LHSC – Victoria Hospital; Fowler Kennedy Sports Medicine; SJHC – Parkwood Hospital; VHA/Home Care

Settings: Acute Care/Hospital, Rehabilitation/LTC, Ambulatory Care Clinic

Areas of Practice: Musculoskeletal, Neurology, Cardiovascular & Respiratory
Possible Changes to MPT Professional Program Student Handbook

The MPT Professional Program Student Handbook contains the MPT policies, regulations and processes for the 2015-2016 academic year. If changes are required to these MPT policies, regulations and procedures, effective during the academic year, students will be notified of these changes.

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1. GENERAL INFORMATION

1.1 Clinical Placements PT9581-PT9585

Physical Therapy education consists of two interrelated components; academic and clinical. Over the two years of the Masters of Physical Therapy (MPT) Program each student will be scheduled in five clinical experience placements; Junior, Junior-Intermediate, Intermediate-Senior, Senior and a final Professional Consolidation. These clinical experience placements provide the opportunity for students to apply the knowledge, skills, behaviours and clinical reasoning learned in the academic component of the MPT program in actual clinical facilities under the supervision of registered physical therapists who volunteer as clinical preceptors/instructors.

Five clinical experience placements are scheduled during Year 1 and 2 of the MPT program. The courses and weeks are as follows:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Clinical Course Name</th>
<th>Weeks</th>
<th>Term</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 9581</td>
<td>Junior</td>
<td>6wks</td>
<td>Yr 1 Term 3</td>
<td>June/July</td>
</tr>
<tr>
<td>PT 9582</td>
<td>Junior-Intermediate</td>
<td>6wks</td>
<td>Yr 2 Term 4</td>
<td>Nov/Dec</td>
</tr>
<tr>
<td>PT 9853</td>
<td>Intermediate-Senior</td>
<td>6wks</td>
<td>Yr 2 Term 5</td>
<td>Mar/Apr</td>
</tr>
<tr>
<td>PT 9584</td>
<td>Senior</td>
<td>6wks</td>
<td>Yr 2 Term 5</td>
<td>May/June</td>
</tr>
<tr>
<td>PT 9585</td>
<td>Professional Consolidation</td>
<td>6wks</td>
<td>Yr 2 Term 6</td>
<td>July/Aug</td>
</tr>
</tbody>
</table>

Clinical Placement Course Outlines PT9581 - PT9585 - in CE Appendix

1.2 Location of Clinical Education Sites

UWO clinical education sites are located in London and communities in Southwest Ontario extending from Sarnia/Windsor in the west, to Owen Sound in the north and to Kitchener/Waterloo in the east. This area is known as the UWO catchment area. These communities include both small and large centers such as Windsor, Sarnia, Cambridge, Chatham, Goderich, Newbury, St Thomas, Stratford, Strathroy, Tillsonburg, Wingham, Woodstock etc. (Map of PT UWO Catchment Area shaded in darker grey below)
1.3 DEFINITION of SETTINGS

a. **Ambulatory Care Clinic Setting**: Care provided to a person living in the community but attending an outpatient setting for treatment (may be either a privately or publicly funded facility); the person requires primarily the services of a physiotherapist and may receive services in a variety of areas of practice: neurology, musculoskeletal or cardiovascular and respiratory; may include a range of patient age groups.

b. **Rehabilitation/Long Term Care Setting (includes Pediatric Rehab)**: Interdisciplinary care provided for a person requiring an intensive therapy focus to maximize functional independence or maintain or support function; provided within a rehabilitation hospital, acute care hospital rehabilitation unit, long term care facility, children’s treatment center, school, or outpatient clinic; the person may receive services in a variety of areas of practice: neurology, musculoskeletal or cardiovascular and respiratory; may include a range of age groups.

As South Western Ontario has five children’s rehabilitation treatment centers, Pediatric Rehabilitation placements are available, typically within the public school environment. The MPT recommends that students with a particular interest in pediatric rehabilitation also gain adult rehabilitation experience.

c. **Acute Care/Hospital Setting**: Interdisciplinary care provided for a person 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 person typically has a changing health status and the hospital stay is generally of short duration. The person may receive services in a variety of areas of practice: neurology, musculoskeletal or cardiovascular and respiratory; may include a range of age groups.

d. **Community Setting** (limited availability; clinical experience in the Community Setting not required for graduation): The person receives therapy services in the client’s home, retirement home or long term care facility. Support/sustain an individual in the home environment during recovery from an acute illness/surgery or in the ongoing management of a chronic disease or disability; model of service delivery is frequently consultative in nature with an emphasis on self-management. The person may receive services in a variety of areas of practice: neurology, musculoskeletal or cardiovascular and respiratory; may include a range of age groups.

1.4 MPT Graduation Requirements: COMPETENCIES, Clinical SETTINGS and AREAS of PRACTICE Policies

Upon graduation, MPT students are required to fulfill multiple professional roles and responsibilities relevant to contemporary physical therapy practice within a complex, dynamic, global health care environment.
On order to graduate from the Western MPT program, each student must obtain entry level competencies in the following physical therapy roles: Expert, Communicator, Collaborator, Manager, Advocate, Scholarly Practitioner, and Professional within the following common Settings (Acute Care/Hospital, Rehabilitation/LTC, Ambulatory Care Clinic) and Areas of Physical Therapy Practice (CR, MSK, Neurology).

1.4.1 MPT Competency Requirements for Graduation

On order to graduate from the Western MPT program, each student must obtain entry level competencies, based on the student’s clinical performance [and evaluation using the Clinical Placement Instrument (CPI) and the MPT Clinical Expectation / Learning Outcomes Table 1], in the following physical therapy roles:

i. Expert (assessment, diagnosis/prognosis, intervention, evaluate effectiveness of intervention) (CPI 1, 6, 9, 11, 12, 13, 14)

ii. Communicator, (CPI 6)

iii. Collaborator, (CPI 3, 15)

iv. Manager, (CPI 19, 20)

v. Advocate, (CPI 22, 24)

vi. Scholarly Practitioner, (CPI 9, 23)

vii. Professional (CPI 3, 4, 5, 8, 22)

1 MPT Clinical Expectation / Learning Outcomes Table (developed from PT9581 – PT9585 clinical course outlines/objectives)

2 Mapping of CPI items to PT Competencies (2009) based on data collected by Brenda Mori [(DCE, SPT, U of T) for her PhD] in consultation with NACEP members (2013)

1.4.2 MPT Setting & Area of Practice Policies & Requirements for Graduation

All MPT graduates are required to obtain sufficient breadth and depth of clinical experience to meet entry level physical therapy essential competencies in the most common physical Therapy clinical Settings and Areas of Practice. [this requirement is based on the following documents 1. Essential Competency Profile for Physiotherapists in Canada (2009); 2. The Entry to Practice Physiotherapy Curriculum: A Companion Document, Clinical Education Guidelines for Canadian University Programs (July 2011)].

The following clinical education policies and regulations have been developed to best prepare MPT graduates to meet these entry to practice requirements:

a. Prior to graduating, each student is required to have ONE placement and no more than TWO placements in any one of the following practice settings (≥180 hours per Setting):
1. Acute Care / Hospital
2. Rehabilitation / LTC
3. Ambulatory Care Clinic

b. Prior to graduating, each student is required to have adequate clinical experience sufficient to meet the physical therapy entry level requirements in each of the following areas of practice (≥ 100 hours per Area of Practice):
   1. Musculoskeletal
   2. Neurology
   3. Cardiovascular & Respiratory,

c. To maximize the breadth of a student’s clinical experience based on Settings and Areas of Practice, the following additional policies have been put in place at the recommendation of the Clinical Experience Committee (CEC) which includes MPT faculty and clinical site representatives.

   • A student is not allowed to complete two clinical placements that are of the same Setting, Area of Practice and Type. A student is not allowed to complete two identical clinical placements at different facilities or at the same facility (e.g. two placements in Acute Care / Hospital IP orthopedics; two placements in acute care – medicine at LHSC, two placements at Fowler Kennedy Sports Medicine Centre, two placements at CBI - London).

   • A student is not allowed to complete more than three placements at any one clinical placement facility even though the Setting, Area of Practice and Type may be different during each placement (e.g. no more than three placements at LHSC).

NOTE: A number of the clinical sites have pre-requisite MPT course requirements in order for students to be eligible to complete a PT9583, PT9584 or PT9585 clinical placement.

   • Fowler Kennedy Sports Medicine Clinic requires that students have taken and obtained an 80% average in the PT9544 Sports Physiotherapy elective course and have had a previous OP Orthopedic Clinic placement, in order for students to complete PT9583 - PT9585 at this facility.

   • LHSC NICU and Developmental Follow-up Clinic requires that the student has taken the PT9545 Pediatrics elective

   • Some private OP clinics require students complete a previous Ambulatory Care Clinic placement, prior to completing PT9583, PT9584, PT9585.

1.4.3 Available Settings and Areas of Practice Clinical Experiences

   a. The University of Western Ontario (UWO) clinical education sites provide both a depth and a broad range of clinical experiences within the following four practice Settings:

      • Ambulatory Care Clinic
      • Rehabilitation/LTC
      • Acute Care/Hospital
• Community (limited availability; clinical experience in the Community Setting not required for graduation)

Note: Each of the four Settings may include persons with one or more of the three areas of patient conditions for which physiotherapy treatment is commonly provided: musculoskeletal, neurological, cardiovascular and respiratory, and may include a range of age groups.

b. Although the MPT program is primarily based on Settings, MPT recognizes the importance of each student gaining entry level clinical experience in each of the three most common areas of physical therapy Areas of Practice:
   - Musculoskeletal Conditions
   - Neurological Conditions
   - Cardiovascular and Respiratory

Note: Persons with one or more of the three areas of conditions for which physiotherapy treatment is commonly provided (listed above), may be encountered in any of the four clinical Settings: Acute Care/Hospital, Rehabilitation/LTC, Ambulatory Care Clinic and Community

c. Preparation: Prior to the first clinical placement (PT9581), students will have had academic courses in each of the following Settings areas (PT9527 Clinics 1, PT9526 Acute Care 1, PT9525 Rehabilitation 1 and PT9524 Community 1). In addition, students have completed PT9511 Foundations of Physical Therapy, PT9512 Integrated Assessment, Regional Assessment PT9521 and Treatment of Regional Conditions PT9522. These courses adequately prepare students to complete their 1st clinical placement PT9581 in any one of the four setting areas and three of the most common areas of practice.

1.4.4 Strategies for Students to Achieve Required PT Competencies, Setting & Area of Practice Experience Requirements / Learning Outcomes

1.4.4.1 Student's Responsibility

Each student is responsible for obtaining adequate experience in the seven PT Competencies, three Settings and three Areas of Practice to meet MPT physical therapy graduation requirements and PT entry level competency requirements.

a. Student Strategies for PT Competencies:
   i. Each clinical placement will provide MPT students with clinical experiences in the required seven PT Essential Competencies.
   ii. Each student is responsible for reflecting on their clinical experience during each clinical placement (PT9581-PT9585) to determine individual clinical strengths and areas needing improvement in the seven PT Competency areas (Expertise in Physiotherapy, Communication, Collaboration, Management, Advocate, Scholarly
Practitioner, Professionalism) based on the Clinical preceptors/instructors feedback and the CPI evaluation.

iii. Students are encouraged to retain a copy of each clinical placement CPI with their CI’s permission (PDF or hard copy) to in order to identify and focus future clinical practice clinical practice on areas identified as needing improvement.

iv. Students are expected to address clinical areas/competencies needing improvement during subsequent placements.

v. When the student/ Clinical Instructor has identified PT competency area(s) needing significant improvement (based on clinical performance), the student is required to meet individually with the ACCE after the placement, to review CPI comments related to the PT Competency(ies), discuss and work together to develop strategies in the competency area(s) showing deficiency in order to maximize the students success in future clinical placements.

b. Student Strategies for PT Settings and Area of Practice

i. The Western clinical placement catchment area has the ability to offer a wide variety and number of clinical placements, more than adequate to meet the MPT Settings and Area of practice requirements for each MPT student. A variety of Settings and Area of Practice placements are available both within the City of London (LHSC, SJHC, private OP ambulatory care clinics) and outside the City of London (Windsor, Chatham, Sarnia, Owen Sound, Kitchener-Waterloo, Cambridge, Woodstock, St Thomas).

ii. When students are selecting clinical experiences/placements, the MPT program requires students to select an adequate mix of clinical experiences in the three most common settings and areas of clinical practice, based on the placement offer description and discussion with the ACCE.

iii. When necessary, prior to selecting clinical placements, students are encouraged to seek the advice of the ACCE to maximize their Settings and Area of Practice clinical experiences in order to meet MPT graduation requirements.

iv. During the MPT program, students are responsible for monitoring their clinical experiences in Settings and Areas of Practice, by retaining copies of their individual Summary Settings & Areas of Practice data forms to assist with future placement selection.

v. MPT student clinical experiences in both Settings and Area of Practice will be based on the data collected in the on-line Summary Settings & Area of Practice Summary Form data (completed by students, verified for accuracy and signed by each CI at the end of each student clinical placement), the JUN data base, CR &
Neurology Checklist and personal communication between the ACCE and Student.

**MPT Settings & Area of Practice Summary Form - CE Appendix**

- **Student Suggested Settings Strategies:**
  
  □ During clinical education sessions, placement selection strategies are provided to students in order for them to successfully meet the MPT Settings and Area of Practice requirements (e.g. During PT9581 and PT9582, complete one Ambulatory Care Clinic Setting placement and either an Acute Care/Hospital or a Rehabilitation Setting/LTC placement. For PT9583, PT9584 and PT9585 complete a 2nd Ambulatory Care Clinic Setting placement, either an Acute Care/Hospital or Rehabilitation/LTC Setting placement. PT9585 may be in Community, Acute Care/Hospital, Ambulatory Care Clinic or the Rehabilitation/LTC Setting depending on the student’s previous placement experiences).

- **Student Suggested CR & Neurology Area of Practice Experience Strategies**
  
  □ Each of the three required Settings may include persons with conditions falling under one or more of the three areas of practice [e.g. Rehab /LTC Setting may have Neuro & CR; Acute Care/Hospital Setting – IP Trauma (may have Neuro, MSK, CR); Acute Care / Hospital Setting - ½ IP , ½ OP; Ambulatory Care Clinic Setting - Sports (may provide services to persons with concussion & asthma etc; Neuro & CR.); Ambulatory Care Clinic Setting – OP MSK Clinic (may provide services to person with stroke, CP etc.; or services for persons with a primary MSK condition but with secondary condition (s) such as COPD, stroke, Parkinson’s Disease)].

  □ Students are **required** to use the *Checklist of Key Cardio-Respiratory Interventions for Entry-Level Physical Therapy Students* to maximize CR experiences during clinical placements and **advised to use** the *Neurology Checklist*. These documents may be used to substantiate required CR and/or neurology experiences for MPT graduation.

  □ When possible and convenient for the CI, in order to increase exposure to neurology and CR practice areas during clinical placements, students are encouraged to shadow or exchange placement areas with another MPT
student practicing in a CR or neurology practice area, for 1-2 days during their clinical placement.

1.4.4.2 ACCE's Responsibility

a. Based on the PT Essential Competencies (2009) and the Setting & Area of Practice guidelines laid out in the Entry-to-Practice Physiotherapy Curriculum: A Companion Document, Clinical Education Guidelines for Canadian University Programs (July 2011), the ACCE in collaboration with the Clinical Experience Committee advises, collects, reviews and evaluates individual student clinical experience data related to the following items:

1. PT Competency Performance (Expertise in PT, Communication, Collaboration, Management, Advocate, Scholarly Practitioner, Professionalism) based on the clinical performance outlined in the CPI evaluation
2. NACEP Student Site & CI Evaluation
3. Settings [Acute Care/Hospital, Rehabilitation/LTC, Ambulatory Care Clinic]
4. Area of Practice (CR, Neurology, MSK)
5. Lifespan (Children, Adults, Older Adults)
6. Experiences involving persons with Multisystem involvement
7. Interprofessional Experiences

Using the CPI formative and summative data and the Settings & Area of Practice Summary Form data

b. The ACCE provides students with education related to PT Competencies, Settings and Area of Practice requirements for graduation and strategies for clinical placement selection through:
   - Clinical Education (CE) lectures (also available to students on-line during the 2 year MPT program, at OWL, MPT Clinical Education Project Site)
   - Class Q & A sessions prior to placement selection
   - Individual ACCE - student meetings

c. ACCE Strategies Related to PT Competencies:
   - The ACCE (or designate) reviews each student CPI after PT9581-PT9585.
   - When student clinical performance concerns related to PT Competency(ies) are mentioned in the CPI by the CI, the ACCE meets individually with the student, reviews the documented concerns related to the PT competency area(s), obtains the students perspective and, if warranted, the ACCE and student together develop strategies to address the students area of deficiency in order to maximize the students success in future placements.
d. ACCE Strategies Related to NACEP Student Site & CI Evaluation:

- The ACCE (or designate) reviews each NACEP, Student Site & CI Evaluation.
- In situations where significant concerns are expressed (either on the NACEP Student Site & CI Evaluation form or during a personal communication between the student and the ACCE), the ACCE will meet with the student to clarify the situation. The ACCE will then follow-up with a phone call, a site visit, site remediation or removal of the site from the eligible clinical placement list.

e. ACCE Strategies Related to Settings & Area of Practice

The ACCE monitors each student’s compliment of Settings & Area of Practice clinical experiences to ensure students meets the MPT Settings and Area of Practice requirements prior to graduation.

i. Each student’s Settings and Area of Practice compliment is monitored by the ACCE after each placement, using the JUN data base (PT Internship Manager, Version 6.3.1, © 1998, 2005 Jun Consulting Group) and the Settings & Areas of Practice Summary form data.

ii. Prior to the PT9585 clinical placement assignment:

- ACCE reviews each MPT student Setting & Area of practice compliment. Those still requiring specific Settings and/or Areas of Practice experiences are advised of the Settings and Areas of Practice still required to meet MPT graduation requirements.

- ACCE will meet individually with students either when a student requests individual advice or when the ACCE has concerns that a student has not / will not meet the MPT Setting and Area of Practice requirements for graduation.

- MPT students who have not meet the MPT Settings and/or Area of Practice requirements by the completion of their 4th placement (PT9584), after ACCE-Student discussion, they are required to complete their final placement (PT9585) in the Settings and/or Area of Practice area in which they show a clinical deficit, (based on the JUN data base data, the Setting & Area of Practice Summary form cumulative data, CR & Neurology checklist, ACCE-Student personal communication). The ACCE will ensure that each student receives the Setting and/or Area of Practice clinical placement which is required to meet the MPT
graduation requirements (dependent on previous student placement choices, number of Settings/ Areas of Practice deficits, placement availability).

☐ Under extraordinary circumstances (as determined by the ACCE), a Clinical Exposure Placement (1 day per week for 6 weeks) may be arranged within the students PT9585 placement, in order to maximize the students clinical experience in a Setting/Area showing some deficits (depending on placement availability, student clinical skills, and previous student placement selection).

iv. ACCE Strategies After PT9585 Placement Assignment:

☐ Under circumstances when the student has not met the MPT Settings and Area of Practice requirements during PT9581 – PT9585, the student will be required to complete an additional 3 - 6 week placement (after the completion of PT9585) in order to meet MPT Setting & Area of Practice graduation requirements. This decision would be made by the ACCE, after careful review of the student’s Settings and Area of Practice clinical experiences and discussion with the student. The ACCE would seek final approved from the Chair, MPT Program Committee prior to implementing this additional clinical placement requirement.

All MPT requirements must be met prior to graduation from the MPT program, failure to meet the requirements will result in delay of MPT completion.

Student placement selection dependent on available placement offers

1.5 Policies and Regulations Related to Placements within the UWO Catchment Area

1.5.1 **All placements are arranged by the Academic Coordinator of Clinical Education (ACCE) for each student. The National Association of Clinical Educators in Physiotherapy (NACEP) requires that students NOT contact sites to arrange their own clinical placements. Doing so could result in the cancellation of the student’s clinical placement.

1.5.2 Clinical placements are arranged by the ACCE 4-5 weeks prior to the beginning of each clinical experience placement.

1.5.3 **All students must complete their first clinical placement (PT9581) within the UWO clinical placement area.

1.5.4 **At least two of the remaining 4 placements (PT 9582-PT9585) must be completed by each student, within the UWO Clinical placement area.

1.5.5 **All students will be required to complete at least ONE clinical placement outside the City of London (OOL) but within the UWO MPT assigned catchment area.
This does not prevent students from doing more than one placement outside the City of London. Students will be placed in their one OOL required placement, using a random process by the ACCE, in the following way:
PT9581 = 20 students; PT9582 = 5 students; PT9583 = 10 students; PT9584 = 10 students; PT9585 = 5 students

**Required prior to graduation from the MPT program, failure to meet all the requirements above will result in delay of MPT completion.**

1.6 Clinical Experience Committee (CEC)

SCHOOL OF PHYSICAL THERAPY, MASTER OF PHYSICAL THERAPY

CLINICAL EXPERIENCE COMMITTEE (CEC)

Terms of Reference

1.1 To develop, implement and review policies and procedures related to the clinical experience aspect of the MPT Program

1.2 To provide a forum for Clinical Preceptors (CP), site Center Coordinators of Clinical Education (CCCE), faculty and students to discuss, develop strategies and provide recommendations relating to the clinical experience aspect of the Program

1.3 To facilitate the development of clinical experience sites and Clinical Preceptors

1.4 To develop, implement, revise forms used for evaluation of the clinical experience aspect of the MPT Program, including students, Clinical Preceptors and clinical experience facilities

1.5 To investigate and implement models of student clinical education related to learning, supervision and evaluation within the clinical experience environment

1.6 To review and update as necessary (for accuracy and consistency), all publication materials relevant to clinical education (ie websites, electronic communications and paper copy) that are sent to students, site Center Coordinators of Clinical Education and Clinical Preceptors

1.7 To develop, maintain and annually review a summary report that tracks student clinical experience data

1.8 To evaluate the clinical experience aspect of the MPT Program overall on an ongoing basis and make recommendations for change to the MPT Program Committee

1.9 To evaluate the effect of implemented change(s) to clinical education approved by the MPT Program Committee and School Committee where indicated

1.10 To annually assess the effectiveness of the committee
Membership

2.1 The MPT Academic Coordinator of Clinical Education (ACCE) will serve as Chair

2.2 At least one Clinical Coordinator of Clinical Education (CCCE) or designate representing each of the following different facilities/settings/locations within the University of Western Ontario Clinical Education catchment area:

- 1 Acute Care/Hospital setting facility
- 1 Rehabilitation/LTC setting facility
- 2 Ambulatory Care Clinic setting facilities, (private or publically funded)
- 1 Community setting facility (home care)
- 1 committee member from each of the following SW ON Counties:
  - Essex-Kent-Lambton County (Windsor, Chatham, Sarnia area)
  - Grey-Bruce-Huron-Perth County (Owen Sound, Stratford, area)
  - Oxford-Waterloo County (Woodstock, Kitchener/Waterloo area)

2.3 Assistant to the ACCE (MPT staff member)

2.4 Assistant Academic Coordinator of Clinical Education (Assistant ACCE)

2.5 MPT student representative, one from 1st year, one from 2nd year

2.6 Chair, MPT Committee

2.8 Term of office is three years for members renewable (except MPT student representatives who will serve for a two year term); staff, standing membership

Accountability

3.1 Responsible for annual reports and forwarding recommendations to the MPT Program Committee (and the Curriculum, Admissions and Student Affairs Committee when required)

3.2 Each committee member is responsible for informing the group s/he represents of relevant business arising from the meetings

3.3 The Clinical Experience Committee works closely with other MPT Program subcommittees (Admissions, Curriculum & Student Affairs) in areas of common interest and concern to ensure communication and coordination of MPT policy changes related to Admission, Clinical Education, Curriculum and Student Affairs.
Meetings

4.1 A minimum of two meetings shall be held each year at the call of the Chair

4.2 A minimum of 50% of voting members will form a quorum, including the presence of the ACCE or designate; members are allowed to participate by telephone or electronic means

4.3 Minutes of meetings shall be circulated to committee members and will be stored in electronic format on the secure School of Physical Therapy common drive network location; any information deemed confidential shall be handled and stored in a secure manner.

Revised Aug 2015, approved by the SPT Committee

1.7 Progression Through Clinical Experience Placements

a. Students must successfully complete all Term 1 and 2 courses prior to commencing Junior Clinical Experience placements, PT9581.

b. Students must successfully complete all Term 4 courses and PT9581 prior to commencing PT9582 Junior-Intermediate Clinical Experience Placement.

c. Students must successfully complete all Term 5 courses and PT9582 prior to commencing Intermediate-Senior Clinical Experience Placements, PT9583 & PT9584.

d. Students must successfully complete all Term 6 courses and PT9583 & PT9584 prior to commencing final Professional Consolidation Placement, PT9585.

e. Clinical Experience Placement PT9581 must be successfully completed prior to PT9582; PT9582 must be completed before PT9583; PT9583 must be completed prior to PT9584; PT9584 must be completed prior to PT9585.

1.8 Student Clinical Placement Expectation / Learning Outcomes and Required Documentation for PT9581 – PT9585 Clinical Placements

a. Expectations /learning outcomes for clinical placements PT9585-PT9585 as specified in each course outline and the Clinical Expectation / Learning Outcomes Table PT9581-PT9585 must be met by each MPT student for each clinical placement.

(Clinical Placement Course Outline PT9581-PT9585 and Clinical Expectation / Learning Outcomes Table PT9581-PT9585 - CE Section Appendix - arranged in alphabetical order).

b. Formal evaluation of student by CI using Clinical Performance Instrument (CPI). CI completes hardcopy at midterm and final evaluation. Student and CI sign at midterm and final evaluation to indicate the evaluation was reviewed by CI with student.

(Clinical Performance Instrument - CE Section Appendix - arranged in alphabetical order)
c. Self-evaluation by the student using the CPI at midterm and final evaluation.

d. Student evaluation of the site and clinical instructor using the NACEP Student Site and Clinical Instructor Evaluation form at midterm and final evaluation (on-line). Student and CI sign.

(NACEP Student Evaluation of Clinical Placement & Instructor and Responsibilities of Student, CI, CCCE and ACCE - CE Section Appendix - arranged in alphabetical order)

e. Student presentation at clinical site
   (e.g. critical review of a research article or critical appraisal topic, (CAT).

f. Completion of the MPT Settings & Area of Practice Summary form (on-line). Student and CI sign.

(MPT Settings & Area of Practice Summary form - CE Section Appendix - arranged in alphabetical order).

g. Completion of NACEP Checklist of Key CR Interventions for Entry Level Physical Therapy Students. Student and CI sign at end of placement to confirm accuracy.

(NACEP Checklist of Key CR Interventions for Entry Level Physical Therapy Students. - CE Section Appendix - arranged in alphabetical order)

h. Documentation required for any absence from placement (e.g. Notify ACCE by email of: illness, compassionate leave; Complete Exceptional Leave form for all other absences).

( Exceptional Leave Application Form - CE Section Appendix - arranged in alphabetical order)

i. Thank you note provided by the student to the clinical instructor at the end of each placement.

j. *Reflection of a Critical Incident* for PT9581 & PT9582.

(Reflection Instructions and Self Evaluation - CE Section Appendix - arranged in alphabetical order)

1.9 **MPT Placement Process**

a) MPT obtains placement offers from clinical sites on a volunteer basis

b) Students select and rank their “Top 10” placement choices from the available placement offers.

c) Computer random matching process assigns students to clinical placements

d) Provision of Letter of Introduction and Student Professional Profile (SPP) to the clinical site 4 weeks prior to the beginning of the placement

(Student Placement Profile (SPP) and Letter of Introduction - CE Section Appendix - arranged in alphabetical order)
1.10 Offer of Clinical Placements by Facilities

a. Within the UWO MPT catchment area there are a number of hospitals which are designated as teaching hospitals under the Council of Academic Hospitals of Ontario: LHSC and SJHC, are specifically committed to the clinical education of MPT students.

b. Prior to offering a clinical placement to a student, facilities need to ensure that they are able to meet their obligations to:
   - Their policies and regulations
   - Patient safety
   - Patient treatment and care

c. Each site makes the final decision whether a clinical placement will be offered at their facility and this offer can be withdrawn at any time, either prior to or during the clinical placement. This may be based on CI availability (e.g. health issues, termination of employment by the CI, site work load difficulties or other issues related to the facility) or the student’s performance. In addition, if significant and relevant information related to the clinical placement and/or the student and is unknown to a site when the site makes a decision to offer a clinical placement, then the site can withdraw or terminate the clinical placement at any time (either prior to or during a clinical placement). Discussion between the ACCE and the CI/CCE will be undertaken prior to the decision to withdrawal a clinical placement.

d. Each clinical facility is under no obligation to provide clinical placements for the MPT students. The offer of clinical placements by facilities and the supervision of MPT students by physical therapists are provided on a voluntary basis typically motivated by each sites and therapists professional obligation to their profession and their commitment to the education of the next generation of physical therapists.

1.11 Cancellation of Placement

a. Sites need to determine whether they are able to provide adequate instruction and supervision to meet the student’s clinical needs while still providing adequate patient care and safety for their patients to whom the health care facility and physical therapist / CI are ultimately responsible:
   i. If the CI deems they are unable to meet their professional obligations to their professional College, while continuing to supervise a student, the placement will be cancelled.
   ii. If the CI is unable to provide adequate supervision and instruction based on the student’s needs, the placement will be cancelled.
   iii. Each facility must meet their obligations to the well fair of their patients. If this is not possible during a student placement, the placement will be cancelled.

b. If the student fails to meet the specified placement requirements that need to be completed prior to the placement, the student’s placement will be cancelled.

c. If the CI demonstrates unacceptable/inappropriate professional behaviors, the placement will be cancelled
1.12 Sharing of Student Information with the Site

1.12.1 MPT Obligation
The MPT is required to share with the placement facility, all relevant student information which could significantly and negatively affect the student’s clinical placement performance, the health / safety of patients and the ability of the facility to meet its obligations to their patients and staff, related to any of the items listed below:

a. Academic Performance
b. Clinical Performance
c. Medical Issues
d. Other additional information as deemed necessary

The site Clinical Coordinator of Clinical Education (CCCE), and CI if deemed necessary, will be provided with relevant information about: academic /clinical performance, learning/physical disabilities, or medical conditions.

1.12.2 Essential Information
Only information will be shared which is deemed necessary to allow the CCCE and CI to maximize the students clinical performance during the placement and to make decisions regarding:

- the sites /CI’s ability to offer the student the assigned placement
- the ability of the CCCE to appropriately assign the student to a CI
- enable the CCCE to determine if activity limitations can be accommodated in their setting
- the specific learning needs of the student.

1.12.3 Consultation with UWO Privacy Officer
The MPT seeks and follows the guidance provided by the UWO Privacy Officer and UWO Legal Services to clarify all legal obligations related to the sharing of student information with sites when warranted. Once confidential student information is provided to a site, the facility will ensure that the student’s personal information provided to the CCCE and CI by the University is used only for the purposes for which it was given to the facility. This would be either for the purpose of determining whether the student will be accepted for the placement and as needed during the actual placement. This information will not be disclosed to any other person without permission of the University.
2. FACILITY: REQUIREMENTS & RESPONSIBILITIES

2.1 Facility Requirements

Each facility has the final say on whether a student is allowed to begin, continue or complete a clinical placement at their site when clinical placement health requirements have not been met. If a health/infection control issue should arise, the decision to continue or not with the students placement is made under the guidance of the facilities Occupational Health & Safety program, UWO policy and other resources as appropriate to the situation. Please refer to the medical and non-medical requirements required by the MPT in section 3.3.1 section below in addition to the following requirements:

a. On-line hospital orientation completed three weeks prior to first day of placement (e.g. mission, privacy/confidentiality, WHMIS, fire response and evacuation, emergency codes, infection control, waste management, code of conduct etc.).


c. Students are required to meet ALL site requirements prior to the placement, even if they vary from those indicated on the placement offer sheet or as required by the MPT

2.2 Preparing Facilities for Students

2.2.1 Education for Facilities and Clinical Instructors

Clinical sites are an extension of the classroom, and as such, the School of Physical Therapy (SPT) has an obligation to prepare facilities to receive students. Part of this obligation is to educate site-coordinators and clinical preceptors/instructors (CI) regarding minimum requirements expected by the MPT for the supervision of MPT students.

a. Many CI’s have also been provided with, on-site education and all have access to the web-based Preceptor Education Program (PEP) for Health Professionals and Students www.preceptor.ca which includes such topics related to clinical placements as orientation, developing learning objectives, giving and receiving informal feedback, fostering clinical reasoning, clinical reflection, dealing with conflict, the formal evaluation process and peer mentoring.

b. Western, FHS offers a one day Clinical Education Workshop once every 18 months available to all its clinical preceptors/instructors and site coordinators. Each workshop offering a different topic relevant to the clinical education of health care students is provided.

c. Other educational opportunities for clinical education are offered during the academic year:

- Annual/biannual ½ day Clinical Education workshops (provided by ACCE in London, Windsor, Owen Sound and Kitchener).
- Site Orientation Visits
- Routine clinical site visits
- Site visits to provide support to CI’s and students during clinical placements
2.2.2. MPT Communication with Clinical Sites, CCCE’s, Clinical Instructors

No MPT program can exist without the continued on-going support and commitment of its clinical partners. Effective two way communication between the Master of Physical Therapy (MPT) program, Academic Coordinator of Clinical Education (ACCE), Center Coordinator of Clinical Education (CCCE) and clinical preceptors is key to an effective, collaborative and positive relationship between the MPT program and clinical sites/stakeholders/partners. Based on the MPT Communication Framework (Jan 2015) the following communication strategies are indicated to maintain effective communication between the MPT program, ACCE and MPT clinical sites within the Western catchment area.

i. Membership on Clinical Experience Committee (CEC) [CEC representatives are responsible to distribute CEC information to Clinical Preceptors at their individual facilities.]

To ensure all Settings are represented, the CEC will include at least one Center Coordinator of Clinical Education (CCCE) or designate representing each of the following different facilities/settings within the University of Western Ontario Clinical Education catchment area:

- 1 Acute Care/Hospital setting facility
- 1 Rehabilitation/LTC setting facility
- 2 Ambulatory Care Clinic setting, private practice facilities
- 1 Community/Home Care setting

½ of Western MPT clinical placements are within the City of London and ½ are outside the City of London. To ensure both groups of clinical partners are included in decision making within the CEC, one representative from each of the following areas is included in the CEC membership:

- Essex-Kent-Lambton County  
  (geographical area: Windsor, Chatham, Sarnia area)
- Grey-Bruce-Huron-Perth County  
  (geographical area: Owen Sound, Stratford, Goderich area)
- Oxford-Waterloo County  
  (geographical area: Woodstock, Kitchener-Waterloo area)

ii. MPT Program website

iii. MPT Clinical Preceptor OWL website

iv. **Western MPT Clinical Sites email list**

- Email communication between Centre Coordinators of Clinical Education (CCCEs) and MPT program. CCCE’s responsible for distributing information to individual clinical preceptors at their sites.
- All CCCE’s have access to MPT Graduate Assistant and ACCE emails and phone numbers; CCCE provides MPT Graduate Assistant and/or ACCE contact information to clinical preceptor in order to facilitate direct communication between clinical preceptor and ACCE/MPT program.
• Updated and maintained by CE Administrative Assistance on an on-going basis throughout the year.

Email communication, for example:

- Request for and offers of clinical placements (notification by email; 3 times annually)
- Notification of assignment of Clinical Placements (notification by email; 3 times annually)
- Honourarium Funding (notification by email; annually)
- Clinical Preceptor library access (notification by email; annually)
- Notification of CE Conferences, ACCE workshops & training.
- Notification of MPT policy/process changes affecting clinical sites and clinical preceptors.

v. Individual ACCE face to face/email/phone communication with CCCE, & CI’s
vi. Facility Site Visits (by ACCE/designate: site orientation; student/CI support; education; communication). A site visit may be requested by site/CCCE/CI, student or ACCE

vii. CE educational opportunities (notification by email: FHS Conference; CE Workshops offered annually by ACCE; other
viii. MPT CCCE & CI survey (notification by email: completed once /2 years)

2.3 Remuneration to Clinicians

Students should be aware that by providing supervision and instruction in the clinical setting, clinicians are in fact demonstrating their commitment to the profession and to the clinical training of the students in the MPT program.

In 2007, The Government of Ontario, Ministry of Training, Colleges and Universities, recognized the need to financially support clinical education in the Rehabilitation Sciences. Honourarium funding at the rate of $50 per week is now provided to all Clinical preceptors/instructors supervising a UWO student. This is an extremely modest amount but does recognize the significant contribution Clinical preceptors/instructors provide to the training of future Physical Therapy students. The University does not provide a salary for any of its clinical instructors.

2.4 Faculty-Facility Liaisons

a. The ACCE, as a representative of the SPT, MPT, actively communicates with all clinical sites who regularly offer placements for the MPT students. The Clinical Experience Committee meets 4-5 times a year and has CCCE representatives from 5-8 different clinical sites within the UWO catchment area. This committee provides a venue in which there is a sharing of information as well as collaborative decision making between the MPT and the clinical sites in matters related to
clinical education (e.g. placement expectations, site requirements, student clinical placement issues etc.).

b. A CI/CCCE survey is completed bi-annually (once every two years) to obtain confidential feedback from clinical sites regarding strengths and areas needing improvement related to processes, collaboration and communication between the MPT – CE program and the MPT clinical sites and preceptors.

c. If a student is failing a placement, the ACCE MUST be notified as soon as possible by both the CI and the student. The ACCE will arrange a meeting to define the deficit areas and assist in developing new objectives and strategies to maximizing student success during the time remaining in the placement.

2.5 Responsibilities of the Clinical Education Sites

2.5.1 Organization

a. The students placed in each clinical site are oriented, and assigned by the CCCE to a CI. Due to unexpected circumstances, the CCCE may need to make last minute changes to the student’s assigned CI or clinical placement location, either prior to, at the beginning or during the student placement.

b. Orientation to the site is the responsibility of the site. Starting the placement on a good foundation of collaboration is a shared responsibility of the student and the CI. Each clinical site supervising a student in a clinical experience placement will have received a placement confirmation package with the Clinical Performance Instrument (CPI) for evaluation of the student during each placement, CI and Student Evaluation Requirements and the CI manual for Empower access. The NACEP Student Site & CI Evaluation as well as the MPT Setting & Area of Practice forms are available on the Empower system and are completed on-line by both the student and the clinical preceptor.

(NACEP Site and CI Evaluation and CPI; MPT CI and Student Evaluation Requirements; CI manual for Empower access; MPT Setting & Area of Practice forms - CE Section Appendix - arranged in alphabetical order)

c. CCCE’s and CI’s have access to the Preceptor Education Program (PEP) see 2.9.3 above. This can be used collaboratively by the student and the CI together, when planning placement objectives, deciding in the type of informal feedback that suits the students and CI’s style, resolving conflict, or when working within a Peer Mentoring supervision model etc.

2.5.2 Supervision

The CI and student(s) will allocate specific periods for discussion of clinical issues, placement objectives, patient care and the provision of feedback regarding the student’s performance. The frequency and length of these meetings will depend on the level and ability of each student.

a. For all clinical placements the CI will provide more instruction and supervision during the first ½ of the placement with a decrease of instruction and supervision during the last ½ of the
placement. The amount of supervision by the CI is dependent on the student's ability to treat patients safely and effectively and show good clinical reasoning. As the student works under the CI's professional license, the level of supervision required by a student is always based on the CI's professional judgment, in all cases.

b. Junior students require the most instruction, guidance and direct supervision (PT9581 & PT9582)

c. Intermediate students are more variable in their supervision, guidance and instruction needs; some are still functioning closer to a junior level student, while others are at a more senior level. The CI will need to carefully assess each of the students at this level to determine their initial needs at the beginning and throughout the placement (PT9583)

d. Senior students will initially require supervision, guidance and instruction. But once familiar with the environment, this requirement will be reduced to a more consultative model on the part of the CI, towards the end of the placement when the student should be at entry level (PT9584 & PT9585).

(Minimum Supervision Requirements for MPT Student - CE Section Appendix - arranged in alphabetical order)

2.5.3 Evaluation of Student – Pass / Fail Decision

a. The CI, (and if required in collaboration with the CCCE and/or ACCE) shall provide a mid-term and final evaluation report using the CPI. The grade assignment is on a pass / fail bases for all clinical placements.

b. If the CI has significant concerns regarding the student's performance, the CI must notify both CCCE and the ACCE.

c. If a student is at risk of failing a placement, at any time during the clinical placement, the CI and the student are required to notify the CCCE and the ACCE as soon as possible. If warranted, the ACCE will arrange a meeting with the student, CI (and if necessary the CCCE) to review the student's strengths and deficit areas and collaboratively develop new strategies (and clarify the placement objectives) to maximize the student's success during the time remaining in the placement.

d. Towards the end of the placement, in the case where there are concerns whether the student will pass or fail the placement, in consultation with the student, the CI, CCCE and the ACCE will collaboratively make the decision as to whether or not the student should pass or fail the placement.

e. Under circumstances when the student may be at risk of failing a 2nd clinical placement, the MPT Chair or the Student Affairs Chair, may be requested to attend the final evaluation as a neutral/unbiased decision – maker, in addition to the student, Clinical preceptor, CCCE and the ACCE.

f. In the case where there are concerns whether the student will pass or fail the placement, the student is encouraged to invite an ombudsperson to provide student support during the final clinical placement evaluation.
3. PLACEMENT REQUIREMENTS related to STUDENTS

3.1 General Policies and Regulations

a. It is the student’s responsibility to comply with ALL requirements specified by both the MPT and the clinical site.

b. It is the student's responsibility to have all necessary documentation required for each clinical placement. Please be aware that these requirements may vary from site to site, month to month and year to year.

c. It is the student’s responsibility to keep all their required documents up-to-date over the course of the 2 year MPT program.

d. The University or facility will deny the student access to the clinical facility if all documentation and records are not current.

e. If the student fails to meet the specified placement requirements prior to the placement, the student's placement will be cancelled.

f. The student is required to complete all medial and non-medical requirements as specified for entering and returning MPT students. Western Student Health Services will complete all document reviews to ensure specified requirements are completed and are up-to-date. Students are required to retain their original copies of all necessary clinical placement documents. Please keep these documents in a safe and secure place as they will be required by MPT students at the beginning of all clinical placements. It is suggested that each student retain a PDF of required medical and non-medical documentation.

g. The student's clinical course mark for each clinical placement will not be submitted to the UWO administration until all requirements related to the clinical placement have been completed to the satisfaction of the MPT/SPT.

3.2 Preparing Students for Placement

3.2.1 General Information

a. The MPT academic program provides the student with the basic knowledge, skills, professional behaviors and clinical reasoning, to deal with the most frequently encountered clinical conditions related to the rationale for the selection of assessment, differential diagnosis, therapeutic approaches, progression of treatment and the development of a discharge plan. During the academic program students will typically practice on normal individuals (fellow classmates), simulated patients and some real patients. During the 5 clinical experiences, students will have the opportunity to integrate and practice most of the required clinical skills, behaviors, knowledge and clinical reasoning on patients in a variety of health care environments. The development of clinical reasoning is a key component of the MPT program and the clinical experience.

b. The academic and clinical components of the MPT program complement each other, providing the necessary research / evidence bases to physical therapy practice in combination with real-life practice at a health care facility under the supervision of a registered physical therapist.
3.2.2 Clinical Education Lectures

Prior to each clinical placement, there are required clinical education classes, provided by the ACCE that all students MUST attend. During these classes information regarding MPT and placement requirements, the process for student assignment to clinical placements, process for out-of catchment placement, process for international placements, placement expectations, communication, informal and formal feedback during the placement, conflict resolution, travel and accommodation funding for student placements outside the City of London but within the UWO catchment area, remedial placement policy, leave of absence and exceptional leave, will be reviewed plus other topics as required.

3.2.3 Preceptor Education Program for Health Professionals and Students (PEP)

In addition, ALL CCCE’s, CI’s and students will have access to a new on-line Preceptor Education Program for Health Professionals and Students (PEP) 2nd edition. This can be accessed through www.preceptor.ca.

Each module is self-directed, is approximately 30-40 minutes in length and includes quick tips, learning activities and downloads related to clinical education useful to CCCE’s, CI’s and students.

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* Failure to do so will result in the cancellation of the related clinical placement

3.3 Mandatory Requirements PRIOR to the Beginning of Placement

3.3.1 MPT Medical & Non-Medical Requirements

a. Each student must provide Western Student Health Services with the specified entering and returning student mandatory MPT Medical and Non-Medical Document requirements by the dates specified by the MPT program.
b. Documentation of the following items will be required by the MPT:

- Record of First Aid and CPR (HCP level) to cover the entire time the student is in the MPT program.
- Original documentation of a valid Vulnerable Sector Screen (including search of the Pardon Sex Offenders Database) for both the 1st and 2nd year of the MPT program. A number of clinical facilities require students to submit their VSS to the facility 3 weeks prior to the beginning of placement.
- Documentation of MPT Immunization requirements (as specified in the entering and returning student medical and non-medical requirements documents).
- N95 mask fit test. Based on a 2003 UWO Senate Policy, all students doing clinical placements require Respirator Testing to accurately determine the correct respirator mask type which will provide them with adequate protection to meet the Air Borne Infection Control precautions.
- Flu shot required for placements between Oct/November 1 and March 31 for specified sites.
- Documentation of N95 respirator mask testing indicating a specific type provided by London Health Sciences Centre adequate to meet Infection Control Airborne Precautions under infection control (note: required by UWO Senate).
- Requirements related to ON Ministry of Labour, Bill 18: *Stronger Workplaces for a Stronger Economy Act, 2014 under the Occupational Health and Safety Act (OHSA)*
- Signed LHSC/SJHC Privacy and confidentiality document
- Signed MTUC - WSIB Declaration document
- Review and signature of Infection Prevention and Control Competency Training
- Review and certificate of completion for Occupational Worker Health & Safety Awareness Training
- Review and certificate of completion for WHMIS (Basic) Training
- Completion of PEP modules and reflection as specified in PEP section
- Other required documentation as required.

c. The MPT will provide further direction to students related to these requirements at the beginning of each academic year as facility requirements frequently change from year to year.

d. Failure to provide Western Student Health Services / MPT with the required Medical & Non-Medical documentation by the date specified each academic year, will result in cancellation of the student’s clinical placement.

e. It is the student’s responsibility to complete and provide all required documentation related to clinical placements.
NOTE: MPT Students are responsible for the cost related to all School of Physical Therapy, MPT clinical placement requirements and site requirements.

f. The University of Western Ontario policy on AIDS regarding Health Science Faculties is included in the appendices (AIDS Policy - CE Section Appendix - arranged in alphabetical order). It is the student’s responsibility to comply with these health requirements.

3.3.2 Hospital On-Line Orientation
A number of hospitals in the UWO catchment area require students to complete an on-line student hospital orientation training program at least 3 week prior to the beginning of the student’s clinical placement (e.g. Windsor Regional Hospital, London Health Sciences Center, Grand River Hospital). If this is not completed on time, the student's placement will be delayed or may need to be cancelled. The clinical site will provide you with a web site address, user name and pass word if this is a requirement. The on-line orientations typically include such topics as facility mission statement, emergency codes, code of conduct, infection control, WHMIS, and privacy and confidentiality.

3.3.3 Student Liability and Worker's Safety and Insurance Board (WSIB) Coverage

a. Provided that the student is carrying out duties as part of a course required by the university, he/she will be covered with malpractice liability insurance by the University of Western Ontario. This insurance can be extended to students in a clinical affiliation outside the province of Ontario or outside of Canada.

b. Students will be covered for Workers’ Safety and Insurance Board (WSIB) claims by the Government of Ontario, Ministry of Training Colleges and Universities for any injuries which might occur during placements undertaken in the province of Ontario. Be conscientious about the completion of these documents as an injury during a clinical placement, no matter how minor, could affect your ability to practice in future (e.g. neck or back injury).

c. All MPT students will be required to sign the Student Declaration of Understanding Workplace Safety and Insurance Board or Private Insurance Coverage Students on Program Related Placements document indicating they are aware of MTCU – WSIB coverage. This signed document will be placed in the student’s MPT file

d. Should a student be injured during a placement, the ACCE must be notified immediately, and the following forms MUST be completed and sent to the MPT ACCE:
   - Site Accident / Incident Form
   - Ministry of Training, Colleges and Universities( MTCU) - Letter of Authorization to Represent Employer form
   - MTCU – Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form

   (Note: MTCU – WSIB Policy for Student Placements - CE Section Appendix - arranged in alphabetical order)

e. Students should carry personal health accident insurance for all placements undertaken outside Ontario.
3.3.4 Student Preparation for Placements Prior to the Placement

a. Prior to each clinical placement, the expectation is that the student will review:
   - Academic material related to the clinical placement setting
   - Materials provided by the facility
   - The most common assessments and treatment protocols specific to the facilities most frequently seen patient conditions

b. During the placement, the student is responsible for the review of specific academic material related to individual patient care.

c. Exploring new references and sources to assist with patient care, clinical reasoning, gaining additional insight into assessment, differential diagnoses, treatment strategies, progression of patients and discharge planning using an evidence-based approach to care.

d. During each clinical placement, after a collaborative discussion with the CI, the student will incorporate into their patient care, the agreed upon suggestions and instruction provided by the CI.

e. Throughout each clinical placement, the student will use reflection, as a method to improve their skills, knowledge, behaviors and clinical reasoning in the area of physical therapy.

3.3.5 Mechanism of Assigning Students to Clinical Placements

a. The ACCE coordinates the assignment of students to clinical sites which have offered placements.

b. Students are assigned to placements using a **random computer matching system** approximately 4 weeks prior to the beginning of each placement.

c. Students will be randomly assigned using this same mechanism for their one required Outside the City of London (OOL) placement.

d. Using the randomized computer matching system, students are able to select 10 placement offers, ranked in order of preference, for each of the 5 clinical placements. In this way students are able to select clinical placements in specific clinical Settings and geographical areas, or towns in which the student wishes to be placed.

e. A student is able to select a clinical placement based on setting, site and geographical location. A student is unable to select a placement based on the clinical instructor.

f. The potential of a student receiving one of their top placement choices is dependent on the random matching process and the number of other students selecting that particular placement within their top choices.

g. Although students frequently receive one of their top 3 placement choices, there is NO GUARANTEE that students will be placed in a setting or town of their choice.

h. Students **requesting Accommodation** for placement assignment based on short term medical (< 3 months duration) or compassionate reasons must provide the ACCE with a
written request and supporting documentation at least 8 weeks prior to the start date of the clinical placement, when possible.

i. Once the students have been randomly matched to a clinical placement, the MPT/ACCE will email the student assignment to the MPT students. The student is responsible for immediately contacting the CCCE at the clinical placement site, providing them with their Letter of Introduction and Student Professional Profile. It is important for the student to determine as soon as possible the requirements for the placement in order to have all requirements completed prior to the 1st day of the placement.

3.3.6 Placement Confirmation
It is the student’s responsibility to confirm with the site, 4 weeks prior to the beginning of the placement, the specific site requirements for the placement. These must be completed by the first day of the placement or prior to this as the site requires. If these are not completed, the placement will need to be cancelled.

3.4 Mandatory Requirements DURING A Clinical Placement

3.4.1 Student Requirements during Clinical Placements*
   a. 100% attendance
   b. Self-evaluation by the student using the CPI at both the mid term and final evaluation.
   c. Evaluation of the site and clinical instructor using the NACEP Student Site and Clinical Instructor Evaluation form – using Empower on-line, and have CI esign. (CE Section Appendix - arranged in alphabetical order).
   d. Complete MPT Setting & Area of Practice Summary form using Empower on-line) and have CI esign.
   e. Complete the NACEP Checklist of Key CR Interventions for Entry level Physical Therapy Students (hardcopy)
   f. Student presentation at clinical site
   g. Student will follow the MPT dress regulations
   h. Thank you note provided by the student to the clinical instructor at the end of placement.
   i. “Reflection” for PT9581 and PT9582 (CE Section Appendix - arranged in alphabetical order)

*Failure to successfully complete these requirements will result in either an incomplete or a failed placement.

3.4.2 Attendance during Clinical Placements
   a. 100% attendance for all clinical experience placements is mandatory, as it involves the clinical care of patients, and is therefore a professional responsibility. Each student is required to obtain 1025 hours of clinical practice. Absences from clinical placements may delay graduation.
   b. In the event of absence for religious reasons, compassionate reasons or illness the student is required to inform the CI as soon as possible of his/her impending absence so that patients may be re-assigned.
   c. For unexpected absences of more than one day (not including religious or compassionate absences), the student MUST notify the ACCE by email / phone.
d. If the student misses 3 days due to sickness, the student will be required to provide a medical certificate to his/her CI indicating that they are well enough to continue with the placement. Lost time will be made up at the discretion of the CI, CCCE in consultation with the ACCE, following discussions with the facility regarding the student’s performance.

e. For all placements, an absence of one week (5 days) or longer must be made up. The time may be made up during the clinical placement period, based on the student’s performance during the clinical placement prior to the absence, performance during previous clinical placements, and on organization logistics. However, if this cannot be arranged by the CI and the CCCE or is considered inappropriate/inconvenient, the placement will be scheduled in the next placement block. Facilities may not be able to accommodate students for periods shorter than a full placement duration of 6 weeks. This decision will be made jointly by the CI, CCCE and the ACCE with the student providing necessary information related to the circumstances of their absence.

f. In the case of a significant student health issue, if a student is sufficiently ill/injured and requires medical attention (e.g., attends a Hospital Urgent Care Center/Emergency Department/Western Student Health Services/Walk-in Clinic/Family Dr) to determine the student’s health status in relation to their clinical placement demands, the student is required to obtain medical documentation indicating that the student is:
   • Medically unable to meet his/her clinical placement responsibilities with the recommendation that the student takes _______ days/weeks/undetermined amount of time, off from the clinical placement.
   • Sufficiently healthy to return to a health care environment to actively treat patients.
   • Sufficiently healthy to return to their clinical placement if provided with specified physical modifications.
   • The student is to provide this medical documentation to the ACCE and CI or CCE, and provided with approval, with prior to returning to their clinical placement.

g. Under very exceptional circumstances a leave of absence may be requested for a period not exceeding two days in total within the student’s 5 clinical placements. If multiple significant events are anticipated during the clinical placements, it will be up to the student to decide the specific event they will choose to attend within the 2-day limit allowed.
   • ALL Exceptional Leaves must be arranged through the ACCE by completing the Exceptional Leave Form and submitting to the ACCE by email prior to discussing this with the CI. Failure to do so will result in denial of the requested leave.
   • This form is submitted by email, to the ACCE at least three weeks in advance of the placement concerned. The request will be denied by the ACCE if it does not meet the exceptional leave criteria or the student has already had two days of exceptional leave.
   • Once the ACCE approves the exceptional leave, the student may consult the CCCE and/or CI involved for approval. The request may be denied by the CI because of the inconvenience it may cause to patient care or if the student is having some difficulty with the placement.
   • Lost time may have to be made up at the discretion of the CI.
   • Students should note that student’s clinical placement attendance is recorded on the front cover of the Clinical Performance Instrument (CPI).

(Exceptional Leave Form-CE Section Appendix - arranged in alphabetical order)
3.4.3 Dress Regulations While on Clinical Experience Placement

Students should abide by the dress code of the facility. In the absence of a formal dress code in the facility, students should adhere to the following guidelines:

a. Uniforms
   i. Tops: Short sleeved cotton shirt with V-neck, golf shirt, shirt with collar and tie or tunic top – tucked in, conservative colours. No sweat shirts. No sweaters. No long sleeved shirts, tops or sweaters, due to infection control regulations.
   ii. Bottoms: Pants/slacks, skirts or walking shorts to knee level (NOT JEANS). Should not be too tight or too short.
   iii. Name Tags: MPT name tag and UWO or hospital photo ID must be worn at all times. To be worn in full view, to identify STUDENT category.

b. Other Dress etc.
   i. Socks: Ankle socks, knee socks, panty hose or knee highs.
   ii. Shoes: Safe, clean, closed-toe & heel, non-slip soles. May wear solid colour running shoes.
   iii. Jewellery: Only wedding band. Acute Care / Hospital setting requesting no wrist watch to order to meet infection control regulation. Stud earrings acceptable.
   iv. Hair: Neat and tidy, long hair tied back.
   v. Nails & Makeup: No coloured nail polish, nails clipped and clean to meet infection control regulation. Make-up “discreet”.
   vi. Gum: May NOT be chewed at any time.
   vii. Beards/Moustache: May NOT be grown during clinical placement. This includes November 9582 (November - The Art of Manliness - Prostate Cancer Awareness). Must be kept trimmed & neat.
   viii. Bodymarkings: No visible tattoos or body piercings other than ears.
   ix. Cell Phones: Cell phones can only be turned on and used in designated areas within a hospital. They can NOT be left on.

   You are only allowed to use a cell phone, prior to the start of your day, on your lunch break or at the end of the day in a designated area.

c. IN SUMMARY: Please maintain a neat, professional appearance at all times.
3.4.4 Legal and Ethical Considerations

a) Privacy and Confidentiality

- All MPT students must sign the LHSC/SJHC Privacy and Confidentiality form and return to the MPT ACCE.

- The student must consider the patient’s right to privacy at all times, and should:
  
  - AVOID discussing the patient outside the clinical area, including in areas such as the hallway, elevator, cafeteria, etc;
  
  - AVOID mentioning the patient’s name when discussing conditions seen in the clinic;
  
  - AVOID discussing the patient with other professionals in front of the patient;
  
  - ENSURE that discussion within the professional area is within hearing distance of medical personnel only.

b) Informed Consent

i. The student may explain to the patient the treatment procedure and the purpose of same. Any questions from the patient relating to his diagnosis/prognosis may be discussed with the patient, provided that the student has first consulted with the supervising therapist.

ii. All communications by the student to members of the medical profession regarding a patient must be made known to the supervising therapist.

iii. The student should make sure other members of the medical team are well identified before discussing a patient's progress with them.

iv. A student should be careful of what is said when talking in front of a patient, remembering that even though a patient is unable to communicate, he may be able to understand. He/she should be professional in all matters – particularly in speech.

v. A student may not advise WSIB patients that he/she may resume work without consultation with therapist and a doctor.

vi. A student may not allow the patient to have access to patient records without the approval of the therapist in charge of that patient.

vii. A student may not show a medical chart or discuss the condition of a patient with volunteer staff.

viii. Nothing should ever be photocopied from the chart. If an O.R. report is needed for its educational value, arrangements can be made to obtain a copy through Medical Records with the patient’s name, address, etc. blacked out or erased.

ix. The student must avoid personal involvement with patients.

These points need to be reviewed at the beginning of each clinical placement.
3.4.5 Clinical Experience Evaluation

Students are expected to evaluate his/her own performance during all formal evaluations for PT9581-PT9585 in terms of quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment and efficiency of performance using the 24 items in the Clinical Performance Instrument (CPI). Each student is provided with copy of the CPI for these self-evaluations within this handbook.

(Clinical Performance Instrument CPI -CE Section Appendix - arranged in alphabetical order)

3.4.6 Caseload Guidelines for Physiotherapy Student Clinical Experience Placements.

a. The caseload guidelines are meant to be a general guide for Clinical preceptors/instructors and students, and should be used to set expectations in the area which are realistic and mutually agreed upon. The ranges for caseload were determined following a survey of a variety of clinical settings in the UWO catchment area. The purpose of the guidelines is to determine the expectations of an entry level physiotherapist in those settings for a normal work day (i.e. 7.5 hour day). In order to account for different settings and different expectations in those settings a range is provided which is meant to represent the average range for students at a particular level in a particular area of therapy.

b. The guidelines represent an increasing expectation for caseload as student’s progress through the five clinical experience placements of Year 1 and 2 of the MPT Program. This is consistent with the method by which the Clinical Performance Instrument (CPI) should be used for interpreting expectations/learning outcomes in all facets of clinical experience, as student’s progress through the clinical education program.

c. To some extent, the setting and the area of therapy will affect one’s interpretation of caseload. The ranges provided on the Case Load Guidelines document are intended to represent the number of clients seen per day, and in some settings, the clients may be seen more than once per day.

d. Timing should be considered in achieving the expected caseload. In order to allow instruction and feedback early on in a placement, the caseload should be built up gradually until the midterm evaluation (end of Week 2). By the end of Week 4 the student should be able to demonstrate an ability to manage the expected caseload, for at least a portion of Weeks 3-5 or 6. In certain settings (e.g. outpatient ortho), the caseload may need to taper off as the placement winds down in Week 5, in order to reduce the impact on the CI’s own caseload when the student departs. In some inpatient settings, the student’s caseload will be maintained until the end of the placement, at which point those clients may form part of the CI’s caseload.

e. Previous experience in both the setting and the type of therapy should also be considered, and the CI and student can assess this using the Student Placement Profile. The intent of providing a range of expectation is to allow the CI and student to determine the most appropriate caseload given the student’s level and previous experiences.

f. NOTE: Caseload is just one factor to consider when evaluating a student, and it is not the major factor determining performance. However, it could be used to evaluate those items on the CPI which address time management issues, under the domains of quality, supervision required, consistency, complexity and efficiency.

(Caseload Guidelines -CE Section Appendix - arranged in alphabetical order)
3.4.7 Other Student Responsibilities

The student is expected to comply with the policies and procedures, not only of the facility in which he/she is placed, but also with those of the University. Professional behaviours should be maintained at all times: for example, personal telephone calls should not be made in the department; medical and dental appointments should be made outside clinical hours whenever possible, etc.

3.5 Mandatory Requirements AFTER a Clinical Placement

3.5.1 Submission of Clinical Placement Results

a. Any outstanding unreturned placement materials or uncompleted/unsigned placement documentation forms will result in the withholding of clinical course completion grade which will delay student’s registration with regulatory college and subsequent ability to work as a Physical Therapy.

b. At present, clinical placements are graded on a “pass/fail” basis, with the determination of a pass or fail being made by the CI and the CCCE in consultation with ACCE or designated course Manager as required. The CI and CCCE are required to contact the ACCE when concerns related to student performance are present.

c. Submission of a placement result will only be made to the MPT at the conclusion of each placement or clinical course, and not before. Students should refrain from asking the CI or the MPT to submit a satisfactory result on placements to the UWO Registrar, the College of Physiotherapists of Ontario (CPO) or the Canadian Physiotherapy Association (CPA) earlier than the concluding date of each placement/clinical course.

- The only exception to this is for students who are completing their PT9585 clinical placement in July/Aug of their final year. To meet University regulations to have all course marks submitted by the end of the summer term (e.g. Aug), students must have their CI(s) indicate in writing, in an email to the ACCE, 4 days prior to the end of the placement, that they expect the student they are supervising to successfully pass their PT9585 clinical placement.

d. The submission of placement results in the case of students requiring a remedial placement.

e. Students who are delayed in completing their placements as a result of having to undertake a remedial placement (or for other reasons) may not be eligible to convocate with their class in the fall following their final year. They may still graduate at the conclusion of the delayed placement, and can register to practice with the CPO, but they may not be able to attend graduation ceremonies until the spring of the following year. This will be clearly stipulated in writing to the student at the time that they undertake a delayed or remedial placement.

f. The CPI evaluation form MUST be signed by both the student and supervising therapist(s) and returned to the MPT to be part of the student’s academic record.
3.5.2 Transcript

For the student to progress without penalty, all clinical reports must be satisfactory and completed.

Physical Therapy 9581, 9582, 9583, 9584 and 9585 are each awarded one full credit on the transcript.

When a clinical course is failed and remedial work is recommended, the transcript will register “IPR” (incomplete), and “SAT” (Satisfactory) when the requirement is cleared.

3.5.3 Reflection (see Reflection Instructions in Appendix), required after:
   a. PT9581,
   b. PT9582

3.5.4 Clinical Instructor Award

Clinical preceptors/instructors provide a large and significant part of the MPT educational program by providing clinical experience placements for students. The UWO MPT Class of 2005 developed an award to recognize a clinical instructor who has demonstrated exemplary clinical teaching abilities in the clinical setting. This award is provided to a CI within the UWO catchment area and can be a CI for any students’ clinical placements – PT 9581, PT9582, PT9583, PT9584 and PT9585. (CI Award Application - CE Section Appendix - arranged in alphabetical order)

3.5.5 Application for Provisional License at end of MPT program AFTER PT9585

a. The last course in the MPT program is the PT9585 clinical placement which is completed by the end of August of student’s final year.

b. The ACCE needs to receive notification from each CI by email, three days before the end of 9585, that each student has passed their PT9585 placement.

c. The MPT Graduate Program Assistant (DB), submits the student marks to the university indicating a pass for 9585 and completion of their final MPT program requirement.

d. The SPT/MPT program confirms each student’s eligibility to convocate.

e. Once confirmed, the MPT Graduate Program Assistant (DB), submits the list of student names who have successfully met all the requirements for the UWO MPT program to the specified provincial physical therapy regulatory College (e.g. College of Physiotherapists of Ontario for students wishing to obtain a Provisional Practice Certificate to practice in Ontario).

f. In addition to the successful completion of all MPT requirements, to obtain a Provisional Practice Certificate, all students must have passed their written (MCQ) part of the PNE competency examination, be registered for the PNE OSCE and have obtained employment / officially offered a position from a company.

g. Once all requirements have been met, the provincial physical therapy regulatory College will process the students application (e.g. for the College of Physiotherapists of Ontario, this typically takes 10-14 business days but this time may vary from year to year, and province to province).

h. It is the student’s responsibility for contacting the respective provincial physical therapy regulatory College of the province where they intend to practice to determine the procedures/ requirements/ time lines related to obtaining a Provisional Practice Certificate.
4. FORMAL CLINICAL EVALUATION

4.1 Procedure for Evaluating the Student’s Clinical Performance

4.1.1 Evaluation of Student Performance

a. Clinical Performance Instrument (CPI)
   The CPI is used to evaluate student clinical performance for all clinical experience placements. The CPI is a formal evaluation tool for the required clinical placement courses PT9581-9585 in the MPT program. It is a legal document and needs to be treated as such by the student and the clinical site / CI.

b. Frequency of Evaluation
   Both mid-way through the clinical placement and at the end of the placement, a formal written and verbal clinical evaluation is provided to the student.

c. Responsibility for Evaluation:
   i. The CI is required to provide written documentation regarding specific aspects of the student’s clinical performance using the Clinical Performance Instrument (CPI) at mid-term (app. 3 weeks) and at the end of the student’s placement (6 weeks).

   ii. In clinical situations where the CI judges that the student has met the expectations / learning outcomes of the placement,
       - the CI will recommend a pass for the student.
       - The ACCE is required to confirm the CI’s recommendation prior to the student receiving a pass mark for the clinical placement.
       - After reviewing all relevant information, should the ACCE feel the student has not met the expectations / learning outcomes of the clinical placement a failed placement can be considered. The ACCE will consult with the student, followed by discussion of all relevant information with the CI and the CCCE. The ACCE, CI and CCCE will make a final collaborative decision related to whether the student should pass or fail the clinical placement.

   iii. In situations where the CI has concerns that the student is not meeting the expectations / learning outcomes of the clinical placement and may be at risk of failing the placement the following process should be followed:
       - The CI and/or CCCE are required to contact the ACCE to assist them in deciding whether the student’s performance is satisfactory or not when concerns related to student performance is present.
       - the CCCE and/or the ACCE may be present at the student’s midterm and/or final evaluation.

   iv. PASS / FAIL DECISION: In situations where the student is at risk of failing the placement, the CI, the CCE and the ACCE shall collaboratively make the decision as to whether or not the student’s performance is satisfactory and whether the student should pass or fail the placement. The MPT Chairperson or the MPT Student Affairs chairperson may also attend the final evaluation at the request of the ACCE, to assist with the pass /fail decision.
v. The CPI evaluation MUST be signed by both the student and the supervising therapist(s) for the midterm and final evaluation to be complete and to be included as a part of the student's academic record. Unless this is completed the student's clinical course is incomplete and cannot be submitted as "completed" to the university administration.

vi. The completed and signed CPI (signed by both the student and the CI(s) is sent to the MPT by the CI/CCCE for inclusion in the student's MPT file.

4.1.2 Copying the Completed CPI Evaluation

a. The clinical site should not keep a copy of the student's CPI. If for some extraordinary reason, the site wishes to retain a copy of a student's CPI, this can only occur with the written permission of both the student and the School of Physical Therapy (SPT) with full written disclosure of where the copy will be kept, who will have access to the document, and the purpose of why a copy of the document is being retained by the facility.

b. The student may keep a copy of their CPI with written permission of the CI and the MPT. Both these written permissions need to be attached to the completed CPI prior to copying the CPI. If the student wishes to retain a copy of their CPI(s), they are required to obtain written permission from their CI(s) and the MPT and place a signed copy of these permissions at the end of the placement(s). In all cases, the permission from the CI and the MPT must be obtained prior to the student receiving a copy. In some exceptional cases the student's request for a copy of their CPI may be denied.

c. If a student requests a copy of their CPI after the placement is completed and the site has submitted the CPI document to the MPT, the student may do so by submitting the following to MPT:
   - written /email consent from the CI
   - Consent from the MPT (ACCE)
   - Providing a $5 fee to cover photocopy costs

4.2 An Unsatisfactory Evaluation

4.2.1 ANY of the following criteria will justify assigning an UNSATISFACTORY grade:

a) The deficiency was consistent and the student failed to improve to the expected placement requirements, following repeated warnings, instructions, etc.

b) The deficiency was observed by two or more therapists in that placement. An independent clinical observation may be arranged and completed.

c) Unsatisfactory performance, but not limited to, the clinical competencies listed below, appropriate to the level of the student's clinical placement:
   - failure to observe SAFETY PRECAUTIONS
• failure to achieve an adequate LEVEL OF INDEPENDENCE
• failure to follow ETHICAL PROCEDURES regarding patient confidentiality.
• failure to COMMUNICATE effectively with clients and health care professionals.
• failure to develop PROFESSIONAL STANDARDS in promptness, attendance, charting, dress and behaviours
• failure to perform satisfactory ASSESSMENTS
• failure to perform satisfactory TREATMENTS
• failure to provide timely and accurate chart DOCUMENTATION and reports.
• Failure to complete facility patient statistics related to work load measurement.
• failure to set up and modify appropriate GOALS AND PROGRAMS based on assessment.
• failure to meet TIME MANAGEMENT and CASE LOAD requirements
• failure to demonstrate adequate CLINICAL REASONING/JUDGEMENT appropriate to the student’s clinical placement level.
• failure to treat complex patient cases, appropriate to the student’s clinical placement level.
• Other relevant, knowledge, skills, behaviors clinical judgment related to the clinical environment.

4.2.2 Placement Failure

a. One unsatisfactory placement will result in an incomplete mark for that clinical course. The MPT program may, at its discretion, recommend remedial work (a supplemental) for which there will be an administrative fee of $250. Remedial requirements must be satisfied before the student is permitted to progress in their clinical courses, or to graduate from the program.

b. A second unsatisfactory evaluation, whether in a remedial placement or in a subsequent clinical placement, constitutes a FAIL in that clinical course, without the option of further remedial work.

c. Students who fail two clinical placements will be required to withdraw from the MPT program.

d. A Guide for Students in Professional Program Placements, Clinical, Practica is available to help students in professional programs better understand how decisions about student performance in clinical experience placements are made to help promote student success. [http://www.uwo.ca/ombuds](http://www.uwo.ca/ombuds)

4.2.3 Procedures for Continuing in the MPT Program after a Failed Placement

a. If a student fails a clinical placement, they must write to the Chair of the Master of Physical Therapy program (or on the MPT chair’s absence the Chair of the Student Affairs Committee) to request permission: i) to do a remedial/supplemental placement and ii) to progress within the MPT program. If granted, the student must pay a supplemental clinical placement fee of $250 to the SPT.

b. If the student is in disagreement with the designation of a failed clinical placement, they may appeal in writing to the course manager (ACCE) and if declined the student may appeal the course mark to the MPT chair. If not granted, see “Appeals of Academic Decisions, Specific Course Student Fails Course” in the Academic Appendix section of the student hand book.
c. No remedial placement can be arranged without the permission of the MPT Chair. After considering all the aspects of the situation, it is at the discretion of the MPT Chair to grant or deny a remedial/supplemental clinical placement.

d. In all cases, when a student fails a clinical placement, the student, MPT Chair (Chair of Student Affairs if required) and/or ACCE will discuss whether an assessment through Services for Students with Disabilities (SSD) is required to formalize any accommodations required by the student. If there is a need for formal accommodations, the assessment through SSD must be completed and recommendations determined prior to the student beginning their remedial placement. Information specific to the students request for formal accommodations must be shared with the clinical site prior to the site offering a clinical placement to the student (see section Formal Accommodations).

e. Junior clinical experience placement PT9581 must be completed satisfactorily prior to scheduling of PT9582 Intermediate Clinical Experience Placement. Students who fail PT9581 who are granted a remedial placement and progression into Term 4 by the MPT Chair will be expected to complete PT9581 in the PT9582 placement block in Year 2 Term 4.

f. PT9582 Junior-Intermediate Clinical Experience Placement – must be completed satisfactorily prior to PT9583 Intermediate-Senior Clinical Experience placement. Students who fail PT9582 placement and who are granted a remedial placement will be expected to complete PT9582 clinical experience placement prior to Senior Clinical Experience placements PT9584.

g. PT9584 Senior Clinical Experience placement must be completed satisfactorily before PT9585 Professional Consolidation. Students who fail a senior clinical experience or Professional Consolidation placement and who are granted a remedial placement will be placed when a suitable and available remedial placement is found. Students may have to complete the remedial placement in the next fall term following the summer placement block thereby necessitating a delay in their convocation date.

h. Failure of any two clinical experience placements, whether remedial or not, will result in being asked to withdraw from the program. (See Section A: Academic Programming: Supplemental Examinations and Progression Requirements.)

4.2.4 Remedial Placement Policies, Regulation and Process

a. After a failed placement, the student must appeal to the Chair of the Master of Physical Therapy program (or in the Chair of the MPT program’s absence, the Chair of the Student Affairs committee) for a supplemental clinical placement and the ability to progress in the MPT program.

b. The student will meet with the ACCE to review significant concerns related to the failed placement and to develop strategies to improve success in the remedial placement.

c. If warranted, the student may be advised to seek medical attention and/or consult with SSD for assessment to determine if Formal Accommodations are required prior to beginning the remedial placement.

   - If Formal Accommodations are required through SSD, the remedial placement will be delayed until the necessary assessments and recommendations / Formal Accommodations for the remedial placement are completed.

   - If a student assessment is recommended by SSD but declined by the student, the student will not be eligible for accommodations during their clinical placement, as the MPT will be
unable to determine the students formal accommodation needs without the assistance of SSD assessment(s) and expertise.

d. The remedial placement is arranged by the ACCE. The random computer matching process is not used.

e. After discussion with the student, the ACCE will contact individual CCCE’s to request a remedial placement.

f. The supervising CI will have clinical expertise in their area of practice, in addition to skills in the area of student supervision.

g. The timing of the remedial placement will be dependent on placement availability and suitability for the CI and site offering the placement. (e.g. typically arranged within the next clinical placement time period).

h. In all cases when a remedial placement is requested, the site MUST be informed by the MPT that the request is for a remedial placement and the areas of significant concern related to the failed placement.

i. Prior to the site making a decision to offer a remedial placement, the following information must be shared with the site to allow the site to make an informed decision prior to offering a student a remedial clinical placement.

- CPI significant areas of concern related to the failed placement and other needs and student difficulties not address in the CPI which could significantly affect the student’s clinical performance during the remedial placement (e.g. anxiety, ability of student to accurately reflect upon their own performance, etc.)
- Alternate structure of evaluation for a remedial placement
- Additional CI time requirements during placement for student feedback, evaluation, supervision and CI instruction/teaching.

j. The ACCE, CCCE, CI and student will meet prior to, or at the beginning of the remedial placement, to confirm time line of the placement (e.g. altered evaluation dates – every two weeks), key areas of concern and put into place strategies to assist the student maximize their clinical performance.

4.2.5 Remedial Placement Evaluation

a. Evaluation of the remedial placement will occur at three time periods – at approximately 2 weeks, 4 weeks and 6 weeks. The student, CI and either the ACCE (or designate) and if required the CCCE, will attend each of the formal evaluations. This allows for easier and more frequent formal feedback for the student to enhance their performance.

b. In the case where it is unclear/are concerns whether the student will pass or fail the remedial placement, the CI, CCCE, and ACCE (or designate) will collaboratively make the decision as to whether the student should PASS or FAIL the remedial placement. The Chair of the MPT program or the Chair of the Student Affairs Committee will also attend the final student evaluation. S/he will act as a neutral individual, advise on policy and process as well as participate in the collaborative decision regarding the student’s placement grade to ensure the final decision is fair and equable.
4.3 Evaluation of Placement by Student

a. Students are required to participate in their orientation by using the *MPT CI & Student Clinical Placement Evaluation Checklist*.

b. Students are required to evaluate their clinical experience and their CI during each placement using the *NACEP Clinical Site and Instructor Evaluation* form. These forms are completed on-line through the Empower system at [http://secure.empowerhealthresearch.ca/](http://secure.empowerhealthresearch.ca/). Students should endeavor to provide an honest and fair evaluation as this feedback is used by the Clinical Experience Committee and the ACCE to improve clinical sites and the overall clinical education program of the MPT.

c. If at any time a student has concerns regarding a clinical placement site or clinical instructor, the student is encouraged to discuss this with the ACCE. The ACCE relies on feedback from individual students to assess the quality of clinical sites and instructors. The ACCE is unable to deal with any specific situations unless she/he is aware there are significant issues. All information will be kept strictly confidential

d. *NACEP Student Evaluation of Clinical Site and Instructor - CE Section Appendix* - arranged in alphabetical order)
5. TRAVEL & ACCOMMODATION FUNDING

5.1 Policies

a. The student is expected to provide and pay for his/her accommodation, transportation and any other additional expenses related to ALL clinical placements required by the MPT program.

b. 5.2 Please review Table 1 for ALL Travel and Accommodation funding available to students, criteria and application deadlines.

c. Since 2007, the Government of Ontario, Ministry of Training, Colleges, and Universities, has recognized the need to financial support clinical education (CE) in the Rehabilitation Sciences. With this CE funding the MPT is able to provide Clinical Education Travel & Accommodation Funding for students to off-set some of the additional costs related to completing clinical placements outside the City of London but within the UWO MPT catchment area. Refer to the MPT CE Travel & Accommodation Fund application form for the regulations related to this fund.

(Travel & Accommodation Fund Application - CE Section Appendix - arranged in alphabetical order).

d. Although there is some funding for placement expenses through the T & A Fund, students should ensure that they can travel to and from their placements and be able to maintain themselves during placement periods. A work stipend is not provided to student during placements.

e. Programs in Northern Ontario, NOSM (Northern Ontario School of Medical) may provide some financial support for transportation to placements (up to $300) in addition to providing accommodation (if available) in these Northern areas. Students receiving funding and/or accommodation through NOSM, will not receive additional funding through the MPT CE Travel & Accommodation Fund.
Table 1: Travel and Accommodation Awards and Bursaries Related to Clinical Placements.
See appendix for more specific details on specific inclusion criteria, intent of funding and application forms.

<table>
<thead>
<tr>
<th>Name</th>
<th>Criteria</th>
<th>Application Date Due</th>
<th>Award Period</th>
<th>Amount</th>
</tr>
</thead>
</table>
| MPT Travel & Housing Funding | a) For placements within the UWO catchment area. To add with additional clinical education expenses related to housing in the location of placement or travel expenses to placement. Priority given to MPT students incurring 2 accommodation costs or travel expenses related to the One Required Out-of-London Clinical Placement.  
b) For OOC placements. If sufficient funds available, travel funding between London and placement area may be provided. | MPT deadlines:  
Oct 9 20XX for placements between Sept 1 - Dec 30 20XX  
Mar 6 20XX for placements between Jan 1 – May 31 20XX;  
May 12 20XX for placements between June 1 – mid July 20XX  
June 26 20XX for placements between mid July and - Aug 31, 20XX) | May 1 20XX - April 30 20XX | a) maximum of $600 per clinical placement per student.*  
Maximum of $1200 per student during the MPT program*  
b) maximum of $200 for OOC placement per student during the MPT program*  
* subject to change based on available CE funding and number of requests. 
Note: funding will NOT be provided for a student to live at home or with a partner, or travel to their home area for placement |
| MPT Community Setting Travel Fund (MPT CS Fund) | For additional clinical education expenses related to participating in a Community Setting Clinical Placement. The funds are intended to offset some of the additional costs related to the student requiring to use his/her car to travel to client’s home/school | MPT deadlines:  
Oct 9 20XX for placements between Sept 1 - Dec 30 20XX  
Mar 6 20XX for placements between Jan 1 – May 31 20XX;  
May 12 20XX for placements between June 1 – mid July 20XX  
June 26 20XX for placements between mid July and - Aug 31, 20XX) | May 1 20XX - April 30 20XX | $20 per day while working in a Home Care Community Setting environment requiring the student to use their car to travel in the community for patient visits, to a maximum of $600.00 per placement. |
<p>| Leslie Bisbee Clinical Experience Bursary | To provide financial support for one PT student doing a PT 584 or PT 585 clinical placement outside of Ontario, which is “enriching”, | MPT application deadline June 26 20XX | July - August 20XX | Up to $800 - $1000 |</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Criteria</th>
<th>Application Date Due</th>
<th>Award Period</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>application available from ACCE</strong></td>
<td>based on the student's financial need.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Western Global Opportunity Fund</strong></td>
<td>All students are eligible who are completing international clinical placement s. 500 word statement required for application.</td>
<td>Nov 15, and Mar 15 each academic year</td>
<td>Academic year; Sept - Aug</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Distance Clinical Placement Bursary</strong></td>
<td>To provide financial support for one 2nd year student, based on financial need to assist with travel and/or accommodation expenses to complete a placement outside of London</td>
<td>MPT deadlines: Oct 10, 20XX</td>
<td>Sept 1 20XX – Aug 31 20XX</td>
<td>$450</td>
</tr>
</tbody>
</table>
6. CLINICAL PLACEMENT ACCOMMODATIONS FOR STUDENTS “AT RISK”

6.1 Clinical Placements for Students “At Risk”

a. The MPT is committed to assisting students at risk, access UWO services thorough SSD / Student Health Services in order to help students maximize their performance during clinical placements. In addition, the MPT encourages students to seek on-going support from their own health care providers throughout the course of the MPT program.

b. The term “at risk” refers to significant deficits demonstrated by the student in either academic or clinical performance that could significantly and negatively impact the student’s clinical performance, patient safety and/or the clinical instructor’s ability to provide adequate care to her patients to which she is ultimately responsible. This may be due to a student learning disability, attention deficit, physical / mental health medical condition(s) or a variety of other unique reasons.

6.2 Formal Accommodations through SSD

a. Students who wish to seek formal accommodations for clinical placements, must ensure that a request for a formal accommodation is made in accordance with and within the time limits prescribed under the University’s Policy on Academic Accommodations for Students with Disabilities. http://www.westerncalendar.uwo.ca/2010/pg118.html

b. All requests for formal accommodations related to clinical placements, for an identified physical, learning, or medical health limitation, which is long term in nature (> 3 months duration), must be made through the Services for Students with Disabilities (SSD).

b. Should a student feel that a formal accommodation is necessary for the clinical placement environment, it is the student’s responsibility to contact Services for Students with Disabilities (SSD), for an assessment as soon a possible once admission to the MPT program has been received. (Please see Section A: Academic Programming, SSD, section for additional information)

Phone: 519-661-2147
Email: ssd@sdc.uwo.ca,

c. Once the request has been made, it is the responsibility of SSD to provide an assessment which will identify the student’s area(s) of need as well as obtain necessary medical information from the student’s Dr. (s).

d. The complete assessment results must be shared with the MPT, ACCE at least 10 weeks prior to the beginning of the clinical placement. If results are received less than 10 weeks prior to the beginning of the clinical placement, the MPT cannot guarantee that a clinical placement with accommodations can be provided.

e. Once the SSD assessment has been completed and the student’s specific needs have been identified, a representative from SSD, the ACCE, the student [and if required a representative from the clinical facility at which the student will be completing the placement (e.g. CCCE and/or CI)], will meet at least 8 weeks prior to the clinical placement. This team will work together collaboratively to develop clinical placement recommendations/accommodations based on SSD’s assessment, the identified student’s needs, the requirements of the clinical placement and the realities of the clinical placement health care environment. If required, other individuals may attend this meeting on an as needs basis.

f. In all cases, when a formal accommodation is granted, the reason for the accommodation and the recommendations developed from this process MUST be shared with the CCCE and CI, prior to
the facility offering the student a clinical placement. Failure to share this information with the site will result in cancellation of the clinical placement.

g. Once the recommendations have been shared, the CCCE and the CI determine whether they are able to provide adequate instruction and supervision for the student to match the recommendations developed through SSD, while still providing adequate and safe patient care for their patients to whom the health care facility and physical therapist / CI are ultimately responsible.

h. Once a site and CI have agreed to offer a placement with formal accommodations, a pre-placement meeting between the student, clinical instructor (CI), ACCE (and CCCE if required) will be arranged to review the recommendations, clarify information as it relates to the formal accommodation and develop additional strategies if any are possible / required to meet the recommendations as developed through the SSD process. If required, other individuals may attend this meeting on an as need basis (e.g. psychologist, representative from SSD).

i. In all cases when formal accommodations are granted, the student must still meet ALL the expectations /learning outcomes of the clinical placement, as outlined in the course outline for PT9581-PT9585 and Clinical Expectation / Learning Outcomes Table, by the end of the placement to successfully pass the placement. The formal accommodation is to assist the student by providing a clinical environment and instruction style that will maximize the students learning and performance. Once this environment is optimized, it becomes the student’s responsibility to meet the expectations /learning outcomes of the clinical placement.

6.3 Formal Accommodations through MPT

a. Health limitations which are short term in duration (< 3 months), which may affect a student’s clinical performance, will be dealt with on an individual basis by the MPT.

b. In some cases, the student’s placement will need to be cancelled if the student is unable to perform the activities required to meet the expectations /learning outcomes of the placement (e.g. back injury, sprained ankle).

c. The student is required to provide the MPT with a physician’s note indicating the nature of the medical condition and how this condition impacts the student’s clinical placement performance. Behavior or activity limitations need to be specified in writing by the Doctor if limitations exist.

d. Formal Accommodations will be developed by the ACCE in consultation with the CCCE, CI and student to maximize the student’s clinical placement performance prior to the placement. If required, others who could assist with this process will be invited to attend.

e. If required, a pre-placement meeting between the student, clinical instructor (CI), ACCE (and CCCE if required) will be arranged to review the identified recommendations, clarify information as it relates to the formal accommodation and develop additional strategies.
6.4 Student at Risk with No Formal Accommodations

Under circumstances, where no Formal Accommodations for a student are in place, but a student is "at risk", as defined above, the following guidelines are to be followed related to clinical placements.

a. If the underlying cause of the student’s difficulties is related to a medical condition:
   - The student is required to provide the MPT with a physician’s note indicating the nature of the medical condition and how this condition could impact the student’s clinical placement performance.
   - The MPT may share with potential sites, on a need to know basis, relevant health information provided by the student’s health care provider (Family Dr, PT, psychologist, medical specialist) or significant medical information/documentation submitted to the School of Physical Therapy which would significantly impact the student’s clinical placement performance and CI, CCCE and clinical health care facility.

b. If the student refuses to allow the MPT to share significant information with the CCCE, related to the students health and/or clinical performance difficulties which would significantly impact the students clinical performance and the sites ability to provide appropriate supervision for the student (and if deemed necessary, with the CI), the placement will be cancelled.

c. If warranted, the student may be advised to seek medical attention and/or consult with SSD for assessment to determine if Formal Accommodations are required prior to beginning the student’s next clinical placement.
   - If Formal Accommodations are required through SSD, the student’s next placement will be delayed until the necessary assessments and recommendations / Formal Accommodations for the placement are completed.
   - If a student assessment is recommended by SSD/health care professional but declined by the student, the student will not be eligible for accommodations during their clinical placement, as the MPT will be unable to determine the student’s formal accommodation needs without the assistance of SSD/health care provider assessment(s) and expertise.

d. The student will be assigned a placement based on the standard random computer matching process (unless the student has been assessment by SSD / health care professional and formal accommodations have been recommended and provided to the SPT, MPT Chair & ACCE; or a placement may be assigned at the discretion of the ACCE).

e. Once the placement has been assigned, the implications of the students medical condition or academic /clinical performance on the student’s clinical performance will need to be shared by the MPT, ACCE with the CCCE, and if deemed necessary by the CCCE, with the CI. This will allow the CCCE to make an informed decision whether the site has sufficient resources to be able to offer the assigned placement to the student. If the CCCE deems necessary, this information will be shared with the CI in order to make a decision related to capacity and supervisory expertise. The CCCE will be provided with this information in a letter from the MPT, UWO. This information will be shared with student prior to sending the information to the CCCE.
f. The sharing of significant student information will ensure that the CCCE and CI have sufficient knowledge of the student’s academic, clinical, and/or medical issues in order to provide the student with supervision and support in the specific areas of student areas of clinical difficulty, maximizing the student’s clinical performance during the placement.

g. In addition, an “at risk” student is encouraged to provide information related to their academic /clinical performance, learning/physical disabilities or medical conditions to the clinical site (CCCE and CI) using the Student Professional Profile (SPP).

h. The MPT seeks and follows the guidance provided by the UWO Privacy Officer and UWO Legal Services to clarify all legal obligations related to the sharing of student information with sites. Once confidential student information is provided to a site, the facility will ensure that the student’s personal information provided to the CCCE and CI by the University is used only for the purposes for which it was given to the facility. This would be either for the purpose of determining whether the student will be accepted for the placement and as needed during the actual placement. This information will not be disclosed to any other person without permission of the University.

No student information will be shared with the clinical site unless it is deemed necessary.

6.5 Remedial Placement Evaluation

a. Evaluation for the remedial placement will occur at three time periods; after 2 weeks, 4 weeks and 6 weeks. The student, CI and either the ACCE or CCCE will attend each of the 3 formal evaluations. This allows earlier and more frequent formal feedback for the student to enhance performance.

b. In the case where there are concerns whether the student will pass or fail the remedial placement, the CI, CCCE, and the ACCE, in consultation with the student, will collaboratively make the decision as to whether or not the student has meet the expectation / Learning Outcomes of the placement and whether the student should pass or fail the remedial placement. The Chair of the MPT program may attend the final evaluation of a remedial placement.
7 CLINICAL PLACEMENTS OUTSIDE THE UWO CATHCMENT AREA (OOC) BUT WITHIN CANADA

7.1 For PT9582 - PT9585 clinical placements are possible outside the UWO catchment area, in other areas of Ontario and within Canada. These placements are dependent on the availability of clinical placements within these regions as each university PT program has first access to the clinical placements within their catchment area.

7.2 Out-of-Catchment (OOC) student placements MUST be arranged by the ACCE in consultation with ACCEs from other physical therapy education programs across Canada. National Association of Clinical Educators in Physiotherapy (NACEP) requires that students NOT contact sites to arrange their own clinical placements unless explicitly instructed to do so by the ACCE. Doing so will result in the cancellation of the student’s OOC clinical placement.

7.3 Based on NACEP regulations, students are NOT allowed to do two OOC placements in any one University catchment area. (e.g. If you are from Hamilton, you are only allowed to do ONE clinical placement in the McMaster catchment area; if you are from Alberta, you are only allowed to do ONE placement in Alberta – University of Alberta catchment area; if you are from the Atlantic provinces, you are only allowed to do ONE placement in the Atlantic provinces - Dalhousie University catchment area).

7.4 Based on NACEP regulations, students are required to request OOC placements at least 6 months prior to the beginning of the placement in order to allow time for the ACCE to request and arrange the OOC placement.

7.5 Specific regulations related to number of OOC requests and fees (subject to change based on revised OOC university requirements):
   a. As both the University of Toronto and the University of British Columbia have many requests for OOC clinical placements, they each will only accept eight (8) OOC requests from each UWO PT graduating class (placements assigned subject to availability).

   b. Students doing an OOC placement in British Columbia, Manitoba or Alberta will be required to register with the provincial regulatory college. Please contact the ACCE for application forms.

   c. A check made out to the appropriate university must be submitted to the MPT, Clinical Education Assistant, prior to your OOC request being sent. The following Schools charge an administration fee for OOC requests in their catchment area, whether the request is filled or not:
      - $50.00 - UBC, Alberta, Saskatchewan, Toronto, Ottawa and McGill
      - $75.00 - Montreal

   d. Some hospital facilities charge a fee for student placements which the student will be required to pay to do a placement (e.g. QEII Health Sciences Centre, Halifax, NS, $75.).

7.6 All OOC placements are dependent on the successful signing of the UWO affiliation agreement and frequently a hospital affiliation agreement prior to the beginning of the placement. Unfortunately, failure to successfully sign the affiliation agreements will result in cancellation of the OOC placement.
7.7 NORTHERN ONTARIO SCHOOL OF MEDICINE (NOSM)

a. The Northern Ontario School of Medicine (NOSM) provides MPT students with clinical placement in both eastern and western northern Ontario. Some travel funding and accommodations are provided through NOSM (when available). NOSM offers some clinical placements with interprofessional experiences (IPE).

b. All OOC requests for this region are to be made to the ACCE in the same fashion as for OOC placements, 6 months prior to the start of the placement. These requests will be sent to the Rehabilitation Studies - Physiotherapy Clinical Education Coordinator East & West Campus.

c. As placements in the northern Ontario are limited, from each MPT class only 3 MPT students are allowed to apply to the NOSM – West region, and only 6 students to the NOSM – East region. The offer of a placement is not guaranteed and is always dependent on placement availability.

d. The following individuals can be contacted for additional information:
   - Rehabilitation Studies - Physiotherapy Clinical Education Coordinator East Campus. Leslie Green legreen@nosm.ca
   - Rehabilitation Studies - Physiotherapy Clinical Education Coordinator West Campus. Brock Chisholm at brock.chisholm@nosm.ca
   - NOSM web site www.norm.ca
   - Clinical placement application form for NOSM


e. Once your placement is approved by the NOSM Physiotherapy Clinical Education Coordinator, you will be required to complete an on-line NOSM clinical placement application.
8. INTERNATIONAL PLACEMENTS

8.1 General Information

a. Experience with individuals of different cultures, through international clinical placements, is a key educational component to bring students to a level of cultural competence. This experience develops respect for their patient’s cultural beliefs and differing attitudes towards health and illness. Therefore, physical therapy students who meet specific criteria are provided the opportunity to complete a clinical placement in an international setting.

b. At present, the UWO Senate does not allow clinical placements in the USA, unless you presently carry a USA passport (citizen or dual citizenship). Since 9-11, visa issues and border crossings have made placements in the USA impossible.

8.2 Policies Regarding International Placements

1. In all cases, the MPT reserves the right to allow a student to complete an international clinical placement.

2. A student may be eligible to complete one International (out of Canada) clinical experience placement during either their PT9584 or PT9585 placement if a placement can be successfully arranged.

3. A student is permitted to participate in only one international placement within their MPT program.

4. A student must maintain an overall academic average of 75% or greater, without exception, during both the first and second years of the MPT program.

5. Students must demonstrate above average clinical competence as follows:

   a. Students must successfully pass and demonstrate strong clinical skills in all Clinical Experience placements PT9581, PT9582, PT9583, and PT9584 (in the case of a PT9585 international placement). Students with a border-line performance during a clinical placement or requiring a remedial placement will not be eligible for an international placement.

   b. Scores on all items of the Clinical Performance Instrument (CPI) must not indicate “Significant Concern” at the time of their final evaluation in any previous placement in PT9581-PT9583 (and PT9584 in the case of a PT9585 international placement).

   c. Students must demonstrate professionalism, strong problem solving and clinical reasoning ability during their PT9581-PT9583 clinical placements (and PT9584 in the case of a PT9585 international placement).

   d. The reference letter from the student’s clinical instructor on their international application form must recommend the student as a suitable candidate for an international placement.

6. An Affiliation Agreement must be signed by the clinical placement facility. This affiliation agreement outlines responsibilities of the student, university and facility as well as the student’s liability coverage by UWO. International placements will only be arranged with facilities that agree to sign The University of Western Ontario’s affiliation agreement. If the site does not sign this agreement, the placement will need to be cancelled.
NOTE: if requirements are not met, the international placement will be cancelled.

8.3 Methods for International Placements

There are two methods available to students when considering an international clinical placement:

1. MPT study abroad program (at present Curtin University of Technology, Perth, Australia and University of Cape Town, RSA)
2. Students independently contact an international health facility and secure a placement offer.

8.4 Procedure for MPT Exchange Program

1. All students wishing to participate in the MPT exchange program must submit a completed MPT International Clinical Experience application form by the due date.

2. Students will be selected based on the following criteria:
   a. Strong clinical competence (e.g. 9581 CPI and clinical instructor reference letter)
   b. Strong problem solving and clinical reasoning skills
   c. Academic marks
   d. Personal characteristics of flexibility and adaptability especially in new situations with examples
   e. Knowledge of country where international placement will occur.
   f. Personal statement from application form
   g. If necessary, students may be required to attend and interview with the ACCE, and one other member of the Clinical Experience Committee (CEC).

(Note: applicants will be selected by a sub committee of the CEC committee made up of the ACCE and one other member of the CEC committee)

3. Available international exchange placements may not be filled if applicants are not sufficiently qualified.

8.5 Procedure for International Placement Arranged by the Student

1. The student obtains an offer of a clinical placement from a clinical facility outside of Canada.
2. The student completes the MPT International Clinical Experience Application form and submits the application to the MPT 9 months prior to the beginning of the placement (e.g. mid October for PT9585).
3. An offer of a clinical placement from the international health facility must be attached to the application form. This offer must include:
   - The name, address of the clinical facility
   - The name, email address and telephone number of the contact person.
   - The name of a therapist who is willing to supervise the student. This therapist must be a member in good standing of the regional or national professional organization and have at least two years of clinical experience. The supervising therapist must agree to complete the required CPI evaluation process.
8.6  Student Responsibilities for Exchange or Student Organized International Placement - Pre-Departure Planning and Preparation

1. The student is responsible for completing the following paper work, as required by the international country, once an offer of a placement has been received or the student has been selected for a MPT exchange:
   a. Health requirements (e.g. immunizations)
   b. Visa, if required.
   c. Registration with PT Professional Association of international country, if required.
   d. Registration with exchange university, if required.

2. The student is responsible for completing the following, as required by the MPT:
   a. Complete UWO International Registration for Safety Abroad
   b. Complete the Registration of Canadians Abroad (ROCA) – Foreign Affairs & International Trade (DGAIT)
   c. Obtain personal health insurance
   d. Sign UWO international placement documents
   e. Attend sessions with the ACCE to review:
      • Safety issues related to host country (e.g. personal safety and political stability) and clinical facility (e.g. infection control)
      • Review politics, history and culture of host country
      • Additional items
   f. Maintain weekly email contact with ACCE during clinical placement
   g. Provide a presentation to the MPT upon return from the international placement (prior to or after graduation in Oct)
   h. Be willing to mentor future MPT students participating in an international clinical placement at the same site/area/university/country.

3. The student is responsible for all costs related to the experience, inclusive of but not limited to:
   a. Valid Passport
   b. Health requirements / Immunizations
   c. Health / Travel insurance coverage
   d. Visa and / or work permits
   e. Accommodations
   f. Travel
   g. Correspondence

4. MPT T & H funding may be available for MPT students completing an International placement during PT9584 or PT9585. If funding is available it is awarded based on:
   a. Availability of MPT T & H Funds to support an International CE Experience while still meeting the housing and travel needs of MPT students completing placements within the UWO catchment area
   b. Number of MPT students applying for international funding
   c. Cost of flight
   d. Cost of accommodation
   e. Additional costs (e.g. college registration, supervision fee, tuition fee)
   f. Amount of funding obtained from UWO Global Opportunities Award, FHS Study Abroad Support Fund, SOGS, and the MPT Leslie Bisbee Bursary

NOTE: If documents / activities, as outlined above, are not successfully completed and/or obtained the international placement will be cancelled.
AIDS Policy
Clinical Expectation / Learning Outcomes Table PT9581 – PT9585
Clinical Instructor Award Application
CI Instructor and Student Manual for Empower
Clinical Performance Instrument (CPI)
Clinical Placement Course Outline PT9581 - Junior Clinical Experience
Clinical Placement Course Outline PT9582 – Intermediate Clinical Experience
Clinical Placement Course Outline PT9583 – Intermediate Senior Clinical Experience
Clinical Placement Course Outline PT9584 – Senior Clinical Placement
Clinical Placement Course Outline PT9585 – Professional Consolidation Clinical Experience
Clinical Placement Presentation (CAT) PT9583 – PT9595
Clinical Placement Presentation (Research Article) PT9581 & PT9582
Definition of Acute Care / Hospital, Rehabilitation / LTC, Clinic and Community Settings
Exceptional Leave Application Form
International Clinical Placements, Procedures and Application Form
Leslie A. Bisbee Clinical Experience Bursary
Letter of Introduction
Medical & Non-Medical Requirements 1st Year MPT Students
Minimum Supervision Requirements
MPT Settings & Area of Practice Summary form
MTCU - WSIB Policy – Student Placements
NACEP Checklist of Key CR Interventions for Entry Level Physical Therapy Students
Reflection Instructions and Self-Evaluation
Research Article Presentation and Critical Appraisal Topic
Responsibilities of Students, Clinical preceptors/instructors and Site Coordinators ACCE
Student Evaluation of the Clinical Placement and Instructor (NACEP)
Student Placement Profile (SPP)
Travel & Housing Funding Initiative and Application Form