Supervising/teaching an OT student for the first time?

Quick guide to support clinical educators

McGill University – School of Physical and Occupational Therapy

***Should you have questions or concerns during your student-educator relationship, please contact the Clinical Education OT Program:***

**CONTACT INFORMATION**

**Caroline Storr**, Academic Coordinator of Clinical Education

Office D2

E-mail: caroline.storr@mcgill.ca

Phone: 514-398-6561 Fax: 514-398-6360

**Susanne Mak,** Associate Academic Coordinator of Clinical Education

Office D38

E-mail: susanne.mak@mcgill.ca

Phone: 514-398-2772  Fax: 514-398-6360

**Marie-Lyne Grenier,** Associate Academic Coordinator of Clinical Education

Office DB6

Email: [marie-lyne.grenier@mcgill.ca](mailto:marie-lyne.grenier@mcgill.ca)

Phone: 514-398-4400 ext. 2553 Fax: 514-398-6360

Administrative Coordinator of Clinical Education

Office D4

E-mail: [clinicaleducation.spot@mcgill.ca](mailto:croce.filteau@mcgill.ca)

Phone: 514-398-1293 Fax: 514-398-6360

**Supervisors: Where to send the student’s final evaluation?**

* By mail:

School of Physical and Occupational Therapy, Davis House

Attention: Caroline Storr

3654 Prom. Sir William Osler

Montreal, Quebec, H3G 1Y5

* By fax:

514-398-6360

* By email (electronic document or scanned version):

[Caroline.storr@mcgill.ca](mailto:Caroline.storr@mcgill.ca), [Susanne.mak@mcgill.ca](mailto:Susanne.mak@mcgill.ca) or Marie-Lyne.grenier@mcgill.ca

**McGill Policies and Procedures**

**Student Prerequisites**

* PDSB Workshop
* CPR/First Aid
* Immunization
* Mask fitting
* Confidentiality form signed
* Language awareness form signed
* Criminal background check: Self-declaration affidavit

**What is the university process to assign clinical courses?**

* Students are usually assigned 2 months prior to the beginning of each clinical course, based on their personal preferences, their previous experience (all students must have diversified fieldwork experience), the sites requirement, their language proficiency and lastly, where they live.
* In the spring, each year, a call for availability is sent to all our clinical sites, for the upcoming school year.
* A reminder is sent 4-6 months prior to each clinical course to obtain enough clinical courses for all our students.
* A confirmation email with the contact information of the student assigned to you is usually sent 6 weeks prior to the start of each clinical course.
* Unfortunately, last minute cancellations happen. Therefore, we are occasionally soliciting sites in the weeks prior to the start of each clinical course in the event of shortage.

**Student Absence**

Students are required to complete a minimum of 1000 hours of placement experience to meet the Canadian Association of Occupational Therapists (CAOT) accreditation guidelines and program educational requirements. Therefore, in case of absence, an arrangement must be made to make up time. This arrangement is at the discretion of the fieldwork educator (additional time for residual days, additional days at the end of the clinical course, special project to do outside the usual hours). For an absence of more than 2 days, a doctor's note is required.

**Student Work injury**

The CSST & McGill Liability Insurance covers students.

If an injury occurs, the student must follow the following steps:

* 1. Notify supervisor
  2. Complete an Accident Report Form
  3. Call 514-398-4900 (Health Insurance office)
  4. Call one of McGill’s SPOT academic coordinators of clinical education:
     + Caroline Storr, Susanne Mak or Marie-Lyne Grenier

**If my student is experiencing difficulties, what can I do?**

* For any questions or doubts, please contact the McGill academic coordinators of clinical education, as early as possible. They can help to support you and the student.
* Define the problem and gather your data
* Determine the impact on the supervisor, the student and the system
* How will you address it? How will you involve the student?
* Who should be involved in the intervention?
* What is your time frame?
* Explain the difficulties
* Define clear expectations of performance

**Students: What are the mandatory documents for students to keep for their records for their student professional portfolio and also submit to McGill (Mycourses)?**

1. A copy of their final evaluation CBFE-OT -signed
2. A copy of the Student feedback on site –also a hard copy shared with the site on final evaluation day
3. The completed clinical experience booklet with the supervisor’s signature.

Students must upload the #1 and #2 after each clinical course to our “MyCourses” platform for our review. #3 should be submitted at the end of the 4 clinical courses and bought to each student debriefing clinical seminar.

**Dates for each clinical course**

**MSc (OT)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March |
| M1 | 1st clinical course  6 weeks  (Level 1) | | 2nd clinical course  7 weeks  (Flexible dates)  (Level 2) | | | Campus-based courses | | | | 3rd clinical course  8 weeks  (Level 2) | | Campus-based courses (9 weeks) |
| M2 | Research project | | | | | 4th clinical course  8 weeks  (Level 3) | | Graduation early November  (ready for licensure)  Convocation in May | | | | |

**Overview of the curriculum MSc(A) OT**

**Content taught before the 1st clinical course to the BSc (rehabilitation science – OT) and the Qualifying year** (in brief, for more details, please refer to our Curricular Enabling Document):

* Manual muscle testing and goniometry
* Orthotic prescription, design, fabrication and evaluation
* Physical, cognitive and ADLs standardized assessments
* Therapeutic Interventions: grading activities; interviewing skills, role play
* PDSB, Patient Safety, Falls Prevention
* Child normal development
* SOAP charting
* Wheelchair prescription and positioning, pressure sore prevention
* Mental health, Neurology, MSK
* Pediatric, Adult, Elderly

|  |  |
| --- | --- |
| **MODELS OF CLINICAL SUPERVISION** | |
| **A: TYPICAL CLINICAL PRACTICUM** | |
| Full-time clinical educator | 1 - 2 students, or a group of students |
| Part-time clinical educator |  |
| * + Works less than 3 days a week | Share 1-2 students, or a group of students with another clinical educator |
| * + Works 3 or more days a week | 1 - 2 students, or a group of students |
|  | |
| **B: OUTREACH COMMUNITY PRACTICUM** | |
| * This practicum is designed to provide students with the opportunity of developing a role for OT at a community agency * Students are assigned in pairs * Students have:   + An onsite supervisor (not an OT) who provides supervision for daily operations of the agency   + A clinical educator (is an OT) who is responsible for guiding and mentoring the students in OT practice. Number of hours of supervision varies in accordance with students’ learning needs | |

**Student Learning expectations**

Each setting is unique with regard to clientele, organization of services, responsibilities of therapists, specific program and interventions. There is no “universal” set of objectives that can be applied to all centers, but the McGill University is providing general objective of performance for each level. Therefore, each institution should adjust the goals of the clinical course according to your clinical realities and the specific needs of your clients.

In general,

**What should a Level 1 be doing?**

* Observe as much as possible (observation is part of learning)
* Ask questions to self, to supervisor and to peers
* Begin interacting with other disciplines
* Perform interviews and synthesize findings
* Interact with clients (adapting communication, establishing trusting and therapeutic
* relationship, etc…)
* Perform parts or whole of evaluations (musculoskeletal vs. neuro, peds, psych.)
* Share findings of the evaluation and beginning to question what it means
* Write short and long term goals
* Activity analysis
* Participate in treatment planning as appropriate
* Establishing own learning objectives with the guidance of the clinical educator

**What should a level 2 be doing?**

* Become increasingly self-directed
* Question more and more what is done, decisions that are made, evaluations used, etc.
* Demonstrate a higher level of competence in initiative, problem solving and clinical reasoning
* Organize schedule and manage time, set priorities with minimal supervision
* Being responsible for a client from admission to discharge (the level of supervision depends on level of student’s competence)
* Make decisions regarding evaluations and treatment planning based on sound judgment and in consideration of all occupational performance areas
* Analyze findings from assessments done with higher level of independence
* Question and provide justification to decisions made
* Attend meetings and begin to be accountable for own clients
* Begin to refine the clinical reasoning process by asking questions, finding answers, and demonstrating competence in client care
* Independent in giving and receiving feedback
* Establish own learning objectives

**What should a level 3 be doing?**

* Establishing own learning objectives, based on a self-evaluation of the areas for improvement
* Have achieved level of professional competence in communication, initiative, problem solving and professionalism (should require very minimal coaxing in these areas)
* Independent in work management skills
* Demonstrate a higher level of clinical reasoning
* Carry a case load which is close to a newly graduated occupational therapist by the end of rotation
* Be fully accountable for own clients and use supervisor as a mentor
* Demonstrate motivation to be involved in other areas of practice or non-traditional interventions

**Supervisors-Educators: What should I prepare before the beginning of each clinical course?**

1) Prepare the facility

* Assemble resources available to encourage self-directed learning
* Policies & procedures of the institution
* Old medical charts/reports/report templates
* Textbooks
* Articles
* Take care of the logistic details:
  + Access to a computer/password
  + Room for student with locked cabinet
  + Hospital card
* Organize the orientation within the practice setting
* Inform your colleagues (OTs and team member) that you will receive a student

2) Prepare your clients

* Select the right case load
* Inform your client(s) you will receive a student
* Obtain consent for being treated by a student

3) Prepare yourself

* Read the student letter of introduction. Each student should send you a brief letter of introduction at least 2 weeks before the start of a clinical course (sent to portal contact)
* Review the evaluation form and the McGill learning objectives
* Determine your site/program student expectations (learning contract)
* Reflect on your teaching style, your communication style and your experience
* Identify your strengths and areas to improve
* Identify resources if needed
* Free On-line modules for supervisor training:

<http://www.mcgill.ca/spot/clinicaleducation/supervision>

**Teaching tools to support clinical education**

* **Learning contract:** Document developed between student and clinical educator to harmonize institutional, professional and field requirements and establish clear expectations of performance. Make students accountable for their learning and take an active part in their learning (Please contact us if you want to obtain a learning contract template).
* **Reflective journal:** The reflective journal is one strategy/educational tool that has been identified to assist students to reflect on their clinical experiences and to give another avenue to facilitate student learning. (Lukinsky, 1990). It can help to assist students to reflect on their clinical experience.
* **McGill SPOT website** ([www.mcgill.ca/spot/clinicaleducation](http://www.mcgill.ca/spot/clinicaleducation)): All documents related to clinical education are available on our website. You can find all the details concerning our OT curriculum, the learning objectives for each clinical course, the details on our research seminars and the OT/PT research projects.
* **On-line learning modules:** An excellent series of online modules have specially been designed to support clinical educators. Those modules are free of charge with registration and are available in French or English. They can be access via McGill SPOT website (<http://www.mcgill.ca/spot/clinicaleducation/supervision>).
* **McGill SPOT Continuing Education workshops:** Annual continuing education workshops are offered by the School of Physical and Occupational Therapy. For more information on the continuing education workshop, please contact us.

**How to complete our fieldwork evaluation?**

**Competency Based Fieldwork Evaluation for Occupational Therapy (CBFE-OT)**

Bossers, A., Miller, L.T., Polatajko, H. J., & Hartley, M. (2007). Toronto, ON: Thomson Limited.

The CBFE-OT is the evaluation measure used to evaluate the competencies of an occupational therapy student at McGill University. This evaluation tool is composed of seven competencies and associated behaviours. For each competency, the fieldwork educator must score the student qualitatively (comments on student’s performance) and quantitatively (score). Students are also expected to grade themselves based on their overall performance for each competency (not only on their personal learning objectives). The evaluation can be completed electronically or on paper.

**Quantitative score for Level 1 student:**

The scores should range from 1 to 3. It is not uncommon for students performing well to have scores of 3 in all competencies at the final evaluation. Scores over 3 should not be given to Level 1 student. If a student is performing above the expectations for his/her level, the score E (for exceptional) should be given.

* Score U = The student’s performance is unacceptable for level 1 expectations
* Score 1 = The student is experiencing difficulties for level 1 expectations
* Score 2 = The student’s performance is nearly meeting level 1 expectations
* Score 3 = The student’s performance clearly meets level 1 expectations

**Quantitative score for Level 2 student:**

Students in level 2 should have scores in the range of 3 to 6. It is not uncommon for

students performing well to have scores of 6 in all competencies at the final evaluation. Scores over 6 should not be given to Level 2 student. If a student is performing above the expectations for his/her level, the score E (for exceptional) should be given.

* Score 3 = The student’s performance is unacceptable for level 2 expectations
* Score 4 = The student is experiencing difficulties for level 2 expectations
* Score 5 = The student’s performance is nearly meeting level 2 expectations
* Score 6 = The student’s performance clearly meets level 2 expectations

**Quantitative score for Level 3 student:**

Students in level 3 should have scores in the range of 6 to 8. It is not uncommon for

students performing well to have scores of 8 in all competencies at the final evaluation. If a student is performing above the expectations for his/her level, the score E (for exceptional) should be given.

* Score 6 = The student is clearly experiencing difficulties for level 3 expectations
* Score 7 = The student’s performance nearly meets expectations for level 3 expectations
* Score 8 = The student’s performance clearly meets level 3 expectations; the student is ready to enter Occupational Therapy practice