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This Clinical Education Manual is produced by the Department of Physical Therapy as an information resource for our MPT students and for our Clinical Educators. Every effort has been made to ensure the completeness and accuracy of content. However, students must assume final responsibility for becoming informed about applicable Faculty of Graduate Studies and Faculty of Medicine policies and regulations.

The Department and the University reserve the right to change academic policies at their discretion. Such changes may be implemented without prior notice and may be applied to currently enrolled students.

Regarding matters not addressed, current University regulations and policies apply.

**Definition of Terms**

**Associate Head, Clinical Education (AHCE), Physical Therapy Department**
An individual, employed by the university, whose primary concern is the development, oversight and administration of the Physical Therapy Clinical Practice Education Program.

**Coordinator of Clinical Education, Northern and Rural Cohort**
The purpose of this role is to create infrastructure and liaise with stakeholders to build a strong PT support network for our MPT program in northern and rural communities across BC. The position is based out of Prince George.

**Professional Head/Practice Leader**
Individuals, employed by a clinical site, who are responsible for the administration or coordination of the clinical site physiotherapy clinical service and standards of practice (which may include organizing student clinical placements).

**Centre Clinical Coordinator**
An individual, employed by the Clinical Site, who has been designated as responsible for arranging student placements at the facility, communicating with the educational institution, and overseeing the evaluation of the student. This may be the professional head or practice leader.

**Clinical Educator**
An individual, employed by the facility, who is responsible for the direct instruction, supervision and evaluation of the physiotherapy student in the clinical setting.

**Clinical Placement**
A period of time in which a student is scheduled for a shadow or full-time clinical practice education experience prior to graduation. May also be referred to as Practice Education.

**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>AHCE</strong></td>
<td>Associate Head, Clinical Education</td>
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<tr>
<td><strong>CPA</strong></td>
<td>Canadian Physiotherapy Association</td>
</tr>
<tr>
<td><strong>CPTBC</strong></td>
<td>College of Physical Therapists of British Columbia</td>
</tr>
<tr>
<td><strong>OOP</strong></td>
<td>Out-of-Province</td>
</tr>
<tr>
<td><strong>OOT</strong></td>
<td>Out-of-Town</td>
</tr>
<tr>
<td><strong>PT</strong></td>
<td>Physical Therapy</td>
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<tr>
<td><strong>PHTH</strong></td>
<td>Subject code used in the <em>UBC Calendar</em> for Department of Physical Therapy courses</td>
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<tr>
<td><strong>UBC</strong></td>
<td>The University of British Columbia</td>
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Mission Statement

The Department of Physical Therapy provides the professional education necessary for physical therapists through rigorous scholarly activity, high standards of instruction and creative opportunities for learning, and a strong theoretical foundation that supports current and future practice of the profession. Graduates of the program contribute to the health of Canadians through cost-effective clinical approaches, evidence-based practice, client-centred care, and a commitment to health promotion and disease prevention.

The Department achieves its mission through education, research and practice in the following ways:

**EDUCATION**

- Fostering constructive, case-based learning experiences
- Focusing on lifelong learning skills
- Developing critical thinking and problem-solving abilities
- Assisting faculty and instructors in the pursuit of the highest standards of education
- Fostering the concept of professionalism including ethical behaviour, principled practice, and moral reasoning

**RESEARCH**

- Recognizing diverse research approaches to the multi-factorial determinants of health
- Initiating and participating in research supporting the profession at the basic science, applied, and clinical levels
- Recognizing the value of both quantitative and qualitative approaches to research
- Ensuring that graduates of the program are critical consumers of the literature
- Including instructional material in the program that is evidence-based
- Critically analyzing and integrating the physiological and scientific literature into the program

**PRACTICE**

- Collaborating closely with the clinical community
- Providing clinical learning opportunities in a variety of settings
- Fostering a client-centred model for clinical practice that is holistic and includes the environmental factors affecting health and well-being
- Developing in students a respect for all individuals receiving physical therapy care and services
- Ensuring the ability to work effectively as members of an interprofessional team while cognizant of the unique contributions of the physical therapist
- Evaluating clinical competence of students within the clinical setting

**UBC MPT Clinical Education Vision Statement**

An integrated provincial network of clinical practice education encompassing a diverse range of placement settings and models with capacity for PT students from UBC and other accredited academic institutions to develop and consolidate clinical problem solving skills and clinical reasoning.

**Clinical Education PACE Committee**

The purpose of the Department of Physical Therapy PACE (Provincial Advisors for Clinical Education) Committee is to provide a forum for input and discussion of issues relating to the provision of clinical education within the MPT Program. The PACE Committee is comprised of members from public and private sectors in all health authorities in BC. Part of the committee’s role is to ensure that the MPT Clinical Education Program is responsive to the external environment, the needs of employers, and changes in health care/societal trends, as well as playing a role in communicating issues related to MPT Clinical Education to the provincial physiotherapy community.
Clinical Education CACE Committee

The purpose of the Department of Physical Therapy CACE (Clinician Advisors for Clinical Education) Committee is to provide a two-way communication channel between clinical coordinators/preceptors and the UBC MPT program. CACE committee members represent all geographic areas of the province and a wide variety of clinical specialties where students undertake clinical education, in both public and private sectors.

Online information for MPT Students

Our students now access all of the necessary information (such as guides, documents, web resources, etc.) via an online learning management system called Connect (Blackboard).

Website Information for Clinical Educators

Below is a listing of the current categories available to our Clinical Educators on the Clinical Education section of the UBC PT website: www.physicaltherapy.med.ubc.ca.

- UBC PT CLINICAL EDUCATION MANUAL
- RESOURCES FOR CLINICAL SITES & EDUCATORS
  - MPT Program Clinical Dates
  - Student Academic/Clinical Training per Placement
  - ACP & Placement Evaluation Forms
  - WorkSafeBC: Reporting Procedures/Forms
  - Placement Resources
  - Clinical Site Profiles: Viewing, or adding your site
• **EXCEL E-LEARNING MODULES**
  Whether you are new to your role as a Clinical Educator, or would just like a quick refresher on a certain topic, our **EXCEL e-learning modules** are meant to offer direct, anytime access to all the information found in our workshop, and they should answer most questions you might have about taking a student.

  **Make use of our short EXCEL modules, which cover these wide-ranging topics:**
  
  - Introduction to the UBC Master of Physical Therapy (MPT) program
  - The Role and Importance of Clinical Education
  - Developing Learning Objectives
  - Planning and Facilitating the Learning Experience
  - Adult Learning Styles
  - Your Student’s First Day: Orientation
  - Facilitating Learning During the Placement
  - Providing Feedback
  - The Evaluation Process
  - The “Perfect Preceptor”
  - Supporting a Student in Difficulty
  - Providing Challenge for an Exceptional Student
  - Placement and Supervision Models
  - The Hidden Curriculum
  - T-Res Overview: The Students' Clinical Log

• **PRIVATE PRACTICE TOOLKIT MODULE**
  We recognize that there are some aspects to Clinical Education in the private practice setting that are unique so we have created this module specifically with private practice clinicians in mind, to give advice and tools to ensure hosting a student on a clinical placement is a success for everyone involved. The short module (~15 minutes) is interactive and informative. It will answer many of the common questions and address misconceptions around taking a student on a clinical placement.

• **WORKSHOPS & EVENTS**
  o Clinical Educator Workshops
  o Inservices
  o Event Links

• **RECOGNITION PROGRAM & AWARDS**
  o Clinical Educator Recognition Program
  o Clinical Educator Award & Winners

• **“THE GLOBE” NEWSLETTER ARCHIVES**

• **CONTACTS**
The Department of Physical Therapy Program Accreditation

The Physical Therapy program at UBC is accredited by the Physiotherapy Education Accreditation Canada (PEAC). PEAC has been charged with the accreditation of all Canadian physical therapy programs.

The MPT Program’s first accreditation review was in 2006. Most recently the MPT Program achieved full accreditation status for a term of six years (until 2019).

The Canadian Accreditation standards, Canadian entry level curriculum guidelines, the competency profile for the entry level physical therapist in Canada, ongoing feedback from students, faculty, and the physical therapy community as well as evidence in the literature all form the basis for the UBC physical therapy curriculum.

Curriculum revisions are ongoing as the program evolves to ensure that it remains current with rigorous scholarly activity, high standards of instruction and creative opportunities for learning, as well as a strong theoretical foundation that supports current and future practice of the profession. A strong commitment to excellence in clinical education is maintained throughout the curriculum review process.

Academic Program

Course of Study
Curricula are approved by the Department’s Curriculum Committee, the Faculty of Medicine, Faculty of Graduate Studies, and the University Senate. Students provide input into curriculum development through course evaluations, and through standing membership on the Curriculum and other Committees.

Clinical education is a fundamental component of the MPT curriculum because it facilitates the student’s successful transition into the role of a competent health professional. The clinical education program is based on learning experiences in traditional and non-traditional settings that allow the student to develop, consolidate and integrate the knowledge and skills taught in the academic setting, as well as developing clinical reasoning, critical thinking and problem-solving skills.

MPT Curricular Vision
The curriculum is current and contemporary and prepares entry-level physical therapists through a program of the highest quality. Planning, developing, implementing, and evaluation of the curriculum is based upon a strong theoretical framework and research foundation, as well as incorporating feedback from the clinical community, external instructors, teaching assistants and students, as well as other stakeholders. The curriculum includes concepts such as ethics, values, psychosocial and cultural issues, and professional communication as well as the knowledge, skills, attitudes and judgments needed to practice physical therapy in a rapidly changing world. The curriculum is grounded in theory and constructed around essential content that progresses from simple to complex and is integrated across themes and contexts, and incorporates interprofessional experiences and learning opportunities wherever possible. It is delivered through innovative and creative approaches to teaching and learning and is rigorously evaluated.
**MPT Curriculum Conceptual Framework**

The conceptual framework for the curriculum illustrates the relationships between four core components: learning process, program content, lifespan perspective, and the broad desired program outcomes.

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**Key Objectives of the Program**

Following the course of study, the student will:

- Achieve mastery of entry-level clinical skills including physical therapy diagnosis, intervention implementation and evaluation based on the best available evidence.
- Apply critical thinking and research abilities in order to incorporate research findings into practice and contribute to the profession’s body of scientific knowledge.
- Practice autonomously as team members or leaders in interprofessional settings by applying effective teamwork, communication, leadership and clinical decision-making skills.
- Apply analytical and problem-solving skills to work within complex systems and contribute optimally to business and program development, evaluation and decision-making in health policy at all levels.
- Communicate effectively with clients and their families, professional colleagues and team members, and other stakeholders, such as third party payers.
- Engage in client- and/or family-centred practice, respect the autonomy of the client and act in the best interest of the client and society.
- Demonstrate professional behaviour and integrity in all interactions with clients and their families, other health professionals, support personnel and students.
- Demonstrate commitment to lifelong learning and continuing professional development.
- Engage in quality assessment and improvement of overall service and specific physical therapy interventions in relation to client goals and outcomes.
- Implement the physical therapist’s role and services with a broad understanding of the comprehensive health system.
Curricular Map for the MPT Entry-to-Practice Physical Therapy Program

Sample = most current Cohort (2017-19)

**UNIVERSITY OF BRITISH COLUMBIA**
**DEPARTMENT OF PHYSICAL THERAPY**
**Master of Physical Therapy Program Curriculum Map**
**2017-2019 COHORT**

### Block A
- September 5 – December 1
  - ANAT 392 Gross Anatomy of the Limbs and Trunk (4)
  - PTHH 511 Pathology for Physical Therapy I (2)
  - PTHH 517 Exercise and Movement I (3)
  - PTHH 514 Clinical Practice I (5)
  - PTHH 516 Clinical Decision-Making I (2)
    (includes 30 hours clinical fieldwork)

### Block B
- January 2 – March 29
  - RHSC 420 Elements of Neuroanatomy and Neurophysiology (4)
  - PTHH 521 Pathology for Physical Therapy II (2)
  - PTHH 527 Exercise and Movement II (3)
  - PTHH 524 Clinical Practice II (6)
  - PTHH 526 Clinical Decision-Making II (2)

### Block C
- April 16 – July 20
  - PTHH 534 Clinical Practice III (4)
    - Clinical Placements #1 & #2 2 x 6 weeks
  - PTHH 535 Case-based Integration I (1)
  - PTHH 551 Case-based Integration II (1)
    - Research 3 weeks
  - PTHH 531 Pathology for Physical Therapy III (2)

### Block D
- July 30 – December 7
  - PTHH 544 Clinical Practice IVa (5)
  - PTHH 545 Clinical Practice IVb (6)
  - PTHH 546 Clinical Decision-Making III (2)
  - PTHH 531 Pathology for Physical Therapy III (cont’d)

### Block E
- January 2 – April 19
  - PTHH 554 Clinical Practice V (4)
    - Clinical Placement #3 1 x 5 weeks
  - PTHH 555 Clinical Practice V (cont’d) 1 x 5 weeks
  - PTHH 574 Clinical Practice VI (4)
    - Clinical Placements #6 & #5 2 x 5 weeks

### Block F
- April 29 – June 21
  - PTHH 541 – Case-based Integration III (1)
    - Research 1 week
  - PTHH 556 Clinical Decision Making IV (1)
  - PTHH 557 Case-based Integration IV (4)

### Block G
- June 24 – September 20
  - PTHH 574 Clinical Practice VII (cont’d)
  - Clinical Placement #6 1 x 5 weeks

*PTHH 576 – Clinical Decision-Making V (1) through to September 1, 2019

Subject to change at the discretion of the Department of Physical Therapy

Revised: June 7, 2017
Course Descriptions

Total Credits: 83

ANAT 392 Gross Anatomy of the Limbs and Trunk (4 credits)
This course introduces comprehensive knowledge of normal human anatomy. Course material covers subjects including the musculoskeletal, nervous & vascular systems. Anatomy of different regions is discussed from a systemic standpoint and the subject matter is illustrated and explained using power point presentations, including diagrams, charts and models.

RHSC 420 Elements of Neuroanatomy & Neurophysiology (4 credits)
This course provides an introduction to the structure and function of the human nervous system. From both the lecture and lab content, students will acquire a comprehensive knowledge of neuroanatomy and neurophysiology, and be able to clinically apply this material in physical therapy practice.

PHTH 511 Pathology for Physical Therapy I (2 credits)
This is the first in a series of 3 courses (PHTH 511, 521 and 531) in which students will complete a study of disease mechanisms, supported by tutorial sessions and reading references (including web-based resources) and augmented with invited lectures on current and relevant topics given by members of the health care team. Successful completion of this course will ensure that students have a comprehensive knowledge of basic patho-physiology, mechanisms of disease, and an awareness of the presentation, progression and general management of selected represented disorders commonly encountered in PT clinical practice with respect to the module content.

PHTH 514 Clinical Practice I (5 credits)
This course will provide the introduction to generic physical therapy procedures and techniques and enable students to apply knowledge and skills through the use of selected case examples in the academic setting and direct patient interaction in the clinical setting. The content is framed according to the International Classification of Functioning, Disability and Health (ICF) and a client-centred approach to practice will be emphasized. Students will be introduced to basic surface anatomy and sports physical therapy in a sports physical therapy module and a surface anatomy module.

PHTH 516 Clinical Decision-making I (2 credits)
In this course students will be introduced to the core principles and concepts underlying the practice of the profession of physical therapy and of clinical decision making in a health care setting. Standards of practice and legal issues affecting the profession will be explored in the context of interprofessional collaborative practice in Canada. This course is foundational to the clinical fieldwork courses PHTH 534, 554, 574 as well as to future clinical practice.

PHTH 517 Exercise and Movement I (3 credits)
In this course, students will develop the movement analysis and exercise prescription skills that are fundamental to physical therapy practice. Students will integrate biomechanical principles, the physiological basis for movement and adaptation to exercise, and current theories of motor development, motor control and motor learning in analysing normal movement.

PHTH 521 Pathology for Physical Therapy II (2 credits)
This is the second in a series of 3 courses (PHTH 511, 521 and 531) in which students will complete a study of disease mechanisms, supported by tutorial sessions and reading references (including web-based resources) and augmented with invited lectures on current and relevant topics given by members of the health care team. Successful completion of this course will ensure that students have a comprehensive knowledge of basic patho-physiology, mechanisms of disease, and an awareness of the presentation, progression and general management of selected represented disorders commonly encountered in PT clinical practice with respect to the module content. They will be expected to apply that knowledge to concurrent skills courses and clinical situations. The topics areas covered in this course represent essential foundational content that will be applied in the Clinical Practice courses, specifically PHTH 514, 524, 544, and 564.
**PHTH 524 Clinical Practice II (6 credits)**

This course will enable the student to apply theories and principles of movement, functional activity analysis and exercise prescription in the development of physical therapy programs for persons with primarily musculoskeletal and cardiorespiratory dysfunction. This course will provide the student with the knowledge to select, implement and evaluate the effectiveness of basic physical therapy interventions. Selected common acute and chronic conditions will be the focus of integrated client cases consistently introduced throughout the course. Analysis of these cases will give students the opportunity to apply and integrate knowledge and skills acquired in previous courses.

**PHTH 526 Clinical Decision-Making II (2 credits)**

In this course students will build on the introduction to evidence-based practice provided in PHTH 516 Clinical Decision-Making I by exploring scientific inquiry related to clinical decision making and research (quantitative and qualitative) methodologies. This will include appropriate selection of methods to address specific clinical problems and research questions as they apply to physical therapy and interdisciplinary practice in rehabilitation. This course will support assessment and treatment choices students will make in relation to selected client cases developed in PHTH 524 Clinical Practice II.

**PHTH 527 Exercise and Movement II (3 credits)**

In this course, students will develop the exercise prescription skills that are fundamental to physical therapy practice. Students will integrate knowledge of resistance and flexibility program design, the cardio-respiratory response to exercise, and the methodology for exercise testing and prescription for healthy individuals, as well as those with chronic disease.

**PHTH 528 Case-based Integration I (1 credit)**

This course involves full-time study for one week in intensive tutorial discussion and presentation. Analysis of key feature clinical cases will be used to consolidate material taught in the courses Clinical Decision Making I and II, and Clinical Practice I and II with a particular emphasis on the application of basic clinical skills related to musculoskeletal conditions in a client-centred context.

**PHTH 531 Pathology for Physical Therapy III (2 credits)**

This is the third in a series of 3 courses (PHTH 511, 521 and 531) in which students will complete a study of disease mechanisms, supported by tutorial sessions and reading references (including web-based resources) and augmented with invited lectures on current and relevant topics given by members of the health care team. Successful completion of this course will ensure that students have a comprehensive knowledge of basic pathophysiology, mechanisms of disease, and an awareness of the presentation, progression and general management of selected represented disorders commonly encountered in PT clinical practice with respect to the module content. They will be expected to apply that knowledge to concurrent skills courses and clinical situations.

**PHTH 534 Clinical Practice III (4 credits)**

The purpose of this clinical fieldwork experience is to provide the students with an opportunity to integrate and practice the knowledge, skills and competencies introduced in the first two blocks of the MPT Program in two varied clinical settings. Successful completion of this course will ensure a safe, professional, and evidence-based approach to the assessment, treatment planning, intervention, and evaluation of non-complex clients in the assigned clinical areas.

**PHTH 538 Case-based Integration II (1 credit)**

This is the second of five full-time Case Based Integration courses and is designed to consolidate material taught in the courses Clinical Decision Making I and II, and Clinical Practice I and II. Key feature cases will address routine non-life threatening client health issues in musculoskeletal, neurological and respiratory contexts.

**PHTH 544 Clinical Practice IVa (5 credits)**

This course represents the integration of content across the musculoskeletal, cardiac and neurological system that is foundational to entry-to-practice as a physiotherapist; the goal of which is to graduate competent, evidence-based practitioners capable of working in a diversity of roles in a diversity of clinical settings. It builds upon and integrates information provided in the courses Clinical Decision-Making I and II, and Clinical Practice I, II, and III. The content is framed according to the International Classification of Functioning, Disability and Health (ICF). A lifespan approach to the
management of clients with different diseases and disabilities will be promoted by including case-based client examples representing infants, children, adolescents, young adults, middle-aged adults, and the elderly, as well as gender specific health problems. Both client-centered and family-centered principles of management will be integrated into the teaching of this course, and culturally sensitive practice will be promoted.

**PHTH 545 Clinical Practice IVb (6 credits)**
This course represents the integration of content across the musculoskeletal, cardiac and neurological systems that are foundational to entry-to-practice as a physiotherapist, the goal of which is to graduate competent, evidence-based practitioners capable of working in a diversity of roles in a diversity of clinical settings. It builds upon and integrates information provided in the courses Clinical Decision-Making I and II, and Clinical Practice I, II, and III. The content is framed according to the International Classification of Functioning, Disability and Health (ICF). A lifespan approach to the management of clients with different diseases and disabilities will be promoted by including case-based client examples representing children, adolescents, young adults, middle-aged adults, and the elderly, as well as gender specific health problems. Both client-centered and family-centered principles of management will be integrated into the teaching of this course, and culturally sensitive practice will be promoted.

**PHTH 546 Clinical Decision-Making III (2 credits)**
This course consists of two modules. The first, “Teaching and Learning in Clinical Practice,” examines the role of physiotherapists as educators with clients, colleagues, and other health professionals. The second, “Ethical Decision Making,” will examine issues that generate moral problems in physical therapy practice and health care.

**PHTH 548 Case-based Integration III (1 credit)**
This third full-time one week course in the series will utilize key feature clinical cases and tutorial discussion to address complicated client issues related to functioning, disability, and health in a neurological patient. A holistic perspective in a diversity of health care settings is incorporated.

**PHTH 552 Rehabilitation Research (5 credits)**
This course will build on the knowledge acquired and skills gained in PHTH 526: Clinical Decision-Making II. Because evidence-based practice is a central theme of the MPT curriculum, PHTH 552 will provide an opportunity for students to work collaboratively in small groups to complete a systematic review or a research project in a specific area of rehabilitation practice. Each student group will work under the supervision of a faculty member or a community-based clinician researcher. The completion of the research project or systematic review will culminate in a poster presentation and final written paper.

**PHTH 554 Clinical Practice V (4 credits)**
This course builds upon and integrates information provided in the courses PHTH 534 and PHTH 544, and facilitates the application of the knowledge and skills in the clinical setting.

**PHTH 558 Case-based Integration IV (1 credit)**
This fourth, full-time one week course in the series, will address complex client and family issues with specific attention to children, adolescents, and the older adult. The content will focus on interdisciplinary practice within the larger health service delivery and client contexts.

**PHTH 564 Clinical Practice VIa (4 credits)**
This course will enable students to perform a health assessment of clients of all ages, and to implement a comprehensive physiotherapy management plan across different settings (critical care/rehabilitation units/community/private practice), using a clinical reasoning approach. The course will include advanced assessment and therapeutic management of individuals with injury, disease, or disability that may involve more than one of the following systems: cardiovascular, respiratory, neurological and endocrine. Selected conditions (spinal cord injury, traumatic brain injury, burns, cancer and amputations) will be used as examples for comprehensive client management.

**PHTH 565 Clinical Practice VIb (6 credits)**
This course will enable students to perform a health assessment of clients of all ages and to implement a comprehensive physiotherapy management plan using a clinical reasoning approach. The course will include advanced assessment and
therapeutic management of individuals with injury, disease, or disability that may involve musculoskeletal and neurological systems. Selected conditions (arthritic, musculoskeletal and sports conditions) will be used as examples for comprehensive client management.

**PHTH 566 Clinical Decision-Making IV (3 credits)**

In this course, students will identify and develop the skills of effective leadership within the context of professional physical therapy practice. Aspects of leadership related to self, others and the profession will be examined within a variety of professional settings, practice structures, and organizational cultures both in Canadian and International contexts. Program planning models will be explored including implementation and evaluation strategies. Principles of business management will be addressed in the context of current physical therapy practice.

**PHTH 574 Clinical Practice VII (4 credits)**

This course will include two five-week clinical education experiences which will enable students to explore their choice of specialty areas of physical therapy practice, and consolidate the knowledge and skills acquired in the MPT Program.

**PHTH 576 Clinical Decision Making V (1 credit)**

Collaborative practice is central to effective practice in the Canadian Health Care system. Physical Therapists must be skilled collaborators, in order to function effectively as members of the health care team to provide patient-centered care. Interprofessional collaboration is the process of developing and maintaining effective Interprofessional working relationships with learners, practitioners, patients/clients/ families and communities to enable optimal health outcomes. Through a flexible learning approach, students will have an opportunity to gain knowledge and skills related to Interprofessional collaboration, and to demonstrate these skills through a variety of assessment formats.

**OSCE Pass/Fail Guidelines - Prior to Clinical Placement**

*Note: Yellow highlighted text is pertinent to Clinical Education. It is important to note that students will NOT be allowed to undertake clinical placements until competence has been proven on preceding OSCE examinations.*

**PHTH 514 Final OSCE**

To pass the PHTH 514 final OSCE, students must achieve an average grade of ≥60% across all stations on the OSCE. If a student achieves <60% on the final OSCE, they will be given the opportunity to repeat all failed stations. On the PHTH 514 OSCE, safety items are weighted higher than other items, but missing a safety item on this exam will not constitute an automatic station failure.

**PHTH 516**

There is a single PHTH 516 OSCE station that is included in the PHTH 514 Final OSCE examination day. The PHTH 516 OSCE station is not included in the PHTH 514 Final OSCE pass/fail guidelines. Pass/fail guidelines for the PHTH 516 OSCE station are described in the PHTH 516 Course outline.

**RHSC 420**

There is a single RHSC 420 OSCE station that is included in the PHTH 524 OSCE examination day. The RHSC 420 OSCE station is not included in the PHTH 524 OSCE pass/fail guidelines. Pass/fail guidelines for the RHSC 420 OSCE station are described in the RHSC 420 Course outline.

**PHTH 524; PHTH 544/PHTH 545; PHTH 564/PHTH 565 OSCEs**

**Single Station Safety Violation Failure Policy:**

Each OSCE question has explicit minimum safety standards and these minimum safety standards MUST be achieved to successfully pass the station. If the minimum safety standards are not met, then a failure will result for that station, regardless of whether other performance was acceptable.

**Recourse:** Students will be given the opportunity to repeat an OSCE station failed for safety reasons to prove competence prior to beginning their clinical placement. The maximum mark achievable for a safety failure will be 60%.
### Single Station Competency Failure Policy:
Students must achieve a competency score of $\geq 60\%$ to pass an OSCE station. Each question has explicit competency standards and these minimum competency standards MUST be achieved to successfully pass the station. If the minimum competency standards are not met, then a failure will result for that station.

**Recourse:** A single station competency failure will be included in the student’s overall OSCE score for that particular exam. The station will **not be repeated** at a later date.

Policy: Students cannot fail more than one station on an OSCE exam.

### Multiple Station Failures (Safety and/or Competency):
Any student, who fails more than one OSCE station through competency and/or safety failures, will be given the opportunity to repeat the failed stations at a later date: this opportunity to repeat failed stations counts as one alternative assessment. Repeat OSCE stations will be completed after an interval of time (approximately 2-3 weeks); this time interval is intended to provide the student with an opportunity to review their course content and develop competency and/or safety in the relevant skills. **As a result, students will not be able to undertake their clinical education placements until the retake stations are completed and competence/safety is demonstrated.** The retake process may ultimately result in a delayed graduation. The maximum mark achievable for a successful OSCE station retake will be 60%.

### Credit for Clinical Practice Education Coursework

<table>
<thead>
<tr>
<th>Block</th>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PHTH 534 Clinical Practice III</td>
<td>4</td>
</tr>
<tr>
<td>D &amp; E</td>
<td>PHTH 554 Clinical Practice V</td>
<td>4</td>
</tr>
<tr>
<td>G</td>
<td>PHTH 574 Clinical Practice VI &amp; VII</td>
<td>4</td>
</tr>
</tbody>
</table>

ALL clinical practice courses are evaluated on a Pass/Fail basis. No marks are assigned.

### Clinical Education Program Organization

#### Clinical Hour Requirements
The University of British Columbia’s MPT Program includes over 1,080 hours of Clinical Education.

#### Clinical Placements
During the program, students must complete six clinical placements in the following areas* of practice:

1. Acute
2. Outpatient
3. Chronic Disease Management
4. Rehabilitation (Neuromusculoskeletal)
5. Community Health
6. One elective placement\(^1\)

*See page 35 for further definitions of each Clinical Education placement area. (You may click on the page number to take you directly to that page)

Students are assigned to specific clinical locations during the program. During the program students will be exposed to clinical practice in the areas of cardiorespiratory and neuromusculoskeletal practice, as well as multisystem and specialty practice areas, in both public and private settings. Placements may be in any clinical area at any time during the program; academic content in the area of practice will not necessarily be covered prior to the placement.

Students are not permitted to complete two placements at the same clinical site during the 26-month program. Exceptions may be made when an area of special interest (e.g., burns or acute spinal cord injury) is available at only one

\(^1\) Students can express a preference for a clinical area for this placement upon successful completion of the other required areas (also includes research, administrative and education placements).
clinical site, or in geographic areas where experience options may be limited. Students wishing to complete more than one pediatric placement will have this considered as an elective.

Note: Students are not permitted to complete more than two placements in private practice.

Students must attend the assigned clinical site and are not permitted to switch locations with other students.

Placement Dates
Placements are arranged according to a yearly schedule. Students must attend placements during the specified dates. Changes to placement dates can only be made in consultation with the AHCE, and are only possible in exceptional circumstances and where the clinical site can accommodate the change. Examples of exceptional circumstances include compassionate leave, prolonged medical leave, and University or national/international level sports commitments. Circumstances such as family weddings, vacations, or moving house are not considered exceptional.

Placement Planning Calendar
Requests for student placements (Call for Offers) are made to the clinical sites at least three months before the required “block.” Every effort is made to inform students of their placement site two months ahead of the placement start date.

Feedback on the Clinical Education Program
Feedback from students, clinical supervisors and clinical sites is a vital element of the UBC MPT Clinical Education Program. There are multiple ways to provide feedback regarding the learning experience; in addition to those listed below, constituents are encouraged to contact the AHCE at any time with issues or concerns.

Ways to provide feedback include:

Student feedback on the clinical site/clinical supervisor performance
- The NACEP Student Evaluation of the Clinical Placement (accessible by students on Connect)
- Submission of this form is mandatory for each placement and is the responsibility of the student
- In-class during placement follow-up sessions
- Confidential feedback form
- Individual meeting with AHCE

Student feedback on the Clinical Education Program/AHCE performance
- On-line evaluation form following Level 3 placements
- Individual meeting with AHCE, Associate Head, MPT Program, or Department Head

Site/Supervisor feedback on student performance
- Student Evaluation tool (ACP)
- Individual consultation with AHCE (highly recommended in cases of weak performance)

Site/Supervisor feedback on Clinical Education Program/AHCE performance
- Site Feedback Form, following placement
- PACE Committee
- Direct Communication with AHCE or Department Head

Evaluation

Evaluation of Student Performance
The department uses the ACP (Canadian Physiotherapy Assessment of Clinical Performance) evaluation form, which is used by all physiotherapy programs across Canada. Clinical Educators are given access to an online evaluation. Students access the ACP on Connect.
ACP

The ACP (or Canadian Physiotherapy Assessment of Clinical Performance) is based on the Canadian Essential Competency Profile for Physiotherapists. There are seven roles that have been identified in this document: Expert, Communicator, Collaborator, Manager, Advocate, Scholarly Practitioner and Professional. Under each of these roles are a number of key competencies and then enabling competencies. These are the skills, knowledge and attitudes that enable the key competency to be acquired.

The rating scale used in the ACP uses six defined anchors from beginner to entry-level with points in between. This reflects the continuum of learning we expect of our MPT students during their six clinical placements. Details regarding the requirements for each anchor are provided within the ACP form. If the student has not quite met all the criteria for one anchor but is has more skills than the lower anchor, you should score the student between the two anchors. Criteria are also provided for Credit (pass) with Distinction for Level 3A/3B placements.

Self-evaluation

The focus of evaluation in clinical practice education shifts during student progression through the program with increasing involvement of the student in the process. As self-evaluation is a skill required for making judgments about the quality of service provided as professionals and is necessary in the life-long learning process, it is important that this is developed and supported among our students. Students are expected to participate fully in the evaluation evaluation process. This includes completion of mid- and final self-evaluations (using the ACP form) during the placement.

The student’s progress towards attaining the objectives established by the Clinical Site for a specific area of practice should be discussed throughout the placement. Mid-placement and final evaluations are usually the only written evaluations. The student must download a copy of the evaluation form from Connect and must assess his/her own performance. The student then reviews the completed form with the CE at midterm evaluation and at the end of the clinical placement. Students must retain a copy of the completed evaluation form in order to maintain an ongoing personal placement record. The ACP form completed by the Clinical Educator is sent by the Clinical Site to the AHCE, Department of Physiotherapy immediately following completion of the placement. Copies of the students ACP forms must NOT be kept by sites unless the student has provided explicit written permission.

Student Evaluation of the Clinical Placement

Completion of this form is mandatory for each placement. It must be submitted no later than one week post-placement completion. Credit for the placement will not be granted unless this form is submitted.

The student provides feedback about the placement to the Clinical Educator mid-way and at the completion of the placement. The NACEP Student Evaluation of the Clinical Placement Form can be found on Connect. The Clinical Site is encouraged to keep a copy for their records. Submission of the NACEP form to the DPT is mandatory and is the student’s responsibility. Students also have an opportunity to provide confidential feedback to the AHCE on their placement experience. Confidential Feedback will NOT be shared with sites. The Student Confidential Feedback Form can be found on Connect. In addition, students are encouraged to contact the AHCE directly with any feedback related to the placement experience.

Student Evaluation of the Clinical Program and AHCE

Upon return to the department, the student has a professional obligation to provide feedback on the quality of the clinical experience and the effectiveness of the academic preparation. This includes attendance and participation in the placement “debrief” sessions.

Student representatives on the Curriculum Committee and CACE Committee also provide feedback regarding the quality of the Clinical Practice Education Program to the Associate Head – Clinical Education. This feedback is used to assist with curriculum changes and to help guide clinical education.

At the end of the MPT Program, the students are asked to evaluate the Clinical Practice Program given their experience throughout the program. This includes feedback on the support received from the Clinical Education team including the AHCE. The results of this anonymous evaluation are collated and used in future development of the program.
SECTION 3: Student-related Policies

Documentation/Certification at Program Start

Prior to entering the MPT program students are required to submit various consents and forms, including (in accordance with CPTBC) a Criminal Record Check for vulnerable populations.

Certification Required for Clinical Placements

First Aid/CPR

Current/non-expired Standard First Aid and CPR Level C certificates are required for the duration of a student’s course of study. Students are required to show proof of completion as well as proof of re-certification if a certificate expires prior to graduation, and be prepared to show a copy of a current certificate to clinical sites.

Fit Testing

Mask fitting is a requirement for clinical placements as clinical facilities have mandated that all students must be fit tested. Students are responsible for making sure they have completed their Fit Test by September 30.

Students who have not completed Fit Testing WILL NOT be permitted into clinical areas for visits, clinical learning experiences, (such as shadow placements) or placements.

As a health care professional student, you may be exposed to acute respiratory infections while in clinical facilities.

Practice Education Guidelines for BC (Respiratory Protection) and WorkSafeBC Occupational Health and Safety Regulations of BC stipulate that a properly fitted respiratory mask must be used when providing care to patients with suspected, known, or probable cases of acute respiratory infections. A properly fitted filtering mask will provide protection against airborne respiratory infectious agents such as tuberculosis (TB), SARS, measles etc. Some clinical areas will require proof of Fit Testing. Students who are unable to provide this proof will be asked to leave the clinical areas and will not be able to complete clinical placements.

The respiratory mask must be individually fitted by a trained and certified person. This individual mask fitting must be done just prior to beginning your program. Students are required to make their own appointments with a service provider. The mask fitting is good for one year and must be performed annually. As the MPT Program is two years in length, proof of annual re-fitting/testing is required.

This mask fitting is called Respiratory Mask Fit Testing. There will be a fee. While there are many service providers in the Lower Mainland, we recommend EMTEC (located in Richmond, close to skytrain). Once you have done your Fit Test you will receive documentation and will be given information on the size of mask that is relevant to you.

PLEASE NOTE: The 3M 1870 respiratory fit testing model has been discontinued in BC. The 3M Aura 1870+ replaces the 3M 1870 model. Although the 3M Aura 1870+ is very similar to the 3M 1870, the two models are NOT interchangeable. Students need to be fit tested for the three respirator models available in in all Health Authorities:

- 3M Aura 1870+
- 3M 1860
- 3M 1860S

UBC MPT Student Registration with the CPTBC

Only students who are registered by and are current student members of the College of Physical Therapists of BC (CPTBC) will be permitted to attend clinical sites and perform hands-on care during placements.

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2 EMTEC Environmental Consulting Ltd. 604-232-3365 www.emtecevironmental.com
Current cost: $30.00 + GST for qualitative fit test, includes N95 respirator
CPTBC registrations needs to be arranged at the start of the program and must be renewed annually by the student prior to December 31st each year (when yearly registration expires).

Students who do not have a current student registration with the CPTBC will be removed from clinical placement sites.

Submission of Forms/Certification Required for Clinical Placements

**Scanning and Labelling Clinical Education Documents for Submission**

All forms and copies of certification required for Clinical Education shadow and clinical placements (such as pre-placement forms, waivers, Health and Safety form, evaluations, fit testing certificate renewal, etc.) must be submitted electronically to the Clinical Placement Officer in pdf format. There are several free or inexpensive apps that allow you to easily scan a document to pdf using your device.

In order to comply with UBC Records Management standards, all pdf documents/forms must include the PT Timestamp.

Any documents submitted must be labelled in the following format:

PTYYMMDD Student Last Name, Student First Name Document Title

e.g., PT170627 Smith, John 2A Waiver

PT171128 Wong, Claire Fit Test Certificate

Any documents not labelled properly will be returned via email to be corrected by the student.

Immunization/Vaccination Policies for Clinical Experiences

**Immunization Requirements**

New students receive, as part of their acceptance package, information regarding mandatory immunizations. Students are required to complete a mandatory health status and immunization review with Student Health Services prior to any exposure to a clinical setting. Please note that clinical exposure may occur very early in the program, therefore the review with Student Health must be completed at the earliest possible opportunity.

Students who have not completed the Student Health Services immunization review WILL NOT be permitted into clinical areas for visits, clinical learning experiences (such as shadow placements), or clinical placements.

**Flu Vaccination Policy**

As per the Practice Education Guidelines for BC: Immunization, all students and faculty visiting health service delivery sites for clinical placements are considered health care staff and must follow provincial and clinical site immunization guidelines and policies.

For Level 2 placements (which occur during flu season), the Provincial Influenza Control Policy must be followed. This patient safety initiative, developed by the health authorities in BC, is aimed at protecting vulnerable patients, residents and clients from influenza.

The policy requires that all health authority staff, volunteers, students and physicians who have contact with patients, residents and clients whether in hospital, community, residential care, mental health or home care settings EITHER receive the influenza vaccination (the preferred option) OR wear a surgical/procedure mask during flu season. Flu season will usually be from the end of November until the end of March but may vary with seasonal epidemiology and will also include any period of time relating to novel strains of influenza.

It is mandatory that all students participate in this important patient safety initiative, in order to protect many of our vulnerable patients from a potentially fatal influenza infection. Without knowing it, health care workers (including students on placements) can be infected and spreading influenza to patients, co-workers or family for 24 hours or more before the first symptoms are apparent.
Proof of immunity status must be available and the clinical site may request it from students and faculty at any time in preparation for or during a clinical placement. All students and faculty should have documentation of immunization status available during a clinical placement for the duration of the vaccination required period (December 1 to the end of March each year). Individuals required to wear a surgical/procedural mask will be responsible for maintaining their mask in good condition in accordance with the Health Authority’s protocols.

**HOW CAN STUDENTS AND FACULTY ACCESS THE VACCINE?**

- UBC Hospital sets up flu vaccine clinics for all Health Sciences students. Notification of dates will be sent to students.
- All health care students are eligible to get the vaccine at the clinics that are run by employee health.
- In addition to family doctors, pharmacists in the community will provide the vaccine by mid-October.

**Student Insurance Coverage**

**UBC Liability Insurance**
This policy, provided by UBC, includes *General Liability* and *Professional Liability* Insurance effective when the student is assigned to affiliated clinical sites. Coverage is worldwide while students are on their placements on behalf of UBC.

*Professional Liability coverage definition:* All sums which UBC shall be obligated to pay by reason of liability imposed by law for compensatory damages arising from any error, omission, negligent act or breach of duty by UBC or any other person for whose acts UBC is legally responsible arising from the provision of professional services.

UBC Liability Insurance does not automatically cover activities which are not part of the MPT Program curriculum.

For an overview of UBC’s General Insurance Program go to [www.riskmanagement.ubc.ca/insurance](http://www.riskmanagement.ubc.ca/insurance).

**Insurance for Volunteer Activities**
UBC’s professional liability insurance covers volunteers while performing volunteer duties as assigned in clinical/professional activities *during a clinical placement* (such as attending sports events or giving public presentations), providing that the volunteer is under the supervision of the supervising therapist. **Volunteers are NOT automatically covered by UBC’s professional liability insurance for volunteer activities at other times during the MPT program.** This means that if a student decides to volunteer at an event (for example, the *Sun Run*), or acts as a volunteer with a team, the student does not automatically have professional liability coverage provided by UBC. Volunteers are strongly advised to obtain their own professional liability insurance for these events (e.g., from the CPA).

The Department will only approve activities which are relevant to the profession of physical therapy and which are carried out under the supervision of a licensed physical therapist who is supervising the volunteer student on placement and who is willing to take overall responsibility for the volunteer. The types of events which may be approved include:

- Volunteering in the medical or treatment tents at community sporting events
- Volunteering with a sports team
- Involvement with the CHIUS clinic

Activities where the volunteer is being paid will not be covered. Shadowing physical therapists in the community will also not be covered (this is due to Risk Management’s policy).

There is also NO ACCIDENT OR INJURY coverage provided by the University for any volunteer activities. Students should consider purchasing their own insurance for volunteer activities.

For further information on volunteer insurance coverage during volunteer activities please contact the AHCE.

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It is the student’s responsibility to arrange both *Liability and Accident* insurance for any involvement in events, volunteering, etc. external to the Program (e.g., working with a sports team).
**UBC Student Accident Insurance**

MPT Program fees include *Student Accident Insurance*. This insurance policy provides coverage for accidental death and dismemberment. This policy is more like a life insurance policy (life and limb), not a medical plan policy such as MSP.

The plan does not provide 24-hour coverage. It applies only during the involvement of the student in course work.

Students traveling in chartered (i.e., non-scheduled) aircraft are excluded from this plan.

To view general information and policy details about UBC’s *Student Accident Insurance*, please go to: [http://rms.ubc.ca/insurance/insurance-programs/insurance-student-automatic/](http://rms.ubc.ca/insurance/insurance-programs/insurance-student-automatic/)

**WorkSafeBC Coverage While on Placement**

UBC Physical Therapy students are covered by WorkSafeBC while on clinical placement within BC*. 

WorkSafeBC requires students to complete a *PT Student Health & Safety Orientation Checklist* (see Appendix 3) within 48 hours of arrival at a site, indicating that they are aware of safety procedures and have been oriented to that specific site. Clinical Educators will be asked by the student to sign the form to confirm that s/he has been orientated. The form must be scanned and returned via email to the Clinical Placement Officer.

*Note re: Out-of-Provinc Placements

WorkSafeBC coverage is for workers who are injured while on the job in British Columbia ONLY. Students working outside of BC should confirm coverage with the province or country in which they will be on practicum. It is advisable that students obtain their own medical insurance for out-of-country placements. The Clinical Placement Officer will provide information on this once an out-of-province placement is confirmed.

For more information please review: [WorksafeBC coverage for practicum/clinical placement students](http://rms.ubc.ca/insurance/insurance-programs/insurance-student-automatic/)

Detailed information is also on Connect.

**WorkSafeBC Incident Reporting Process**

WHEN TO CONTACT WORKSAFEBC?

If an MPT student on placement has seen a doctor or has missed time from work as a result of a work-related injury/illness, s/he must start a claim by calling the WorkSafeBC Teleclaim Contact Centre at 1.888.WORKERS (1.888.967.5377).

WHEN TO CONTACT THE DEPARTMENT AND UBC?

**ALWAYS!**

Every incident or accident involving a UBC student on clinical placement must be reported to the department and UBC. All incidents where there is injury, actual or anticipated time loss, or a potential for future time loss due to the incident are to be reported. Examples are slips, trips, falls, musculoskeletal injury such as back injuries, repetitive strain, etc. It also includes situations which are injurious to mental health such as bullying, harassment, or post-traumatic stress issues.

1. Both the student and her/his supervisor (employer) must complete an online report to UBC using the *Centralized Accident/Incident Reporting System* (CAIRS). Incidents need to be reported within 24 hours, via the UBC Risk Management website ([riskmanagement.ubc.ca](http://riskmanagement.ubc.ca)). Follow the links below, or click on the blue “Report Accidents or Incidents” button and answer the questions to start your submission. The questions will determine the questions that show up on the Incident/Accident form.

   [Form for Student](http://riskmanagement.ubc.ca)

2. Students must also immediately inform the Department (Associate Head, Clinical Education or the Clinical Placement Officer) of the accident or incident.
SUPERVISOR RESPONSIBILITY IN REPORTING A STUDENT INCIDENT OR ACCIDENT AT THE WORKPLACE

1. Both the student and her/his supervisor (employer) must complete an online report to UBC using the Centralized Accident/Incident Reporting System (CAIRS). Incidents need to be reported within 24 hours, via the UBC Risk Management website (riskmanagement.ubc.ca). Follow the links below, or click on the blue “Report Accidents or Incidents” button and answer the questions to start your submission. The questions will determine the questions that show up on the Incident/Accident form.

   Form for Practicum Supervisor/Preceptor

2. Inform the Department of Physical Therapy (Associate Head, Clinical education or Clinical Placement Assistant) that an incident has occurred.

Placement Waivers

With the exception of their shadow placement, students must sign an Acknowledgement for Standard Domestic Student Placements waiver prior to going on each placement. (Note: A Release and Indemnity for International Student Placements waiver must be signed if a UBC MPT student goes on an International placement.) Students are required to sign a total of six waivers (see Appendix 1 for samples of the waivers).

   If waivers are not received at least five (5) business days prior to the placement, the placement WILL BE CANCELLED.

Safety at the Clinical Placement Site

Responsibility for the Client

It is important to note that the Clinical Educator assumes primary responsibility for the client.

Students must adhere to the following guidelines:

- Assessment or treatment is not to be initiated without the Clinical Educator’s knowledge.
- Established facility procedures must be followed.
- All client records must be co-signed by the Clinical Educator.
- Confidentiality of client information must be maintained.

Patient Privacy and Confidentiality

Student access to patient and client information and confidential records is a privilege, not a right. Adherence to appropriate policies and procedures related to patient privacy and confidentiality is an essential element of professionalism, and hence a graduation requirement: violation of privacy/confidentiality policies and guidelines will be taken extremely seriously and will result in disciplinary action.

Privacy policies and procedures are authored by the Canadian Government (e.g., PIPA and FIPA), the provincial physiotherapy licensing body (CPTBC), Health Authorities and by UBC/Faculty of Medicine, amongst others. It is the student’s responsibility to be aware of all privacy and confidentiality standards relevant to their clinical situation.

When in a clinical setting, Physical Therapy Students should be particularly aware of the following:

- All Facility, UBC, CPTBC and other legal requirements regarding patient privacy and confidentiality must be followed.
- Patient names must NEVER be used in any assignment, case study, or other academic exercise. Pseudonyms should always be used and the writer should indicate that the name provided is a pseudonym.
- The patient’s PHN (Personal Health Number) should not be used for any academic purpose.
- Information which identifies a patient must never be removed from the clinical site (e.g., all documentation containing patient information such as patient charts/medical records, patient lists, schedules, test results or check sheets must be left at the site).
- Information which identifies a patient must not be stored on laptops or other portable electronic devices.
• All policies and guidelines regarding storage of information in electronic format (e.g., T-Res clinical log) must be followed. Passwords must NEVER be shared amongst students for any reason.

• Any electronic audio- or visual-recording of patients and clients is only permissible in exceptional circumstances and with the expressed consent of client, clinical supervisor and department of physical therapy at UBC. Approval for any type of recording must be sought from the clinical supervisor or designate at the clinical site, and the AHCE (or Associate Head, MPT program) or designate prior to the activity. Documentation of informed consent from the client and documented permission of the supervising therapist must be in place prior to any recording activity. The purpose and use of the recording must be clearly understood and consented to by the clinical supervisor and the patient/client and no other purposes or uses of the data are permitted. If the recording is to be removed from the clinical site for any purpose the client and clinical supervisor should clearly consent to this.

• Students with UBC-approved accommodations for disabilities which have the potential to affect patient to client privacy and confidentiality should clearly discuss their needs with the clinical site and with the AHCE, prior to placement start. Students should be aware that clinical sites have the right to refuse students if required accommodations cannot guarantee patient/client privacy and confidentiality.
SECTION 4: Student Placements - Prior to Placement Start

Placements Types and Requirements

As an integral part of the Master of Physical Therapy Program, there are six clinical education placements that students must complete in order to graduate. These placements are facilitated by our Clinical Educators and take place at approved Clinical Education Sites in British Columbia, as well as nationally and overseas. Students will be exposed to a variety of clinical settings in the public or private sector.

All students must complete a minimum of two placements Out-of-Town (i.e., outside of the Lower Mainland). Placements outside the province of BC are not mandatory. Students are assigned to specific sites, however are able to express preferences as to their top choices through the HSPnet system.

Students in the Northern and Rural Cohort will complete at least four placements within Northern Health or in other Northern or rural environments.

Once assigned, students may not change their placement site. There is no guarantee that students will receive any of their preferred sites during the program.

Private Practice Placements

No more than two placements, including the elective, may be completed under the supervision of private practitioners (i.e., at a private facility/site or through a private business in the community).

Pediatric Placements

Students wishing to complete more than one pediatric placement will have this considered as an elective.

Out-of-Town (OOT) Placements

A minimum of two out of six clinical placements will take place Out-of-Town (i.e., outside of the Lower Mainland). Out-of-Province or International placements count as Out-of-Town placements.

For students in the NRC, at least four placements will take place within Northern Health or in other Northern or rural environments (see “Rural BC Designations” below).

GEOGRAPHIC PLACEMENT INFORMATION FOR MPT STUDENTS

<table>
<thead>
<tr>
<th>Communities within the Lower Mainland</th>
<th>Communities outside the Lower Mainland</th>
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<tbody>
<tr>
<td>Burnaby</td>
<td>Abbotsford</td>
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<tr>
<td>Coquitlam</td>
<td>Chilliwack</td>
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<tr>
<td>Delta (includes Ladner)</td>
<td>Hope</td>
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<tr>
<td>New Westminster</td>
<td>Langley</td>
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<tr>
<td>North Vancouver</td>
<td>Maple Ridge</td>
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<td>Pitt Meadows</td>
<td>Mission</td>
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<td>Port Coquitlam</td>
<td>Powell River</td>
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<td>Port Moody</td>
<td>Sechelt</td>
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<td>Richmond</td>
<td>Squamish</td>
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<tr>
<td>Surrey</td>
<td>Whistler</td>
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<tr>
<td>Tsawwassen</td>
<td>• Any community on Vancouver Island</td>
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<tr>
<td>Vancouver</td>
<td>• Any community in the Interior Health (IHA) or Northern Health (NH) Authorities</td>
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<tr>
<td>West Vancouver</td>
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<tr>
<td>White Rock</td>
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Students should be prepared to travel daily to any of these locations during placement periods.

Last updated: August 2013
RURAL B.C. DESIGNATIONS
See Appendix 5 for a listing of all BC Rural Communities as listed in the RSA (Rural Practice Subsidiary Agreement).

Out-of-Province (OOP) placements

OOP placements are not available due to regulations outside of the control of UBC. Students must NOT approach facilities in other provinces or ACCEs at other universities to request placements.

The exception is placements at the Corbett Hall Student Physical Therapy Clinic at the University of Alberta, Edmonton. (There is no guarantee for placement there; it may only be possible when U of A notifies of available space specifically in this clinic.)

UBC MPT students are not required to complete a clinical placement out-of-province. If a student is interested in an OOP placement, s/he may make a request in Level 2 or Level 3 placements only. Students will not be placed out-of-province at any time if the student has encountered difficulty during previous placements (i.e., previous weak performance or other issues which affect the student’s ability to perform successfully) or during the academic part of the program.

Only requests for eligible OOP sites will be considered.

OOP PLACEMENT COORDINATION

Students are notified of OOP placement options in July of each year. The deadline for expressing interest is August. Placements in other provinces are controlled by the PT programs in that province (just as UBC controls placement allocation in BC to allow home students to have first opportunity).

Normally an administration fee is charged by the provincial university for processing a request (it may be charged whether or not the placement request is successful). *Note: There is no fee for YUKON requests.*

To request an OOP placement, students must complete the OOP-International Placement Expression of Interest form (found on Connect) and return it to the Clinical Placement Officer.

If an OOP placement is arranged for a student, it is mandatory that the student attend the OOP as it will become the assigned placement.

Students are responsible for all costs associated with OOP placements, including travel, accommodation, and any applicable fees. No stipends or other funding is available for these placements.

Student-led Clinics

Read more about our affiliated student-led clinics that offer placement opportunities.

Yukon Placements

Placement sites in the Yukon are within the UBC catchment so are permitted but require an OOP placement application; there is, however, no fee for Yukon placement requests.

Please note that there are registration requirements from the Yukon Government’s Professional Licensing & Regulatory Affairs Department in order to practice as a student physiotherapist in the Yukon Territory. At time of a Yukon placement request, a student must begin preparing certain required documents in advance: complete Yukon registration application, request a ‘Certificate of Good Standing’ from the CPTBC, a copy of Birth Certificate and a passport-type photo. Once your placement has been confirmed you MUST complete ALL supporting documents required by the Yukon Registrar. The documents must be assembled, then submitted at a minimum six weeks prior to the start date of the placement. Failure to do so may result in not being able to practice as a student, but only observe until student registration in the Yukon is granted.

Students must contact Shannon Norum (Administrative Assistant, Northern and Rural Cohort) once a Yukon placement has been assigned to them, Shannon.Norum@unbc.ca. Shannon will provide further required documents as noted below.
<table>
<thead>
<tr>
<th>For an initial Yukon placement...</th>
<th>If you do a second Yukon placement...</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will be asked to provide the following supporting documents below</td>
<td>You are required to submit an application for the new license period. The Registrar may issue a student registration for only the period that the student will be doing his/her practical training under the supervision of a physiotherapist with a full registration (i.e., your registration is only valid for a five-week placement).</td>
</tr>
<tr>
<td><strong>Proof of enrolment</strong> as a student in a physiotherapy degree program from an approved educational institution and its recommendation that the applicant may pursue practical training</td>
<td>You must obtain an updated letter for a second placement.</td>
</tr>
<tr>
<td><em>Request this letter from Shannon Norum.</em></td>
<td></td>
</tr>
<tr>
<td><strong>Supervision/Sponsorship Agreement:</strong> Both the supervising physiotherapist(s) and the applicant must sign the completed agreement</td>
<td>You must fill out a new form for a second placement, as you will have a different supervising PT.</td>
</tr>
<tr>
<td><em>Request this form from Shannon Norum.</em></td>
<td></td>
</tr>
<tr>
<td><strong>A Certificate of Good Standing</strong> from the jurisdiction in which the applicant is currently registered (i.e., CPTBC).</td>
<td>You must update this information.</td>
</tr>
<tr>
<td><em>Note: Your student registration receipt is not sufficient. You must contact the CPTBC and request a hard copy Certificate of Good Standing (fax copy is not acceptable).</em></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of valid liability insurance</strong> in the amount of at least one million dollars ($1M CDN) per occurrence</td>
<td>You must submit a SPA for the new site you will be at.</td>
</tr>
<tr>
<td><em>As per our Student Placement Agreements (SPA) between UBC and the site, the UBC maintains general and professional liability insurance for a minimum of $5,000,000.00 for any one occurrence.</em></td>
<td></td>
</tr>
<tr>
<td><em>Request a PDF copy of the SPA for your specific site from Shannon Norum.</em></td>
<td></td>
</tr>
<tr>
<td><strong>A copy of your birth certificate</strong> (and marriage certificate if you have changed your name)</td>
<td>You must re-submit.</td>
</tr>
<tr>
<td><strong>Passport-type photograph</strong></td>
<td></td>
</tr>
</tbody>
</table>

Please see this document, for complete details of the information above:

**International Placements**

**POLICY**

1. To be considered for a placement outside Canada, a student must be approved by the Physical Therapy Department. Prior to making a recommendation the faculty will require the student to demonstrate the following:
   a) Satisfactory academic performance (minimum average of B+ or 75%).
   b) Successful completion of previous placements (no significant weaknesses or concerns on previous placements).
   c) Strong interpersonal skills, including tact and diplomacy, and well developed judgment skills (as documented on previous performance evaluations and observed by faculty).
   d) An awareness of potential cultural differences in the proposed host country.

2. A student applying for an international placement must agree to:
   a) Attend the placement in a Level 3A or 3B time frame.
b) Be prepared to accept a placement in BC arranged by the AHCE in the event of cancellation of the international placement.

3. A student will be granted no more than one international placement throughout the MPT academic program.

**International placements are currently limited to the following sites where the department has a current UBC Student Placement Agreement:**

- Amar Seva Samgam, Tenkasi, India (www.amarseva.org)
- Navajeevana Rehabilitation Centre, Tangalle, Sri Lanka (www.navajeevana.com)
- Dhulikhel Hospital, Kathmandu, Nepal (www.dhulikhelhospital.org)
- Fondation Tous Ensemble, Haiti (https://fontenblog.wordpress.com)
- The Movement Team (Private Practice) – Samford, QLD, Australia (requires Australian passport) (www.themovementteam.com.au)

Several of the sites listed above are in partnership with physiotherapists who travel there as volunteers. Normally there are specific time frames involved. There are no guarantees that a placement in any of the above locations will be available when requested, as there are various factors to consider. The department will inform students of all available options for their interested timeframe.

**International Placement Coordination**

**EXPRESSION OF INTEREST**

To request an international placement at a site with a current UBC Student Placement Agreement, students must first complete the OOP-International Placement Expression of Interest form (found on Connect) and return it to the Clinical Placement Officer at least six months prior to the placement requested.

Request for and coordination of a new international placement site can be lengthy process; therefore any request to pursue a new site must be made at least one year prior to a requested placement. We cannot guarantee that an agreement will be successfully executed. With this in mind, the requesting student should be prepared to accept a placement in BC.

The student is required to pay a non-refundable $150.00 International Placement Administrative fee to the UBC Department of Physical Therapy. The fee is due upon application of request. *Fee subject to change*

**STUDENT INTERVIEWS**

Once an international placement expression of interest has been received, interviews will be scheduled for all interested applicants to better understand student motivation and previous experience with international travel. These will also allow faculty to determine suitability of students to the different organizations/sites.

Once approved for an international placement, a student must complete several requirements, by six weeks prior to placement

**MANDATORY UBC STUDENT SAFETY ABROAD AND UBC GO GLOBAL REQUIREMENTS**

1) **Complete UBC Student Safety Abroad program requirements:**
   a) Complete the on-line modules [https://safetyabroad.ubc.ca/learning-modules](https://safetyabroad.ubc.ca/learning-modules)
   b) **Sign on to the Student Safety Abroad Registry**
      i) If you’re travelling abroad as part of your studies at UBC, you are also required to log in to the UBC Student Safety Abroad Registry to:
         a) Search for travel reports for your destination
         b) Register your travel locations and contact information abroad
         c) Complete other important travel forms
         d) Learn what important pre-departure preparations you should make
2) Attend a mandatory in-person orientation session via the Go Global office at UBC and submit the completion certificate to the Clinical Placement Officer.

3) The Student Safety Abroad Pre-Departure Checklist must be completed and submitted to the Clinical Placement Officer prior to the placement.

If the form is not completed and submitted the student will not be allowed to attend the placement

**Student Responsibilities for International Placements**

**REQUIREMENTS**

The student is responsible for the determination and fulfillment of all requirements necessary for entry in the country of placement, for example:

- A visa
- Medical assessment (if required)
- Immunizations required by the site (the student must check with the site to ensure that s/he meets all immunization requirements, and obtain proof of such (e.g., letter from UBC Student Health Services)
- Medical and liability insurance
  - UBC provides malpractice insurance effective when the student is assigned to clinical facilities that have signed an affiliation agreement with UBC. Coverage is worldwide while students are on their placements/practicums on behalf of UBC. See [Student Insurance](#).
  - A student must ensure sufficient personal insurance is in place (MSP and extended health/travel insurance).

⇒ It is recommended that flights should be purchased with flight cancellation insurance.

**COSTS**

A student is fully financially responsible for any costs associated with the international placement, e.g., travel, accommodation, visa, medical insurance, immunizations, etc.

**ACADEMIC REQUIREMENTS DURING PLACEMENT**

1. Weekly submission of reflection, including detailed description of experiences to date
2. Optional writing of a blog and submission to CPA Global Health Division (see Appendix 6)
3. Mid-term Skype conversation/contact with AHCE or NRC Coordinator

**ACADEMIC REQUIREMENTS FOLLOWING PLACEMENT**

1. Return ACP\(^3\) to Clinical Placement Officer
2. Meet with AHCE or NRC Coordinator to debrief experience
3. Be available to answer questions per email from students interested in your International placement experience

**Academic Accommodations**

Students requiring academic accommodations on placement must speak to the Associate Head, Clinical Education. The Department cannot and will not contact sites to make arrangements for placement accommodations without explicit student permission. If a student does not request the department to communicate with the site on his/her behalf re: accommodations, it will be the student’s responsibility to liaise with the site regarding requested accommodations.

Please note that not all sites will be able to provide all accommodations related to individual student need; a change of placement site may be required if the site is unable to provide the required accommodations in their specific clinical setting.

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\(^3\) The Clinical Placement Officer will provide paper copies of the ACP for a student travelling abroad.
Conflicts of Interest at Placement Site

Students are required to inform the AHCE when assigned to a facility where a conflict of interest may occur, e.g.,

- A close friend or relative would be responsible for their clinical education instruction or evaluation.
- They have worked directly with the physiotherapy service and personnel as a volunteer, employee or client.
- A close friend or relative works at or is a patient in the facility, and this could interfere with the learning experience or place the student in a conflict of interest situation.

Placement Preference Selection

Using HSPnet

HSPnet is a comprehensive, web-enabled Practice Education Management System for the health sciences which assists the clinical education team in managing clinical placements for our students.

Each student is assigned a temporary password (by HSPnet directly, via email) giving them access to the system. The student can then follow first-time sign in instructions and change the password. The Clinical Placement Officer sends out an information sheet and instructions on how to use HSPnet before the start of Shadow placements.

For each of the six clinical placements, students will see a listing of available offers for that placement period and have the opportunity to input preference selections in HSPnet during a three-day time period (from 6:00 am until 10:00 pm each day). Students are notified of this time period by the Clinical Placement Officer.

Please note that students indicate PREFERENCES only. We cannot guarantee a placement based on preferences.

Students make choices by viewing a listing of available placements and marking placements of most interest as ‘Save to Choices.’ Five choices (e.g., five choices for Level 1A, five choices for Level 1B) can be saved and ranked from 1-5.

All students should choose placements in a minimum of two placement categories for their first 5 placements.

Another important feature within HSPnet is the ‘Show Classmate Statistics.’ (Note: this feature is available for Level 2 and 3 placements only.) Clicking on this feature shows the number of classmates with the exact placement in the same rank, as well as the number of classmates who have saved the placement for their top five choices. If, for example, 20 people have saved a certain placement to their top five choices, a student might wish to select another preference that fewer classmates have selected, in order to have a better chance at being placed at that site. If there is more than one offer at a clinical site, students may select the same site more than once provided they choose different clinical areas (e.g., Surrey Memorial Hospital – Acute, Surrey Memorial Hospital – Rehab).

The computer matches students to placements based on preferences, however it is unlikely that there will be a “perfect match” for all students, and some students may be randomly matched to any available site. Assignment to sites may be made by computer or by the department. Students must attend the site to which they have been assigned. Changes are not permitted.
**Clinical Education Placement Category Guidelines**

<table>
<thead>
<tr>
<th>ACUTE</th>
<th>CHRONIC DISEASE MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placements in which a client is acutely ill, usually within an acute care facility; there are no age limits within this placement, e.g.:</td>
<td>Placements that involve clients with ongoing medical issues related to a chronic disease process. This may include patients within an acute care setting being treated for a chronic disease.) e.g.:</td>
</tr>
<tr>
<td>• Any placement in an acute care facility</td>
<td>• Chronic Pain Programs</td>
</tr>
<tr>
<td>• Intensive Care Unit (ICU)</td>
<td>• Pulmonary Rehabilitation or Cardiac Rehabilitation programs</td>
</tr>
<tr>
<td>• Cardiorespiratory (Cardio, Cardioresp)</td>
<td>• Women’s Health</td>
</tr>
<tr>
<td>• Acute Care for the Elderly (ACE Unit, ACE)</td>
<td>• Oncology</td>
</tr>
<tr>
<td>• Acute Paeds (BCCH)</td>
<td>• Arthritis care e.g., Mary Pack</td>
</tr>
<tr>
<td>• Medicine (Gen Med, Med)</td>
<td>• SROC (Student Rehabilitation Outpatient Clinic) student-led Clinic at Queens Park Care Center (New Westminster)</td>
</tr>
<tr>
<td>• Surgical (Surg)</td>
<td>• Student-led clinic at Surrey Memorial Hospital</td>
</tr>
<tr>
<td>• Inpatient Ortho (IP Ortho, IP MSK)</td>
<td>• Student-led Elder Care Clinic at VGH</td>
</tr>
<tr>
<td>• Inpatient Neuro – in acute settings such as Vancouver General Hospital, Royal Columbian Hospital or Lions Gate Hospital (IP Neuro, IP N)</td>
<td>• The Neuromuscular Outpatient Program Student-led Clinic at the GF Strong Rehabilitation Centre</td>
</tr>
<tr>
<td></td>
<td>• PRISM Clinic (Prince Rupert Interprofessional Student-led model) at Prince Rupert Regional Hospital</td>
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</tbody>
</table>

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<thead>
<tr>
<th>COMMUNITY HEALTH</th>
<th>REHABILITATION</th>
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<tbody>
<tr>
<td>Placements that provide service to clients within their home (which may be residential), or home community, e.g.:</td>
<td>Placements that involve clients with complex Neuro and/or MSK issues that require bridging care prior to discharge home, or ongoing rehabilitation within a home setting, e.g.:</td>
</tr>
<tr>
<td>• Home Care (HC)</td>
<td>• Any placement at GF Strong (outside of the student clinic)</td>
</tr>
<tr>
<td>• Community Care or Home/Community Care (Comm Care, HCC)</td>
<td>• Most placements at Holy Family Hospital</td>
</tr>
<tr>
<td>• Residential or Residential Geriatric (Res, ResGer)</td>
<td>• Rehab at Eagle Ridge Hospital</td>
</tr>
<tr>
<td>• Home Health</td>
<td>• Inpatient or Outpatient Neuro Rehab (IP N, OP N)</td>
</tr>
<tr>
<td>• Mental Health</td>
<td>• Spinal Rehab (Spine)</td>
</tr>
<tr>
<td>• Developing world placements (e.g., India, Sri Lanka)</td>
<td>• Rehab Mix</td>
</tr>
<tr>
<td>• Schools programs</td>
<td>• Laurel Place – Rehab at Surrey Memorial Hospital (LP-Rehab)</td>
</tr>
<tr>
<td>• Rural public practice placements</td>
<td>• Any IP or OP Rehab program</td>
</tr>
<tr>
<td>• Aboriginal Health placements, including Central Interior Native Health (CINS) and IHHS 408</td>
<td>• Child Development Centres (CDC)</td>
</tr>
<tr>
<td>• PRISM Clinic (Prince Rupert Interprofessional Student-led model) at Prince Rupert Regional Hospital</td>
<td><em>Note: Pulmonary or cardiac rehab are not included as these are more aligned to chronic disease management programs</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OUTPATIENT (OP)</th>
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</thead>
<tbody>
<tr>
<td>Placements that provide service to clients who are living independently at home but seeing physical therapy on an intermittent or regular basis, e.g.:</td>
<td></td>
</tr>
<tr>
<td>• Public or private</td>
<td></td>
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<tr>
<td>o Includes OR 1 and OR2 programs, hands, or other programs situated in private/outpatient clinics</td>
<td></td>
</tr>
<tr>
<td>• Outpatient Arthritis</td>
<td></td>
</tr>
<tr>
<td>• SROC (Student Rehabilitation Outpatient Clinic) student-led Clinic at Queens Park Care Center (New Westminster)</td>
<td></td>
</tr>
<tr>
<td>• Student-led clinic at Surrey Memorial Hospital</td>
<td></td>
</tr>
<tr>
<td>• PRISM Clinic (Prince Rupert Interprofessional Student-led model) at Prince Rupert Regional Hospital</td>
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</tr>
</tbody>
</table>

*rv. Mar 2016*
**Clinical Site Profiles Search Engine**

MPT students can find out more information about clinical sites by accessing the *Clinical Site Profiles* (found on Connect). This search engine is meant to provide students with basic individual profiles of our clinical sites, so they can use the information to make better-informed choices about preferred sites to short-list in HSPnet for placement choices.

*The main page of the search engine shows various drop-down fields and search options:*

- **Area:** You can choose a major category (*In-Town* or *Out-of-Town*) or you can specify a certain town/city.
  - Note: Only those towns/cities that are attached to site profiles will show up (i.e., if we don’t have a site profile from Vanderhoof, it won’t be on the drop-down list)
- **Placement Category:** These are the five categories stipulated as part of your MPT program (Acute, Community Health, Chronic Disease Management, OP, Rehab*).
  - For our Clin Ed purposes all private practice sites are listed as OP.
  - Categories at some sites may change and/or not be available at any given time. This section is only intended as a guideline of what may be offered/available at that specific location.
- **Health Authority Region**
- **Facility Type:** E.g., hospital, Child Development Centre, Private Practice, Rehab Centre, School District, etc.
- **Northern and Rural Sites:** You can specify to see NRC sites only, if you wish.

*If you wish to see all sites, please note that upon arriving on this page it defaults to list all sites, in alphabetical order.*
Once you make your choices, click on “Search for Sites” button. Your results will show below, in a site **Snapshot**. A snapshot provides basic information about the site. To find out detailed information click on the site name above the picture (or the picture).

![Child Development Centre of Prince George](image)

You will be directed to the **Main Site Profile** for that site.

From there you will find all sorts of information – about the community (including a link to the city/town website), population, a Google map link to the location, identified housing possibilities, etc.

Each site has been asked to provide a “Welcome Message,” as well as give more information – such as a patient population description; physiotherapist expertise, learning opportunities and possible interprofessional opportunities at the site.

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**Communication with Clinical Sites in Advance of a Clinical Placement**

**Introductory Letter**

Students are required to write an introductory letter to each Clinical Site prior to commencing a placement. The letter summarizes their past clinical or other relevant experiences, and identifies personal strengths, areas for improvement, areas in which further expertise is required, and specific interests related to an individual placement. Information included in the letter should be based on that found in **PEP Module 1**.

This letter must be emailed to the site’s Receiving Coordinator (RC) at least four weeks prior to the placement.
The contact details are provided to the student by the Clinical Placement Officer upon confirmation of placements. (The RC contact information is also available in HSPnet.) Students should include a print out of your “Summary of Diagnostic Experience” and “Summary of Treatment experience” from T-Res (starting after completion of the 1A placement).

**Completion of Mandatory Pre-placement Tasks**

Before you commence your placement levels there are several mandatory tasks you need to complete; these form part of the requirements for passing your clinical education courses, i.e., PHTH 534, 554, 574. Credit for these courses will not be granted if these tasks are incomplete.

**Pre-placement Checklist**

Students must complete a document, *Pre-placement Checklist for Students* in advance of each placement level (i.e., Level 1, 2 and 3 - not per placement). This document can be found on the *Forms* section on *Connect*.

**Online Orientation/Modules/Required Documents Prior to Placement Start**

In order to facilitate assignment of MPT students to a variety of placement sites in BC (and to attend shadow placements, which are considered a practice education experience), MPT students are required to complete ALL currently available health authority orientation modules by September 30.

All students on a practice education experience in a Lower Mainland⁴, Island Health or Interior Health authority must complete the *Student Practice Education Core Orientation (SPEC0)*, which is included in each health authority’s orientation checklist.

See the Placement Orientation Requirements folder in *Connect* for the latest information on individual Health Authority requirements.

- Students must print the checklists and submit (with supporting documentation) to the Clinical Placement Officer. **It is the students’ responsibility to re-submit an updated checklist and documentation as necessary.**
- Any remaining orientation checklists must be completed by March 1 (in advance of 1A placements).
- For more information please refer to this document in Connect: Online Student and School Instructor Health Authority Orientation Checklist.

**Students only need to complete orientation once for a placement in a given health authority, e.g., if you are a Level 3 student assigned to VCH and have already completed the orientation for a Level 1 VCH placement, you do not need to repeat the orientation again. You do, however, need to make sure that any paperwork/certification is kept current.**

**PEP Modules**

The following modules must be completed from the online *Preceptor Education Program (PEP)* modules ([www.preceptor.ca](http://www.preceptor.ca)):

- Developing Learning Objectives
- Giving and Receiving Informal Feedback
- Dealing with Conflict

These required modules MUST be completed with certificates submitted, as per the PHTH 534 course outline, before the start of your 1A placement. Students will not be permitted on placement if modules are not completed.

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⁴ Provincial Health Services Authority (PHSA), Vancouver Coastal Health (VCH), Fraser Health (FH), Providence Health Care (PHC)
**Review of Relevant Clinical Material**
Students are responsible for reviewing clinical material relevant to the assigned area of practice prior to the placement (e.g., course notes, relevant literature).

**Learning Objectives**
Students must develop individualized draft learning objectives for the placement to present to the Clinical Educator, or as part of their course requirement.

**Arranging Travel and Accommodation for Placement Locations**

All travel and accommodations costs for EACH placement are the responsibility of the student.

Students should be proactive in budgeting for these costs.

It is expected that students make appropriate enquiries and arrangements for travelling to their placement locations (e.g., researching trip time, checking bus schedules, enquiring about parking options, etc.).

**Bus Travel to Northern Health Placements via Northern Health Bus Service**
Northern Health offers an excellent subsidized medical travel service called Northern Health Connections. Although the service is primarily for patients who have been referred for an appointment outside their local area (e.g., needing to go from Vanderhoof to Prince George for treatments) and for NH employees, MPT students are also eligible to use this service to get to/from a placement in the NH region and there is NO CHARGE.

To use this service you will need to contact their reservations office at 1-888-647-4997. You will also need to ask the NRC Administrative Assistant (physio@unbc.ca) to fax verification to their office confirming your placement details.

Please note the following:
- They do not take bookings far in advance; usually 1-2 days before, but get in contact with them for all the details.
- They do not run buses to all locations on a daily basis. Please check their website for schedules, and plan accordingly!
- If your placement is in Fort St. John, please be aware that if they do not have any patients travelling there, they do NOT run the bus just for NH employees or students.

Note: If you want to use this service please coordinate with the NRC Administrative Assistant in good time (in order to send the fax).

**Unavoidable Placement Changes**
When sites offer student placements, there is a professional commitment to provide these learning opportunities. On rare occasions a confirmed placement may be cancelled by a clinical facility. Discussion with the AHCE may facilitate the provision of a suitable option at the same facility. However, if this is not possible it is the responsibility of the Centre Clinical Coordinator in conjunction with the AHCE to find an alternative placement. The AHCE will inform the student.

**Confirming Eligibility for Full Student Loan Funding with Your Financial Institution**
Many financial institutions only provide loans for classroom learning, not clinical placements – so MPT students, instead of being able to apply for 26 months of loan funding during their program, can only apply for 26 months minus the 30 weeks of placement time. Additional student loan funds from your financial institution to cover your 30 weeks of clinical placements may be available. Students must apply when they know the costs of their placement. An extra online application is required.

Please bring this form to the Clinical Placement Officer to fill in if you are applying for student loans to cover the clinical placement part of your program. This form will state that the student is enrolled in the program, and that they are completing a clinical placement which is part of the program. This form simply states to the financial institution that the clinical placement is a “legitimate” part of the program. It is not “additional funding;” it is simply clarification that the student should be eligible for more weeks of student loan funding.
SECTION 5: Student Placements - During a Placement

Students who have not successfully completed all academic work (including exams) prior to placement will NOT be permitted to attend placements until all deficiencies have been rectified.

Student Responsibility

The student, during the placement:

- Assumes primary responsibility for meeting the learning objectives. Draft objectives must be developed by the student prior to the placement and discussed with the site in the first week of the placement. The finalized objectives will be jointly agreed between supervisor and student.
- Fulfills expectations regarding attendance and policies as agreed upon between the academic program and the facility.
- Notifies the AHCE of time lost during a placement.
- Notifies the AHCE of any work-related injury which occurs during a placement.
- Informs the AHCE of potential failure or any learning or performance difficulties during the placement.
- Provides the Clinical Educator with a written evaluation of the clinical education experience at mid-placement and at the end of the placement using the form provided.

Below are the basic expectations for student performance on clinical placements. These expectations may form the basis for learning objectives set for the placement (details and specifics will need to be added) or may be used as a general guide for learning experiences appropriate to student level. These expectations may also be helpful during student evaluation.

**Level 1**

Level 1 placements focus on recalling and utilizing the knowledge gained so far in the program and applying it in the clinical setting.

**During Level 1 placements students are expected to:**

1. Adhere to CPTBC standards of practice and an ethical code of conduct.
2. Become comfortable in a clinical setting.
3. Demonstrate professional behaviour, including reliability and responsibility.
4. Demonstrate the ability to work as an interprofessional team member.
5. Practice effective communication skills with patients, clients, residents and their families, other team members.
6. Participate in assessment and treatment/discharge planning for selected clients.
7. Practice the clinical skills learned in blocks A & B of the MPT Program (see Appendix 2).
8. When possible, learn new skills and obtain knowledge related to issues and conditions not yet covered in the academic curriculum.
9. Act as a self-directed learner by identifying your personal learning needs, strategizing to meet these needs and following up to ensure needs are met.
10. Complete basic documentation and statistics according to facility requirements.
11. Learn about the role and functions of other health care team members.

**Level 2**

Level 2 placements focus on the application and analysis of the knowledge and skills obtained in the program so far.

**During Level 2 placements students are expected to:**

1. Adhere to CPTBC standards of practice and an ethical code of conduct.
2. Demonstrate professional behaviour at all times.
3. Appreciate the different roles a PT may play in different health care environments and why these different roles may occur.

4. Participate as an interprofessional team member.

5. Communicate effectively with patients/clients/residents (including those with cognitive difficulties), their families, and with other team members.

6. Analyze and interpret clinical findings and formulate a treatment plan for selected clients including the determination of appropriate and functional client-centred goals.

7. Select and apply appropriate clinical skills learned in the MPT Program to a variety of clients in different clinical settings (see Appendix 2).

8. Modify the treatment plan based on interpretation of findings from ongoing assessment.

9. Suggest a discharge plan for selected clients.

10. Learn new skills and obtain knowledge related to issues and conditions not yet covered in the academic curriculum when required.

11. Act as a self-directed learner by identifying your personal learning needs, strategizing to meet these needs and following up to ensure needs are met.

12. Work effectively with support personnel.

13. Complete documentation in a timely manner.

**Level 3**

Level 3 placements focus on the synthesis and integration of knowledge and skills acquired in the MPT Program including on previous clinical placements.

**During Level 3 placements students are expected to:**

1. Adhere to CPTBC standards of practice and an ethical code of conduct.

2. Demonstrate professional behaviour at all times.

3. Evaluate/critique the different roles a PT may play in different health care environments and make recommendations for alternate roles.

4. Play a leadership role in an interprofessional team.

5. Communicate effectively with patients/clients/residents (including those with cognitive difficulties), their families, and with other team members including situations involving conflict or negotiation.

6. Assess the client and design an appropriate treatment plan including the appropriate, functional client-centred goals.

7. Evaluate the pros and cons of a range of possible physiotherapeutic treatment options for the client, and provide a rationale for a chosen treatment.

8. Apply clinical skills learned in the MPT Program to date to selected clients in a timely and effective manner.

9. Evaluate the effectiveness of selected treatment strategies and revise the treatment plan accordingly.

10. Develop a comprehensive discharge plan for clients.

11. Act as a self-directed learner by identifying personal learning needs, strategizing to meet these needs and following up to ensure needs are met.

12. Refer clients appropriately to other healthcare team members.

13. Complete reports for third party payers (as required).

14. Assign tasks to support personnel and provide appropriate supervision.

15. Participate in service quality improvement initiatives.

16. Demonstrate effective time management and the ability to manage an appropriate caseload (usually at least 80% of a regular caseload by the end of level 3 placements).
Clinical Placements as an Interprofessional Collaborative Practice and Learning Environment

There is increasing recognition of the importance of interprofessional collaboration in achieving effective, safe, patient/client-centred health care. (WHO, 2010) Clinical placements offer students an opportunity to observe and/or experience interprofessional (IP) collaboration in practice and reflect on its contribution to patient/client-centred care. The Canadian Interprofessional Health Collaborative (CIHC) A National Interprofessional Competency Framework identifies six competencies for IP collaboration. These are Interprofessional communication, role clarification, team functioning, collaborative leadership, interprofessional conflict resolution and patient/client/family/community-centred care. These competencies acknowledge the complex integration of knowledge, skills, attitudes, values, and judgments that enables interprofessional collaboration and guide effective performance of the activities required in a given occupation or function and in various contexts.

Please refer to the CIHC’s A National Interprofessional Competency Framework document: http://chd2.sites.olt.ubc.ca/files/2013/05/CIHC_IPCompetencies_Feb1210.pdf.
Clinical Reflections

What are They?

“Reflection is the process where individuals think about and evaluate their experiences in order to come to new understandings and appreciations.”

The reflective process should bring together the academic learning into the hands on practice and is utilized by novice through to experienced practitioners (although with practice, this may become more of an intuitive rather than an iterative process). Reflection should reinforce learning or engage the learner in a questioning process that can drive further learning.

There are thought to be three stages to the reflective process:
1. Awareness of thoughts and feelings such as self-confidence, discomfort, fear, etc.
2. Analyzing the situation through a critical lens that incorporates present knowledge or identifies gaps in knowledge
3. Developing an individual perspective of what occurred in a situation and transformation of the knowledge for application in similar or different circumstances

Clinical reflections should be composed of three elements:
1. The descriptive (what... took place? ... was your role? ... was the role of others?)
2. The analysis and interpretation (so what... does this teach me? ... other knowledge do I have about this? ... was the implication of this? ... was the impact on patient care?)
3. The action-oriented, decision (now what... how does this impact at a higher level e.g. patient population; health care system... are there broader issues that need to be considered? ... might I do in the future to facilitate this? ... did I learn that has shaped my practice?).

What They are Not....

Clinical reflections should relate the personal experience to the clinical experience i.e. it should address the “feeling” aspect without becoming a personal diary.
The following questions are intended to be a guide only. Students are not required to answer these specific questions in their reflections, but it is hoped that these questions may facilitate the reflective process. Questions with an (IP) designation may be helpful in reflecting on the Interprofessional care and/or collaborative practice.

- Does the client remind you of other clients you have seen? What are some of the similarities/differences in their presentation/treatment? What accounts for these differences?
- How do the needs of your current clients differ from needs of clients you have seen previously?
- Think about the treatment a client received. How might this differ if the client was in another setting? (e.g.: Rehab instead of an acute setting)
- Think of a client your supervising therapist is treating. What would you do differently if you were treating the client (e.g., what other methods or treatments could you use), and why?
- What education would you like the client or IP team to have and how would you provide it? (IP)
- Think of a treatment session that did not go as well as you had hoped. What were the unexpected challenges that affected your treatment and how could you help negate these in future?
- Think of an incident when communication with a client or other team member did not go as well as you hoped. Describe what potential barriers that may have contributed to the communication breakdown. What changes could be incorporated in future communication?
- What are some of the unexpected challenges you are finding with using specific skills with this particular caseload? (Particularly consider skills which you have previously used and which were effective but which are more challenging to incorporate now.) How could you adapt these skills to be more successful in this environment?

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5 Williams et al, 2002
• What are some of the underlying themes (similarities) in the clients you are seeing in your particular caseload? What skills would you need to develop if you were the therapist working with this caseload on a more permanent basis?
• Which health care team members interact with your patient and why were these specific team members involved? (IP)
• What are some of the learning needs you identified on this placement which you will work on in future placements?
• What issues and challenges did you encounter (or do you anticipate) working with support personnel or other health care team members? What strategies did you/will you use to overcome these challenges? (IP)
• What is the impact of team or client behavior on the client, the family and/or the health care system?

MPT Student Requirement: Interprofessional Clinical Education Reflection Series (ICERS)

During the MPT program, students are required to reflect on the collaborative practice that they observe and/or have experienced within each of their clinical education placements. The degree to which interprofessional collaboration occurs within in a clinical setting will vary enormously – in some clinical settings IP collaborative practice may be explicit and easily identifiable such as in a pediatric family centred-care team, or it may not be present at all. Through their six placements students will have the opportunity to build collaborative practice competencies and better understand the barriers and facilitators to collaborative practice.

During each clinical placement, students are required to identify one IP collaborative practice competency and develop a learning objective targeting this competency. Students will submit their learning objective on T-Res along with a reflection that contains concrete examples from their clinical placement about their learning regarding this collaborative practice competency. These will be reviewed by the Associate Head of Clinical Education and the Coordinator of Clinical Education, Northern and Rural Cohort, who will provide feedback as necessary and appropriate. See the examples of criteria below.

Criteria
1. Identify at minimum one IP collaborative competency and develop a SMART learning objective.
2. Complete one clinical reflection linked to IP learning objective with concrete examples of activities that the student participated in that demonstrate understanding of the identified competency.

Activities that may offer collaborative practice competency learning include:
• Presentation in patient care rounds
• IP Team Huddles (e.g., Safety Huddles)
• Shadowing Health Care Provider from different discipline
• Chart reviews/audits
• Direct patient care involving collaboration with another profession
• IP-focused workshop attendance
• IP Student team project
• IP quality improvement/change project involvement
• IP simulation activity
• IP research involvement
• IP Student-run Clinic
• Participation/presentation of knowledge requiring or involving IP collaboration
• IP case study

These reflections will meet the requirements for an immersion activity for PHTH 576 (if the students so choose). Students will compile these learning objectives, SMART goals and reflections into a Word document “IP Clinical Education Reflection Series.” This document will contain:

1. Each of the six IP collaborative competencies identified.
2. The placement the experience occurred in.
3. The corresponding reflection.
It is the student’s responsibility to provide the required evidence that the competency fulfills the criteria for classification as IP (see rubric in Appendix 4). Within the MPT program this will be considered an IP immersion experience if criteria is fulfilled.

**Guiding Questions for Reflection on IP Competencies (2014)**

The following questions are designed to highlight and clarify the IP competencies for providers and students. It is recommended that you use these questions to assist you in writing your reflection about the IP competency that you have chosen to highlight for your placement.

1) **Role Clarification** refers to the knowledge that engages the “right provider in the right place at the right time” in healthcare service delivery. Role clarification leads to issues related to staff mix, role enactment, and appropriately engaging other providers in shared decision-making.

   o What is the current staff mix at this clinic?
   o What are the unique knowledge/skills that the different providers bring to the table?
   o Are providers culturally sensitive toward each other?
   o Do providers use discipline-specific jargon?
   o What are intra-disciplinary differences/similarities between providers?
   o What are the provider functions in MH service delivery? Differences/similarities?
   o What therapeutic approaches are being used?
   o Which providers engage in case management?
   o What are the treatment values and priorities that different providers bring to patient care?
   o Is there role blurring and/or role ambiguity between the providers based on these functions?
   o What are the implications of the staff mix and the role distribution for the clients?
   o Are there gaps in the service delivery for the client populations with a range of mental health issues and other health concerns?

2) **Conflict Resolution** centers on the assumption that disagreements can be constructively addressed (“conflict positive” solutions) when providers have the skills in solving conflict together. While disagreement/conflict is inevitable in healthcare due to the complex needs of clients and professional diversity of providers, individuals must consider appropriate responses to address and resolve it.

   o What are the circumstances in the team in which conflict is more likely to arise?
   o Have I tried to analyze why and how a disagreement has developed?
   o How can an issue be resolved given that different philosophies/goals may exist between providers?
   o What is my personal conflict resolution style? How does it compare to that of others?
   o Have I considered the right time and place to address the issues?
   o Am I trying to solve issues using a mutually agreeable approach?

3) **Collaborative leadership** involves sharing accountability for team process and improved outcomes among all team members including the client. Collaborative leaders must balance taking control with encouraging leadership roles to emerge. They apply the principles of emotional intelligence to motivate and engage their team members and clientele.

   o Am I aware of my own and other’s emotions in my interactions with others?
   o Do we encourage emerging leadership roles for different team members?
   o Are all members of the team equally engaged in team performance?
   o Do I purposefully engage others in decision-making?
   o Do I set positive examples for leadership within our team?
   o Do we have a group leader or leaders?

4) **Client-centered care** promotes the participation of clients as equal members of the team. Each provider plays a key role in empowering clients to fully participate in their care. Specific client populations must have access to the part of the healthcare system that meets their needs. Client-centered care also ensures that clients are served along the continuum of care.

   o Is client information shared across the continuum of care among relevant providers?
   o Does the team provide equitable access for clients in need of its services?
The following questions are from Queen’s University Office of IP Education and Practice (OIPEP):

**Power**
- Do I use language that is easy for clients to understand?
- Do I use language that conveys my goal to work in partnership with the client?
- Do I advocate for systems and policies to be changed so clients can assume power for their program?

**Listening and Communicating**
- Do I provide quality information at a level my clients can truly understand?
- What are the most important pieces of information my clients need?
- What is the best format in which to provide this information?
- Do I check that they have understood the information I provided?
- Do I tailor information to the specific needs of the clients and their family?
- Are my clients able to apply the information I have provided?
- Do I truly listen to what my clients are saying and not just to their words?
- Do I leave enough time so that clients are able to tell me about their [concerns]?
- Am I able to develop an understanding of a person’s values after talking to them?
- Do I let an interview unfold naturally, rather than structuring each question that I ask?
- Do I share my perceptions of what the client said with them to confirm if I am interpreting information correctly?
- Do I take the time to listen and truly hear their stories?

**Partnership**
- Do I facilitate a process of ensuring my client’s voice is heard?
- Do I work in partnership with my clients to obtain the required information?
- What does the concept of partnership mean to me?
- Do I truly work in partnership with my clients?
- What contribution do we both bring to this partnership?
- What is the connection between a partnership and power?

**Choice**
- Do I enable choice in my practice process?
- Am I able to facilitate small choices if larger ones are not possible for the client to make?
- Do I apply my professional analysis skills to create opportunities for choice?

**Hope**
- Am I prepared to facilitate the process by empowering the client?
- Do I understand and accept the importance of hope for my clients?
- Do I provide opportunities for clients to express their hope to me?
- Do differences in opinion between me and the client represent different values?

5) **Interprofessional Communication** relates to any information sharing between providers and their clients.
- How effective and timely is communication between different providers?
- Is the language and communication medium used appropriate for the information to be exchanged?
- Do I listen to providers’ feedback on my client?
- Do the medical records system used within the facility / team facilitate or act as a barrier to team information sharing?

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6 Adapted from: Siegrid Deutschlander and Esther Suter, Alberta Health Services; www.ICLE.com; UBC CBL Reflection module.
6) **Team functioning** refers to the degree to which the team has become a cohesive unit with mutually supportive working relationships involving all team members.

- What are the interprofessional dynamics of the group?
- Are there open discussions on the effectiveness of the team?
- Do team members show strong commitment to the team?
- Is there a need for team building activities?
- Can the team meet and survive challenges?
- Are team members willing to work toward improved team dynamics?
- Does the team have a strong vision/mission?
- Are student placements supported by all team members?
- To what extent does our group make shared decisions?
- What types of decisions are they typically?
- What is our process for decision-making?
- What individual/group actions are taken?
- Is there follow-up on group/individual actions?

**T-Res: Clinical Portfolio Logging, Learning Plan and Reflections**

**Overview**

T-Res stands for “Tracking by Resilience” (Resilience = the software company). It is an electronic, web-based application for clinical portfolio logging. Students record all aspects of their clinical placement activities via computer or a mobile device.

MPT1 students are given an orientation to T-Res before their 1A placement; A **T-Res User Guide** (which can be found on Connect) also acts as a reference for students.

**T-Res Requirements**

In order to pass PHTH 534/554/574 (and graduate) you MUST enter the following three things into T-Res during each of your placements:

1. The **Clinical Log** of patients treated
2. The **Learning Plan** including feedback and revisions to learning plan
3. **Reflections**: A minimum of three per placement. At least one reflection must meet IP requirements for PHTH 576.

For more details on course requirements, see the applicable course outline.

**T-Res Technical Support**

Do not hesitate to contact Resilience Software’s support team directly if you have any technical questions.

604-693-2323 or 1-866-694-2323 or support@t-res.net (Mon-Fri, 9am to 5pm, PST).

**Student Working Hours**

Students must complete 180 hours of clinical time per placement. This can be scheduled in whatever way the clinical site finds most convenient. Student work hours may include extended hours (e.g., 10-hour shift), evenings and weekends. The student should be informed of non-standard shifts before the placement begins.

It is recognized that Clinical Educators will often work more than 180 hours in a 5-week period, and the student may therefore work fewer hours than the Clinical Educator.

If the Clinical Educator has days off during the placement, alternative arrangements should be made for the student (e.g., working under the supervision of another Physical Therapist, observing another health care professional, participating in off-site visits, etc.).
Students will take time for lunch and coffee breaks consistent with the Clinical Site practice. It is important to remember that learning is tiring, so students should be encouraged to take appropriate rest breaks (e.g., morning and afternoon 15-minute breaks, 30-minute lunch break).

Students cannot “bank” extra time spent on placements for future use (i.e., more than 180 hours, or during volunteer activities). Students may NOT ask for time off except for illness or compassionate reasons.

**Homework**

Clinical education placements are considered to be courses and as such the student is expected to complete 1-2 hours studying and preparation in the evenings. Students have some homework assigned by the University (e.g., completion of reflections, learning plan and clinical log in T-Res which may take 1-2 hours per day). Homework assigned by the site should not exceed one hour per night.

**Student Assignments/Presentations**

The Department of Physical Therapy does **NOT** expect the student to complete a formal assignment (e.g., a written essay or report or an in-service presentation) during the placement, unless specifically negotiated in the pre-placement planning. The focus of the placement should be direct client care wherever possible. Students take longer than experienced therapists to plan assessments and treatments and to complete charting requirements. In order to maximize client contact time, most students spend some evenings working on these activities, and additional written assignments may inappropriately burden the student and compromise the learning experience. If a Clinical Educator and the student determine that completion of a project or presentation would add to the learning experience, the project should:

- Complement clinical activities.
- Assist the student to achieve the clinical placement objectives for the placement.
- Not demand more than 5% of the student’s time during working hours. (Time to prepare presentations should be provided during working hours).

Any questions regarding the appropriateness of a project/presentation should be addressed to the AHCE.

**Time Loss**

Students MUST complete 1025 hours of clinical education in order to graduate.

During the MPT Program, students are permitted a cumulative loss of 55 hours for emergent medical, compassionate or approved reasons **only**. These 55 hours are **not** available as “holiday” or for personal use. Any leave during a clinical placement other than the first day of sick time **must** be approved by the Associate Head, Clinical Education.

Leave during a clinical placement will NOT be granted for vacation, family weddings, or other “predictable” life events which must be scheduled during non-placement time. If the student requires time off during a placement, the student may have to defer the placement until a later time (and delay graduation).

The student must inform the Associate Head, Clinical Education of all placement time loss (other than one day of sick time) with an explanation of why time was lost. **All time lost must be recorded on the student evaluation.**

When time loss during a placement has been approved in advance of the placement, the student must inform the clinical site of these arrangements (including the reason for the absence) in the introductory letter before the placement. The site is welcome to contact the school for clarification of absences.

When time loss during one placement period exceeds 55 hours in total prior to graduation students must make up the time lost which is in excess of the allowed amount; this may result in delayed graduation. Students may make a request to the site to allow time to be made up on a weekend or extended working hours within the designated placement time period; however it is entirely up to the site whether this request can be accommodated. Sites are not required to give a
reason for refusal of student requests for additional hours. If the site is unable to provide the student with extra hours, the department will schedule additional hours in a future placement, and this will likely delay graduation.

**Illness or Accident**

Clinical Placement hours are one of the most valuable learning experiences during the MPT program. As such, it is expected that students make every effort to attend the required placement dates and hours. However, it is recognized that students sometimes get sick during placement, and students must not attend a placement when their own personal health status would place the student, patients or clients, or other staff at the clinical site at risk.

The student must notify the Clinical Site regarding absence due to illness or accident as soon as possible. A medical certificate signed and dated by a physician may be required from the student for time loss that exceeds two consecutive days, or two separate absences, during a placement. Students must be prepared to submit a medical certificate immediately, if/when requested to do so, either by the site or by the University.

**Return to work following illness or accident**

Physical Therapy is a physically and mentally demanding profession. Following prolonged medical leave (i.e., greater than three weeks) students must provide a letter from their physician which clearly states the student is fit to resume their studies—including clinical placement—before the student is allowed back into a clinical or other work site. This policy is for the safety of the student and their patients/clients.

**Medical Appointments**

All non-emergency appointments should be made around a students’ academic schedule rather than during placement hours. If unavoidable, appointments should be made early or late in the day to minimize time lost on the placement. The Clinical Educator should be notified of the appointment as soon as possible, and if known in advance, on the first day of the placement. The Clinical Site may decide how much, if any, time should be made up during the placement.

**Compassionate Leave**

Leave may be granted for compassionate reasons. Such requests should be directed immediately to the AHCE (or if unavailable, to the Associate Head, MPT Program) who will make the necessary decision.

**Attendance at Suctioning Lab**

UBC MPT students are required to attend a suctioning lab as part of their clinical education. These labs are staggered throughout the program with every effort made to capture all students attending clinical placement within the Lower Mainland. The department considers attendance part of their clinical placement and time to attend these labs does NOT need to be made up.

**Educational Leave**

Students may request permission from the Department to attend educational events during placements. Examples of events which may be approved include: CPA Congress; WCPT; other courses which are a “once in a lifetime” opportunity. Students will not be granted permission to attend events which are regularly scheduled or which are at a post-graduate level, or which are unrelated to the clinical practice area of the current placement. Permission will be granted for a maximum of two such events during the course of the student’s clinical education during the MPT program, with a maximum time loss of 30 hours. Time lost for approved educational events must be made up prior to graduation.

**Clinical Educator's Days Off**

Students must be assigned an alternate supervisor when their Clinical Educator is on a day off. Alternative student arrangements could include observing other health care professionals, completing off-site visits or completing a specific project or literature search. Clinical activities are preferred whenever possible.

**Leave for Athletic Activities**

Students anticipating selection for a UBC or national team event must inform the AHCE (in writing or by email) of possible conflicts with placement scheduling at least three months in advance. Students are expected to collaborate in effectively
planning for completion of the clinical placement requirements. Where time loss is involved, the AHCE will arrange for the student to make up the time prior to graduation; however graduation may be delayed if time loss is extensive.

**Job Action**

Time lost due to union job action will NOT affect the student’s promotion from one year to the next. If time lost exceeds 55 hours, the student may be required to make up the learning experience. Every effort will be made to provide supplementary placements, or additional clinical time, prior to the student’s anticipated date of graduation.

According to union regulations, students MAY NOT cross the picket line even when their Clinical Educator is at work, as only essential services are being provided (which does not include student instruction/supervision).

During a job action, it is the student’s responsibility to liaise with the facility and receive instructions from Centre Clinical Coordinator.

**Professional Behaviour Policies**

**Guidelines for Professional Conduct**

The Department of Physical Therapy expects students to adhere to a Professional Code of Conduct.

Throughout the literature on professionalism, the primary focus is on the fundamental set of values, attitudes and behaviours that position health care professionals well to serve the interests of their clients/patients. To develop professionalism in future physical therapists, education programs must be committed to teaching and modeling professional behaviour. All students in the Department of Physical Therapy will be subject to the provisions of the *Codes of Ethics* of the CPTBC and the CPA, as well as to the *Professional Standards* outlined by the Faculty of Medicine. All students sign their agreement with the Faculty of Medicine standards at the beginning of their studies in the department. While in any clinical setting (including during clinical visits, fieldwork/placements, or any other situation where patients are present), and as well as during academic portions of the program, students in the MPT Program are expected to adhere to the *Professional Standards* of the Faculty of Medicine. This includes when students are in the classroom, while involved in laboratory and clinic experiences, during clinical education placements, and at any time when interacting with clients/patients, colleagues, university and clinical site personnel, members of the public, and other students. Students are also expected to adhere to provincial privacy legislation and the confidentiality policies of the assigned clinical sites.

Clinical Educators are also required to abide by these standards.

If students or Clinical Educators have concerns about the professional behaviour of students or Clinical Educators, these concerns should initially be brought to the attention of the AHCE in a timely manner. Additional information related to policy and processes to address unprofessional behaviour can be found [here](#).

The program expects professional conduct based upon the following guidelines:

- Adherence to the College of Physical Therapists of BC and the Canadian Physiotherapy Association (CPA) *Code of Ethics*
- Adherence to the *Professional Standards* requirements of the Faculty of Medicine
- Demonstration of personal discipline, accountability, and sound clinical and professional judgment
- Acceptance of personal responsibility for continued competency and learning
- Willingness to serve members of the public, clients and patients and to make their interests a priority which guides professional behaviour and focuses provision of care on the client
- Recognition of, and respect for, the dignity and worth of all persons in any level of society
- A willingness to assist others in learning
- Recognition of one’s own limitations and active reflection upon personal practice and its impact on others
- Collaboration with other disciplines in a respectful and collegial manner
- Adherence to confidentiality of information appropriate to the purposes and trust given
The acceptance of one’s professional responsibilities, one’s personal integrity, and the attitudes one demonstrates in relationships with other persons, are the measures of professional conduct.

**Unprofessional Conduct**

Students in the UBC Department of Physical Therapy who violate any of the above guidelines will face disciplinary action which may include withdrawal from the program. Students may also be required to withdraw from the program when ethical, medical, or other reasons interfere with satisfactory practice in their respective disciplines. Such decisions are made by the Department Head, who will collect relevant information from the student and the source(s) of complaint(s) before initiating remedial activities or requesting withdrawal from the program.

Students who feel they have experienced harassment or unfair treatment during the clinical education portion of the MPT program should contact the AHCE. If students feel their concern is not adequately addressed by the AHCE they are encouraged to contact the Department Head and to familiarize themselves with the Faculty of Medicine equity policies.

To view the document regarding process to address concerns/complaints of intimidation, harassment, or unprofessional please refer to the policy document on the UBC Faculty of Medicine website.

**Bullying and Harassment**

UBC considers Student Harassment and Mistreatment very seriously. More information regarding definitions of these behaviours may be found at: http://www.med.ubc.ca/current-learners/equity/definitions/#Mistreatment

More information may be found at: http://www.med.ubc.ca/current-learners/mistreatment-help/

As with all students at UBC, students in the Department of Physical Therapy have the right to a respectful learning environment free from bullying and harassment. Faculty (including clinical faculty and clinical supervisors), staff and students in the Department are covered by Faculty of Medicine Professional Standards and UBC policies related to bullying and harassment. It is the responsibility of all students, faculty and staff to be familiar with these policies and to understand their meaning. More information on bullying and harassment within the UBC context can be found at bullyingandharassment.ubc.ca.

Students who feel they have been subjected to bullying and harassment have a duty to report the incident(s). Students in the Physical Therapy program who experience bullying and harassment related to Clinical Education should contact one of the following immediately to discuss any concerns:

- Associate Head, Clinical Education
- Clinical Supervisor or Clinical Coordinator of the facility where the incidents occurred
- Faculty Advisor
- The Equity & Inclusion Office at UBC

Concerns related to bullying and harassment in the classroom should be directed to:

- Associate Head, MPT program
- Clinical Supervisor or Clinical Coordinator of the facility where the incidents occurred
- Faculty Advisor
- The Equity & Inclusion Office at UBC

**Dress Code**

During the academic program, students will be working in a number of diverse clinical education settings in which they will be expected to dress professionally and in accordance with the dress code guidelines established by the Department of Physical Therapy. These dress code guidelines have been developed in conjunction with the WorkSafeBC and a number of clinical sites and are a requirement in order to successfully complete the practicum.

The clinical sites reserve the right to require the student to conform to their specific dress code if significantly different from the Department of Physical Therapy dress code guidelines. Students should seek advice about the appropriateness of the Physical Therapy program guidelines from the Centre Clinical Coordinator or the Clinical Educator on the first day of
Students should not be required to purchase items of clothing specific to a Clinical Site’s uniform, unless the student is in a country where they must respect and abide by the cultural requirements.

**UBC DEPARTMENT OF PHYSICAL THERAPY DRESS CODE GUIDELINES**

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<tr>
<th>CLOTHING</th>
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| • Pants, in good condition, no holes or frayed bottoms  
  o No blue jeans, faded denim of any colour, sweat pants, leggings or spandex  
• Walking shorts of an appropriate length (i.e., not greater than 4” above the knee)  
• Tops long enough to tuck into slacks or shorts and with sleeves (short or long rolled up)  
• No regular T-shirts or shirts with non-professional logos  
• Sweaters and cardigans, preferably removed for patient care  
• Skirts are not appropriate in most direct patient care areas | • Only minimal jewelry is allowed  
• Smooth surface rings only  
• No neck pendants or multiple chains  
• No facial jewelry  
• Small discreet earrings  
• Wrist watch (should be removed for patient care) |

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<th>FOOTWEAR</th>
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| • Clean footwear in good repair  
• Flat shoes/clogs with an enclosed toe and heel. No sandals.  
• Non-slip and non-marking soles  
• Runners (if clean and in good condition)  
  o In some areas, runners leave marks on the floor and may not be acceptable  
• Socks or panty-hose with shoes | • Conservative make-up only  
• Clean and well-groomed hair  
• Long hair worn off the collar  
• Neat and well-trimmed beards  
• Short and well-trimmed nails  
• NO nail polish |

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<th>SCENTS</th>
<th>EXCEPTIONS</th>
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| • Absolutely NO perfume, cologne, aftershave or strongly scented personal products | • A white lab coat worn over street clothes is acceptable in some clinical areas if the student is not providing direct patient care  
• Some specialized clinical areas (e.g., Burn Unit, ICU, or Emergency) may have other clothing requirements. These are generally provided by the site/area. Students in such areas must comply with these requirements. |

**Use of Technology**

The capacity to record, store and transmit information in electronic format brings new responsibilities to those working in healthcare with respect to privacy of patient information. Significant educational benefits can be derived from this technology but students must be aware of potential problems and liabilities associated with its use.

Material that identifies patients, institutions, health care providers, or colleagues and is intentionally or unintentionally placed in the public domain may constitute a breach of standards of professionalism and confidentiality. Respect of patient information extends to the use of the internet at any time – whether in a private or public forum. Use of the internet includes posting on blogs and public media sites, mailing lists, video sites, electronic networks, instant messaging (IM) sites and e-mail. Clinical Educators and students, at the beginning of a placement, are expected to discuss the appropriate use of cell phones, computers, internet, and networking sites and review related site policies. Students should NEVER post anything about patients, the site or Clinical Educators.

**Cellphones and Social Media**

Personal/social use of cellphones and smartphones in the clinical setting for either texting or voice calls is forbidden unless express permission is granted from the students’ clinical supervisor. Use of smartphones for educational reasons (e.g., for
looking up information or entering T-Res data) may be acceptable in some clinical areas but students must follow facility policy and gain permission prior to use of devices. Cellphones and smartphones should never be used during a patient interaction (e.g., at the bedside or in a treatment area). Students are also reminded that the taking of any photographs in a clinical setting using cellphones or other devices is not allowed except when specific permission is granted by the site, the patient, and the department.

Posting of any information or visual images related to clients, a clinical site, or a clinical placement on social media (e.g., Facebook or Twitter) is strictly forbidden.

Appropriate use of cellphones and social media forms part of the professional behaviour requirements for graduation. Students found violating these policies will be subject to discipline.

Guidelines for Students on Clinical Placement during a Pandemic

The guidelines for students during a pandemic are based on the principles that student safety and the integrity of the learning experience are paramount during a pandemic, as at any other time during the clinical learning experience.

Should a pandemic occur whilst students are on placement in a clinical setting, the following guidelines will be followed:

1. Students will continue to attend the clinical site while it is safe to do so and continues to be a positive learning experience for the student. This includes the need for adequate and appropriate supervision, and the provision of an appropriate caseload. If a positive learning experience cannot be provided by the site, students will be reassigned to other sites or clinical areas (e.g., a private clinic rather than a public facility experience).

2. Students must follow the infection control policies of the facility at all times during a pandemic. If the facility requires students to be vaccinated the student must comply with this requirement or be reassigned to an alternate site. (Students will be Fit Tested for N-95 masks by the university prior to commencing placements in the clinical setting.)

3. Students should not be exposed to patients/clients/residents with pandemic diseases unless under strictly controlled conditions and as part of their usual placement activities (i.e., part of their regular caseload). Full protective clothing and any required training related to infection control must be provided by the site.

Students attending academic classes at UBC during a pandemic will not be redeployed into the clinical setting as part of their studies or for credit. If students wish to act as lay volunteers during a pandemic this should be done on their own time unless directed otherwise by the Department.

References: BCAHC practice education Guideline # 34; Council of Ontario Universities Office of Health Sciences: Principles - The Role of Health Science Students in a Pandemic
**SECTION 6: Student Placements - Upon Completion of a Placement**

**Requirements for Successful Completion of a Placement**

The student will successfully complete the placement if they attend the designated site and meet the stated placement objectives which are consistent with the Department of Physical Therapy expectations for the student level.

**Clinical Placement Academic Progression Policies and Procedures**

*Students must pass (receive a Credit) in all assigned clinical placements.*

**Clinical Placement Grade Assignment (ACP)**

All official grades for clinical placement courses (PHTH 534, PHTH 554, and PHTH 574) will be Pass/Fail.

Using the ACP evaluation form, Clinical Instructors will evaluate the student’s competency during placement and recommend **Credit with exceptional performance**, **Credit**, **Credit with Reservation** or **No credit**. The student will successfully receive a **Credit** in a clinical placement if the stated clinical placement objectives have been met.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Credit with exceptional performance</strong></td>
<td>Student’s overall performance is exceptional and exceeds expectations for a student at that experience level.</td>
</tr>
<tr>
<td><strong>Credit</strong></td>
<td>Student’s performance meets expectations for a student at that experience level.</td>
</tr>
<tr>
<td><strong>Credit with reservation</strong></td>
<td>Student’s performance is borderline, demonstrating areas of weakness that may require remediation.</td>
</tr>
<tr>
<td><strong>No credit</strong></td>
<td>Student consistently performs below the expected level and/or demonstrates significant deficits in professionalism, communication, safety or clinical reasoning.</td>
</tr>
</tbody>
</table>

See our short online EXCEL learning Module #8 (The Evaluation Process) for helpful information on working with the ACP.

*UBC maintains the right to assign the final evaluation in each clinical placement.*

In case of assigning **No Credit**, the final decision to fail the student (and the consequent effect on student promotion) is made by the Associate Head, Clinical Education, the Head, UBC Department of PT, and the Promotions Committee of the department.

The final decision on grade will be made by the Department of Physical Therapy based on the evaluation tool, completion of other requirements of the course and where necessary with consultation with the clinical site or with any other supporting documentation.

**Student Performance Issues that Might Lead to Credit with reservation or No credit**

After 2.5 weeks (by mid-placement) it is expected that the AHCE is notified as soon as reasonably possible by the Clinical Educator and/or student if there is an issue that could require remediation. As soon as any issues with performance are identified, the it is in the best interests of both the student and Clinical Educator to contact the **Associate Head, Clinical Education** (regardless of time into placement) to discuss the situation and receive guidance on how to best proceed. It is hoped that Clinical Educators will not consider choosing **Credit with reservation** or **No credit** at mid-term or final evaluation without first consulting the department.

The student is encouraged, and has the right, to contact the AHCE at any time that concerns are identified on a placement (e.g., own performance, relationship with Clinical Educator, quality of placement, etc.), with the intent of developing resolutions to the problem which the student can implement.
The clinical site and student will be informed in case of non-acceptance of a **Credit, Credit with reservation** or **No credit** for educational purposes. Students receiving a **Credit with reservation** or **No credit** will meet with the AHCE or designate to discuss the reason for the **Credit with reservation** or **No credit** evaluation and must not contact the clinical placement site directly. Contacting the clinical site directly may jeopardize the opportunity for a remedial placement. **Credit with reservation** is not considered a failed placement, rather the student would benefit from additional exposure to the setting. This will be completed in lieu of an elective placement.

**Process for Students Who Receive a No credit in a Clinical Placement**

Student progress in the MPT program is governed by the Faculty of Graduate and Postdoctoral Studies (G+PS); therefore G+PS policies related to student failure, supplemental exams and progression in the program apply.

If part of a course is failed, an Alternative Assessment (AA) may be granted to a student who is in good standing. This policy also applies to the clinical education courses in the MPT Program. In PTH 534, 554 & 574, both of the two clinical fieldwork placements in each course must be successfully completed in order to pass the course and proceed in the program. A single clinical placement counts as part of a course and therefore an Alternative Assessment (remedial placement) may be offered to a student who fails one placement. A remedial placement constitutes one AA. If the AA (remedial placement) is failed, this will equate to failing the course.

The AA (remedial placement) will be in the same clinical practice area at the same level of complexity of practice as the failed placement. The remedial placement must be completed at the *first possible opportunity*, as determined by the AHCE. If the failed placement occurs immediately prior to an academic block, the student will be permitted to continue with the academic courses of the program, but will be expected to complete the remedial placement prior to progressing further with other clinical placements. **Evaluation of the remedial placement will be a Pass or Fail grade only.**

**REMEDIAL PLACEMENTS**

Students are allowed a maximum of one **No credit** placement during their MPT program of study. Students who receive **No credit** for a placement will be allowed a maximum of one remedial placement (which is considered an AA) which will be in the same clinical area as the **No credit** placement. The remedial placement will not take place with the same clinical supervisors or in the same clinical facility as the failed placement. The remedial placement must be scheduled as either the next clinical placement or the one following that (i.e., one of the next two clinical placements). Students who receive a **No credit** in a placement will have an individualized learning plan developed to maximize chances of success on the remedial placement. This may result in delayed graduation. Receiving more than one **Credit with reservation** is considered the equivalent of receiving a **No credit** and students will be required to complete a remedial placement.

Once a potential placement match has been identified for a remedial placement, relevant details of the student’s previous clinical performance will be shared with the CCCE/Site Fieldwork Coordinator, and the CI/Preceptor. This is a confidential process; the CI will be required to treat the information as private and will not disclose to others that the placement is remedial, or the details of the learning plan. This will allow the CCCE/Site Fieldwork Coordinator and CI/Preceptor to **make an informed decision** as to whether the site has sufficient resources to facilitate an optimal learning experience for the student. The CCCE/Site Fieldwork Coordinator will be provided with this information in a letter from the AHCE or designate. The AHCE or designate will determine (in consultation with the student) the information to be shared prior to sending the information to the CCCE/Site Fieldwork Coordinator.

The UBC Department of Physical Therapy recognizes the moral and ethical responsibility it has to ensure safety of the patient, health care team and student. Under these circumstances, information may be shared with the clinical/fieldwork site and preceptor of potential patient safety concerns with the student under their supervision. The CI/Preceptor therefore must have access to information that would enable him/her to fulfil their professional obligations.

The student will be asked to provide learning goals for the placement to the AHCE or designate in advance of the first day of placement. The AHCE or designate and the student will review these together, ensuring that the learning objectives target the identified areas of concern. The student will review the learning goals with the clinical placement site at the beginning of the remedial placement.
The student and the AHCE or designate will formalize a plan for regular (minimum of weekly) contact over the duration of the placement, whereby learning goals, the learning plan and performance to date will be discussed along with any other concerns. The AHCE or designate may also contact the CI/Preceptor on a regular basis to support both the student and the CI/Preceptor and to suggest alternate strategies to facilitate a successful placement as required.

Students are reminded that successful completion of (i.e., gaining credit in) clinical placements is only PART of requirements to gain credit for the courses PHTH 534, 554 & 574. Other course requirements (for example, completion of learning plans, reflections and a clinical log in T-Res) must be completed to an appropriate standard in order to gain course credit. (Please see individual course outlines for further details of course requirements).

No Credit (failure) during a Clinical Placement

REASONS FOR NO CREDIT

- Withdrawal of student for whatever reason (this includes non-attendance at the student’s assigned clinical site)
- If the student is unable to meet the objectives of the placement as developed by the Clinical Site and/or by the Department of Physical Therapy and which are considered appropriate for the level of the student. It is, therefore, essential that the objectives be discussed by the student and Clinical Placement Educator early in the placement, so that appropriate assessment can be made in the event of possible failure.

IN THE EVENT OF A POTENTIAL NO CREDIT (FAILURE)

1. The Centre Clinical Coordinator (or delegate) calls the AHCE as soon as possible and maintains ongoing follow-up contact by phone or email.
2. The AHCE will discuss the development of an appropriate learning plan for the student and possible remediation strategies.
3. The placement performance issues must be clearly recorded on the evaluation form by the Clinical Educator.

The purpose of this intervention is to provide the student with the opportunity to both remediate student performance and avoid attaining a No Credit evaluation, and additionally to support the Clinical Educator.

Failing an AA or Entire Course

If a student fails an AA and/or an entire course, the student will normally be required to withdraw from the program. In exceptional circumstances the Department may write a recommendation to G+PS to request that the student be allowed to continue in the program. This recommendation will only be made if student progress is satisfactory in other areas, and no other professional or academic issues have been identified during the course of the MPT program. It is the decision of G+PS as to whether students may continue in the program or withdraw. All students have the right to appeal any decision regarding withdrawal from the program (see appeals section).

Student Appeal Process

Any student who fails a clinical placement fails the course and therefore has the right to appeal the grade. The appeal process will follow the standard MPT program process as outlined in the MPT program manual.

PROCESS FOR APPEAL

Students are required to appeal the grade in writing to the AHCE including the basis for the appeal.

The AHCE will convene a Clinical Placement Appeal Committee meeting, the membership of which will include the AHCE, the Associate Head, MPT Program and a Clinical Faculty member not involved in the student clinical placement under appeal. Both the student and the supervising therapist will be invited to make a brief presentation to the committee. The formal student evaluation form and the written appeal will be circulated in advance to committee members. The written appeal will also be shared with the supervising therapist.

The committee will review the clinical placement evaluation form, the student appeal materials and the presentations and then submit their decision to the Department Head who will review the decision and advise the student.
Students whose appeal fails at this level may pursue the matter beyond the steps outlined and should refer to the procedures regarding appeals as outlined in the UBC Calendar.

**Policy on Terminating a Student from Placement**

The Department of Physical Therapy reserves the right to remove from a clinical site any student whose actions puts themselves, their patients, or other team members at risk of injury, or if continued activity at the clinical site is deemed detrimental to their health status or emotional well-being. If this should occur, the AHCE or designate will liaise with the site and the student and ensure all parties are aware of the placement termination, and any follow up action which may be required. The AHCE or designate will meet to follow up with the student regarding the reasoning and future planning for learning on an individual basis.

**Withdrawal from a Placement**

When a student withdraws from (i.e., will not be returning to) a placement, for whatever reason, the student must immediately inform the Clinical Educator (or Centre Clinical Coordinator) by phone and the AHCE by email or by phone.

When withdrawal is due to illness, accident, compassionate leave, or an unforeseen Clinical Site crisis/problem, the student will be required to repeat the placement. Alternative arrangements will be made by the AHCE when possible and may result in delayed graduation.

When withdrawal is for reasons other than the above, it will result in the assignment of No Credit for the placement and of the course.
SECTION 7: Clinical Site Guidelines

Clinical Education Site Affiliation

Clinical sites interested in providing clinical education experience opportunities are required to complete the Professional Practice Site Profile supplied by the Department of Physical Therapy. A Student Placement Agreement between UBC and the site/health authority (signed by appropriate facility signatories) must also be in place.

Upon receipt of the documentation, the AHCE will approve the site if it is able to provide an appropriate learning experience for MPT students. The completed documents are kept on file at the Department of Physical Therapy and renewed every five years. The site will then receive “calls for offer” via HSPnet or email on a regular basis.

Physical Therapists assuming the role of Clinical Educator should have appropriate clinical experience before assuming primary responsibility for a student. It is also strongly recommended that a Clinical Educator attend a UBC Clinical Educator workshop in advance of taking his/her first student.

UBC students can only be assigned to:

1. Clinical sites in British Columbia which have signed a Student Placement Agreement with the University of British Columbia.
2. Out-of-Province sites participating in a Canadian academic program (presently this is limited to the Corbett Hall Student Physical Therapy Clinic at the University of Alberta, Edmonton).
3. International sites (approved by the AHCE) that have established a formal affiliation with UBC.

Clinical sites in BC providing placements for OOP or International students will sign a Student Placement Agreement with the individual university involved. The policy varies with each university and Clinical Site.

Clinical supervision models will vary depending on the placement situation and may involve more than one therapist or health professional. Students must have access to a Registered/Licensed Physical Therapist for guidance, instruction and evaluation for at least 50% of the time during their placement.

Clinical Education Site Responsibilities

Centre Clinical Coordinator

The Centre Clinical Coordinator is the individual who liaises with the Department of Physical Therapy in identifying, planning and organizing the clinical practice experiences offered for students in their facility. This individual promotes clinical education and supports the physical therapists involved in their role as Clinical Educators.

THE CENTRE CLINICAL COORDINATOR:

- Completes and returns the Clinical Site Profile information as requested by the program.
- Identifies the number of student placements available a Clinical Site in response to the Call for Offers made by the department.
- Facilitates the development of clinical objectives for each physiotherapy service area providing student clinical experiences.
- Responds to the introductory letter sent by the student at least four weeks before the placement. The student will confirm the placement and provide a contact address and phone number. The response from the Clinical Site should confirm the Clinical Educator’s name, area of practice, and working hours, as well as starting time, parking information, directions to the physiotherapy department (if applicable) and any other information which will assist the student on the first day of the placement.
- Establishes an orientation procedure for the student.
  - See Orientation Guidelines for Physical Therapy Clinical Placements (NACEP) under Clinical Education » For Clinical Sites & Educators » Placement Resources.
- Provides guidance and information to the Clinical Educator and student as necessary.
• Ensures that the Clinical Educator receives the student's letter and has a copy of all the essential forms and information sent by the AHCE.
• Contacts the AHCE if problems arise in the placement, and particularly if, by mid-placement, there is a potential for failure.

In accordance with the *Freedom of Information and Protection of Privacy Act*, the completed evaluation form is part of the student’s academic record and as such their property. At the end of the placement, the student should ensure that they print out a copy of the completed evaluation. Copies of the forms should **NOT** be kept by the Clinical Site unless the student has provided specific written permission.

**Clinical Educator**

Clinical Educators facilitate the learning of students within a specific area of practice by creating a climate which promotes the development of knowledge, skills, attitudes and judgment which represent the scope of entry level physical therapy practice. The Department of Physical Therapy offers ongoing Clinical Educator Workshop to help facilitate the development of clinical teaching skills. Please [check our website](#) (Clinical Educators tab) for more information on workshops, scheduling and other resources such as the EXCEL modules (which offer online content derived from workshops).

This role involves planning the learning experience, guiding student practice, modeling professional behaviour and providing informal feedback and formal evaluation to the student and appropriate university personnel.

**THE CLINICAL EDUCATOR:**

• Establishes/reviews the site learning objectives to be used during the placement and collaborates with the student in developing further individualized learning objectives based on learning needs and interest.
• Reviews the evaluation process with the student and establishes regular feedback times and provides opportunities for informal discussion, guided clinical reasoning and problem solving.
• Facilitates a sequential learning experience by:
  • Demonstrates and discusses procedures with the student.
  • Observes student practice and providing appropriate constructive feedback in a sensitive manner.
• Provides ongoing guidance and support as necessary to facilitate student progression.
• Reviews the student’s documentation and co-signs all notes.
• Evaluates the student at mid- and end of placement and discusses results of the evaluation in an honest, sensitive manner.
• Accepts responsibility for facilitating the student’s learning.
• Is committed to resolving issues that may arise during the placement in collaboration with the student, AHCE and Centre Clinical Coordinator (or delegate).
• Completes the ACP online evaluation form.
• Advises the Centre Clinical Coordinator (or delegate) as soon as student difficulties become evident or to clarify procedures related to clinical experience.
• Consults with the AHCE to clarify or discuss concerns.

The Clinical Educator can at any time contact the AHCE for information or to discuss organization of the placement or concerns about the performance of a student. In the case of performance issues, the AHCE will work collaboratively with the Clinical Educator and the student to facilitate resolution of the situation.

**Clinical Educator Strategies**

• Above all, relax and enjoy the experience! It is a wonderful learning opportunity for both you and the student.
• Formal feedback meetings should be scheduled at least weekly, in a structured format in the beginning and individually tailored as the student progresses.
• Discuss your expectations and the student’s expectations of the learning experience at the beginning of the placement and on a regular basis throughout the placement. This is a great opportunity to clear up any misconceptions. It is
possible that some students may have not experienced formal supervision and may need assistance in understanding the process and learning how to fully make use of feedback meetings. 

- Be open to modifying and adapting your teaching style to meet students’ learning style and individual needs.
- It is crucial that students receive feedback during the first few days/weeks of the placement. Feedback should identify both positive aspects of the student’s performance as well as any areas of potential growth. It is especially important to be clear about any areas which if not improved may lead to failure of the placement.
- Promote professional responsibility by encouraging the student’s active involvement in setting clear goals for the clinical experience, as well as in client care and other professional activities. Elicit the student’s feedback regarding the pace, structure, and learning activities of the placement.
- Plan potential learning activities prior to the student’s arrival. Structure the program according to each student’s specific needs; do not be afraid to demand that a student meet a challenge, and provide support in areas that are a challenge for individual students.
- Practice early problem identification. The sooner problems are identified, the sooner they can be addressed. If in doubt about student performance at any time it is important that you contact the AHCE to discuss your concerns.
- Be involved in the orientation, organization, supervision and evaluation of students of other supervising therapists.
- Review the Clinical Education section of the Department of Physical Therapy website.
- Make use of our short Excel online learning modules, which cover these wide-ranging topics:
  - Introduction to the UBC Master of Physical Therapy (MPT) program
  - The Role and Importance of Clinical Education
  - Developing Learning Objectives
  - Planning and Facilitating the Learning Experience
  - Adult Learning Styles
  - Your Student’s First Day: Orientation
  - Facilitating Learning During the Placement
  - Providing Feedback
  - The Evaluation Process
  - The “Perfect Preceptor”
  - Supporting a Student in Difficulty
  - Providing Challenge for an Exceptional Student
  - Placement and Supervision Models
  - The Hidden Curriculum
  - T-Res Overview: The Students’ Clinical Log

Many websites offer excellent resources for Clinical Educators, for example: [www.preceptor.ca](http://www.preceptor.ca) ([students review much of the information on this website prior to commencing placements]) or [http://www.preceptor.ca/moduleContent.html](http://www.preceptor.ca/moduleContent.html)[www.practiceeducation.ca](http://www.practiceeducation.ca)

**Student Orientation**

An effective orientation sets the stage for a successful clinical education experience and helps the student integrate quickly into the clinical setting. Appropriate orientation is appreciated by the students. It is recommended that a facility orientation program for students be developed by those involved in Clinical Education. A check list is useful to organize the orientation and to assist the student in assuming some responsibility for orientation. A helpful checklist is the [NACEP Orientation Guidelines for Physical Therapy Clinical Placements](http://www.preceptor.ca/moduleContent.html).

**The orientation should include:**

1. Overall Clinical Site orientation (tour of site, organizational chart, confidentiality policies, emergency procedures, library, cafeteria, signing necessary documents from site and UBC, etc.).
2. Service orientation (staff introduction(s), work location and record-keeping processes, resources, security, and specific programs/caseload).
3. Specific Physical Therapy policies and procedures (leadership, professional practice, documentation, dress code (if different from the Department of Physical Therapy policy for students), client scheduling and planning, referrals, unique policies for the area to which student will be assigned, expectations for meetings and planned visits).

4. Orientation to community services including referring agencies and agencies used in discharge planning and equipment and government resources.

Students will be asking Clinical Educators to sign a checklist of orientation topics which are required by WorkSafeBC. Clinical sites are requested to provide orientation to these topics within the first 48 hours of student placement (see Appendix 3).

Approximately four hours should be all that is necessary for orientation although ongoing clarification and reinforcement will be needed throughout the placement. Orientation may be spread over the first few days of the placement.

**Examples of orientation methods include:**

- Involving other facility personnel in the orientation, for example:
- Clerical/Administrative staff - to describe phone, photocopying and/or sign in/out procedures.
- PT Assistants - to describe their role, organization of area and location of equipment.
- Unit Manager or Service Manager; to give an overview of the Clinical Site.
- Student self-directed orientation, which may be most advantageous for:
  - Familiarizing with policies and procedures (i.e., give student an hour to review manual to get a sense of the contents).
  - Understanding the role of other professionals on the health care team (i.e., students could arrange short appointments to meet with those health care professionals).
  - Familiarizing understanding of community resources.
- 1:1 orientation by Clinical Educator, specifically beneficial for PT practice processes and issues.
- Group orientation session on common issues should more than one student arrive to the Clinical Site (these might be students from other professions or PT programs and/or new employees).

**Requests for Placements from Out-of-Provience or International Students**

The organization of placement requests in each province is coordinated by the members of the National Association of Clinical Educators in Physiotherapy (NACEP). Requests received by clinical sites from individual Out-of-Provience or International students or academic program representatives regarding placement in British Columbia must be directed to the Clinical Placement Officer at UBC.
Clinical Educator Award

The annual Clinical Education Award is designed to recognize excellence by clinicians in the education/supervision/mentoring of students. Students may nominate an exceptional Clinical Educator at any time during their MPT program; however nominations must be received by January 15 of each year. Applications are reviewed by a sub-committee of PACE and CACE Committee members.

Criteria:
Clinician has demonstrated excellence in one or more of the following:

- Teaching Skills
- Clinical supervision and Education
- Mentorship
- Impact upon clinical practice or career choices

ONE nominee may receive the award each year for each placement (or learning) level (up to three winners in total). A nominee can be a preceptor in a clinical setting or may have contributed to a student’s education in the academic setting (e.g., Clinical Instructor or TA/CSA).

All nominees will receive a certificate of nomination and a letter of congratulations. When possible, the award is presented to the winners at the annual Physiotherapy Forum Gala so they may be recognized in front of their peers.

We encourage students to take the time to nominate a Clinical Educator who has made a difference in their education.

Becoming a UBC Clinical Faculty Member

Clinical Faculty appointments are honourary positions offered to individuals who meet specific criteria related to their contribution(s) to the Department of Physical Therapy and/or the profession of Physical Therapy. The criteria have been designed so that anyone who contributes to the educational endeavors of the program can apply for a Clinical Faculty appointment. Clinical Educators who supervise students are eligible for these appointments and are strongly encouraged to apply. These positions are valued appointments offered in appreciation and recognition of support for the Department of Physical Therapy at UBC. They allow the appointee to apply for specific benefits such as a UBC library card and internet access. Clinical Faculty appointments are not associated with tenure and are not paid positions. To facilitate ongoing appointment and/or promotion, Clinical Faculty members must demonstrate sustained contribution to the department and/or profession.

Appointments

The purpose of these appointments is to recognize:

- Outstanding contributions to the profession, clinical research, innovative administration practices and the physical therapy programs.
- The centrality of teaching, both in the academic and Clinical Site settings.
- Outstanding role models of professional and community involvement, rehabilitation research and clinical practice.
- The integration of academic material into professional practice.

Candidates are judged on their contributions to the domains of teaching, scholarly activity and/or service (such as committee membership) and are strongly encouraged to demonstrate proof of membership (and involvement in) professional organizations. A list of examples of relevant activities in each domain (not intended to be all-inclusive) is available from the Department of Physical Therapy upon request. It is also important to maintain a record of all students
supervised (both from UBC and from other programs), including dates of the placements, and other teaching roles at UBC (such as TA work or instructing) as this information is required at time of application.

**Appointment Process**

A document outlining the philosophy, purpose, criteria and the policies and procedures for Clinical Faculty is available on the [Faculty of Medicine](http://www.fom.ubc.ca) website.

The Head of the Department of Physical Therapy will receive applications and present recommendations to the Department of Physical Therapy, Clinical Faculty Appointment, Re-appointment and Promotions Committee each year in accordance with established policy.

Initial appointment is usually at the rank of Clinical Instructor. Individuals who maintain their involvement in Department of Physical Therapy activities may be promoted through the ranks of Clinical Assistant Professor, Clinical Associate Professor, and Clinical Professor.

For more information please go to [Clinical Education » How to become... » How to become a UBC PT Clinical Faculty Member](http://www.ubc.ca/pt) on the UBC PT Website.

Or contact the MPT Program Administration Manager: [carissa.dyck@ubc.ca](mailto:carissa.dyck@ubc.ca).
Sample of Standard Domestic Student Placements Waiver

ACKNOWLEDGEMENT
FOR STANDARD DOMESTIC STUDENT PLACEMENTS

Facility: _____________________________ (the “Facility”)

Placement Dates: _______________________

(“Facility Experience”)

I, the undersigned, hereby ACKNOWLEDGE, WARRANT, AND REPRESENT THAT:

1. I am 19 years of age or older, in good health and appropriate physical condition, and I am not suffering from any physical or mental condition that might be aggravated by my participation in the Facility Experience or that might pose a danger to myself or others while I am engaged in the Facility Experience.

2. I have been informed of my obligation not to disclose any confidential information or records, including but not limited to patient information and medical records to which I may have access or learn about through attendance at the Facility, to anyone in any manner except as authorized by Facility policy.

3. I have been advised to become familiar with and observe Facility’s regulations, rules, policies and procedures.

4. I have been advised that the Facility may require that I submit a current criminal record check prior to commencement of my first placement in the Facility. Further, if I have a criminal record, the Facility retains the sole right to immediately terminate my placement or place any restrictions it deems necessary on me during the term of my placement.

5. I have been advised of the risks present in the Facility setting, and the fact that the Facility is not responsible for exposures risks that occur beyond the Facility’s reasonable control.

6. I have been advised to seek the advice from a qualified medical practitioner regarding the vaccinations, screenings, inoculations or any other medical precautions that I should undertake before travelling. I understand that I am responsible for complying with this advice and that the Facility may require me to withdrawal from the Facility Experience if I fail to do so.

7. I acknowledge that I have been advised that the Department of Physical Therapy has purchased a Student Accident Insurance policy on my behalf which covers Accidental Death and Dismemberment and that I have been advised to review the coverage provided in that policy AND to purchase additional accidental insurance coverage on my own account if I find that policy to be inadequate.

8. I am aware that I should arrange my own medical, extended health or its equivalent and dental coverage. UBC’s insurance for me is limited to the above mentioned Student Accident Insurance Policy in section 7.
9. UBC does not assume any liability for any injury, loss, accident or property damage which may occur because of my participation in the Facility Experience.

10. I consent to the disclosure by UBC during the period of my participation in the Facility Experience of any personal information that is in the possession of UBC, other than records of my academic performance, that may be necessary to a hospital, supervising medical personnel, provider of medical treatment or next of kin where a representative of UBC is informed that I may require medical attention or treatment.

11. I acknowledge that the Facility will be providing feedback to UBC as to my performance at the Facility Experience.

12. I acknowledge that the Facility may require me to withdrawal from participation in the Facility Experience if I fail to meet acceptable health or performance standards.

I have read and understood this form prior to signing it, and am aware that by signing this form I am waiving and releasing certain legal rights. This form may be delivered by facsimile transmission.

Date

____________________________________

Participant
(Print Name)

Witness
(Print Name)

____________________________________

Participant
(Signature)

Witness
(Signature)

This form must be completed in full, signed, dated and witnessed before participation in the Facility Experience can begin.

*Please return to Ingrid Dill, Clinical Placement Officer

Revised September 2009
RELEASE AND INDEMNITY
FOR INTERNATIONAL STUDENT PLACEMENTS

Facility: ____________________________________________________ (the “Facility”)

Placement Dates: ____________________________________________
(“Facility Experience”)

The Facility Experience is an exceptional educational opportunity, but it is not without certain risks, dangers, hazards and liabilities to all participants. These include, but are not limited to, delay, inconvenience, course cancellation or curtailment, personal injury, death, property damage and other loss. All students taking part in the Facility Experience are required to accept these and other risks as a condition of their participation in this venture and sign the Release of Liability set forth below, which will release The University of British Columbia, its representatives and agents (“UBC”), from any future claims which might arise as a result of the student’s participation in the Facility Experience.

Placements are available in Canada and students are not required to go to _______________ to complete their degree.

I, the undersigned, hereby acknowledge, WARRANT, represent AND AGREE that:

1. I am 19 years of age or older, in good health and appropriate physical condition for travel, and I am not suffering from any physical or mental condition that might be aggravated by my participation in the Facility Experience or that might pose a danger to me or others while I am engaged in the Facility Experience.

2. I have been informed of my obligation not to disclose any confidential information or records, including but not limited to patient information and medical records to which I may have access or learn about through attendance at the Facility, to anyone in any manner except as authorized by Facility policy.

3. I have been advised to become familiar with and observe Facility’s regulations, rules, policies and procedures.

4. I have been advised that the Facility may require that I submit a current criminal record check prior to commencement of my first placement in the Facility. Further, if I have a criminal record, the Facility retains the sole right to immediately terminate my placement or place any restrictions it deems necessary on me during the term of my placement.

5. I have been advised of the risks present in the Facility setting, and the fact that the Facility is not responsible for exposures risks that occur beyond the Facility’s reasonable control.

6. I have been advised to seek the advice from a qualified medical practitioner regarding the vaccinations, screenings, inoculations or any other medical precautions that I should undertake before travelling. I understand that I am responsible for complying with this advice and that the Facility may require me to withdrawal from the Facility Experience if I fail to do so.
7. I have been advised to arrange for accident insurance coverage on my own account that will cover any expenses that I may incur as a result of accident during the Facility Experience.

8. UBC does not assume any liability for any injury, loss, accident or property damage which may occur because of my participation in the Facility Experience.

9. I acknowledge that there are risks inherent in international travel which may result in the modification or cancellation of the Facility Experience, including weather, illness, political disturbances, transportation problems, a lack of medical personnel or medical facilities to treat injuries or illnesses, standards of criminal justice that are different than Canadian standards, problems with customs, immigration or visa requirements or other circumstances either within or beyond the control of UBC. I acknowledge that it is my responsibility to learn as much as possible about the risks associated with the Facility Experience, to weigh those risks against the advantages and decide whether or not to participate.

10. I recognize that I will not be covered by the University’s insurance policies for any accident or illness which I may suffer in connection with this program. I have been advised to arrange for medical, extended health or its equivalent and dental coverage on my own account that will cover any medical, dental and/or hospital expenses that I may incur during the period of the Facility Experience. I have also been advised that I am responsible for obtaining any visas or permits that may be necessary with regard to my travel to foreign countries. Further, I am responsible for obtaining any vaccinations, screenings, inoculations or any other medical precautions that are recommended or required by the government of a foreign country in which I will be traveling, by the Canadian Government for persons entering Canada from a foreign country, or by my medical advisor pursuant to section 6.

11. In consideration of my being permitted to participate in the Facility Experience, I, the undersigned, for myself and my heirs, executors, administrators, successors and assigns, hereby waive all claims that I have or may in the future have against UBC and RELEASE AND FOREVER DISCHARGE UBC from any and all claims, rights, causes of action or demands relating to or arising out of any loss or injury to person or property arising from my participation in the Facility Experience due to any cause.

12. I agree to save harmless and indemnify UBC from and against all damages, judgments, claims, fines, penalties charges, causes of actions costs or expenses incurred by UBC arising out of or in connection my participation in the Facility Experience.

13. I consent to the disclosure by UBC during the period of my participation in the Facility Experience of any personal information that is in the possession of UBC, other than records of my academic performance, that may be necessary in any or all of the following circumstances: (a) to a hospital, supervising medical personnel, provider of medical treatment or next of kin where a representative of UBC is informed that I may require medical attention or treatment, or (b) to law enforcement or other government authorities where UBC is informed that the information is required to assist me.

14. I acknowledge that the Facility will be providing feedback to UBC as to my performance at the Facility Experience.

15. I acknowledge that the Facility may require me to withdrawal from participation in the Facility Experience if I fail to meet acceptable health or performance standards.

16. This Release and Indemnity is governed by and construed in accordance with the laws of British Columbia, and the parties will bring any and all actions relating to this Release and Indemnity in the courts of British Columbia.
I have read and understood this form prior to signing it, and am aware that by signing this form I am waiving and releasing certain legal rights. This form may be delivered by facsimile transmission.

Date

Participant (Print Name)

Witness (Print Name)

Participant (Signature)

Witness (Signature)

This form must be complete in full, signed, dated and witnessed before participation in the Facility Experience can begin.
**UBC MPT student selected assessment and treatment skills: Levels 1, 2, and 3**

The following list includes assessment and treatment skills which the UBC MPT student may have had the opportunity to learn and practice in the academic setting (either in theory or in practical lab sessions with fellow students) prior to the current placement.

It is a general guide only, and will have been augmented by the unique clinical education practical experiences of each student. Competence in these skills should NOT be assumed and performance should be assessed by the site.

This information is intended to assist the supervising therapist in planning the clinical experience and in evaluating the students’ performance in the Role of Expert 1.0 and enabling competencies 1.3 - 1.8 areas of the Assessment of Clinical Performance (ACP).

---

**NOTE RE: LEVEL 1 STUDENTS**
- Level 1 students have very limited (if any) clinical education practical experience and generally their skills will be at a beginner level.
- Level 1A and 1B placements are back-to-back, therefore students’ theory and practical skills listed below are as of their 1A placement.

---

### LEVEL 1: ASSESSMENT PROCEDURES

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>GENERAL AND MUSCULOSKELETAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Interview patient to obtain relevant subjective data</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Identify pertinent information from patient record</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Develop and utilize observation skills</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Develop and utilize palpation skills</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Determine pulses</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Measure blood pressure</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Perform joint scans, including upper and lower quadrant scans, as well as peripheral joint scans</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Assess joint range in relation to endfeel, spasm and pain</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Measure joint range of movement with goniometer</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Measure limb girth, and leg length and muscular flexibility</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Test ligamentous stability of peripheral joints</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Utilize special tests for assessing localized pathologies</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Assess gait (walking and running)</td>
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<td>2</td>
<td>Assess need for and/or monitors casts/splints</td>
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<tr>
<td>1</td>
<td>No</td>
<td>Assess indications for orthotic devices</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Grade muscle strength</td>
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<tr>
<td>1</td>
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<td>Test tendon reflexes</td>
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<td>1</td>
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<td>Test sensory function</td>
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<td>1</td>
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<td>Assess ADL</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Assess need for standard ambulation aids</td>
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<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>RESPIROLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Understand arterial blood gases, how performed and their interpretation</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Measure respiration rate, blood pressure and heart rate</td>
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<tr>
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<td>Assess respiratory status by inspection</td>
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### RESPIROLOGY (continued)

<table>
<thead>
<tr>
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<th>Practical</th>
<th>Task</th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Assess respiratory status by auscultation: normal and abnormal breath and adventitious sounds</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Assess breathing pattern and work of breathing</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Assess respiratory function by inspection and palpation</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Assess cough reflex, ability to expectorate</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Assess endurance/exercise tolerance</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Evaluate chest x-rays via a frontal chest x-ray</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Perform and Evaluate the 6MWT</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Assess basic post-operative functional mobility (including basic post-surgical lines)</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Understand low flow and high flow oxygen therapy devices</td>
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### NEUROLOGY (ADULT AND PEDIATRICS)

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>Task</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Assess sensation and vision</td>
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### CARDIOVASCULAR

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<tr>
<td>1</td>
<td>1</td>
<td>Evaluate stress test results</td>
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<tr>
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<td>1</td>
<td>Electrocardiogram monitors</td>
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### LEVEL 1: THERAPEUTIC PROCEDURES AND MODALITIES

#### GENERAL AND MUSCULOSKELETAL

<table>
<thead>
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<th>Practical</th>
<th>Task</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Movement re-education, including transfers and mobility</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Wheelchair management</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Ambulation aids</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Self-care equipment and materials</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Group activities</td>
</tr>
<tr>
<td>1</td>
<td>No</td>
<td>Adaptation of equipment for therapeutic or recreational purposes</td>
</tr>
<tr>
<td>1</td>
<td>Some</td>
<td>Environmental management</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Stress management</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Exercise to develop joint range of movement and muscle extensibility</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Exercise to develop muscle strength, endurance and power</td>
</tr>
<tr>
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<td>1</td>
<td>Exercise to improve balance and posture</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Basic therapeutic and sports taping techniques</td>
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<tr>
<td>1</td>
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<td>PNF</td>
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<tr>
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<td>Massage</td>
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#### RESPIROLOGY

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<th>Task</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Wall equipment - flowmeters, humidifiers, masks and tubing</td>
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<tr>
<td>1</td>
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<td>Oximetry</td>
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<tr>
<td>1</td>
<td>No</td>
<td>Nebulizers</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Mechanical vibrator and percussor</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Incentive inspirometry</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Breathing exercises to aid with ventilation, relaxation and shortness of breath</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Assist coughing (one person), huffing and forced expiratory techniques</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Vibration, shaking, percussion</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Positioning and breathing exercises to improve ventilation</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Positioning and breathing exercises to improve perfusion</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Inspiratory muscle training via IMT devices</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Resisted exercise to increase inspiratory muscle endurance</td>
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</table>
### Theory Practical
#### RESPIROLOGY (continued)

<table>
<thead>
<tr>
<th>Level</th>
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<th>Practical</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Positions to improve ventilation-perfusion ratio</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Position for postural drainage</td>
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<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Graded exercise program specific for pulmonary rehabilitation</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Flutter device PEP and vibrating PEP devices</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Active cycle breathing technique</td>
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<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Mobilization to enhance cardiopulmonary function</td>
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</tbody>
</table>

### LEVEL 2 A/B: ASSESSMENT PROCEDURES

#### Theory Practical
#### GENERAL AND MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Level</th>
<th>Theory</th>
<th>Practical</th>
<th>Task Description</th>
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</thead>
<tbody>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess accessory joint movement of spinal and peripheral joints</td>
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<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess passive stability of spinal joints</td>
</tr>
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</table>

#### Theory Practical
#### RESPIROLOGY

<table>
<thead>
<tr>
<th>Level</th>
<th>Theory</th>
<th>Practical</th>
<th>Task Description</th>
</tr>
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<tbody>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess cardiovascular status</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess arterial status</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess venous status</td>
</tr>
<tr>
<td>2A</td>
<td>No</td>
<td>No</td>
<td>Assess lymphatic status</td>
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#### Theory Practical
#### NEUROLOGY (ADULT AND PEDIATRICS)

<table>
<thead>
<tr>
<th>Level</th>
<th>Theory</th>
<th>Practical</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess level of consciousness</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess functional communication skills</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess level of cognitive function</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess cranial nerve function</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess muscle tone</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Test fine, gross, and perceptual motor skills and coordination</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess need for and/or monitors casts/splints</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess balance and functional mobility (rolling, sit to stand to sit, wheelchair, etc.)</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Assess neurodevelopmental status (pediatrics only)</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Utilize a problem-solving approach to differentially assess contributors to movement dysfunction</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Select and use appropriate objective measures for each system assessed</td>
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</table>

### LEVEL 2A/2B: THERAPEUTIC PROCEDURES AND MODALITIES

#### Theory Practical
#### GENERAL AND MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Level</th>
<th>Theory</th>
<th>Practical</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Patient/family/caregiver education</td>
</tr>
<tr>
<td>2B</td>
<td>2B</td>
<td>2B</td>
<td>Perform selected manual mobilization techniques for the spinal and peripheral joints</td>
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<td>2B</td>
<td>2B</td>
<td>2B</td>
<td>Manipulation of the ankle joint</td>
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<tr>
<td>2B</td>
<td>No</td>
<td>No</td>
<td>Use of mechanical traction</td>
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<tr>
<td>2B</td>
<td>No</td>
<td>No</td>
<td>Splint/Cast use</td>
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<tr>
<td>2B</td>
<td>No</td>
<td>No</td>
<td>Orthotic use</td>
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<tr>
<td>2B</td>
<td>2B</td>
<td>2B</td>
<td>Advanced therapeutic exercise</td>
</tr>
<tr>
<td>2B</td>
<td>2B</td>
<td>2B</td>
<td>Advanced sports therapy including use of external support (i.e., bandaging, taping techniques)</td>
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<tr>
<td>2B</td>
<td>2B</td>
<td>2B</td>
<td>Selected deep transverse friction massage frictions</td>
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<tr>
<td>2B</td>
<td>2B</td>
<td>2B</td>
<td>Apply knowledge of movement sciences and functional movement biomechanics to adapted sport participation</td>
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<tr>
<td>2A</td>
<td>2A</td>
<td>2A</td>
<td>Gait training</td>
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<td>Theory</td>
<td>Practical</td>
<td>GENERAL AND MUSCULOSKELETAL (continued)</td>
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<td>----------</td>
<td>----------------------------------------</td>
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<tr>
<td>2B</td>
<td>2B</td>
<td>Neural mobilization techniques</td>
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<td>No</td>
<td>No</td>
<td>Jobst pneumatic compression unit</td>
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<tr>
<td>2B</td>
<td>2B</td>
<td>Consolidation of knowledge to complete cervical, thoracic or lumbar scans both comprehensively and in a timely manner</td>
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<tr>
<td>2A</td>
<td>2B</td>
<td>Evaluate stiff or hypermobile pelvis</td>
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<tr>
<td>2B</td>
<td>2B</td>
<td>Assessment of neural mobility</td>
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<table>
<thead>
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<th>RESPIROLOGY</th>
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<tbody>
<tr>
<td>2A</td>
<td>2A</td>
<td>Suction</td>
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<td>No</td>
<td>Graded exercise program specific for cardiac rehabilitation</td>
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<tr>
<td>2A</td>
<td>No</td>
<td>Non-current electrical modalities (SWD)</td>
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<td>Non-current electrical modalities (UVL)</td>
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<td>Non-current electrical modalities (HVPC)</td>
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<td>Interferential current</td>
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<td>Neuromuscular electrical stimulation (NMES)</td>
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<td>Biofeedback - E.M.G.</td>
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</table>

**LEVEL 3A/3B: ASSESSMENT PROCEDURES**

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>GENERAL AND MUSCULOSKELETAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B</td>
<td>3B</td>
<td>Assessment and treatment of patient with limb loss</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>RESPIROLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B</td>
<td>No</td>
<td>Evaluate fluid balance</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Acute cardiovascular assessment (heart sounds, jugular vein distention, blood pressure, heart rate, edema)</td>
</tr>
<tr>
<td>3B</td>
<td>No</td>
<td>Evaluate mechanical ventilators and the effects on patients respiratory status</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Evaluate chest x-rays via a lateral radiograph</td>
</tr>
<tr>
<td>3B</td>
<td>No</td>
<td>Evaluate patients in the pediatric and neonatal intensive care units</td>
</tr>
<tr>
<td>3B</td>
<td>No</td>
<td>Understands monitoring devices/lines for the critically ill patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>CARDIOVASCULAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B</td>
<td>No</td>
<td>Intracranial pressure monitor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B</td>
<td>No</td>
<td>Evaluates burn patients</td>
</tr>
</tbody>
</table>
### LEVEL 3: THERAPEUTIC PROCEDURES AND MODALITIES

#### GENERAL AND MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B</td>
<td>Some</td>
<td>Prosthetic training</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Assess indications for and fit of prosthetic device</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Exercise prescription and positioning for patients post-limb loss; utilizes positioning to prevent or reduce deformities</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Treatment concepts for patients with chronic pain conditions</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Basics of assessment and treatment of patients with hand injuries</td>
</tr>
</tbody>
</table>

#### RESPIROLOGY

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B</td>
<td>No</td>
<td>Understands how to treat patients who are using mechanical ventilation</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Assisted cough, percussions and vibrations for mechanically ventilated patients</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Assisted cough via two-person method</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Manual hyperinflation</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Proning a mechanically ventilated patient</td>
</tr>
</tbody>
</table>

#### NEUROLOGY

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B</td>
<td>3B</td>
<td>Apply recovery of function theory to treatment goals and movement re-education</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Apply motor learning principles to movement re-education</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Apply knowledge of movement sciences and functional movement biomechanics to movement re-education</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Modify treatment for various levels of cognitive functioning</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Gaze and postural stability exercises</td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>Set objective, measurable short-term treatment goals</td>
</tr>
</tbody>
</table>

#### OTHER

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B</td>
<td>No</td>
<td>Establishes therapeutic program for burn patients</td>
</tr>
</tbody>
</table>

---

A variation of this document, “UBC MPT Student Academic/Clinical Training per Placement, or, What to Expect from a UBC MPT Student on Placement” can be found on the UBC PT website under >Clinical Education >For Clinical Sites & Educators >Student Academic/Clinical Training per Placement.
# Appendix 3

## Student Health & Safety Orientation Checklist

### Physical Therapy Student Health & Safety Orientation

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Site</th>
<th>Placement Start Date</th>
<th>Level</th>
</tr>
</thead>
</table>

**Submission of this checklist (per placement) is a course requirement**

The signed checklist must be scanned and returned via email to the Clinical Placement Coordinator (ingrid.dill@ubc.ca) within 48 hours of arrival at a placement site.

**In order to ensure your health and safety, please review the following items when you arrive at your placement site.**

### General Orientation

- I am aware of the location of eyewash equipment, emergency exits, fire alarms, and fire extinguishers.
- I am aware of the designated assembly area in the event of an evacuation.
- I know I should:
  - Not wear scented personal products
  - Wear close-toed shoes
  - Use a break-away lanyard
  - Have my hair closely cropped or pulled back.
- I am aware that I may refuse unsafe work or work for which I am not sufficiently supervised or trained.
- I am aware that I should seek assistance if a patient becomes threatening or abusive.
- I am aware that I must report accidents and hazards to my Preceptor, and to risk management at UBC, as well as to the Associate Head, Clinical Education in the Department of Physical Therapy. Further information about reporting accidents and hazards can be found at [www.hspcanada.net/docs/peg/3.3_Adverse_Event_Reporting.pdf](http://www.hspcanada.net/docs/peg/3.3_Adverse_Event_Reporting.pdf).
- I know when to wear personal protective equipment (e.g.: gowns, gloves and eye protection).
- I am aware that I may be exposed to infectious diseases during my rotation and will follow site procedures/instructions provided by my preceptor for infection control procedures.
- I will follow proper hand washing techniques before and after each patient.
- Should I be required to do so, I am aware that I should ask my preceptor for direction in the [Safe Work Procedure for handling and disposing of sharps](http://www.hspcanada.net/docs/peg/6.5_Injury_Exposure_Blood_Body_Fluids.pdf).
- I am aware that I should follow appropriate procedures in case of “blood or bodily fluid” exposure, as outlined in [www.hspcanada.net/docs/peg/3.5_Injury_Exposure_Blood_Body_Fluids.pdf](http://www.hspcanada.net/docs/peg/3.5_Injury_Exposure_Blood_Body_Fluids.pdf) and [www.healthlinkbc.ca/healthfiles/hfile97.txt](http://www.healthlinkbc.ca/healthfiles/hfile97.txt).
- I am aware that I should not be harassed, bullied or discriminated against. Should this occur, I am aware that I should contact one of the following with whom I am comfortable discussing my concerns: my preceptor or site supervisor, a faculty member, the Associate Head, Clinical Education in the Department of Physical Therapy, the Office of Student Affairs, or the Associate Dean, Equity and Professionalism at UBC. Further information can be found at [www.hspcanada.net/docs/peg/3.1_Negative_Behaviour_Practice_Setting.pdf](http://www.hspcanada.net/docs/peg/3.1_Negative_Behaviour_Practice_Setting.pdf).

<table>
<thead>
<tr>
<th>Preceptor Name (print)</th>
<th>Preceptor signature</th>
<th>Preceptor email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student signature</th>
<th>Date</th>
</tr>
</thead>
</table>

W:\CLINICAL EDUCATION\WorkSafeBC\PT Student Health & Safety Orientation Checklist (July-2014).docx
## Student Marking Rubric of IP Reflection (ICERS)

**Site:**
*Placement Dates/Level:*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Pass/Fail Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-identified IP learning objective(s)</td>
<td>P/F</td>
</tr>
<tr>
<td>Includes: IP learning objective in SMART format</td>
<td></td>
</tr>
<tr>
<td>IP learning objective appropriate for setting context</td>
<td>P/F</td>
</tr>
<tr>
<td>Student identifies students/staff from differing professions present; and description of team dynamics</td>
<td>P/F</td>
</tr>
<tr>
<td>IP team members listed</td>
<td></td>
</tr>
<tr>
<td>Identification of situation pertinent to IP learning objective</td>
<td>P/F</td>
</tr>
<tr>
<td>Student identifies how they were able to actively participate in IP activity e.g., patient care, etc.</td>
<td></td>
</tr>
<tr>
<td>or Student describes in detail events leading up to event that student has chosen to reflect upon</td>
<td></td>
</tr>
<tr>
<td>or Structured opportunities for students to develop CIHC competencies (site specific e.g., SLC)</td>
<td></td>
</tr>
<tr>
<td>Reflection provided by student</td>
<td>P/F</td>
</tr>
<tr>
<td>Reflection indicates student understanding of what/how the identified IP competency looks like in practice setting</td>
<td></td>
</tr>
<tr>
<td>Reflection indicates student has synthesized at appropriate depth the impact of IP situation upon patient/client care</td>
<td>P/F</td>
</tr>
<tr>
<td>Reflection is related to literature on best practice</td>
<td>P/F</td>
</tr>
<tr>
<td>Feedback or evaluation on IP competence</td>
<td>P/F</td>
</tr>
<tr>
<td>Student indicates potential changes that could occur within team functioning</td>
<td></td>
</tr>
<tr>
<td>or Student indicates impact of situation on their own IP development</td>
<td></td>
</tr>
</tbody>
</table>

### References:

CIHC Competencies: [http://chd2.sites.olt.ubc.ca/files/2013/05/CIHC_IPCompetencies_Feb1210.pdf](http://chd2.sites.olt.ubc.ca/files/2013/05/CIHC_IPCompetencies_Feb1210.pdf)


IPC on the Run modules: [http://www.ipcontherun.ca](http://www.ipcontherun.ca)

The Interprofessional Passport Guide: [http://physicaltherapy.med.ubc.ca/files/2012/05/The-Interprofessional-Passport-Guide.pdf](http://physicaltherapy.med.ubc.ca/files/2012/05/The-Interprofessional-Passport-Guide.pdf)
### Rural B.C. Designations

The following is a complete listing of all BC Rural Communities as listed in the RSA (Rural Practice Subsidiary Agreement, April 2015).

#### BC Rural Communities as listed in the RSA*

*Effective April 1, 2015*

<table>
<thead>
<tr>
<th>Community 1</th>
<th>Community 2</th>
<th>Community 3</th>
<th>Community 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 Mile House</td>
<td>Agassiz/Harrison</td>
<td>Ahousat</td>
<td>Alert Bay</td>
</tr>
<tr>
<td>Alexis Creek</td>
<td>Anahim Lake</td>
<td>Armstrong/Spallumcheen</td>
<td>Ashcroft/Cache Creek</td>
</tr>
<tr>
<td>Atlin</td>
<td>Balfour</td>
<td>Bamfield</td>
<td>Barriere</td>
</tr>
<tr>
<td>Bella Bella/Waglisla</td>
<td>Bella Coola</td>
<td>Big White</td>
<td>Blind Bay</td>
</tr>
<tr>
<td>Blue River</td>
<td>Blueberry River</td>
<td>Bowen Island</td>
<td>Bridge Lake</td>
</tr>
<tr>
<td>Burns Lake</td>
<td>Campbell River</td>
<td>Canal Flats</td>
<td>Canoe Creek</td>
</tr>
<tr>
<td>Castlegar</td>
<td>Chase/Scotch Creek</td>
<td>Chemainus</td>
<td>Chelilatta</td>
</tr>
<tr>
<td>Chetwynd/Saulteau</td>
<td>Christina Lake/Grand Forks</td>
<td>Clearwater</td>
<td>Clinton</td>
</tr>
<tr>
<td>Cobble Hill</td>
<td>Cortes Island</td>
<td>Courtenay/Comox/Cumberland</td>
<td>Cranbrook</td>
</tr>
<tr>
<td>Crescent Valley</td>
<td>Creston</td>
<td>Dawson Creek</td>
<td>Dease Lake</td>
</tr>
<tr>
<td>Denman Island</td>
<td>Doig River</td>
<td>Duncan/N. Cowichan</td>
<td>Edgewood</td>
</tr>
<tr>
<td>Elkford</td>
<td>Enderby</td>
<td>Fernie</td>
<td>Fort Nelson</td>
</tr>
<tr>
<td>Fort St. James</td>
<td>Fort St. John/Taylor</td>
<td>Fort Ware</td>
<td>Fraser Lake</td>
</tr>
<tr>
<td>Gabriola Island</td>
<td>Galiano Island</td>
<td>Gold Bridge/Bralorne</td>
<td>Gold River</td>
</tr>
<tr>
<td>Golden</td>
<td>Granside</td>
<td>Greenwood/Midway/Rock Creek</td>
<td>Halfway River</td>
</tr>
<tr>
<td>Hartley Bay</td>
<td>Hazleton</td>
<td>Holberg</td>
<td>Hope</td>
</tr>
<tr>
<td>Hornby Island</td>
<td>Hot Springs Cove</td>
<td>Houston</td>
<td>Hudson’s Hope</td>
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<tr>
<td>Invermere/Windermere</td>
<td>Kaslo</td>
<td>Keremeos</td>
<td>Kimberley</td>
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<tr>
<td>Kincolith</td>
<td>Kingcome</td>
<td>Kitimat</td>
<td>Kitkatla</td>
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<tr>
<td>Kitsault</td>
<td>Kitwanga</td>
<td>Kletmu</td>
<td>Kootenay Bay/Riondel</td>
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<td>Kyuquot</td>
<td>Ladysmith</td>
<td>Lake Cowichan</td>
<td>Lillooet</td>
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<td>Logan Lake</td>
<td>Lower Post</td>
<td>Lumby</td>
<td>Lytton</td>
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<td>Madeira Park</td>
<td>Masset</td>
<td>Mayne Island</td>
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<td>McBride</td>
<td>Merritt</td>
<td>Mill Bay</td>
<td>Miocene</td>
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<td>Moricetown</td>
<td>Mount Currie</td>
<td>Nadleh</td>
<td>Nakusp</td>
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<tr>
<td>Nee Tahi Buhn</td>
<td>Nelson</td>
<td>Nemalath Valley</td>
<td>New Aiyansh</td>
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<td>New Denver</td>
<td>Nitinat</td>
<td>Ocean Falls</td>
<td>Oliver/Osoyoos</td>
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<tr>
<td>Parksville/Qualicum</td>
<td>Pemberton</td>
<td>Pender Island</td>
<td>Port Alberni</td>
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<tr>
<td>Port Alice</td>
<td>Port Clements</td>
<td>Port Hardy</td>
<td>Port McNeill</td>
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<tr>
<td>Port Renfrew</td>
<td>Port Simpson</td>
<td>Powell River</td>
<td>Prince George</td>
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<tr>
<td>Prince Rupert</td>
<td>Princeton</td>
<td>Quadra Island</td>
<td>Quatsino</td>
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<tr>
<td>Queen Charlotte</td>
<td>Quesnel</td>
<td>Redstone Reserve</td>
<td>Revelstoke</td>
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<tr>
<td>Rivers Inlet</td>
<td>Saik’uz</td>
<td>Salmo</td>
<td>Salmon Arm/Sicamous</td>
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<td>Saltspring Island</td>
<td>Samahquam</td>
<td>Saturna Island</td>
<td>Savary Island</td>
</tr>
<tr>
<td>Sayward</td>
<td>Sechelt/Gibsons</td>
<td>Seton Portage</td>
<td>Shawnigan Lake</td>
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<td>Sidar</td>
<td>Skatin</td>
<td>Skin Tyee</td>
<td>Slocan Park</td>
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<td>Smithers</td>
<td>Sointula</td>
<td>Sorrento</td>
<td>Sparwood</td>
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<td>Spences Bridge</td>
<td>Squamish</td>
<td>Stellat’en</td>
<td>Stewart</td>
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<td>Tahsis</td>
<td>Takla Landing</td>
<td>Tatla Lake</td>
<td>Tatlayoko Lake</td>
</tr>
<tr>
<td>Telegraph Creek</td>
<td>Teppella</td>
<td>Terrace</td>
<td>Texada Island</td>
</tr>
<tr>
<td>Tofino/Uculeet</td>
<td>Trail/Rossland/Fruitvale</td>
<td>Tsay Keh Dene</td>
<td>Ts’il Kaz Koh (Burns Lake Band)</td>
</tr>
<tr>
<td>Tumbler Ridge</td>
<td>Ucluelet</td>
<td>Valemount</td>
<td>Vanderhoof</td>
</tr>
<tr>
<td>Wardner</td>
<td>Wasa</td>
<td>Wet’suwet’en (Broman Lake)</td>
<td>Whistler</td>
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<tr>
<td>Williams Lake</td>
<td>Winlaw</td>
<td>Woss</td>
<td>Woyenne (Lake Babine)</td>
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<tr>
<td>Zeballos</td>
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</tr>
</tbody>
</table>

*Rural Practice Subsidiary Agreement*

From document: RSA Communities - A, B, C, D Designation (Effective April 1, 2015)
Global Health Division International Student Placement Blog

Writing blogs about volunteer and work placements abroad is quickly becoming a common way for people to share their unique experiences and perspectives with their community. The Global Health Division (GHD) of the Canadian Physiotherapy Association encourages this transfer of knowledge and insight into working with diverse populations as a way to inspire Canadian physiotherapists to be global citizens. Their new website features a student blog for those who have undergone an international placement.

Students who have a free GHD membership can find further information about the GHD blog writing guidelines and read past blogs on the GHD website, http://physioghd.com under the student tab. The GHD also has Facebook (https://www.facebook.com/IHDCanada?ref=hl) and Twitter (https://twitter.com/cpaglobalhealth) accounts open to the public, which may act as additional resources for students interested in global health.

In addition, students with further questions, ideas, or comments, are able to contact The Global Health Division Executive Committee directly at ghdstudentrep@gmail.com.