School of PHYSICAL & OCCUPATIONAL Therapy

EXCELLENCE THROUGH GROWTH

McGill University

CLINICAL REFERENCE DOCUMENT

EXCELLENCE THROUGH GROWTH

L'EXCELLENCE PAR LE RAYONNEMENT

CONTENTS

The overall program is made up of 58 credits of academic and clinical courses. There are 4 clinical practicum courses which cumulatively require over 1000 hours of clinical practice and have a value of 30 credits.

Table 1 **Overview of program.**

Course Number	Course Title	Full-Time Weeks	Credits
OCC1 501	Clinical Practicum 1	6	7
OCC1 502	Clinical Practicum 2	7	7
OCC1 503	Clinical Practicum 3	8	8
OCC1 504	Clinical Practicum 4	8	8

* Exception: Students undertaking international or out-of-province placements will have a course duration of 61 days (more than 8 weeks) if they intend to apply for financial aid.

Practice education will be arranged with McGill affiliated facilities. It is mandatory that students be able to speak English and French for these facilities. At times, students may request a clinical course outside the Montréal region (these regions may also include Canada and international locations including the US). The occupational therapy program has developed specific guidelines pertaining to out-of-province and international placements. All students must follow these guidelines without exception.

Every attempt will be made by the university to place students within McGill's catchment territory; this may also include rural areas of Québec such as Valleyfield or Huntingdon, and more remote McGill RUIS territory such as Abitibi-Témiscamingue or the Cree Territories. All costs related to local and distant locations are the students' responsibility and it is expected that students will plan accordingly. In some instances, partial funding is available and all attempts will be made to assist students. Once students have been assigned to their respective course locations, based on interest, clinical profile requirements, and site availability, students are NOT permitted to request changes. Students must be aware that last minute changes to practice area do occur from the site due to staffing issues and students must be prepared to

adapt to these unforeseen changes. Traditional, community service development, and role-emerging fieldwork sites will be used. The latter two will consist of facilities/agencies/programs, which do not employ an Occupational Therapist directly on site. Supervision/consultation will be provided off-site by Occupational Therapists who work in various settings with the relevant expertise. The type of supervision will be commensurate with the student's level of training, interest, and previous fieldwork experience. Typically, the role-emerging experience is better suited for the level 2b and 3 students.

All students are expected to be familiar with the clinical documents (4) which support the 4 clinical courses. These include the following:

1. Clinical Reference Document (located on the SPOT website).
2. Appropriate clinical course outline: OCC1 501, OCC1 502/503, and OCC1 602 (located on the SPOT website).
3. Clinical Experience Booklet (provided to students in fall term U3/QY).
4. Clinical Manual (provided to students in e-Fieldwork in winter term U3/QY).

1. COURSE PREREQUISITES (PRE)

1.1. IMMUNIZATION AND MASK-FITTING

Prior to starting their first clinical course, students must ensure that their immunization records are complete and that they have completed their mask-fitting. Failure to do so will prevent students from starting their first clinical course. Students must contact Student Health Services for a mask-fitting appointment or attend announced group appointments. All supporting documentation regarding immunization must be submitted to McGill Student Health Services. Students must begin this process early understanding that access to Health Services is limited.

McGill Student Health Services will provide students with cards that will attest the completion of the immunization requirements and will contain information regarding mask-fitting. Cards will be provided to students upon immunization and mask-fitting completion. Students are required to submit an electronic copy of the immunization card provided by McGill Health Services to e-Fieldwork by the first clinical seminar in winter term U3/QY year (TBA).

Please consult the McGill University website, Student Health section for information on the specific immunization requirements [http://www.mcgill.ca/studenthealth/immunize/].

1.2. CARDIOPULMONARY RESUSCITATION (CPR)/FIRST AID

Students are responsible for certification and renewal of their CPR/First Aid certification. A minimum of a level C+/HCP (health care professional) with AED (automated external defibrillator) course including adult, children, and infants is required. It is the student's responsibility to contact one of the CPR/First Aid course providers (e.g. Red Cross, St John's Ambulance, Bronze Medallion), to register and pay the registration fees. Students are required to upload a proof of status to e-Fieldwork by the first clinical seminar in winter term U3/QY year (TBA).

1.3. SECURITY CHECKS

All students must complete a signed affidavit/criminal record check in the January clinical seminar, during the first clinical course. Some sites (all out-of-province) might demand an additional police check and sufficient time should be planned as it can take six weeks to complete. Proof of affidavit completion must be submitted to e-Fieldwork by the first clinical seminar in term B U3/QY year. Some sites (e.g. Ste. Anne's Veterans Hospital, Summit School, Peter Hall School, Québec Society for Disabled Children, Batshaw Youth and Family Services) have their own process so students assigned to those sites will have additional vulnerable sector screening requirements. Students are expected to review the site approval document [www.mcgill.ca/spot/clinicaleducation] for the site specific information upon receiving their course assignment.

1.4. CONFIDENTIALITY FORM

All students must sign the School of Physical and Occupational Therapy confidentiality statement on protection of personal health information prior to the start of their first clinical course. This form is found in the Clinical Experience Document provided to students. Students should submit a copy of this form to e-Fieldwork by the first clinical in term A U3/QY year.

1.5. LANGUAGE

All clinical sites in the province of Québec require students to speak French. Students who do not speak French may request out-of-province or international assignments as per the appropriate guidelines. Such requests are strictly subject to availability and cannot be guaranteed. Students are strongly encouraged to upgrade their written and oral French proficiency with non-credit courses offered by the McGill Language Center.

1.6. LANGUAGE AWARENESS FORM

All students must sign the School of Physical and Occupational Therapy language awareness statement indicating their awareness of language requirements in the province of Québec prior to the start of their first clinical course. This form is found in the Clinical Experience Document provided to students. Students should submit a copy of this form to e-Fieldwork by the first clinical seminar in term A U3/QY year.

1.7. STUDENT PREGNANCY POLICY

Students should be advised that many sites are not able to accommodate pregnant students given the work conditions. In such cases, students are recommended to defer their clinical course. Students must inform the ACCE in the event of pregnancy so that appropriate planning can take place and that the site's workplace policies can be respected.

1.8. SPECIAL ACCOMMODATION

Students requesting disability-related accommodations are responsible for initiating contact with the OSD office and making the nature of their disability and/or their needs known in a timely fashion. For each clinical course, the student must communicate with the Program Director or the Academic Coordinator of Clinical Education at least 4 months prior to the beginning of the clinical course. If you have a disability, please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office of Students with Disabilities at (514) 398-6009 before you do this.

1.9. NAME TAGS

Name tags are organized by the clinical education team and are given to the students during the Name Tag Ceremony at the end of the U3/QY Winter term, prior to OCC1 501: Clinical Practicum 1. Name tags are mandatory and must be worn at all times during the clinical course.

1.10. MYCOURSES PASSWORD

Students need to ensure they can access myCourses using their Minerva ID and password.

Contact the McGill ICS Computer Support if you have problems accessing myCourses

> – **Failure to complete the required prerequisites before the clinical course may result in a student's non-admission to a clinical facility and subsequent inability to complete the clinical course. This policy applies to all placements including international and out-of-province course assignments.**

[support.ist@mcgill.ca or (514) 398-3398].

2. CLINICAL COURSES (DURING)

2.1. PANDEMIC POLICY

Students in learning situations should not be exposed to clients with identified viruses where possible and must follow prescribed facility regimen. The OT program follows McGill official policy. In the event of student illness, students are permitted to miss 2 consecutive days of clinical courses without a doctor's note but they must self-report to their clinical educator and the ACCE. Missed time will be made up on a case by case basis.

2.2. INFECTION CONTROL

Preventive measure:

- Mask-fitted.
- Never recap needles.
- Place used disposable sharp instruments into "sharps" container immediately after use. Keep hands out of container.
- Non-disposable instruments must be accounted for and placed clearly in view.
- Use of gloves is recommended. Protective eyewear should be worn if there is a possibility of splattering.

In the event of an exposure incident, such as a mucous membrane or parenteral exposure (i.e. the pathogen is introduced directly into the body through a break in the skin by needle stick or through a cut with a contaminated object) the post exposure procedures outlined below are to be followed:

In the event of an exposure to human bloods or other potentially infectious materials:

1. Immediately cleanse the wound or exposed surface with soap and water, or flush exposed mucous membranes with water for at least 15 minutes.
2. The individual notifies his/her supervisor, completes the Post Exposure Bloodborne Pathogen Risk Identification Checklist, and then proceeds to the ER of the Montréal General Hospital to obtain appropriate medical care. It is essential to be seen within two hours after the exposure or as soon as possible. If hospital care is required, take your immunization booklet or health record with you and the hospital will run any and all necessary tests.
3. Any remaining blood involved in the incident is saved for subsequent testing, and the offending object (syringe, knife, etc.) is disposed of in a safe manner.
4. Within 24 hours, fill out the McGill Accident and Incident Report Form.
5. Send the Accident and Incident Report form (with victim and supervisor sections completed) to the Environmental Health & Safety Office by email or by fax at (514) 398-8047.

Any questions? Call McGill Student Health Service: (514) 398-6017

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[5] http://www.mcgill.ca/ehs/laboratory/ohs/bloodborne-pathogens/exposure

2.2.2. REPORT TO INFECTION CONTROL

During a clinical rotation, if you are diagnosed with any of the following infectious diseases, you must report to the Infection Control Center of staff at your hospital:

− Chicken x-varicella (or recent exposure, if susceptible)	− Conjunctivitis ('pink eye")
− Diarrhea	− Diphtheria
− Fifth Disease (Erythema Infectiosum)	− Gastro-enteritis
− Hepatitis A	− Herpes Zoster
− Impetigo or draining/open skin sores	− Measles
− Mumps	− Pinworms
− Poliomyelitis	− Pubic Lice
− Rubella Whooping Cough	− Scabies
− Scarlet Fever and Streptococcal Pharyngitis	− Tinea Infections (ringworm)
− Tuberculosis	− Typhoid or Paratyphoid Fever
− Whooping Cough	

2.3. SAFETY OF CLIENTS AND STUDENT SAFETY

The student has the right to refuse to do an intervention if this poses a risk to the student's safety or health or if it poses a risk to a patient's safety or health. All students must attend the mandatory Principles for Moving Patients Safely (PDSB) course content in POTH 563 in term A U3/QY as it is a prerequisite for the four clinical courses, and maintain competency in transfer and mobility techniques. Failure to respect patient safety at all times can result in immediate failure and termination of the learning experience.

2.4. ACCIDENT AND INCIDENT INSTRUCTIONS

Students doing clinical courses in Québec are covered by CSST and McGill liability insurance (for out-of-province and international fieldwork see note below). ~~Students are referred to the Clinical Experience Booklet for step by step instructions to follow in case of accident or~~

~~incident.~~In case of an accident/incident while on fieldwork, in Québec or elsewhere, follow the procedures indicated below.

2.4.1. STUDENT PROCEDURES

If needed, consult a physician as soon as required.

1. Notify your clinical supervisor in the setting where you are doing your fieldwork
2. Fill out the Accident Report Form.
   - An online version is available [http://www.mcgill.ca/ehs/forms/forms/accident-and-incident-report].Click **Accident and Incident Report**.
3. Notify the School of Physical and Occupational Therapy:
   - Professor Caroline Storr, Susanne Mak or Marie-Lyne Grenier, Academic Coordinators of Clinical Education - OT Program.
4. If you are unable to return to your clinical course assignment because of the injury:
   - Ask your doctor to fill a Medical Report (CSST form). Physicians usually have this form. If not, contact the administrative coordinator by phone (514) 398-1293, or by email [clinicaleducation.spot@mcgill.ca].
5. If you have medical expenses related to the accident:
   - Fill in a worker's claim in order to ask for reimbursement. To receive this form contact the administrative coordinator by phone (514) 398-1293, or by email [clinicaleducation.spot@mcgill.ca].

2.5. CONTINGENT LIABILITY INSURANCE INFORMATION (MCGILL)

If proven that you are held accountable: The fieldwork supervisor assumes primary responsibility for the client.

However, the students are aware that:

a) Assessment or treatment is not to be initiated without the fieldwork supervisor's knowledge.
b) Established facility/institution procedures must be followed at all times.
c) Client records must be co-signed by the fieldwork supervisor (verify with your supervisor regarding the logistics of this i.e. frequency).
d) Confidentiality of client information must be maintained.

- **Students doing out-of-province or international placements** will also be covered by CSST provided they have a Québec address at the time the clinical course was confirmed. For additional information regarding accidents/incidents while on fieldwork, or to confirm your coverage during out-of-Québec clinical courses, students can contact the Coordinator of CSST and Disability Claims (514) 398-4900 or (514) 398-4563.
- **U1 shadowing/M1 mentoring project**: As for students doing a clinical course, U1 students are also covered by CSST/ liability insurance while doing the ½ day site visit.

2.6. ATTENDANCE

Attendance during university based mandatory clinical practicum seminars (OCC1 500 and OCC1 600) is a prerequisite for each clinical course. Failure to do so will result in non-admission to the clinical course.

It is mandatory for all students to complete all clinical course hours. If a student is absent due to health reasons, the student must make up the time missed. These arrangements are made between the clinical educator and the student understanding the requirements of the clinical site. In most situations, students exceed the working hours when their additional preparation time is considered. Students should contact the ACCE in case of prolonged absence. If the clinical educator is absent, he/she must arrange for the student's teaching/mentoring by another therapist. If the clinical educator is a sole/charge therapist, alternative arrangements are made between the ACCE and the clinical educator.

2.7. PROFESSIONAL CONDUCT

Professionalism and accountability are expected throughout the course of the semester. This includes the ongoing respectful nature of teacher-student as well as student-student interactions.

2.8. TECHNOLOGY IN CLASS

Your respectful attentive presence is expected, therefore while you are permitted to use your laptop in class, it is understood that you will not be using your laptop or cell phone for social purposes during class time (e.g. email, MSN, SMS). Your cell phone should be on silent during class time and phone calls should only take place during the break or after class.

2.9. PLAGIARISM/ACADEMIC INTEGRITY

McGill University values academic integrity. Therefore, all students must understand the meaning and consequences of cheating, plagiarism and other academic offences under the Code of Student Conduct and Disciplinary Procedures [www.mcgill.ca/students/srr/honest/].

2.9.1. STUDENT GUIDE TO AVOID PLAGIARISM[2]

Academic integrity is important. Anything that undermines the evaluation process at McGill undermines the value of our degrees. McGill's Code of Student Conduct and Disciplinary Procedures appears in the Handbook on Student Rights and Responsibilities. Article 15(a) of the Code, which is devoted to plagiarism, reads as follows: No student shall, with intent to deceive, represent the work of another person as his or her own in any academic writing, essay, thesis, research report, project or assignment submitted in a course or program of study or represent as his or her own an entire essay or work of another, whether the material so represented constitutes a part or the entirety of the work submitted.

J. Raymond Hendrickson, in his book, "The Research Paper" (Henry Holt and Company, New York, 1957), suggests the following guidelines for avoiding plagiarism:

- *When writing a paper try to use your own words the majority of the time.*
- *When you do use another person's words, use quotation marks and give credit to the source, either within the text or in a footnote.*

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[2] Adapted for students in the Faculties of Arts and of Science from a guide for students in the Faculty of Management, McGill University.

- *Don't make slight variations in the language and then fail to give credit to the source. If the expression is essentially the same, the author still deserves credit.*
- *Even if you aren't directly quoting the material, you should still document information and ideas that you use in your paper whenever they are new to you (i.e., something that you discovered in your research).*
- *If you're unsure, add the footnote or citation. It is better to be extra cautious than not give credit when you should.*

These rules concern information obtained from any source (e.g., books, journal articles, the internet, or other students) and apply to any written submission (term papers, essays, assignments, take-home exams, and lab reports).

The following web sites are helpful references:

- "Plagiarism—The Do's and Don'ts" [www.sfsu.edu/~rone/Plagiarism.html] (includes detailed examples of acceptable and unacceptable instances of citing sources);
- "Plagiarism and How to Avoid It" [www.geocities.com/Athens/Troy/8866/6plagiar.html] from "A Research Guide for Students" by I. Lee;
- "How Not to Plagiarize" [www.utoronto.ca/writing/plagsep.html].

Remember that, according to McGill's Code of Student Conduct and Disciplinary Procedures, plagiarism is an academic offence. Students who are found violating the Code will be reported to the Associate Dean and subject to appropriate disciplinary action.

2.10. RIGHT TO SUBMIT IN ENGLISH OR FRENCH WRITTEN WORK THAT IS TO BE GRADED

In accord with McGill University's Charter of Students' Rights, students in this course have the right to submit in English or in French any written work that is to be graded, except in courses in which acquiring proficiency in a language is one of the objectives.

2.11. CONSEQUENCES OF NOT COMPLETING ASSIGNMENTS AS REQUESTED

Failure to submit formative assignments will result in delayed clinical course assignment. Any requests for extensions or delays in submitting assignments must be accompanied by a medical certificate.

2.12. DRESS CODE

Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

2.13. CLINICAL COURSE HOURS

The cumulative clinical course hours over the course of the four clinical courses equal 1160 hours based on a 40-hour week (29 weeks full-time). No absences are permitted and absences due to illness or for compassionate reasons must be made up. The program expects additional hours to be completed for self-directed study depending on the individual learner's familiarity with the practice environment. It is the educator's responsibility to determine a feasible solution to make up missed hours. Missing hours must be documented on the final evaluation form.

2.14. TERMINATION OF CLINICAL COURSE

The Academic Coordinator of Clinical Education or their designate has the authority to terminate the clinical course after the mid-term evaluation, if the overall situation or specific student behaviours are judged to be unprofessional, detrimental or unsafe to the student, clinical site, or clients. Course termination for these reasons will only be carried out in extreme circumstances and will constitute a course failure ('F' grade).

Students under no circumstances may independently terminate their course without consulting the ACCEs first and presenting a medical note.

2.15. SPECIAL REQUIREMENTS FOR COURSE COMPLETION AND PROGRAM CONTINUATION

The clinical practicum courses fall under the regulations concerning individual and group evaluation. Please refer to the section on marks in the Rules and Regulations for Student Evaluation and Promotion of the Occupational Therapy Course Guides.

2.16. MONITORING OF STUDENTS DURING CLINICAL COURSES

Student progress in the clinical courses is monitored closely by the ACCEs through mid-term follow-up to clinical educators. The follow-ups allow for feedback on the student's performance as well as to detect difficulties early in the fieldwork learning experience. This feedback mechanism ensures that students are provided with adequate counseling and assistance in order to optimize chances for a successful learning experience. All students are given the opportunity to discuss learning objectives as well as strengths and weaknesses individually with an ACCE. This individualized counseling and mentoring program is available for all students regardless of whether they have been identified as having difficulties in their clinical courses or not. Students are expected to keep a professional portfolio of their CBFEs, projects, and learning objectives, and to review these prior to each clinical course.

2.17. SUPPORT FOR STUDENTS IN DIFFICULTY

In situations where students are presenting difficulties meeting expectations of performance, sites and/or students are expected to contact the ACCE for discussion and problem solving. When necessary, a visit is scheduled for a meeting to take place between the clinical educator, the student, and the ACCE from the university. This allows for effective communication between the parties and provides support for both the student and the clinical educator.

2.18. EVALUATION OF STUDENT LEARNING AND FAILURE IN A FIELDWORK COURSE

The Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE) is used to evaluate student performance. The copyright 2007 is the only accepted version used for grading. Grades for the four clinical courses are based upon a letter grade system. Although each clinical educator (CE) evaluates students' performance using the CBFE, it is the ACCE who assigns the final grade.

The final grade is based upon the averaged numerical score, and the CE's verbal and written feedback throughout the clinical course. If there are concerns about the student's performance,

CEs should contact the University as soon as possible. **Student inquiries or concerns regarding the final grade should be directed to the University at all times.**

A letter grade inferior to a B- in a clinical course is considered a fail. Students who fail a clinical course may be granted permission to do a remedial clinical course if they are in satisfactory standing. *The Academic Coordinator of Clinical Education or their designate has the authority to terminate the clinical course after the midterm evaluation, if the overall situation or specific student behaviours are judged to be unprofessional, detrimental or unsafe to the student, clinical site or clients. Course termination for these reasons will only be carried out in extreme circumstances and will constitute a course failure ('F' grade).*

The dates of the remedial will be arranged with the Academic Coordinator of Clinical Education (ACCE) and will depend on the availability of clinical sites. Every effort will be made to have the remedial completed with the same or subsequent promotion period (see Clinical Practicum Guidelines). If the repeated course or any subsequent clinical course is failed, the student will be asked to withdraw from the program.

Students are reminded that, due to the sequential nature of the program, the failure to successfully complete a clinical course may lead to delayed completion of the program (see Clinical Practicum Guidelines). Following a failed clinical course, a student will complete the remedial course in the following fieldwork period. Therefore, the final clinical course will be delayed and thus completed in the latter part of the Fall term (November-December). If the student must complete the final clinical course in the subsequent term due to lack of availability of fieldwork offers or other extenuating circumstances, additional fees will apply.

2.19. POLICY ON RETAINING OCCUPATIONAL THERAPY STUDENT FIELDWORK EVALUATION FORMS

According to the University's policy on Student records, student evaluations are part of the student record and the contents are confidential. This is also in keeping with the Privacy legislation on disclosure of personal information which has been in effect since January 1, 2004.

It may not appear that making and retaining a copy of the student's performance evaluation is a breach of confidentiality, since an employee of the health care facility completed the evaluation. The student evaluations however, are prepared for the purpose of recording the students' performance during clinical placements in the context of their program of studies.

If the health care facility would like a copy of the student performance evaluation for future hiring purposes, they must obtain specific written authorization from the student authorizing the facility to make and keep a copy.

We highly recommend that our students have a copy of their completed evaluation to include with their clinical portfolios. It would be appreciated if the site could make a photocopy on the final evaluation day for their student. In this way, it ensures that a duplicate copy exists in the event of lost mail.

2.20. ONLINE COURSE EVALUATIONS

Students are strongly encouraged to complete the online course evaluations at the end of the term. Data obtained from these evaluations are used to provide instructors with feedback, as well as for identifying situations where a course or instructor needs assistance. The feedback and suggestions contained in the responses are highly valued and helpful in ensuring that instructors make appropriate changes to courses as needed in order to facilitate student learning.

3. QUALITY ASSURANCE OF THE SITES USED FOR THE CLINICAL COURSES

3.1. FIELDWORK SITE APPROVAL

Sites are approved according to national guidelines as documented in the Canadian Guidelines for Fieldwork Education in Occupational Therapy (CGFE-OT). These guidelines (available in French and English) were developed by the Committee on University Fieldwork Education (CUFE) to which the McGill University occupational therapy program contributed. From these guidelines, a form was developed, entitled the Fieldwork Site Profile (FS-Pro) or Site Approval Document which sites complete as part of the site approval process.

Site visits are made to new, developing teaching partners, enabling the AACCEs to evaluate the quality of the student learning opportunities and to share the guidelines. Following the visit, the AACCEs communicate with the new site to establish a contract of affiliation and to assist with the completion of the FS-Pro to develop their teaching program. In April 2015, Bill 10 was enacted and created significant network reorganizations in Québec 's public health care system. Due to these changes, some institutions are in the process of renewal as institutional mergers consolidate and program managers are appointed.

Completed FS-Pro documents are housed online on our [website](#) with open access to our students and our teaching partners. Sites have given their approval when this new process was adopted. This open access filing provides convenient access for student preparation by our program and also by students from other programs coming into our catchment territory. The data is tracked by expiry date in the clinical portal to assist the Administrative and Student Affairs Coordinator with contract renewal. FS-Pro documents are approved for a five-year term. Our internal process is to review expired FS-Pros annually and invite sites to renew; certificates of renewal are then sent.

3.2. QUALIFICATIONS OF FIELDWORK EDUCATORS

All primary fieldwork educators must be occupational therapists, members of the professional regulatory body, [l'Ordre des ergothérapeutes du Québec](#) (OEQ), and have a minimum of one-year clinical experience.

The policy is monitored in the following ways:
- This policy is clearly stated during the annual Clinical Education Supervisor Workshop and all other site workshops.
- The annual 'call for availability' (request for offers for clinical courses) email reminds sites offering learning opportunities of the policy.
- All educators sign the clinical evaluation document and are expected to complete the section with their license registration number. The first two digits represent their year of

graduation from an accredited OT program. This is part of the evaluation review process when final grades are determined.

- All inquiries from sites are answered with the foregoing information on the qualification requirements for fieldwork educators.

- The policy is reinforced in the annual 'shadowing experience' for U1 and M1 students.

4. ONGOING STUDENT REQUIREMENTS FOR PROGRAM COMPLETION AND FINAL CLINICAL COURSE GRADE

4.1. STUDENT PROFESSIONAL PORTFOLIO

It is mandatory for students to complete the **Clinical Experience Booklet (a component of the student professional portfolio)** throughout the program. Each clinical educator must sign this document following each clinical course. Students must upload their completed booklet at the latest one-week post completion of the **final** clinical course (OCC1 602) to e-Fieldwork. Failure to complete and upload the booklet will result in delay of clinical marks and **may delay graduation**. Students are expected to bring this booklet to the debriefing clinical seminars.

Students are expected to develop a student **professional portfolio** including the Clinical Experience Booklet, the CBFE evaluations of each placement, student learning objectives for each clinical course as well as clinical projects, letters of recommendation, case histories, and current C.V.

4.2. COMPUTER AND WEB ACCESS

Computer and web access are required for the mandatory e-Fieldwork (myCourses) component of the course.

There are 2 types of Practice Education:

→ Traditional/Community Service Development Placements.

  – Québec Placements.

  – Out-of-Province Placements.

  – International Placements.

→ Role-Emerging Fieldwork Placements.

5. TRADITIONAL/COMMUNITY SERVICE DEVELOPMENT PLACEMENTS

Although every effort will be made to place students in the Montréal region (unless otherwise requested), students should expect the possibility of being placed in areas outside Montréal region, in the event of shortage of placement offers. When students are placed in out-of-province facilities, travel and accommodation are the student's responsibility. Students are responsible for ensuring that they purchase travel cancellation insurance in the event of unforeseen cancellations.

5.1. QUÉBEC PLACEMENTS

Students will be placed in McGill Affiliated Facilities in the greater Montréal area/McGill RUIS depending on availability, profile requirements, language proficiency, and interest. Students must be able to communicate in both official languages (French and English). Requests can be made for clinical courses beyond the McGill RUIS in the province of Québec to the ACCE. Availability is dependent on other universities' clinical course schedules and sites' ability to accept a McGill student within a non-McGill RUIS institution.

Students who are interested in requesting the opportunity in doing a clinical placement in another province may do so by following the national application procedure as explained during the clinical seminars by the ACCE during the fall and spring term. Students must complete the out of province application form. There is an application fee for out-of-province placements (currently 250$ plus GST) which is paid by cheque only. Availability is not guaranteed and is subject to seasonal fluctuation based on availability and demand. Students must confirm in writing that they will accept the out-of-province offer upon application. In the event that the out of province application process cannot find a practice site for the student, the application fee is non-refundable.

All students are strongly encouraged to develop fluency in both official languages in order to be able to complete some of the clinical courses in the province of Québec.

NATIONAL POLICIES
– Under no circumstances, should students attempt to contact sites independently within Canada (including McGill catchment area). Potential contact names should be given to the ACCE or AACCE. Special considerations for late applications will only be considered for serious family emergencies.

5.3.1. STUDENT

1. To behave professionally at all times, i.e. not only in respect to appearance, punctuality, and acceptance of appropriate responsibility, but also in observation of professional ethics and the patient's right to confidentiality. Failure to respect client confidentiality will result in immediate failure of the clinical course.

2. To strive to reach a "competent" level in assessment, program planning, treatment, report writing and professionalism according to the Profile of OT Practice in Canada (2012).

3. To be aware that each fieldwork placement is a gift for learning donated by the facility involved and that the primary function of each facility is to serve its clients or patients. Facilities offering specific rotations and clinical educators are subject to last minute change and students must accept these inevitable changes.

4. To contact the site coordinator or the clinical educator (depending on institution) **a minimum of three weeks** prior to the start date of the clinical course by writing a letter of introduction to confirm time and place of arrival, level of the clinical course, past related experience and expectations for preparation prior to the start of the course.

5. To complete the "student feedback on site" form and provide facility with feedback/evaluation on learning experience (this form is located online on our website and referenced in the red clinical manual). The student must also upload this form to the e-Fieldwork platform (myCourses) in order to receive their final grade for each clinical course as proof of completion.

6. To upload a copy of the completed, signed Competency Based Fieldwork Evaluation for Occupational Therapist (CBFE) to the myCourses platform in order to receive their final grades for the clinical course.

1. To orient the student to the physical layout of the facility, to the Occupational Therapy Department/service (if applicable), to staff, patient case load and assessment/intervention orientation as well as available learning resources such as the library, or ward rounds.

2. To review the fieldwork information package sent by the ACCE before the student's arrival in order to plan for the fieldwork course.

3. To review with the student, the plan set out for the fieldwork course, as well as to clarify the student's expectations, preferably within two working days of the student's arrival.

4. To provide the student with learning opportunities commensurate with fieldwork objectives.

5. To provide students with ongoing feedback of their performance and provide suggestions for improving that performance if necessary.

6. To monitor student practice as necessary, depending on whether or not the student is inexperienced or experienced, by:

   - checking assessments, the student proposes to use;

   - checking proposed treatment programs;

   - checking written reports;

   - supervising student practice appropriate to the student's level of experience;

   - being available for discussions with the students.

7. To complete and present to the student a mid-term and a final evaluation, as fairly and objectively as possible, using the evaluation forms provided by the student or university. Students are expected to complete and revise their own learning objectives on the evaluation form as the course progresses.

8. To return the completed evaluation to the ACCE by email or mail within requested time lines (2-3 weeks) and provide the student with a copy for their professional portfolio. The evaluation must be signed with licensure number. Fieldwork educators must have a minimum of one-year cumulative clinical experience or share supervision with a more experienced fieldwork educator having at least one-year clinical experience.

5.3.3. ACADEMIC COORDINATOR OF CLINICAL EDUCATION (ACCE)

1. To assist with the development of facilities' clinical education program and confirm availability prior to assigning students to a facility.

2. To develop students' clinical profile by assigning students to facilities based on availability, interest and clinical profile needs.

3. To send pertinent course material to the facility prior to the student's arrival.

4. To contact facilities while the student is completing his/her practice education, so as to receive feedback and support learning and teaching, as well as answer any queries from the fieldwork educator.

5. To mark the evaluation forms upon their return to the School, and if needed, to inform facilities of the results of their evaluation of the student.

6. To ensure students fill out facility evaluation forms so that this information can be used to provide facilities with timely constructive feedback as needed.

7. To respond appropriately to concerns or requests made by a facility.

8. To provide ongoing support and professional development to fieldwork educators, both onsite and off-site.

9. To review each fieldwork placement with the student as necessary, facilitate student in developing learning objectives for improved performance at the next clinical course.

10. To be available for counseling to students who are experiencing difficulties in their clinical placements and make site visits as needed.

11. To ensure that all fieldwork records are kept up-to-date.

6. INTERNATIONAL PLACEMENTS

6.1. POLICY ELIGIBILITY CRITERIA

1. To be considered for a clinical course outside Canada, students must be approved by the ACCE. Approval consists of 2 phases, Phase 1: Applicant acceptance, Phase 2: Site/Project acceptance.

   The ACCE will require the student to demonstrate the following criteria:

   a. The student must have maintained a minimum academic standing of a GPA of 3.5 and have progressed through the program with no conditions.

   b. The student must maintain a B+ (75-79%) standing in each of their fieldwork placements prior to the international placement.

   c. The student must demonstrate strong interpersonal skills, including tact and diplomacy, and well developed judgment skills as documented on previous performance evaluations (CBFE).

2. The student applying for an international placement shall agree to accept responsibility for:

   a. *Cost of medical coverage:* Student already has access to some medical coverage, as a result of the fee paid to Student's Society.

   b. *Obtaining a visa***:** This includes obtaining information from specific embassy/consulate re: requirements for specific student visa, letter from fieldwork coordinator and/or letter from facility attesting to the purpose of stay.

   c. *Accommodation:* At times, the ACCE/immediate fieldwork educator may have some contacts to assist in this area, but this cannot be counted on at all times, therefore the student is responsible for finding accommodation and assuming all costs. Often, embassies/consulates or tourism boards can help in this area. Students are encouraged to contact the McGill Exchange Office located in the Brown Building for additional funding support. There is the possibility of travel mobility award ($1500.00) provided the student's clinical course is of 61-days duration and the site is confirmed by the deadline. The ACCE will review eligibility for the mobility award on a case by case basis.

d. *Travel:* Confirmation of airplane tickets should only be carried out once the ACCE has confirmed the international placement suitability. The student is responsible for all travel costs at all times. Travel arrangements cannot conflict with examination period and students must ensure they return in time for subsequent semesters. Cancellation insurance is strongly advised in the event of last minute cancellations. Cost of supervision in countries where there is a fee for supervision (at times this is encountered; if it does happen, the student must to be prepared to pay this extra fee). This is not the responsibility of the University.

e. *Malpractice Insurance:* Each student has coverage for contingent malpractice insurance; at times, this insurance is not considered sufficient by certain facilities; if that is the case, the student is responsible for the payment of any extra insurance coverage

− All students will be given the guidelines for international electives during the first clinical seminar, term A U3/QY year. If a student is considering this option, he/she must initiate the request in writing for an international placement with the ACCE by the announced deadline (mid-March term B). All students must submit both of the following:
  → Application letter of intent.
  → Curriculum vitae.

requested by the facility.

6.2. PROCEDURE

An announcement will be sent to the class in fall term QY/U3 (phase 1) announcing the application deadline. All applicants are expected to attend the international symposium in early March prior to application submission. Please note that there is only one application opportunity for international electives in the Master's professional program.

The application letter of intent (hard copy only, with 3-page maximum length) should state:

1. The country of desired destination(s), indicating an awareness of cultural, gender and social differences, and environment. (All existing affiliated program opportunities in different countries will be presented during the first clinical seminar (Sept U3/QY year) and past student international fieldwork experiences will be presented during the annual international symposium in mid-March).

2. Why the student would like to do an international placement in that country, what the student hopes to learn and what the student can contribute to the international agency/institution. As well, the student should explain why they can be a McGill ambassador.

3. The requested clinical course for completing this experience.

International practice education is a privilege and both the applicant and site are subject to the approval of the ACCE/Occupational Therapy Faculty.

Once all the documentation is submitted, the ACCE will assess the suitability of the request based on the above criteria. If there is a need, the ACCE has the right to call upon the Occupational Therapy Faculty to assess the student's eligibility for international fieldwork.

The student will then be advised in writing, by the ACCE, whether he/she has been granted approval to begin planning an international placement. Final site/project approval is done in consultation with the ACCE.

The international placement is contingent on maintaining academic and clinical standings prior to departure. Should these conditions not be met, the ACCE reserves the right to cancel the international placement and to reassign the student locally based on existing availability.

6.3. RESTRICTIONS

The student will be granted one international placement with the following restrictions:

1. The countries chosen must be members of the World Federation of Occupational Therapy. The school reserves the right to approve the qualifications of the clinical educator.

2. The school will develop a maximum of five new international placements (please refer to international binder of past experiences and bulletin board in D4). Twenty-five applicants will be accepted from each student cohort. Students are encouraged to apply to existing sustainable partnership projects.

3. The school reserves the right to limit the total number of international placements organized per year subject to capacity.

4. The first opportunity for a student to do international fieldwork will be in the second summer clinical practicum in M1. The course can be scheduled during the available weeks following Clinical Practicum 1.

6.4. FIELDWORK RESPONSIBILITIES IN INTERNATIONAL PLACEMENT

6.4.1. STUDENT

After attending the mandatory international symposium in March of U3/QY, the student will:

1. Commit to the placement through a letter of intent outlining the request.

2. The student will have accepted responsibility for the following:

   a. Cost of medical coverage.
   b. Obtaining a visa.
   c. Accommodation.
   d. Travel.
   e. Cost of supervision in countries where there is a fee for supervision.
   f. Malpractice insurance.
   g. Cost for any cancellation.

The annual fee paid by the student to the Student's Society provides medical coverage. It is the student's responsibility to inquire if coverage is sufficient for travelling to the country in question.

McGill University will also provide for Worker's Compensation, so that in the case of a work-related accident, there is full coverage, no matter where the placement will take place (procedure to follow in the event of an accident is explained in the clinical reference document).

McGill University also provides contingent malpractice insurance. In the event that this insurance is deemed insufficient by the facility, it is the student's responsibility to purchase additional coverage.

3. Write a letter of introduction to the National Occupational Therapy Association of the country or write to the coordinator of the school or facility requesting permission for a placement in which he/she wishes to complete his/her fieldwork following acceptance by the ACCE. The following should be included in the letter:
   - Permission has been granted from McGill University - Occupational Therapy Program to investigate the possibility of completing fieldwork in that country.
   - Reasons for seeking fieldwork in that country.
   - Dates and length of the international elective.
   - A request for a list of universities or facilities to contact for fieldwork opportunities if indicated.
   - Link to school website relevant documents (i.e. supervisor responsibilities, learning objectives).
4. Be responsible for timely fulfillment of all requirements necessary for entry into that country, i.e. student visa (if required), medical preparation (i.e. immunization/vaccination) and coverage, financial obligations (i.e. travel and accommodations arrangements, coverage of extra malpractice insurance, if required).
5. Be knowledgeable in the language of origin of the country he/she has selected.

6. Provide the ACCE with copies of correspondence and confirmation between student and facility offering the placement. The student should not call or write to the facility without prior application acceptance from the ACCE. Final site confirmation (Phase 2) is subject to ACCE approval. Contracts of affiliation will be initiated by the clinical coordinator's administrative assistant at this time only.

7. Continue correspondence with the National Occupational Therapy Association, university and facility to ensure requirements of the facility and McGill University - Occupational Therapy Fieldwork are met.

8. Complete the mandatory 2 pre-departure modules for students doing international fieldwork.

9. Complete the McGill international exchange office travel registry (request sent via email).

10. Begin fieldwork.

11. Agree to provide and complete the Student Feedback Form on Site, as well as any addendum specific to international placements (international student experience form) and ensure that the CBFE is completed at the mid-term and final. All students participating in international fieldwork are expected to prepare a short presentation for the international symposium seminar (Term B) to debrief and reflect upon their learning.

12. In the event of unforeseen last minute cancellations, the student must advise the site in writing.

13. Students are expected to communicate with the ACCE upon arrival and at mid-term.

14. Upon return to the university, the student will reflect and make a short presentation on their learning and sustainable service plan at the international symposium.

The fieldwork facility will:

1. Provide the following information in writing, in order to meet the fieldwork site approval criteria:

    a. Confirm their ability to accept a student for an international elective learning experience and state dates of acceptance upon request.

    b. Documents required as per institution guidelines.

    c. An abbreviated resume of the clinical educator(s) if deemed necessary.

The above must be forwarded to:

> Caroline Storr (caroline.storr@mcgill.ca)
> Associate Professor/Academic Coordinator of Clinical Education
> Occupational Therapy Program
> School of Physical & Occupational Therapy
> McGill University
> 3654 Promenade Sir-William-Osler
> Montréal (Québec) H3G 1Y5
> Phone: (514) 398-6561 / Fax: (514) 398-6360

2. Ensure that the Coordinator of Occupational Therapy Services/Occupational Therapy Clinical Educator at the facility will agree to complete McGill University - School of Physical & Occupational Therapy Fieldwork Evaluation Forms (CBFE) in English or French.

3. Sign an affiliation agreement between McGill University and the Facility, prior to the commencement of the clinical elective and define a contingency plan within the facility or another agency in case of cancellation of the rotation or illness of the occupational therapy clinical educator.

4. Ensure that the Occupational Therapist who will be supervising the student will have knowledge of the English or French language (oral and written) in order to be able to communicate with the ACCE.

6.4.3. ACADEMIC COORDINATOR OF CLINICAL EDUCATION (UNIVERSITY)

The Academic Coordinator of Clinical Education (ACCE) will:

1. Review the student's application and will approve the request based on established eligibility criteria.

2. Reserve the right to request an abbreviated resume for the Occupational Therapy Department and the potential clinical educator, including educational background and years of experience directly supervising students. Please note that in order to supervise a student, the therapist must have had at least one year of clinical experience and must be certified/registered according to the standards of the host country.

3. Ensure that two copies of an affiliation contract have been forwarded and returned signed by the receiving facility.

4. Forward to the facility:

    a. A letter of confirmation for the placement.

    b. A copy of the affiliation agreement signed by all parties [student(s), facility and McGill University.

    c. Liability certificate from McGill risk management office.

    d. School of Physical & Occupational Therapy Course Guide(s) containing curriculum and/or electronic documentation.

    e. Student performance/fieldwork objectives.

    f. Policies related to:

        i. Marking guidelines.

        ii. Student evaluations.

5. Notify student to finalize travel and accommodation arrangements.

6. Provide resource material for clinical educator (when necessary) which will be delivered by the student.

7. Initiate contact with facility via email at mid-term in order to obtain feedback re: progress in placement.

8. Write letter of appreciation to facility during annual acknowledgement period.

6.5. INTERNATIONAL PLACEMENTS SCHEDULE

6.5.1. QUALIFYING YEAR/U3 OPTION

Announcement to students regarding the deadline for applying for international courses and orientation and introduction to International Placements. This is announced during the first clinical seminar (fall term - requests after the application deadline will not be considered).

Table 3 **Summary of student responsibilities by suggested target dates.**

Responsibilities of Student	Suggested Target Dates
Request the international clinical course (or Item # 1)	9 months prior to clinical course. Students must respect deadline provided by the ACCE.
Accept responsibility for **all** items mentioned (Item #2)	Immediately upon acceptance by ACCE
Find the facility and/or select from list of available sites and write a letter requesting a placement (or Item 3)	Immediately upon being granted approval by the ACCE
Be responsible for all requirements for entry into the country of choice (or Item 4)	Ongoing
Keep ACCE informed of all communications and/or provide copies of correspondence with the facility (or Item 6)	Ongoing
Continue correspondence with the facility and the University in order to ensure that all requirements are met (or Item 7)	Ongoing
Must consider a contingency plan (placement in Québec or outside Québec) if the international placement is cancelled	Ongoing
Complete 2 mandatory online pre-departure orientation modules and submit certificates. Register for travel registry.	After site confirmation and prior to departure
Agree to complete student evaluation of placement and ensure that CBFE is completed at mid-term and final	End of placement
Reflect and present international fieldwork learning experience and detail sustainable service plan where applicable	After placement at international symposium

7. ROLE-EMERGING CLINICAL COURSES

7.1. INTRODUCTION

The Program in Occupational Therapy at McGill is designed to equip the students with the skills, attitudes, and knowledge needed for a career in clinical practice and/or to enter graduate studies in Rehabilitation Science or a related discipline.

7.2. PHILOSOPHY OF THE OCCUPATIONAL THERAPY PROGRAM AT MCGILL UNIVERSITY

Self-directed learning is encouraged throughout the curriculum. There is an increased emphasis on health, wellness, health promotion and disease prevention. There is an increased emphasis on management, entrepreneurial and communication skills to participate in expanding professional roles (e.g. consulting, marketing, client advocacy, community program development, disability management, medical-legal liability).

7.3. NEW TRENDS IN OCCUPATIONAL THERAPY ROLES

Occupational therapists are more frequently engaged in private clinical practice or employed as consultants by industry, insurance companies, schools and government agencies. There is a broadening scope of practice (i.e. promotion of health and prevention of illness and disability, primary care) such that it is not just medically based.

7.4. THE PROMOTION OF HEALTH AND PREVENTION OF ILLNESS AND DISABILITY ORIENTATION OF THE HEALTH CARE SYSTEM IN QUÉBEC

Consumers are playing a more active role in defining their needs. As a result of the restructuring of health care delivery, many rehabilitation services to various clienteles (e.g. psychiatry, intellectual impairment, substance abuse, Alzheimer's) are based in community agencies.

7.5. GENERAL PURPOSE OF CLINICAL PRACTICUM COURSES

- Allow students to learn new roles in community programs/services.

- Produce a therapist more confident to move into new settings.

- Produce a therapist more competent in sustainable program development.

- Gain experience in identifying clients'/agency needs.

- Become familiar with the socio-cultural environment of the client(s)/program.

- Gain experience in resourcefulness – physical, human and financial.

- Assess program needs.

- Provide staff with an increased understanding of the role of Occupational Therapy within the community.

- Produce a therapist who will be able to relate to both lay and professional people interested in health services.

7.6. STRUCTURE AND ORGANIZATION

Seven (7) or eight (8) weeks full-time placement (in Clinical Practicum Courses 2, 3 or 4). Each agency/program will receive at least two (2) students at the same time to encourage peer teaching and learning. Each group of students will be supervised by an Occupational Therapy faculty member or an Occupational Therapist working in the community (from now on this person will be referred to as an off-site clinical educator).

It is the students' responsibility to secure an interested facility and an off-site OT clinical educator for new sites. Students should arrange a meeting with the ACCE for a list of sites and clinical educators to assist their search. Students must meet with their site contact person and their off-site OT prior to starting the clinical experience to ensure that the clinical course objectives are clearly communicated to all parties. Existing role-emerging projects will be presented to students during the preparatory clinical seminar #2.

Students are expected to be self-motivated and autonomous in this type of learning experience. All students must read the Role-Emerging Community Fieldwork Handbook on the SPOT website.

A hard copy will be provided to students during the role-emerging community fieldwork planning meeting.

7.7. STUDENT LEARNING OBJECTIVES

By the end of the placement, the student will have:

- defined the occupational therapy role within the agency/program;
- identified the clientele/agency concerns or needs, as they relate to OT by implementing an environmental scan or needs analysis;
- determined how the clientele/agency needs will be met.

7.8. SUPERVISION

Each group of students will be supervised by an off-site clinical educator (member of the OEQ) for an average of four hours/week. Supervision can be remote, virtual or face to face depending on the individual project. The supervision will be based on a consultative model; the clinical educator will provide direction/guidance as needed, as well as discuss Occupational Therapy theories and concepts related to the particular placement. The off-site clinical educator will also assist the student in affirming his/her role within the agency/program. Lastly, the off-site clinical educator will be used as a 'sounding board' for new ideas/concepts, as well as for new approaches to problem solving. The students will be required to keep a daily journal to assist with the reflection process as well as a planning tool for the clinical educatory meetings. The pairing of students will offer students the opportunity to discuss and refine ideas amongst themselves, prior to meeting with the off-site clinical educator. The students will be largely responsible for developing the content of their supervisory meetings depending on their own, individual or group learning needs.

7.9. STUDENT EVALUATION

The same evaluation tool (CBFE) and process will be followed as per traditional placements although a formal mid-term might not always be appropriate. A learning contract will be utilized, in order to establish learning objectives and how they will be achieved (resources, strategies, and evaluating outcomes). As well, the agency/program will provide feedback to the off-site clinical educator during and at the end of the placement, so that pertinent information concerning student's performance can be considered. The student must also complete the Clinical Experience Booklet as for a traditional placement. Students are expected to review and refer to role responsibilities as outlined in the role-emerging handbook provided.

7.10. PLAN OF ACTION

At the beginning of the placement, each student will be responsible for the following:

- Determine the occupational therapy scope of practice within the agency/program (e.g. in a school setting, the scope of practice would be that of a consultant to the teaching staff).
- Identify the clientele/agency needs (e.g. identifying children with developmental delays).
- Analyze the identified needs and prioritizing them, in order to determine how they will be met (e.g. targeting only first grade children from low income families; the need will be met by developing a screening clinic). Each student will present a plan of action to the off-site clinical educator and the contact person of the agency/program by the end of the first week of the placement, or at the latest, at the beginning of the second week.

This plan will describe how the clientele/agency needs will be identified and met, based on the needs analysis/environmental scan. When writing this plan, the student(s) should consider the following criteria:

- well sequenced;
- well organized (time frame, resources to be targeted);
- realistic (in terms of time frame);
- thorough (i.e. all aspects pertaining to clientele/agency needs will be explored).

Each student will be required to keep a journal. These entries may consist of, but not necessarily be restricted to, the following:

- observations/comments about one's learning;

- difficulties experienced in defining one's roles;

- difficulties in obtaining information;

- reflection on one's strengths and weaknesses;

- reflection on Occupational Therapy theoretical frames of references as they relate to the placement.

Closing comments for the journal (daily):

1. Productive tasks of the day.

2. Current problems and clinical reasoning.

3. Plan for the next day.

The journal will not only help the student reflect on his/her learning, but, as well, be used as a tool for communicating with the off-site clinical educator.

SPECIAL NOTE
− In the unexpected circumstance that a traditional setting, community service development, or a role-emerging setting is not available during the course dates, the clinical course for the student in question will be deferred, resulting in late graduation. This decision will be made by the ACCEs.

8. MARKING GUIDELINES: COMPETENCY BASED FIELDWORK EVALUATION

These are general guidelines to help supervisors score OT students' performance, using the Competency Based Fieldwork Evaluation (CBFE). These guidelines have been developed in consultation with the McGill clinical catchment area supervisors. Please note that the final grades are based upon a letter grade system assigned by the university upon receipt of the clinical educator's evaluation. Students who receive a fail must successfully repeat a clinical course before proceeding with the program. If a student receives 2 fails during the program, they will be asked to withdraw from the program.

> – **Supervisors should always <u>be cautious when discussing grades</u> with students as the final <u>grade is determined by the University</u>, based not only on the averaged numerical score but also on the supervisor's verbal and written feedback throughout the placement. Supervisors should contact the University as soon as possible if there are concerns about the student's performance.**

8.1. LEVEL 1

Students in level 1 should have scores in the range of 1 to 3. It is not uncommon for students performing well to have scores of 3 in all competencies at the final evaluation.

U =	The student's performance is unacceptable for level 1 expectations.
1 =	The student is experiencing difficulties for level 1 expectations.
2 =	The student's performance is nearly meeting level 1 expectations.
3 =	The student's performance clearly meets level 1 expectations.
E =	The student's performance is exceptional for level 1 expectations.

If, at the final evaluation, the average of the 7 competency scores is:

- 2.0 or above: the student will **probably** <u>pass</u>. *
- Between 1.6 and 1.9: the student will **probably** be <u>flagged</u>. *
- 1.5 or lower: the student will **probably**<u> fail.</u> *

8.2. LEVEL 2

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.

3 =	The student's performance is unacceptable for level 2 expectations.
4 =	The student is experiencing difficulties for level 2 expectations.
5 =	The student's performance is nearly meeting level 2 expectations.
6 =	The student's performance clearly meets level 2 expectations.
E =	The student's performance is exceptional for level 2 expectations.

If, at the final evaluation, the average of the 7 competency scores is:

- 5 or above: the student will **probably** pass. *
- Between 4.6 and 4.9: the student will **probably** be flagged. *
- 4.5 or lower: the student will **probably** fail. *

8.3. LEVEL 3

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.

6 =	The student is clearly experiencing difficulties for level 3 expectations.
7 =	The student's performance nearly meets expectations for level 3 expectations.
8 =	The student's performance clearly meets level 3 expectations; the student is ready to enter Occupational Therapy practice .
E =	The student's performance is exceptional for level 3 expectations.

If, at the final evaluation, the average of the 7 competency scores is:

- 7 or above: the student will **probably** pass. *
- Between 6.6 and 6.9: the student will **probably** be flagged. *
- or lower: the student will **probably** fail. *

9. ÉVALUATION DU STAGE SOUS L'ANGLE DES COMPÉTENCES ACQUISES: LES LIGNES DIRECTRICES POUR LA COTATION

Les explications suivantes ont pour but d'aider les superviseurs de stage à côter la performance des étudiants en ergothérapie en utilisant l'outil : 'Évaluation du stage sous l'angle des compétences acquises'. Ces lignes directrices ont été élaborées en collaboration avec des superviseurs cliniques affiliés à l'Université McGill. Il est important de souligner que les étudiants recevront une note **selon un système de notation alphabétique.** Les étudiants qui recevront une note 'échec' devront faire un stage supplémentaire avant de continuer dans le programme. Les étudiants qui recevront deux échecs peuvent être obligés de quitter le programme.

> – **Les superviseurs de stage doivent <u>faire preuve de prudence</u> lors de discussion de notes avec les étudiants car c'est <u>l'Université qui détermine la note finale</u> des étudiants, en se basant non seulement sur la moyenne des côtes, mais en tenant également compte des commentaires verbaux et écrits des superviseurs tout au long du stage. Les superviseurs doivent contacter l'Université le plus rapidement que possible advenant des difficultés au niveau de la performance d'un étudiant.**

9.1. NIVEAU 1

Les étudiants de niveau 1 (première année) devraient recevoir des résultats de 1 à 3. Il n'est pas rare pour les étudiants qui performent bien d'obtenir, à l'évaluation finale, des résultats de 3 à chacune des compétences.

U =	La performance de l'étudiant est clairement inacceptable, considérant les exigences du niveau 1.
1 =	L'étudiant éprouve des difficultés, considérant les exigences du niveau 1.
2 =	La performance de l'étudiant répond presque aux exigences du niveau 1.
3 =	La performance de l'étudiant répond clairement aux exigences du niveau 1.
E =	La performance de l'étudiant est exceptionnelle selon les exigences du niveau 1.

Si, lors de l'évaluation finale, la moyenne des cotes aux 7 compétences est :

- 2.0 ou plus : l'étudiant aura **probablement** la note "<u>réussit</u>". *
- Entre 1.6 et 1.9: l'étudiant aura **probablement** 'mise en cheminement spécial'.
- 1.5 ou moins : l'étudiant aura **probablement** la note "<u>échec</u>". *

9.2. NIVEAU 2

Les étudiants de niveau 2 (deuxième année) devraient recevoir des résultats de 3 à 6. Il n'est pas rare pour les étudiants qui performent bien d'obtenir, à l'évaluation finale, des résultats de 6 à chacune des compétences.

3 =	La performance de l'étudiant est clairement inacceptable, considérant les exigences du niveau 2.
4 =	L'étudiant éprouve des difficultés, considérant les exigences du niveau 2.
5 =	La performance de l'étudiant répond presque aux exigences du niveau 2.
6 =	La performance de l'étudiant répond clairement aux exigences du niveau 2.
E =	La performance de l'étudiant est exceptionnelle selon les exigences du niveau 2.

Si, lors de l'évaluation finale, la moyenne des cotes aux 7 compétences est :

- 5 ou plus : l'étudiant aura **probablement** la note "réussit". *
- Entre 4.6 et 4.9: l'étudiant aura **probablement** mise en cheminement spécial.
- 4.5 ou moins : l'étudiant aura **probablement** la note "échec". *

9.3. NIVEAU 3

Les étudiants de niveau 3 (troisième année) devraient recevoir des résultats de 6 à 8. Il n'est pas rare pour les étudiants qui performent bien d'obtenir, à l'évaluation finale, des résultats de 8 à chacune des compétences.

6 =	L'étudiant éprouve des difficultés, considérant les exigences du niveau 3.
7 =	La performance de l'étudiant répond presque aux exigences du niveau 3.
8 =	La performance de l'étudiant répond clairement aux exigences du niveau 3 ; l'étudiant est prêt à entrer dans la profession d'ergothérapeute.
E =	La performance de l'étudiant est exceptionnelle selon les exigences du niveau 3.

Si, lors de l'évaluation finale, la moyenne des cotes aux 7 compétences est :

- 7 ou plus : l'étudiant aura **probablement** la note "réussit". *
- Entre 6.6 et 6.9: l'étudiant aura **probablement** mise en cheminement spécial.
- 7 ou moins : l'étudiant aura **probablement** la note "échec". *

10. SHADOWING PROJECT FOR U1 AND LEVEL 2B STUDENTS

In response to very positive feedback from a shadowing research project conducted in 2002-2003/2004-2005 with U1/U3 OT and PT students (old program) and a shared enthusiasm from the clinical coordinators and students alike, the school is maintaining the shadowing experience in the third clinical course of the professional Masters curriculum.

During the clinical practicum of Level 2b students, from January to February, U1 OT students will be matched to Level 2b students for a shadowing experience of three hours. All shadowing experiences will be coordinated and assigned by the instructors in POTH 250.

Our research project indicated that shadowing is helpful to student learning in that it provides U1 students with exposure to clinical practice learning. It allows students to observe the work environment, the value of professional training and the great variety of practice settings available in the field of occupational therapy. Shadowing also helps model professional student behavior through examples, and reinforces the link between classroom learning and clinical requirements in addition to diminishing student anxiety related to student practice expectations.

The benefits to the senior occupational therapy student mentor include (M1 student) preparing the student for their role as a future clinical educator, developing an appreciation for the preparation required by their clinical educators for each placement and reflecting on the growth of their own practice knowledge.

> *Theme: A DAY IN THE LIFE OF AN OT STUDENT or CLINICAL EDUCATOR*

> *Shadowing is designed to:*
> - ✓ Increase job awareness.
> - ✓ Help model student behavior through examples.
> - ✓ Reinforce the link between classroom learning and work requirements.
> - ✓ Develop observational skill.
> - ✓ Decrease junior student anxiety.
> - ✓ Prepare future clinical educators.
> - ✓ Develop an appreciation for clinical educators.
> - ✓ Promote reflexive practice.

> *Process:*
> - ✓ U1 students will be paired with Level 2b students for a ½ day.
> - ✓ The dates for the shadowing project to be announced in POTH 250 to U1 and Clinical Seminar (Fall term) to M1 students.

- ✓ M1 students will respond to U1 initiated contact with an introductory letter (see student responsibilities on the next page).

10.2. STUDENT RESPONSIBILITIES

U1 Student:

✓ Make the initial contact with his/her assigned Level 2b student (M1).
✓ Obtain the student contact information from the list supplied by **POTUS/PGSS or other**.
✓ Submit the U1 shadowing report to POTH 250 course instructors, **no later than 1 week** after the shadowing experience.

Objectives:

1. Shadow the Level 2b's student **typical schedule**.
2. If appropriate in a given setting, additionally the U1 student should read and summarize a patient's chart.

M1-Level 2b Student:

✓ Finalize site permission with the site's Clinical Coordinator by the end of the first week of your clinical course (not all sites can consent to this shadowing visit). Please advise **Prof. Grenier** only if your site will NOT accept a U1 student (marie-lyne.grenier@mcgill.ca)
✓ Reply promptly to your U1 student's email advising them that you have received their message and indicate to them when to expect confirmation of the shadowing visit and your letter of introduction. Your U1 is expected to email you by the beginning of the 3rd week in January. Send your letter of introduction to the U1 student by beginning of the 4th week in January.
  - This letter should include:
    - a description of the site/program as well as the role of OT;
    - any policies the student should be aware of such as a professional dress code;
    - a description of the activities the U1 will be part of and their role;
    - any other preparatory readings the U1 may need to do.

✓ Plan for the visit. The visit should entail the student following your normal schedule.
  - Follow **daily routine** as much as possible. Do not try to teach the U1 student everything you have learned thus far.
  - Select a patient's chart for the U1 student to read if appropriate.

11. SUBMISSION OF MANDATORY DOCUMENTS

11.1. ASSIGNMENT SUBMISSION

Upload a copy of the following mandatory documents to the assignment Dropbox located on myCourses for each clinical course (requirement for grade assignment and monitoring of student professional portfolio):

- Completed supervisor CBFE Form.
- Student Site Feedback Form.
- **For Level 3 students:** Clinical Experience Booklet.

11.2. STUDENT FEEDBACK ON SITE (STUDENT SITE FEEDBACK FORM)

Each student must complete the Student Feedback on Site form. This form can be found in the Student Portal accessible through the School of Physical and Occupational Therapy website. Upon completion, a pdf of the submission will be available in the Student Portal. The student must print a copy of the document and hand it to their clinical supervisor at the moment of the evaluation. An electronic copy must also be submitted on myCourses.

11.3. CLINICAL EXPERIENCE BOOKLET

The Clinical Experience Booklet can be completed in paper or electronic version. If the paper version is completed, it must be scanned and submitted electronically upon completion of OCC1 602 as a graduation requirement. Only electronic submission will be accepted as we are faced with a very short timeline upon final clinical course completion to facilitate students' registration with the CAOT practice exam and registration with the OEQ. Students should keep a copy of their booklet, for their student professional portfolios as fees will be charged if photocopies are requested following graduation.

> − **Failure to upload all the mandatory documents on myCourses will result in delay of clinical marks and may delay graduation.**

Bossers, A., Cook, J., Polatajko, H., & Laine, C. (1997). Understanding the role-emerging

fieldwork placement. *Canadian Journal of Occupational Therapy*, *64*(1), 70-81.

Heubner, J. & Tryssenaar, J. (1996). Development of an occupational therapy practice

perspective in a homeless shelter: A fieldwork experience. *Canadian Journal of*

Occupational Therapy, 63(1), 24-32.

School of Physical & Occupational Therapy. (1995). *Report of the Curriculum Committee*.

Montréal, QC: McGill University.

LINKS

- McGill University website, Student Health section, specific information about immunization [http://www.mcgill.ca/studenthealth/immunize/]
- Site approval document [www.mcgill.ca/spot/clinicaleducation]
- McGill ICS Computer Support [support.ist@mcgill.ca]
- Post Exposure Bloodborne Pathogen Risk Identification Checklist [http://www.mcgill.ca/ehs/sites/mcgill.ca.ehs/files/bbp_exposure_form_3.pdf]
- McGill Accident and Incident Report Form [http://www.mcgill.ca/ehs/forms/forms/accidentincidentreport]
- Code of Student Conduct and Disciplinary Procedures [www.mcgill.ca/students/srr/honest/]
- "Plagiarism—The Do's and Don'ts" [www.sfsu.edu/~rone/Plagiarism.html]
- "Plagiarism and How to Avoid It" [www.geocities.com/Athens/Troy/8866/6plagiar.html]
- "How Not to Plagiarize" [www.utoronto.ca/writing/plagsep.html]
- Canadian Guidelines for Fieldwork Education in Occupational Therapy (CGFE-OT):
  - French [http://www.mcgill.ca/spot/files/spot/dcfce_v2011r_ab_7juin.pdf]
  - English [http://www.mcgill.ca/spot/files/spot/cgfeot_v2011r_s_june7.pdf]
- Site Approval Document [http://www.mcgill.ca/spot/clinicaleducation/clin-ed-occupational-therapy/documents]
- FS-Pro documents online [http://www.mcgill.ca/spot/clinicaleducation/sitedocs]
- l'Ordre des ergothérapeutes du Québec (OEQ) [https://www.oeq.org/index.fr.html]
- Role-Emerging Community Fieldwork Handbook [http://www.mcgill.ca/spot/files/spot/role-merging_community_fieldwork_handbook_ot_0.pdf]