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## **NACEP Orientation Guidelines for Physical Therapy Clinical Placements**

### **1) An Introduction to Orientation**

The orientation process is the gateway to a successful clinical placement and partnership between the student, clinician and facility. Orientation is two-way process whereby the student is welcomed to the facility, student and facility personnel are introduced to each other, information essential to a successful placement is reviewed and policies and procedures for the placement are clearly outlined and understood. The information exchanged the timing of this and the time allotted to orientation will vary depending on the size and complexity of the facility, its administrative policies and the nature of the placement.

Orientation normally refers to the orientation of the student to the placement; however a great deal of preparation is required on the part of the facility for the arrival of the student. This aspect of the placement process has therefore been included here in an appendix as preparation for clinical supervision by the Centre Coordinator for Clinical Education or the Clinical Instructor.

Many clinical sites have developed their own facility-specific orientation guidelines and processes. Some, particularly in larger sites, may be quite formal with information about the facility developed as a handbook for students that may be sent to the student prior to the placement or given to the student on the first day of the placement. Group orientation is frequently done in larger sites for all students starting in a specific rotation. Some orientations may be less formal and may comprise only a discussion with the student on the first day of placement. It is suggested that the facility/centre coordinator for clinical education (CCCE) or the clinical instructor/preceptor (CI) develop a written orientation procedure and a check-list, to ensure that all essential information is covered.

The following outline is meant to serve as a guide in preparing an orientation suited to your site. The basic premise is to provide the students with the information they must have and direct them to the resources necessary to supplement this information, all within a framework of welcome. The content is derived from the orientation procedures of many sites. The occasional repetition in the list is because information may be required at various levels or stages.

### **2) Components of the Orientation Process**

- Pre-placement communication
- Welcome to the facility and introductions
- Review of administrative policies and procedures of the facility
- Review of documentation from the University
- Orientation to the clinical service or program
- Review of the learning plan and evaluation

### **3) Participants in the orientation**

In larger sites where several students may be starting placements together the Centre Coordinator for Clinical Education (CCCE) may give a general orientation to the students as a group. This would be followed by orientation to the specific clinical service and placement by the Preceptor/Clinical Instructor (CI). In smaller sites one person may fulfil both CCCE

and CI roles. The University Academic Coordinator of Clinical Education (AHCE) will have provided evaluation materials usually by mail to the placement prior to the student's arrival. The student is also responsible for providing specific information. For each of the items described, the person responsible for the orientation information should be indicated.

#### **4) Pre-Placement Communication/CCCE, student**

Orientation materials may be exchanged between facility and student prior to the placement. This may include:

- Introductory letter from student.
- Student placement history.
- Student's learning goals and objectives for the placement (preliminary).
- Student Orientation Information/Handbook.
- Facility profile, organizational structure.
- Facility Vision/Mission/Values.
- Placement hours and dates.
- Time and place of orientation.
- Parking.
- Dress code.
- Community profile.
- Accommodation.

It is becoming more common for large hospital sites to require from students ahead of time:

- Health, immunization, confidentiality forms (that may be on facility-specific forms).
- Criminal record check.
- Proof of infection control and privacy legislation education.
- Proof of College registration in provinces where this is required for students.

#### **5) Welcome to the facility and introductions/CCCE**

- Introductions to key personnel who will be involved in the student placement (CCCE, CI, other PT department staff)
- Roles and responsibilities of staff
- A description/tour of the facility/department including:
  - In-patient/outpatient services/areas, clinics, imaging/X-ray, medical records, etc.
  - Administrative offices.
  - Assessment/treatment areas.
  - Locker area.
  - Rest area/lounge, cafeteria.
  - Library.

#### **6) Review of documentation from the University Physical Therapy Program/ provided by AHCE for student review with CCCE**

Documentation from the University to support the student placement normally includes:

- A cover page/document giving the student's name and list of previous clinical placement experience.
- A form for evaluation of student performance. All PT Programs in Canada now use the Clinical Performance Instrument – CPI.

- The student may have their own CPI or similar form that they are expected to use for Self-Evaluation.
- Form(s) for the student to provide feedback about the placement to the University, Facility and CI.

#### **7) Review of Student Documentation/provided by student**

- Proof of Immunization
- Proof of First Aid and CPR Training

Students may also have the following documentation as a standard University requirement or as a facility-specific requirement:

- Criminal Record Check
- N-95 respirator mask fitting
- HSPnet Consent Form
- Proof of Privacy Legislation education (PIPEDA, PHIPA/provincial legislation)
- Proof of Infection Control education
- Workplace Safety and Insurance Board (WSIB)/Work/Education Placement Agreement Form
- WHIMIS

#### **8) Review of Administrative Policies and Procedures of the Facility/CCCE**

- Workplace Safety and Insurance Board (WSIB)/Work/Education Placement Agreement Form (may have been sent by student/university prior to placement or brought by student on day one)
- Safety and emergency/fire procedures/alerts, codes
- Emergency procedures manual
- Occupational Health and Safety Policies
  - Immunizations/tuberculin test
  - Staff Emergency Health Care, locations and contact numbers
  - Incident reports
  - Infection control
  - WHIMIS/hazardous materials procedures
- Patient consent to assessment/treatment
- Confidentiality; procedure for obtaining patient consent for collecting health information (PIPEDA/PHIPA or provincial equivalent)
- Communication channels between student, CI, CCCE
- Office space and desk/student work station
- Keys
- Access to computer /internet/email
- Library facilities, location and access
- Photocopier
- Telephone/fax/outside calls
- Paging system
- Message boards
- Photo ID (as applicable) and name badges
- Parking regulations
- Meals and refreshment breaks
- Protocol for off-site visits as part of the placement
- Hours of work, attendance
- Absenteeism/sickness

## 9) Professional expectations/CCCE, CI

- Compliance with all policies of the facility
- Punctuality
- Professional dress and conduct
- Initiative and self-directedness
- Preparation for all assignments, meetings, patient care interventions
- Complete all assigned work on time
- Ensure comfort and dignity of patients
- Diplomacy and tact
- Ensure that any problems or concerns are brought to CI's attention in a timely fashion

## 10) Orientation to the clinical service, department or program/CI

- Introductions to PT, support, administrative personnel and roles, tour of department/treatment areas
- The role of physical therapy within the given setting
- Approach to patient care/structure of PT services: department/program based
- Client population
- Office organization/procedures
- Guidelines/protocol for:
  - Referrals
  - Scheduling/booking
  - Discharge
  - Billing procedures
- Caseload expectations: type and extent (number of patients and new patients/day etc.); types of conditions, needs and goals of clients
- Patient safety, incident reporting
- Clinical guidelines/protocol for:
  - Assessment
  - Treatment/intervention
  - Discharge
  - Follow-up
- Documentation methods/Forms and processes e.g.,
  - Patient consent to:
    - Assessment/treatment.
    - Use of health information.
- Outcome measures utilized; condition specific assessment forms
- Clinical charting forms/SOAP or DARP format/discharge summaries
- Medical/legal reports
- Use of abbreviations
- Computer entry of patient data for charting
- Workload Measurement System
- Role of, interaction with and delegation of duties to support personnel (administrative, physiotherapy aides/assistants, porters)
- Locations of and use of equipment (e.g., exercise/modalities/wheelchairs/mobility aids) and policies for ordering, loaning, selling equipment
- Meetings (rounds, team meetings)

## **11) Review of the Learning Plan/CI**

The learning needs of each student and the learning opportunities available will vary with each placement. The student should arrive with preliminary learning goals and learning contract that can be discussed on the first day and modified during the first week and as needed through the placement. A date should be scheduled in the first week to discuss the initial learning contract. The learning contract documents the clinical competencies that the student plans to achieve during that placement. Individual students require varied levels of guidance and therefore the learning contract will reflect those differences. The learning contract should be developed between the student and the CI; the student documents his/her goals for the placement that are discussed with the CI, who provides feedback and his/her expectations for what the student should be able to achieve in the placement.

A clear plan for the learning goals and methods will lay the foundation for a successful placement and reduce the possibility of misunderstandings between CI and student. This part of the orientation will include:

- Discussion of student's knowledge level, experience to date.
- Discussion of student's learning goals/objectives.
- Facility/program/service specific student learning goals (e.g., Goals for "neurology placements").
- Learning opportunities.
- The above discussion leads to the development of a written Learning Contract.
- Student's learning style.
- CI's preferred teaching style.
- Student assignment/in-service presentation.
- Specific performance criteria related to the placement for level of student.
- Student self-evaluation/reflection/journal.
- Feedback – scheduled times for caseload discussion, verbal feedback.
- Schedule for mid-placement and final evaluation.

## **12) Learning Opportunities/CI**

Learning opportunities will vary with the setting and may include:

- Scheduled group tutorials/skills practice with other students.
- One on one teaching time with preceptor.
- Rounds, in-services, observation of surgery/other disciplines/other PT services.
- Learning resources – library, computer access, journals, photocopying.
- Other activities: administrative, research.
- Student support group (opportunity for students to share experiences).
- Student case presentation: a date is set for this and topic discussed and agreed upon.
- Student assignments. In some cases an assignment may be set for the student to complete during the placement.

Students may have requests for specific learning opportunities.

## **13) Discussion of Student's learning style and CI teaching style/CI, student**

Getting to know each other's personality, learning and teaching styles is an important first step in the placement towards developing a rapport between student and CI and establishing an optimal learning experience. Encouraging the student to talk about his/her previous work, learning experiences and learning style will reduce anxiety on the part of the student and enable the CI to plan his/her approach to supervision (teaching and guidance). Most students will want a period in which they can observe the therapist as a role model before being expected to "perform". The effective CI will have knowledge of personality and learning styles, as well as insight into his/her own CI's own teaching style.

- Student's learning style
- CI's teaching style
- Special requests by student re: learning areas requiring special attention

#### **14) Evaluation and Feedback/CI, student**

- Schedule daily, weekly meeting time for review of the day, caseload discussion, verbal two-way feedback between student and CI on the learning environment and student performance
- Schedule date/time for formal written mid-placement evaluation (self-evaluation form, CPI, written review of clinical placement by student)
- Schedule date/time for final evaluation (self-evaluation form, CPI, written review of clinical placement by student)

## CHECKLIST

### Preparation for Clinical Supervision

#### Preparation by the CCCE

- ✓ Schedule a meeting with the CI(s) prior to the student internship to:
  - Review the roles and responsibilities of the CI and the CCCE.
  - Provide the CIs with the appropriate student internship information and highlight the contents. Suggested information:
    - Dates of internship
    - Mid-term and final evaluation dates
    - Evaluation forms and guidelines, internship objectives
    - University policies and procedures
  - Provide reference lists/articles on learning, supervisory styles and clinical supervision.
  - Direct the CI to the location of other reference material, e.g., *Handbook for Clinical Supervision*, *Student Clinical Practice Manual*, course compendiums.
  
- ✓ Meet with CIs immediately prior to the student's arrival to:
  - Discuss contents of student information package (e.g., evaluation forms, course objectives).
  - Review various learning and supervisory styles and methods of providing constructive and timely feedback.
  - Review the University's expectations for the internship and the students—e.g., caseloads, learning objectives, policies and procedures.
  - Discuss the orientation meeting—knowledge base of students.
  - Prepare site specific orientation packages for students.

#### Preparation by Clinical Instructors (Self-Directed)

- Attend any pre-internship meetings held by the University and/or the CCCE
- Review the roles and responsibilities of the CI
- Review the contents of the student internship package
- Review reference material on learning, supervisory styles and clinical teaching
- Arrange a time for student orientation to the specific service and for discussion of learning/supervisory styles with the student(s)
- Organize a daily time to accommodate student supervision and feedback
- Begin to organize an appropriate caseload for the student(s)
- Consider organizing/arranging other learning opportunities for the student(s) (in conjunction with the CCCE)—e.g., observation of other services, x-ray viewing, surgery

## References

These Orientation Guidelines have been adapted from the following sources.

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