1 *Components of the Curriculum*

All units use cases and clinical questions to provide clinical context and introduce professional interaction skills.

Systems Component (Units 1, 2, 3, 4, 6, 10, and 11): This component is designed to integrate the foundations and clinical sciences of physical therapy; the principles of assessment, management, measurement and outcomes of evidence-based practice for the major systems that are integral to the practice of physical therapy. Therapeutic approaches are incorporated into the curricular design. These include: health promotion and disability prevention, therapeutic intervention, minimization of disability and optimization of ability, and restoration of functional capacity.

Research Component (Units 7 and 13): This component is designed to integrate practice in physical therapy with research and program evaluation. The focus of this unit is on developing student's skills in critical appraisal, critical thinking and problem solving. A research project is introduced as part of the requirement of the program, under supervision of a practitioner and an academic faculty. The project will be presented at a formal Research Day.

Internship Component (Units 5, 8, 9, 12, and 14): This component is designed to provide the opportunity to integrate the systems components, professional systems and research components while continuing to learn in practice settings, and develop clinical competence.

¹ Council of Canadian Physiotherapy University Programs. Entry to practice physiotherapy curriculum: content guidelines for Canadian university programs. 2009 May:7.

2.3 Interprofessional Education (IPE) Curriculum

Interprofessional education (IPE) encompasses a learning continuum that stretches from the university to clinical practice in many types of settings. It involves numerous stakeholder groups, among them students, faculty, clients/patients/families, clinicians and administrators. IPE expands the traditional uniprofessional education model to an educational process where two or more professional groups are brought together to “learn about, from and with each other to enable collaboration and improve health outcomes” (World Health Organization, 2008). In current strategic planning that is occurring at Health Canada, the Ontario Ministry of Health and Long-Term Care, and the University of Toronto, IPE is seen as key to developing well-prepared professionals who will assume leadership roles in health care upon graduation.

We are fortunate to collaborate with the [Centre for Interprofessional Education](#) (CIPE) at the University of Toronto. The [curriculum](#) builds upon a rich history of IPE and is focused on the development of specific values and core competencies across ten health professional programs (dentistry, medical radiation sciences, medicine, nursing, occupational therapy, pharmacy, physical education and health, physical therapy, social work and speech-language pathology). The knowledge, skills, behaviours and attitudes developed through the IPE curriculum/program will enable students to provide collaborative patient/client-centred care in an interprofessional context.

The IPE curriculum/program runs across the health professional faculties and departments. This comprehensive curriculum/program includes the following four core learning activities:

Year 1

- Teamwork;
- Conflict in Interprofessional Life;
- Case-Based: Pain or Palliative Care;
- IPE Component in a Clinical Placement

As well, students complete elective learning activities in order to cover all IPE values and core competencies and to meet individual learning needs and interests. Student learning will be assessed to ensure successful completion.

Successful completion of two IPE elective learning activities is required across the two year Master’s program in order to complete the curriculum.

2.4 MScPT Program - Best Practices Curriculum Units, Weights and Brief Description

Unit Code	Unit Name	Unit Weight	Brief description
PHT 1001H	Critical Foundations of Physical Therapy	0.5	This is the first course of the MScPT program and will cover general topics related to physical therapy theory, frameworks of critical thinking and inquiry mindset, interviewing, documentation, basic skills and professionalism will be introduced in this course.
PHT 1002Y	Physical Therapy Practice I	3	This is the first clinical course in the program and focuses on basic musculoskeletal physical therapy practice.
PHT 1003Y	Physical Therapy Practice II	3	This course focuses on cardiorespiratory physical therapy practice.
PHT 1004Y	Physical Therapy Practice III	3	The focus of this course is neurological physical therapy practice.
PHT 1005Y	Clinical Internship I	0.75	This is the first clinical internship in the MScPT program.
PHT 1006H	Advanced Critical Thinking in Physical Therapy	0.5	This course focuses on advanced critical thinking with an emphasis on interpreting, integrating, analyzing and evaluating the various forms of knowledge and skills introduced in previous clinical units (musculoskeletal, cardiorespiratory, neurological) with more complex pathologies.
PHT 1007H	Scholarly Practice I	0.5	This course focuses on integrating practice in physical therapy with research and program evaluation.
PHT 1008Y	Clinical Internship II	0.75	This is the second clinical internship in the MScPT program.
PHT 1009Y	Clinical Internship III	0.75	This is the third clinical internship in the MScPT program.
PHT 1010Y	Physical Therapy Practice IV	3	The focus of this course is advanced neuromuscular physical therapy practice.
PHT 1011H	Selected Topics in Physical Therapy	0.5	In this course, students select two modules where they will explore areas of interest and develop a deeper understanding of topics in physical therapy and/or rehabilitation beyond the level expected for entry-level to practice.
PHT 1012Y	Clinical Internship IV	0.75	This is the fourth clinical internship in the MScPT program.

Unit Code	Unit Name	Unit Weight	Brief description
PHT 1013Y	Scholarly Practice II	1	This course has an emphasis on developing and applying knowledge, skills and behaviors relevant to students' research, focusing particularly on the data analysis, interpretation of findings and writing components of their projects.
PHT 1014Y	Clinical Internship V	0.75	This is the final clinical internship in the MScPT program.

(70% is a passing grade for MScPT students. H/P/FZ=Honors/Pass/Fail)

The unit courses are complemented by the following cross-curriculum content identified as themes throughout the program.

1. PT Context and Practice
2. Electrophysical Agents
3. Exercise Science
4. Interprofessional Education
5. Pain Science
6. Social, Political, Ethical and Cultural (SPEC) Dimensions of Health and Healthcare.

The curriculum map with timing is demonstrated below.

2020														2021																																													
September				October				November				December				January				February				March				April				May				June				July				August															
1	2	3	4	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
Unit 1-Critical Foundations in PT				Unit 2 - Physical Therapy Practice I										V		V		Unit 3 - Physical Therapy Practice II								V		Unit 4 - Physical Therapy Practice III								Unit 5 - Clinical Internship I								Unit 6-Advanced Critical Thinking								Vacation							
2 ACE				8 ACE														4 ACE										6 ACE																															

Year 2																																																									
September				October				November				December				January				February				March				April				May				June				July				August													
1	2	3	4	1	2	3	4	5	6	1	2	3	4	5	6	1	2	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
Unit7- Schol. Practice I				Unit 8 - Clinical Internship II				Unit 9 - Clinical Internship III				V		V		Unit 10 - Physical Therapy Practice IV (Adv NMsk)								U11- Selective				V		Unit 12-Clinical Internship IV								Unit 13 - Scholarly Practice II								Unit 14 - Clinical Internship V											
																research Mondays								Res Mon																																	

More information about our curriculum can be found on the [Curriculum webpage](#) of our departmental website.

2.5 Clinical Internship Unit Objectives

There is a course outline for each clinical internship in the program. The internship objectives are based on our foundational pillars and are generic to fit any clinical practice environment. The objectives for the clinical internships are listed below.

MScPT Clinical Internship Objectives

Obj.	Pillar	Internship I	Internship II	Internship III	Internship IV	Internship V
By the end of the internship, the student will be able to:						
1	Inquiry Mindset	Identify learning needs and formulates learning goals and resources.				
2	Inquiry Mindset	Consider multiple perspectives and a variety of possibilities/explanations for new circumstances and situations.				
3	Inquiry Mindset	Demonstrate persistence and resilience in the face of challenges.				
4	Critical Thinking	Use a systematic approach to examine multiple sources of evidence to inform decision making.				
5	Critical Thinking	Demonstrate clinical reasoning by generating and testing hypotheses followed by determining optimal diagnosis and treatment.				
6	Critical Thinking	Critically analyse taken-for-granted aspects in a reflective manner.				
7	Professionalism	Demonstrate professional behaviours including accountability for oneself, applied knowledge of legal and regulatory practice requirements, and compliance with professional code of ethics				
8	Professionalism	Display core humanistic values such as integrity, honesty, caring, altruism, compassion, empathy, respect for others and trustworthiness.				
9	Overall	Manages ~1/3-1/2 of a typical caseload comprised of patients with simple conditions with frequent guidance and patients with complex conditions with full supervision. (Performs at the Advanced Beginner level on the ACP.)	Manages ~1/2-2/3 of a typical caseload comprised of patients with simple conditions independently and patients with complex conditions with frequent guidance. (Perform approaching the Intermediate level on the ACP.)	Manages ~1/2-2/3 of a typical caseload comprised of patients with simple conditions independently and patients with complex conditions with frequent guidance. (Performs at the Intermediate level on the ACP.)	Manages ~2/3 - 3/4 of a typical caseload comprised of patients with simple conditions independently and patients with complex conditions with frequent guidance. (Performs at the Advanced Intermediate level on the ACP.)	Manages a minimum of 3/4 of a typical caseload comprised of patients with simple conditions independently and patients with complex conditions with minimal guidance. (Performs at the Entry Level performance on the ACP.)

3.0 ONTARIO INTERNATIONALLY EDUCATED PHYSICAL THERAPY BRIDGING (OIEPB) PROGRAM

3.1 OIEPB Program Vision, Mission, and Goals

The [Ontario Internationally Educated Physical Therapy Bridging \(OIEPB\) Program](#) is designed to provide educational and clinical opportunities to assist internationally-educated physiotherapists to succeed as autonomous practitioners in the Canadian workplace.

The Comprehensive Bridging Program offers academic and clinical educational opportunities to:

- Appreciate the **role and scope of practice of physical therapy (PT)** in Canada.
- **Refresh** PT knowledge and skills to perform as **autonomous healthcare practitioners**.
-
- Build **exam-taking skills** in preparation for the Physiotherapy Competency Examination.
- Acquire Canadian work-based experience and knowledge of the Canadian healthcare system.
- Support career planning, resume development, interview preparation for successful transition to the workplace.
- Build a **professional network** to start a career within the Canadian workplace.

Vision

The vision of the OIEPB Program is to build upon internationally educated physical therapists education and clinical experience to assist with entry to practice and enhance the physical therapy workforce in order to promote, improve and maintain the mobility and function of Canadians.

Mission

The mission of the OIEPB Program is to create an adult learning environment, building upon a learner's education and clinical experience to promote, improve, and maintain the mobility and function of Canadians.

Goal

The goal of the OIEPB Program is to enhance the internationally educated physiotherapist's (IEPT) professional and clinical competencies for success as an autonomous practitioner in the Canadian healthcare system.

3.2 Curriculum Structure

The curriculum is delivered as a mix of online opportunities and onsite practice. This delivery format provides flexibility and greater access to the program for learners living in Ontario. To learn more about the content of the program, click the following link:

<https://oiepb.utoronto.ca/>.

3.2.1 Term One: Consolidating PT Fundamentals in Canada

The focus of Term One is to refresh fundamental knowledge and skills across the breadth of physical therapy practice. Learners integrate clinical reasoning and practical skills in cardiorespiratory, neuromusculoskeletal, and neurological physical therapy practice, including applications to patients with complex needs across the continuum of care (acute, rehab and community). Learners also have the opportunity to practice communication skills (written, verbal, non-verbal) and explore ways to build positive therapeutic and interprofessional relationships, emphasizing person-centred and interprofessional care. The OIEPB Program emphasizes evidence-based, clinical reasoning, and self-reflective approaches to learning and practice.

3.2.2 Term Two: Integrating Physical Therapy Practice in Canada

The focus of Term Two is further integration of clinical reasoning and practical skills, including application to specialized physical therapy practice areas (paediatrics, oncology, amputation, burns, etc.) across the continuum of care. Learners are further challenged to deepen their clinical reasoning skills, advance their communication, practical skills, and professional behaviours as well as reflect on their role and responsibilities in physical therapy practice. Learners complete Term Two equipped with strategies that address exam-preparation and career preparedness, and with skills for lifelong learning and reflective practice. All of these aspects are critical for successful integration in the Canadian workforce as a strong contributor to the healthcare team.

3.3 Clinical Internship Courses

3.3.1 Clinical Internship One

This first clinical internship provides internationally educated physical therapists with opportunities to integrate theory into Canadian PT practice. Under the supervision of a registered physiotherapist, learners collaborate with healthcare team members, further develop competence in communication and documentation, and consolidate fundamental PT assessment, analysis and treatment skills.

3.3.2 Clinical Internship Two

This second internship allows learners the opportunity to further consolidate clinical practice skills, and refine communication and professional behaviours. Under the guidance of a registered physiotherapist, learners will manage a caseload and interact as an autonomous healthcare professional and a member of the healthcare team.

Both Clinical Internships are important opportunities to build a professional network and gain working experience in the Canadian workplace.

A calendar of the OIEPB Program can be found at <https://oiepb.utoronto.ca/>.

4.0 CLINICAL EDUCATION ROLES, RESPONSIBILITIES, RIGHTS AND PRIVILEGES

4.1 Clinical Education Roles

Clinical education in Physical Therapy involves a cooperative effort between the faculty of the academic program and the staff of the clinical site. The clinical educators involved in the clinical practice component of the program are the DCE/ACCE, the CCCE and the CI.

Director of Clinical Education (DCE) / Academic Coordinator of Clinical Education (ACCE) - The academic faculty member responsible for clinical practice internships and the coordination of all activities related to clinical practice.

Centre Coordinator of Clinical Education (CCCE) - An individual who is responsible for the coordination of student activities at the clinical site.

Clinical Instructor (CI) - A CI is an individual identified by the CCCE or the DCE/ACCE who supervises students assigned to the clinical internship.

Student - A student is an individual registered in the MScPT program or a learner in the OIEPB Program.

4.2 Roles and Responsibilities - Director of Clinical Education/Academic Coordinator of Clinical Education

Roles

1. Liaise between the University and the clinical sites to ensure that the educational philosophy and goals are mutually acceptable.
2. Coordinate the student internships for the clinical practice component of the program to fulfil the educational needs of the students, the University requirements, and the professional standards.
3. Assist and support CCCEs, CIs and students in creating an educational environment.

Responsibilities

1. Identify clinical sites that provide a good educational environment for students.
2. Coordinate the internship of students in the clinical sites.
3. Orientate the CCCEs, CIs and students to the relevant goals and objectives for each clinical practice course.
4. Advise the students to abide by the policies and procedures of the site.

5. Respond to any concerns of the student, CCCE or CI regarding the clinical practice component.
6. Review the evaluations.
7. Facilitate the CCCEs and CIs development in their roles.

4.3 Roles and Responsibilities - Centre Coordinator of Clinical Education (CCCE)

CCCEs have the right to be supported by the University when recruiting and during the clinical internships. CCCEs may apply for [status only appointments](#) with the Rehabilitation Sciences Sector at the University of Toronto.

Roles

1. Liaise between the faculty and the clinical site to allow for effective communication and cooperation. Ensure the provision of a high quality physiotherapy clinical education program.
2. Direct and coordinate the student internships within the site to adhere to the:
 - a. requirements of the University of Toronto, Department of Physical Therapy.
 - b. established standards of the site.
 - c. clinical objectives of the student.
3. Honour the contractual agreement between the University of Toronto and the site. Recognition and administration of the mission statements, goals, objectives and regulations concerning all aspects of the physiotherapy clinical education program.

Responsibilities

1. Develop and update the site's student clinical practice manual/program.
2. Ensure that clinical educators and students clearly understand and adhere to the Department of Physical Therapy's, as well as the site's policies and procedures.
3. Organize and facilitate the clinical education internships and the appropriate orientations, clinical instruction visits and clinical observation visits.
4. Attend University and site-based meetings as able.
5. Assist the DCE/ACCE in organizing future student internships (e.g., number and type of available internships in the site, collaborative supervision models).
6. Facilitate and support the CIs in:
 - a. the preparation for the student's internship, e.g., arrange for participation at University pre-internship meeting; familiarize the CIs with the requirements, regulations and expectations of the clinical education program

- b. the process of the student evaluation, e.g., interpretation of the guidelines to the use of forms, documentation, reporting schedules, methods of supervising students' activities and dealing with problems concerning student's performance and/or possible failure
 - c. the development of their instructing skills, e.g., provide opportunities for staff to attend courses, seminars and in-services
- 7. Promote open communication in a positive learning environment. Allow for the freedom to share and respond to ideas. Use all resources for the benefit of the students' internships.
- 8. Plan and administer orientations and hand-outs.
- 9. Review and facilitate the students' learning objectives.
- 10. Ensure that written evaluations at midterm and final are appropriate and complete. Discuss evaluations with educators if necessary and meet with students at midterm and final to receive their feedback of the internship.
- 11. Investigate, document and mediate concerns/problems between the CI and the student. Consult with the DCE when problems arise. Communicate and act promptly when problems are identified in terms of a student's potential failure and/or a CI's difficulties in the supervision and evaluation of a student.
- 12. Inform the Centre Director/Manager of the Physical Therapy site of education activities.

4.4 Roles and Responsibilities - Clinical Instructor (CI)

CIs have the right to be supported by the University during clinical internships. CIs may apply for [status only appointments](#) with the Rehabilitation Sciences Sector at the University of Toronto.

Roles

- 1. Provide a clinical and professional model for the student.
- 2. Provide an environment in which the student can expand their theoretical knowledge and practice the application of the physical therapy process.
- 3. Provide guidance and student assessment in the clinical setting on an informal and formal basis.

Responsibilities

- 1. Review of appropriate course material, e.g., course objectives, course outline, assessment forms, policies and procedures.
- 2. Review the student's clinical practice experiences, goals and objectives.
- 3. Orientate the student to the specific internship (as per Guidelines for Orientation of Students).
- 4. Establish supervisory process at the outset of internship in conjunction with the student.

5. Provide assistance in refining the student's learning objectives within the first week of the internship and (if necessary) at midterm.
6. Plan meaningful learning experiences (e.g., opportunities to work with patients, opportunities to work on projects as appropriate).
7. Ensure that charting standards correspond to those established by the site and that all student charting is countersigned.
8. Afford time each day for discussion, feedback and advice.
9. Provide ongoing feedback in a manner that promotes the student's achievement of her/his own objectives and the objectives outlined by the University.
10. Inform the CCCE of any problems concerning the student, so appropriate action can be taken.
11. Provide a midterm evaluation and a final evaluation of the student. Both should be discussed in full with the student.
12. Ensure the student completes the clinical internship self-assessment form for discussion with the CCCE.
13. Review the student evaluations of the clinical internship with the CCCE.
14. Give feedback to CCCE on any recurring clinical or academic concerns for discussion with the University.
15. Ensure they meet the College of Physiotherapists of Ontario [Supervision Standard](#).

4.5 Roles and Responsibilities - Students

Students have the privilege to be provided clinical internships within University of Toronto's catchment and the right to be assessed fairly during clinical internships. If desired, students can also apply to do 2 clinical internships outside of U of T's catchment where one out of catchment internship may be an international internship.

Roles:

1. Maximise the learning opportunities presented to them during the clinical internship.
2. Be an advocate for the University of Toronto MScPT or OIEPB Program.

Responsibilities:

- 1) Review the theoretical and practical material studied to date in preparation for clinical practice and for making wise use of clinical time and resources.
- 2) Complete registration requirements identified by the clinical site.
- 3) Provide proof of mandatory health requirements, CPR/First Aid, and Mask Fit Testing.
- 4) Complete patient care activities and related clinical/administrative responsibilities as specified by the CI.

- 5) Identify her/his own learning needs and the development of learning objectives for each internship (in consultation with the CI).
- 6) Adhere to the site's policies and procedures, particularly the patient's right to privacy and confidentiality, as well as record-keeping policies.
- 7) Adhere to the University of Toronto, Department of Physical Therapy's clinical education policies and procedures.
- 8) Adhere to the [Canadian Physiotherapy Association's Code of Ethical Conduct](#) and Rules of Conduct.
- 9) Adhere to College of Physiotherapist of Ontario's [Standards of Practice](#).
- 10) Complete self-assessment forms and the incorporate feedback received from the CI and team as a basis for altering personal performance.
- 11) Evaluate each clinical internship using the standard form provided by the Department of Physical Therapy, which includes an evaluation of the CCCE, CI, and site (*Appendix A, Student's Evaluation of Clinical Internship Form*).
- 12) Complete all general and specific objectives for each clinical practice course, including personal learning objectives.
- 13) Communicate any concerns regarding the internship to the CI or the CCCE and the DCE/ACCE.

5.0 POLICIES & PROCEDURES GOVERNING CLINICAL PRACTICE

5.1 Preparation for Clinical Supervision

5.1.1 Preparation by the CCCE

To facilitate a smooth internship, we recommend the CCCE schedules a meeting with the CI(s) prior to the student internship, to:

- a) Review the roles and responsibilities of the CI and the CCCE.
- b) Provide the CIs with the appropriate student internship information and highlight the contents. (Suggested information: dates of internship, mid-term and final evaluation dates, evaluation forms and guidelines, internship objectives, University policies and procedures.)
- c) Provide reference lists/articles on learning, supervisory styles and clinical supervision.
- d) Direct the CI to the location of other reference material, e.g., *Handbook for Clinical Supervision*, *Student Clinical Practice Manual*, course compendiums.

Schedule a follow-up meeting with the CI just prior to the student's arrival, to:

- a) Review and discuss the contents of the student internship information and to answer any final questions.
- b) Review various learning and supervisory styles and methods of providing constructive and timely feedback.
- c) Review the University's expectations for the internship and the students—e.g., caseloads, learning objectives, policies and procedures.
- d) Discuss the pre-internship meeting—knowledge base of students, their strengths and weaknesses.

The checklist in *Appendix B* can be used to ensure these essential steps are covered.

5.1.2 Preparation by Clinical Instructors (Self-Directed)

- a) Attend any pre-internship meetings held by the University and/or the CCCE.
- b) Review the roles and responsibilities of the CI.
- c) Review the contents of the student internship package.
- d) Review reference material on learning, supervisory styles and clinical teaching.
- e) Arrange a time for student orientation to the specific service and for discussion of learning/supervisory styles with the student(s).
- f) Organize time daily to accommodate student supervision and feedback.
- g) Begin to organize an appropriate caseload/patient encounters for the student(s).

- h) Consider organizing/arranging other learning opportunities for the student(s) (in conjunction with the CCCE)—e.g., observation of other services, x-ray viewing, surgery.

The checklist in *Appendix C* can be used to ensure these essential steps are covered.

5.2 Orientation for Physical Therapy Students

The importance of an organized orientation for students cannot be over emphasized. The initial exposure the student receives to the site often sets the tone for the ensuing weeks of clinical practice.

The period of preparation and orientation has several objectives:

- a) to provide an overall perspective of the site.
- b) to define the role of physical therapy within the given setting.
- c) to define expectations and roles for the student and the CI.
- d) to provide an opportunity for instruction in necessary safety procedures, i.e., fire and emergency, workplace hazardous materials information system.
- e) to discuss students' and CIs' learning and teaching styles as well as preferred methods of giving and receiving feedback.

The following outline is meant to serve as a guide in preparing an orientation suited to your site. The basic premise is to provide the students with the information they must have and direct them to the resources necessary to supplement this information, all within a framework of welcome.

Suggested Procedure

1. Orientation, which may cover
 - a. reception
 - b. safe space for personal belongings and specific instructions;
 - c. schedule for clinical internship (working hours and days);
 - d. description of site and department, e.g., mission statement, philosophy, objectives and organizational chart;
 - e. pertinent policies and procedures, including medical emergency and fire procedures, workplace hazardous materials information system, health requirements, incidence reporting;
 - f. identification of site/departmental resources and introduction to appropriate staff;
 - g. appropriate communication information, e.g., telephone/pager and fax numbers, message boards, outside calls, e-mail, etc.;
 - h. role or job description of staff physical therapists within the given setting.
 - i. dress code

2. Discussion, which may involve
 - a. expectations of site/students;
 - b. student objectives;
 - c. review of Clinical Practice Manual;
 - d. review of evaluation procedures;
 - e. effective communication, learning styles and feedback;
 - f. regular meetings and attendance expectations for students.
 - g. student presentation date
3. Documentation standards specific to your site. Students are advised that they must abide by the clinical site's policies and procedures.
4. Introduction to appropriate departmental and site personnel
5. Tour of site and department, to include
 - a. resource areas/library
 - b. location of emergency procedure equipment, exits, etc.;
 - c. cafeteria;
 - d. parking - if available and required.

5.2.1 Specific Orientation (carried out by CI)

1. Tour of and orientation to specific service and working area, which may include:
 - a. introduction to specific policies and routines;
 - b. standards, protocols and charting;
 - c. recording of statistics;
 - d. location of treatment and charting areas, equipment and supplies;
 - e. reference sources/library;
 - f. regular meetings and attendance requirements.
2. Introduction to team staff on specific service
3. Discussion and communication with regard to:
 - a. student knowledge level, experience to date, learning objectives and student manual;
 - b. evaluation and feedback;
 - c. supervisory style;
 - d. procedure to follow in the event of student illness.

The above suggestions are drawn from the orientation procedures of many sites. Some CCCEs have found it helpful to compile student manuals or packages covering the information contained in the general orientation. This may be given to the student or kept in a central area, available for reference purposes. In other instances, a check-list can be developed to be signed-off by both the student and the CCCE/CI, ensuring that all facets of the orientation have been covered (see *Appendix D*).

5.3 Clinical Internship Guidelines

5.3.1 Supervision of students

The purpose of supervision is twofold: to ensure safe and effective assessment and treatment of patients and to ensure a directed learning environment. Supervision consists of observation of the student's performance, evaluation of the performance observed, and feedback to the student regarding that performance. Feedback includes positive reinforcement, constructive criticism, and suggestions for improvement.

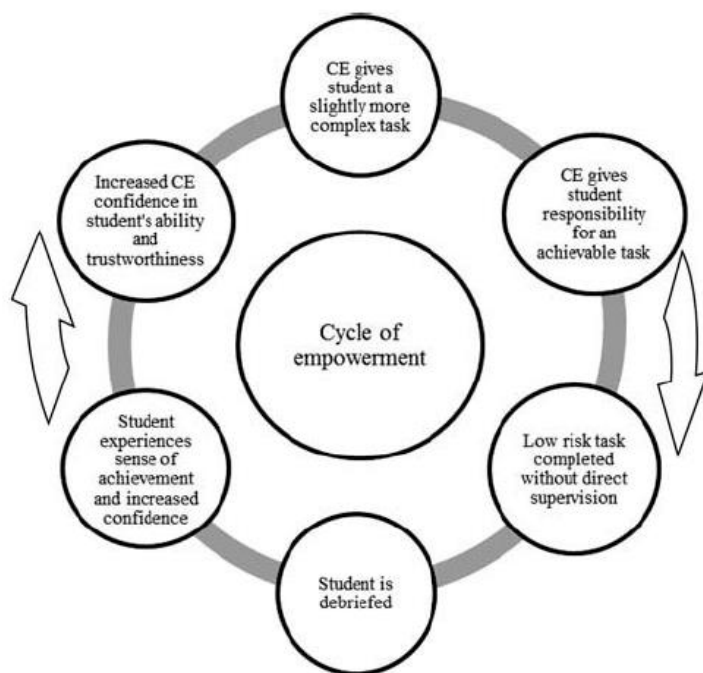
The following are suggestions for supervision:

- 1) If the student has **not** had previous experience in particular cases, the student should if at all possible first observe an assessment and/or treatment performed by the CI.
- 2) Subsequently, the student should perform that assessment/treatment, or a similar one, under the direct observation of the CI.
- 3) The student should offer a self assessment of their performance.
- 4) While observing the student, the CI offers immediate (as possible) feedback regarding the quality of the student's performance. Comments should be relayed to the student away from the patient in order not to compromise the patient/student rapport. Measures to ensure appropriate communication in the presence of patients should be discussed at the outset of the internship.
- 5) Where a procedure is thought to be unsafe, the CI should intervene as necessary, and review and discuss the situation with the student away from the patient. Quite often, however, a CI needs to interrupt an assessment to provide guidance, or to assist in enhancing that student's technical skill. This should be done in a positive way that involves the student while maintaining patient rapport. Rather than stopping an assessment and telling the student, "That is not how you perform that technique," stop the assessment and offer support by suggesting a more effective method based upon your experience, e.g., "I find if you position the patient this way, your assessment

finding is more reliable.” By intervening in this manner, patient confidence is not undermined and student learning occurs in a more non-threatening environment.

- 6) When the CI believes the student's assessment and treatment techniques are safe and effective, the amount of direct supervision may be reduced. Intermittent observation and feedback is continued at the discretion of the CI to ensure assessments and treatments are modified and/or progressed by the student where appropriate.
- 7) The CI and the student may find it helpful to regularly spend time each day organizing and discussing treatment plans and other daily events.

The extent of required supervision will vary depending on the complexity of the condition, level of the student, and the readiness of the student to work independently. Clouder and Adefila (2017) describe the process of supervision as a student moves from a novice learner position through to an entry level physiotherapist. Several factors contribute to the decision for a CI to increase a student's level of responsibility including: student trustworthiness, student confidence and situational risk. Clinical instructor's can facilitate the student learning by assigning them task and responsibilities which fall in the zone of proximal development. The zone of proximal development consists of tasks and responsibilities that are just beyond the student's current level of capability but can be completed with some support from the clinical instructor. Clouder and Adefila (2017) describe the cycle of empowerment where CIs assign more responsibility for an achievable task followed by debriefing. This in-turn results increased student' confidence and the ability to take on a more challenging task.



(Clouder, L., & Adefila, A. (2017). Empowerment of physiotherapy students on placement: The interplay between autonomy, risk, and responsibility. *Physiotherapy theory and practice*, 33(11), 859-868.)

Beck et al (Beck SJ, Youngblood P, Stritter FT. Implementation and evaluation of a new approach to clinical instruction. *Journal of allied health*. 1988 Nov 1;17(4):331-40.) describe the process of supervision as a student moves from a “dependent novice” position through to a “mature and independent” practitioner. During the initial clinical experience, students are at what Beck et al describe as the exposure phase. In this phase the student is a novice in the clinical setting and is dependent on the CI for all aspects of instruction and supervision. The CI sets expectations and plans the learning activity, usually a demonstration of a procedure, and then involves the student by asking questions. The student then receives feedback from the CI on how well questions have been answered. The required amount of future supervision for that particular skill is then altered according to the performance of the student.

When students progress to an intermediate level, they are at what Beck and colleagues describe as the acquisition phase. In this phase the student is more experienced in the clinical setting, and the CI begins to give the student more responsibility for learning by asking the student to participate in planning and evaluating the learning experience. The student is given options in selecting at least a portion of the learning activities. After completing the learning activity, during which the CI provides guidance and supervision, the student is asked to evaluate the work that has been performed. The CI then provides feedback on the student's work and on the student's ability to evaluate that work.

When students reach what Beck et al call the integration stage, the individual student has matured in a particular clinical learning experience. Here they are given greater responsibility for the planning, implementation and evaluation of the learning. The student is asked to participate in the design of the learning activity and the criteria for evaluating the work. The CI responds to the student's suggestions and modifies them when necessary. The degree of supervision at this stage, understandably, is lessened.

It is important to note that each student and each CI has individual working preferences and each site has their own individual opportunities. It is important to discuss learning and teaching preferences, expectations and opportunities specific to each internship to maximize the student's learning opportunity and the CI's teaching opportunities.

In addition, please refer to the [College of Physiotherapists of Ontario Supervision Standard](#).

5.3.2 *Caseload Recommendations*

A caseload should consist of a sufficient variety of patients and size to broaden the student's experience and to develop assessment/treatment skills as well as organizational skills. Caseloads assigned to a student will vary depending on the complexity of the caseload that will allow the

student to maximize their learning opportunity. Appropriate caseloads are important for students to have a rich learning experience, develop efficiency skills and play a role in evaluating the student.

The following serves as a guide in determining the appropriate size of caseload for MScPT students:

Internship 1	1/3 to 1/2 of a typical CI's caseload on that service at that site
Internship 2 and 3	1/2 to 2/3 of a typical CI's caseload on that service at that site
Internship 4	2/3 to 3/4 of a typical CI's caseload on that service at that site
Internship 5	a minimum of 3/4 of a of a typical CI's caseload on that service at that site

There are no standard caseload requirements for learners of the OIEPB Program. It is suggested that the caseload be tailored to match the ability level of the learner.

While educational experiences (such as observation of surgical procedures relevant to patients treated, ward rounds, in-service education, student presentations, etc.) are a valuable adjunct to the student's clinical experience, the majority of the student's experience should be directly involved with patient care.

5.4 Student Clinical Practice Resource Manual (MScPT Program)

The clinical practice manual is designed to provide students with:

1. Information regarding the clinical practice component in the Physical Therapy program;
2. Basic information, policies and procedures governing clinical practice in Physical Therapy;
3. An understanding of the roles and responsibilities of the DCE/ACCE, CCCE, CI, and Student in Clinical Education
4. Data on the evaluation process;
5. Forms for student self-evaluation;
6. Guidelines for establishing learning objectives, and forms for recording learning objectives;
7. An introduction to Problem-Oriented Recording and Chart audits;
8. Information regarding the Workload Measurement System;
9. Forms for recording clinical experience, which will:
 - a. assist students and CIs when planning clinical activities; and
 - b. assist the DCE/ACCE and the Student in planning future clinical internships.

Students are required to keep the information in the manual up-to-date and to take responsibility for setting their own learning objectives (in consultation with the CI). The manual must be taken to clinic and to meetings with the DCE/ACCE.

5.5 Student Confirmation of Clinical Internships

Students are required to confirm their clinical internships by means of a letter addressed to the appropriate CCCE. The following are guidelines provided to the students to prepare the letter.

1. It is to be a business-type letter.
2. The letter can be emailed and should be sent upon confirmation of the internship.
3. The purpose of the letter is:
 - a. To confirm the start date of the internship
 - b. To confirm the dates of the internship
 - c. To confirm the specific clinical internship area of practice
 - d. To outline the student's previous experience
4. Students are expected to include in their letters a short summary of their previous clinical internships, work experiences and any extra-curricular interests/activities of note. Not only does this prepare the CI for the student's arrival, it also makes the initial contact easier. Students are also required to include their student profile with their confirmation letter.
5. Students are encouraged to disclose any accommodation requirements in the letter. This enables the CCCE and CI to work collaboratively with the DCE to implement the appropriate accommodation in collaboration with University of Toronto accessibility services.
6. Students should also request the following information when writing their letter:
 - a. The person and place to report on the first day of the internship.
 - b. The clinical working hours.
 - c. Documentation required on the first day (birth certificate, social insurance card, copy of Health Form, etc.)
7. Students are advised to securely attach a copy of their health form with their letter.
8. Finally, **students are reminded to provide their email and telephone number so that the CCCE can contact them.**

5.6 Clinical Practice Attendance Policy

Students must attend all clinical practice sessions in the Physical Therapy Program. In the event of medical illness, injury, or extenuating circumstances where the student will be absent from their clinical internship, the student is required to inform the CI, the Centre Coordinator for Clinical Education (CCCE) before clinical hours so that patients may be re-assigned. The student is also required to inform the DCE/ACCE of any absences from clinical internships. If, due to illness, a student is unable to attend clinical practice for three or more consecutive days, they must provide the CCCE & DCE/ACCE at the Department of Physical Therapy with a medical

certificate. **Students are required to make up all lost time from clinical experiences.** A lengthy absence may necessitate withdrawal from an internship.

In the exceptionally rare circumstance that there is a necessary and unavoidable absence (i.e. family emergency), the student must request this time off in writing to the DCE as soon as possible. If approved by the DCE, the student may request the time off from the CCCE and CI. **Students are required to make up all lost time from planned absences.**

ALL arrangements for making up time lost from clinical practice are the responsibility of the student with the DCE, CI and CCCE. No student may arrange with his/her CI to make up time lost outside of designated clinical hours unless this has been approved by the CCCE and DCE.

Students are not granted permission to be absent from clinical practice internship hours to attend courses or conferences outside of the clinical site unless clinically relevant to their internship. The student must obtain approval from the DCE, CCCE and CI prior to registering for the course/conference.

5.7 Student Identification

All students are required to identify themselves as Physical Therapy students during the entire course of their clinical internship. Student nametags must be worn at all times in clinical facilities. Students must introduce themselves as PT students to all clients and staff. Written documentation must clearly be signed 'U of T PT student, year 1 Example: *Brenda Mori, U of T PT Student, Year 1.*

5.8 Student Dress Code

Students are informed that being a healthcare professional within the clinical setting carries many responsibilities, including professional dress and behaviour. The dress code exists for the students' safety as a health professionals and the safety of their patients. A dress code policy exists in all clinical facilities and students MUST abide by the policy of the site that they are attending. A student may be sent home from their clinical internship for the day if the site deems her/his dress to be unacceptable. The site may also request that the student complies with the University of Toronto, Department of Physical Therapy dress code policy.

The Department of Physical Therapy Dress Code for all students is as follows:

- Conservative, professional and non revealing attire is expected (e.g. clothes must be neat and ironed; shirts sleeves must be at or longer than the mid-humerus level; shorts and skirts must be knee length). No denim, jeans, track pants, training pants, shirts with logos, sleeveless shirts nor shirts with cap sleeves.

- Flat shoes must be clean and presentable with a closed heel and toe.
- Smooth rings that are not at risk of scratching a patient, a short necklace, watch and small stud earrings may be worn; any other visible cosmetic body piercings are not allowed.
- Hair must be neat and tidy with long hair tied back
- Nails must be short and smooth. Nail polish is not permitted, nor are acrylic and gel overlay nails.
- Makeup should be discreet.
- Chewing gum may not be chewed when in the presence of patients.

5.9 Cell Phone Use

Students are asked to follow the clinical facility's policy and procedures for cell phone use in the clinical environment. Students should not access their cell phones for personal use that is not related to their clinical work. Students must not take any pictures of patients or input any data regarding patients on their personal cell phone.

5.10 Clinical Internship Presentations

The decision on whether a student is expected to carry out a presentation during clinical practice is left to the clinical site. We strongly encourage students to do a presentation for each internship. In the event that a student is expected to perform a presentation, she/he should be informed at the beginning of the internship to allow for preparation time.

Purpose:

To give students assistance in developing skills in the presentation of clinically related material. No numerical value is placed on the presentation. The Student Presentation Evaluation form should be completed and given to the student for constructive feedback following each presentation (*Appendix E, Student Presentation Evaluation Form*).

Objectives:

1. To provide experience in the verbal presentation of information in a clear, concise and meaningful manner.
2. To effectively use audio-visual aids, treatment technique demonstrations, etc., to enhance the presentation.
3. To demonstrate the information-gathering and decision-making process that is an integral part of physical therapy intervention.
4. To facilitate and participate in the post presentation discussion.

The following are some examples of types of presentations:

- a. "Patient presentations," which include a concise history, list of problems and treatment plan with demonstration of a treatment procedure.
- b. In-service presentation on a subject or topic of interest relevant to the peer group and the profession of Physical Therapy. This presentation should be appropriate to the internship.
- c. In-service session for non-physiotherapy staff (aides, nurses, etc.).
- d. Group patient education sessions.

5.11 Concerns Related to Performance in Clinical Courses

A clinical education course is treated in the same manner as an in-school course. Therefore, the academic policies regarding Promotions and Failures apply to clinical education courses.

Procedures

In the event that a student is having difficulty or may possibly fail (deemed as 'no credit' on the Canadian Physiotherapy Assessment of Clinical Performance, ACP) a clinical internship, the DCE is contacted immediately and before midterm when possible.

1. CI/CCCE and/or student contacts the DCE/ACCE.
2. CI provides student with documentation of behaviours that indicate potential failure (in consultation with the CCCE).
3. DCE/ACCE meets with student, CI, and CCCE where deemed necessary, to identify problems. Specific objectives and strategies to address these areas are outlined by the DCE/ACCE, CCCE and/or CI, taking into consideration the general objectives of the clinical practice unit, performance standards and the student's specific learning objectives.
4. DCE/ACCE maintains weekly contact with the CI, the CCCE and student to monitor the student's performance.
5. DCE/ACCE may attend the mid-term, final and any interim evaluations as necessary.

If the failure is identified by the CI at a time that is too late to implement remedial strategies, the CI will document:

- a. reasons that precluded the CI from noting the problems earlier in the internship;
and/or
- b. new behaviours/problems that indicated failure late in the internship.

Please view the Communication Flow Diagrams below and additional flow diagrams in *Appendix F* when there are student performance red flag concerns, and student concerns with CI performance.

Note: Students encountering personal difficulties that may affect their performance in the program should consult with the Graduate Coordinator of the Department of Physical Therapy as early as possible.

5.12 MScPT Policy on Failure in Clinical Practice

1. A student must obtain credit in each clinical practice unit and any designated component of the unit.
2. Satisfactory completion of the clinical unit is required to advance to the following clinical units.
3. A student who has failed a clinical internship will be reviewed by the Department's Evaluation and Awards Committee.
4. The University, through the Department of Physical Therapy, is responsible for the final decision regarding pass/fail of a student, which is based on a consideration of all records.

Should a student fail a clinical internship, the process regarding Examinations, Grading, Promotions and Failures included in the MScPT Graduate Student Handbook will be followed.

Students who fail more than one clinical internship during the course of the program will have their performance reviewed by the Department of Physical Therapy's Evaluation, Awards Committee and may be terminated from the program.

5.13 Policy on Student Pregnancy and Clinical Internships

Students who are pregnant during their course of study are required to inform the DCE/ACCE prior to the arrangement of any clinical internship. This information must be provided to the DCE/ACCE in the form of a letter from the student's physician indicating the **expected date of delivery**. The site to which the student is assigned will subsequently be informed and the student must abide by the rules and regulations of the assigned site.

Internship selection and assignment will be made at the discretion of the DCE/ACCE and the physiotherapy student through a process of mutual discussion and agreement. In the event that the student's date of delivery is expected to occur within the time of the scheduled internship, alternate internship times will be negotiated and arranged by the DCE/ACCE.

5.14 Standards of Professional Behaviour

Within the Physical Therapy program, students are involved in training in ethics and the engaging of the students in the profession and practice of physical therapy under supervision. At all times, students will adhere to the Standards of Ethical Behaviour for the Profession of Physical Therapy (please refer to the [*CPA Code of Ethical Conduct*](#)). Their professional activities will be characterized by honesty, integrity, conscientiousness and reliability.

Students will recognize that their involvement in the health care system may put them in positions of power with clients. Students must not take advantage of this position to advocate for their personal gain, values or beliefs.

The official policy can be viewed on the Faculty of Medicine Website - [Standards of Professional Practice Behaviour for all Health Professional Students](#).

<http://www.governingcouncil.utoronto.ca:80/policies/ProBehaviourHealthProStu.htm>

5.15 Untoward Incidents During Clinical Practice

Every clinical exposure carries with it some element of risk. Hence, students are responsible for ensuring that they are familiar with all safety policies and procedures of the site to which they are assigned. Any untoward incident involving patients or the students shall be reported immediately to the Head of the Department of the clinical site. A written report shall be completed per the requirements of the site and the DCE/ACCE shall be notified of any such incident. Reporting policies for sites covered under Workplace Safety & Insurance Board can be found in *Appendix G*.

The Province of Ontario requires that students placed in a facility that is not covered by the Workplace Safety & Insurance Board be covered by an accident insurance plan underwritten by Ace Ina Insurance Company. Prior to commencement of the internship, the student and the facility involved are required to complete the accident coverage form and return to the University of Toronto. Information and forms are available from the DCE/ACCE in the Department of Physical Therapy. Please see *Appendix G* for details.

In the event that the incident results in an injury that precludes the student from completing their internship, arrangements will be made to have the student complete the internship upon recovering from the injury. In this instance, a medical certificate indicating that the student has recovered would be required before returning to clinic.

The same procedures for reporting should be carried out if the student is injured during the course of an active clinical exposure (ACE) session.

5.16 Access to Student Academic Records

Definition

Student academic records refer to information relating to a student's admission to, and academic performance at, the University of Toronto. The “official student academic record” contains the clinical evaluation forms that have been used to judge a student's performance in clinical education courses.

Access to Student Academic Records by Others

Any information contained in the academic record of a student shall be released to other persons and agencies only with the student's prior expressed written consent, or on the presentation of a court order, or in accordance with the requirements of professional licensing or certification bodies of the Ministry of Colleges and Universities for an annual enrolment audit, or otherwise under compulsion of law. Therefore, the CCCE must obtain consent from the student to keep a copy of the student's evaluation.

Academic records are normally under the custodial responsibility of the Academic Division and shall be kept at all times under appropriate security. These records are ultimately the property of the University.

Where clinical evaluation forms are under the custodial responsibility of hospitals and treatment centres providing clinical education, the Academic Division will advise these centres of this policy and related security issues.

The Authorization for Release of Student Information can be found in *Appendix H*.

5.17 University Policy on Sexual Harassment

The following information is an excerpt from the University of Toronto's Policy and Procedures: Sexual Harassment (November 25, 1997). Facilities with their own Sexual Harassment Policy and Procedures are encouraged to forward these to the University of Toronto's Sexual Harassment 215 Huron Street, 6th Floor, Suite 603. The University [Policy on Sexual Harassment](#) can be viewed on the Faculty of Medicine website:

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppnov251997.pdf>

5.18 Requirements for Clinical Internships – First Aid and CPR

Upon registration and prior to the commencement of their first clinical encounter, students are required to provide a copy of a valid certificate in First Aid and CPR at the Basic Rescuer level.

Annual re-certification of CPR is required by the Department of PT at U of T. A copy of the certificate as evidence of the certification/re-certification must be submitted to the Departmental office no later than August 31 each year while enrolled in the program. Failure to do so will result in the cancellation of the internship. The student is responsible for the expense of these courses.

5.19 Requirements for Clinical Internships - Health Requirements

In certain patient-care settings or institutions where students are assigned for clinical units, documentary proof of a current Tuberculin Test and/or negative chest x-ray, as well as proof of current immunization against specific diseases, may be required. Please be aware that some sites (for example paediatric sites, long term care sites) require all staff to receive the influenza vaccine. As a student in such an environment, you are required to produce evidence of your vaccination. In addition, special requirements regarding infection control may be required.

Note: All students are expected to keep a copy of their health record as clinical sites may request proof of immunization. It will be the responsibility of the student to submit a copy of their immunization record to the facility with their confirmation letter.

The specific health requirements for registration:

For Admission

The following must be sent to the Department of Physical Therapy by the date of registration of the year in which the student is to enrol:

- 1) A report, completed by a physician on Side B of the form provided (*Appendix I, Health Form*), indicating a negative result for a two-step mantoux tuberculin test, as well as current immunization against rubella, tetanus, diphtheria, poliomyelitis, measles, mumps and hepatitis B.
- 2) A medical record, completed by the student on Side A of the form provided (*Appendix I, Health Form*).

If an applicant has a disability, that applicant is encouraged to come for an exploratory interview with the Program Director to see what accommodations can be made.

During the Program

- 1) Evidence of the results of a negative tuberculin test (and if that is positive, a chest x-ray report) within one month prior to registration is required.
- 2) Students are responsible for maintaining immunization throughout the program.

- 3) Students must retain a photocopy of their health record form, as this may be required for presentation at clinical site assignments.

5.20 Requirements for Clinical Internships – Infection Control

All students complete an education module on handwashing prior to registration to the program. The Ministry of Health and Long Term Care & Department of Physical Therapy strongly recommend the vaccines as per public health guidelines (e.g., influenza, COVID). Clinical facilities strongly encourage all staff and students to receive the influenza vaccine. If there is an outbreak and the student is not vaccinated, they may be: redeployed by the site or when appropriate dismissed from the clinical site for the safety of the student and patients. If students are unable to achieve the objectives of the internship, they will have to repeat the clinical internship which may delay graduation and be associated with increased fees.

Requirements for Clinical Internships – Criminal Record Checks

Increasingly, some sites (for example school boards, community care agencies, hospitals) require that employees, including students, have a completed criminal record check prior to the start of the clinical internship. Students assigned to placements at these locations will be required to complete and submit the results of a Basic or Vulnerable Persons Criminal Record Check, at their own expense. Students will be informed by the Department of Physical Therapy if this check is necessary prior to the beginning of the placement. Please note that failure to obtain a satisfactory police record check may result in an alternate or delayed placement and may affect the graduation date. You may wish to obtain two original copies of your report so that you have one for your own records.

5.21 Requirements for Clinical Internships – Mask Fit Testing

Healthcare providers adopt infection control procedures including the wearing of personal protective equipment. One of the key pieces of personal protective equipment is a properly fit tested mask. The Ministry of Health has developed directives for health care professionals to wear an approved respirator/mask when droplet protection (as in the cases of SARS and H1N1) is required. In order to protect the health and safety of health care students, patients and the health care team, the use of N95 respirators may be required if there is evidence of potential exposure to airborne infectious agents or chemicals.

As part of a student's clinical education criteria, mask fit testing and an annual education session is **mandatory** for all students. The Rehabilitation Sciences Sector has arranged mask fit testing for all MScPT students. Fit test data must be updated every 18 months – two years or when facial characteristics change due to weight gain/loss or facial trauma. For an adequate mask-to-face seal learners must be clean shaven at the time of the mask fitting.

Accommodation requests should be directed to the ACCE and will be considered on a case-by-case basis.

All students will receive a memorandum from the Student Liaison Officer regarding the education session and mask fit-testing. Students will be provided with principal documents regarding the policies and procedures for completing your education session and mask fit-testing. In addition, all students will receive notification regarding the date, time and room number of the education session and the mask fit testing at 500 University Avenue. No additional fees are required. Students are required to bring their mask fit testing card with them to all clinical internships placements.

Important Notice: Failure to attend the scheduled date and time of the education session and mask fit testing in your respective department, will result in the student to taking *full responsibility* for making alternative mask fit testing arrangements and paying the required mask fit testing fee at a private clinic (approximately \$40).

5.22 Requirements for Clinical Internships – Student Safety Training

The Ontario's Occupational Health and Safety Act (OHSA) requires health and safety awareness training for every worker and supervisor. Under Bill 18, students completing an unpaid work term are now considered employees and need to complete Health and Safety Education Modules. Students in the Department of Physical Therapy are required to complete the following online education modules prior to registration in year 1. In addition, students may be obligated to complete site specific training as part of the onboarding process.

1. Toronto Academic Health Science Network Education Committee eLearning Modules:

<http://www.tahsn.ca/Collaborative+Projects+and+Initiatives.aspx>

- a. Hand Hygiene Module
- b. Workplace Hazardous Materials Information System (WHMIS) Module
- c. Workplace Violence and Harassment Module
- d. Confidentiality and Privacy Module

2. Occupational Health and Safety Awareness Training - The following module is available through the Ontario Ministry of Labour.

<http://www.labour.gov.on.ca/english/hs/elearn/worker/index.php>

3. Accessibility for Ontarians with Disabilities Act (AODA) - The following module is available from the Ontario Human Rights Commission. Parts 1 – 5 of the module must be completed, including quiz after each Part. <http://www.ohrc.on.ca/en/learning/working-together-code-and-aoda>

4. Infection Control Reading – Students are required to read the following from the College of Physiotherapist of Ontario: Infection Control and Equipment Maintenance Standard as well as review the listed resources. <https://www.collegept.org/rules-and-resources/infection-control-equipment-maintenance>

5.23 Status-Only, Adjunct and Cross-Appointments Policy and Procedures

The Rehabilitation Sciences Sector of the Faculty of Medicine, University of Toronto consists of the Department of Occupational Science and Occupational Therapy (OS&OT), Department of Physical Therapy (PT), Department of Speech-Language Pathology (SLP) and the Rehabilitation Sciences Institute (RSI).

The academic goals of the Rehabilitation Sciences Sector cannot be met without the participation of talented individuals from many institutions and agencies outside of the university. The aim of Status-Only and Adjunct Appointments is to recognize the participation of highly qualified and dedicated researchers, practitioners and members of the community in the academic and clinical education components of the programs. These appointees augment the efforts and expertise of the full-time departmental faculty.

The Faculty of Medicine Academic Appointment website includes the Rehabilitation Sciences Sector Guidelines and our online application for status-only lecturer and adjunct lecturer appointments.

We invite you to visit the website, <http://www.physicaltherapy.utoronto.ca/our-community/faculty-staff/status/how-to-apply> to review the official Guidelines as it will provide you with principal information regarding appointments, renewal, policy, the privileges that your appointment brings to you and application information.

6.0 ADMINISTRATIVE PROCEDURES FOR THE CLINICAL COORDINATOR OF CLINICAL EDUCATION

6.1 Clinical Coordinators Internship Planning Schedule

Following is an outline of when our students are scheduled for their clinical internships.

MScPT Year of Study	Dates	Unit	Specialty	Previous Clinical Experience
Year 1	June/July (6 weeks)	Unit 5	Any practice area	0 weeks
Year 2	Sept – Oct (6 weeks) Nov – Dec (6 weeks)	Unit 8, 9	Any practice area	6 weeks 12 weeks
Year 2	April - May (6 weeks)	Unit 12	Any practice area	18 weeks
Year 2	July- Aug (6 weeks)	Unit 14	Any practice area	24 weeks

*At least one internship in April-May and July – August in year 2 will be in an outpatient musculoskeletal setting.

6.2 Creative Ways of Structuring and Developing Internships

The current shortage of clinical internships for physical therapy students has resulted in CCCEs having to be more creative in developing strategies that use all their available resources and still provide students with an appropriate learning environment.

Presently, there is an increased demand for clinical internships at a time when we are experiencing staff shortages, hospital reorganizations, increasing enrolments and ever expanding workloads. While, traditionally, the practice has been to utilize full-time staff in a one-to-one instructor/student ratio, there are many other combinations of supervision.

The key to being creative in developing clinical internships is to be organized, flexible and adaptable. Initially it takes time to plan and develop new strategies. The DCE/ACCE can be instrumental in assisting in the development of new clinical supervision strategies. Once these new strategies are in place, however, they can be used on a regular basis in future internships.

The following are a few ideas for structuring innovative clinical supervision strategies:

Creative supervision models:

- Four to two (4:2) - four students to two instructors
- Three to two (3:2) - three students to two instructors
- Two to one (2:1) - two students to one instructor
- One to two (1:2) - one student to two instructors (This can be two part-time or job-sharing staff and is often termed a “split internship.”)

- e.g., student spends half of the internship with one therapist and the other half with another therapist.
- e.g., the student may be assigned to one therapist four days per week if the programme only runs for that duration. The final day can be spent with another therapist, in a different program, or with another professional.

Additional information on these two models can be found in, “A Manual for Clinical Instructors, The 2:1 Teaching Model in Clinical Education,” Ladyschewsky, R., Healey, E., Department of Physical Therapy, University of Toronto. In addition, the Clinical Education Team at the University of Toronto will host workshops on collaborative learning models (4:2, 3:2, 2:1).

Creative non-traditional internships such as: Research positions or administrative positions.

Flexible hours: Utilize flexible work hours for staff and students (e.g., four-day work week 0800 - 1800 hours, Monday to Thursday, Friday off; or 1300 - 2000 hours, two days per week in order to utilize evening staff in student supervision.)

6.3 Departmental Placement/Affiliation Agreement

The Governing Council, University of Toronto, requires that a formal agreement exists between the Department of Physical Therapy and all clinical facilities involved in clinical instruction of physical therapy students.

The purpose of the agreement is to specify in writing the terms of the clinical teaching relationship between the ‘Clinical Facility’, the Department of Physical Therapy and the University of Toronto. The Placement Agreement outlines the academic and clinical components in support of a student’s professional placement experience. The Agreement also outlines the University's responsibility for maintaining adequate malpractice and liability insurance for the actions of its Physical Therapy students while in the clinical setting.

Placement Agreements are enacted by the Chair of the Department with each facility not already covered by an Affiliation Agreement, with the University of Toronto Affiliation Agreements. The Agreement is effective the 1st day of each year for a period of one year, three years, or five years. The time period of the agreement is selected by the individual site.

Both copies are signed by the Chair of the Department of Physical Therapy and sent to the Chief Executive Officer of the site, who (or a representative with legal signing authority) signs and completes both copies. One copy is maintained by the clinical facility site, while the other copy is returned to the Administrative Assistant, Clinical Affairs, Rehabilitation Sciences Sector, at the University of Toronto.

An affiliation with the University of Toronto does not preclude a facility from signing an agreement with another educational program.

A Sample Copy of the Department of Physical Therapy Agreement can be found in *Appendix J*.

6.4 Workplace Safety & Insurance Board (WSIB)

Policies covering students on unpaid work internships were implemented by the WSIB. This coverage, funded by the Ministry of Colleges and Universities, covers physical therapy students while they are undertaking a clinical internship in Ontario, as long as they are students completing clinical work that constitutes a degree requirement.

Should a student be injured during the clinical internship, please contact the Director of Clinical Education for the forms that must be completed.

6.5 Active Clinical Exposures (ACE)

The **purpose** of the active clinical exposure sessions in year one of the MScPT program is to provide students with early exposure to a broad range of clinical and healthcare settings in which physiotherapists work. These sessions are intended to provide students with a rich context for their academic learning where students can reflect on and apply the theoretical concepts learned in authentic healthcare settings. For example, while the clinical skills lab sessions within the curriculum support students in learning the technical aspects of clinical practice, the focus of the clinical exposure sessions will help students understand the broader context of clinical practice beyond technical skills. Thus, the ACE sessions provide unique opportunities for students to observe how theory and practice are aligned, and potentially participate in physiotherapy clinical care within authentic health care settings

The **goal** of these sessions is to expose students to a variety of client/patient populations and healthcare environments without asking the ACE clinical instructor to alter their schedule or caseload in any way. ACE sessions provide students with learning opportunities that require students to be actively engaged in the session through direct interaction with patients and/or a health professional (e.g. physical therapist or healthcare team member).

All students are therefore not expected to acquire the same active clinical exposure experience. Students are not expected to encounter the same types of patients or tasks, to be exposed to the same environment, nor will students be learning precisely the same things, or to the same degree as their peers. However, it is expected that all students will achieve the same learning objectives after completing the ACE sessions.

For the ACE sessions, students are **expected** to:

1. Demonstrate professionalism at all ACE sessions, including attendance, punctuality and appropriate dress.
2. Adhere to policies and procedures of the assigned healthcare facility.
3. Remain open to feedback from clinical staff, peers and patients.
4. Communicate in a professional and appropriate manner with patients, families, peers, clinical staff and other inter-professional healthcare team members.
5. Be a self-directed learner by reviewing material taught in lectures and labs, asking relevant questions, and participating in patient care as appropriate.

ACE sessions are organized by CCCEs, in conjunction with the DCE/ACCE.

The brief online assessment of the student's performance during ACE sessions are designed based on the learning objectives. Students will be assessed by the supervising clinical instructor once during unit 1, twice during unit 2, once during unit 3 and once during unit 4. The department will send a reminder and link to the brief assessment form to the site.

6.6 Internship Offer Forms

Each clinical facility is sent an invitation to submit clinical internship offers three times annually. We ask that sites submit internship offers electronically on our website:

<https://app.rehab.utoronto.ca/ptinternshipoffer/>

When submitting an offer, please enter a brief summary of the internship offer, the area of practice, model of supervision (e.g., 2 students to 1 CI), the CI's name and email address and any additional information.

6.7 Educational Resources for the CCCEs and the CIs

A variety of audiovisual materials is available for CCCEs and CIs for in-house continuing education activities. These materials can be reserved by calling the DCE/ACCE who will then arrange to have the materials forwarded to your facility.

6.8 Risk Management Strategies for Facilities

Sites must be prepared to minimize any risks to their clients during the provision of patient care and to their staff. Many sites and departments already have comprehensive quality assurance and risk management programmes. The following strategies should be taken into consideration and integrated with more formal programmes in order to minimize potential legal risks to the student, your site and the University:

- (1) Do not assign students to physical therapists who refuse to accept students. Only assign students to CIs who are committed to having students. Not only does this ensure a more positive learning outcome, it also provides some assurance that the student will be treated fairly and with adequate supervision.

If physical therapists increasingly refuse to accept students, yet the facility is committed to student education, perhaps more stringent job descriptions or statement of purposes need to be developed to demonstrate the commitment to clinical teaching.

- (2) Review staff job descriptions and organizational reporting structures. Ensure that student supervision and guidelines concerning supervisory qualifications as per the College of Physiotherapists and the clinical facility are enforced. IT is suggested that new clinical instructors and especially those with less than one year of experience, receive mentorship in supervising students.
- (3) Review the clinical supervisory performance of your CIs. Remediate any poor clinical role models.
- (4) Utilize the formal policies and procedures established by the University to evaluate students.
- (5) Review the pre-internship information prior to the arrival of the student, e.g., course compendiums, clinical course outlines, evaluation forms, supervisory manuals, clinical policies and procedures, student's confirmation letter and clinical practice manual.
- (6) Ensure that the student receives an adequate orientation and is familiar with the rules and regulations, policies and procedures of your site/department.
- (7) Document any concerns or issues that arise during the student's internship in an objective manner.

- (8) Ensure that your clinical affiliation agreement is up-to-date and returned to the University within the required deadline. Ensure that students from other University programmes provide you with an affiliation agreement with clear terms of liability insurance protection delineated in the contract.
- (9) Ensure that the students are always wearing a name tag, identifying themselves as students. Insist that the students introduce themselves to their patients as physical therapy students.
- (10) Never let original patient notes out of the department and ensure that the patient's chart is available to the student when treating a patient.
- (11) Ensure that the student's notes are always co-signed by the CI in a timely manner
- (12) If a student is performing at a sub-standard level, inform the DCE/ACCE as soon as possible. Keep the DCE/ACCE informed of any other problems.
- (13) Review the Student's Evaluation of the Clinical Internship Forms and follow up on any concerns. Incorporate a clinical education quality assurance report into your overall department's Quality Assurance Programme. Provide a copy of the results to the University.
- (14) Listen to student concerns.

6.9 Canadian University Internship Requests in the U of T Catchment Area

Physical Therapy students from other Canadian physical therapy programs may request an internship in the University of Toronto's catchment area. These requests are directed to the University of Toronto's Physical Therapy DCE/ACCE by the Clinical Coordinator of the other Canadian Universities.

Internships may occur any time during the year. Internship periods may be four, five or six weeks or more in length, depending on the academic programme making the request. *Canadian Physical Therapy students making direct requests to clinical sites in the University of Toronto catchment area should be referred back to their Program's Clinical Coordinator.*

6.10 International Students Seeking Internship in the U of T Catchment Area

The University of Toronto, Department of Physical Therapy Clinical Education team arranges all international internships. This is in accordance with a [National policy](#) regarding out of catchment internships. This procedure is posted on the [Canadian Council of Physiotherapy University Programs](#) website.

Please direct all International student requests to the Director of Clinical Education at the Department of PT.

The following guidelines are meant to assist sites in planning for a foreign student internship.

Facilities are asked to prioritize physiotherapy students from the University of Toronto and other Canadian PT programs before considering students from international physiotherapy schools. Facilities receiving requests from foreign undergraduate students during scheduled clinical internship training periods should forward these requests to the DCE/ACCE, University of Toronto. Hopefully, this will minimise the time involved by the clinical facility and allow the DCE/ACCE to ensure the students are from quality physical therapy programs.

The DCE/ACCE will contact the student's program and request specific documentation concerning the program and student. This information is useful in determining the type of internship offered and the extent of supervision that may be required.

If the specific facility is interested in accommodating the student and it does not conflict with University of Toronto or other Canadian university internships, the necessary arrangements will be put into place.

If the facility is unable to accommodate the student, alternative arrangements will be made with another facility if possible.

Liability Insurance

Facilities should ensure that students obtain liability protection insurance prior to arriving for their internship. This can be obtained through the Canadian Physiotherapy Association Insurance program. Facilities should also ensure that these students have met all Canadian entry requirements.

7.0 THE CLINICAL LEARNING EXPERIENCE

7.1 Planning for the Clinical Learning Experience

The plan for a clinical learning experience must integrate progressive levels of responsibility and specific competency-based content areas.

The instructional design process incorporates four key elements:

1. **Identify expectations and objectives of the learning experience.** The process of establishing realistic expectations and objectives involves identifying **what** you want the learner to demonstrate, with **which patients** and with **how much independence**.
2. **Establish means to evaluate the achievement of these objectives.** To identify the means to evaluate achievement of the objective, we must answer the question, “How will it look, sound, feel if the learner is achieving this objective?”
3. **Design learning activities to meet the objectives.** There are three principles to follow in the design of learning activities:
 - a. Assess learner readiness for the required level of responsibility.
 - b. Select appropriate patients and complexity of tasks required.
 - c. Identify a progression of learner performance in these activities.
4. **Evaluate the effectiveness of the learning experience and revise as necessary.** This evaluation requires the learner and CI to assess learner performance in achieving the objectives. What criteria can you identify if objectives were not achieved? This feedback is essential for learner development. The revision of the learning experience might involve adding supplementary experiences, including more instructor observation and feedback or identifying materials for learner self-study.

7.2 Clinical Teaching Tips

1. Have students prepare ahead for clinical activities.
2. Save time by having students self-evaluate their readiness to progress with a more advanced clinical skill.
3. Have students keep a list of questions for daily discussion.
4. Emphasize the development of **sound basic clinical skills—e.g., assessment, handling, interviewing and communication skills, treatment skills**. The CI's role is to assist students in applying the academic content learned to date to the clinical situation. It is not the CI's responsibility to teach students high level clinical skills that are normally acquired through years of experience and continuing post-graduate education.
5. Be a supporter—help students to be successful.
6. When assessing students' readiness to perform a skill:

- a. ask questions to assess students' baseline knowledge
 - b. observe
 - c. ask students for self-assessments of their performance
7. Start with less complex patients and progress to more complex ones.

7.3 Developing Learning Objectives

A learning objective (or contract) is a document, drawn up by a student, which specifies what the student will learn, how this will be accomplished, within what period of time, and what the criteria of evaluation will be. The objectives and their outcomes form part of the evaluation process and are taken into consideration when decisions about overall performance are being made. *Appendix K* includes blank learning objective forms, some good examples and poor examples. Encourage your students to use the SMART rule when writing learning objectives.

Specific

Measurable

Achievable

Realistic

Time Limited

Every student, after a period of orientation to the clinical site and specific internship (three to four days), is expected to develop learning objectives. It is recommended that only one to three objectives be identified and focused on by the student.

Additional objectives may be developed following the mid-term evaluation incorporating the identified areas needing improvement.

The CI assists the student in refining the objectives, specifically to ensure appropriate patients and resources are available, to identify additional resources and to ensure the requested time commitment of the Instructor is realistic.

The objectives should be referred to throughout the internship, particularly at mid-term and final evaluation, by both the student and the CI and may be renegotiated at any point during the internship if necessary.

Every student assumes responsibility for the learning objectives and initiative for achieving the objectives.

Many advantages have been cited by students and CIs in structuring the learning environment at the outset. Several of these advantages are listed below.

1. As learning objectives are self-determined, the student becomes an **active participant** in the learning process. This provides **motivation**. Since learning is self-directed, the retention of information is enhanced through personal interest. Rewards are internal and specific to the student with the desire to learn focused towards personal and professional growth.
2. The CI's attention focuses on student learning and on the student's strengths and weaknesses. Learning objectives provide **direction to the internship**.
3. Learning objectives enable the CI to structure feedback directly to the student. Feedback is based upon the identified learning goals established by the student.
4. The relationship and **communication** between the CI and the student is enhanced because they have a personal agreement for learning which is discussed at the beginning of the internship.
5. Students acquire the **ability to evaluate** their own strengths and weaknesses, to determine their learning needs, and to learn to meet those needs.

Six steps are identified for the development of learning objectives.

STEP 1. Diagnose Your Learning Needs

A learning need is the gap between where students are **NOW** and where they **WANT TO BE** in regard to a particular set of competencies (ability to do something at some level of proficiency). A learning need is usually based on previous evaluations and the ability to self-evaluate. Encourage your students to ask:

What knowledge and skills do I already have?

What knowledge and skills do I need?

What knowledge and skills would I like to learn here?

Present Level  Desired Level

STEP 2. Specify Your Learning Objectives

Learning needs are stated in terms of a behavioural outcome—an objective (i.e., what you want to learn). The learning objectives must be clear, understandable, realistic, measurable and describe what students propose to learn.

STEP 3. Specify Learning Resources and Strategies

The way or “how” students propose to go about accomplishing objectives must be described. The resource materials—human and otherwise—that students plan to use in their clinical experience

and the strategies—techniques, tools—they will employ in making use of them must be reasonable, appropriate and efficient. Encourage your students to ask:

Will this really help accomplish the objective?

Is the resource available?

Is the resource current?

Are there other, perhaps better resources available here?

How much skill/time is required to use this resource?

STEP 4. Specify the Method of Evaluation

The objectives must indicate by what means students' ongoing performance and ultimate achievement of their objectives will be evaluated. "Who" will perform this evaluation must be stated.

STEP 5. Specify Criteria for Evaluation

The specific criteria (or aspects of the student's performance) that will be used to judge the accomplishment of objectives must be specified.

STEP 6. Review Learning Objectives

Every step in developing the objectives must be reviewed to ensure that they are clear, understandable and realistic, and that they describe what the students propose to learn.

7.4 6.4 Giving and Receiving Feedback

Feedback is a report of specific, observable actions of others without making accusations or generalizations about their motives, personality or character traits. It is specific and descriptive.

Effective feedback is information that:

- Can be heard by the receiver (as evidenced by the fact that they does not get defensive)
- Keeps the relationship intact, open and healthy (though not devoid of conflict or disappointment)
- Validates the feedback process in future interactions (rather than avoiding it because 'last time it hurt so much')
- Comes as soon as appropriate after the behaviour

- Is "owned" by the sender who uses "I messages" and takes responsibility for his or her thoughts, feelings, reactions
- Includes the sender's real feelings about the behaviour insofar as they are relevant to the feedback (e.g. "I get frustrated when I'm trying to make a point and you keep finishing my sentences")

Ineffective feedback is information that:

- Uses evaluative or judgemental statements (e.g. "you're being rude") or generalized ones (e.g. "you're trying to control the conversation")
- Is delayed, saved up, and "dumped"
- Feelings are concealed, denied, misrepresented, distorted

Feedback is most useful when it is:

1. Specific—provide examples
2. Positive
3. Useful—can the comments be acted upon in a realistic timeframe. Feedback should be directed towards behaviours you can do something about.
4. Supportive
5. Given privately
6. Based on first-hand information and is a clear report of the facts.
7. Fair
8. Honest
9. Immediate—this makes the feedback more meaningful and relevant to the situation.
10. Focussed on behaviour—be descriptive when providing feedback, e.g., "keep your back straight and your knees bent when lifting a patient," vs., "that was a lousy lift."

Feedback is least useful when it is:

1. Global—general, non-specific feedback usually raises people's defences and is of very little use.
2. Negative—with no ideas for changing the behaviour
3. Impossible to change the situation.
4. Judgemental
5. Given in front of others.
6. Hearsay or speculative.
7. Based on only one incident.
8. Used to protect feelings or egos.
9. Delayed.
10. A personality attack.

7.5 Practical Tips for Giving and Receiving Feedback

Timing

The receiver should be ready for feedback, otherwise, it is subject to misinterpretation. *Example*, don't start criticizing on the first day. Take some time to get to know the person. Establish that trusting relationship first.

Amount

Never give too much feedback since it is impossible to think and act about how one can alter behaviour if one is given too many facts to consider. *Example*, ask the student if you are overloading them with feedback or information. If necessary, have the student make a list of things requiring action and assist the student in prioritizing those essential elements in need of immediate remedy.

Paraphrase

Always give the receiver of the feedback an opportunity to paraphrase or comment on the feedback in order to ensure they understood the purpose of your statement(s). This ensures that both parties agree with the terms of the feedback.

Ask

Ask the student if feedback is required and encourage the student to ask for it whenever she/he feel more guidance is required. *Example*, student to CI, "I thought I did that subjective assessment rather well for my second time, but I still feel I am having difficulty keeping the patient on track. Do you have any ideas?"

Sharing

Invite the student to share reactions to your feedback so you can determine whether the information is helpful to the student. Use the feedback from the student to enhance the specific learning relationship.

7.6 Aids for Giving and Receiving Feedback

Some of the most important data we can receive from others (or give to others) consist of feedback related to our behaviour. Such feedback can provide learning opportunities for each of us if we can use the reactions of others as a mirror for observing the consequences of our behaviour. Such personal data feedback helps to make us more aware of what we do and how we

do it, thus increasing our ability to modify and change our behaviour and to become more effective in our interactions with others.

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

1. **Focus feedback on behaviour rather than the person.** It is important that we refer to what a person does rather than comment on what we imagine he is. This focus on behaviour further implies that we use adverbs (which relate to qualities) when referring to a person. Thus we might say a person “talked considerably in this meeting,” rather than that this person “is a loudmouth.” When we talk in terms of “personality traits” it implies inherited, constant qualities difficult, if not impossible, to change. Focusing on behaviour implies that it is something related to a specific situation that might be changed. It is less threatening to a person to hear comments about his behaviour than his “traits.”
2. **Focus feedback on observations rather than inferences.** Observations refer to what we can see or hear in the behaviour of another person, while inferences refer interpretations and conclusions that we make from what we see or hear. In a sense, inferences or conclusions about a person contaminate our observations, thus clouding the feedback for another person. When inferences or conclusions are shared and it may be valuable to have this data, it is important that they be so identified.
3. **Focus feedback on descriptions rather than judgement.** The effort to describe represents a process for reporting what occurred, while judgement refers to an evaluation in terms of good or bad, right or wrong, nice or not nice. The judgements arise out of a personal frame of reference of values, whereas description represents neutral (as far as possible) reporting.
4. **Focus feedback on descriptions of behaviour that are in terms of “more or less,” rather than in terms of “either-or.”** The “more or less” terminology implies a continuum on which any behaviour may fall, stressing quantity, which is objective and meaningful, rather than quality, which is subjective and judgemental. Thus, participation of a person may fall on the continuum. Not to think in terms of “more or less” (i.e., a continuum) is to trap ourselves into thinking in categories, which may then represent serious distortions of reality.
5. **Focus feedback on behaviour related to a specific situation,** preferably to the “here and now,” rather than to behaviour in the abstract, placing it in the “there and then.” What you and I do is always in some way to time and place, and we increase our understanding of behaviour by keeping it tied to time and place. Feedback is generally

more meaningful if given as soon as appropriate after the observation or reactions occur, thus keeping it concrete and relatively free of distortions that come with the lapse of time.

6. **Focus feedback on the sharing of ideas and information rather than on giving advice.** By sharing ideas and information we leave the person free to decide for them self, in the light of his own goals in a particular situation at a particular time, how to use the ideas and the information. When we give advice we tell them what to do with the information, and in that sense we take away their freedom to determine what is the most appropriate course of action for them.
7. **Focus feedback on exploration of alternatives rather than answers or solutions.** The more we can focus on a variety of procedures and means for the attainment of a particular goal, the less likely we are to accept our particular problem. Many of us go around with a collection of answers and solutions for which there are no problems.
8. **Focus feedback on the value it may have to the recipient, not on the value or "release" that it provides the person giving the feedback.** The feedback provided should serve the needs of the recipient rather than the needs of the giver. Help and feedback need to be given and heard as an offer, not an imposition.
9. **Focus feedback on the amount of information that the person receiving it can use, rather than on the amount that you have which you might like to give.** To overload a person with feedback is to reduce the possibility that he may use what he receives effectively. When we give more than can be used we may be satisfying some need for ourselves rather than helping the other person.
10. **Focus feedback on time and place so that personal data can be shared at appropriate times.** Because the reception and use of personal feedback involves many possible emotional reactions, it is important to be sensitive to when it is appropriate to provide feedback. Excellent feedback presented at an inappropriate time may do more harm than good.
11. **Focus feedback on what is said rather than why it is said.** The aspects of feedback that relate to the what, how, when, where, of what is said are observable characteristics. The why of what is said takes us from the observable to the inferred and brings up questions of "motive" and "intent." It is maybe helpful to think of "why" in terms of a specifiable goal or goals that can then be considered in terms of time, place, procedures, probabilities of attainment, etc. To make assumptions about the motives of the person giving feedback may prevent us from hearing or cause us to distort what is said. In short, if I question "why" a person gives me feedback, I may not hear what he says.

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

(George F.J. Lehner, Ph.D., Professor of Psychology, University of California, Los Angeles)

7.7 Encouraging Problem Solving Abilities by the Students

In certain situations, a student may exhibit difficulty in attempting to resolve a clinical problem. The CI can be a great help in aiding the student to identify more solid clinical reasoning skills.

A typical problem-solving model usually encompasses the following steps:

I = Identify the problem - What is the nature of the patient's complaint?

D = Define and represent the problem - What questions need to be asked to more specifically identify the problem? For example, subjective history, objective tests—related to normal parameters to determine where the abnormalities lie.

E = Explore possible strategies - Once the problem is represented as a “clinical diagnosis or problem,” what tools are within the physical therapist's arsenal to remedy the problem?

A = Act on the strategies- Implement a treatment protocol based on planned short and long term goals. These goals must be realistic and based upon the history of the disease process, the normal physiological healing times and the therapeutic benefits of the physical therapy interventions.

L = Look back and evaluate the effects of your activities- Reassess the problem and re-define it at regular intervals. Adjust the treatment approach if short term goals are not being realized.

(Ref: Bransford, JD, Stein, BS,: The Ideal Problem Solver. New York WH Freeman and Co., 11-32, 1984.)

The following profile can also be used to demonstrate the differences between problem solving and non-problem solving behaviours and can be used to assist the student in structuring their approach to clinical problem resolution.

Problem Stage	Problem Solver	Non-problem solver
Problem presented	<ul style="list-style-type: none"> Recognized problem immediately 	<ul style="list-style-type: none"> Not recognized as a problem.
Problem defined	<ul style="list-style-type: none"> Translates, interprets data; establishes scope of problem 	<ul style="list-style-type: none"> Told a problem exists. Difficulty seeing scope of problem; disregards data or judges that it is not important.
Problem Analysed	<ul style="list-style-type: none"> Breaks down problem into small components Determines relationship between components Determines desired outcomes Feels receptive and open 	<ul style="list-style-type: none"> Judges problem before collecting data Closed to new relationships Feels closed and defensive
Data Collected	<ul style="list-style-type: none"> Identifies specific data needed Selects methods to collect data Uses effective collection techniques (e.g., evaluative techniques) Uses creative abilities 	<ul style="list-style-type: none"> Identifies data needed in general terms Looks to standard methods, little selection involved May or may not be effective in performing techniques Little creativity or originality
Solution Developed	<ul style="list-style-type: none"> Develops solution based on data collected and problem components identified Creative and receptive to new ideas and relationships 	<ul style="list-style-type: none"> Disregards data collected and looks toward “textbook” solutions Solutions general and non-specific
Solution Implemented	<ul style="list-style-type: none"> Applies solution effectively Able to modify and adapt solutions to new data between 	<ul style="list-style-type: none"> Solution implemented correctly, but little modification seen Unable to make direct connection between solution and problem
Outcome Re-evaluated	<ul style="list-style-type: none"> Relates actual outcome to desired 	<ul style="list-style-type: none"> Unable to relate actual outcome to desired outcome because never

Problem Stage	Problem Solver	Non-problem solver
	<ul style="list-style-type: none">Recognizes components of original problem that have been solved and those that need further attention.	had a clear idea of what outcome was desired

7.8 Trouble Shooters Guide to Tutoring Students

Being a positive clinical instructor requires ongoing analysis. The following guidelines, although not inclusive, may provide insight into some common problems, their causes and possible strategies for management.

The education Diagnosis Wheel may be used as a starting point to trouble shoot when a student is experiencing difficulty on placement (Lacasse, 2009). Clinical instructors can consider if there is a deficit with respect to knowledge, skills or attitudes. Furthermore, consider if the root of the problem is related to learning life issues (e.g. family responsibilities), training environment issues (e.g. patient complexity) or teacher issues (e.g. limited experience). Determination of the issue can assist in the development of strategies to address the issue. The detailed reference can be accessed at the link below:

https://www.researchgate.net/profile/Miriam-Lacasse/publication/228996090_Educational_diagnosis_and_management_of_challenging_learning_situations_in_medical_education/links/55a3a9c708aed99da24c52fa/Educational-diagnosis-and-management-of-challenging-learning-situations-in-medical-education.pdf



Lacasse, M. (2009). *Educational diagnosis and management of challenging learning situations in medical education*. Quebec City (Canada): Université Laval, Faculté de médecine.

<u>Problems</u>	<u>Possible Causes</u>	<u>Strategies</u>
Professional Behaviour		
1. Punctuality	<ul style="list-style-type: none"> • Home situation • Other classes/commitments • Lacks organizational skills • Working hours not clarified at outset 	<ul style="list-style-type: none"> • Draw out possible reasons for lateness • Contract arrangements, be flexible, if possible • Use direct, open questions to address the problem, e.g., “Is there a problem with a 0900 hour start time?”

Problems	Possible Causes	Strategies
2. Inappropriate Dress	<ul style="list-style-type: none"> • Clothes do not fit properly • Desire to fit in with staff • Fashion 	<ul style="list-style-type: none"> • Stress uniform policy at orientation • Address immediately if violations occur • Maintain departmental standard
3. Inappropriate Manner, e.g., casual, flippant, non-verbal cues	<ul style="list-style-type: none"> • Masking lack of confidence, or over-confidence • Imitating Instructor or previous role model 	<ul style="list-style-type: none"> • Immediate feedback • Be direct, e.g., "Mr. Jones seemed ill at ease during the treatment. Did you notice this too?" • Set good example of professionalism
Clinical Management		
1. Shyness, Lacks Self-Esteem	<ul style="list-style-type: none"> • Lack of initiative • Student intimidated by CI, environment • Difficulty translating theoretical to practical applications • Uncomfortable with criticism 	<ul style="list-style-type: none"> • Display enthusiasm for subject • Discuss supervisory style and style at outset • Define expectations clearly • Give positive feedback to desired behaviour • Be direct, e.g., "Do you find the ICU intimidating? Can we discuss some solutions?"
2. Unsafe with Patients	<ul style="list-style-type: none"> • Overconfidence • Nervousness • Poor awareness of the seriousness of safety issues • Lack of insight, critical analysis, and judgement 	<ul style="list-style-type: none"> • Give immediate feedback • Offer further opportunities for student to demonstrate safe applications • Encourage self-evaluation, e.g., "How did you feel about the transfer with Mr. Jones?" • Intervene to prevent incidents, increase supervision • Be sure student fills in incident reports and required documentation • Notify University of Toronto
3. Lack of Preparation	<ul style="list-style-type: none"> • Other obligations: school, family, social, health • Material not covered in curriculum • Lack of interest in subject 	<ul style="list-style-type: none"> • Discuss openly • Ask questions to determine knowledge base • Set realistic expectation • Attend U of T orientation meeting • Read course outlines • Display enthusiasm for subject

Problems	Possible Causes	Strategies
4. Student runs overtime	<ul style="list-style-type: none"> Unrealistic expectations of student Poor organizational skills, e.g., unable to control interview 	<ul style="list-style-type: none"> Appropriate caseloads Review objectives Stress “gate keeping” skills Assessment/treatment
5. Inadequate Problem solving skills	<ul style="list-style-type: none"> Poor theoretical background Inexperience at problem solving, e.g., zeros in without defining the boundaries 	<ul style="list-style-type: none"> Confirm appropriate knowledge base Allow plenty of opportunity to practise problem solving Break problems into small steps
Student Evaluation		
1. Difficulty evaluating the student objectively	<ul style="list-style-type: none"> Not enough observational time by Instructor Instructor “taking over,” therefore, not allowing student participation 	<ul style="list-style-type: none"> Multiple observations in repeated settings Increase observational time Support from administration to allow observational time Allow student to perform skills Avoid intervening Use multiple raters
2. Poor Clinical Skills	<ul style="list-style-type: none"> Difficulty integrating theoretical to practical skills Previous internship inadequate to prepare student Lack of experience, e.g., missed internship 	<ul style="list-style-type: none"> Define expectations clearly, e.g., when you will demonstrate, when you will observe Review previous clinical experience Break down objectives into achievable components Review textbook indications, contraindications, and dosage Trial set-up on Instructor Application under supervision Independent ongoing feedback regarding progress
3. Defensive behaviour by student, e.g., <ul style="list-style-type: none"> answers “yes, but” to criticism exhibits negative body language 	<ul style="list-style-type: none"> Lack of knowledge False confidence Difficulty accepting responsibility for actions Intimidation by CI Mark oriented 	<ul style="list-style-type: none"> Assess student’s knowledge base Encourage self-evaluation, e.g., “How did you feel about...?” Integrate self-evaluation into plan for new strategies Immediate specific feedback Clarify expectations mutually Avoid threatening situations, give encouragement and positive feedback.

<u>Problems</u>	<u>Possible Causes</u>	<u>Strategies</u>
4. <i>Student Wanting to be "Spoon-Fed"</i>	<ul style="list-style-type: none"> • Poor theoretical, or practical knowledge • Laziness, poor preparation, manipulator • Feels Instructor is expert • Does not want to reveal weakness 	<ul style="list-style-type: none"> • Request preparation and presentations in non-threatening manner • Clearly define your expectations of student and your teaching style • Instructor should not "flaunt" his/her experience
5. <i>Resents Internship</i>	<ul style="list-style-type: none"> • Preference for another facility, or geographic location • Low interest level in subject area • Negative expectations via "grapevine" 	<ul style="list-style-type: none"> • Encourage mature attitudes • Stress positive aspects of experience • Integrate these benefits into objective setting process • Initiate open dialogue concerning reality of situation (ongoing)
6. <i>Personality Conflict</i>	<ul style="list-style-type: none"> • Conflict in learning/teaching styles • Differences in confidence levels between CI/Student • Prejudice (M/F, age, race) • Poor communication 	<ul style="list-style-type: none"> • Define conflict causing situation (e.g., I feel uncomfortable when you interrupt me in the middle of a treatment session) • Contract objectives • Review objectives frequently • Involve CCCE and DCE/ACCE

8.0 EVALUATION

8.1 Introduction

Evaluating Student Clinical Performance

A formal evaluation of the student's performance is recorded on the clinical evaluation forms provided by the DCE.

The form is completed twice during each internship—at mid-internship and at the end of the internship.

Specific instructions for the completion of the form are contained within the evaluation form.

The evaluation form is completed by the CI prior to meeting with the student. Student self-evaluation has proved to be a valuable strategy in the evaluation process. This self-evaluation is completed by the student. Both forms are then reviewed and discussed at the meeting.

At mid-internship, the evaluation assists in the planning and negotiation of learning experiences for the remainder of the internship. The final evaluation outlines the post-internship disposition of the student, and serves as a guide for the student in planning personal learning objectives in future internships.

An evaluation of student clinical performance must reflect the integration of three key areas:

1. The **purpose** of evaluation – What decisions will be made?
2. The **standards** to be used for the evaluation – What criteria will be met? What information is needed?
3. The **strategies** that are appropriate – What evaluative tools are appropriate?

Purpose

What is the purpose of the evaluation? What judgements about the learner and what decisions rest on the conclusions drawn from the evaluation?

In many ways, what we are asking here is whether the decisions based on the evaluation are formative or summative in nature. Formative decisions are those that will serve to change current performance, to alter a program plan, or to facilitate the successful completion of an on-going process. Goals, plans, learning activities and progression to more complex activities are all affected by formative decisions.

In contrast, summative decisions reflect an assessment of the “final” status of a learner's performance. A summative decision occurs at the end of the clinical learning experience and

differs from the formative decision in that the experience is complete; the performance cannot be altered. Thus, it is a summation of learner effectiveness and serves as the final evaluation.

Standards

On what standards is the evaluation of learner performance based? What behaviours are or should be observed? What cognitive, attitudinal or decision-making processes underlie the observed actions?

Many health professions use a competency-based approach to evaluation. This means that each learner is expected to perform a specific set of behaviours or tasks that represent effective clinical practice standards.

The competency-based approach forces CIs to focus on both tasks and thinking, or decision-making processes. Recent research in clinical decision-making provides evidence that clinical learners':

- (a) thinking processes are often influenced by their behaviours; and
- (b) behaviours are often influenced by their thinking processes.

In other words, what happens to the clinical learner changes how she/he perceives the situation and how she/he will then act in future situations. It is critical, therefore, that the evaluative process also tap the thinking, attitudes and decision-making processes of the clinical learner.

Strategies

Given what we want to evaluate, what are reasonable ways to perform the evaluation?

Not only must we focus on observable behaviours, we must also make some assessment of the decision-making processes and attitudes underlying those behaviours. There are creative and innovative ways to demonstrate learner abilities that often are not tapped in the course of "usual" observations of learner performance in the clinical education setting.

Observation of performance alone does not allow for a thorough evaluation of learner development of attitudes or decision-making processes. Hence, we must incorporate additional means of evaluating these very important areas.

8.2 Informal and Formal Evaluation

Evaluations serve to determine areas of strength in a student's performance and those needing improvement. Students should be evaluated both on an informal and formal basis.

8.2.1 *Informal Evaluation*

Informal evaluation involves making a judgement about the quality of the student's performance every time it is observed, followed by immediate feedback. The CI determines whether the student's performance is at an acceptable or unacceptable level. If the performance is acceptable, the CI then identifies what behaviour(s) the student demonstrated (i.e., what the student said and/or did) that led to this conclusion. The subsequent verbal feedback given to the student should describe the specific behaviour(s) that illustrated the student's competence/strengths. The feedback should include praise that is appropriate to the level of performance, and include encouragement to carry over praiseworthy behaviours to other related areas. Verbal feedback should occur immediately after the student's performance. If the performance is at an unacceptable level, the CI must identify what the student said and/or did that led to an unacceptable performance. The feedback outlines the specific behaviour(s) that point out to the student those areas needing improvement. The feedback should not, however, dwell on the negatives; the satisfactory aspects of the performance should also be highlighted.

In the above situation, the feedback session should then outline the steps necessary to correct any problem. To do this, the CI should first give the student an opportunity to give feedback, such as to express a self-evaluation ("What do you think about your gait retraining?"). Then ask the student questions to ascertain the application of basic knowledge, and ask for suggestions for improvement. From here, a decision is made as to what the student must do to correct performance and what the CI will do to assist and encourage the student's efforts to improve. This informal evaluation process serves three purposes:

- (1) To teach the students about self-evaluation so that they can recognize their own areas of weakness and begin problem-solving to remedy the situation.
- (2) To provide the student with corrective feedback conducive to learning.
- (3) To gather sufficient objective information by which to make the formal evaluation as fair and informative as possible.

8.2.2 *Formal Evaluation*

A formal evaluation of the student's performance is recorded on the clinical evaluation forms provided by the DCE/ACCE.

8.3 **Examples of Teaching/Evaluation Methods**

METHOD	GOALS	PRECAUTIONS
Demonstration	<ul style="list-style-type: none"> • Method to allow the student to explore the “how to do.” • Introduce student to new clinical method or technique 	<ul style="list-style-type: none"> • Places student in passive observer role rather than active learner role. • Requires more time from patient if student repeats what supervisor has demonstrated.
Direct Observation	<ul style="list-style-type: none"> • Emphasize actual interaction with student. • Focus on clinical methods: interviewing style, approach and technique in history, and physical exam. • Assess technical skills. • Help develop problem orientation/focus by weaving in discussion with student at key points in encounter. 	<ul style="list-style-type: none"> • Requires time. This may become a significant handicap if student is very slow or overly apprehensive. • Forces supervisor to develop skills in style, approach and facilitation of student-patient interaction, while educator is actually in the room. • Initially, it often heightens a student’s anxiety.
Record Review	<ul style="list-style-type: none"> • Develop student’s skills: <ul style="list-style-type: none"> ○ “filtering” clinical information ○ communication in writing ○ setting priorities re: data problem. • Assess accuracy and specificity of diagnosis of problem level. • Review plans for investigation and treatment; identify issues for discussion, self-study. • Assess outcomes of patient contact by monitoring over a series of visits. 	<ul style="list-style-type: none"> • Necessitates student acquisition of recording skills appropriate to office settings. • Over emphasizes value of record if time spent writing is greater than time spent with patient. • Cannot assess approach component of clinical skills. • Cannot assess accuracy of findings unless supervisor has prior knowledge or reports of history and physical.
Case presentation / Discussion in small-group format	<ul style="list-style-type: none"> • Organize clinical information: • present succinct account of clinical findings and interpretations • think through the meaning and relationship of different components. • Provide a forum for discussion of implications of findings. • Provide forum for student sharing in problem-solving 	<ul style="list-style-type: none"> • Tends to deal with intellectual processes rather than with patients. Over values this focus unless precautions observed or unless used in conjunction with modelling and direct observation. • Fails to attend to techniques of clinical data collection. • Cannot confirm accuracy of findings.
Disease or problem discussion in tutorial form	<ul style="list-style-type: none"> • Consolidate understanding of particular disease/ problem (especially if “homework” is done). 	<ul style="list-style-type: none"> • Requires separate time outside of patient involvement. • Delays between event and discussion must be short, or

METHOD	GOALS	PRECAUTIONS
	<ul style="list-style-type: none"> • Develop perspective about priority issues and applications. • Develop specific objectives. 	much of educational enthusiasm is lost.
Videotaping	<ul style="list-style-type: none"> • Develop self evaluation skills of student performance and interviewing skills. • Focus on clinical methods and technical skills (as in #2—Direct Observation). 	<ul style="list-style-type: none"> • Often heightens a student's anxiety. • Requires time and available equipment and facilities.
Feedback	<ul style="list-style-type: none"> • Focus observable behaviours to the “here and now.” • Develop verbalization of self-evaluation skills. • Immediate response to patient/student/therapist interaction. • Develop communication skills with: <ul style="list-style-type: none"> ○ student/supervising therapist ○ student/clinical educator ○ student/supervising therapist/clinical educator. 	<ul style="list-style-type: none"> • May be time-consuming and stressful to the student initially. • May reflect on personal qualities rather than behaviours.

8.4 Guidelines for the Use of the Canadian Physiotherapy Assessment of Clinical Performance (ACP)

Assessment of student performance in the clinical setting is an essential and integral part of ensuring safe and effective patient care. The University of Toronto, Department of Physical Therapy, has implemented the Canadian Physiotherapy Assessment of Clinical Performance (ACP) in September, 2014, to assess student performance during clinical education experiences.

The ACP is based on the Canadian Essential Competency Profile for Physiotherapists (ECP).¹ The ECP is a foundational document that describes the essential competencies (i.e., the knowledge, skills and attitudes) required by physiotherapists in Canada at the beginning of and throughout their career. It also provides guidance for physiotherapists to build on their competencies over time. There are three levels to the ECP: Roles; Key Competencies; Enabling Competencies. The ECP has 7 roles. Each Role is comprised of Key Competencies (a total of 23) which are further explained by several Enabling Competencies. The Rating Scale used in this tool has been modified from the Revised PT CPI: Version 2006 with permission from the APTA.²

There has been an extensive process to develop and test the Canadian Physiotherapy Assessment of Clinical Performance (ACP) assessment form to assess PT students in clinical education. In collaboration with. We have consulted the Academic Coordinators/Directors of Clinical Education and Academic Chairs/Directors at each PT school across Canada, interviewed experts, clinicians, recent graduates and survey physiotherapists across Canada. We piloted the ACP in 10 schools across Canada in English and French from March – December 2013. The ACP demonstrated evidence of internal consistency reliability, construct validity and practicality and we feel we can confidently use the ACP to assess PT students in clinical education.

The ACP was developed with the intent that it will:

- be applicable to a broad range of practice settings
- meet standards of reliability and validity
- be sensitive to clinical and academic needs
- assess essential areas of performance for physical therapy students, including cognitive, psychomotor and affective domains, and be responsive to changes in physical therapy practice in a changing health care system

The ACP can be found in Appendix L.

8.5 Components of the ACP – Items assessed with the rating scale

There are 21 essential competencies that are assessed with the rating scale. Space for comments is provided, as well as boxes to indicate when performance is “of significant concern”.

8.5.1 EXPERT Role

- 1.1 Consults with the client to obtain information about his/her health, associated history, previous health interventions, and associated outcomes.
- 1.2 Collects assessment data relevant to the client’s needs and physiotherapy practice.
- 1.3 Analyzes assessment findings.
- 1.4 Establishes a physiotherapy diagnosis and prognosis.
- 1.5 Develops and recommends an intervention strategy.
- 1.6 Implements intervention.
- 1.7 Evaluates the effectiveness of interventions.
- 1.8 Completes physiotherapy services.

8.5.2 COMMUNICATOR Role

- 2.1 Develops, builds, and maintains rapport, trust, and ethical professional relationships through effective communication.
- 2.2 Elicits, analyzes, records, applies, conveys and shares information.
- 2.3 Employs effective and appropriate verbal, non-verbal, written, and electronic communications.

8.5.3 *COLLABORATOR Role*

- 3.1 Establishes and maintains interprofessional relationships, which foster effective client-centered collaboration.
- 3.2 Collaborates with others to prevent, manage and resolve conflict.

8.5.4 *MANAGER Role*

- 4.1 Manages individual practice effectively.
- 4.2 Manages and supervises personnel involved in the delivery of physiotherapy services.
- 4.3 Participates in activities that contribute to safe and effective physiotherapy practice.

8.5.5 *ADVOCATE Role*

- 5.1 Works collaboratively to identify, respond to and promote the health needs and concerns of individual clients, populations, and communities.

8.5.6 *SCHOLARLY PRACTITIONER Role*

(Note these essential competencies are all assessed with one rating scale)

- 6.1 Uses a reflective approach to practice.
- 6.2 Incorporates lifelong learning and experiences into best practice.
- 6.3 Engages in scholarly inquiry.

8.5.7 *PROFESSIONAL Role*

- 7.1 Conducts self within legal/ethical requirements.
- 7.2 Respects the individuality and autonomy of the client.
- 7.3 Contributes to the development of the physiotherapy profession.

8.6 **ACP Rating Scale and Anchor Descriptors***

Beginner	Advanced	Inter- mediate	Advanced	Entry Level	With Distinction
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Department of Physical Therapy, Faculty of Medicine, University of Toronto
Handbook for Clinical Supervision (September 2021)

Beginner

**Inter-
mediate**

○	○	○	○	○	○	○	○	○	○
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Beginner Performance:

- The student requires close supervision 90-100% of the time managing patients with constant monitoring even with patients with simple conditions
- The student requires frequent cueing and feedback
- Performance is inconsistent and clinical reasoning is performed at a very basic level
- The student is not able to carry a caseload

Advanced Beginner Performance:

- The student requires clinical supervision 75% to 90% of the time managing patients with simple conditions and 100% of the time managing patients with complex conditions
- The student demonstrates consistency in developing proficiency with simple tasks (eg. chart review, goniometry, muscle testing and simple interventions)
- The student initiates, but is inconsistent with comprehensive assessments, interventions, and clinical reasoning
- The student will begin to share a caseload with the clinical instructor

Intermediate Performance:

- The student requires clinical supervision less than 50% of the time managing patients with simple conditions and 75% of the time managing patients with complex conditions
- The student is proficient with simple tasks and is developing the ability to consistently perform comprehensive assessments, interventions, and clinical reasoning.
- The student is capable of maintaining ~ 50% of a full-time physical therapist's caseload

Advanced Intermediate Performance:

- The student requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions
- The student is consistent and proficient in simple tasks and requires only occasional cueing for comprehensive assessments, interventions, and clinical reasoning.
- The student is capable of maintaining ~75% of a full-time physical therapist's caseload

Entry Level Performance:

- The student requires infrequent clinical supervision managing patients with simple conditions and minimal guidance/supervision for patients with complex conditions
- The student consistently performs comprehensive assessments, interventions and clinical reasoning in simple and complex situations
- The student consults with others and resolves unfamiliar or ambiguous situations
- The student is capable of maintaining at minimum 75% of a full-time physical therapist's caseload in a cost-effective manner

Performance with Distinction:

- The student is capable of maintaining 100% of a full-time physical therapist's caseload without clinical supervision or guidance, managing patients with simple or complex conditions, and, is able to function in unfamiliar or ambiguous situations

In addition, the student demonstrates at least one of the criteria listed below:

- The student is consistently proficient at comprehensive assessments, interventions and clinical reasoning
- The student willingly assumes a leadership role for managing patients with more complex conditions or difficult situations
- The student is capable of supervising others
- The student is capable of serving as a consultant or resource for others
- The student actively contributes to the enhancement of the clinical facility or service with an expansive view of physical therapy practice and the profession

* Use of the Rating Scale Anchors and Descriptors adapted and revised from the PT CPI | Web (Alexandria, VA: American Physical Therapy Association; 2006) is by nonexclusive license from the American Physical Therapy Association.

8.7 Using the ACP

Please access the [online education module](#) to help prepare you to complete this form to assess the student's performance for the internship. You will be asked to observe and consider the student's performance and complete the tool at midterm and final points of the clinical education experience.

The rating scale and anchor descriptions are explained above. You will be asked to consider the rating scale and anchor descriptions while assessing the student at midterm and final points of the clinical experience. The student must demonstrate all criteria within an anchor to be scored at that level. For the anchor "Performance with Distinction", the student must demonstrate the first criteria and any additional criteria from the list. Please click on the circle/radio button you feel best describes your performance. Please do not make any extraneous marks on the rating scale.

In addition, there are comment boxes within the assessment form. You are asked to use the comment boxes to highlight areas of strength and areas for improvement with regards to the student's performance using examples from their clinical work.

As you can see in this assessment form, some key competencies have been grouped and other key competencies have their own rating scale. There are a total of 21 rating scales and 9 comment boxes in this assessment form.

If you have any questions about completing this student assessment form, please do not hesitate to contact the DCE (Brenda Mori, Brenda.mori@utoronto.ca; phone: 416-946-8646).

In addition, we have developed an ACP Grading Resource and Frequently Asked Questions Reference (Appendix M) to facilitate use of the ACP.

References:

1. National Physiotherapy Advisory Group (October 2009). Essential Competency Profile for Physiotherapists in Canada. Toronto: Canadian Physiotherapy Association.
<http://www.physiotherapyeducation.ca/Resources/Essential%20Comp%20PT%20Profile%202009.pdf>
2. Use of the Rating Scale Anchors and Descriptors adapted and revised from the PT CPI | Web (Alexandria, VA: American Physical Therapy Association; 2006) is by nonexclusive license from the American Physical Therapy Association.

8.8 Student Evaluation of Clinical Placement

At midterm and final evaluation, each student is required to complete a University of Toronto, Department of Physical Therapy Student's Evaluation of Clinical Placement. This form is accessible on the HPSnet website, which also hosts the ACP. A copy of this form can be found in Appendix A. This form needs to be reviewed at midterm and final points of the internship and the signature sheet must be returned back to the university.

The purpose of this form is:

1. To foster communication between the clinical instructor (CI) and student.
2. To provide constructive feedback to the clinical instructor.
3. To provide feedback to the facility/agency on the student's experience.
4. To provide feedback to the Director of Clinical Education (DCE) regarding the clinical experience.

The form completed by the student includes the following sections:

1. Orientation
2. Caseload and Practice
3. Clinical Instructor and Supervision
4. Evaluation
5. General Comments
6. Most positive aspects & Suggestions for adding to the learning experience

As a clinical site, this is also your archive of students who have completed internships at your facility and their feedback. If you have forgotten your log-in name and password, please contact the Director of Clinical Education at the Department of PT.