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Definition of Terms

**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 a Clinical Site, who is 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 clinical site who is responsible for the direct instruction, supervision and evaluation of the physiotherapy student in the clinical setting. Also known as Clinical Instructor.

**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>Description</th>
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<tbody>
<tr>
<td>ACP</td>
<td>Assessment of Clinical Performance</td>
</tr>
<tr>
<td>AHCE</td>
<td>Associate Head, Clinical Education</td>
</tr>
<tr>
<td>CPA</td>
<td>Canadian Physiotherapy Association</td>
</tr>
<tr>
<td>CPTBC</td>
<td>College of Physical Therapists of British Columbia</td>
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<tr>
<td>MPT</td>
<td>Master of Physical Therapy</td>
</tr>
<tr>
<td>OOP</td>
<td>Out-of-Province</td>
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<tr>
<td>OOT</td>
<td>Out-of-Town</td>
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<tr>
<td>PT</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>UBC</td>
<td>The University of British Columbia</td>
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SECTION 1: Introduction

The UBC Department of Physical Therapy

The Department of Physical Therapy advances health and knowledge through outstanding teaching, learning and research. The Department provides the professional education through rigorous scholarly activity, high standards of instruction, creative opportunities for learning, and a strong theoretical foundation that supports current and future practice of the profession. The Department delivers programs focusing on entry-to-practice, research, and internationally educated physical therapists. More information about the Department's vision, mission, and priorities can be found in the Strategic Plan.

The Master of Physical Therapy Program

The Master of Physical Therapy (MPT) program is the only entry-to-practice program in British Columbia. Students may attend one of two locations: UBC’s Point grey Campus or UNBC’s Prince George Campus, both with state-of-the-art labs connected via video conferencing. The program curriculum uses an integrated, case-based approach and is taught by the Department’s award-winning academic faculty and community of clinical educators. Students move through 26 months of academic and clinical education. Main areas of study include basic sciences, clinical decision making, clinical practice, exercise and movement sciences, and rehabilitation research. Six 5-week placements in clinical settings allow students to apply their learning and integrate theory into clinical practice in order to develop entry-level competencies by completion of the program.

The MPT program is fully accredited by Physiotherapy Education Accreditation Canada. The program is currently accredited for a term of six years, with a review scheduled for 2026.

Clinical Education

Clinical education is a significant and critical component of the MPT program. An integrated provincial network of clinical educators across a diverse range of placement settings and educational models allow physical therapy students to develop and consolidate clinical problem-solving skills and clinical reasoning. Students practice clinical skills, communication and professionalism competencies across a variety of patient populations and practice settings (acute, outpatient, chronic disease management, rehabilitation, and community health) within a breadth of practice areas (musculoskeletal, cardiorespiratory, and neuro). Clinical education policies and processes are informed by Departmental committees comprised of Faculty, instructors, clinicians from across the province, and students.

Resources provided by the Department that support clinical educators include this manual, clinical education workshops, e-learning modules, and more.

The Physical Therapy Clinical Education Manual

This manual outlines the policies and procedures relevant to clinical education in the UBC MPT program. Specifically, this document provides information on:

- Placement types and requirements
- Preparation for placements
- Placement expectations and evaluations
- Clinical site, clinical educator, and clinical faculty requirements

The policies and procedures described in this manual do not supersede University, Faculty of Graduate and Postdoctoral Studies, or Faculty of Medicine procedures or policies. Students are responsible for becoming informed about Faculty of Graduate Studies and Faculty of Medicine policies and regulations. Every effort has been made to ensure the completeness and accuracy of content. 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.
SECTION 2: The Master of Physical Therapy Program

MPT Curriculum

Clinical education is a fundamental component of the MPT curriculum. 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 develop clinical reasoning, critical thinking and problem-solving skills.

Ongoing curriculum revisions ensure that the program remains current with rigorous scholarly activity, high standards of instruction and creative opportunities for learning are incorporated wherever possible. A strong theoretical foundation supports current and future practice of the profession. A strong commitment to excellence in clinical education is maintained throughout the curriculum review process.

Clinical Placements

Students are introduced to the clinical setting during an ‘Introduction to Practice’ (or Shadow) Placement as part of PHTH 516. This placement occurs over the course of two months (two half-days) during the first academic block of the program. Students shadow a practicing clinician in a clinical setting to:

- Gain familiarity with the practice environment, normally in an acute care or in-patient setting,
- Integrate knowledge and basic professional and clinical skills learned in the academic setting into the clinical setting, and
- Facilitate the transition from learning in an academic to a clinical setting in preparation for the first clinical placement.

Students are required to complete two activities associated with shadow placements: a checklist of topics and activities observed (which will be provided during PHTH 516) and a client case study. Though clinical supervisor(s) do not formally evaluate student performance during shadow placements, they do provide general feedback to the student at the end of the shadow placement. The hours of experience gained on shadow placements do not count towards the program requirements for placement hours.

In addition to shadow placements, students will complete six 5-week placements in a variety of clinical settings and with a variety of patient populations. Students are supervised and assessed by Clinical Educators (or preceptors). The MPT Program includes 1,080 hours of Clinical Education as part of the following Clinical Practice courses:

- PHTH 534 Clinical Practice III, 4 credits (Block C):
  - Level 1A: April-May
  - Level 1B: May-June
- PHTH 554 Clinical Practice V, 4 credits (Blocks D and E):
  - Level 2A: November-December
  - Level 2B: February-March
- PHTH 574 Clinical Practice VI & VII, 4 credits (Block G):
  - Level 3A: March-April
  - Level 3B: August-September

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

Students must attend placements during the specified dates. Changes to placement dates can only be made in consultation with the Associate Head of Clinical Education (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. Family weddings, vacations, or moving house are not considered exceptional.
The six clinical placements will focus on the following areas of practice, not necessarily in this order:

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

See Section 4 for more information about each placement category.

Students will be exposed to clinical practice in the areas of cardiorespiratory, neurological and musculoskeletal, as well as multisystem and specialty practice areas, in both public and private settings. By the completion of the final placement, students must have completed a minimum of 100 hours of clinical education in each of the following areas: cardiorespiratory, neurological and musculoskeletal practice. Any practice area may occur at any time during the program. Academic content in the area of practice will not necessarily be covered prior to the placement.

To ensure a breadth of experience, each placement must occur at a different site. Exceptions may be made when an area of special interest (e.g., burns or acute spinal cord injury) is available at only one clinical site, or in geographic areas where options may be limited. Students wishing to complete more than one pediatric placement will have this considered as an elective. Every effort is made to inform students of their placement site two months ahead of the placement start date.

Clinical Educators assess student performance informally through regular discussions with the student, and formally using the Canadian Physiotherapy Assessment of Clinical Performance (ACP) evaluation form. Students also assess themselves using the ACP and reflect on their experiences using the T-Res (Resilience Software). See Section 6 for more information about placement evaluation.

Feedback on the Clinical Education Program

Students, clinical supervisors and clinical sites are invited to provide feedback on the UBC MPT Clinical Education Program. Methods for providing feedback include:

Student feedback on the clinical site/clinical supervisor performance

- The Student Evaluation of the Clinical Placement form (accessible by students on HSPnet) at mid-term and final of each placement is mandatory
- In-class during post-placement debrief sessions
- Confidential feedback form (on Canvas)
- 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, or Canadian Physiotherapy Assessment of Clinical Performance)
- Individual consultation with AHCE (highly recommended in cases of performance concerns)

Site/Supervisor feedback on Clinical Education Program/AHCE performance

- Site Feedback Form, following placement
- PACE Committee
- Direct Communication with AHCE or Department Head

Contact the Department with feedback by emailing pt.educators@ubc.ca at any time.
SECTION 3: Placement Preparation

Documentation/Certification at Program Start

Prior to entering the MPT program students are required to submit various consent forms, certificates, and other documents, including (in accordance with the College of Physical Therapists of BC [CPTBC]) a Criminal Record Check for vulnerable populations, waivers, pre-placement forms, health and safety forms, etc. These requirements are described further in the following sub-sections.

Submit each document as a PDF, labelled using the following format:

StudentLastName_StudentFirstName_DocumentTitleYYMMDD

e.g., Roberts_John_2A_Waiver180621 OR Nguyen_Claire_FitTest180621

Students will be asked to correct any documents not labelled properly.

First Aid/CPR

A current, valid Standard First Aid and CPR Level C certificate is 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.

Respiratory Mask Fit Testing

Students may be exposed to acute respiratory infections while in clinical facilities. Respiratory Protection Practice Education Guidelines for BC 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, SARS, measles, COVID-19, 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. Students are responsible for completing their first Fit Test by September 30 of their first year in the program and complete annual re-fitting/testing. Proof of completion is required to be submitted to the Department.

Students are responsible for obtaining up-to-date Respiratory Mask Fit Testing for three respirator models utilized in all Health Authorities: 3M 8210 / 3M 1860 / 3M 1860S. There will be a fee. Many service providers, throughout the province, provide fit testing. Results of the Fit Test include information on the size of mask that is relevant to you.

Note that students who cannot shave for religious reasons must remove themselves from any clinical activity that would require the use of a respirator. Exemption from such training will not impact academic evaluations. If students would like to personally purchase an alternative respirator device (e.g. air-purifying respirator), please contact Nick Steel, Health and Safety Advisor (nick.steel@ubc.ca).

Students who choose not to shave for personal reasons must complete a Learner N95 Exemption Waiver form. Contact pt.placement@ubc.ca for a copy of the form. If there is an interest in an alternative respirator device, please contact pt.placement@ubc.ca and Nick Steel, Health and Safety Advisor (nick.steel@ubc.ca).
College of Physical Therapists of BC Registration

Students are required to register as student members of the College of Physical Therapists of BC (CPTBC) prior to the start of the program, prior to attending clinical sites and prior to performing hands-on care during placements. CPTBC registrations are required at the start of the program and must be renewed before December 31 on an annual basis.

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

Immunizations

Information regarding mandatory immunizations are included in students program acceptance package. Students are required to complete a mandatory health status and immunization review with Student Health Services within six months prior to any exposure to a clinical setting. UBC Vancouver students should contact student.health@ubc.ca. UBC North students should call UNBC Health Services at 250-960-6370. Please note that earliest clinical exposure in the program is a shadow placement that occurs in October and/or November in the first year of the program.

Students are required to complete the Student Health Services immunization review PRIOR TO being permitted into clinical settings.

Flu Vaccination Policy

The Practice Education Guidelines for BC: Immunization require all students and faculty that visit health service delivery sites for clinical placements to follow provincial and clinical site immunization guidelines and policies. The Provincial Influenza Control Policy must therefore be followed, particularly relevant for placements which occur during flu season (e.g. level 2 placements). 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 students and clinicians to EITHER receive the influenza vaccination (the preferred option) OR wear a surgical/procedure mask during flu season (usually end of November until the end of March). The flu season 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.

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. Students will submit proof of flu shot as a Canvas assignment.

Flu vaccines can be accessed in the following ways:

UBC Health flu vaccine clinics are available to all Health Sciences students at UBC Hospital and pop up clinics throughout UBC. Information can be found on the UBC Safety and Risk Management website: http://rms.ubc.ca/health-safety/occupational-hygiene/occupational-hazards/flu/. Dates and locations of free flu clinics are posted in the last two weeks of October, here: https://students.ubc.ca/health/student-health-service. MPT Students at UNBC can access flu vaccine clinics at UNBC. Watch for notices or see https://www2.unbc.ca/medical-clinic. All health care students are eligible to get the vaccine at the clinics that are run by Employee Health. Family doctors and community pharmacists provide the vaccine usually beginning mid-October or November.

Student Insurance Coverage

Students on placement are covered by insurance for activities related to those placements. Coverage is provided and governed by UBC and WorkSafeBC.
It is important to note that the Clinical Educator assumes primary responsibility for the client. Students must adhere to the following guidelines related to client safety:

- Students are to initiate assessment and/or treatment only with 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.

UBC Coverage While on Placement

**UBC Liability Insurance**
The UBC Liability Insurance policy includes *General Liability* and *Professional Liability* Insurance effective when the student is assigned to affiliated clinical sites. Coverage is worldwide and is effective 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 and 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 Canadian Physiotherapy Association [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

**Shadowing physical therapists in the community is not covered (this is due to Risk Management’s policy).**
**NO ACCIDENT OR INJURY coverage is provided by the University for any volunteer activities.**

For further information on volunteer insurance coverage during volunteer activities please contact pt.educators@ubc.ca.

**UBC Student Accident Insurance**
MPT Program fees include *Student Accident Insurance*. This insurance policy provides coverage for accidental death and dismemberment. This policy is similar to a life insurance policy (life and limb) and is not a medical plan 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 4) within 48 hours of arrival at a clinical 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 they received orientation. The form must be submitted via Canvas.

WorkSafeBC coverage is for workers who are injured while on the job in British Columbia only. MPT students who are confirmed to a placement outside of BC (out of province or out of country) will be provided with information about how they might go about obtaining their own medical insurance and workplace coverage.

Students on placement outside of BC are not covered by WorkSafeBC and will want to seek their own workplace coverage and medical insurance.

For more information please review: Practicum/Clinical Placement Student Safety.

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 or illness, they 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?
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. The student and 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 Safety and Risk Services website. Follow the link and click on the blue “Report Accidents or Incidents” button. The answers provided will determine the questions on the Incident/Accident form.

2. Students must also immediately inform the Department (Associate Head, Clinical Education angelina.woof@ubc.ca or the Clinical Placement Officer pt.placement@ubc.ca) of the accident or incident.

Pre-Placement Requirements

The following are required to be completed prior to each placement or placement level. These requirements form part of the requirements for passing clinical education courses. Credit for PHTH 534, 554, or 574 will not be granted if these tasks are incomplete.

Pre-placement Checklists

Students must complete a Pre-placement Checklist for Students document in advance of each placement level (i.e., prior to Level 1A, 2A and 3A). This document asks students to confirm completion of various tasks, including: letter of introduction to placement site, placement waiver, review course materials relevant to the placement type, identify learning objectives, CPTBC licensure, fit testing, flu shot, immunizations, and CPR/First Aid. Additional items prior to level 1 placements include SPECO modules, health authority-specific orientation modules, Preceptor Education Program modules, Clinical Education Manual, T-Res guide, and HSPnet password.

Each checklist will be submitted as an assignment to Canvas courses (534, 554, and 574).
Placement Waivers

Students must sign an **Acknowledgement for Standard Domestic Student Placements** waiver prior to each of their six placements. Students who are placed internationally will be required instead to sign a **Release and Indemnity for International Student Placements** waiver. A template waiver will be posted to each course in Canvas (534, 554, and 574). See Appendix 1 and Appendix 2 for samples of the waivers. All completed waivers must be submitted via Canvas.

If waivers are not received by the due date in Canvas, the placement will be cancelled.

Student Practice Education Core Orientation

Student Practice Education Core Orientation (SPECO) items are required by: Provincial Health Services Authority (PHSA), Vancouver Coastal Health Authority (VCH), Fraser Health Authority (FH), Providence Health Care (PHC), Island Health Authority, and Interior Health Authority. All students will therefore be required to complete SPECO prior to any placement, including shadow placements. SPECO requirements include modules that provide orientations to working in a health authority environment, violence prevention, confidentiality, and more.

**MPT students are required to complete ALL currently available health authority orientation modules by September 30 of year one.**

The modules required by SPECO are outlined in a Canvas assignment. The most up-to-date information will always be found on the individual Health Authority websites under ‘Student Practice Orientation’. Students will be required to submit the following as Canvas assignments:

- SPECO Checklist with module completion dates noted.
- SPECO Certificate of Completion (one SPECO completion certificate rather than multiple module completion certificates).
- Any remaining orientation checklists must be completed by March 1 (in advance of 1A placements).

**It is the students’ responsibility to re-submit updated checklists and documentation as necessary.**

Students are required to complete orientation modules for a given health authority only once (e.g., a Level 3 student assigned to Vancouver Coastal Health who already completed the orientation for a Level 1 VCH placement is not required to repeat the orientation).

Review of Relevant Clinical Material

Students are responsible for reviewing course and clinical material relevant to the assigned area of practice prior to the placement (e.g., course notes, relevant literature).

Learning Objectives

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

Placement Coordination

Students, DPT staff and clinical sites all have responsibilities related to coordinating placements throughout the MPT program: sites submit offers to host students; students share preferences for up to five of the offered placements, declare/arrange for any accommodations, declare any potential conflicts of interest, and complete orientations and other pre-placement requirements; and DPT staff solicit placement offers and ensure students are matched with placements that fulfill program requirements.
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 permission from the student. If a student does not request the Department to communicate with the site on their behalf, 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 needs; a change of placement site may be required if the site is unable to provide the required accommodations.

Declare Conflicts of Interest

Students are required to inform the Associate Head, Clinical Education when assigned to a facility where a conflict of interest may occur. Potential conflicts of interest may exist prior to a placement or arise during a placement. Examples include:

1. A close friend or relative would be responsible for their clinical education instruction or evaluation.
2. A student has worked directly with the physiotherapy service and/or personnel as a volunteer or employee.
3. A student has been a client at the placement site or of personnel at the site.
4. A close friend or relative works at or is a patient in the facility.
5. The student has signed an employment contract with the clinical site or organization.

The final ACP evaluation must be completed prior to any commitment or offer of employment at a clinical placement site or within its organization.

Placement Preference Selection

The online Health Sciences Placement Network (HSPnet) is a comprehensive Practice Education Management System. Through HSPnet, students will be invited to express interest in up to five available placement offers. These preferences will be considered together with remaining program requirements during finalization of placements.

Please note that the Department cannot guarantee a placement based on preferences.

HSPnet instructions will be sent to students before the start of shadow placements.

The following procedures will occur prior to each placement level:

- **Preference selection period**: Prior to each of the six clinical placements, students will have access 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.
- **Preference Selections**: Students review available placements and mark between 2 and 5 placements of most interest by clicking 'Save to Choices'. **Selections should include placements from two or more placement categories.**
- **Ranking**: Students rank their choices from 1 to 5.
- **Automated matching**: An HSPnet algorithm matches students to placements based on preferences, however some students will be unmatched.
- **Finalize Placement Selections**: The Department reviews automated and random matches and adjust to ensure students complete all program requirements.
- **Second round of preference selections**: After the above, any student who was not confirmed to one of their top five preferences will have an opportunity to identify another round of ranked preferences. This will be followed by another round of HSPnet algorithm matching, Departmental review and placement confirmations.

Students must attend the site to which they have been assigned. Changes are not permitted.

Prior to Level 2 and Level 3 placements, students will have access to the ‘Show Classmate Statistics’ in HSPnet. This feature shows the number of classmates who saved the same placement offer to their top five, and the number with the
exact placement in the same rank. Students may want to consider alternative preferences if a high number of classmates selected the same offer. This may provide a better chance at being placed at a preferred site. Students may select more than one offer at a single site provided they choose different clinical areas (e.g., Surrey Memorial Hospital – Acute, Surrey Memorial Hospital – Rehab).

View information about clinical sites by accessing the Clinical Site Profiles.

Introductory Letter to Placement Site

Students are required to write an introductory letter to each clinical site at least four weeks prior to their placement. Contact details are provided to the student upon confirmation of 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 (see the section on Preceptor Education Program Modules).

Students should include their “Summary of Diagnostic Experience” and “Summary of Treatment Experience” from T-Res (starting with Level 1B).

Travel and Accommodation

Students can expect to be required to travel between placement locations over a single weekend. Students are responsible for all arrangements and costs associated with travel and accommodations to placement locations. Prior to each round of placements, a small selection of northern and rural placements are identified in HSPnet as eligible for a limited travel stipend. The policy and application form can be found in the Canvas Forms and Resources course. Email physio@unbc.ca for more information.

Northern Health Authority offers an excellent subsidized medical travel for patients and staff: Northern Health Connections. MPT students are eligible to use this service to get to/from a placement in the Northern Health region at no charge. To use this service, contact the reservations office at 1-888-647-4997, usually one to two days in advance. Check the website for schedules to specific sites. A verification of your placement will be required, which can be requested by emailing physio@unbc.ca well in advance of travel. Note that students who access the Northern Health Connections, or other travel funds should refrain from accessing the MPT-N Travel Stipend for similar expenses.

Unavoidable Placement Changes

On rare occasions a confirmed placement may be cancelled by a clinical facility or by the Department. Discussion with the AHCE may facilitate the provision of a suitable alternative at the same facility. However, if this is not possible it is the responsibility of the site’s Clinical Coordinator in conjunction with the AHCE to find an alternative placement. The student will be informed of the change as soon as possible.

Student Loan Eligibility During Placements

Many financial institutions provide student loans for classroom learning only, and not for clinical placements. Funds may be available with additional clarification that the student is enrolled, and that completing clinical placements is part of the MPT program. Students must apply for these additional funds when they know the costs of their placement. The Clinical Placement Officer (pt.placement@ubc.ca) can assist with the portions of the application that confirm eligibility. These do not constitute applications for additional funding, rather they are clarifications that the student should be eligible for more weeks of student loan funding.
SECTION 4: Placement Requirements

MPT students are supervised by Clinical Educators who are registered physical therapists. Placements occur at approved private or public clinical sites in British Columbia, nationally or internationally. Placements outside the province of BC are not mandatory.

Placement Categories

Students will complete one placement for each of the following five placement categories. The remaining placement is an elective. Many sites provide services across multiple categories. The Clinical Education team assigns placement categories prior to the preference selection process. Categories may be adjusted following a placement, dependent upon the experience gained during the placement.

Acute (ACU) placements are those in which a client is acutely ill, usually within an acute care facility; there are no age limits within this placement. For example:

- Any placement in an acute care facility
- Intensive Care Unit (ICU)
- Cardiorespiratory (Cardio, Cardioresp)
- Acute Care for the Elderly (ACE Unit, ACE)
- Acute Paeds, BC Children’s Hospital (BCCH)
- Medicine (Gen Med, Med)
- Surgical (Surg)
- Inpatient Orthopedic / Musculoskeletal (IP Ortho, IP MSK)
- Inpatient Neuro – in acute settings such as Vancouver General Hospital, Royal Columbian Hospital or Lions Gate Hospital (IP Neuro, IP N)

Chronic disease management (CDM) placements 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. For example:

- Chronic Pain Programs
- Pulmonary Rehabilitation or Cardiac Rehabilitation programs
- Women’s Health
- Oncology
- Mental Health
- Arthritis care e.g., Mary Pack
- Student Rehabilitation Outpatient Clinic (SROC) student-led Clinic at Queens Park Care Center in New Westminster
- Student-led clinic at Surrey Memorial Hospital
- Student-led Elder Care Clinic at Vancouver General Hospital
- The Neuromuscular Outpatient Program Student-led Clinic at the GF Strong Rehabilitation Centre
- Prince Rupert Interprofessional Student-led model Clinic (PRISM) at Prince Rupert Regional Hospital

Community health placements provide service to clients within their home (which may be residential), or home community. For example:

- Home Care (HC)
- Community Care or Home/Community Care (Comm Care, HCC)
- Residential or Residential Geriatric (Res, ResGer)
- Home Health
- Mental Health
- Developing world placements (e.g., India, Sri Lanka)
- Schools programs
- Rural public practice placements
• Indigenous Health placements, including Central Interior Native Health (CINHS) and
• Prince Rupert Interprofessional Student-led model Clinic (PRISM) at Prince Rupert Regional Hospital

**Rehabilitation** placements involve clients with complex neurological and/or musculoskeletal issues that require bridging care prior to discharge home, or ongoing rehabilitation within a home setting, this may involve interprofessional team-based care. For example:

- Any placement at GF Strong
- Most placements at Holy Family Hospital
- Rehab at Eagle Ridge Hospital
- Inpatient or Outpatient Neuro Rehab (IP N, OP N)
- Student Rehabilitation Outpatient Clinic (SROC) student-led Clinic at Queens Park Care Center
- Spinal Rehab (Spine)
- Rehab Mix
- Laurel Place – Rehab at Surrey Memorial Hospital (LP-Rehab)
- Child Development Centres (CDC)
- Any IP or OP Rehab program

*Note: Pulmonary or cardiac rehab are not included here as these are more aligned to chronic disease management programs*

**Outpatient (OP)** placements provide service to clients who are living independently at home but seeing physical therapy on an intermittent or regular basis. For example:

- Public or private, includes OR1 and OR2 programs, hands, or other programs situated in private/outpatient clinics
- Outpatient Arthritis
- SROC student-led Clinic at Queens Park Care Center in New Westminster
- Student-led clinic at Surrey Memorial Hospital
- Prince Rupert Interprofessional Student-led model Clinic (PRISM) at Prince Rupert Regional Hospital
- UBC Physical Therapy & Research Clinic (PTRC) (student-led)

**Minimum Hours (Cardio, MSK, Neuro)**

Students are required to complete a minimum of 100 hours of their overall placement time focusing on each of the following patient populations: musculoskeletal, cardiorespiratory/cardiovascular and neuro. Students may demonstrate each of these skills across all placement categories. This will be monitored through HSPnet ACP assessments submitted by Clinical Educators and the T-Res clinical portfolio logging system.

**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) regardless of category.

**Paediatric Placements**

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

**Out-of-Town Placements**

**MPT-Vancouver** students are required to complete a minimum of two placements Out-of-Town (OOT). OOT locations are any area outside of the Lower Mainland. This could include:

- Abbotsford
- Chilliwack
- Hope
- Langley
- Maple Ridge
- Mission
- Powell River
- Sechelt
- Squamish
- Whistler
- Locations in the Vancouver Island Health Region
• Locations in the Interior Health Region
• Locations in the Northern Health Region

Lower Mainland communities include:

• Burnaby
• Coquitlam
• Delta (incl. Ladner)
• New Westminster
• North Vancouver

• Pitt Meadows
• Port Coquitlam
• Port Moody
• Richmond
• Surrey

• Tsawwassen
• Vancouver
• West Vancouver
• White Rock

Out-of-Province or International placements count as Out-of-Town (OOT) placements.

**MPT-North** students are required to complete a minimum of four placements in the Northern Health Region or in rural communities (see Appendix 7 for a listing of all BC Rural Communities as listed in the Rural Practice Subsidiary Agreement).

**Out-of-Province & International placements**

UBC MPT students are not required to complete a clinical placement out-of-province (OOP). If a student is interested in an OOP placement, they may make a request in Level 2 or Level 3 placements only. Students are notified of OOP placement options and application process in July of each year. The deadline for expressing interest is August. Students can apply by completing the online **OOP-International Placement Expression of Interest** form. 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.

Currently, only sites within Ontario, Alberta and the Yukon will be considered for OOP placements due to regulatory restrictions. Placements in other provinces are controlled by the PT programs in that province (just as UBC controls placement allocation in BC). A non-refundable application fee will be charged by the coordinating university in the province of interest.

Students must NOT approach facilities in other provinces or AHCEs at other universities to request placements.

**Yukon Placements**

Though Yukon falls within the UBC catchment, OOP placement applications are still required. Students are required to submit the following:

- **Yukon Placement Application**: Apply for a Yukon physiotherapist student certificate by completing the five application steps here: [here](#) and pay the $40 application fee (fee is subject to change).
- **Proof of enrolment** as a student in a physiotherapy degree program from an approved educational institution along with a recommendation that the applicant may pursue practical training. Email [physio@unbc.ca](mailto:physio@unbc.ca) for this.
- **Supervision/Sponsorship Agreement**: Both the supervising physiotherapist(s) and the applicant must sign the completed agreement. Email [physio@unbc.ca](mailto:physio@unbc.ca) for a template agreement.
- **A Certificate of Good Standing**: Request a hard copy (not fax) from the jurisdiction in which the applicant is currently registered (i.e., CPTBC). A student registration receipt is not sufficient.
- **Proof of valid liability insurance (minimum $1M CDM)**: UBC’ Student Placement Agreements (SPA) with clinical sites, cover general and liability insurance for a minimum of $5,000,000.00 for any one occurrence. Request a PDF of the site’s SPA by emailing [physio@unbc.ca](mailto:physio@unbc.ca).
- **A certified copy of your birth certificate**: And marriage certificate if you have changed your name.
- **Photograph**: A passport style headshot must be included.

Students who wish to complete a second placement in Yukon will be required to submit a new application, including all newly up to date elements. More complete details about the Yukon application process can be found here:
Once a placement is confirmed, students must complete ALL supporting documents required by the Yukon Registrar and registration requirements from the Yukon Government’s Professional Licensing & Regulatory Affairs Department. Yukon Workplace Compensation Board (WCB) Insurance will be required (more information can be found at: UBC Safety and Risk Services). To initiate the process of obtaining a WCB Clearance Certificate, email pt.placement@ubc.ca. These must be submitted six weeks prior to the start date of the placement at a minimum. 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.

International Placements

International placements are not mandatory and are available for only one of Level 3A or 3B (students may not complete more than one international placement). Currently, these placements are 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 (navajeevana.org)
- Dhulikhel Hospital, Kathmandu, Nepal (www.dhulikhelhospital.org)
- Fondation Tous Ensemble, Haiti (fontenblog.wordpress.com)
- The Movement Team (Private Practice) – Samford, QLD, Australia (requires Australian passport) (www.themovementteam.com.au)
- Samuha SODA, Karnataka, India (www.samuha.org)

Placements are dependent upon the availability of qualified physiotherapists. Requests for sites not covered by a UBC Student Placement Agreement must be made at least one year prior, and it cannot be guaranteed that an agreement will be successfully executed.

To be considered for a placement outside Canada students will need to demonstrate the following:

- a) Satisfactory academic performance with a minimum average of B+ or 75%.
- b) Successful completion of previous placements with 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.

Students will be required to submit the following as part of their international placement application:

- **An OOP International Placement Expression of Interest Form**: This form is available by emailing pt.placement@ubc.ca and will need to be submitted at least six months prior to the placement.
- **Administration Fee**: A non-refundable $150 International Placement Administrative fee is required to be submitted along with the expression of interest. Note, this amount is subject to change.
- **Interviews**: 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

In the event that an international placement is cancelled (which may occur for various reasons), a placement in BC will be arranged at the Department’s discretion.

Following Departmental approval, students will be required to complete the following mandatory UBC Student Safety Abroad and UBC Go Global Requirements at least six weeks prior to the placement:

- **Complete UBC Student Safety Abroad Modules**: These are self-directed Online pre-departure Modules, found here [https://safetyabroad.ubc.ca/learning-modules](https://safetyabroad.ubc.ca/learning-modules).
• Log in to the UBC Student Safety Abroad Registry to:
  (1) Search for and read travel reports for your destination
  (2) Register your travel locations and contact information abroad
  (3) Complete other important travel forms
  (4) Learn what important pre-departure preparations you should make

• Attend an orientation session via the Go Global office at UBC. Go Global will send confirmation of completion to the PT Clinical Placement Officer.

• Complete the Student Safety Abroad Pre-Departure Checklist. Request the checklist from safety.abroad@ubc.ca. Submit a completed checklist to pt.placement@ubc.ca.

Students are responsible for fulfillment all requirements necessary for entry in the country of placement, for example:

• A passport. It is recommended that a passport’s expiry falls at least six months after the end of placement
• A valid entry visa for the placement destination
• Medical assessment (if required)
• Immunizations required by the site. Confirm immunization requirements with the site, and obtain proof of completion (e.g., letter from UBC Student Health Services)
• Medical and liability insurance
  o 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 Coverage in Section 3.
  o A student must ensure sufficient personal insurance is in place (MSP and extended health/travel insurance).
• It is recommended that flights be purchased with flight cancellation insurance.

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

**Observation of Surgeries**

Observation of surgeries is **not a requirement of an MPT clinical placement** and as such, the Clinical Education team is unable to support site offers categorized as OR Surgery observations.

At some clinical placement sites, observation of surgeries are scheduled in-house without additional support required from UBC. If the Clinical Educator feels it will add value to student learning while aligning with the learning objectives for the placement, they may arrange something for and with the student.
SECTION 5: During a Placement

Learning Objectives and Expectations

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.

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.

Placement Levels and Learning Expectations

At all placement levels, students are expected to:

1. Adhere to CPTBC standards of practice and an ethical code of conduct.
2. Demonstrate professional behaviour at all times, including reliability and responsibility.
3. Learn new skills and obtain knowledge related to issues and conditions not yet covered in the academic curriculum, when required.
4. Act as a self-directed learner by identifying personal learning needs, strategizing to meet these needs and following up to ensure needs are met.

**Level 1 expectations** include recalling and utilizing the knowledge gained so far in the program and applying it in the clinical setting. Students are expected to:

1. Become comfortable in a clinical setting.
2. Demonstrate the ability to work as an interprofessional team member.
3. Practice effective communication skills with patients, clients, residents and their families, other team members.
4. Participate in assessment and treatment/discharge planning for selected clients.
5. Practice the clinical skills learned in blocks A & B of the MPT Program (see Appendix 3).
6. Complete basic documentation and statistics according to facility requirements.
7. Learn about the role and functions of other health care team members.

**Level 2 expectations** include the application and analysis of the knowledge and skills obtained in the program so far. Students are expected to:

1. Appreciate the different roles a PT may play in different health care environments and why these different roles may occur.
2. Participate as an interprofessional team member.
3. Communicate effectively with patients/clients/residents (including those with cognitive difficulties), their families, and with other team members.
4. Analyze and interpret clinical findings and formulate a treatment plan for selected clients including the determination of appropriate and functional client-centred goals.

5. Select and apply appropriate clinical skills learned in the MPT Program to a variety of clients in different clinical settings (see Appendix 3).

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

7. Suggest a discharge plan for selected clients.

8. Work effectively with support personnel.

9. Complete documentation in a timely manner.

**Level 3 expectations** include the synthesis and integration of knowledge and skills acquired in the MPT Program including on previous clinical placements. Students are expected to:

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

2. Play a leadership role in an interprofessional team.

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

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

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

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

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

8. Develop a comprehensive discharge plan for clients.

9. Refer clients appropriately to other healthcare team members.

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

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

12. Participate in service quality improvement initiatives.

13. 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).

**Interprofessional Requirements**

Interprofessional collaboration contributes to effective, safe, patient/client-centred health care (WHO, 2010). Clinical placements offer students an opportunity to observe and/or experience interprofessional 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 related competencies. These are:

1. Interprofessional communication

2. Role clarification

3. Team functioning

4. Collaborative leadership

5. Interprofessional conflict resolution

6. 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. More information about the Framework and the six competencies can be found here: http://chd2.sites.olt.ubc.ca/files/2013/05/CIHC_IPCompetencies_Feb1210.pdf.
The degree to which interprofessional collaboration occurs within a clinical setting will vary enormously from one placement to the next. Students will have the opportunity to build collaborative practice competencies during placements and to better understand the barriers and facilitators to collaborative practice.

During each clinical placement, students are required to identify one interprofessional collaborative practice competency and develop a SMART learning objective targeting this competency. Students will submit their learning objective on T-Res. A minimum of one reflection will also be submitted to T-Res that contains concrete examples of their participation in and learning regarding this collaborative practice competency (see Appendix 5 for guiding questions). These will be reviewed by the Associate Head of Clinical Education and the Master of Physical Therapy North Site Lead, Clinical, who will provide feedback as necessary and appropriate. See the examples of criteria below.

**Activities that may offer collaborative practice competency learning include:**

- Presentation in patient care rounds
- Interprofessional Team Huddles (e.g., Safety Huddles)
- Shadowing a health care provider from different discipline
- Chart reviews/audits
- Direct patient care involving collaboration with another profession
- Interprofessional-focused workshop attendance
- Interprofessional student team project
- Interprofessional quality improvement/change project involvement
- Interprofessional simulation activity
- Interprofessional research involvement
- Interprofessional Student-run Clinic
- Participation/presentation of knowledge requiring or involving interprofessional collaboration
- Interprofessional case study

Placement reflections on interprofessional activities 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 “Interprofessional Clinical Education Reflection Series.” This document will contain:

1. Each of the six interprofessional 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 interprofessional (see rubric in Appendix 6). Within the MPT program this will be considered an interprofessional immersion experience if criteria are fulfilled.

**Student Responsibilities**

**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. Recorded data should be stored on a client’s device and not that belonging to the student. 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.

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.

Time Loss

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.

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

Any leave during a clinical placement other than the first day of sick time must be approved by the Associate Head, Clinical Education (angelina.woof@ubc.ca). All time lost will be recorded on the student’s ACP evaluation.
Procedures for specific types of time loss include:

- **Illness or Accident**: 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**: 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**: Suctioning labs are required and are staggered throughout the program with every effort made to capture all students attending clinical placement within the Lower Mainland. Time spent attending these labs are considered to be part of the clinical placement and does NOT need to be made up.

- **Educational Leave**: Students may request permission from the Department to attend short-term educational events during placements (e.g. CPA Congress, WCPT, other “once in a lifetime” courses). Permission will be granted for a maximum of two such events during the course of all program placements combined, with a maximum time loss of 30 hours. Time lost for approved educational events must be made up prior to graduation. Students will not be granted permission to attend events which are regularly scheduled or which are at a postgraduate level, or which are unrelated to the clinical practice area of the current placement.

- **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 (angelina.woof@ubc.ca) 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 Department 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. 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.

Academic Requirements: International Placements

During an international placement, students are responsible for:

1. Weekly submission of reflection, including detailed description of experiences to date
2. Optional blog submission to CPA Global Health Division: 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 blog for those who have undergone an international placement. [https://physiotherapy.ca/divisions/global-health-division](https://physiotherapy.ca/divisions/global-health-division)
3. Mid-term Skype conversation/contact with AHCE or NRC Coordinator

Academic Requirements following Placement include:

1. Return ACP to Clinical Placement Officer: Paper copies are available to students travelling abroad.
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

T-Res: Clinical Portfolio

The “Tracking by Resilience”, or T-Res (by Resilience Software), is a web-based application for clinical portfolio logging. Students record all aspects of their clinical placement activities. Students are given an orientation to T-Res before their 1A placement and a T-Res User Guide is provided on Canvas.

To pass PHTH 534/554/574 (and graduate) students MUST enter the following into T-Res during each placement:

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

Contact Resilience Software’s support team directly if you have any technical questions:

604-693-2323 or 1-866-694-2323

support@t-res.net

Mon-Fri, 9am to 5pm, PST

Clinical Reflections

“Reflection is the process where individuals think about and evaluate their experiences in order to come to new understandings and appreciations” (Williams et.al, 2002).

The reflective process should bring together the academic learning and hands-on practice and is utilized by novice through to experienced practitioners (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. Clinical reflections should relate the personal experience to the clinical experience i.e. it should address the “feeling” aspect without becoming a personal diary.

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.

**Professional Conduct**

The requirements for professional behaviour apply at all times while in the Department, during classes or labs, during clinical visits or fieldwork, and in the case of Clinical Educators, while supervising students on placements.

The program expects professional conduct based upon adherence to the following:

- College of Physical Therapists of BC [Code of Ethical Conduct](#)
- Canadian Physiotherapy Association [Code of Ethical Conduct](#)
- UBC Faculty of Medicine [Professional Standards](#)
- Provincial privacy legislation
- Confidentiality and professional practice policies of the assigned clinical sites
- 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

**Discrimination, Bullying and Harassment**

Professional behaviour includes the responsibility to contribute to a positive learning environment which is free from discrimination and harassment. The Department strongly supports the UBC [Policy on Discrimination](#). Additional information and resources may be found at the UBC [Equity and Inclusion Office](#) and [Bullying and Harassment Prevention at UBC](#).

Students in the MPT program who experience bullying and harassment related to clinical education should contact one of the following to discuss any concerns:

- Associate Head, Clinical Education
- MPT-North Site Lead, Clinical
- Clinical Supervisor or Clinical Coordinator of the facility where the incidents occurred
• Faculty Advisor
• The Equity Office at UBC

Procedures to deal with issues related to discrimination or harassment are:

• **Informal Resolution**: If an individual believes that they have experienced discrimination or harassment, they may consult with the Department’s Ombudsperson or an Advisor from the Equity office. The Ombudsperson or Advisor will listen, in confidence, to the concerns, and will determine whether complaint procedures under the UBC policy apply. If the complaint procedures apply, with the complainant’s permission the Ombudsperson and/or Equity Advisor will attempt an informal resolution.

• **Mediation**: If the informal process is unsatisfactory, mediation may be necessary.

• **Formal Investigation**: An individual may apply for a formal investigation if they do not wish to proceed with an informal resolution, or with mediation.

**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 accordingly. Students are expected to use good judgment and to show courtesy to their fellow students, clients, Clinical Educators, and the profession by dressing in a manner that is modest, non-offensive and appropriate for the designated clinical activities. Clinical site dress codes supersede the DPT dress code. Acceptable clothing can be classified as business casual, with non-slip and non-marking closed toe/closed heel flat shoes. Only minimal jewelry is allowed (e.g. smooth-surface rings). Wrist watches should be removed during patient care. No scents are permitted.

Students should confirm dress code guidelines with their Clinical Educator. 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.

**Use of Technology**

Any records (e.g. emails, documents, calendar entries, instant message, photos, video, etc.) that identify patients, institutions, health care providers, or colleagues and is intentionally or unintentionally placed in the public domain may constitute a breach of confidentiality.

Use of personal mobile devices in the clinical setting is forbidden unless express permission is granted from the students’ clinical supervisor. Use of personal devices for educational reasons (e.g. looking up information or T-Res entries) may be acceptable in some clinical areas but students must follow facility policy and gain permission prior to use of devices. Mobile devices should never be used during a patient interaction. The taking of any photographs in a clinical setting is not allowed except when specific permission is granted by the site, the patient, and the Department.

Clinical Educators and students, at the beginning of a placement, are expected to discuss the appropriate use of mobile devices, computers, internet, and networking sites and review related site policies. Students should NEVER post anything about patients, the site or Clinical Educators.

**Unprofessional Conduct**

Concerns about the professional behaviour of students or Clinical Educators should be brought to the attention of the AHCE (<angelina.woof@ubc.ca>).

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.

**Student Guidelines During a Pandemic**
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 must follow all guidelines and regulations outlined by the Provincial Health Office, the BC Centre for Disease Control, UBC, Health Authorities and the clinical facility. Students are responsible to remain informed of changing policies.
2. If the facility requires students to be vaccinated the student must comply with this requirement or be reassigned to an alternate site.
3. Students must comply with N-95 Fit testing processes prior to clinical placements. Fit testing for N-95 masks will be provided by the site or external company when N-95 masks are deemed essential personal protective equipment for the clinical placement.
4. Students will continue to attend the clinical placement at the clinical site while it is deemed safe to do so and continues to facilitate learning 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).
5. Students should not be exposed to patients/clients/residents with pandemic diseases unless under strictly controlled conditions (i.e., following strict infection control and prevention measures), with appropriate supervision, and as required for the development of their clinical competencies.
6. Full protective equipment related to infection control must be provided by the site.
7. All training related to infection control provided by the site and by UBC must be completed by all students.
8. In the event of any missed time, the student will coordinate make up time together with the Clinical Educator and/or the Associate Head, Clinical Education.
9. Students have the right to refuse unsafe work and must notify their supervisor should they have reasonable cause to believe the task puts them at risk. The process for learners refusing unsafe work is outlined here.

The Department will inform students of changing information and requirements as the pandemic response evolves. For example, pre-placement assignments will be added to specific course requirements or as part of the incoming admission requirements. Notifications about changing UBC policies will be sent to students as they occur.
SECTION 6: Placement Assessment and Evaluation

Assessment of Clinical Performance Form

Evaluation of student performance while on placement occurs through the use of the Canadian Physiotherapy Assessment of Clinical Performance (ACP) evaluation form. The ACP is used by all physiotherapy programs across Canada and is based on the Canadian Essential Competency Profile for Physiotherapists. In the ACP, student performance is evaluated against seven roles, or characteristics: Expert, Communicator, Collaborator, Manager, Advocate, Scholarly Practitioner and Professional. Each role contains a number of key competencies and each competency contains 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 expected of MPT students as they progress through 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, students should score between the two anchors. Criteria are also provided for Credit (pass) with Distinction for Level 3A/3B placements.

Student Evaluation of the Placement

Self-evaluation
The focus of evaluation in clinical practice education shifts as a student progresses through the program with increasing involvement of the student. Students are expected to complete of midterm and final self-evaluations for every placement using ACP evaluation forms. These forms are submitted via HSPnet and are shared with their Clinical Educator via a combined view. The student and Clinical Educator review both the midterm and final evaluations together. Students must retain a copy of the completed evaluation forms as part of their personal placement record. Completed forms are sent to the Associate Head, Clinical Education. The students ACP forms must NOT be kept by clinical sites unless the student has provided explicit written permission.

Evaluation of the Clinical Placement
The student provides feedback about the placement to the Clinical Educator mid-way and at the completion of the placement. The Student Evaluation of the Clinical Placement Form (SECP) is an online fillable form within HSPnet. It must be completed, reviewed with the Clinical Educator, and submitted at both Interim and Final within HSPnet (the student’s completed view of their Interim/Final SECP is shared with their Clinical Educator). The Clinical Site is encouraged to keep a copy for their records.

Completion of these forms are mandatory for each placement and is the responsibility of the student. 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.

Confidential Feedback Form
Students have an opportunity to provide confidential feedback about their placement experience to the AHCE. Confidential feedback will NOT be shared with sites. The Student Confidential Feedback Form can be found on Canvas. In addition, students are encouraged to contact the department (pt.placement@ubc.ca) with any feedback related to the placement experience.

Evaluation of the Clinical Program
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.

The Clinical Education Student Representative, and the student academic representative on the Curriculum 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, students are asked to evaluate the Clinical Education 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.

**Assessment of Student Performance**

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

Students must pass all assigned clinical placements in order to graduate.

Assignment of Credit

Clinical Educators evaluate the student’s competency during placement using the ACP evaluation form. As part of the final ACP assessment, Clinical Educators recommend one of the four assessment results outlined in the table below. The final decision on credit will be made by the Department of Physical Therapy based on the ACP results, completion of other requirements of the course and where necessary consultation with the clinical site or with any other supporting documentation. The student will receive a Credit in a clinical placement, and pass the course, if the stated clinical placement objectives have been met.

<table>
<thead>
<tr>
<th>Credit with exceptional performance</th>
<th>Student’s overall performance is exceptional and exceeds expectations for a student at that experience level.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit</td>
<td>Student’s performance meets expectations for a student at that experience level.</td>
</tr>
<tr>
<td>Credit with reservation</td>
<td>Student’s performance is borderline, demonstrating areas of weakness that may require remediation.</td>
</tr>
<tr>
<td>No credit</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>

The final decision to fail a student in the event of a No Credit (and the consequent effect on student promotion) is made by the Associate Head, Clinical Education, and the Head, UBC Department of PT.

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

Performance Issues

In the event of a potential No Credit (Failure) or Credit with Reservation:

1. The Centre Clinical Coordinator (or delegate) contacts the AHCE as soon as possible and maintains ongoing follow-up contact by phone or email (angelina.woof@ubc.ca).
2. Together with the site, the AHCE will develop an appropriate learning plan for the student and possible remediation strategies.
3. 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 performance and avoid attaining a No Credit evaluation, and additionally to support the Clinical Educator. These discussions can occur at any time during the placement, particularly if either Credit with Reservation or No Credit are a potential.

Students are encouraged, and have 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 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.

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.

No Credit/Failing a 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.

Students are allowed a maximum of one No Credit (or failed) placement during their MPT program of study. A student may receive a No Credit assessment due to:

- Withdrawal of the student for whatever reason
- Non-attendance
- Receiving two Credit with Reservation assessments
- If the student is unable to meet the stated objectives of the placement (objectives are developed by the Clinical Site and/or by the Department of Physical Therapy and will be appropriate for the level of the student)

Each of PHTH 534, 554 & 574 consist of two placements, both of which must be successfully completed in order to pass each course and proceed through the program. Students who receive No Credit for a placement will be allowed a maximum of one remedial placement (which counts as one Alternative Assessment, or AA). In these cases, students will be required to complete an additional placement in the same clinical practice area at the same level of complexity of practice as the failed placement. If the AA is failed, this will equate to failing the associated course.

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 subsequent clinical placements. This may result in delayed graduation.

The remedial placement will not take place with the same clinical supervisors or in the same clinical facility as the failed placement. Details about previous clinical performance will be shared with the Clinical Site Coordinator, and the Clinical Educator who are required to treat the information as confidential. The information that will be shared is determined in consultation with the student and serves to ensure sufficient resources to facilitate an optimal learning experience for the student. This is likely to include for example, any information relevant to potential patient safety concerns, enabling the site to fulfil their professional obligations to ensure safety at the site.

The student will be asked to provide learning goals for the placement in advance, which will be reviewed together with the AHCE or designate to ensure they target identified areas of concern. An individualized learning plan will be developed to maximize chances of success on the remedial placement. The student will review the learning goals with the clinical placement site at the beginning of the remedial placement.

During the placement, regular meetings with the student and the AHCE or designate (minimum of weekly) will be used to review learning goals, the learning plan and performance to date and any other concerns. Regular meetings with the AHCE or designate and the Clinical Educator may also occur to support both the student and the Clinical Educator.
**Evaluation of the remedial placement will be a Pass or Fail grade only.**

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.

**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).

**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.

**Student Appeal Process**

Any student who fails a clinical placement fails the course and has the right to appeal. The appeal process will follow the standard MPT Program appeal process as outlined in the MPT Student Handbook, which can be found on the Canvas site as well as the [website](http://example.com).
SECTION 7: Clinical Site Guidelines

Clinical Education Site Procedures

The below subsections describe the requirements that will need to be in place before a Clinical Site is able to host UBC MPT students, the responsibilities of the site in coordinating and supervising students, and provides some guidance to Clinical Educators.

Affiliation Agreement

UBC MPT students can be placed:

1. In British Columbia to a clinical site with a signed Student Placement Agreement with UBC.
2. Outside of BC at sites participating in a Canadian academic program.
3. At international sites (approved by the AHCE) that have a formal affiliation with UBC.

Clinical sites with interest in providing clinical education experience opportunities to MPT students are required to first have a signed Student Placement Agreement in place between UBC and the site/health authority.

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.

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 is responsible for the following:

- 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 specific Calls 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, parking information, directions and any other information which will assist the student on the first day of the placement.
- Establishes an orientation procedure for students. See Orientation Guidelines for Physical Therapy Clinical Placements (NACEP).
- 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, particularly if there is a potential for failure.

In accordance with the Freedom of Information and Protection of Privacy Act, the evaluation form completed by the Clinical Educator 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 an environment which promotes the development of knowledge, skills, attitudes and judgment which represent the scope of entry level...
physical therapy practice. 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 is responsible for the following:

- Sets expectations, 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, provides regular feedback and opportunities for informal discussion, guided clinical reasoning and problem solving.
- Demonstrates and discusses procedures with the student.
- Observes student practice.
- Provides ongoing guidance, constructive feedback and support as necessary to facilitate student progression.
- Reviews the student’s documentation and co-signs all notes.
- Completes formal mid-term and final student placement evaluations (ACP online evaluation forms) and discusses results with students honestly and in a 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).
- Advises the Centre Clinical Coordinator (or delegate) as soon as student difficulties become evident or to clarify procedures related to clinical experience.

The Clinical Educator can at any time contact the AHCE (angelina.woof@ubc.ca) 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.

Many websites offer excellent resources for Clinical Educators, for example: UBC DPT’s Clinical Educator Professional Development page (here), www.preceptor.ca (students review much of the information on this website prior to commencing placements) or www.practiceeducation.ca

Clinical Educator Awards and Recognition

The Department recognizes the contribution of Clinical Educators as an important component of the MPT program with awards described below. Clinical Educators may also able to apply for UBC Clinical Faculty membership, which comes with various benefits.

Clinical Educator Award

The annual Clinical Education Award is designed to recognize excellence by clinicians in the education, supervision and 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 to be considered for the award in spring of the same year. Students can find a link to the nomination form on Canvas. Nominations are reviewed by a sub-committee of PACE and CACE Committee members.

A nomination must demonstrate excellence in one or more of the following:

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

All nominees will receive a certificate of nomination and a letter of congratulations.
Up to three winners will be selected from the nominations, one for each placement (or learning) level. 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). When possible, the award is presented to the winners at the annual Physiotherapy Forum Gala.

**Lifetime Contribution to Clinical Education Award**

The UBC Department of Physical Therapy Award for Lifetime Contribution to Clinical Education recognizes a Clinical Faculty member for significant contributions made throughout their career to Clinical Education through teaching of MPT students on clinical placements, in the classroom, and/or in the community.

Current and former students, colleagues, UBC staff and faculty can nominate a clinical educator by submitting a nomination package to pt.educators@ubc.ca. Nominations should be submitted before the end of February and will be reviewed by the end of March on an annual basis.

Additional information regarding the eligibility and nomination process can be found on the [award website](#).
APPENDICES

APPENDIX 1: 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 complete in full, signed, dated and witnessed before participation in the Facility Experience can begin.*

**This form must be submitted into the respective Canvas assignment**
APPENDIX 2: International Student Placements Waiver

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._

<table>
<thead>
<tr>
<th>Date</th>
<th>Participant (Print Name)</th>
<th>Witness (Print Name)</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Participant (Signature)</th>
<th>Witness (Signature)</th>
</tr>
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<tbody>
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</tbody>
</table>

This form must be completed in full, signed, dated and witnessed before participation in the Facility Experience can begin.
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 each placement level (Levels 1, 2, and 3).

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>
</tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Test ligamentous stability of peripheral joints</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Utilize special tests for assessing localized pathologies</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Assess gait (walking and running)</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Assess posture</td>
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<tr>
<td>1</td>
<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>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Grade muscle strength</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Test tendon reflexes</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Test sensory function</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Assess ADL</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Assess need for standard ambulation aids</td>
</tr>
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</table>

<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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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>NEUROLOGY (ADULT AND PEDIATRICS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Assess sensation and vision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>CARDIOVASCULAR</th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Evaluate stress test results</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Electrocardiogram monitors</td>
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</tbody>
</table>

<p>| LEVEL 1: THERAPEUTIC PROCEDURES AND MODALITIES |</p>
<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>GENERAL AND MUSCULOSKELETAL</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Movement re-education, including transfers and mobility</td>
</tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Exercise to develop muscle strength, endurance and power</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Exercise to improve balance and posture</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Basic therapeutic and sports taping techniques</td>
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<tr>
<td>1</td>
<td>1</td>
<td>PNF</td>
</tr>
<tr>
<td>1</td>
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<td>Massage</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>Wall equipment - flowmeters, humidifiers, masks and tubing</td>
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<tr>
<td>1</td>
<td>1</td>
<td>Oximetry</td>
</tr>
<tr>
<td>1</td>
<td>No</td>
<td>Nebulizers</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Mechanical vibrator and percussor</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Incentive inspirometry</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Breathing exercises to aid with ventilation, relaxation and shortness of breath</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Assist coughing (one person), huffing and forced expiratory techniques</td>
</tr>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>RESPIROLOGY (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Inspiratory muscle training via IMT devices</td>
</tr>
<tr>
<td>Theory</td>
<td>Practical</td>
<td>Activity</td>
</tr>
<tr>
<td>--------</td>
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</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Resisted exercise to increase inspiratory muscle endurance</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Positions to improve ventilation-perfusion ratio</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Position for postural drainage</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Graded exercise program specific for pulmonary rehabilitation</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Flutter device PEP and vibrating PEP devices</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Active cycle breathing technique</td>
</tr>
<tr>
<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**

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>System</th>
<th>Description</th>
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<tbody>
<tr>
<td>2A</td>
<td>2A</td>
<td>GENERAL AND MUSCULOSKELETAL</td>
<td>Assess accessory joint movement of spinal and peripheral joints</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>GENERAL AND MUSCULOSKELETAL</td>
<td>Assess passive stability of spinal joints</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>RESPIROLOGY</td>
<td>Assess cardiovascular status</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>RESPIROLOGY</td>
<td>Assess arterial status</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>RESPIROLOGY</td>
<td>Assess venous status</td>
</tr>
<tr>
<td>2A</td>
<td>No</td>
<td>RESPIROLOGY</td>
<td>Assess lymphatic status</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>NEUROLOGY (ADULT AND PEDIATRICS)</td>
<td>Assess level of consciousness</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>NEUROLOGY (ADULT AND PEDIATRICS)</td>
<td>Assess functional communication skills</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>NEUROLOGY (ADULT AND PEDIATRICS)</td>
<td>Assess level of cognitive function</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>NEUROLOGY (ADULT AND PEDIATRICS)</td>
<td>Assess cranial nerve function</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>NEUROLOGY (ADULT AND PEDIATRICS)</td>
<td>Assess muscle tone</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>NEUROLOGY (ADULT AND PEDIATRICS)</td>
<td>Test fine, gross, and perceptual motor skills and coordination</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>NEUROLOGY (ADULT AND PEDIATRICS)</td>
<td>Assess need for and/or monitors casts/splints</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>NEUROLOGY (ADULT AND PEDIATRICS)</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>NEUROLOGY (ADULT AND PEDIATRICS)</td>
<td>Assess neurodevelopmental status (pediatrics only)</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>NEUROLOGY (ADULT AND PEDIATRICS)</td>
<td>Utilize a problem-solving approach to differentially assess contributors to movement dysfunction</td>
</tr>
<tr>
<td>2A</td>
<td>2A</td>
<td>NEUROLOGY (ADULT AND PEDIATRICS)</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**

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

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>GENERAL AND MUSCULOSKELETAL</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>

<table>
<thead>
<tr>
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<th>RESPIROLOGY</th>
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<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>
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<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>
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<tr>
<td>3B</td>
<td>3B</td>
<td>Proning a mechanically ventilated patient</td>
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<table>
<thead>
<tr>
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<th>NEUROLOGY</th>
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<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>
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<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>

<table>
<thead>
<tr>
<th>Theory</th>
<th>Practical</th>
<th>OTHER</th>
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</thead>
<tbody>
<tr>
<td>3B</td>
<td>No</td>
<td>Establishes therapeutic program for burn patients</td>
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</table>
APPENDIX 4: Student Health & Safety Orientation Checklist

Physical Therapy Student Health & Safety Orientation Checklist

<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 submitted into the respective Canvas assignment within 48 hours of arrival at 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 Services 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_Advance_Event_Reporting.pdf](http://www.hspcanada.net/docs/peg/3_3_Advance_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](#).
- 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/hflye97.stm](http://www.healthlinkbc.ca/healthfiles/hflye97.stm).
- 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>Clinical Educator Name (print)</th>
<th>Clinical Educator signature</th>
<th>Clinical Educator email</th>
</tr>
</thead>
</table>

Student signature

Date

W:\CLINICAL EDUCATION\WorkSafeBC\PT Student Health & Safety Orientation Checklist (Mar 2021)
Appendix 5: Interprofessional Competencies Reflections: Guiding Questions (2014)

The following questions are designed to highlight and clarify the interprofessional competencies for providers and students. It is recommended that these questions be used to guide reflections about the interprofessional competency identified as a learning objective for the 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.
   - What is the current staff mix at this clinic?
   - What are the unique knowledge/skills that the different providers bring to the table?
   - Are providers culturally sensitive toward each other?
   - Do providers use discipline-specific jargon?
   - What are the provider functions in MH service delivery? Differences/similarities?
   - What therapeutic approaches are being used?
   - Which providers engage in case management?
   - What are the treatment values and priorities that different providers bring to patient care?
   - Is there role blurring and/or role ambiguity between the providers based on these functions?
   - What are the implications of the staff mix and the role distribution for the clients?
   - 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.
   - What are the circumstances in the team in which conflict is more likely to arise?
   - Have I tried to analyze why and how a disagreement has developed?
   - How can an issue be resolved given that different philosophies/goals may exist between providers?
   - What is my personal conflict resolution style? How does it compare to that of others?
   - Have I considered the right time and place to address the issues?
   - 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.
   - Am I aware of my own and other’s emotions in my interactions with others?
   - Do we encourage emerging leadership roles for different team members?
   - Are all members of the team equally engaged in team performance?
   - Do I purposefully engage others in decision-making?
   - Do I set positive examples for leadership within our team?
   - 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.
   - Is client information shared across the continuum of care among relevant providers?
   - Does the team provide equitable access for clients in need of its services?
The following questions are from Queen’s University Office of Interprofessional 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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1 Adapted from: Siegrid Deutschlander and Esther Suter, Alberta Health Services; www.ICPLE.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?
## APPENDIX 6: Student Marking Rubric of Interprofessional Reflection (ICERS)

### Site:

### Placement Dates/Level:

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

Advancing Teamwork in Health Care:

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)
### APPENDIX 7: Rural B.C. Designations

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

<table>
<thead>
<tr>
<th>Rural Community</th>
<th>Designation</th>
<th>Code</th>
<th>Designation</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>100 Mile House</td>
<td>Agassiz/Harrison</td>
<td>Ahousat</td>
<td>Alert Bay</td>
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</tr>
<tr>
<td>Alexis Creek</td>
<td>Anahim Lake</td>
<td>Armstrong/Spallumcheen</td>
<td>Ashcroft/Cache Creek</td>
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<td>Atlin</td>
<td>Balfour</td>
<td>Bamfield</td>
<td>Barriere</td>
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<tr>
<td>Bella Bella/Waglisla</td>
<td>Bella Coola</td>
<td>Big White</td>
<td>Blind Bay</td>
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</tr>
<tr>
<td>Blue River</td>
<td>Blueberry River</td>
<td>Bowen Island</td>
<td>Bridge Lake</td>
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<tr>
<td>Burns Lake</td>
<td>Campbell River</td>
<td>Canal Flats</td>
<td>Canoe Creek</td>
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<td>Chase/Scotch Creek</td>
<td>Chemainus</td>
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<td>Cortes Island</td>
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<td>Halfway River</td>
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<td>Prince George</td>
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<td>Ts’il Kaz Koh (Burns Lake Band)</td>
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<td>Wardner</td>
<td>Wasa</td>
<td>Wet’suwet’en (Broman Lake)</td>
<td>Whistler</td>
<td></td>
</tr>
<tr>
<td>Williams Lake</td>
<td>Winlaw</td>
<td>Woss</td>
<td>Woyenne (Lake Babine)</td>
<td></td>
</tr>
<tr>
<td>Zeballos</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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*Rural Practice Subsidiary Agreement
From document: RSA Communities - A, B, C, D Designation (Effective April 1, 2015)