



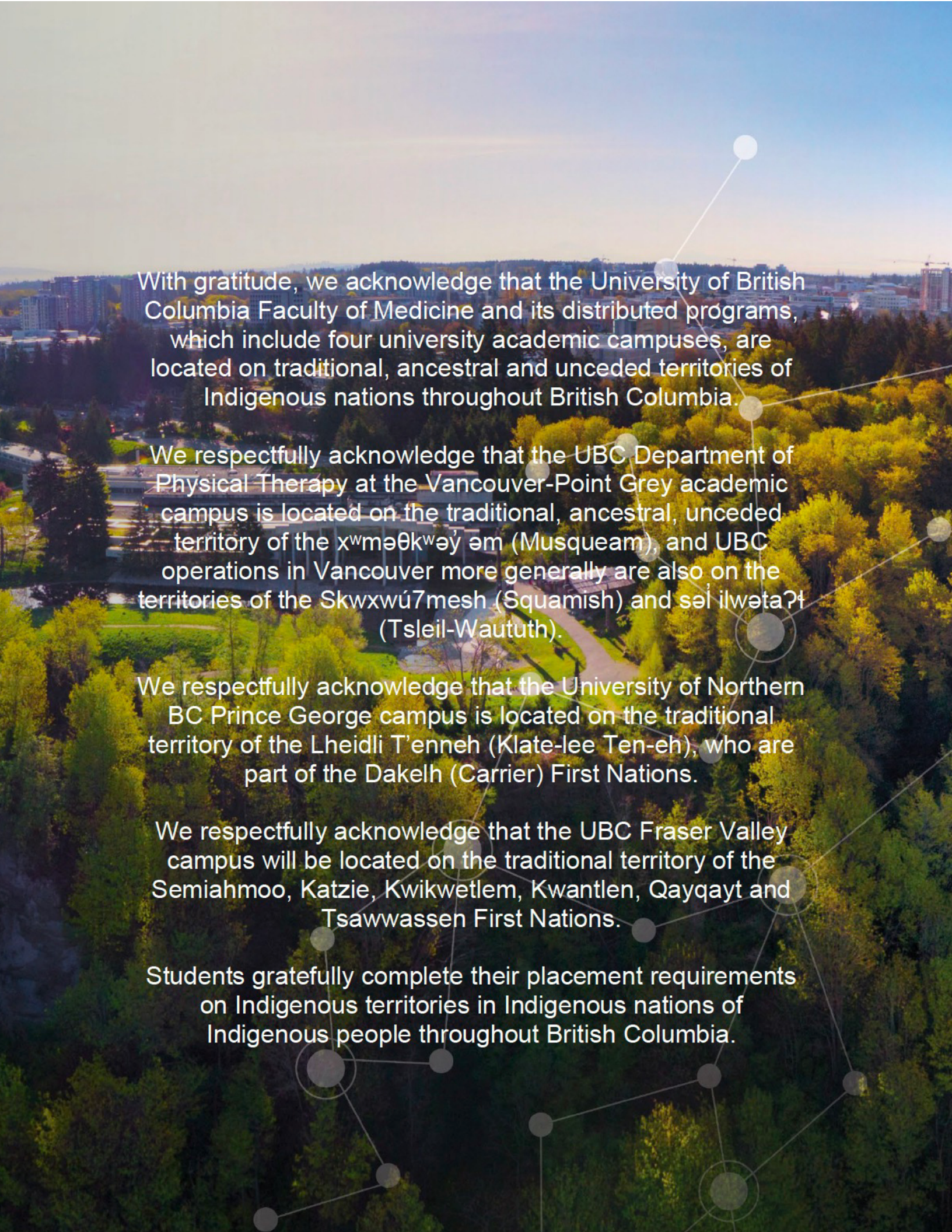
THE UNIVERSITY OF BRITISH COLUMBIA

Department of Physical Therapy  
Faculty of Medicine

# CLINICAL EDUCATION MANUAL

2024



An aerial photograph of a city, likely Vancouver, with a network of white lines and circular nodes overlaid on the image. The nodes are connected by thin white lines, creating a web-like pattern across the scene. The background shows a mix of green trees and urban buildings under a clear sky.

With gratitude, we acknowledge that the University of British Columbia Faculty of Medicine and its distributed programs, which include four university academic campuses, are located on traditional, ancestral and unceded territories of Indigenous nations throughout British Columbia.

We respectfully acknowledge that the UBC Department of Physical Therapy at the Vancouver-Point Grey academic campus is located on the traditional, ancestral, unceded territory of the xʷməθkʷəy̓əm (Musqueam), and UBC operations in Vancouver more generally are also on the territories of the Skwxwú7mesh (Squamish) and səɪ ilwətaʔt (Tseil-Waututh).

We respectfully acknowledge that the University of Northern BC Prince George campus is located on the traditional territory of the Lheidli T'enneh (Klate-lee Ten-eh), who are part of the Dakelh (Carrier) First Nations.

We respectfully acknowledge that the UBC Fraser Valley campus will be located on the traditional territory of the Semiahmoo, Katzie, Kwikwetlem, Kwantlen, Qayqayt and Tsawwassen First Nations.

Students gratefully complete their placement requirements on Indigenous territories in Indigenous nations of Indigenous people throughout British Columbia.



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## Clinical Education Contacts

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## Definition of Terms

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### Professional Head/Practice Leader

Individuals employed by a Clinical Site who are responsible for administering or coordinating 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 and is also known as a Clinical Instructor or preceptor.

### Clinical Placement

A period in which a student is scheduled for a shadow or full-time clinical practice education experience before graduation. It can also be called Practice Education or clinical fieldwork.

## Abbreviations

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<b>AA</b>	Alternate Assessment	<b>MPT-FV</b>	Fraser Valley cohort
<b>ACP</b>	Assessment of Clinical Performance	<b>MPT-N</b>	Northern cohort
<b>ACU</b>	Acute	<b>MPT-V</b>	Vancouver cohort
<b>AHCE</b>	Associate Head, Clinical Education	<b>OOP</b>	Out-of-Province
<b>CDM</b>	Chronic Disease Management	<b>OOT</b>	Out-of-Town
<b>CfA</b>	Centre for Accessibility	<b>OP</b>	Outpatient
<b>CH</b>	Community Health	<b>PT</b>	Physical Therapy
<b>CPA</b>	Canadian Physiotherapy Association	<b>PAPR</b>	Powered Air Purifying Respirator
<b>CPTBC</b>	College of Physical Therapists of BC	<b>RHB</b>	Rehabilitation
<b>DCSL</b>	Distributed Clinical Site Lead	<b>SPA</b>	Student Placement Agreement
<b>FoM</b>	Faculty of Medicine	<b>SPECO</b>	Student Practice Education Core Orientation
<b>G+PS</b>	Faculty of Graduate and Postdoctoral Studies	<b>SECP</b>	Student Evaluation of the Clinical Placement
<b>MPT</b>	Master of Physical Therapy	<b>UBC</b>	The University of British Columbia

# Introduction to Clinical Education

The Physical Therapy Clinical Education Manual outlines the policies and procedures relevant to Clinical Education in the UBC Master of Physical Therapy (MPT) program. Departmental Committees that include Faculty, instructors, clinicians, and students inform the development and revision of Clinical Education policies and procedures.

The policies and procedures described in this manual do not supersede University, Faculty of Graduate and Postdoctoral Studies, or Faculty of Medicine (FoM) policies or procedures. Students are responsible for becoming informed about Faculty of Graduate Studies and FoM policies and regulations. While every effort has been made to ensure the completeness and accuracy of the content of the Clinical Education Manual, the Department and the University reserve the right to change academic policies without prior notice and be applied to currently enrolled students.

## The UBC Department of Physical Therapy

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The Department of Physical Therapy advances health and knowledge through outstanding teaching, learning and research. The Department provides education through rigorous scholarly activity, high standards of instruction, creative learning opportunities, and a solid theoretical foundation that supports the profession's current and future practice. More information about the Department's vision, mission, and priorities can be found in the [Department's Strategic Plan](#).

## The Master of Physical Therapy Program

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The MPT program is the only PT entry-to-practice program in British Columbia. The MPT program is distributed, enabling to study at the UBC campus in Vancouver or the Fraser Valley and at the University of Northern British Columbia (UNBC) campus in Prince George. The Vancouver cohort (MPT-V) is comprised of 80 students, and the Fraser Valley (MPT-FV) and Northern (MPT-N) cohorts are comprised of 20 students each.

The MPT curriculum uses an integrated, case-based approach taught by the Department's award-winning academic Faculty and a community of Clinical Educators. The MPT program is 26 months, and the primary areas of study are basic sciences, clinical decision making, clinical practice, exercise and movement sciences, and rehabilitation research.

The MPT program has been fully accredited by Physiotherapy Education Accreditation Canada for six years, with a review scheduled for 2025.

## Clinical Education

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Clinical Education is a significant and critical component of the MPT curriculum that facilitates students' successful transition into the role of a competent health professional. The Clinical Education curriculum is regularly revised to ensure that the program remains current, with rigorous scholarly activity, high standards of instruction and creative learning opportunities incorporated whenever possible. A solid theoretical foundation and commitment to excellence in Clinical Education supports the current and future practice of the profession and is maintained through the curriculum review process.

## Placements

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The Clinical Education program supports students to gain diverse learning experiences by completing placements at different sites and in a broad set of clinical areas. During placements, Clinical Educators provide learning experiences that enable students to practice, consolidate, and integrate the knowledge and skills taught in the academic setting into the clinical environment. They also offer opportunities for students to develop clinical reasoning, critical thinking, communication, and professional competencies.

## Shadow Placements

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Students are introduced to the clinical setting during full-day shadow placements during the MPT program's first and second academic blocks. Each student shadows a practicing clinician in a clinical setting for two full days before their first clinical placement, once during Block A and once during Block B.

Shadow placements enable students to gain familiarity with the practice environment and integrate knowledge and basic professional and clinical skills into a clinical setting. The hours of experience gained on the shadow placements do not count toward the program requirements for clinical placement hours.

## **Clinical Placements**

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The 2023-2025 cohort will be the first cohort to shift to a placement model of five placements (rather than the previous model of six placements) across the program. This cohort and beyond will complete 1,050 clinical placement hours as part of five full-time clinical placements. Two will be five weeks in length, and three will be six weeks in length. These 1,050 clinical hours are intended to meet the 1,025 hours required for graduation by the national standards set out by the [Canadian Council of Physiotherapy University Programs](#), while providing a small (25 hour) buffer.

Clinical Educators supervise and assess students during a five-week or six-week full-time clinical placement. Assessment is completed informally through regular discussions with the student and formally using the Canadian Physiotherapy Assessment of Clinical Performance (ACP).

Students complete 1,050 clinical placement hours as part of the following courses:

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

# Clinical Education Academic Requirements

Students are not only required to meet the Clinical Education academic requirements for clinical placements but also the requirements for PHTH 534, 554, and 574. The requirements for each of the courses are in the Course Outlines.

## Clinical Placement Learning Expectations

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The basic expectations for student performance on clinical placements are included below. These expectations may form the basis of learning objectives set for placement, with details and specifics added, they may also be used as a general guide for facilitating learning experiences appropriate to the student's level, and they may also be helpful during student evaluation.

Clinical placements also allow students to observe or experience interprofessional collaboration in practice and reflect on its contribution to client-centred care. The Canadian Interprofessional Health Collaborative developed *A National Interprofessional Competency Framework* that identifies six related competencies that acknowledge the complex integration of knowledge, skills, attitudes, values, and judgments that enable interprofessional collaboration and guide the effective performance of activities required in each occupation in various contexts. More information about the *Framework* and the six competencies can be found [here](#).

The degree to which interprofessional collaboration occurs within a clinical setting varies between placements. Students should be able to build collaborative practice competencies during placements and better understand the barriers and facilitators to collaborative practice. Clinical Educators can contact the Clinical Education team for ideas of activities that may offer collaborative practice competency learning.

## Placement Levels and Learning Expectations

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**At all placement levels, students are expected to:**

- Adhere to CPTBC standards of practice and an ethical code of conduct
- Always demonstrate professional behaviour, including reliability and responsibility
- Learn new skills and obtain knowledge related to issues and conditions not yet covered in the academic curriculum
- Act as self-directed learners 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 in the program and applying it in the clinical setting, which includes:

- Becoming comfortable in a clinical setting
- Demonstrating the ability to work as an interprofessional team member
- Practicing effective communication skills with patients, clients, residents, their families, and other team members
- Participating in assessment and treatment/discharge planning for selected clients
- Practicing the clinical skills learned in blocks A & B of the MPT Program (see [Appendix 1](#)).
- Completing basic documentation and statistics according to facility requirements
- Learning 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, including:

- Appreciating different roles PTs play in different health care environments and why these may occur
- Participating as an interprofessional team member
- Communicating effectively with patients/clients/residents (including those with cognitive difficulties), their families, and other team members
- Analyzing and interpreting clinical findings and formulating a treatment plan for selected clients, including determining appropriate and functional client-centred goals
- Selecting and applying appropriate clinical skills learned in the MPT Program to clients in different clinical settings (see [Appendix 1](#))
- Modifying the treatment plan based on interpretation of findings from their ongoing assessment
- Suggesting a discharge plan for selected clients
- Working effectively with support personnel
- Completing documentation in a timely manner

**Level 3 expectations** include synthesizing and integrating knowledge and skills acquired in the MPT Program, including previous clinical placements. Students are expected to:

- Evaluate/critique a PT's roles in different health care environments and make recommendations for alternate roles.
- Play a leadership role in an interprofessional team
- Communicate effectively with patients/clients/residents (including those with cognitive difficulties), their families, and other team members, including in situations involving conflict or negotiation
- Assess the client and design an appropriate treatment plan, including the appropriate, functional client-centred goals
- Evaluate the pros and cons of a range of possible physiotherapeutic treatment options for the client and provide a rationale for a chosen treatment
- Apply clinical skills learned in the MPT Program promptly and effectively to selected clients
- Evaluate the effectiveness of selected treatment strategies and revise the treatment plan accordingly
- Develop a comprehensive discharge plan for clients
- Refer clients appropriately to other healthcare team members
- Complete reports for third-party payers (as required)
- Assign tasks to support personnel and provide appropriate supervision
- Participate in service quality improvement initiatives
- 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)



## Placement Categories

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Placement categories are meant to represent a broad range of clinical areas. Many Clinical Sites will provide services across multiple clinical areas or categories. The placement categories are intended to foster diversity in student learning and be used only for educational purposes.

Placements that meet more than one placement category may be labelled with multiple categories. Categories may be adjusted in consultation with the Associate Head, Clinical Education (AHCE) or a Distributed Clinical Site Lead (DCSL) based on the experience gained during the placement.

Placement category titles are currently being updated for the 2023-2025 cohort to align with the labelling used by the national curriculum standards. The two presently overlapping cohorts will use different titles for categories (though the clinical learning remains the same).

For an outline of placement categories for the 2022-2024 MPT Cohort, see [Appendix 2](#)

For an outline of placement categories for the 2023-2025 MPT Cohort, see [Appendix 3](#)

## Clinical Hours

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MPT students are required to complete 1025 hours of supervised clinical education with a minimum of 100 clinical hours focused on applying clinical reasoning in each of the following areas: musculoskeletal, neurological, and cardiorespiratory. Students may acquire these hours during any placement Level and across all placement categories.

Clinical hours are tracked using the demographic page of the final ACP assessment submitted by Clinical Educators. Any time lost due to student absences should be recorded on the student's ACP evaluation by the Clinical Educator. For more information on student absences during placements, see the section on [Student Time Off](#).

**Students are required to complete 1025 hours of clinical education with a minimum of 100 clinical hours focused on applying clinical reasoning in the following areas: musculoskeletal, neurological, and cardiorespiratory**

## Geographical Requirements

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**MPT-V** students are required to complete a minimum of two placements outside of Metro Vancouver (formerly the Lower Mainland). See [Appendix 4](#) for a list of Out of Town (OOT) locations and communities that are not considered OOT.

**MPT-N 2022-2024 Cohort** students are required to complete a minimum of four placements in the Northern Health Region, Yukon or in rural communities in BC. See [Appendix 5](#) for a listing of all BC Rural Communities in the Rural Practice Subsidiary Agreement.

**MPT-FV 2022-2024 Cohort** students are required to complete a minimum of four placements in the Fraser Health Region. See [Appendix 6](#) for a list of communities located in the Fraser Health region.

**MPT-N 2023-2025 Cohort** students are required to complete a minimum of three placements in the Northern Health Region, Yukon or in rural communities in BC. See [Appendix 5](#) for a listing of all BC Rural Communities in the Rural Practice Subsidiary Agreement. The exact number of placements constituting a majority within the new 5-placement model will be determined and communicated to students in the Fall term.

**MPT-FV 2023-2025 Cohort** students are required to complete a minimum of three placements in the Fraser Health Region. See [Appendix 6](#) for a list of communities located in the Fraser Health region. The exact number of placements constituting a majority within the new 5-placement model will be determined and communicated to students in the Fall term.

## Placement Limitations

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No more than two placements 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 the placement category.

No more than two placements may be completed with a pediatric population regardless of category. These placements can be in a public or private setting.

No more than two placements may be completed outside of the UBC MPT catchment area (BC or Yukon) regardless of category. These placements can be in a public or private setting.

Students are not required to complete private practice, pediatric, out-of-province, or international placements.

## Placement Preparation

### Disability-Related Accommodations

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Centre for Accessibility (CfA) facilitates disability-related accommodations and programming initiatives designed to remove barriers for students with disabilities and ongoing medical conditions in all aspects of university life, including clinical placements. Students who may require placement accommodations are responsible for contacting CfA as soon as possible to ensure sufficient time to review the request and coordinate any necessary arrangements.

Not all sites can provide all accommodations, and changes in placement sites and/or placement dates may be required to meet individual student needs.

Students experiencing temporary health issues are not eligible for accommodations; however, they can request a concession following the processes set out in the [UBC Academic Calendar](#).

### Conflict of Interest

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Students must inform the clinical education team of placement sites where a conflict of interest (COI) may occur. A potential COI may arise during placement selection or during placement. Examples include of a potential COI include: 1. a close friend or relative would be responsible for a student's clinical education instruction and/or assessment; 2. a student has worked directly with the PT service and/or personnel as a volunteer or an employee; 3. a student has been a client at the clinical or of the personnel at the site; 4. a close friend or relative works at or is a patient at the clinical site; 5. the student has signed an employment contract with the clinical site or organization.

**The final ACP assessment must be completed before any commitment or offer of employment at a clinical placement site or within its organization is made with an MPT student.**

### MPT Program Academic Requirements

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Students are required to successfully complete all academic work, including exams, before placement. Failure to successfully complete academic work on time could result in the cancellation of the placement and delayed graduation.

**Students who have not successfully completed all academic work will not be permitted to attend placements until successful completion.**

## Pre-Placement Requirements

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Pre-placement requirements help prepare students for placements and are mandated by UBC, [BC Student Practice Education](#), and Clinical Sites. Pre-placement requirements are described in the subsections below.

Students are responsible for submitting all pre-placement requirements to the Department via Canvas and to the Clinical Site when required. Files must be uploaded to Canvas as PDF or JPEG using the following file naming convention:

StudentLastName\_StudentFirstName\_DocumentTitleYYMMDD

Students will be asked to correct any documents that are not submitted correctly.

**Incomplete or expired pre-placement requirements may result in cancellation or removal from placement and/or failure of the associated course (PHTH 534, 554, or 574).**

### First Aid/CPR

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A current, valid Standard First Aid and CPR Level C certificate are required for the duration of the MPT program. Students are required to show proof of completion and evidence of re-certification if the certificate expires before graduation. Temporary cards will not be accepted.

Emergency First Aid and CPR “A” do not meet the minimum requirement.

### Respiratory Mask Fit Testing

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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 acute respiratory infections to protect against airborne respiratory infectious agents such as tuberculosis, SARS, measles, COVID-19, etc.

Students must maintain an up-to-date fit test to be permitted into any Clinical Site. The first fit test is due on September 30 of the student’s first year of the MPT program; annual fit tests are required for the duration of the program.

Respiratory masks must be individually fit by a trained and certified fit test provider. Many service providers throughout the province provide fit testing for a fee. The results of a fit test will include information on the type and size of the mask to use. It is the student’s responsibility to ensure the respiratory mask they are fit for has been approved in Canada and to pay any associated fees.

Note: Respiratory masks approved in Canada will have a TC-84A-#####n number stamped on the mask or be marked as meeting the CSA Z94.4.1, GB 2626-2019, KMOEL–2017-64 or EN 149-2001 standards.

**Students must have proof of an up-to-date fit test to be permitted into Clinical Sites.**

### Fit Test Exemptions

Students who have a religious exemption for fit testing can submit a request to borrow a Powered Air Purifying Respirator (PAPR) for placements that require the use of an N95 by contacting [pt.placement@ubc.ca](mailto:pt.placement@ubc.ca).

It is the student’s responsibility to contact the Clinical Education team as soon as possible to coordinate required training and ensure device availability.

Students who do not have a religious exemption, and would like to purchase a PAPR personally, can contact [pt.placement@ubc.ca](mailto:pt.placement@ubc.ca) and Nick Steel, Health and Safety Advisor ([nick.steel@ubc.ca](mailto:nick.steel@ubc.ca)).

## College of Physical Therapists of BC Registration

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Students are required to register as student members of the *College of Physical Therapists of BC* (CPTBC) before starting the MPT program. A Criminal Records Check is part of the CPTBC registration process. CPTBC student registrations expire on October 31<sup>st</sup> of the year a student is expected to graduate. Students who require additional time to complete the MPT program must contact CPTBC to extend their student registration.

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

## Immunizations

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Information regarding mandatory immunizations is included in the MPT program acceptance packages. MPT students must complete mandatory health status and immunization reviews with their respective campus' Student Health Services before any exposure to a clinical setting, which occurs in November of the student's first year.

MPT-V and MPT-FV students should contact [student.health@ubc.ca](mailto:student.health@ubc.ca).  
MPT-N should contact UNBC Health Services at 250-960-6370.

**Students are required to complete the Student Health Services immunization review.  
before being permitted into a clinical setting.**

## Flu Vaccination

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 requires students and clinicians to either receive the yearly influenza vaccination (the preferred option) or wear a medical mask during flu season, as declared by the Provincial Health Officer (PHO), in all patient care locations. The flu season may vary with seasonal epidemiology and novel strains of influenza.

All students must participate in this patient safety initiative to protect vulnerable patients from potentially fatal influenza infections. Health care workers (including students on placement) can unknowingly become infected and spread influenza to patients, co-workers, and/or family members for 24 hours before the first symptoms are apparent.

In addition to submitting an assignment on Canvas, all students must have documentation of yearly immunization status available during clinical placements during flu season. Individuals required to wear a medical mask will be responsible for maintaining their mask in good condition per the Health Authority's protocols.

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. Dates and locations of free flu clinics are posted in the last two weeks of October [here](#).
- MPT-N students can access flu vaccine clinics at UNBC that are run by Employee Health. Watch for notices or see the [UNBC Medical Clinic site](#).
- Family doctors and community pharmacists provide the vaccine, usually beginning in mid-October or November.

## COVID Vaccination

The *Student Practice Education Guidelines for Healthcare Settings During the COVID-19 Pandemic* require all students and faculty participating in clinical placements in a healthcare organization to meet all [PHO orders and notices](#), along with any other specific Ministry of Health guidance relevant to their profession and clinical care setting.

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## Student Practice Education Core Orientation (SPECO)

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Students are required to complete the SPECO Preparation Checklist by **September 30th** and ensure all items are completed and updated as indicated. The SPECO Preparation Checklist, which includes renewal periods, can be accessed [here](#).

**SPECO Curriculum** is completed on LearningHub. The [Quick Reference Guide](#) can assist with account setup. The SPECO curriculum can be accessed once your LearningHub account is set up by clicking the work “SPECO” in section two of the SPECO checklist.

**Provincial Violence Prevention Curriculum** consists of eight e-learning modules in the SPECO curriculum and a full-day classroom training. The Department will coordinate classroom training.

### Health Authority Confidentiality Training or Agreements

Students are required to complete confidentiality training and/or agreements for each of the seven Health Authorities by September 30th of their first year of the MPT program. These are available in section three of the SPECO checklist.

## Hazardous Drug Safety

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Students are required to complete two additional LearningHub modules not included in the SPECO Curriculum, entitled Awareness and Safety for Staff Who Provide Care. These modules are due by September 30<sup>th</sup> of the first year of the MPT program.

## Health Organization and Site-Specific Requirements

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Students must complete site-specific requirements, including e-learning for clinical systems, at least one week before each clinical placement. These requirements are specific to each clinical placement and cannot be completed before placement confirmation.

## Placement Waivers

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In some cases students may be required to complete waivers as a pre-placement requirement (for example when going on placement internationally, or in a location that is considered by UBC to be high-risk. If required, the Clinical Education administrative team will alert students and provide the necessary documents.

## Health and Safety Forms

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WorkSafeBC requires students to complete the *PT Student Health & Safety Orientation Checklist* (see [Appendix 9](#)) 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. The student will ask Clinical Educators to sign the form to confirm that they received orientation. Preceptors must sign to acknowledge completion of site-specific health and safety orientation. Students must submit the documents on Canvas. For more information, see [WorkSafeBC Coverage](#).

## Placement Coordination

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Placements are coordinated by the Clinical Education program in conjunction with Clinical Sites using the online [Health Sciences Placement Network](#) (HSPnet), a comprehensive Practice Education Management System.

## Preference Selection

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Students will have an opportunity view available placements and indicate preferences for up to five placement offers in HSPnet. Selections should include placements from two or more placement categories. Students are encouraged to select placements that provide diverse learning experiences and are expected to consider their previous experiences when making preference selections.

Students will receive instruction on using HSPnet before preference selection and will be notified of each preference selection period in advance.

All students **must** choose 5 placement sites unless they have obtained an exemption from their Site Lead, Site Coordinator, or from the Associate Head of Clinical Education. Exemptions will generally only be granted to students who have limited placement site options in order to meet required placement hours in a particular practice area (e.g. acute), and if there are

not 5 placements available to meet those requirements hours. Students who submit fewer than 5 choices without having received an exemption will be unmatched from first round selection, and will have to re-enter their choices from the remaining round 2 selection options.

The following tools are available to students during preference selection:

**Show Classmate Statistics:** This feature in HSPnet shows the number of classmates who saved the same placement offer to their top five preferences and the number with the placement in the same rank. Students may want to consider alternative choices if many classmates have selected the same offer. This will provide a higher chance of being placed at a preferred site.

**Clinical Site Profiles:** Students can view information submitted by the Clinical Site online.

## Placement Matching

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A computerized HSPnet algorithm matches students to placements based on preferences. The algorithm aims to match as many students as possible with one of their five preferences; however, some students may not be matched to one of their preferences.

The Clinical Education team reviews the automated matches and adjusts as necessary, considering students' disability-related accommodations and academic requirements.

Students will be notified by the Clinical Education team if they were matched to one of the top five preferences or if they will be participating in the second round of preference selection.

Students matched to one of their preferences will be able to view more information about their placement on HSPnet, including their Clinical Educator(s) name(s) and contact information and the site-specific pre-placement requirements.

Students who were not matched to one of their top five preferences will have an opportunity to input preferences during a second preference selection period. Another round of placement matching will follow this.

Students not matched to one of their top five preferences in the second selection round will be assigned an available placement.

**Students must NOT contact the site or book non-refundable travel or accommodation until they have received notice that ALL placements have been confirmed.**

## Placement Confirmation

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The Clinical Education team will notify students when all placements have been confirmed. Students can then book travel and accommodation for OOT placements and contact their placement site by sending an introductory letter.

Students are required to attend their confirmed placement during the specified dates. Changes are only possible in exceptional circumstances and must be made in consultation with the AHCE. Examples of extraordinary circumstances include compassionate leave, prolonged medical leave, and University or national/international level sports commitments.

**Preference selection is a privilege, not a right. Students are NOT guaranteed a placement at a preferred location and must be prepared to be placed anywhere in the province.**

## Unavoidable Placement Changes

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Sometimes a confirmed placement is cancelled by a Clinical Site or the Department. The AHCE or DCSL will attempt to facilitate the provision of a suitable alternative at the same facility. However, if this is not possible, it is the responsibility of the Clinical Education team to find an alternative placement. The student will be informed of the change as soon as possible.

## **Introductory Letter to Placement Site**

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Students must send an introductory letter to each Clinical Site at least four weeks before the start of their placement. Contact details are provided to the student upon confirmation of a placement. The letter summarizes their past clinical or other relevant experiences. It identifies personal strengths, areas for improvement, areas in which further expertise is required, and specific interests related to an individual placement. The information that should be included in the letter was reviewed in Block A during PHTH 517.

## **Travel and Accommodation**

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Students are responsible for arranging travel and housing required for clinical placements during the MPT program and for all associated costs. Students should expect to be required to travel between placement locations over a single weekend.

Some placements are eligible for travel stipends based on specific criteria. The policies and application forms will be made available to students prior to placement selection, or as soon as new funding becomes available.

Northern Health Authority offers excellent subsidized medical travel for patients and staff via [Northern Health Connections](#), and 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. Verification of your placement will be required, which can be requested by emailing [pt.placement@ubc.ca](mailto:pt.placement@ubc.ca) before travel.

## **Student Loan Eligibility During Placements**

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Many financial institutions exclude the time that students are on clinical placements from student loans. Funds may be available with an additional clarification that MPT students are enrolled and completing clinical placements as part of the MPT academic program. This is not an application for additional funding but a clarification that the student should be eligible for more weeks of student loan funding.

Students must apply for these additional funds when they know the associated costs of an OOT placement. The application form can be found on the MPT Program Canvas course, and the Clinical Education team ([pt.placement@ubc.ca](mailto:pt.placement@ubc.ca)) can assist with the portions of the application that require confirmation of eligibility.

### Primary Faculty Contacts

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Before each placement, students are assigned a primary Faculty contact within the Department. Their role is to provide support to the student, the site, and the Clinical Educator throughout the **duration of the placement**. Students will be informed of their primary Faculty contact and contact information before each placement and should share this information with their Clinical Educator.

Primary Faculty contacts are assigned based on the geographical location of the placement. Every effort is made to provide Clinical Educators with consistent Faculty contact with whom they can establish a long-standing relationship.

Clinical Educators can request the contact information for their primary Faculty contact by emailing [pt.placement@ubc.ca](mailto:pt.placement@ubc.ca).

### Professional Conduct

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The requirements for professional behaviour always apply in the Department, during classes or labs, during clinical visits or placements, 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 at any level of society
- A willingness to assist others in learning
- Recognition of one's limitations and active reflection upon personal practice and its impact on others
- Collaboration with other disciplines in a respectful and collegial manner
- Adherence to the confidentiality of information appropriate to the purposes and trust given

### Patient Privacy and Confidentiality

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Adherence to appropriate policies and procedures related to patient privacy and confidentiality is an essential element of professionalism and a graduation requirement for the MPT program. Violation of privacy/confidentiality policies and guidelines will be taken extremely seriously and result in disciplinary action.

Privacy policies and procedures are authored by the Canadian Government (e.g. PIPA and FIPA), the CPTBC, Health Authorities, UBC FoM, and others. The student must follow all privacy and confidentiality standards, policies, and legislation relevant to their clinical placement.

#### **When in a clinical setting, MPT students should be particularly aware of the following:**

- Patient names must never be used in an assignment, case study, or 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 academic purposes.
- The 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).
- The information which identifies a patient must not be stored on laptops or other portable electronic devices.



- All policies and guidelines regarding storing information in electronic format must be followed. Passwords must never be shared amongst students for any reason.
- Any electronic audio or visual recording of clients is only permissible in exceptional circumstances and with the consent of the client, Clinical Educator and the Department. Documentation of informed consent from the client and documented permission from the Clinical Educator must be in place before any recording activity. The purpose and use of the recording must be clearly understood and consented to by the Clinical Educator and the client. No other purposes or uses of the data are permitted. Recorded data should not be stored on the student's device. If the recording is to be removed from the Clinical Site for any purpose, the client and Clinical Educator should consent.
- Students with UBC-approved accommodations for disabilities which have the potential to affect client privacy and confidentiality should discuss their needs with the Clinical Site and the AHCE before placement. Students should know that Clinical Sites have the right to refuse students if required accommodations cannot guarantee patient/client privacy and confidentiality.

## **Use of Technology**

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As a member of the CPTBC, students should follow the [Pause Before You Post](#) guidelines. Any records (e.g. emails, documents, calendar entries, instant message, photos, video, etc.) that identify clients, 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 Educator. Using personal devices for educational reasons may be acceptable in some clinical areas, but students must follow Clinical Site policies and gain permission before using devices. Mobile devices should never be used during client encounters. Taking photographs in a clinical setting is not allowed except when specific permission is granted by the Clinical Site, the patient, and the Department.

At the beginning of a placement, Clinical Educators and students are expected to discuss the appropriate use of mobile devices, computers, internet, and networking sites and review related Clinical Site policies.

## **Dress Code**

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Students are expected to use good judgment and show courtesy to their fellow students, clients, Clinical Educators, and the profession by dressing in a manner appropriate for the designated Clinical Site activities. 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 client care. No scents are permitted.

Students should confirm dress code guidelines with their Clinical Educator. Clinical Site dress codes supersede the Department's dress code. However, 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.

## **Unprofessional Conduct**

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Concerns about students' professional behaviour or Clinical Educators should be brought to the attention of the AHCE of DSLC. Students who violate or engage in unprofessional behaviour face disciplinary action, including 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. The Department Head will collect relevant information from the student and the source(s) of complaint(s) before initiating remedial activities or requesting withdrawal from the program.

## **Discrimination, Bullying and Harassment**

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Professional behaviour includes the responsibility to contribute to a positive learning environment 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 the AHCE, DSC, the Clinical Educator or Centre Clinical Coordinator of the facility where the incidents occurred, their Faculty Advisor, or The Equity Office at UBC. Procedures to deal with issues related to discrimination or harassment include:

**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 who will listen, in confidence, to the concerns and determine whether complaint procedures under the UBC policy apply. If they 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:** Individuals may apply for a formal investigation if they do not wish to proceed with an informal resolution or mediation.

## **Policy on Terminating a Student from Placement**

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The Department reserves the right to remove a student from a Clinical Site whose actions put them, their clients, or other team members at risk of injury, or if the continued activity at the Clinical Site is deemed detrimental to the student’s health status or emotional well-being. If this should occur, the AHCE or designate will liaise with the Clinical Site and the student and ensure all parties know placement termination and any follow-up action 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 Working Hours**

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Students are required to work an average of 180 hours during each clinical placement to total 1050 hours during the MPT program. This can be scheduled in whatever way the Clinical Site finds most convenient and could involve having a student work at more than one site or with more than one Clinical Educator.

If a Clinical Site can only offer part-time hours, they are encouraged to contact the Clinical Education team to discuss options for creating a full-time clinical placement.

Students should expect to work non-standard hours, including extended hours, evenings and/or weekends. Students must fulfill expectations regarding attendance policies agreed upon between the Department and the Clinical Site.

**Students are required to work full time during each clinical placement (37.5 hours per week) to total 1050 required hours. This may include non-standard hours, including extended hours, evenings, weekends and/or statutory holidays.**

Students will take time for lunch and coffee breaks consistent with 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).

## **Clinical Educator Time Off**

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If a Clinical Educator has days off during the placement, an alternative arrangement should be made for the student. This could include working under the supervision of another regulated health professional at the same site, observing another health care professional, participating in off-site visits, or completing a specific project or literature search. Clinical activities are preferred whenever possible. Clinical Educators are encouraged to contact the Clinical Education team if they require assistance planning for the student during days off.

## **Student Time Off**

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Students are expected to attend all scheduled placement days with the following exceptions: unexpected personal illness or other extenuating circumstances, pre-approved absences, attendance at a suctioning lab, or union job action (strike). **Students should contact their primary Faculty contact immediately if they have or will be absent for one or more days during a placement, including non-consecutive days.** Specific procedures related to student absences from placement are included below.

**Personal Illness or Extenuating Circumstances:** Students must not attend a placement when their health status would place the student, clients, or staff at the Clinical Site at risk. The student will notify the Clinical Site regarding absence due to illness or other extenuating circumstances as soon as possible. The student will also contact their primary Faculty contact if they are absent for more than two days during a placement.

**Attendance at Suctioning Lab** is a requirement of the MPT program. Labs are scheduled throughout the year and often occur during clinical placements. Time spent attending these labs is considered part of the clinical placement and does not need to be made up. The student must notify the Clinical Site of the scheduled absence from placement as soon as they are aware of the dates and times for their suctioning lab.

**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 time. Every effort will be made to provide supplementary placements, or additional clinical time, before the student's anticipated graduation date. Students may not cross the picket line even when their Clinical Educator is at work. Only essential services are provided during job action, not including student instruction/supervision. During a job action, the student must liaise with the facility and receive instructions from Centre Clinical Coordinator.

**Pre-Approved Absence:** Students are required to request approval in advance for time off from placement for any reason other than those listed above. It is expected that requests for time off will be made as early as possible in advance of, and at least one month before, the proposed absence. To request time off, the student will contact the AHCE and the course coordinator, indicate the proposed days to be missed, the rationale for the request, and the plan of action for meeting clinical education requirements and patient service responsibilities. The student will also explain how they intend to communicate their request for time off to the Clinical Site, and provide a draft of that communication if requested. Written confirmation of approval/refusal for all planned absences will be provided by the AHCE. Students may receive a No Credit for a placement if they miss days due to unapproved absences.

**Withdrawal from Placement:** When a student withdraws from placement for whatever reason, the student must immediately inform the Clinical Educator (or Centre Clinical Coordinator) and the AHCE. 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 as soon as possible; however, this may result in delayed graduation.

## Impact of Student Absences

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During the MPT Program, students can accumulate a time loss during placement of up to 25 hours for emergent medical, compassionate, or other pre-approved reasons. When time loss exceeds 25 hours, students must make up the time prior to graduation. This aligns with the nationally required hours for physiotherapy licensure in Canada upon graduation. It is very important to notify your site lead and/or faculty contact as soon as you miss placement hours totalling one day or more to ensure you will meet overall clinical hours and to formulate a plan if extra hours will be required.

Students may request to make up time on weekends or by extending working hours; however, it is entirely up to the Clinical Site whether this request can be accommodated. Clinical Sites are not required to give a reason for refusal of student requests for additional hours. If a Clinical Site can provide additional working hours, the Clinical Education team must be notified to ensure that insurance coverage is extended or adjusted. If a Clinical Site cannot provide the student with extra hours, the Department will schedule additional hours in a future placement, which may delay graduation.

Sometimes, students will be required to defer or make up placement, which can also delay graduation.

Following a prolonged medical leave, students may be required to provide a letter from their physician stating that they are fit to resume clinical placements before they return to a Clinical Site. This policy is for the safety of the student and their patients/clients. The student must contact the AHCE before returning to any Clinical Site following a prolonged leave.

**If time loss in clinical education exceeds 25 hours, students MUST make up the time lost prior to graduation. The Clinical Education team must be notified if a student will be working additional hours outside of their scheduled shifts or placement dates.**

## Student Insurance Coverage

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Students on placement are covered by insurance for activities related to placement. Coverage is provided and governed by UBC and WorkSafeBC.

Students must adhere to the following guidelines related to client safety:

- Initiate assessment and/or treatment only with the Clinical Educator’s knowledge.
- Follow established facility procedures.
- Ensure the Clinical Educator co-signs all client records.
- Maintain confidentiality of client information.

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

## **WorkSafeBC Coverage**

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WorkSafeBC covers UBC MPT students while on clinical placement within BC. For this to apply, WorkSafeBC requires students to complete the *PT Student Health & Safety Orientation Checklist* (see Appendix 7) within 48 hours of arrival at a clinical site.

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

For more information, please review: [Practicum/Clinical Placement Student Safety](#).

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

## **When to Contact WorkSafeBC?**

If an MPT student on placement has seen a doctor or missed time from work due to 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 (see below). This includes all incidents whether or not there is injury, actual or anticipated time loss, or a potential for future time loss due to the incident. Examples include slips, trips, falls, musculoskeletal injury, repetitive strain, etc. It also contains situations injurious to mental health, such as bullying, harassment, or post-traumatic stress issues.

- The student and supervisor (employer) must complete an online report to UBC using the *Centralized Accident/Incident Reporting System* (CAIRS). Incidents must 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.
- Students must also immediately inform the AHCE of the accident or incident.

## **UBC Liability Insurance**

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The UBC Liability Insurance policy includes *General Liability* and *Professional Liability* Insurance, effective when the student is assigned to an affiliated clinical site. Coverage is effective worldwide while students are on designated clinical placements on behalf of UBC.

All sums, which UBC shall be obligated to pay because 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 actions UBC is legally responsible arising from the provision of professional services.

Visit [UBC Risk Management](#) for an overview of UBC’s General Insurance Program.

**UBC Liability Insurance does not cover activities that are not part of the MPT Program curriculum.**



## Student Accident Insurance

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The MPT program fees include *Student Accident Insurance*. This insurance policy provides coverage for accidental death and dismemberment. This policy is not a medical plan such as MSP.

UBC Student Accident Insurance does not provide 24-hour coverage. It applies only when the student is involved in coursework.

Visit [UBC Safety and Risk Services](#) for more information about UBC's *Student Accident Insurance*.

**Students travelling in chartered (e.g. non-scheduled) aircraft are excluded from this plan.**

## Insurance for Volunteer Activities

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UBC's professional liability insurance covers students performing volunteer duties assigned during a clinical placement if the volunteer is under the supervision of the assigned Clinical Educator. Student volunteers are not covered by UBC's professional liability insurance or accident injury insurance for volunteer activities at other times during the MPT program. Volunteers are strongly advised to obtain their own insurance for these events.

For further information on volunteer insurance coverage during volunteer activities, please contact [pt.educators@ubc.ca](mailto:pt.educators@ubc.ca).

**Students volunteering or shadowing PTs in the community outside of the MPT curriculum are not covered by the UBC Liability Insurance Policy or Student Accident Insurance.**

## Student Guidelines During a Pandemic

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Student safety and the integrity of the learning experience continue to be paramount during a pandemic. The Department will inform students of changing information and requirements as the pandemic response evolves.

The Clinical Site must provide full protective equipment related to infection control and adequate and appropriate supervision, and an appropriate caseload to facilitate student learning.

Should a pandemic occur while students are on placement in a clinical setting, students will:

- Adhere to all guidelines and regulations from the Provincial Health Office, the BC Centre for Disease Control, UBC, Health Authorities and the Clinical Site, and remain informed of changing policies
- Comply with Clinical Site vaccination requirements or be reassigned to an alternate site
- Comply with N-95 Fit testing processes
- Attend clinical placements at assigned Clinical Sites when safe, and the Clinical Site can continue facilitating learning by providing adequate and appropriate supervision and an appropriate caseload
- Carry out the duties expected of their Clinical Educator following strict infection control and prevention measures, with appropriate supervision, and as required for developing their clinical competencies.
- Complete all training related to infection control provided by the Clinical Site and UBC

Students have the right to refuse unsafe work. They must notify their Clinical Educator and Clinical Site supervisor should they have reasonable cause to believe the task puts them at risk. The process for students to refuse unsafe work is outlined [here](#).

If any missed time occurs, the student will coordinate make-up time with the Clinical Educator, the AHCE, or a DSLC.

## Student Homework

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Clinical Education placements are associated with academic courses, and students should expect to complete 1-2 hours of studying and preparation outside placement hours. Students have assignments to complete during placement that comprise part of the academic requirements of PHTH 534, 554, and 574. These assignments, outlined below, may take 1-2 hours daily. Additional work assigned by the site should not exceed one hour per night.

The Department does not expect the students to complete a formal assignment (e.g. a written essay, report, or presentation) during the placement unless negotiated explicitly 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. 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 their 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 in achieving the Learning Objectives for the placement.
- Provide time to prepare during working hours
- Not demand more than 5% of the student's time during working hours.

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

## Learning Objectives and Learning Plan

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Draft learning objectives must be developed by the student before the placement and discussed with the Clinical Educator during the first two weeks of placement.

Students must include at least one learning objective that targets an interprofessional collaborative practice competency during each placement. Students are expected to target all six interprofessional collaborative practice competencies during the MPT program.

The Clinical Educator jointly agrees on finalized learning objectives and a learning plan is developed collaboratively. The student assumes primary responsibility for submitting the learning plan as an assignment on Canvas, tracking feedback and revisions to the learning plan, and meeting the learning objectives.

## Clinical Reflections

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Reflection is utilized by novice and experienced practitioners to reinforce learning or engage in a questioning process that drives further learning. Students are responsible for submitting three original clinical reflections and one revised reflection during each placement. These are submitted on Canvas. Clinical reflections should relate the personal experience to the clinical experience, addressing the “feeling” aspect without becoming a personal diary.

At least one reflection must meet the interprofessional requirements for PHTH 576 and contain concrete examples of the student's participation in and learning related to an interprofessional collaborative practice competency. It is the student's responsibility to ensure that they fulfill the criteria for an interprofessional immersion experience.

## T-Res: Clinical Portfolio

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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. Entering the *Clinical Log* of patients treated into T-Res during each clinical placement is a requirement for PHTH 534, 554, and 574.

Students are given an orientation to T-Res before their Level 1 placement, and a *T-Res User Guide* is provided on Canvas.

Students may also enter their Learning Objectives and Learning Plan, including feedback and revisions, and their Reflections into T-Res, but this is not required.

Please contact Resilience Software's support team directly if you have any technical questions: [support@t-res.net](mailto:support@t-res.net)

## Assessment and Evaluation

Clinical placements are included in the following courses: PHTH 534, 554, and 574. These courses use a Pass/Fail grading system. The successful completion of two clinical placements is only part of the requirements to pass each course; additional course requirements must be met to gain course credit. Please see the Course Outlines for more information on the requirements for each course.

Clinical Educators assess students informally through regular discussions with the student and formally using the Canadian Physiotherapy Assessment of Clinical Performance (ACP).

Students are required to self-assess their clinical performance using the ACP, evaluate their clinical placement using the Student Evaluation of the Clinical Placement (SECP), and provide feedback on the quality of their Clinical Education experiences and the effectiveness of academic preparation included in the MPT program. For more information, please see the section on [Student Responsibilities](#).

### Assessment of Clinical Performance

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Student performance is formally assessed using the Canadian Physiotherapy Assessment of Clinical Performance (ACP) at two-time points (midterm and final) during the placement. The ACP is used by PT programs across Canada and is based on the Canadian Essential Competency Profile for Physiotherapists. Student performance is evaluated against seven roles or characteristics: Expert, Communicator, Collaborator, Manager, Advocate, Scholarly Practitioner and Professional. Each role contains several key competencies, and each competency has enabling competencies. These skills, knowledge, and attitudes 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 their six clinical placements. Details regarding the requirements for each anchor are provided within the ACP.

Grades are assigned at midterm and final using the following grading rubric:

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

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For more information on completing the ACP, please complete the helpful tutorial located [here](#).

### Demographic Information Page

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Clinical Educators complete the Demographic Information page as part of the final ACP assessment. The information is used to track the student's total hours, total clinical hours, and hours of specific experience on each placement. The Clinical Education team collates these hours across all placements to determine if the student met their academic requirements. See the section on [Clinical Hours](#) for more information on academic requirements.

Clinical Educators are asked to consider the following information when entering these specific values:

**Hours Per Week:** the average number of hours per week worked under the supervision of the Clinical Educator(s) completing the ACP

**Hours Absent:** this includes hours missed for approved absences (illness, medical appointments etc.) and statutory holidays. It does not include hours missed for the suctioning lab.

**Area of Practice:** consider the types of clinical reasoning the student was required to use during their clinical placement (cardiopulmonary, musculoskeletal/orthopaedics, neurology/neurosciences), not the patient diagnosis.

## Student Performance Issues

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The Department should be notified immediately if a Clinical Educator notes a student struggling while on placement. Together with the Clinical Site, the AHCE or DSLC will develop an appropriate learning plan for the student and possible remediation strategies. The purpose of intervention is to provide the student with the opportunity to remediate performance and to support the Clinical Educator. These discussions can occur at any time during the placement and are highly encouraged, particularly if a Credit with Reservation or No Credit grade is possible.

Students are also encouraged and have the right to contact the Department if concerns are identified while on placement. This could include their performance, relationship with the Clinical Educator, the quality of placement, etc. The intent of contacting the Department should be to seek assistance in developing resolutions to the problem that the student can implement.

The student and the Clinical Educator should clearly document performance concerns on the ACP.

**Contact the Department immediately if performance issues or signs of potential performance issues are evident.  
We are here to help!**

## Final Placement Grades

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The Department assigns final grades for each placement based on ACP results, the recommended grades, and, when necessary, consultation with the Clinical Site and the student and review of any additional supporting documentation.

Students who receive a final recommended grade of Credit with Exceptional Performance or Credit will be contacted by the AHCE or the DSCL only if there are concerns regarding the recommended grade. Concerns could include non-attendance without prior approval, unprofessional or unethical conduct, failure to adhere to CPTBC standards, etc.

Students who receive a final recommended grade of Credit with Reservation or No Credit will meet with the AHCE or DSCL to discuss the evaluation. Students must not contact the Clinical Site or the Clinical Educator directly regarding their final grade, failure to comply could jeopardize the student's opportunity for remediation.

The Department encourages Clinical Educators to recommend grades that align with the descriptors in the ACP and reminds Clinical Educators that "failure to fail" underperforming students can jeopardize the reputation of the program and the profession. Clinical Educators are encouraged to contact the Department to discuss grading if they are unsure which grade to recommend.

The following sections outline why a student would receive a final placement grade of Credit with Reservation or No Credit and the implications of each grade. A decision tree is also available in [Appendix 10](#).

**UBC maintains the right to assign the final grade for each clinical placement.**

### Credit with Reservation

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A student would receive a Credit with Reservation if they required extensive support and scaffolding to be successful during a placement. A final grade of Credit with Reservation is not considered a failed placement but an indication that the student would benefit from additional exposure to the clinical setting. Students receiving a final grade of Credit with Reservation grade are required to complete a remedial placement. This is not considered an Alternative Assessment (AA).

### No Credit

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A student would receive a No Credit if major concerns with professionalism, communication, safety, and/or clinical reasoning were present during a placement. A student would also receive a No Credit for any of the following reasons:

- Withdrawal of the student for reasons that the AHCE did not approve
- Non-attendance for unapproved reasons



- Failure to submit required assignments
- Receiving two Credit with Reservations during the MPT program

A final grade of No Credit is considered a failed placement. An AA may be granted to a student who is in good standing (e.g., no other evaluation failures) across other courses within the same course block.

G+PS governs student progression in the MPT program, and the policies related to student failure, supplemental exams and progression in the program apply. The AA rationale and procedures are outlined in the MPT Student Handbook, which can be found on the Department [website](#).

The student appeal process will follow the standard MPT Program appeal process outlined in the MPT Student Handbook, which can be found on the Department [website](#).

## **Remedial Placements**

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Remedial placements will occur in the same clinical practice area or exhibit the same level of complexity of practice. Determining the optimal location for the remedial placement will be the responsibility of the Department and will occur in consultation with the student, Clinical Educators, and Clinical Sites.

The remedial placement will not occur with the same Clinical Educator(s) or at the same Clinical Site.

Details about previous clinical performance will be shared with the Centre Clinical Coordinator and the Clinical Educator. The information shared is determined in consultation with the student and ensures sufficient resources to facilitate an optimal learning experience for the student. This is likely to include information relevant to potential patient safety concerns, which enables the Clinical Site to fulfil its professional obligations to ensure client safety. The Centre Clinical Coordinator and the Clinical Educator must treat this information as confidential.

Before the remedial placement, students must provide learning goals to the AHCE or DCSL. These are reviewed to ensure they target the identified area(s) of concern. An individualized learning plan will be developed to maximize the chances of success in the remedial placement. The student will review the learning goals with their Clinical Educator at the beginning of the remedial placement.

During the placement, regular meetings with the student and the AHCE or DCSL will be scheduled to review learning goals, the learning plan, performance to date, and any other concerns. Regular meetings with the AHCE or DCSL and the Clinical Educator may also be required to support the student and the Clinical Educator.

## **Scheduling**

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Remedial placements will be scheduled during the next placement block or after the final placement block. Students are permitted to continue with the academic courses in the MPT program before completing their remedial placement. Students cannot complete subsequent clinical placements before the required remedial placement.

If the remedial placement is for a placement that occurred in the first half of the program (1A, 1B, or 2A), the remedial placement can be scheduled instead of an elective. The student may be required to complete an additional placement if an elective is unavailable.

If the remedial placement is for a placement that occurred in the second half of the program (2B, 3A, or 3B), the remedial placement cannot be scheduled instead of an elective, and the student will be required to complete an additional placement.

Completion of remedial placements may result in delayed graduation.

## **Student Responsibilities**

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Students have a professional obligation to participate in the assessment and evaluation of the Clinical Education program, including clinical placements. Many of the responsibilities outlined below are requirements to pass PHTH 534, 554, and 574. For more information on which elements constitute an academic requirement, please see the Course Outlines.

### **ACP Self-Assessment**

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Students are required to complete and submit a midterm and final self-assessment for each placement using the ACP on HSPnet. Their self-assessment must be completed and submitted before scheduled mid-term and final evaluation discussions with their Clinical Educator. The student and the Clinical Educator will review the midterm and final assessments together and can access both through the combined view in HSPnet.

Students must retain a copy of the completed ACPs as their personal placement records. Clinical sites must not keep ACP forms unless the student has provided explicit written permission.

### **Student Evaluation of the Clinical Placement**

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Students must provide feedback about their placement experience to the Clinical Educator at midterm and final using the SECP on HSPnet. Their evaluation must be completed and submitted before scheduled mid-term and final evaluation discussions with their Clinical Educator. The student is required to review the SECP with the Clinical Educator during the mid-term and final evaluation discussions.

The Clinical Site is encouraged to keep a copy of the SECP for their records.

### **Student Evaluation of Clinical Education**

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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 Academic Student Representative will also provide feedback regarding the quality of the Clinical Education program to the AHCE. This feedback is used to assist with curriculum changes and to help guide Clinical Education.

### **Confidential Feedback**

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The following methods of providing feedback are confidential. These are separate and distinct feedback methods from those described in the previous section.

#### **Student Confidential Feedback on Placements**

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Students have an opportunity to provide confidential feedback about their placement experience to the AHCE and the DCSLs. Confidential feedback will not be shared with the sites. The Student Confidential Feedback form can be found on the MPT Program Canvas course.

Students are also encouraged to contact the AHCE or the DCSLs directly with any feedback on their placement experience.

#### **Student Evaluation of Clinical Education**

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At the end of the MPT Program, students are asked to evaluate the Clinical Education program based on their experiences. This includes feedback on the support received from the Clinical Education team, the DCSLs and the AHCE. The results of this anonymous evaluation are collated and used in the future development of the Clinical Education program.

## Optional Placement Experiences

### Yukon Placements

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Placements in the Yukon are located within the UBC catchment area and are not included in the limitations for OOP placements. However, an OOP application is still required for a Yukon placement. An application fee is not required. Students will need to provide the following:

- A physiotherapy student certificate can be applied for by completing the five steps outlined [here](#)
- Proof of enrolment that the student is enrolled at an approved educational institution and has a recommendation to pursue practical training can be obtained by emailing [pt.placement@ubc.ca](mailto:pt.placement@ubc.ca)
- A supervision/sponsorship agreement that is signed by the supervising Clinical Educator(s) and the student; a template agreement can be requested by emailing [pt.placement@ubc.ca](mailto:pt.placement@ubc.ca)
- A hardcopy (not fax) certificate of good standing can be requested from CPTBC; a student registration receipt is not sufficient.
- Proof of valid liability insurance (minimum \$1M CDM), which is satisfied by providing a copy of the Clinical Site's Student Placement Agreement (SPA) with UBC, which can be requested by emailing [pt.placement@ubc.ca](mailto:pt.placement@ubc.ca) .
- A government-issued non-health ID that displays the applicant's current legal name
- A passport-style headshot photograph of the applicant

Students who wish to complete a second placement in Yukon must submit a new application. More complete details about the Yukon application process can be found [here \(scroll down to the bar that says student certificate towards the bottom of the page\)](#).

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](#)) and must be submitted at least six weeks before the start of the placement. Failure to do so may result in the student only being able to observe until student registration in the Yukon is granted. To initiate the process of obtaining a WCB Clearance Certificate, email [pt.placement@ubc.ca](mailto:pt.placement@ubc.ca) .

### Out-of-Province Placements

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Out-of-province (OOP) placements occur in Canadian provinces outside of BC and the Yukon. UBC MPT students are not required to complete an OOP placement. Students can complete OOP placements during their Level 2B or Level 3 placements. Students are notified of OOP placement options and application process via email when they become available. OOP placements can only be considered in provinces where student insurance can be arranged. Currently, students can complete OOP placements at sites operated by the University of Alberta, Alberta Health Services, and limited sites in Ontario – the department is working with UBC to extend this to other provinces.

OOP placements are managed and coordinated by the PT programs in that province. The coordinating University charges a non-refundable \$55 application fee.

Students will not be placed OOP if they encountered difficulty during previous placements or the MPT academic program.

**Students must not approach facilities in other provinces or AHCEs at other universities to request OOP placements**

## International Placements

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UBC MPT students are not required to complete an international placement. Students can complete one international placement during Level 2 or Level 3. Students cannot complete a placement in locations with a [Global Affairs Canada](#) travel advisory of “avoid all travel” or “avoid non-essential travel.”

International placements are dependent upon the availability of qualified PTs. Currently, the Department has agreements with the following international site: Amar Seva Sangam in Tamil Nadu, India.

Interviews will be scheduled for all applicants interested in completing an international placement to better understand student motivation and previous experience with international travel. These interviews will enable Faculty to match students to the most suitable organizations or Clinical Sites.

Following Departmental approval, students will be required to:

- Submit a non-refundable international placement administration fee, which is currently \$150 but is subject to change, as part of their international placement application
- Complete the UBC Student Safety Abroad and UBC Go Global Requirements at least six weeks before the placement, including reading the [Student Safety Abroad Policy](#) and completing the self-directed pre-departure [Modules](#)
- Log in to the UBC Student Safety Abroad [Registry](#) to read travel reports for their destination, register their travel locations and contact information abroad, complete other essential travel forms, and learn what critical pre-departure preparations should be made
- Attend an orientation session via the [Go Global](#) office at UBC

Students are responsible for fulfilling all requirements necessary for entry into the country of placement, any additional immunizations required by the site, and all costs associated with the international placement.

If an international placement is cancelled (which may occur for various reasons), a placement in BC will be arranged at the Department’s discretion. It is recommended that students purchase flights with cancellation insurance.

Students will not be placed Internationally if they encountered difficulty during previous placements or the MPT academic program.

## Academic Requirements

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During an international placement, students are required to:

- Submit a weekly reflection, including a detailed description of experiences to date.
- Participate in a mid-term Zoom conversation/contact with the AHCE or a DCSL

Following an international placement, students are required to:

- Submit their ACP to the Department; paper or PDF copies are available to students travelling abroad.
- Meet with the AHCE or a DCSL to debrief their placement experience
- Be available to answer questions via email from other students interested in your international placement experience

Students are also invited to submit a blog to the CPA Global Health Division to inspire Canadian PTs to be global citizens through knowledge and insight into working with diverse populations.

## Research Placements

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The Department is home to numerous researchers recognized as world leaders in neuroscience, neurorehabilitation, pulmonary physiology, pulmonary rehabilitation, oncology, musculoskeletal conditions, knowledge translation and physical activity promotion. These researchers’ studies span the entire continuum, from basic science to clinically focused research and then to knowledge implementation. Their efforts have led to developing methods and programs that have advanced practice locally, nationally, and internationally. Research placements offer students interested in research relevant to physical therapy the opportunity to work with Faculty and their research team in their lab.

Students who select a research placement as a preference must complete and submit a Letter of Intent made available as a fillable form on Canvas before preference selection closes. Placement matching and confirmation will follow the same procedures. After completing the automated matching process, the Clinical Education team will review the student's Letter of Intent to ensure their goals and interests align before confirming the placement.

Academic requirements during a research placement are the same as for any other placement, with the following exceptions:

- T-Res entries are entered only when appropriate for the headings provided
- Students and Clinical Educators are emailed an alternate research ACP created by the University of Toronto to complete at midterm and final.

Students completing the MPT/PhD program can complete one placed under the supervision of their research supervisor. Please contact the AHCE as soon as possible to discuss the timing and other implications of completing a research placement under the supervision of your research supervisor.

## **Role Emerging Placements**

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Role emerging placements do not have an established PT service or full-time PT at the Clinical Site. The Clinical Educator may be onsite or offsite, providing remote supervision. These placements provide students with learning opportunities in non-traditional areas of practice using a variety of skills.

They are designed to:

- Provide clinical care (or assess the feasibility of providing PT service) to an underserved population
- Complete a project and/or program for a Clinical Site that is deemed appropriate for student learning

Students who select a role-emerging placement as a preference must complete and submit a Letter of Intent made available as a fillable form on Canvas before preference selection closes. Placement matching and confirmation will follow the same procedures. After completing the automated matching process, the Clinical Education team will review the student's Letter of Intent to ensure their goals and interests align before confirming the placement.

Academic requirements during a role-emerging placement are the same as for any other placement, with the following exceptions:

- T-Res entries are entered only when appropriate for the headings provided
- Students and Clinical Educators are emailed an alternate role-emerging ACP created by the University of Toronto to complete at midterm and final.

## **Alternate Schedule**

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Some placements are available as part-time experiences throughout the year rather than a full-time experiences during a typical placement block. Requirements for these placements will be clearly outlined and require students to balance their academic schedule with their Clinical Education requirements. Hours may be flexible and vary between placements.

Students interested in completing a placement on an alternate schedule are encouraged to speak with the AHCE regarding available opportunities.

## **Observation of Surgeries**

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Surgical observations are not a requirement of MPT clinical placements. Consequently, the Clinical Education team cannot support site offers for surgical observations in HSPnet.

If a Clinical Educator feels that a surgical observation will add value and the observation aligns with the learning objectives for the placement, they may arrange an observation with the student if it can be scheduled without additional support from the Department.



## Clinical Education Site Procedures

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The below subsections describe the requirements and responsibilities of Clinical Sites that wish to host UBC MPT students on placement. For FAQs related to clinical placement sites, please [click here](#).

### Affiliation Agreement

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UBC MPT students can be placed at Clinical Sites:

1. Located in BC with a signed Student Placement Agreement (SPA) with UBC
2. Located outside of BC, participating in a Canadian academic program
3. Located internationally that are approved by the AHCE and have a formal affiliation with UBC

Clinical Sites interested in initiating a new SPA can submit a [Professional Practice Site Profile](#). This profile is reviewed by the Clinical Education team and is used to prepare a draft SPA. Once the SPA is finalized, the clinic will receive invitations to submit placement offers periodically throughout the year.

Please direct questions about the Clinical Site qualification process to [pt.educators@ubc.ca](mailto:pt.educators@ubc.ca).

### Centre Clinical Coordinator

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The Centre Clinical Coordinator is the individual who liaises with the Department in identifying, planning, and organizing the clinical practice experiences offered for students at their Clinical Site(s). This individual promotes Clinical Education and supports PTs in their role as Clinical Educators.

The Centre Clinical Coordinator is responsible for:

- Completing and updating the [Clinical Site Profile](#) information as required
- Identifying student placements available at a Clinical Site
- Facilitating the development of clinical objectives for each PT service area
- Responding to the introductory letter sent by the student at least four weeks before the placement. The response from the Clinical Site should confirm the Clinical Educator's name, area of practice, working hours, parking information, directions and any other information which will assist the student on the first day of the placement.
- Establishing an orientation procedure for students. See [Orientation Guidelines for Physical Therapy Clinical Placements \(NACEP\)](#).
- Providing guidance and information to the Clinical Educator and student as necessary.
- Ensuring that the Clinical Educator receives the student's introductory letter and has a copy of all the essential forms and information sent by the Department
- Contacting the AHCE or a DSLC if problems arise in the placement, particularly if there is a potential for failure

### Clinical Educator

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Clinical Educators facilitate students' learning within a specific practice area by creating an environment that promotes the development of knowledge, skills, attitudes, and judgment that represent the scope of entry-level physical therapy practice. They plan the learning experience, guide student practice, model professional behaviour and provide informal and formal feedback to the student and the Department.

Clinical supervision models will vary depending on the placement situation and may involve more than one Clinical Educator or health professional. Students must have access to a Clinical Educator who is a Registered/Licensed PT for at least 50% of their placement hours.

The Clinical Educator is responsible for:

- Setting expectations, establishing/reviewing the site learning objectives to be used during the placement and collaborating with the student to develop further individualized learning objectives based on their learning needs and interests
- Reviewing the assessment process with the student, providing regular feedback and opportunities for informal discussion, guiding clinical reasoning and problem solving
- Demonstrating and discussing procedures with the student
- Observing student practice.
- Providing ongoing guidance, constructive feedback, and support to facilitate student progression
- Reviewing the student's documentation and co-signing all notes.
- Completing formal mid-term and final student placement ACP assessments and discussing the results with students honestly and in a sensitive manner
- Accepting responsibility for facilitating the student's learning.
- Committing to resolve issues that may arise during the placement in collaboration with the student, AHCE or DSLC and Centre Clinical Coordinator (or delegate)
- Advising the Centre Clinical Coordinator (or delegate) as soon as student difficulties become evident

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

Many websites offer excellent resources for Clinical Educators, including the Department's Clinical Educator Professional Development page located [here](#), as well as the following: <https://practiceportal.health.ubc.ca/repository/clinical-educator/>.

## Clinical Educator Recognition and Awards

The Department recognizes the contribution of Clinical Educators as an essential component of the MPT program and aims to recognize and reward these contributions.

### Clinical Faculty

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Clinical Educators are encouraged to apply for UBC FoM Clinical Faculty appointment, which is intended to reward clinicians' contributions to UBC and the Department. For more information on the process and the benefits, click [here](#) or contact [pt.educators@ubc.ca](mailto:pt.educators@ubc.ca).

### Clinical Educator Award

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The annual Clinical Education Award recognizes clinicians who have demonstrated excellence in the education, supervision and mentoring of students while on clinical placement.

Students nominate exceptional Clinical Educators who demonstrate excellence in one or more of the following:

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

Students can nominate Clinical Educators any time during the MPT program; however, nominations must be received by **January 31st** to be considered for the award in the Spring of the same year. Nominations are reviewed by a sub-committee of Faculty, clinicians, and students, who select up to three winners, one for each placement level.

All nominees will receive a certificate of nomination and a letter of congratulations.  
Winners will receive an award and, whenever possible, recognition at the Physio Forum.

### Lifetime Contribution to Clinical Education Award

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The UBC Department of Physical Therapy Award for Lifetime Contribution to Clinical Education recognizes a Clinical Educator who has made significant contributions throughout their career to Clinical Education through teaching MPT students on clinical placements, in the classroom, and 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](mailto:pt.educators@ubc.ca). Nominations should be submitted before **February 28<sup>th</sup>** 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](#).

## Appendix 1: MPT Assessment & Treatment Skills

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 in theory or practical lab sessions with fellow students before each placement level. This information is intended to assist the supervising therapist in planning the clinical experience and evaluating the students' performance. Competence in these skills should not be assumed, and the site should assess performance.

### Level 1

<b>LEVEL 1: ASSESSMENT PROCEDURES</b>		
<b>Theory</b>	<b>Practical</b>	<b>GENERAL AND MUSCULOSKELETAL</b>
1	1	Interview patient to obtain relevant subjective data
1	1	Identify pertinent information from patient record
1	1	Develop and utilize observation & palpation skills
1	1	Determine pulses
1	1	Measure blood pressure
1	1	Perform joint scans, including upper & lower quadrant scans, and peripheral joint scans
1	1	Assess joint range in relation to endfeel, spasm and pain
1	1	Measure joint range of movement with goniometer
1	1	Measure limb girth, and leg length and muscular flexibility
1	1	Test ligamentous stability of peripheral joints
1	1	Utilize special tests for assessing localized pathologies
1	1	Assess gait (walking and running) & posture
1	2	Assess need for and/or monitors casts/splints
1	No	Assess indications for orthotic devices
1	1	Grade muscle strength
1	1	Test tendon reflexes
1	1	Test sensory function
1	1	Assess ADL & need for standard ambulation aids
<b>RESPIROLOGY</b>		
1	1	Understand arterial blood gases, how performed and their interpretation
1	1	Measure respiration rate, blood pressure and heart rate
1	1	Assess respiratory status by inspection, auscultation:
1	1	Assess respiratory status by auscultation: normal/abnormal breath & 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
<b>NEUROLOGY (ADULT AND PEDIATRICS)</b>		
1	1	Assess sensation and vision
<b>CARDIOVASCULAR</b>		
1	1	Evaluate stress test results
1	1	Electrocardiogram monitors

**LEVEL 1: THERAPEUTIC PROCEDURES AND MODALITIES**

<b>Theory</b>	<b>Practical</b>	<b>GENERAL AND MUSCULOSKELETAL</b>
1	1	Movement re-education, including transfers and mobility
1	1	Wheelchair management
1	1	Ambulation aids
1	1	Self-care equipment and materials
1	1	Group activities
1	No	Adaptation of equipment for therapeutic or recreational purposes
1	Some	Environmental management
1	1	Stress management
1	1	Exercise to develop joint range of movement and muscle extensibility
1	1	Exercise to develop muscle strength, endurance and power
1	1	Exercise to improve balance and posture
1	1	Basic therapeutic and sports taping techniques
1	1	PNF
1	1	Massage
<b>RESPIROLOGY</b>		
1	1	Wall equipment - flowmeters, humidifiers, masks and tubing
1	1	Oximetry
1	No	Nebulizers
1	1	Mechanical vibrator and percussor
1	1	Incentive spirometry
1	1	Breathing exercises to aid with ventilation, relaxation and shortness of breath
1	1	Assist coughing (one person), huffing and forced expiratory techniques
1	1	Vibration, shaking, percussion
1	1	Positioning and breathing exercises to improve ventilation
1	1	Positioning and breathing exercises to improve perfusion
1	1	Inspiratory muscle training via IMT devices
1	1	Resisted exercise to increase inspiratory muscle endurance
1	1	Positions to improve ventilation-perfusion ratio
1	1	Position for postural drainage
1	1	Graded exercise program specific for pulmonary rehabilitation
1	1	Flutter device PEP and vibrating PEP devices
1	1	Active cycle breathing technique
1	1	Mobilization to enhance cardiopulmonary function



Level 2

<b>LEVEL 2A/2B: ASSESSMENT PROCEDURES</b>		
<b>Theory</b>	<b>Practical</b>	<b>GENERAL AND MUSCULOSKELETAL</b>
2A	2A	Assess accessory joint movement of spinal and peripheral joints
2A	2A	Assess passive stability of spinal joints
<b>RESPIROLOGY</b>		
2A	2A	Assess cardiovascular status
2A	2A	Assess arterial status
2A	2A	Assess venous status
2A	No	Assess lymphatic status
<b>NEUROLOGY (ADULT AND PEDIATRICS)</b>		
2A	2A	Assess level of consciousness and level of cognitive function
2A	2A	Assess functional communication skills
2A	2A	Assess cranial nerve function
2A	2A	Assess muscle tone
2A	2A	Test fine, gross, and perceptual motor skills and coordination
2A	2A	Assess need for and/or monitors casts/splints
2A	2A	Assess balance and functional mobility (rolling, sit to stand to sit, wheelchair, etc.)
2A	2A	Assess neurodevelopmental status (pediatrics only)
2A	2A	Use a problem-solving approach to differentially assess contributors to movement dysfunction
2A	2A	Select and use appropriate objective measures for each system assessed
<b>LEVEL 2A/2B: THERAPEUTIC PROCEDURES AND MODALITIES</b>		
<b>Theory</b>	<b>Practical</b>	<b>GENERAL AND MUSCULOSKELETAL</b>
2A	2A	Patient/family/caregiver education
2B	2B	Perform selected manual mobilization techniques for the spinal and peripheral joints
2B	2B	Manipulation of the ankle joint
2B	No	Use of mechanical traction
2B	No	Splint/Cast/Orthotic use
2B	2B	Advanced therapeutic exercise
2B	2B	Advanced sports therapy including use of external support (i.e., bandaging, taping techniques)
2B	2B	Selected deep transverse friction massage frictions
2B	2B	Apply knowledge of movement sciences & functional biomechanics to adapted sport participation
2A	2A	Gait training
2B	2B	Neural mobilization techniques
No	No	Jobst pneumatic compression unit
2B	2B	Consolidation of knowledge to complete cervical/thoracic/lumbar scans comprehensively & promptly
2A	2B	Evaluate stiff or hypermobile pelvis
2B	2B	Assessment of neural mobility
<b>RESPIROLOGY</b>		
2A	2A	Suction
2A	No	Graded exercise program specific for cardiac rehabilitation
<b>ELECTROTHERAPY</b>		
2A	No	Non-current electrical modalities (SWD & UVL)
2A	2A	Non-current electrical modalities (HVPC)
2A	2A	Hot packs, Wax, Cryotherapy
2A	2A	Laser, Ultrasound, Interferential current & T.E.N.S
2A	2A	Neuromuscular electrical stimulation (NMES)
2A	2A	Biofeedback - E.M.G.
2A	No	Hydrotherapy

Level 3

<b>LEVEL 3A/3B: ASSESSMENT PROCEDURES</b>		
<b>Theory</b>	<b>Practical</b>	<b>GENERAL AND MUSCULOSKELETAL</b>
3B	3B	Assessment and treatment of patient with limb loss
<b>RESPIROLOGY</b>		
3B	No	Evaluate fluid balance
3B	3B	Acute cardiovascular assessment (heart sounds, jugular vein distention, blood pressure, heart rate, edema)
3B	No	Evaluate mechanical ventilators and the effects on patients respiratory status
3B	3B	Evaluate chest x-rays via a lateral radiograph
3B	No	Evaluate patients in the pediatric and neonatal intensive care units
3B	No	Understands monitoring devices/lines for the critically ill patient
<b>CARDIOVASCULAR</b>		
3B	No	Intracranial pressure monitor
<b>OTHER</b>		
3B	No	Evaluates burn patients

<b>LEVEL 3A/3B: THERAPEUTIC PROCEDURES AND MODALITIES</b>		
<b>Theory</b>	<b>Practical</b>	<b>GENERAL AND MUSCULOSKELETAL</b>
3B	Some	Prosthetic training
3B	3B	Assess indications for and fit of prosthetic device
3B	3B	Exercise prescription and positioning for patients post- limb loss Utilizes positioning to prevent or reduce deformities
3B	3B	Treatment concepts for patients with chronic pain conditions
3B	3B	Basics of assessment and treatment of patients with hand injuries
<b>RESPIROLOGY</b>		
3B	No	Understands how to treat patients who are using mechanical ventilation
3B	3B	Assisted cough, percussions and vibrations for mechanically ventilated patients
3B	3B	Assisted cough via two-person method
3B	3B	Manual hyperinflation
3B	3B	Proning a mechanically ventilated patient
<b>NEUROLOGY</b>		
3B	3B	Apply recovery of function theory to treatment goals and movement re-education
3B	3B	Apply motor learning principles to movement re-education
3B	3B	Apply knowledge of movement sciences and functional movement biomechanics to movement re-education
3B	3B	Modify treatment for various levels of cognitive functioning
3B	3B	Gaze and postural stability exercises
3B	3B	Set objective, measurable short-term treatment goals
<b>OTHER</b>		
3B	No	Establishes therapeutic program for burn patients

## Appendix 2: Placement Categories - 2022-2024 Cohort

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Students are required complete one placement in each of the five placement categories outlined below, with their remaining placements acting as electives. Academic content in the clinical area will not necessarily be covered before a student's placement.

The Clinical Education team assigns placement categories in accordance with the National Physiotherapy Entry-to-Practice Guidelines, listing each placement based on the following definitions:

**Acute Care ACU):** Physiotherapy care, as part of an Interprofessional team, provided for patients during an acute illness, an acute exacerbation or a surgical intervention which necessitates admission to an acute care facility.

**Chronic Disease Management (CDM)** placements involve clients with ongoing medical issues related to a chronic disease process. The physiotherapist's role focuses on client education and self-management to enhance and maintain physical well-being and prevent and manage future health problems. CDM placements include cardiac and pulmonary rehabilitation programs, chronic pain programs, arthritis care, pelvic health, etc.

**Community Health (CH)** placements involve clients who receive physiotherapy services within their home or home community. The physiotherapist's role is to address community members' collective needs. CH placements include most international placements, rural hospital placements, school-therapy placements, and geriatric placements. Please note that early intervention therapy programs are not considered CH placements as these better align with rehabilitation.

**Outpatient (OP)** placements serve clients living independently at home and seeing a physiotherapist intermittently or regularly at a private or public practice facility. OP placements include most private practice clinics and many outpatient public practice programs.

**Rehabilitation (RHB)** placements involve clients with complex neurological and/or musculoskeletal issues that require bridging care before discharge home or ongoing rehabilitation within a home setting. RHB placements often involve interprofessional team-based care. RHB placements include most rehabilitation programs (e.g. GF Strong, Laurel Place, Holy Family, Inpatient or Outpatient Neuro Rehab, Sunnyhill), child development centres, and some private outpatient practices that focus exclusively on neurorehabilitation. Please note that pulmonary and cardiac rehabilitation programs are not considered RHB placements as these better align with chronic disease management.

## Appendix 3: Placement Categories - 2023-2025 Cohort

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Students are required complete one placement in each of the three placement categories outlined below, with their remaining placements acting as electives. Academic content in the clinical area will not necessarily be covered before a student's placement.

The Clinical Education team assigns placement categories in accordance with the National Physiotherapy Entry-to-Practice Guidelines, listing each placement based on the following definitions:

**Acute/Hospital Care ACU/HC):** Physiotherapy care, as part of an Interprofessional team, provided for patients during an acute illness, an acute exacerbation or a surgical intervention which necessitates admission to an acute care facility.

**Rehabilitation or Community Care (RHB/CC):** Physiotherapy care, as part of an interprofessional team, provided for a patient to maximize functional independence. Typically following the diagnosis of a new condition, an injury leading to a disability, an acute illness or surgical intervention and/or the progression of a chronic condition. Rehabilitation or community care could be provided within a rehabilitation hospital/unit, clinic, homecare, schools, etc.

**Ambulatory Care or Private Practice (AMB/PP):** Physiotherapy care, as a sole physiotherapy service or as part of an interprofessional team, for a patient who lives in the community and attends physiotherapy as an out-patient. This care could be provided at private or public physiotherapy clinics, work sites, etc.

## Appendix 4: Out of Town Locations

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Out-of-Town (OOT) locations are any areas outside of [Metro Vancouver](#) (previously known as the Lower Mainland), which now include:

- Hope
- Abbotsford
- Chilliwack
- Mission
- Britannia Beach/Squamish
- Whistler/Pemberton/D'Arcy/Mount Currie
- Sunshine Coast
- Bella Bella/Bella Coola
- Locations in the Vancouver Island Health Region
- Locations in the Interior Health Region
- Locations in the Northern Health Region
- Out-of-province or international placements

Metro Vancouver communities that are not considered OOT include:

- Vancouver
- North Vancouver
- West Vancouver
- Bowen Island
- Lion's Bay
- Richmond
- Burnaby
- Coquitlam/Port Coquitlam
- Pitt Meadows
- Maple Ridge
- Port Moody/Anmoore/Belcarra
- New Westminster
- Surrey/White Rock
- Langley
- Tsawwassen
- Delta/Ladner



## Appendix 5: Rural BC Designations

This lists all BC Rural Communities as listed in the RSA ([Rural Practice Subsidiary Agreement, April 2019](#)).

100 Mile House	Agassiz/Harrison	Ahousat	Alert Bay
Alexis Creek	Anahim Lake	Armstrong/Spallumcheen	Ashcroft
Atiln	Balfour	Bamfield	Barriere
Bella Bella	Bella Coola	Big White	Blind Bay
Blue River	Blueberry River	Bowen Island	Bridge Lake
Burns Lake	Campbell River	Canal Flats	Canoe Creek
Castlegar	Chase/Scotch Creek	Cheslatta	Chemainus
Chetwynd	Christina Lake/Grand Forks	Clearwater	Clinton
Cobble Hill	Cortes Island	Courtney/Comox/Cumberland	Cranbrook
Crescent Valley	Creston	Dawson Creek	Dease Lake
Denman Island	Doig River	Duncan/N. Cowichan	Edgewood
Elkford	Enderby	Fernie	Fort Babine
Fort Nelson	Fort St. James	Fort St. John/Taylor	Fort Ware
Fraser Lake	Gabriola Island	Galiano Island	Gold Bridge/Bralorne
Gold River	Golden	Granisle	Greenwood/Midway/Rock Creek
Haida Gwaii	Halfway River	Hartley Bay	Hazelton
Holberg	Hope	Hornby Island	Hot Springs Cove
Houston	Hudson's Hope	Invermere	Kaslo
Keremeos	Kimberley	Kincolith	Kingcome
Kitimat	Kitkatla	Kitsault	Kitwanga
Klemtu	Kootenay Bay/Riondel	Kyuquot	Ladysmith
Lake Cowichan	Lillooet	Logan Lake	Lower Post
Lumby	Lytton	Mackenzie	Madeira Pak
Mayne Island	McBride	Merritt	Mill Bay
Miocene	Moricietown	Mount Currie	Nakusp
Nedlah	Nee Tahi Buhn	Nelson	Nemaiah Valley
New Aiyansh	New Denver	Nitinat	Ocean Falls
Oliver/Osoyoos	Parksville/Qualicum	Pemberton	Pender Island
Port Alberni	Port Alice	Port Clements	Port Hardy
Port McNeill	Port Renfrew	Port Simpson	Powell River
Prince George	Prince Rupert	Princeton	Quadra Island
Quatsino	Quesnel	Revelstoke	Rivers Inlet
Saik'uz	Salmo	Salmon Arm/Sicamous	Saltspring Island
Samahquam	Saturna Island	Savary Island	Sayward
Sechelt/Gibsons	Seton Portage	Shawnigan Lake	Sirdar
Skatin	Skin Tyee	Slocan Park	Smithers
Sointula	Sooke	Sorrento	Sparwood
Spences Bridge	Squamish	Stellat'en	Stewart
Tachet	Tahsis	Takla Landing	Tatla Lake
Tatlayoko Lake	Telegraph Creek	Tepella	Terrace
Texada Island	Tofino	Trail/Rossland/Fruitvale	Tsay Key Dene
Ts'il Kaz Koh	Tumbler Ridge	Ucluelet	Valemount
Vanderhoof	Wardner	Wet'suwet'en	Whistler
Williams Lake	Winlaw	Woss	Woyenne
Yekooche	Zeballos		

## Appendix 6: Communities Located in Fraser Health Region

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This lists all the communities located in the [Fraser Health Authority region](#):

- Burnaby
- Chilliwack
- Coquitlam
- Delta
- Hope
- Langley
- Maple Ridge
- Mission
- New Westminster
- Pitt Meadows
- Port Coquitlam
- Surrey
- White Rock

## Appendix 7: Communities Located in Island Health Region

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This lists all the communities located in the [Island Health Authority region](#):

- Alert Bay
- Campbell River
- Comox
- Cortes Island
- Courtenay
- Denman Island
- Gold River
- Hornby island
- Kyuquot
- Port Alice
- Port Hardy
- Port McNeill
- Sointula
- Tahsis
- Bamfield
- Bowser
- Gabriola Island
- Nanaimo
- Parksville
- Port Alberni
- Qualicum
- Qualicum Beach
- Tofino
- Ucluelet
- Central Saanich
- Chemainus
- Duncan
- Galiano Island
- Ladysmith
- Lake Cowichan
- Mayne Island
- Mill Bay
- Pender Island
- Salt Spring Island
- Saturna Island
- Sidney
- Colwood
- Esquimalt
- Highlands
- Jordan River
- Langford
- Mechnonish
- Oak Bay
- Port Renfrew
- Saanich
- Sooke
- Victoria
- View Royal

## Appendix 8: Health & Safety Orientation Checklist



### Physical Therapy Student Health & Safety Orientation Checklist

Student Name	Student Email						
Site	Placement Start Date						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 12.5%; text-align: center;">1A</td> <td style="width: 12.5%; text-align: center;">1B</td> <td style="width: 12.5%; text-align: center;">2A</td> <td style="width: 12.5%; text-align: center;">2B</td> <td style="width: 12.5%; text-align: center;">3A</td> <td style="width: 12.5%; text-align: center;">3B</td> </tr> </table>	1A	1B	2A	2B	3A	3B
1A	1B	2A	2B	3A	3B		
	Level						

**\*\*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.*

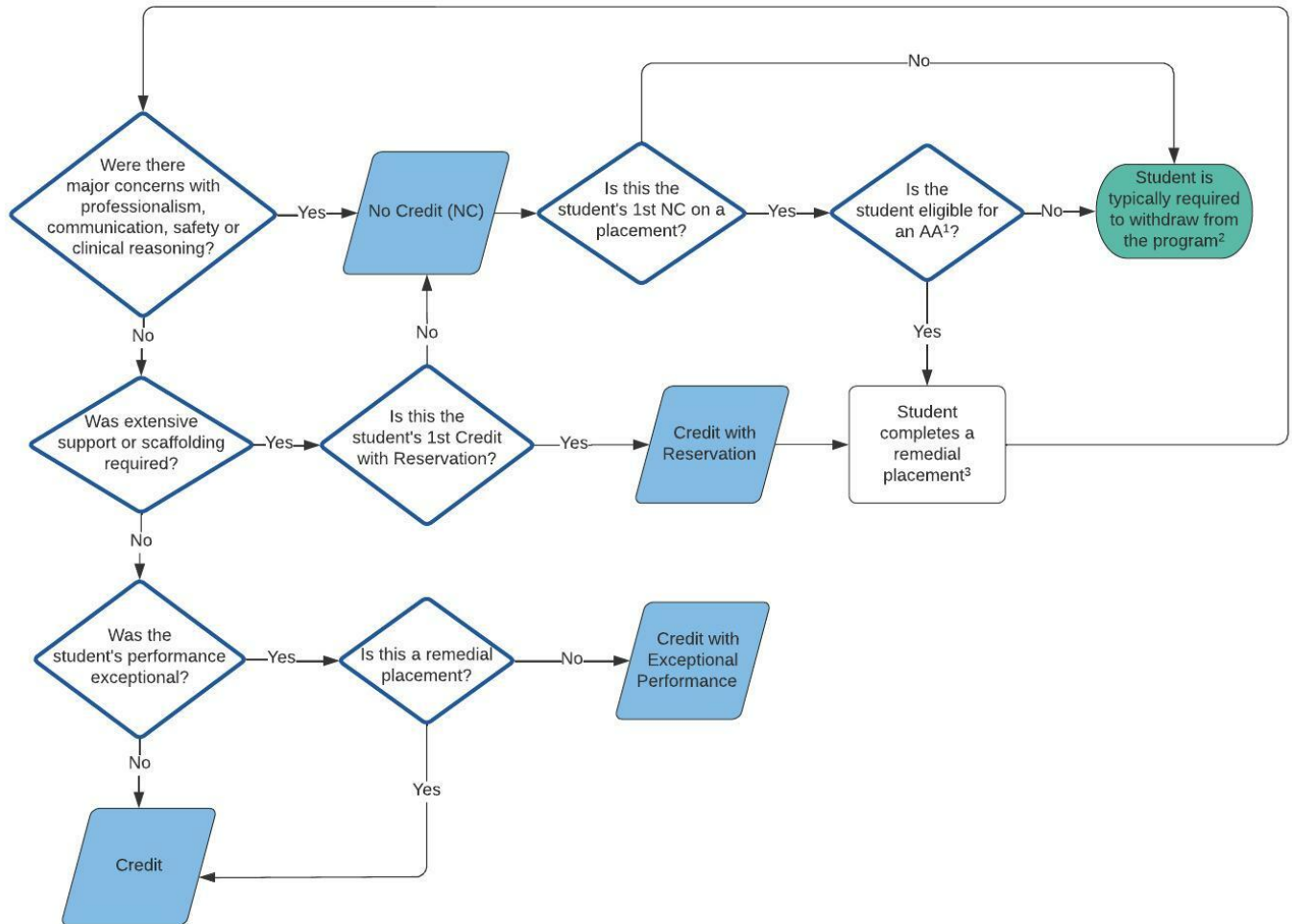
**GENERAL ORIENTATION**

- 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.hspanada.net/docs/peg/3\\_3\\_Adverse\\_Event\\_Reporting.pdf](http://www.hspanada.net/docs/peg/3_3_Adverse_Event_Reporting.pdf)
- I know when to wear personal protective equipment (e.g.: gowns, gloves and eye protection).
- I am aware that I may be exposed to infectious diseases during my rotation and will follow site procedures/instructions provided by my preceptor for infection control procedures.
- I will follow proper [hand washing techniques](#) before and after each patient.
- Should I be required to do so, I am aware that I should ask my preceptor for direction in the [Safe Work Procedure for handling and disposing of sharps](#).
- I am aware that I should follow appropriate procedures in case of "blood or bodily fluid" exposure, as outlined in [www.hspanada.net/docs/peg/3\\_5\\_Injury\\_Exposure\\_Blood\\_Body\\_Fluids.pdf](http://www.hspanada.net/docs/peg/3_5_Injury_Exposure_Blood_Body_Fluids.pdf) and [www.healthlinkbc.ca/healthfiles/hfile97.stm](http://www.healthlinkbc.ca/healthfiles/hfile97.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.hspanada.net/docs/peg/3\\_1\\_Negative\\_Behaviour\\_Practice\\_Setting.pdf](http://www.hspanada.net/docs/peg/3_1_Negative_Behaviour_Practice_Setting.pdf).

Clinical Educator Name <small>(print)</small>	Clinical Educator signature	Clinical Educator email
Student signature	Date	

W:\CLINICAL EDUCATION\WorkSafeBC\PT Student Health & Safety Orientation Checklist (Mar 2021)

## Appendix 9: Placement Grading and Student Progression



1. Students cannot complete more than two alternate assessments (AA) within the MPT program
2. See failing an AA or an entire course in the Clinical Education Manual
3. Remedial placements occur in the same clinical practice area with the same level of complexity. Remedial placements for 1A, 1B and 2A placements are completed in lieu of an elective. Remedial placements for 2B, 3A and 3B are scheduled as soon as possible. Completing remedial placements may result in delayed graduation.