Entry-to-Practice
Physiotherapy Curriculum: A Companion Document

Clinical Education Guidelines for Canadian University Programs

FINAL: July 2011

Canadian Council of Physiotherapy University Programs (CCPUP)
National Association for Clinical Education in Physiotherapy (NACEP)
Canadian Physiotherapy Association (CPA)
Canadian Alliance of Physiotherapy Regulators (The Alliance)
Physiotherapy Education Accreditation Canada (PEAC)

"There is a need for a common philosophy of clinical education, encompassing both the process and the product of the clinical education experience."

Strohschein J, Hagler P & May L
Assessing the Need for Change in Clinical Education Practices
Physical Therapy, 2002: 82; pp 163-172.

Introduction

Background

Entry-to-Practice Physiotherapy Curriculum: Content Guidelines for Canadian University Programs were completed in 2009.[1] There was consensus from all physiotherapy professional bodies including the Canadian Council of Physiotherapy University Programs (CCPUP), National Association for Clinical Education in Physiotherapy (NACEP), Accreditation Council for Canadian Physiotherapy Academic Programs (ACCPAP; currently known as Physiotherapy Education Accreditation Canada or PEAC), Canadian Physiotherapy Association (CPA) and Canadian Alliance of Physiotherapy Regulators (The Alliance), that national guidelines for clinical education should also be developed.

In 2008, a Clinical Education Working Group with representation from the various professional bodies was formed to undertake this task. The group was informed by the 2003 – 2006 work of the Clinical Education Ad-hoc Committee (CEAC), and a consultative and collaborative process was initiated.

The working group organized and completed numerous activities towards the end goal of establishing clinical education guidelines. Highlights of the process are listed below.

- In the spring of 2009, a national survey of clinicians, students, regulators and educators was conducted with a total of 1049 English and 298 French respondents from across the country. The purpose was to gather input from stakeholders to inform the development of a common framework for physiotherapy clinical education. Key sections of the survey looked at the current definition of clinical education, as well as the content, format, professional responsibility and the duration of clinical education experiences. A summary of the survey results can be found in Appendix A.
- A one-day think-tank event at CPA Congress 2009 in Calgary (May 27, 2009) resulted in a cohesive draft of Clinical Education Guidelines
- An in-person work day in March 2010 advanced the work and resulted in construction of a subsequent Draft of the proposed guidelines
- PT professional bodies were formally consulted for feedback over the summer and fall of 2010, and revisions were incorporated throughout 2010-11
- A final version of the Clinical Education Guidelines was circulated to stakeholder groups in May-June 2011, for review and general approval
- Clinical Education Guidelines released July 2011

[1] CCPUP, Entry-to-Practice Physiotherapy Curriculum: Content Guidelines for Canadian University Programs, May 2009.

Purpose

To produce a set of guidelines for clinical education that provides national consistency in preparing safe and effective entry-level physiotherapy practitioners.

This document is intended as a companion document to the *Entry-to-Practice Physiotherapy Curriculum: Content Guidelines for Canadian University Programs (Curriculum Guidelines).* As such, every effort has been made to integrate these *Clinical Education Guidelines* with the Curriculum Content Framework presented therein. Future versions of the *Curriculum Guidelines* will formally include the *Clinical Education Guidelines.*

The *Clinical Education Guidelines* also incorporate concepts from the *Essential Competency Profile for Physiotherapists in Canada* [2](2009) and standards set by The Alliance and PEAC.

Definition

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

Clinical Education serves to develop and refine, in a graded fashion, the practice skills, confidence, judgment, efficiency and responsibility needed by physiotherapy students for entry level practice. (adapted from CCAPP p. 12)[3]

Guiding Principles

Through discussion, feedback and work to date, the Clinical Education Working Group has reached a consensus on the following principles. These principles form the basis for the Clinical Education Guidelines that follow.

1. Clinical education experiences should be of adequate intensity, breadth and duration to enable achievement of professional competencies required for safe and effective entry-level practice.
2. Canadian physiotherapy university programs prepare graduates for safe and effective entry-level practice as **generalists**.
3. A minimum number of hours of clinical education should be identified.
4. Diversity of clinical experience is necessary.
5. Clinical competence develops along a continuum from novice to entry-level practitioner and is facilitated by the progression of clinical education experiences.
6. Assessment of clinical competencies of each individual student is managed by each PT education program.

---

[2] *Essential Competency Profile for Physiotherapists in Canada*. 2009

[3] Canadian Council for Accreditation of Pharmacy Programs in *Clinical Education Requirements for Accreditation*, March 2008 p 12

7. All clinical experience gained will be with human patients / populations.

Application of the Physiotherapy Curriculum Content Framework to Clinical Education

The Framework

"A framework was designed to conceptualize the integration of the many content areas into a cohesive curriculum for entry-to-practice physiotherapy education program in Canada…..The entry-to-practice physiotherapy curriculum content is characterized by Dimensions which are depicted graphically as 3-dimensional layers of a sphere." [4]

Because the Framework illustrates the content deemed necessary for all physiotherapy curricula, it necessarily forms the framework for clinical education content, and can also guide where, with whom and how clinical education should occur.

Figure One:

Dimensions

The **Foundations** Dimension supports and informs the entire entry-to-practice curriculum and encompasses four Domains: *Biological and Basic Sciences, Psychosocial Sciences, Scientific Inquiry* and *Professionalism and Ethics*.

These foundational subjects form the knowledge base for the Physiotherapy Clinical Practice and Professional Interaction dimensions which are applied in clinical education.

[4] CCPUP, *Entry-to-Practice Physiotherapy Curriculum: Content Guidelines for Canadian University Programs*, May 2009.

The **Physiotherapy Clinical Practice** Dimension is made up of five Domains: *PT Movement Sciences, PT Therapeutics, Cardio respiratory PT Practice, Musculoskeletal PT Practice and Neurological PT Practice* and is layered around the Foundations Dimension.

In this dimension, *PT Movement Sciences* and *Therapeutics* are considered as integral knowledge and skills applied in all clinical education experiences. In addition, students need to gain experience or apply this knowledge and these skills specifically in cardio respiratory, musculoskeletal, and neurological PT practice areas.

The **Physiotherapy Professional Interactions** Dimension addresses curriculum content at the level of the client/patient and individual physiotherapist in three Domains: *Professional and Ethical Practice, Client–Physiotherapist Interaction* and *Interprofessional Practice*

This dimension represents the essence of all clinical placements – students' professional interactions with clients, families, peers, supervisors, interdisciplinary colleagues and/or the public. In the context of the framework applied to clinical education, this dimension relates to the roles students assume and the subsequent skills they apply as outlined in the *Essential Competency Profile for Physiotherapists in Canada*, 2009 [5] (PT Expert , Communicator, Collaborator, Manager, Advocate, Scholarly Practitioner, Professional). Their performance in these various roles is evaluated using the PT Clinical Performance Instrument.

The **Context of Practice** Dimension addresses curriculum content required of the entry-to-practice physiotherapist at the service and health system level. It is the environment in which the entire curriculum lives, influencing clinical and professional practice. Context of Practice includes the following Domains: *Health Care Environment, Health Care Models and Frameworks, Practice Management, Services Management* and *Practice Settings.*

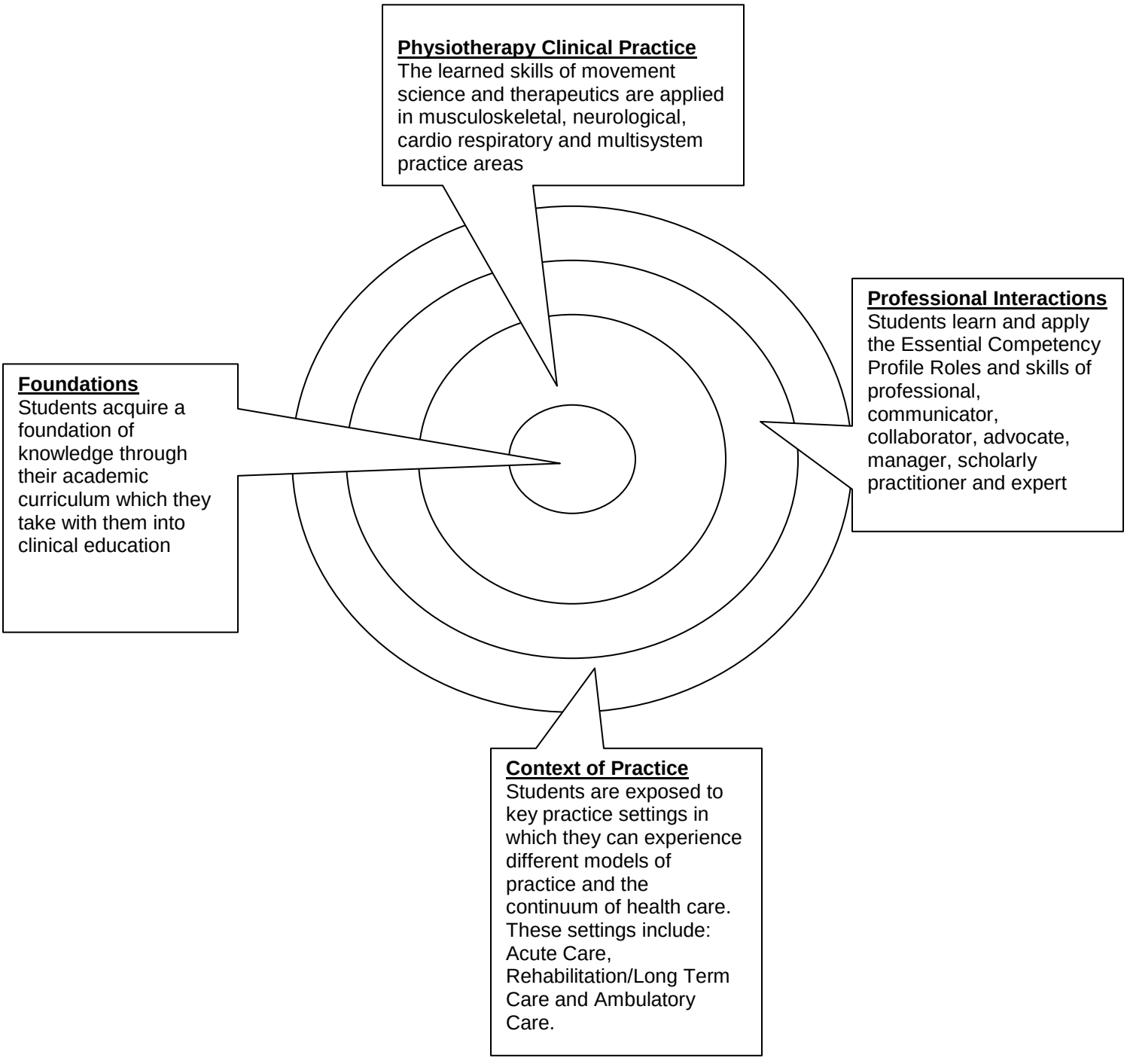
This dimension represents the continuum of physiotherapy from health promotion and injury prevention activities to end-of-life care. Every clinical experience will offer opportunities to learn and apply skills and knowledge in the global *Health Care Environment;* will apply various *Health Care Models and Frameworks,* and will offer different experiences in *Practice Management and Services Management* domains. To experience as much as possible along the continuum, clinical experience in key practice settings is required. Students need to gain experience in each of the following three settings: Acute/Hospital Care, Rehabilitation / Long Term Care and Ambulatory Care.

[5] *Essential Competency Profile for Physiotherapists in Canada*. 2009

Figure 2: Adapted Clinical Education Framework

(Incorporating the Essential Competency Profile for Physiotherapists in Canada, 2009)

The framework below represents the components of **each** clinical education experience.



Clinical Education Process

The adapted clinical education framework as depicted represents the components of one clinical education placement. It is understood that during the course of a student's education, he/she will have several different clinical placements. As students move through successive clinical education experiences, they will

- Have increasing amounts of foundational knowledge to draw on,
- Have increasing clinical practice skills to apply,
- Have been exposed to different clinical practice areas and contexts and
- Have the opportunity to develop increasing proficiency in the Essential Competency Profile Roles.

During their clinical education experiences, students also progress along the continuum or levels from novice to entry-level practitioner. This progression has variously been described as:

- Observation, application, entry-level practitioner[6]
- Exposure, immersion, mastery
- Awareness, acquisition, refinement
- Application, consolidation, synthesis

As the student progresses through the continuum, expectations of the student will necessarily increase. While each new placement will present new content, the student will be able to apply professional and clinical skills from previous learning to the new content and context with increasing efficiency and proficiency.

Engaging in reflection is a useful technique for students to promote the development of clinical reasoning. Reflection assists students in critically analyzing and evaluating their experiences to lead to new understandings to inform their future practices.[7,8]

To correspond to the changing needs of students as they progress, the role of the clinical preceptor will also change. One way to view these changing roles is to consider the preceptor as primarily an educator in early levels, then more of a coach in intermediate levels and finally a sponsor/mentor in final clinical education placements.[9]

Roles and Responsibilities in Clinical Education

Physiotherapy students acquire abilities and professional behaviours as well as new knowledge through clinical education. Students, clinical educators, onsite clinical coordinators, university professors and university clinical education coordinators are

[6] Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley, pp. 13-34.

[7] Higgs, J. & Jones, M. (2000). Clinical reasoning and decision-making. In S. Kumar (Ed.) Multidisciplinary Approach to Rehabilitation. Boston: Butterworth Heinemann, pp.63-85.

[8] Higgs, J. Richardson, B. & Dahlgren, MA. (Eds). (2004). Developing Practice Knowledge for Health Professionals. Edinburgh: Butterworth Heinemann.

[9] Sullivan, T. & Bossers, A. (1998). Occupational therapy fieldwork levels. *The National, 15.*3 7-9.

expected to collaborate in linking clinical education to the academic curriculum. Therefore, it is important to share a common vision for clinical education.[10]

Appendix B provides guidelines for stakeholder roles and responsibilities in clinical education.

Guidelines

In order to graduate competent generalist entry-level therapists, the following guidelines are recommended for clinical education.

1. Clinical Hours

A minimum of 1025 hours must take place in clinical placements which are normally scheduled within clinical education credit courses.

Application
At least 80% of these hours (i.e. 820 or more of the 1025 hours per student) must be in settings that provide patient care. In select cases, it may be possible for a student to complete one placement in a non-patient care setting (examples: Physiotherapy Association office, Lung Association, Sports Science Council, research facility) if the student has successfully completed the required mix of clinical experience (i.e. hours, essential settings, and areas of practice in patient care).

Additional clinical education hours are encouraged. Many programs elect to add clinical hours which are integrated into the credit hours for other courses, e.g. patient data collection in a research course, assessing actual patients in an orthopedics course, etc.

Rationale
Before taking the Physiotherapy Competency Examination (PCE), a Canadian educated applicant must be deemed eligible by The Alliance. One of the eligibility criteria is:

> "A minimum of 1025 hours of supervised clinical practice and completion of the clinical requirements for registration in the province in which the candidate's university is located." [11]

Other professional programs reflect similar requirements, see Appendix C

2. Area of Clinical Practice

[10] Adapted from a statement by the National Association for Clinical Education in Canada
[11] Canadian Alliance of Physiotherapy Regulators. (2008). *Physiotherapy Competency Examination: Candidate Handbook 2008*. Authors: Toronto. P.5

Each student must acquire significant clinical experience in each of the following essential areas of practice (areas as delineated in CCPUP, 2009)[12]

Cardiovascular and Respiratory conditions
Neurological conditions
Musculoskeletal conditions

Application
Significant experience in **each area** may be gained during one clinical placement, or through components of multiple placements. A minimum of 100 hours should be completed in each essential area of practice.

While acquiring clinical experience in essential areas of practice, each student is also expected to acquire clinical experience working with patients:

- living with complex (or multi-system) conditions; and
- of a variety of ages (across the lifespan)

Rationale
The Alliance, as administrator of the Physiotherapy Competency Exam (PCE), routinely conducts Analysis of Practice research to assist with validation the national exam. The most recent analysis resulted in a recommendation for the breakdown of practice for the national exam.[13] See Appendix D

Other professional programs reflect similar requirements regarding practice areas. See also Appendix B

3. Context of Practice

Each student must acquire significant clinical experience in each of the following essential settings:

Acute Care
Rehabilitation/Long Term Care
Ambulatory Care

Application

Acute /Hospital Care (Def):
Interdisciplinary care provided for a patient during an acute illness, an acute exacerbation of a chronic illness/disability or a surgical intervention which necessitates admission to an acute care hospital. The patient typically has a changing health status and the hospital stay is generally of short duration.

[12] CCPUP, *Entry-to-Practice Physiotherapy Curriculum: Content Guidelines for Canadian University Programs*, May 2009.
[13] Professional Evaluation Service. *Analysis of Practice 2008: A Report on Physiotherapists' Practice in Canada* p 31.

Rehabilitation/Long Term Care (Def):
Interdisciplinary care provided for a patient with an intensive therapy focus to maximize functional independence, and provided within a rehabilitation hospital, unit or clinic. Typically following (but not limited to) an injury leading to a disability (e.g. SCI or ABI), an acute illness (e.g. CVA) or a surgical intervention (e.g. joint replacement). Rehabilitation often provides for important transition from Acute Care to Ambulatory Care and may be provided on an inpatient or an out-patient basis. Care provided for a patient in their home or current residence (including long term care facility) may include therapeutic goals of maximizing, maintaining or supporting function, &/or providing palliative care.

Ambulatory Care (Def):
Care provided for a patient as an out-patient where the patient requires primarily the services of a physiotherapist. The patient lives in the community and attends an out-patient setting for treatment. Ambulatory Care could be provided at physiotherapy clinics (including privately and publically funded clinics), sporting events, hospital-based ambulatory care clinics, employee health clinics, work sites, etc.

Rationale
The Alliance, as administrator of the Physiotherapy Competency Exam (PCE), routinely conducts Analysis of Practice research to assist with validation the national exam. The most recent analysis identified the primary work settings of physiotherapists. The three largest categories of settings for practice included "general hospital, rehabilitation centres and community centres and clinics". [14] These correspond generally to the settings outlined above. The amount of experience assigned to each for the purposes of clinical education ensures that students receive adequate exposure to each of these practice settings.

Other professional programs reflect similar requirements regarding settings. See also Appendix B

4. Supervision of Students

The majority of clinical education hours are evaluated by a qualified physical therapist.

Application
While the **majority** of clinical education hours are supervised by qualified physiotherapists, students may at times be supervised on a day to day basis by qualified professionals other than physiotherapists (subject to provincial / territorial regulatory requirements). These clinical education opportunities allow students to gain experience in more non-traditional and/or role-emerging settings. [15],[16],[17],[18]

[14] Professional Evaluation Service. *Analysis of Practice 2008: A Report on Physiotherapists' Practice in Canada* p 15
[15] Bossers, A., Cook, J., Polatajko, H., & Laine, C. (1997). Understanding the role-emerging fieldwork placement. *Canadian Journal of Occupational Therapy 64,* 70 -81.

Rationale
The supervisor should have adequate professional experience to competently supervise a student and should have adequate education, support and mentorship for this role.

Each University program is responsible for establishing and maintaining the relationship between affiliated clinical sites and the academic program, including processes for preparing, training, monitoring and evaluating clinical instructors.

See also Appendix B

SUMMARY STATEMENT

These guidelines are intended to represent consensus on minimum national standards. Each individual PT education program is responsible for defining and administering program-specific Clinical Education requirements.

ACKNOWLEDGEMENTS

The Clinical Education Guidelines project was carried out by a multi-stakeholder working group involving the National Association for Clinical Education (NACEP), the Canadian Council of Physiotherapy University Programs (CCPUP), Physiotherapy Education Accreditation Canada (PEAC), the Canadian Alliance of Physiotherapy Regulators (the Alliance) and the Canadian Physiotherapy Association (CPA). Members of the core working group were: Peggy Proctor (PEAC & NACEP), Berni Martin (CCPUP), Joseph Vibert (the Alliance), Ann MacPhail (NACEP), Bronwen Thomas (NACEP), and Carol Miller (CPA).

Stakeholder consultations in the early phase of the project involved a national on-line survey of several groups, including PT students and physiotherapist clinical instructors. Thank you to CPA for administering and hosting the survey, and to our NACEP colleagues in Quebec for translating the survey and subsequent findings into French.

Thank you to each stakeholder group for unwavering commitment to this project, and to all individuals who provided valuable opinions and input along the way: physical therapy students, clinical instructors, faculty members, regulators, accreditors, CPA members, and others.

---

[16] Moffett Boyd, M. & Garbarini, J. (2004). Creative Links: Supporting the community while meeting strategic goals. *OT Practice. January*, 11 -15.
[17] Mulholland, S. & Derdall, M. (2005). A strategy for supervising occupational therapy students at community sites. *Occupational Therapy International. 12*, 28 – 43.
[18] Solomon, P. & Jung, B. (2006). An interprofessional role-emerging placement in HIV rehabilitation. *International Journal of Therapy and Rehabilitation. 13*, 59 64.

Special thanks to two individuals who contributed significantly to the project:

- Brenda Mori (ACCE, University of Toronto), member of original working group, in 2008-09
- Anne-Marie Coté (ACCE, Université de Sherbrooke), primary translator

Bibliography

Bossers, A., Cook, J., Polatajko, H., & Laine, C. (1997). Understanding the role-emerging fieldwork placement. *Canadian Journal of Occupational Therapy. 64,* 70 -81.

Canadian Alliance of Physiotherapy Regulators. (2008). *Physiotherapy Competency Examination: Candidate Handbook 2008*. Authors: Toronto. P.5

American Physical Therapy Association, *APTA Commission on Accreditation in Physical Therapy Education CAPTE Accreditation Handbook*

Canadian Association of Occupational Therapists. (2005). *CAOT Academic Accreditation Standards and Self-Study Guide*

Canadian Council for Accreditation of Pharmacy Programs. (2006). *Accreditation Standards and Guidelines for the Baccalaureate Degree Program in Pharmacy 2006 (Revised)*

Council of Canadian Physiotherapy University Programs (2009). *Entry-to-Practice Physiotherapy Curriculum: Content Guidelines for Canadian University Programs*

Moffett Boyd, M. & Garbarini, J. (2004). Creative Links: Supporting the community while meeting strategic goals. *OT Practice. January*, 11 -15.

Mulholland, S. & Derdall, M. (2005). A strategy for supervising occupational therapy students at community sites. *Occupational Therapy International. 12*, 28 – 43.

National Physiotherapy Advisory Group. (2009). *Essential Competency Profile for Physiotherapists in Canada.*

Solomon, P. & Jung, B. (2006). An interprofessional role-emerging placement in HIV rehabilitation. *International Journal of Therapy and Rehabilitation. 13*, 59 64.

Strohschein J, Hagler P & L May. 2002. Assessing the Need for Change in Clinical Education Practices. *Physical Therapy*; 82, pp 163

Sullivan, T. & Bossers, A. (1998). Physiotherapy clinical levels. *The National, 15.*3 7-9.

The Australian Physiotherapy Council (APC*) May 2009 Draft Accreditation of Entry Level Physiotherapy a manual for universities* http://www.physiocouncil.com.au/Accreditation/ retrieved Nov 15, 2010

The Chartered Society of Physiotherapy, 2002. *Curriculum Framework for qualifying programmes in physiotherapy*

Appendix A – Highlights of a national Clinical Education Survey (Spring 2009)

The Clinical Education Working Group designed and conducted a survey across Canada in the spring of 2009. A link to the online survey was distributed via Academic Coordinators of Clinical Education from each PT education program, and by Provincial Physiotherapy Regulators. The purpose was to solicit input from a wide range of Canadian physiotherapy stakeholders on student clinical placements to inform the development of a common framework. The following represents some highlights from the findings.

Survey Respondents

1049 English and 298 French distributed as follows:

	English Survey	French Survey
PT academic faculty member	4.6%	5.0%
Physiotherapy regulator	1.0%	0.3%
Employer / Manager of PT's	6.9%	6.0%
PT clinician	69.9%	59.7%
PT student	12.9%	25.5%
other	4.9%	4.3%

Definition
While most respondents felt the current definition of clinical education was accurate, they also felt that a new definition should be considered and that a common definition was very important.

Areas of Practice
There was consensus that the following areas were mandatory or important
Musculoskeletal - 100%
Neurological – 99.7%
Cardiopulmonary-vascular- 92.3%

Practice Settings and Services
The settings considered as mandatory or important included acute care, rehabilitation, long term care, and then a cluster of community based settings such as primary health settings, ambulatory clinics, community health centres, etc.

Respondents placed great importance on students gaining experience in various types of clinical services, with different client age groups, in varied practice locations and with different professional roles.

Accreditation Standards
Over 85% of respondents agreed or strongly agreed that accreditation standards for PT education programs should be more explicit in defining what constitutes "adequate clinical placement experiences" in regards to clinical education programming.

Clinical teaching

There was unanimous agreement that certain attitudes, skills, behaviours, knowledge and clinical judgment are essential for clinical instructors to be effective preceptors of physiotherapy students. Most (75%) felt that preceptorship of PT students should be considered a relevant (albeit optional) activity in contributing toward continuing competency requirements of a Physiotherapist for annual licensure / registration.

Appendix B – Responsibilities of Clinical Education Partners[19]

Clinical Education should:

- Be a collaborative learning experience among students, clients, clinical educators, onsite clinical coordinators and university programs;
- Be mutually beneficial to students and clinical educators;
- Be accepted as an essential part of professional growth for both students and clinical educators;
- Occur in a positive learning environment;
- Consider the teaching methods and learning styles of both students and clinical educators;
- Consider students' learning objectives in relation to their professional development within the context of the clinical environment;
- Support students to account for their learning;
- Enable students to link theory with practice;
- Enable students to take an active role within the site;
- Promote satisfaction for both students and clinical educators regarding the clinical experience;
- Support clinical educators preferences for student level, timing and supervision model to facilitate an educational fit;
- Occur anywhere the roles and functions of a physi0therapist can be developed and integrated.

Section 2: Responsibilities of Clinical Education Partners

(Primarily students, clinical educators and university clinical coordinators)

Students are expected to:

- Take responsibility for their learning experience and the direction of that experience in partnership with clinical educators, onsite clinical coordinators, university professors and clinical coordinators;
- Set personal and professional goals before the beginning of the clinical experience. Review and adjust them throughout the placement;
- Do preparatory readings before and during the clinical experience;
- Uphold the Codes of Ethics at all times (professional association, professional regulatory body, clinical site, university program);
- Comply with site and university policies and procedures;
- Increase their understanding of and promote the roles and functions of physiotherapists;
- Increase their understanding of and respect the roles and functions of other team members;
- Learn how physiotherapists contribute to the service delivery team;
- Increase their understanding of the systems in which physiotherapists practice;
- Develop competencies for the application of the physiotherapy process;

[19] Adapted from *Canadian Guidelines for Fieldwork Education in Occupational Therapy* 2005

- Develop increased confidence and competence in their practice of physiotherapy;
- Develop an interest in one or several areas of physiotherapy to guide them in designing their learning plans and career path;
- Communicate with the university clinical coordinator before or at mid-term if they encounter clinical challenges;
- Provide feedback to supervisor based on their clinical learning experience.

Clinical educators are expected to:

- Become familiar with the university clinical education program (learning objectives, educational tools, clinical evaluation tool, expected performance of student depending on placement level) and with the supervision process;
- Offer a welcoming environment, a comprehensive orientation and provide space for student use, as available within the site's resources;
- Act as role models for students;
- Offer a positive and comprehensive learning environment to enable student development within the core competencies required for physiotherapy practice;
- Clearly inform students of what is expected of them, appropriately grade responsibilities and expectations and be available to students to offer appropriate supervision;
- Offer regular and timely feedback based on student performance, including recommendations for improvement;
- Assist students to develop a good understanding of their "professional growth" and of the remaining learning objectives by allowing and promoting time for guided reflection;
- Meet with students to discuss and evaluate their performance at the mid-term and end of the clinical education experience;
- Communicate with the university clinical coordinator before or during the mid-term evaluation if the student encounters significant challenges;

University clinical coordinators are expected to:

- Assist students to develop a good understanding of their "professional growth" and of their learning objectives by offering clinical preparation (e.g. orientation and resources) and debriefing sessions (e.g. integration of theory with practice) to students;
- Provide clinical educators with orientation and educational resources related to the university clinical education program and the supervision process;
- Coordinate offers and requests for placements and whenever possible match students and sites according to students' academic and clinical profiles and interests;
- Enable students to make suitable choices in selecting clinical settings;
- Offer ongoing support and problem solving to students and clinical educators in dealing with student learning challenges;

- Recognize clinical partners who contribute time and expertise in supervising students;
- Provide sites with a clinical agreement, either temporary or long term, describing the liability and responsibilities of each party;
- Ensure students are provided with appropriate liability coverage;
- Regularly assess the content and quality of supervision given and provide recommendations to clinical sites and feedback to clinical educators.

Appendix C

Table 1: Comparison of professional organization standards (data collection: November 2010)

Professional Organization	# Clinical education hours	Diversity of Practice	Diversity of context	Supervision of Students
United States – Physiotherapy (Commission on Accreditation in Physical Therapy Education Accreditation Handbook)	""CP-4. In general, the clinical education courses account for at least one third of the curriculum (whether measured by credits, contact hours, or length in weeks). (B-27) CC-6. In order to adequately address the content and *learning experiences* necessary for students to achieve the expectations listed above, … and the clinical education component of the curriculum includes minimum of 30 weeks of full-time *clinical education experiences." (B-33)*	CC-4. The physical therapist *professional curriculum* includes *clinical education experiences* for each student that encompass: a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care; (B-28)	CC-4. The physical therapist *professional curriculum* includes *clinical education experiences* for each student that encompass: … b) Practice in settings representative of those in which physical therapy is commonly practiced; CP-4. There is ongoing and formal evaluation of the clinical education program. Evidence of compliance: Narrative: … • The adequacy of the number and variety of clinical education sites for currently enrolled students; • The practice areas in which the program needs to develop additional sites,…(B-27)	Clinical Education Faculty (CCCEs and CIs) F-23. The *clinical education faculty* (CCCEs and CIs) have a minimum of 1 year of clinical experience and demonstrate clinical competence in the area of practice in which they are providing clinical instruction. F-25. The responsibilities of the *clinical education faculty* (CCCEs and CIs) are delineated and communicated to them and to other *program faculty*, as needed.

United Kingdom-Physiotherapy (Chartered Society of Physiotherapy: Curriculum Framework for qualifying programs in Physiotherapy, 2002 and Validation Procedures)	"Students are therefore required to undertake approximately one third of their programme of study within the practice environment, amounting to approximately 1000 hours of learning (CSP p.27) 7. While the importance of developing knowledge and experience of research is acknowledged as part of the qualifying programme, placements in physiotherapy research cannot be part of the 1,000 hours of clinical practice. (Validation Procedures p. 30)	Students should develop new knowledge and skills while in practice-based settings, in addition to applying, consolidating and reflecting on learning gained in the university environment. They should gain experience that enables them to develop, apply and reflect on their clinical practice across the core areas of contemporary physiotherapy practice (particularly the management of individuals with problems of the neuro-muscular, musculo-skeletal, cardio-vascular and respiratory systems). (CSP p.28)	11. Physiotherapy is practised in a wide range of settings. There is a need to enable students to acquire and develop the necessary skills to prepare for their future practice through placements that reflect this. 12.Practice-based experience is normally gained in acute settings, (for example, in outpatient departments, on surgical and medical wards in a hospital), and in primary and intermediate care and specialist settings such those listed below: (Validation Procedures p 40)	22. Practice-based learning. Information should be provided on the following: • Support for clinical educators including: liaison and development programmes; …. • Provision of education and development programs for all clinical educators (Validation procedures p.33, 34)
Australia-Physiotherapy (Australian Physiotherapy Council-http://www.physiocouncil.com.au/Accreditation/(retrieved Nov. 22, 2010)		**Element 6.4.2: Clinical placements** 13 Adequacy of coverage will be evidenced by staff feedback, student feedback and clinical educator feedback. **Criterion:** The university must	**Element 6.4.2: Clinical placements** 13 Adequacy of coverage will be evidenced by staff feedback, student feedback and clinical educator feedback. **Criterion:** The university must provide	**Element 6.4.3 Clinical Educators** **Criterion:** The university must provide evidence that students within, and those who will enter, the program have access to adequately

		provide evidence that the clinical education program includes clinical placements that provide opportunities to develop competence in the **key areas of physiotherapy**, exposure to a range of settings (acute, rehabilitation and community) and to clients of all ages. In the early stages of planning for a new program in physiotherapy, universities must ensure that adequate clinical placement experiences available for the students who will enter the proposed program. (APC p 34)	evidence that the clinical education program includes clinical placements that provide opportunities to develop competence in the key areas of physiotherapy**, exposure to a range of settings** (acute, rehabilitation and community) and to clients of all ages. In the early stages of planning for a new program in physiotherapy, universities must ensure that adequate clinical placement experience is available for the students who will enter the proposed program. (APC p 34)	and experienced clinical educators to provide a comprehensive clinical education experience. o Clinical educators are experienced and trained in the key areas of physiotherapy, in a range of settings (acute, rehabilitation and community) and in physiotherapy management of clients of all ages. o The university provides educational programs for all clinical educators to continue to develop the knowledge and skills relevant to their educational roles o Students are supervised on all clinical placements by a person or persons with qualifications and experience appropriate to the particular environment

Canada-Occupational Therapy (CAOT, Academic Accreditation Standards and Self-Study Guide 2005)	2.84 The number of fieldwork hours meets the WFOT standard of 1000 hours." (p. 23)	2.89 The fieldwork component demonstrates that students acquire a range of experiences in numerous environments. e.g. PRACTICE AREA (e.g., physical health, mental health, mixed, or specialty type) AGE SPAN OF CLIENTS: (Children, youth, adult, senior adult, or mixed) (CAOT, p. 24)	2.89 The fieldwork component demonstrates that students acquire a range of experiences in numerous environments. e.g. TYPE OF ENVIRONMENT (e.g., hospital, rehab centre, community, or other) p 24	2.86 The fieldwork component occurs in approved sites in accordance with the program's policy on the coaching/mentoring of students by qualified occupational therapists. Suggested information: a report that confirms the fieldwork component occurs in approved sites with qualified occupational therapists that are registered with a regulatory body and have at least one year of experience.
Canada – Audiology and Speech-Language Pathology	Graduates meet academic and clinical requirements for registration with provincial regulatory bodies and provincial/territorial professional associations and for CASLPA membership and certification of practitioners.	The curriculum adequately reflects areas across the scope of practice for the profession. Students are exposed to a wide variety of work settings as well as populations and age groups served by the professions.	Students are exposed to a wider variety of work settings as well as populations and age groups served by the professions	

Appendix D

The Canadian Alliance of Physiotherapy Regulators
2008 Analysis of Practice

The Canadian Alliance of Physiotherapy Regulators (The Alliance) administers the Physiotherapy Competency Examination (PCE). Consistent with best practices in professional regulation, the validity of The Alliance's examination program is supported through the periodic conduct of an Analysis of Physiotherapy Practice. These analyses provide a "snapshot" of the practice of the profession at a point in time and are validated by practitioner input to determine the significant competencies – knowledge, skills and abilities – required for the safe and effective practice of physiotherapy in Canada.

The Examination Blueprint is drawn from the Analysis of Physiotherapy Practice. It outlines the essential elements to be covered by the PCE and specifies what proportion of an examination will cover each of them. These elements are organized under two dimensions: Areas of Practice and Functions - percentage weightings for these dimensions are indicated in the table below. The content outline includes conditions falling within each area of practice and activities performed within each function. The Examination Blueprint in turn directs the construction of a bank of questions and stations for the PCE. Other guidelines (client care, client age and gender, practice settings, associated conditions) are also considered in exam question development as well as selection of questions for each examination. The complete examination blueprint can be found at: http://www.alliancept.org/pdfs/exams_candidate_blueprint_09_eng.pdf

2009 Examination Blueprint	
FUNCTIONS	**AREAS OF PRACTICE**
Assessment and Evaluation 35% Interpretation, Planning, Intervention and Re-Evaluation 50% Professional Responsibilities 15%	Neuromusculoskeletal 50% Neurological 20% Cardiopulmonary-vascular 15% Multi-system 15%