



McGill

School of
Physical and
Occupational Therapy

École
de physiothérapie et
d'ergothérapie

CLINICAL COURSE POLICIES

EXCELLENCE THROUGH GROWTH



L'EXCELLENCE PAR LE RAYONNEMENT

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COMPREHENSIVE OUTLINE

The overall program is made up of 62 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 29 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 602	Clinical Practicum 4	8	7

Practice education will be arranged with McGill affiliated facilities. French is the official language in Québec and thus health and social services administered by the Ministry of Health are bound by the Charter of the French Language. This means that all health and social service institutions operate in French. Certain institutions have a bilingual mandate for patient care but team meetings and dealings with third party agencies operate in French only. In order to provide essential and safe care to all patients within Québec-based healthcare settings, students must possess a minimum level of oral and written French.

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 territories such as Abitibi-Témiscamingue or the Cree Territories. **Please note that these remote placement options are used mostly but not solely when the offers within the Montréal catchment area are not sufficient. In the spirit of equality, students are likely to travel further for 1 out of 4 clinical courses. Please contact our team as soon as possible if you have a special interest for these rural areas.** 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 may be available, and all attempts will be made to assist students. **All students will have the opportunity to explain any personal**

circumstances that need to be taken into consideration before the course assignment process begins. 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 areas 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. Role-emerging experiences may be offered in all clinical courses but senior levels will be prioritized where possible.

*****Please note due to COVID-19, all out-of-province clinical courses remain very limited. It is anticipated that the international clinical courses will resume in the Fall of 2022. Please note this is subject to change. *****

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

1. This Clinical Course Policies document (located on e-Fieldwork).
2. Appropriate clinical course outlines: OCC1 501, OCC1 502/503, and OCC1 602 (located on *e-Fieldwork*).
3. Red Book - Clinical Experience Booklet (located on *e-Fieldwork*).
4. Clinical Tips to Thrive document (located on *e-Fieldwork*).

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. Failure to do so will prevent students from starting their first clinical course. At time of writing, August 2022, mask-fitting is hosted by the teaching site. This is subject to change.

The immunization form can be reviewed and completed by your family physician, or a nurse at your local clinic (in Quebec: CLSC). Once you have a student ID number and have registered for at least one course you may also have your form completed by a nurse at the Student Wellness Hub virtually. In either circumstance, be sure to bring all your supporting immunization documentation (including your vaccination booklet, records of previous immunizations, etc.) to assist the provider.

McGill University enforces the immunization requirements prescribed by the Department of Public Health to ensure safety of both the patient and student. For any immunization requirements beyond those prescribed by the Protocole d'Immunisation du Québec (PIQ), you may have to pay for the extra vaccines and tests.

Once you have completed the entire immunization form at a local clinic and it is signed by a healthcare professional, please forward it to the Student Wellness Hub for review along with any supporting documentation if required. If your form is incomplete, please forward all supporting immunization records for review. If your submission was incomplete, you will need to submit additional documentation to complete your review as it is obtained. All documents are to be submitted as a single PDF file using the submission webform found at https://www.mcgill.ca/wellness-hub/files/wellness-hub/immunization_forms_ptot.pdf.

Note that the submission webform is the only means of communication to submit immunization documents. You are discouraged from submitting documents by e-mail for security reasons. Please keep all originals for your records.

The Student Wellness Hub will communicate your immunization status (complete or incomplete) to you, this will also be communicated to the clinical education team. **Please complete this process by September 30th, 2023.**

If you require the details of your immunization status (i.e. the complete form) you can obtain a copy from the Patient Portal or by completing an Authorization to Release Information form via https://www.mcgill.ca/wellness-hub/files/wellness-hub/immunization_forms_-_ptot.pdf. For more information on how to make an appointment with the McGill Student Wellness Hub, connect to <https://www.mcgill.ca/wellness-hub/access-care>

1.2. CARDIOPULMONARY RESUSCITATION (CPR)/FIRST AID

Students must submit proof of valid certification in Cardiopulmonary Resuscitation and Automated External Defibrillator (CPR/AED) **Level HCP (Health Care Provider) or equivalent**. The course must include artificial breathing and bagging/balloon mask, and adult, child and infant training. It is the student's responsibility to contact one of the CPR/First Aid course providers (e.g. Red Cross, St John's Ambulance, Heart and Stroke Foundation...), to register and pay the registration fees. **Students are required to upload proof of up-to-date status to e-Fieldwork by March 1st, 2023.**

1.3. SECURITY CHECKS

All students must complete a signed affidavit during a specific clinical seminar time in winter semester 2021. **Proof of affidavit completion must be submitted to e-Fieldwork by March 1st, 2023.** Some sites might demand an additional police check and sufficient time should be planned as it can take a few months to complete. Some sites (ex. Ste. Anne's Veterans Hospital, Summit School, Peter Hall School, Papillon Foundation, Jewish Rehabilitation Hospital, 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 prerequisites on e-Fieldwork upon receiving their course assignment. Any costs related to criminal background checks are the student's responsibility.

1.4. CONFIDENTIALITY FORM

All students must sign the School of Physical and Occupational Therapy's confidentiality statement on protection of personal health information prior to the start of their first clinical course. **This form is found in the Student Clinical Experience Booklet (formerly Red booklet) on e-Fieldwork. Students should submit a copy of this form to e-Fieldwork by March 1st, 2023.**

1.5. LANGUAGE

In order to provide essential and safe care to all patients within Québec-based healthcare settings, students must possess an intermediate level of oral and written French. If students do not feel comfortable in their level of French, they are strongly encouraged to upgrade their written and/or oral French proficiency with the free non-credit courses offered by the McGill Language Center. Clinical courses cannot be provided to students that do not have the minimum French requirement. This will result in inability to graduate from the program.

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 Red Book - Clinical Experience Booklet. **Students should submit a copy of this form to e-Fieldwork by March 1st, 2023.**

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 ACCEs as early as possible, 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 Office of Students with Disabilities and making the nature of their disability and/or their needs known in a timely fashion to the ACCEs following registration with the OSD. For each clinical course, the student must communicate with the Program Director or the Academic Coordinators of Clinical Education at least 4 months prior to the beginning of their clinical course. If you have a disability, please contact the instructor to arrange a time to discuss your situation. Please 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 Premasters Winter term, prior to commencement of 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/e-Fieldwork* using their Minerva ID and password. Contact the McGill ICS Computer Support if you have problems accessing *MyCourses* [support.ist@mcgill.ca or (514) 398-3398].

1.11. INTERNATIONAL STUDENTS

International students must apply for a **co-op work permit** in addition to their study permit, prior to completing an international clinical course. Please note that students are advised to apply for their co-op/internship work permit **6 months before** the start of their first clinical course. For more information, please refer to the following link:

<https://www.mcgill.ca/internationalstudents/work/co-op-internship-work-permit>

International students must upload a copy of their co-op work permit on e-Fieldwork by March 1st, 2023.

- Failure to complete the required prerequisites before the clinical course may result in a student’s non-admission to a clinical facility and subsequent an inability to complete the clinical course. This policy applies to all placements including international and out-of-province course assignments.**
- Students are responsible for any costs/fees related to a clinical course (vulnerable sector screening, visa, additional immunization, etc.).**

2. CLINICAL COURSES (DURING)

2.1. PANDEMIC POLICY

In the event of extraordinary circumstances beyond the University's control, such as was the case with the COVID-19 pandemic in the Spring of 2020, the content and/or evaluation scheme within the clinical courses is subject to change.

Throughout the clinical courses, students must protect themselves and others by following the appropriate infection control protocols of their site (PPE, changing of clothes, self-isolation...)

The University aims to minimize student exposure to clients with identified viruses, whenever possible (ex: students should not be assigned to a COVID floor), however, in some sites, this is unavoidable and students must be prepared to work with this clientele by ensuring they are always following the appropriate procedures.

The OT program follows McGill official policy. In the event of student illness, students are permitted to miss 2 consecutive days of their clinical course without a doctor's note but must self-report to their clinical educator and the ACCEs. Students missing more than 2 days must obtain a doctor's note and provide a copy to their clinical educator and the ACCEs. Missed time will be made up on a case by case basis.

COVID-19: If a student become COVID positive or is suspected COVID positive throughout the clinical course, they must self-report to their clinical educator and the ACCEs as soon as possible. Generally, this is followed by a quarantine and missed time will be made up on a case-by-case basis. Quarantine guidelines will be based on the hosting site policy or the Ministry of Health directives at that time.



2.2.1. EXPOSURE TO BLOOD¹

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 sooner if 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. <https://www.mcgill.ca/ehs/laboratory/ohs/bloodborne-pathogens/exposure>
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 Online McGill Accident and Incident Report Form.

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 staff at your hospital/site (please note that any of these illnesses could be life-threatening to patients with compromised health systems):

– 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 Clients Safely (PDSP) course content in POTH 563 in the fall term of the Premasters year as it is a prerequisite for the four clinical courses, and maintain competency in transfer and mobility techniques following completion of this course. All students must also complete the mandatory Non-Violent Crisis Intervention training within the clinical seminars or must submit proof of valid certification in Non-Violent Crisis Intervention training, De-escalating Potentially Violent Situations or equivalent. 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 CNESST and McGill liability insurance (for out-of-province and international fieldwork see note below). 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 of the incident.
2. Fill out the Accident Report Form.
 - An online version is available <https://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, Karen Falcicchio or Anne-Marie Brassard- 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 (CNESST form). Physicians usually have this form. If not, contact our 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 our 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 for an accident with a client: 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.
-

2.6. ATTENDANCE

Attendance during university-based clinical practicum seminars (OCC1 500 and OCC1 600) as well as all associated preparatory work is mandatory and a prerequisite for each clinical course. Failure to attend the clinical seminars and complete the preparatory work/prerequisites will result in non-admission to the clinical courses.

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 ACCEs in cases of absences. 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 should be made between the ACCEs 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. **Students must read and sign the Student Code of Conduct (located on e-Fieldwork) and upload a signed copy to e-fieldwork by March 1st, 2023.**

2.8. ACTIVE PARTICIPATION

It should be pointed out that your active participation is required to meet all the learning objectives of the clinical seminars. Most seminars involve peer learning which requires actively giving and receiving feedback to your peers.

It is also understood that you will not be using your laptop or cell phone for social purposes during class time or during your clinical practicum (e.g. email, instagram, youtube, facebook, etc.). Your cell phone should be on silent during your clinical practicum and phone calls should only take place during breaks or after your clinical course.

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

<https://www.mcgill.ca/students/srr/honest>

2.9.1. STUDENT GUIDE TO AVOID PLAGIARISM²

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.*
- *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.*

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

- *Even if you are not 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 are 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"
<http://online.sfsu.edu/rone/StudentHelp/Plagiarism.html>
(includes detailed examples of acceptable and unacceptable instances of citing sources);
- "Plagiarism and How to Avoid It"
<http://online.sfsu.edu/rone/StudentHelp/Plagiarism.html#how>
- "How Not to Plagiarize" <https://advice.writing.utoronto.ca/using-sources/how-not-to-plagiarize/>

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- ATTIRE CONSIDERATIONS

Dress code in class and in clinical practica are expected to be consistent with expectations when entering the workforce. It is each student's responsibility to have appropriate attire during all class assignments and learning activities. During clinical courses, students are expected to dress according to their site's rules and regulations. Students should clarify the standards of dress at each clinical site prior to their first day of a clinical course. Name tags should be worn at all times during clinical courses. Attire considerations for class and clinical practica are consistent with the recommendations shared during program orientation of the OT Faculty.

2.13. CLINICAL COURSE HOURS

The cumulative clinical course hours over the course of the four clinical courses is equal to 1015-1160 hours based on a 35-40-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 clinical 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. WITHDRAWAL OR TERMINATION OF CLINICAL COURSE

Summer Term Clinical Courses Course Drop and Withdrawal Rules and Regulations: Students may only withdraw from clinical practicum courses if they have the approval of the Graduate Program Director (also referred to as the OT Program Director) or his or her delegate. Students registered to summer term clinical practicum courses at the School of Physical and Occupational Therapy are subject to university regulations for Course Drop and Withdrawal found in the Summer Studies Programs, Courses and University Regulations also referred to as the Summer Studies eCalendar. The latest version of the calendar can be found at [eCalendar Summer Studies](#).

Termination of a Clinical Course: The Academic Coordinators 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 may under no circumstances independently terminate their course without consulting the ACCEs first and presenting a medical note.

This is also the case even if students are accepted into another program.

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-ups 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 in preparation for future practice.

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 ACCEs 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 ACCEs 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.

Evaluation: Students will receive a grade of pass or fail, based upon the results of their final evaluation using the Competency-Based Fieldwork Evaluation (CBFE). The clinical educator(s)

The Academic Coordinator of Clinical Education (ACCE) or their designate has the authority to terminate a clinical course, 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 may constitute: 1) a course failure ('F' grade) or 2) the lack of completion of a course ('K' grade).

Examples of situations that may result in a 'F' grade may include: multiple occasions of the student being unsafe with a client despite educator feedback; breaches of patient confidentiality; patterns of unprofessional/inappropriate student behaviour.

Examples in which a student may receive a 'K' grade may be: evidence of a practice environment in which the working conditions demonstrate a severe, detrimental impact on student learning; a clinical educator who is not able to fulfill the clinical course requirements due to personal or medical reasons.

of the clinical course will provide a recommendation of the final grade (pass or fail) to the McGill OT Clinical Education team (e.g. Academic Coordinator of Clinical Education or their designates) who will determine the final submitted grade. **Failure will occur if the student does not meet the learning objectives/expectations for the clinical course.**

Remedial fieldwork:

1. Students who receive a recommended failure from the clinical educator(s) of a clinical course may be provided the opportunity to do remedial fieldwork; this is decided in conjunction with clinical educator, student and ACCE. Once remedial fieldwork has been deemed necessary, the ACCE will make a request for remedial fieldwork to OTPRC for approval (See [Section D2 of the Rules and Regulations](#)).

Remedial fieldwork is defined as additional placement hours either at the same clinical site where the clinical course with the recommended fail originally took place, or at a new clinical site; this will be determined based upon the availability of the clinical educator and is discussed between the clinical educator, student and ACCE or designate.

The duration of the remedial fieldwork is also discussed amongst the clinical educator, student and ACCE, and will be left to the discretion of the ACCE or designate. For example, a student may have demonstrated progress in their competency development but the progress has only occurred in the latter part of the course resulting in the student not meeting the expectations for the clinical course. In this instance, an additional 2-3 weeks may be required (e.g. remedial fieldwork) to successfully complete the clinical course.

2. *If remedial fieldwork is not approved*, the student will receive a grade of 'F' (failure) for that clinical course.
3. *If remedial fieldwork is approved*, the student will receive a 'K' (Incomplete) for the clinical course. Note that the 'K' grade does not impact a student's GPA. The dates of the remedial fieldwork will be arranged with the ACCEs and will depend on the

availability of clinical sites and the academic calendar. Every effort will be made to have the remedial fieldwork completed within the same or subsequent promotion period (see Clinical Practicum Guidelines). If the student must complete the remedial fieldwork in a subsequent term due to lack of availability of fieldwork offers or other extenuating circumstances, additional fees may apply and, if applied, are the student's responsibility. For more information on additional fees, please communicate with the Student Affairs Coordinator for the professional Master's program.

4. The requirements of the remedial fieldwork will be determined by OTPRC on a case by case basis. A letter outlining the terms, conditions and timeline, will be sent to the student by email.
5. Note that only one remedial fieldwork is permitted per clinical course.
6. Note that a student must successfully complete all courses in each promotion period, and have a cGPA of 2.7 or better. In exceptional circumstances, the OTPRC may allow progression to the next promotion period even when requirements (e.g. clinical course or remedial fieldwork) have not been fully met.

Should a student pass the remedial fieldwork, the student will receive a grade of 'P' (pass) on their transcript. The grade of 'K' (Incomplete) will remain on the unofficial transcript but will not appear on the official transcript.

Should a student fail the remedial fieldwork, the student will receive a grade of 'F' (failure) on their transcript. The grade of 'K' (Incomplete) will remain on the unofficial transcript but will not appear on the official transcript. Due to the sequential nature of the program, a failure to successfully complete a clinical course may lead to delayed completion of the program (see Clinical Practicum Guidelines). If any other clinical or academic course is failed (only one failed course is permitted in the program), the student will be asked to withdraw from the program.

For more information on how to obtain a review of course marks or to appeal a OTPRC decision, please refer to [Section E of the Rules and Regulations document](#).

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 send the student an e-copy or 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 or email.

2.20 ONLINE COURSE EVALUATIONS

Students are strongly encouraged to complete the online course evaluations at 2 time points, the end of the 501 and 600 course terms. Data obtained from these evaluations are used to provide the ACCEs 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 and developing teaching partners, enabling the ACCEs to evaluate the quality of the student learning opportunities and to share the guidelines. Following the visit, the ACCEs 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 within 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 online clinical portal to assist the Administrative and Student Affairs Coordinators 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 and M2 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 **Student Clinical Experience Booklet-formerly Red booklet (a component of the student professional portfolio)** throughout the four clinical courses. 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 and licensure**. Students are expected to bring this booklet to the debriefing clinical seminars.

Students are expected to develop a student **professional portfolio** that includes the Student Clinical Experience Booklet (formerly Red Booklet), the CBE evaluations of each placement, student learning objectives for each clinical course, as well as any clinical site projects, letters of recommendation, case histories, and a 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.

TYPES OF CLINICAL COURSES

There are 2 types of Practice Education:

- Traditional/Community Service Development Placements.
- Role-Emerging Fieldwork Placements.

5. TRADITIONAL/COMMUNITY SERVICE DEVELOPMENT PLACEMENTS

McGill University catchment area is large and students must plan for one rural-type placement during the program.

5.1. QUÉBEC PLACEMENTS

Students will be placed in McGill Affiliated Facilities in the McGill RUIS territory 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 outside of the McGill RUIS in the province of Québec to the ACCEs. Availability is dependent on other universities' clinical course schedules and sites' ability to accept a McGill student within a non-McGill RUIS institution.

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

NATIONAL POLICIES

- Under no circumstances, should students attempt to contact sites independently within Canada (including the McGill catchment area). Potential contact names should be given to the ACCEs. Special considerations for late applications will only be considered for serious family emergencies. Out of province supply of offers is extremely limited.

5.2.1. STUDENT

1. To behave professionally at all times, i.e. not only in respect to attire considerations, 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 changes 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 located on the student clinical portal and provide the facility with feedback/evaluation on the learning experience (this form is located online at: <http://www.mcgill.ca/spot/clinicaleducation> and referenced in the Student Clinical Experience Booklet-formerly Red booklet). 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 *e-Fieldwork* in order to receive their final grades for the clinical course.

5.2.2. CLINICAL EDUCATOR

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 ACCEs 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 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 ACCEs by email within requested time lines (2-3 weeks) and provide the student with a copy for their professional portfolio. The evaluation must be signed and include the supervisor's 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.

5.2.3. 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 the site feedback evaluation form 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 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 provide a safe space for students to disclose any challenges they may face during their clinical courses and provide ongoing support as needed.
11. To be available for counseling to students who are experiencing difficulties in their clinical placements and make site visits as needed.
12. To assist students that need specific fieldwork accommodations during their clinical courses. To liaise with the OSD, clinical educators and sites to set up a clinical course environment that sets the student up for success.
13. To ensure that all fieldwork records are kept up-to-date.

14. To prepare students for their clinical courses and ensure adequate documents are obtained prior to the start of the clinical courses.

6. ROLE-EMERGING CLINICAL COURSES

6.1. 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.

6.2. 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).

6.3. 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 professional practice is not just medically based.

6.4. 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 and changing perspectives on social accountability many rehabilitation services to various clientele (e.g. psychiatry, intellectual impairment, substance abuse, Alzheimer's, homeless, domestic violence) are based in community agencies.

6.5. 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.
- 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.

6.6. 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 coaching 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 agency partners. 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 agency partnerships will be presented to students during the second preparatory clinical seminar and the fieldwork faculty may coordinate recruiting eligible off-site OT supervisors.

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

6.7. 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.

6.8. 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.

6.9. 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 Student Clinical Experience Booklet (formerly Red booklet) as for a traditional placement. Students are expected to review and refer to role responsibilities as outlined in the role-emerging handbook provided.

6.10. PLAN OF ACTION

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

- Determine the potential 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 using a SWOT framework and prioritize 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/recommendations to the off-site clinical educator and the contact person of the agency/program by the end of the second week of the placement,.

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).

6.11. JOURNAL ENTRIES

Each student will be required to keep a reflective 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 will also 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.

7. MARKING GUIDELINES: COMPETENCY BASED FIELDWORK EVALUATION

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). For more information on this tool, please refer to <https://www.youtube.com/playlist?list=PLaVPbJC31aoYWgmapWPtmQ1H9bTZEkbnG>

These are general guidelines to help supervisors score OT students' performance, using the Competency-Based Fieldwork Evaluation (CBFE-OT). These guidelines have been developed in consultation with the McGill clinical catchment area supervisors to enhance inter-rater reliability.

Students will receive a grade of '**pass**' or '**fail**', based upon the results of their CBFE-OT final evaluation. The clinical educator(s) of the clinical course provides a recommendation of the final pass/fail grade to the McGill OT Clinical Education team who determines the final grade based on careful review. Clinical educators are contacted for discussion on borderline and failing students.

Students are expected to self-evaluate their overall performance for each competency (not only on their personal learning objectives) in order to promote their own reflexivity. Sharing a self-evaluation and the educator's evaluation is useful to promote reflection.

The evaluation should ideally be completed electronically however paper is acceptable. The final evaluation along with the supervisor's and student's signature should be sent electronically (or paper if preferred) to the school by the supervisor's email.

IMPORTANT NOTE: Supervisors should always be cautious when discussing the CBF evaluation with students as the grade (Pass/Fail) is determined by the University, based not only on the supervisor's scores but also on the supervisor's verbal and written feedback throughout the clinical course. Supervisors should contact the University AS SOON AS POSSIBLE if there are concerns about a student's performance.

Student performance is confidential information. Educators are reminded that they are not permitted to keep copies of student CBFs after the student has completed their practicum without written student consent. Student names should not be discussed in public places and while team members' feedback on student

8.1 LEVEL 1 STUDENTS

Students in level 1 should have numerical scores for each individual competency 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.

Note: *Midterm scores should be based on the midterm learning objectives. If a student has achieved all of the established midterm learning objectives by the midterm evaluation, they should receive their full mark (e.g. 3). Final scores should be based on final learning objectives. If a student has achieved all of the established final learning objectives by the final evaluation, they should receive their full mark (e.g. 3). If they have not achieved all of their final learning objectives by the final evaluation, a lower score may be given during the final evaluation (e.g. 2). Therefore, it is possible for students to have a higher score at midterm versus final. A score of 'U' may be used in instances where the student's performance in a particular competency is clearly unacceptable. A score of 'E' can be used in conjunction with a score of 3 if a student's performance clearly exceeds level 1 expectations (both should be circled).*

Score U: The student's performance is unacceptable

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

Score 3E: 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 pass** *
- Between 1.6 and 1.9: the student will **probably** be flagged**
- 1.5 or lower: the student will **probably** fail***

8.2 LEVEL 2a AND 2b STUDENTS

Students in level 2a and 2b should have numerical 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 of 2a and/or 2b. There are approximately 600 hours of clinical practice assigned to level 2 competency acquisition in 2 different practice areas. The learning opportunities are not necessarily sequential as practice differs across setting types.

Note: *Midterm scores should be based on the midterm learning objectives. If a student has achieved all of the established midterm learning objectives by the midterm evaluation, they should receive their full mark (e.g. 6). Final scores should be based on final learning objectives. If a student has achieved all of the established final learning objectives by the final evaluation, they should receive their full mark (e.g. 6). If they have not achieved all of their final learning objectives by the final evaluation, a lower score may be given during the final evaluation (e.g. 5). Therefore, it is possible for students to have a higher score at midterm versus final. A score of 'U' may be used in instances where the student's performance in a particular competency is clearly unacceptable. A score of 'E' can be used*

in conjunction with a score of 6 if a student's performance clearly exceeds level 2 expectations (both should be circled).

Score U: The student's performance is unacceptable

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

Score 6E: 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:

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.

Note: *Midterm scores should be based on the midterm learning objectives. If a student has achieved all of the established midterm learning objectives by the midterm evaluation, they should receive their full mark (e.g. 8). Final scores should be based on final learning objectives. If a student has achieved all of the established final learning objectives by the final evaluation, they should receive their full mark (e.g. 8). If they have not achieved all of their final learning objectives by the final evaluation, a lower score may be given during the final evaluation (e.g.7). Therefore, it is possible for students to have a higher score at midterm versus final. A score of 'U' may be used in instances where the student's performance in a particular competency is clearly unacceptable. A score of 'E' can be used*

in conjunction with a score of 8 if a student's performance clearly exceeds level 3 expectations (both should be circled).

Score U: The student's performance is unacceptable

Score 6: The student is clearly experiencing difficulties for level 3 expectations

Score 7: The student's performance nearly meets level 3 expectations

Score 8: The student's performance clearly meets level 3 expectations; the student is ready to enter Occupational Therapy entry-level practice.

Note that a new practitioner is likely to still seek consultation with aspects of clinical reasoning supporting reflection. As well, documentation is expected to take longer than an experienced practitioner.

Score 8E: 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****
- 6.5 or lower: the student will **probably fail*****

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

Le CBFE-OT est l'outil d'évaluation utilisé pour évaluer les compétences d'un étudiant en ergothérapie à l'Université McGill. Cet outil d'évaluation est composé de sept compétences et comportements associés. Pour chaque compétence, le superviseur clinique doit évaluer l'étudiant sur le plan qualitatif (commentaires sur la performance de l'étudiant) et quantitatif (score). Pour plus d'informations sur cet outil, consultez le vidéo suivant :

<https://www.youtube.com/playlist?list=PLaVPbJC31aoYWgmapWPtmQ1H9bTZEbnG>

Ces lignes directrices visent à aider les superviseurs à évaluer la performance des étudiants en ergothérapie (CBFE) 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, afin d'assurer une fidélité interjuges. Il est important de souligner que les étudiants recevront la note '**réussite**' (**pass**), ou '**échec**' (**fail**), selon les résultats de l'évaluation CBFE. Le(s) superviseur(s) cliniques offrent une recommandation sur la note finale réussite ou échec à l'équipe de la formation clinique de McGill. Celle-ci déterminera la note finale selon une revue attentive de l'évaluation. Si tous les objectifs d'apprentissage du stage ne sont pas atteints, l'étudiant recevra la note 'échec'. Les superviseurs sont contactés pour discuter des étudiants en difficulté ou en situation d'échec.

Il est attendu que les étudiants s'autoévaluent en fonction de leur performance pour chaque compétence et non seulement leurs objectifs d'apprentissages personnels. Le partage de l'autoévaluation de l'étudiant et l'évaluation faite par le superviseur est utile afin de favoriser la réflexion. L'évaluation devrait, préférablement, être complétée électroniquement, mais la version papier est aussi acceptable. L'évaluation finale, qui inclut la signature du superviseur et de l'étudiant, devrait être envoyée électroniquement (ou par la poste si la version papier est préférée) à l'Université.

Les étudiants qui recevront la note 'échec' devront faire un stage supplémentaire. Les étudiants qui recevront deux échecs peuvent être obligés de quitter le programme.

IMPORTANT: Les superviseurs doivent faire preuve de prudence lorsque l'évaluation finale est discutée avec l'étudiant puisque que la note (réussite/échec) est déterminée par l'Université. Le tout est fait en se basant non seulement sur les cotes du superviseur, mais également en tenant compte des commentaires verbaux et écrits des superviseurs tout au long du stage. Le superviseur devrait contacter l'Université, **LE PLUS RAPIDEMENT POSSIBLE**, advenant des inquiétudes face à la performance de l'étudiant.

La performance de l'étudiant est confidentielle. Il est à noter que les superviseurs ne peuvent pas conserver une copie du CBEF, suite à la fin du stage, sans le consentement écrit de l'étudiant. Le nom de l'étudiant ne devrait pas être discuté dans des lieux publics. La rétroaction des membres de l'équipe sur la performance est très importante. Toutefois, il est important de respecter les principes de confidentialité pour que la rétroaction puisse être offerte en respectant les principes éthiques de pratique.

9.1 ÉTUDIANT DE NIVEAU 1 :

Les étudiants de niveau 1 devraient recevoir des scores individuels pour chaque compétence entre 1 à 3. Il n'est pas rare, pour les étudiants qui performant bien, d'obtenir à l'évaluation finale des scores de 3 à chacune des compétences.

Note: Les résultats à la mi-stage doivent être basés sur les objectifs d'apprentissage de la mi-stage. Si un étudiant a atteint tous les objectifs d'apprentissage à la mi-stage, il devrait recevoir une note complète à l'évaluation de mi-stage (ex : 3). Les notes finales sont basées sur les objectifs d'apprentissage finaux. Si un étudiant a atteint tous les objectifs d'apprentissage finaux lors de l'évaluation finale, il devrait recevoir sa note complète (ex : 3). Si tous les objectifs d'apprentissage finaux ne sont pas atteints au moment de l'évaluation finale, un score plus bas peut être donné lors de l'évaluation finale (ex : 2). Par conséquent, il est possible pour les étudiants d'avoir un score plus élevé à la mi-stage qu'à l'évaluation finale. Un score de «E» peut être utilisé en conjonction

avec un score de 3 lorsque la performance d'un étudiant dépasse clairement les attentes de niveau 1 (les deux devraient être encerclés).

Score U : La performance de l'étudiant est clairement inacceptable, considérant les exigences du niveau 1

Score 1 : L'étudiant éprouve des difficultés, considérant les exigences du niveau 1

Score 2 : La performance de l'étudiant répond presque aux exigences du niveau 1

Score 3 : La performance de l'étudiant répond clairement aux exigences du niveau 1

Score 3E : La performance de l'étudiant est exceptionnelle pour les exigences d'un niveau 1

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

- 2.0 ou plus: l'étudiant obtiendra **probablement** la note "réussite" *
- Entre 1.6 et 1.9: l'étudiant aura **probablement** la mention "signalée"
- 1.5 ou moins: l'étudiant obtiendra **probablement** la note "échec" *

9.2 ÉTUDIANT DE NIVEAU 2A ET 2B :

Les étudiants de niveau 2a et 2b devraient recevoir des scores individuels pour chaque compétence entre 3 à 6. Il n'est pas rare, pour les étudiants qui performant bien, d'obtenir à l'évaluation finale des scores de 6 à chacune des compétences pour niveau 2a ou 2b. Il y a environ 600 heures d'apprentissage clinique dédiées à l'acquisition des compétences dans 2 types de pratique différents. Les opportunités d'apprentissage ne sont pas nécessairement séquentielles, puisque la pratique diffère grandement entre les différents sites.

Note: Les résultats à la mi-stage doivent être basés sur les objectifs d'apprentissage de la mi-stage. Si un étudiant a atteint tous les objectifs d'apprentissage à la mi-stage, il devrait recevoir une note complète à l'évaluation de mi-stage (ex : 6). Les notes finales sont basées sur les objectifs d'apprentissage finaux. Si un étudiant a atteint tous les objectifs d'apprentissage finaux lors de l'évaluation finale, il devrait recevoir sa note complète (ex : 6). Si tous les objectifs d'apprentissage

finaux ne sont pas atteints au moment de l'évaluation finale, un score plus bas peut être donné lors de l'évaluation finale (ex : 5). Par conséquent, il est possible pour les étudiants d'avoir un score plus élevé au mi-stage qu'à l'évaluation finale. Un score de «E» peut être utilisé en conjonction avec un score de 6 lorsque la performance d'un étudiant dépasse clairement les attentes de niveau 2 (les deux devraient être encerclés).

Score U: La performance de l'étudiant est clairement inacceptable

Score 3 : La performance de l'étudiante est inacceptable pour les exigences de niveau 2

Score 4 : L'étudiant éprouve des difficultés, considérant les exigences du niveau 2

Score 5 : La performance de l'étudiant répond presque aux exigences du niveau 2

Score 6 : La performance de l'étudiant répond clairement aux exigences du niveau 2

Score 6E : La performance de l'étudiant est exceptionnelle pour les exigences d'un niveau 2

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

- 5 ou plus: l'étudiant obtiendra **probablement** la note "réussite" *
- Entre 4.6 et 4.9: l'étudiant aura **probablement** la mention "signalée" 4.5 ou moins: l'étudiant obtiendra **probablement** la note "échec" *

9.3 ÉTUDIANT DE NIVEAU 3 :

Les étudiants de niveau 3 devraient recevoir des scores entre 6 et 8. Il n'est pas rare, pour les étudiants qui performent bien, d'obtenir à l'évaluation finale des scores de 8 à chacune des compétences.

Note: Les résultats à la mi-stage doivent être basés sur les objectifs d'apprentissage de la mi-stage. Si un étudiant a atteint tous les objectifs d'apprentissage à la mi-stage, il devrait recevoir une note complète à l'évaluation de mi-stage (ex : 8). Les notes finales sont basées sur les objectifs d'apprentissage finaux. Si un étudiant a atteint tous les objectifs d'apprentissage finaux lors de l'évaluation finale, il devrait recevoir sa note complète (ex : 8). Si tous les objectifs d'apprentissage

finaux ne sont pas atteints au moment de l'évaluation finale, un score plus bas peut être donné lors de l'évaluation finale (ex : 7). Par conséquent, il est possible pour les étudiants d'avoir un score plus élevé au mi-stage qu'à l'évaluation finale. Un score de «U» peut être utilisé dans le cas où la performance de l'étudiant est clairement inacceptable pour une compétence donnée. Un score de «E» peut être utilisé en conjonction avec un score de 8 lorsque la performance d'un étudiant dépasse clairement les attentes de niveau 3 (les deux devraient être encadrés).

Score U: La performance de l'étudiant est inacceptable

Score 6: L'étudiant éprouve des difficultés, considérant les exigences du niveau 3

Score 7: La performance de l'étudiant répond presque aux exigences du niveau 3

Score 8: La performance de l'étudiant répond clairement aux exigences du niveau 3; l'étudiant est prêt à entrer dans la profession d'ergothérapeute.

Il est à noter qu'un nouveau praticien est beaucoup plus susceptible de consulter ses pairs ou son mentor en lien avec son raisonnement clinique. Le tout étant fait dans le but de consolider sa propre réflexion. De plus, il est évident que la rédaction faites par un nouveau gradué demande plus de temps que celle d'un praticien expérimenté.

Score 8E: La performance de l'étudiant est exceptionnelle pour les exigences de niveau 3.

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

- 7.0 ou plus: l'étudiant obtiendra **probablement** la note "réussite" *
- Entre 6.6 et 6.9: l'étudiant aura **probablement** la mention "signalée"
- 6.5 ou moins: l'étudiant obtiendra **probablement** la note "échec" *

1. SUBMISSION OF MANDATORY DOCUMENTS

2. ASSIGNMENT SUBMISSION

Upload a copy of the following mandatory documents to the appropriate assignment folders on *e-Fieldwork (MyCourses)* for each clinical course (requirement for grade assignment and monitoring of student professional portfolio):

- Completed supervisor CBE Form.
- Student Site Feedback Form.
 - a. **For Level 3 students only** : The above two documents + the completed 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.

<https://www.mcgill.ca/spot/clinicaleducation/student-portal>

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 *e-Fieldwork (MyCourses)*.

B. STUDENT CLINICAL EXPERIENCE BOOKLET

The Student Clinical Experience Booklet (formerly Red 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**, in addition to the uploaded final CBE student evaluation and site feedback questionnaire form. 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.

REFERENCES

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: <https://www.mcgill.ca/wellness-hub/access-care/vaccines-immunization-reviews>
- Site approval documents : <https://www.mcgill.ca/spot/clinicaleducation>
- McGill ICS Computer Support [support.ist@mcgill.ca]
- Post Exposure Bloodborne Pathogen Risk Identification Checklist: <https://www.mcgill.ca/ehs/laboratory/ohs/bloodborne-pathogens/exposure>
- McGill Accident and Incident Report Form: <https://www.mcgill.ca/ehs/forms/forms/accident-and-incident-report>
- Code of Student Conduct and Disciplinary Procedures <https://www.mcgill.ca/students/srr/honest>
- "Plagiarism—The Do's and Don'ts" <http://online.sfsu.edu/rone/StudentHelp/Plagiarism.html>
- "Plagiarism and How to Avoid It" <http://online.sfsu.edu/rone/StudentHelp/Plagiarism.html#how>
- "How Not to Plagiarize" <https://advice.writing.utoronto.ca/using-sources/how-not-to-plagiarize/>
- 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/clinicaleducation/clin-ed-occupational-therapy/documents>