COURSE GUIDE 2010-2011

MASTER OF SCIENCE, APPLIED,

IN PHYSICAL THERAPY
Welcome to the School of Physical and Occupational Therapy
for the 2010-2011 Session

Master of Science, Applied, in Physical Therapy

2010-2011

- Fall 2010 Semester (13 weeks beginning September 1st, 2010)
- Winter 2011 Semester (13 weeks starting January 4th, 2011)

Clinical Placements: January 4th, 2011 – February 26th, 2011
Lectures: February 28th, 2011 – April 28th, 2011 (including exam period)
<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim Director</td>
<td>Dr. Annette Majnemer</td>
<td>School of Physical and Occupational Therapy</td>
</tr>
<tr>
<td>Director</td>
<td>Dr. Judith Soicher</td>
<td>Physical Therapy Program</td>
</tr>
<tr>
<td>Associate Director</td>
<td>Dr. Bernadette Nedelec</td>
<td>Occupational Therapy Program</td>
</tr>
<tr>
<td>School of Physical and Occupational Therapy</td>
<td></td>
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<td></td>
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</tbody>
</table>
Preamble

For your convenience, this Course Guide has been divided into three Sections:

I. Rules and Regulations for Student Evaluation and Promotion
II. Important Information for Students
III. Professional Master’s Courses
Mission Statements

Mission Statement of the School of Physical and Occupational Therapy

Excellence in teaching and research is the foundation and tradition of the School of Physical and Occupational Therapy at McGill University. The Faculty educates professionals and, through research, generates the body of knowledge which guides our professions to advance the health, function and participation of individuals in society. The educational programs apply and promote principles of interprofessional education, evidence-based practice and knowledge exchange with the expectation that students become self-directed, life-long learners.

(Revised & Approved Nov. 11, 2009)

Mission Statement of the Physical Therapy Program

Mission: To prepare reflective and collaborative professionals who are skilled in clinical reasoning and the use of evidence to optimize health, function and participation of individuals in society, and who can assume leadership roles in professional and scholarly activities including the transfer of best evidence to clinical practice.

(Amended November 11, 2009)
# COURSE GUIDE

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<th>Contact Person and contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Registration</td>
<td>Ms. Tamara Madden Professional Master’s Student Affairs Coordinator</td>
</tr>
<tr>
<td>• Course changes/add/drop</td>
<td>Davis House Room 5</td>
</tr>
<tr>
<td>• Inter university transfer</td>
<td>Tel: (514) 398-2784</td>
</tr>
<tr>
<td>• Credit exemption</td>
<td>Fax:(514) 398-6360</td>
</tr>
<tr>
<td>• Supplemental deferrals</td>
<td>e-mail: <a href="mailto:profmasters.pot@mcgill.ca">profmasters.pot@mcgill.ca</a></td>
</tr>
<tr>
<td>• Exam conflicts</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• C.P.R. certification</td>
<td>Ms. Croce Riggi</td>
</tr>
<tr>
<td>• PDSB Course</td>
<td>Davis House Room D5</td>
</tr>
<tr>
<td>• Clinical placement supervision information</td>
<td>Tel: (514) 398-1293/6561</td>
</tr>
<tr>
<td>• Immunization</td>
<td>Fax:(514) 398-6360</td>
</tr>
<tr>
<td>• Appointments with the ACCE</td>
<td>e-mail: <a href="mailto:croce.filteau@mcgill.ca">croce.filteau@mcgill.ca</a></td>
</tr>
<tr>
<td>• Audiovisual equipment loans or assistance</td>
<td>e-mail: <a href="mailto:liliane.asseraf.pasin@mcgill.ca">liliane.asseraf.pasin@mcgill.ca</a></td>
</tr>
<tr>
<td>• Learning aids e.g. CD’s, skeletal material, Videos</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Room booking (non academic) e.g. student meetings, variety show rehearsal, etc.</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Lost and Found H100</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Access to (key for) coach house</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Assessment Library</td>
<td>Mr. Robert Everitt</td>
</tr>
<tr>
<td>•                                      Hosmer House Room H13/H105</td>
<td>Tel: (514) 398-2048</td>
</tr>
<tr>
<td>•                                      e-mail: <a href="mailto:librarian.spot@mcgill.ca">librarian.spot@mcgill.ca</a></td>
<td></td>
</tr>
<tr>
<td>• Within the University</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>STUDENT SERVICES -</td>
<td>ww2.mcgill.ca/stuserv</td>
</tr>
<tr>
<td>Dean of Students Office</td>
<td>Tel 514-398-3825</td>
</tr>
<tr>
<td>• Athletics</td>
<td>Tel: 514-398-7000</td>
</tr>
<tr>
<td>• CAPS Career and Placement Service</td>
<td>Tel: 514-398-3304</td>
</tr>
<tr>
<td>• Chaplaincy Service</td>
<td>Tel: 514-398-4104</td>
</tr>
<tr>
<td>• Counseling Service</td>
<td>Tel: 514-398-3601</td>
</tr>
<tr>
<td>• First Peoples House</td>
<td>Tel: 514-398-3217</td>
</tr>
<tr>
<td>• First Year Office</td>
<td>Tel: 514-398-6913</td>
</tr>
<tr>
<td>• Health Services &amp; Dental Clinic</td>
<td>Tel: 514-398-6017</td>
</tr>
<tr>
<td>• International Student Services</td>
<td>Tel: 514-398-4349</td>
</tr>
<tr>
<td>• Mental Health Services</td>
<td>Tel: 514-398-6019</td>
</tr>
<tr>
<td>• Students With Disabilities</td>
<td>Tel: 514-398-6009</td>
</tr>
<tr>
<td>• Tutorial Service</td>
<td>Tel: 514-398-6011</td>
</tr>
<tr>
<td>• Student (Financial) Aid Office</td>
<td>Tel: 514-398-6013</td>
</tr>
<tr>
<td>• Residences &amp; Student Housing</td>
<td>Tel: 514-398-6368</td>
</tr>
<tr>
<td>• Student Housing (Off campus)</td>
<td>Tel: 514-398-6010</td>
</tr>
<tr>
<td>• First Year Assistance for Francophone Students</td>
<td>Tel: 514-398-6913</td>
</tr>
<tr>
<td>• Graduate and Post doctoral studies office (GPSO)</td>
<td>Tel: 514-398-3990</td>
</tr>
</tbody>
</table>
List of Committees with Student Representation

The School of Physical and Occupational Therapy values the input of our students in all academic, social and administrative functions. The following is a list of committees with student representation.

<table>
<thead>
<tr>
<th>Name of Committee</th>
<th>Student Based only</th>
<th>Student &amp; Faculty Based</th>
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</thead>
<tbody>
<tr>
<td>Fitness Center</td>
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<tr>
<td>Golden Key Honors Society</td>
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<tr>
<td>Graduate Committee</td>
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<tr>
<td>Intramural Sports Team</td>
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<tr>
<td>Postgraduate Students’ Society (PGSS)</td>
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<tr>
<td>Canadian Physiotherapy Association (CPA) Representative</td>
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<tr>
<td>Curriculum Committee</td>
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<tr>
<td>Clinical Advisory Committee</td>
<td>✓</td>
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<tr>
<td>L’ordre professionnel de la physiothérapie du Québec (OPPQ)</td>
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<tr>
<td>PT Faculty Meetings</td>
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<tr>
<td>School of Physical and Occupational Therapy Faculty Meetings</td>
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<tr>
<td>Student - Faculty Liaison Meetings</td>
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Table 3: POST-GRADUATE STUDENTS’S SOCIETY 2010-2011


Executive Officers and Commissioners:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Ms. Alexandra Bishop</td>
<td><a href="mailto:prez.pgss@mail.mcgill.ca">prez.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>VP Academic</td>
<td>Ms. Dahlia ElShafie</td>
<td><a href="mailto:academic.pgss@mail.mcgill.ca">academic.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>VP Finance</td>
<td>Ms. Natalie Lee</td>
<td><a href="mailto:finance.pgss@mail.mcgill.ca">finance.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>VP External</td>
<td>Mr. Ryan Hughes</td>
<td><a href="mailto:external.pgss@mail.mcgill.ca">external.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>VP Internal</td>
<td>Mr. Magnus Bien</td>
<td><a href="mailto:internal.pgss@mail.mcgill.ca">internal.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>Equity Commissioner</td>
<td>Ms. Erin Sirett</td>
<td><a href="mailto:equity.pgss@mail.mcgill.ca">equity.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>Student Support Commissioner</td>
<td>Ms. Ulrike Trojahn</td>
<td><a href="mailto:cgss.pgss@mail.mcgill.ca">cgss.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>Environment Commissioner</td>
<td>Ms. Cynthia Nei</td>
<td><a href="mailto:environment.pgss@mail.mcgill.ca">environment.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>Health Commissioner</td>
<td>Mr. Jonathan Mooney</td>
<td><a href="mailto:health.pgss@mail.mcgill.ca">health.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>Senate &amp; Library Commissioner</td>
<td>Mr. James Grabowski</td>
<td><a href="mailto:senate.pgss@mail.mcgill.ca">senate.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>Social Commissioner</td>
<td>Ms. Pooja Tyagi</td>
<td><a href="mailto:social.pgss@mail.mcgill.ca">social.pgss@mail.mcgill.ca</a></td>
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</tbody>
</table>

Administration Staff:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business &amp; Operations Manager</td>
<td>Mr. Andre Pierzchala</td>
<td><a href="mailto:operations.pgss@mail.mcgill.ca">operations.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>House Manager</td>
<td>Mr. Bliss Ward</td>
<td><a href="mailto:hm.pgss@mail.mcgill.ca">hm.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>Services Coordinator</td>
<td>Ms. Marissa Boudreau</td>
<td><a href="mailto:services.pgss@mail.mcgill.ca">services.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>Insurance &amp; Information</td>
<td>Ms. Marilou Alforque</td>
<td><a href="mailto:info.pgss@mail.mcgill.ca">info.pgss@mail.mcgill.ca</a></td>
</tr>
<tr>
<td>Accounting</td>
<td>Mrs. Dora Stephan</td>
<td><a href="mailto:accounts.pgss@mail.mcgill.ca">accounts.pgss@mail.mcgill.ca</a></td>
</tr>
</tbody>
</table>
I. Rules and Regulations for Student Evaluation and Promotion

Introduction

The Professional Master of Science in Physical Therapy is a 58-credit degree program including one thousand hours of fieldwork education over 5 semesters. The educational approach is consistent with adult learning, self-directed learning, reflective clinical practice and inter-professionalism. Strong links between academic and clinical fieldwork education are emphasized. Courses emphasize client-centered and evidence-based practice across the lifespan and across the health care continuum, and incorporate principles of health promotion from prevention of disability to rehabilitation. In addition to fieldwork, the program requirements include courses in advanced clinical practice, research methodology and educational methodology. The master's project prepares the entry-to-practice physical therapist in becoming an autonomous and effective professional, through the acquisition of research skills.

Evaluation and Promotion

Students progress through the Program by successful completion of successive promotion periods.

Students will not be permitted to proceed to the next promotion period unless they have met all criteria of the current promotion period. Students with incomplete coursework (eg. failed or deferred courses) may not commence the professional courses in the subsequent Promotions Period until the incomplete courses have been successfully completed. This means that the courses must be passed.

1. Marks

An overall final mark of B- (65%) is required to pass the courses with a designation of PHTH or POTH. Similarly, the passing grade on any remedial activity or supplemental examination is B- (65%) for these courses.

Students should be aware that courses having practical and theoretical components or individual and group work have specific criteria for promotion:

1.1 In any course which comprises both theoretical and practical evaluation components, each student must achieve a passing grade (65%) in each of these components, as well as in the overall course, in order to receive a passing grade for the course.

If the overall course mark is a failure, the student will be permitted to write a supplemental exam in this course. Students with any further failures in that course, including the supplemental, or a failure in any other course, will be required to withdraw from the Program. (Refer to the Graduate & Postdoctoral Studies Calendar, Failure Policy.)
If the overall course mark is a pass, but one component is a failure, the course mark is withheld from the record. The student must undertake remedial work in that failed component and successfully pass the additional evaluation within 30 days of being advised of the original mark. If the additional work is successfully passed, the original final course mark is then recorded. Students will have only one opportunity to attain a passing grade through remedial work. No further supplemental exams will be permitted. Failure in remedial work will result in a final grade of “F” (failure) for the whole course.

1.2 In any course which comprises both individual and group evaluation components, each student must achieve a passing grade (65%) in each of these components, as well as in the overall course, in order to receive a passing grade for the course.

If the overall course mark is a failure, the student will be permitted to write a supplemental exam in this course. Students with any further failures in that course, including the supplemental, or a failure in any other course, will be required to withdraw from the Program. (Refer to the Graduate & Postdoctoral Studies Calendar, Failure Policy.)

If the overall course mark is a pass, but one component is a failure, the course mark is withheld from the record. The student must undertake remedial work in that failed component and successfully pass the additional evaluation within 30 days of being advised of the original mark. If the additional work is successfully passed, the original final course mark is then recorded. Students will have only one opportunity to attain a passing grade through remedial work. No further supplemental exams will be permitted. Failure in remedial work will result in a final grade of “F” (failure) for the whole course.

2. Attendance
Students will be required to attend all small group and laboratory sessions, including Clinical Reasoning Workshops and Seminars, and are expected to attend all other course-related activities outlined in the course description and/or syllabus. For an absence (e.g., compassionate or medical reasons) to be approved, the absence must be supported by written documentation, such as a medical certificate (in the case of a medical reason), and submitted to the Program Director. The Program Director, at his or her entire discretion, may request additional information before approving the absence.

Students who have missed more than 10% of laboratory or small group sessions, or who miss any required professional workshop or seminar, without prior approval, will receive 0/10 for participation in the course. If a course does not have a participation mark, then the final course mark will be deducted by a 10% mark. This rule applies to labs and to all required workshops, seminars or professional activities.

No absences are permitted during any clinical fieldwork or visits. Any absences for illness or compassionate reasons must be documented at both the site and the School and the time must be made up. They must be approved by the Program Director.
3. **Student Standing**

A student’s overall standing in the Physical Therapy Program will be recorded as Satisfactory, Probationary or Unsatisfactory. For acceptance into the professional Master’s Program, students must be in satisfactory standing and have a McGill cGPA of 3.0 or better.

**Satisfactory Standing**
- A McGill cumulative grade point average (cGPA) of 2.7 or better with no failures or incomplete courses.
- Professional behaviour that meets program standards.

**Probationary Standing**
- Failure or incomplete in one (1) academic course at any time within the Program
- A cGPA between 2.7 and 3.0
- Unprofessional behaviour: Since Physical Therapy is a profession, our program has more rigorous standards of behaviour than other programs. Professional behaviour is expected of students throughout their education, whether in a class or clinical setting. Lack of professional behaviour will result in the student being placed on probationary status. Unprofessional behaviour is defined in the Code of Student Conduct, Handbook of Student Rights and Responsibilities, Chapter 6. Academic or non-academic offences as defined in the Handbook of Students’ Rights and Responsibilities are also considered unprofessional behaviour.
- Failure in a deferred examination.
- Remedial work in two or more courses in the same term.

A Student in Probationary Standing may be required:
- to pursue specific remedial activity to address areas of weakness
- to meet specific performance criteria
- to meet on a regular basis with the Program Director and/or delegate

Students in probationary standing will be permitted to take a maximum of 12 course credits per term.

A student who is placed in Probationary Standing is automatically monitored by the PTPRC (Promotion and Review Committee). The PTPRC may require the student to remain in Probationary Standing, undertake remedial activity, or repeat an activity or assignment within that Period.

In general, Probationary Standing is removed, and the student returned to Satisfactory Standing, when the conditions of the probation are met, unless Probationary Status is retained by a decision of the PTPRC.

**Unsatisfactory Standing**
- cGPA <2.7 at the end of each term.
- Failure in a course which is followed by failure of the supplemental examination.
• Failure in a second course at any time during the Program.
• Conditions of admission to program have not been met.

Students in Unsatisfactory Standing are required to withdraw from the Program.

4. Promotion Periods
Promotion periods are used to track student progress. The Professional Master’s Program consists of four Promotion Periods.

The student’s progress in the program will be tracked throughout the Promotion Periods.

A student with an overall GPA of less than 2.7 (B-) in the first term will be placed on probation. Failure in any supplemental examination or remedial work will require the student to Withdraw from the Master’s Program.

If a student fails a clinical placement he/she can continue in the program only with permission of the Program Director and final approval by Graduate and Postdoctoral Studies Office.

The Evaluation System is under constant review by the School. The School may make changes to the policies and regulations at any time. In general, such changes will not come into effect during an academic year or promotion period; however, all changes and their effective dates will be communicated to the students of the Program with a reasonable amount of prior notice.

5. Promotion and Review Committees
The Promotion and Review Committee for the Physical Therapy Program (PTPRC) will review the academic and clinical records of all students.

The PTPRC will flag the record of any student in academic difficulty and the record of any student charged with misconduct. Examples of misconduct are: unethical or unprofessional behaviour, dishonesty, drug or substance abuse, criminal conviction, and academic offences such as plagiarism and cheating.

The PTPRC will require a student to withdraw from the Program, if he/she has been found to be unsuitable for the practice of Physical Therapy due to poor academic standing or misconduct.

A grade is not final until it is has been reviewed by the PTPRC and is recorded on the student’s official transcript.
Promotion Periods

The Physical Therapy Program Promotion Periods are as follows:

1. May - August
2. September-December
3. December-April
4. April - November (graduation)

The following courses have special conditions for evaluation. Please refer to Sections 1.1 and 1.2 for details of these evaluation conditions.

Within the first Promotion Period (May-August):
PHTH 571 Clinical Practicum 1
PHTH 572 Clinical Practicum 1

Within the second Promotion Period (September-December):
POTH 612 Advanced Research Methods
POTH 622 Integrated Pain Management:
PHTH 623 Differential Diagnoses and Management
Professional Complementary Course

Within the third Promotion Period (December-April):
PHTH 573 Clinical Practicum 3
POTH 602 Educational Methodology
Two Professional Complementary Courses

Within the fourth Promotion Period (April-November):
POTH 624 Master’s Project
PHTH 620 Clinical Practicum 4

A student must successfully complete all courses in each of the Promotion Periods, and have a cGPA of 2.7 or better.

Examinations

1. Preamble
All examinations are governed by university regulations: (http://www.mcgill.ca/student-records/exam/regulations/) and by the specific Faculty of Medicine regulations as outlined below.

Students are expected to behave in a professional manner at all examinations, including laboratory practical examinations and examinations administered in clinical settings. The regulations outlined below permit the Faculty to ensure that all examinations are administered in an organized, fair and equitable manner for all students.
Any form of communication is prohibited during an exam, including communication via electronic devices. Students are NOT permitted the use of a cell phone, pagers, PDA's, etc., during an exam. Any electronic devices found during an examination will be confiscated by an invigilator and returned to the student at the end of the examination or the following working day. These incidents will be reported to the Associate Dean; such incidents may be entered on the student's record.

Please note that many multiple-choice examinations administered at McGill University are monitored by an examination-security program (Harpp-Hogan). This is based on assigned seating at all examinations. The data generated by the program can be used as admissible evidence, either to initiate or corroborate an investigation of cheating under Section 16 of the Code of Student Conduct and Disciplinary Procedures.

Any breach of these regulations will be reported to the Chief Invigilator, and Program Director of PT, as appropriate. Students exhibiting suspicious behaviour will also be reported. Inappropriate behaviour, such as cheating on an examination or disruptive behaviour during an examination review session(s) can be evidence of unprofessional conduct and, therefore, grounds for a finding of unsuitability to continue in the program.

A student may not miss an examination without justifiable reason. When a student misses an examination, she/he must:

- notify the Program Director prior to the exam (circumstances permitting), indicating the reason for absence;
- provide appropriate written documentation to justify absence;

2. Examination Regulations & Procedures

Regulations
1. All examination information is confidential. Any transmission of examination information, either in writing or verbally, is expressly prohibited without prior consent of the Dean's office. No one is permitted to make written notes or to record, in any way, the contents of an examination. This includes the transmission of core materials (e.g., names of patients) used in oral exams or Objective-Structured Clinical Examinations (OSCE).
2. Candidates must not procure, use, or attempt to use or distribute any improper or unauthorized materials.
3. No candidate for examination may bring into the examination room any books, notes, electronic communication devices with memory capability; e.g., PDAs (Personal Digital Assistants), cell phones, pagers or other material containing information pertaining to the examination, unless the examiner has given permission.
4. Talk or any other form of communication between candidates is forbidden. This includes the use of all types of electronic equipment not specifically requested for the examination, including cell phones and pagers. All communication devices must be deposited with the invigilators prior to the start of the examination.
5. Candidates are not permitted to leave the examination room until one half hour after the examination has begun, and in no case before the attendance has been taken. A candidate who leaves before the examination is over must hand in all completed and attempted work.

6. Every student has a right to write essays, examinations and theses in English or in French. Personal dictionaries are not permitted. However, a French-English dictionary will be available upon request.

7. No smoking or alcoholic beverages are permitted in the examination rooms.

Procedures
1. If books, notes, etc., cannot be left outside the examination room, they must be put in a place designated by the Invigilator before the candidate takes a seat.

2. Students writing examinations are responsible for arriving at the right time and place and must have with them their McGill student identification cards. Forgetfulness or inadvertently arriving at the wrong time or place are not acceptable excuses.

3. The doors of the examination room will normally be opened at least five minutes before the starting hour. Candidates will be permitted to enter the examination room up to one-half hour after the scheduled start of the exam. These students should be aware that a portion of time could be lost while the examination is assigned and instructions are being given by an invigilator. They must enter the room quietly, and time will not be extended for the examination.

4. Candidates must remain seated. A candidate needing to speak to the invigilator (e.g., to ask for additional supplies) should so indicate by raising his or her hand.

5. Questions concerning possible errors, ambiguities, or omissions in the examination paper must be directed to the Invigilator, who will investigate them through the proper channels. The Invigilator is not permitted to answer questions other than those concerning the paper.

6. All work must be done in accordance with the examination instructions, and must be handed in to the Invigilator.

7. At the close of the examination, candidates must stop writing and submit their work at once.

8. Food is permitted at the discretion of the Chief Invigilator. Food should be brought in prior to the exam. Students will not be permitted to go to vending machines/cafeteria during an examination.

9. Bathroom privileges: only one student at a time will be allowed to go to the bathroom, and the student may be escorted there and back by an Invigilator (at the Invigilator’s discretion).

10. No student will be permitted to leave during the final ten minutes of the examination.

Examination Regulations – Cheating
Cheating is considered an academic offence under Article 16(a) in the Code of Student Conduct and Disciplinary Procedures which states that:
“No student shall, in the course of an examination obtain or attempt to obtain information from another student or other unauthorized source or give or attempt to give information to another student or possess, use or attempt to use any unauthorized material…”
Under Article 21(d)
“The chief or senior invigilator at an examination shall have like powers of exclusion over any student undergoing the examination when the chief or senior invigilator has reasonable grounds to believe that the student is breaking, has broken, or is attempting to break a university or faculty examination regulation…”

Before the commencement of any mid-term or final examination, the above quotation will be read out loud and any student dismissed from the exam for cheating will be given a failure in the course under question.

Students are reminded that cheating in any examination is considered a serious offence which could lead to expulsion from the University. Students are not permitted to have in their possession, or to use, any unauthorized materials during an examination.

Assignments

The Faculty adheres to definitions of plagiarism and cheating described in the Code of Student Conduct and Disciplinary Procedures. Any course instructor has the right to require that assignments (including case reports) be submitted in hardcopy format with the student’s signature. Refer to section on Academic Integrity-Plagiarism. A McGill student guide to avoid plagiarism is also found at: http://www.mcgill.ca/integrity/studentguide

3. Midterm Exams
A copy of a valid medical note or appropriate documentation must be provided to the course instructor and the original document to the Program Director for all missed midterm exams. If approved, the instructor may choose one of the following three options:
- Preparing and alternative evaluation for that particular student, or
- Shifting the weight normally assigned to the evaluation to the weight assigned to the remaining evaluation, or
- Deferring the evaluation or examination to another time

Deferred Examinations, Remedial Work and Supplemental Examinations

1. Deferred Examinations
Deferred examinations are examinations rescheduled because the original was missed for valid reasons; this is applicable to final examinations only.

- Permission for a deferred examination will be granted by the Program Director for the following reasons: valid health issues, family or personal crises. Participation in elite athletic events (see Policy on Student Athletes).

- Medical Notes (taken from McGill Student Health Services)
  - Medical notes will ONLY be issued on the DAY of the missed exam, assignment, project, class or conference. Health Service physicians and nurses will write notes based on their medical findings and professional assessments.
• Absolutely NO medical notes will be written for past illness (i.e.: on a weekend, the day before, etc.)
• The nurses and physicians at McGill Student Health Services DO NOT have the authority to exempt students from exams etc. The final decision will be taken by the Professor, Faculty and/or Dept.
• Medical notes can be issued by medical personnel at private clinics, CLSCs, emergency rooms, etc., but please note a charge may be incurred for this service. If you were treated outside Student Health PLEASE get a note from the institution of record as Student Health will not issue a note for an outside clinic.
• No medical notes will be issued once the clinic is CLOSED for the day. Due to the high volume of drop in patients we encourage you to arrive as EARLY as possible to ensure you will be seen on the day of your exam, class etc. in question (please refer to: http://www.mcgill.ca/studenthealth/notes/).

• Medical Certificates must contain the following minimum information:
  • The note must come from a physician.
  • It must be dated.
  • It must include the date(s) of the student absence and the date on which the student was seen by the physician.
  • It must cite a specific reason for the absence and expected date of return to studies.
  • It must be signed by a physician.

• Except for cases of emergency on the day of the exams, students must make their request for a deferred exam PRIOR TO the scheduled exam. The request must be accompanied by supporting documents (e.g., physician’s medical certificate). The Program Director reserves the right to verify all documentation.

• In the case of an emergency on the day of the exam, supporting documents must be presented to the Program Director as soon as possible after the examination. These documents must indicate that the student was unable to write the examination for an approved reason on the specific date of the examination. The Program Director may require further corroborative documentation of the reasons for the request(s).

• In general, an approved deferred examination will be written in the deferred/supplemental exam period or at the earliest feasible time.

• Deferred examinations will generally be in the same format as the final examination.

• No supplemental examinations are permitted to students who do not receive the required passing grade in a course after writing a deferred examination.

2. Remedial Work
Remedial work is activity to be undertaken by a student, as required by the Promotion and Review Committee (PTPRC), as a consequence of a failure or unsatisfactory evaluation in a course, a component of a course, or a clinical rotation. This activity will generally include
additional study and additional examination(s). In the context of clinical rotations, there will generally be a requirement to repeat clinical activities for a defined period.

- Any remedial activity will be decided upon after discussion between the student and instructor and confirmed by the PTPRC.

3. **Supplemental Examinations**

- Supplemental examinations may be permitted in some courses. These are examinations taken as a consequence of a failure or unsatisfactory outcome in a course.

- Supplemental examinations will cover material from the entire course or section of a course. The format of the supplemental examination may differ from the original examination.

- Students who do not successfully pass supplemental exams administered by the School will receive a final supplemental grade of “F” (failure)

- It should be noted that the supplemental result will not erase the failed grade originally obtained which was used in calculating the GPA. Both the original mark and the supplemental result will be calculated in the tGPA and cGPA.

In general, remedial work or supplemental examinations for students with failures will follow university schedules.

**Promotion and Review Committee**

**Introduction**

Within the School of Physical and Occupational Therapy, student evaluation, promotion and determination of suitability for the practice of the profession is within the jurisdiction of the Physical Therapy Promotion and Review Committee (PTPRC) and the Occupational Therapy Promotion and Review Committee (OTPRC). The PTPRC reviews the performance of students in the Physical Therapy Program and the OTPRC reviews the performance of students in the Occupational Therapy Program.

The PTPRC exercises final authority to determine a student’s competence and suitability for the practice of the Physical Therapy profession. It will consider all aspects of student progress, including academic performance and personal and professional conduct and make final decisions on all matters relating to promotion and graduation.

The PTPRC will review the entire record of all students, including those in academic difficulty. In addition, the Committee will review the entire record of any student charged with misconduct. Examples of misconduct are: unethical or inappropriate behaviour for the practice of the profession, drug or substance abuse, criminal conviction, plagiarism, cheating. This could result in the student being dismissed from the Program.
The PTPRC will require a student to withdraw from the Program who has been found to be unsuitable for the practice of Physical Therapy due to poor academic standing or misconduct. The Program Director, acting on behalf of the PTPRC, can withdraw a student from the Program or from a specific course, if the student fails to withdraw voluntarily within one week of a written request.

**Composition of the PT Promotion and Review Committee**

The PTPRC is a standing committee of the School. It is composed of four Faculty members of the PT Program, appointed for a staggered two-year term and the Director of the PT Program. All four are voting members. The Director will vote in the case of a tie.

**Review of Grades, Evaluations and Decisions**

1. **Review by the Promotions and Review Committees**

   **Step 1**
   For academic courses, Physical Therapy students who are dissatisfied with an evaluation or mark must first discuss the matter with the course instructor within one calendar week. Following discussion of the student’s concerns, the instructor may leave the evaluation/mark unchanged or may change the evaluation/mark.

   **Step 2**
   The following are procedures to be followed when a student wishes to contest an evaluation/mark of a course.

   For academic courses, students who remain dissatisfied after speaking with the instructor may request a review of the evaluation or mark by the PTPRC. The student’s request must be made in writing and must be received within 14 calendar days of notification of the evaluation or mark. The request must be made by completing a Reread Form available in the office of the Professional Master’s Student Affairs Coordinator. A $35 charge is applicable.

   Both the student and the instructor have the right to state his or her case to the committee in person or in writing. The proceedings will be conducted in an informal and respectful manner.

   The PTPRC will determine the **reasonableness** of a student's evaluation. If, after deliberation, it is deemed to have been a reasonable assessment of the student's performance, the evaluation/mark will remain unchanged. Should the Committee conclude that the evaluation/mark under review was not reasonable a "**de novo**" assessment will be provided by the Committee. In other words, the PTPRC will appoint another evaluator to re-read the assignment or examination. The evaluation/mark may remain unchanged, be upgraded or downgraded.
Decisions taken by the PTPRC on an evaluation/mark are final and without appeal.

2. **Review by the Ad Hoc PT Promotions Appeal Committee**
   Only decisions of the PTPRC which require the student to repeat a promotion period or to withdraw from the Program may be appealed. The appeal must be made to the Ad hoc PT Promotions Appeal Committee.

Decisions of the PTPRC may be appealed under the following circumstances:

- There is new evidence which was not available at the earlier consideration, and/or
- There has been a breach of natural justice.

The following are procedures to be followed when a student wishes to contest a decision of the PTPRC:

1. Within 14 working days from notification of the decision of the PTPRC, the student may request a review of this decision. This request must be made in writing in sufficient detail to the Program Director.

2. The Program Director will immediately forward the request to the Director of the School of Physical and Occupational Therapy and will ask that the Ad Hoc PT Promotions Appeal Committee be convened.

3. The Director of the School of Physical and Occupational Therapy will then call a meeting of the Ad Hoc PT Promotions Appeal Committee. The Ad Hoc PT Promotions Appeal Committee is comprised of:
   a) Five (5) members of the Faculty who have had no previous knowledge of the case under review. Those selected will have appropriate background and knowledge to bring to the Committee. One member will be designated as Chair.
   b) One representative from the OPPQ may be substituted for an academic member.

4. The Director of the School of Physical and Occupational Therapy will communicate to the parties the names of the members of the Ad Hoc PT Promotions Appeal Committee, the time and place of the review with a minimum 10 working days notice.

5. The Director of the School of Physical and Occupational Therapy will call for a detailed dossier from each party which will be circulated to the Committee and the parties prior to the meeting. The dossiers should be made available to the Committee at least two (2) working days prior to the meeting so they have time to become acquainted with the issues. The Program Director must be informed of the names of witnesses and advisers at least two (2) working days prior to the hearing.
6. The Program Director, or designate, will present the School’s evidence in written form and/or verbally to the Committee after which the student will be invited to present his/her case. The Program Director will give a summary of the student’s performance to the Committee, an explanation for the evaluation and the decision. The student will then present his/her version of the performance and the evaluation. The Chair and other committee members may ask questions of the parties.

7. Both parties (the student and the Program Director) may be accompanied by an adviser if they so wish. The adviser(s) will speak only at the invitation of the committee Chair. Witnesses may be called if needed. As defined by the *Charter of Student Rights and Responsibilities*, the advisor must be a member of the McGill community (e.g. a fellow student, a faculty member, or a student from the Legal Information Clinic) and not be paid for these services. The role of the adviser is to advise and help the parties present their case. It is important for the Committee to hear directly from the student and Program Directors. The adviser(s) may speak only at the invitation of the committee Chair.

8. The meeting is conducted in a respectful and non-confrontational manner. No observers are permitted at the proceedings.

9. The Committee will consider all relevant and valid evidence submitted in writing or orally by the parties and their witnesses. The Committee may ask questions of the student, of the Program Director or the witnesses. The parties may also question each other in order to clarify points.

10. Notes taken during the meeting are for the use of the Committee members in arriving at their decision, and are destroyed after they have completed their deliberations.

11. When the parties have completed their presentations and the Chair and the Committee members have no further questions, the meeting will be adjourned. The Committee will continue to deliberate in private.

12. All members of the Committee, including the Chair, vote. A simple majority is required for a decision.

13. The parties shall be informed verbally by the Chair as soon as the decision has been made. The decision will be confirmed in writing with sufficient detail as soon as possible but no later than 10 working days following the meeting.
II. Important Information for Students to Know

Academic Integrity – Plagiarism

Plagiarism is considered an academic offence under Article 15(a) of the Code of Student Conduct and Disciplinary Procedures: [http://www.mcgill.ca/files/student-records/Code_of_Student_Conduct.pdf](http://www.mcgill.ca/files/student-records/Code_of_Student_Conduct.pdf), which states that:

“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.”

Plagiarism may be defined generally as the knowing submission of the work of another as if it were one’s own. This can range from careless or sloppy work or errors resulting from inexperience, on the one hand, to intentional or wholesale academic deceit, on the other hand. This also includes double or joint submissions, and the submission a second time of one’s own work. Certain forms of plagiarism involve an element of deliberation which is inherent and unchallengeable, and which demand reasonably specific and uniform responses. These plagiarisms are considered to be:

a) the submission of work purchased from an organization
b) the submission of work extensively copied from other sources
c) the submission of work which has been improperly removed from a departmental file or office
d) the submission of work written by another with or without permission

Upon demonstration that a student has represented another person’s work as his own, it shall be presumed that the student intended to deceive. The student shall bear the burden of rebutting this presumption by evidence satisfying the person or body hearing the case that no such intent existed.

Because plagiarism is regarded as an academic offence, severe penalties are considered appropriate which can include a grade of F (0) for the plagiarized work and/or a failure in the course.

In submitting work in his/her courses, a student should remember that plagiarism is considered to be an extremely serious academic offence. If a student has any doubt as to what might be considered “plagiarism” in preparing an essay or term paper, he/she should consult the instructor of the course to obtain appropriate guidelines. With regard to what constitutes an academic offence, a student should refer to Chapter Three, Code of Student Conduct and Disciplinary Procedures in the Student Rights and Responsibilities Handbook.
Attendance and Term Work
Students will not be permitted to write an examination in any course unless they have fulfilled the requirements of the course, including those of attendance, to the satisfaction of the instructor and the Program Director.

It is the responsibility of the students to make sure at the time of registration that there is no conflict in the timetable of the courses which they propose to follow.

Students are expected to attend lectures regularly. In recent years, there has been an increase in absenteeism partly due to total reliance on the Note-Taking-Club. The School strongly encourages students to take their own notes in lectures to facilitate the understanding of the lecture and avoid misinterpretation. Please note: permission of the instructor is required before any lecture can be taped.

Students are required to attend laboratory practical classes, Clinical Reasoning Workshops and Seminars as part of the Physical Therapy Program. These classes involve learning about the treatment modalities and procedures used to assess and treat patients and developing clinical reasoning skills. This may include using electrical devices and other items of equipment, performing standardized assessments, practicing massage, performing external palpation and manipulation of the body, participating in structured group activities which may involve interviewing and role playing, and conducting psychosocial assessments. Students are expected to participate in these classes and practice the techniques and use of equipment on each other.

If there are personal reasons or problems associated with participation in a particular type of laboratory or practical class, students must consult the course instructor immediately. If possible, an alternative solution will be found.

Students who have missed more than 10% of laboratory or small group sessions, or who miss any required professional workshop or seminar, without prior approval, will receive 0/10 for participation in the course. If a course does not have a participation mark, then the final course mark will be deducted by a 10% mark. This rule applies to labs and to all required workshops, seminars or professional activities. Attendance will be taken at all practical classes. Reasons for absences are dealt with only by the Program Director and may require documentation.

Leaves of Absence
Leaves of absence will be granted only for reasons of health or family crises. Requests for leaves must be approved by the Program Director. A request must be accompanied by supporting documentation (e.g., a letter from the student’s physician/counsellor). In general, a medical leave is granted for up to one year. The Program reserves the right to impose a limitation on the number as well as the total duration of leaves. Should a prolongation be requested, the Program reserves the right to require a second opinion from a Faculty-designated physician.
A student returning from a medical leave must provide supporting documentation from the treating physician/counsellor. These documents must state that the student is capable of resuming his/her studies.

Once the leave has been approved by the Program Director, the student’s registration and fees must be verified by the Student Affairs Coordinator. Students may be required to forfeit all or part of their tuition fees. Students receiving financial aid must inform the Student Aid Office to assess the impact of the leave on financial aid.

**Policy on Student Athletes**

A student is considered to be a student athlete if he/she is a team member and/or is competing in an organized and recognized athletic event at the inter-collegiate level or higher.

While encouraging athletic participation and excellence on the part of our students, it should be acknowledged that their academic program takes priority when conflicts occur between team practices/games and classes/exams. Students may not miss classes due to practices. For McGill teams, competitions are not arranged during official McGill University exam periods.

At the beginning of the School year students must:

- Identify themselves as student athletes to the Program Director.
- Provide a schedule of athletic competitions to the Graduate (Qualifying Year) Student Affairs Office no later than two weeks from the start of classes.

If a situation arises in which a competition occurs during a scheduled course, program activity or examination, the student must:

- **Identify the conflict to the Program Director no later than two weeks prior to the event by providing the following documents:**
  - A letter from the student requesting permission to be absent from classes for the proposed dates,
  - A letter from the coach confirming when and where the competition will be held and that the student is participating in the event,
  - A copy of travel plans if appropriate.
- Obtain permission from the Program Director to participate in the event.

Students are required to follow the same procedures and timelines even if the date of the competition is unknown but is potentially in conflict with an evaluation or examination, ie, semi-final or final competitions. **Late submissions will not be considered.**

The examination takes precedence over the athletic event. Possible solutions to the conflict are:

- Preparing an alternative evaluation for that particular student, or
- Shifting the weight normally assigned to the evaluation to the weight assigned to the remaining evaluation, or
- Deferring the evaluation or examination to another time.
Students are not permitted to write exams outside of McGill University. This may compromise the student and/or the exam. The procedures for conducting a deferred exam are the same as those listed in the Course Guide and other McGill documents.

Please note that students may not request absences from clinical placements.

The Program Director takes the final decision.

Policy on the Responsible Use of McGill Information Technology Resources
McGill Information Technology Resources are intended to support the academic mission and the administrative functions of the university. This policy states the principles regarding their use. The official policy is found on the Information Technology section of the University Secretariat website, http://www.mcgill.ca/secretariat/policies/informationtechnology/.

Code of Student Conduct
The Code of Student Conduct and Disciplinary Procedures as outlined in Chapter Six of the McGill University Handbook – Student Rights and Responsibilities is considered the basic university requirements and applies to all students registered on a part-time or full-time basis.

The School of Physical and Occupational Therapy, in addition to the above, requires that the following code of conduct be observed by all students, graduate or undergraduate, registered in the School’s Programs.

Guidelines Regarding Professional Behaviour
Physical Therapy is a profession; therefore, our program has rigorous standards of conduct. Professional behaviour is expected of students throughout their education, both in the classroom and clinical setting.

In addition, collaborative learning is highly valued and advocated at the School. Thus, the level of respect amongst students is expected to be of the highest standard. To allow students to successfully incorporate professional behaviour into their daily interactions with peers, the School staff, clinical teachers and Faculty, the following guidelines have been agreed upon by both the Faculty and the student representatives. These guidelines will be enforced throughout the program.

1) Students will be on time for classes. Time management is an important skill that affects all aspects of professional life. It is also a sign of respect to fellow students and Faculty not to interrupt a learning activity in progress. Thus, unless unforeseeable major events occur (i.e. the metro is not working, major storms) the doors are closed at the time that class is scheduled to start. If the course is one requiring compulsory attendance (refer to Course Guides) the student will be allowed to enter late, but will be considered absent on the attendance record and will receive 0/10 for participation if their absences exceed the allowable limit.
2) Students are encouraged to actively participate in class. Questions should be directed to the front of the class. Talking amongst students during class when a Faculty member, guest lecturer or fellow student is speaking is unacceptable. This is disruptive and interferes with others’ learning. Thus, disruptive talking will not be tolerated and the disruptive student(s) will be asked to leave. If attendance is compulsory, the student will be considered absent on the attendance record and will receive 0/10 for participation if their absences exceed the allowable limit.

3) Professionalism with respect to dress is encouraged throughout the program. When clients are scheduled to attend a learning activity or when the student is doing a class presentation, clinical placement, visit to external sites and during mOSCEs, professional attire is expected. Therefore, during these learning activities, informal (jeans, sweat pants and casual shorts) or provocative attire is not appropriate. Footwear must be appropriate to the setting and provide a measure of safety to both students and clients. Clinical supervisors will note inappropriate dress as unprofessional student behaviour during placements. If dressed unprofessionally during any of the learning activities listed above, the student will be asked to leave and to return when dressed appropriately. If time does not permit, the student will receive an automatic failing grade, when applicable, and will be required to complete a supplemental assignment or exam.

A) Comportment
1. All full-time and part-time Faculty must be addressed as professor if such is their official title, unless otherwise instructed by the individual professor. Sessional lecturers who do not have an academic appointment are addressed using “Mr., Mrs., or Ms., etc.”
2. All guest lecturers should be treated with due respect and courtesy. All critique of a negative nature with regard to the lecture should be conveyed to the course coordinator in writing.
3. Disruptive behaviour (talking, excessive movement, etc.) will not be tolerated during lectures or laboratory sessions. Faculty will exercise their right to dismiss students who exhibit this behaviour.
4. Students must attend all laboratory sessions and lectures as indicated in the Course Guide in professional courses.
5. Students may be required to wear shorts and shirts for practical sessions, if appropriate to the session.

B) Classrooms
1. No eating or drinking is permitted in classrooms at any time except with permission of the instructor. Any containers, cartons or refuse must be placed in the wastebasket.
2. Students are permitted to use unoccupied classrooms for study and practice of therapeutic techniques, but must leave the room in a tidy and orderly manner. Students must respect the equipment and materials and will be held accountable for damage. Footwear must be removed when using plinths in the practical classes.
C) Buildings (Davis, Hosmer and Hosmer Coach House)
1. All outdoor footwear must be removed at the building entrance during the late fall and winter sessions.
2. No smoking is permitted in the buildings or within 30 metres of building entrances.
3. Students are not permitted to sit on or otherwise block any of the staircases. This is a safety precaution to allow for unencumbered traffic flow and to prevent injuries.
4. Keys or ID cards to access Davis or Hosmer Houses are not to be loaned to any unauthorized person. Davis and Hosmer House front doors are equipped with timed-locking mechanisms. These outside doors self-lock at 5:00 p.m. at Davis House and at 6:00 p.m. at Hosmer House during the fall and winter semesters. Both doors are locked on weekends at all times. Holding the door open for longer than 60 seconds, once the locking mechanism has been activated, will set off an alarm.
5. The Graduate Student Affairs office, Davis House Room 5, is accessible to all students during posted office hours.
6. Students are not permitted to be present in the halls in their underclothing.
7. Parking areas at Davis and Hosmer Houses are for use by permit holders. Vehicles found parked without a permit or paid parking ticket will receive a warning ticket the first time. Subsequent times they are found within a 6-month period, they will be issued city tickets at a fine of $52 per ticket.

D) Clinical Facilities
1. All students are required to adhere to their Program’s codes of dress and professional conduct while on any clinical site visit.
2. All students must respect the confidential nature of clinical material (patient records, case discussions, etc.). The clinical material should only be discussed within a professional context and never in a public place.
3. All health care professionals and clients must be addressed by their official title and/or surname unless otherwise instructed.

Counselling
Student Services Counseling Service (Brown Student Services Building; counselling.service@mcgill.ca) has professional counselors who are available to discuss personal, academic and career goals or problems. They can provide individual or group study skills sessions or guide students through financial, or other, crises by means of interventions or referrals.

Career and Placement Service (Brown Student Services Building; careers.caps@mcgill.ca) provides career education, guidance, and individual advising to students in their search for permanent, part-time, or summer jobs and internships.

Faculty Adviser
The Mission Statement of the University expresses the commitment to offer students "the best education available". An essential component of this is the advising process. The active participation of students in the advising process is essential in order for them to access the full range of academic opportunities during their studies. They must be proactive in seeking meetings with advisers, professors, counsellors, and such to ensure
that they receive the advice they need to meet their academic goals. It should be noted that, while advisers are there to provide students with guidance, students are ultimately responsible for meeting the requirements of their degree. It is their responsibility to inform themselves about the rules and regulations of the University faculty, and their program. With the students' cooperation, all advisers and counselors will work together to help students throughout their studies.

Your adviser
- is a faculty member with whom you can build a relationship to counsel you throughout the program;
- can guide you with both academic and non-academic concerns;
- is a person in the School with whom you can discuss any matter and to whom you may go for advice;
- will provide ongoing advice and guidance on the program;
- will assist you with workload management;
- will assist you with guidance regarding career options or considerations;
- will offer help managing academic situations during periods of personal, financial, or medical problems, by working with students to identify various possibilities and strategies for making informed decisions;
- will communicate with other advisers within the University and, with a student's permission, serve as a direct link to other University resources.

Please note that you will be assigned a faculty adviser during the first week of classes. This is a contact person in the School with whom you can discuss any matters and to whom you may go for advice. This does not preclude you from contacting any faculty member you may choose. Normally matters pertaining to a specific course are addressed first to the coordinator of the particular course. The Program Directors are also available for any student who seeks a discussion or advice.

Email Policy
E-mail is one of the official means of communication between McGill University and its students. As with all official University communications, it is the student's responsibility to ensure that time-critical e-mail is accessed, read and acted upon in a timely fashion. Therefore it is important to read your McGill e-mail on a regular basis, since failing to access your e-mail will not be considered an acceptable reason for not acting on the correspondence. Important notices from the School, including your instructors, will be communicated via e-mail to your McGill e-mail address only, and will not be sent to any other e-mail address.

If a student chooses to forward University e-mail to another e-mail mailbox, it is that student's responsibility to ensure that the alternate account is viable. For details on how to check your e-mail from any computer with internet access, go to: http://webmail.mcgill.ca.

Student Rights and Responsibilities
“The integrity of university academic life and of the degrees the university confers is dependent upon the honesty and soundness of the teacher-
student learning relationship and, as well, that of the evaluation process. Conduct by any member of the university community that adversely affects this relationship or this process must, therefore, be considered a serious offence.”

Each student is advised to be familiar with the contents of the Handbook on Student Rights and Responsibilities, including the disciplinary procedures that will be taken for any academic offences. This handbook will be provided during the orientation meeting with the Program Director.

Safety and Well-being
Safety and well-being of Students and Faculty, both at the School of Physical and Occupational Therapy and on campus, are managed at multiple levels.

Generally speaking, the establishment of policies, procedures and services for safety and well-being are the responsibility of main campus.

In the event of an accident, the School’s Building Director assists students in the completion of an Accident Event Report to the Environmental Safety Office. In addition, issues of safety and well-being are addressed by students at the Faculty-Student Liaison Meeting.

When a security incident occurs the Security Incident Report is reviewed by the Security Services supervisors and the reports distributed accordingly. Should the incident involve a student, a copy of the report is sent to the Office of the Dean of Students, at which time the office may choose to contact the student, if they think it is appropriate, to see if any further assistance can be provided. If the incident report describes a safety or security issue, the report is forwarded to the Environmental Safety office, to the Facilities Management and Development office or to one of the Security Services Staff so that measures can be taken to remedy the situation.

The Joint Advisory Health and Safety Committee is an advisory body that is jointly comprised of McGill employees and students. This committee has multiple mandates including “to ensure mechanisms are in place for systematic hazard identification and risk assessment” and “to oversee the system of internal responsibility and accountability within the organization” (for more details refer to http://www.mcgill.ca/ehs/safetycommittees/).

McGill University Walksafe Network provides a “safe and effective alternative to walking or using public transportation alone at night” (http://www.mcgill.ca/security/community/walksafe/).

In order to support the continual re-examination and promotion of health and well-being, the Dean of Students initiates a yearly call for applications to the Mary H. Brown Fund. This is an endowment fund that provides a total of approximately $20,000 annually for “the creation and early support of innovative, on-campus projects that benefit McGill students’
physical and psychological well-being and related initiatives” (http://www.mcgill.ca/studentservices/).

**Guidelines for Writing a Term Paper**

No paper will be accepted late without the approval of the instructor PRIOR to the original due date. A new deadline may then be arranged between the instructor and student if the request is valid. Failure to conform to this procedure may mean that the student will automatically receive a mark of “0” for the paper.

**NOTE: the referencing system of the American Psychological Association (APA) must be used for term papers. Please refer to the APA Research Style Crib sheet included in this course guide for your convenience.**

**TERM PAPERS:**
- must be typewritten and doubled spaced.
- size of paper, 8 ½ x 11”, heavy duty, white bond.
- margin: 1” on all sides.
- written in Times New Roman, Arial or Courier New font.

**SEPARATE PAGE FOR THE FOLLOWING READINGS:**

- **a)** title page shall contain:
  - title of article
  - author’s name
  - course number
  - professor’s name
  - date

- **b)** abstract
  - 100 to 250 words may be required (depending on the professor)
  - the abstract is a concise statement about what was done, what was found and what was concluded.

- **c)** acknowledgement includes:
  - names and positions of any individuals who have helped in the preparation of the project, in assessing the results, or in preparing the illustrations or graphs, as well as;
  - names of any agency such as professional organizations or the Dominion Bureau of Statistics who have provided data.

- **d)** index of contents
  - this must be included with their page numbers.

- **e)** introduction and objective of paper
  - this section should introduce the topic and state clearly the objective of the paper as well as define any terms which may not be of common usage and
known to everyone in the particular context of the paper, for example, a qualified therapist is one who …, and an unqualified therapist is one who …

f) presentation
   o this part contains the “body” of the paper and it should be subdivided into sections depending on the content. These sub-sections must be listed separately in the index under “presentation”.

g) discussion
   o this part should reflect whether the paper has helped to clarify or resolve the original purpose.
   o practical implications that could be drawn from the paper could be presented here.
   o ideas from the paper that could be useful for further study could also be given

h) conclusion
   o this is a brief summary.

i) reference or bibliography
   o A bibliography contains a complete list of everything published within specified limits about the subject.
   o References (books, personal comments, documents, articles) are sources through which the author has obtained information. The value of an article is not measured by the number of references and they should not be included merely to impress the professor. Do not include a list of references which have never been read or seen by the author.
   o All references, be they ideas or fact from the work of another person, must be documented. If they are not, this constitutes “PLAGIARISM”.
   o See Section on “Plagiarism”.

j) appendix
   o An appendix, although rarely used, is helpful under certain circumstances. If describing certain materials in depth would be distracting or inappropriate to the main body of the paper, you might include an appendix.
   o Some examples of suitable material for an appendix are:
     o Sample of questionnaires, evaluation forms, etc.
     o A list of materials used in the study.
     o Samples of clients’ productions.
   o The criterion for including an appendix is whether the material is useful to the reader in understanding and evaluating your paper. Material of either general or specialized interest should not be presented for its own sake. When an appendix is used, the reference in text should read: as follows: (See Appendix A: Title of Appendix).
NOTE: the referencing system of the American Psychological Association (APA) must be used for term papers.

APA Research Style Crib Sheet
Russ Dewey
Georgia Southern University

[This page is a summary of rules for using APA style. The version you are reading was revised 10/10/96, edited and revised again on September 5, 2000 with Bill Scott of the College of Wooster, and updated in January 2003 by Doc Scribe. I have made every effort to keep this document accurate, but readers have occasionally pointed out errors and inconsistencies which required correction. I am grateful to them and invite additional feedback. This document may be reproduced freely if this paragraph is included. --Russ Dewey, rdewey@gasou.edu]

Download the APA Crib Sheet PDF and other APA style resources from Dr. Abel Scribe PhD.
See Professor Dewey's excellent Web site for Psychology Students.

APA Crib Sheet Contents

- Introductory Information
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INTRODUCTORY INFORMATION

That article reported results of a 1928 meeting of representatives from anthropological and psychological journals, "to discuss the form of journal manuscripts and to write instructions for their preparation" (APA, 2001, p. xix). By 1952 the guidelines were issued as a separate document called the *Publication Manual*. Today the manual is in its fifth edition, and the *APA format* described in it is a widely recognized standard for scientific writing in psychology and education.

Some of the more commonly used rules and reference formats from the manual are listed here. However, this web page is no substitute for the 440 page *APA Manual* itself, which should be purchased by any serious psychology student in the U.S., or by students in other countries who are writing for a journal which uses APA format. The *APA Manual* can be found in almost any college bookstore, as well as in many large, general-purpose bookstores, in the reference and style guide section. You may check the current price and delivery of the *APA Manual* by clicking on this link to [amazon.com](http://amazon.com). The spiral bound edition is especially handy when formatting research papers.

The *APA Manual* draws a distinction between "final manuscripts" such as class papers, theses, and dissertations, and "copy manuscripts" to be submitted for review and publication. The *APA Crib Sheet* follows the instructions given in chapter six for "Material Other Than Journal Articles" (APA, 2001, pp. 321-330). Final manuscripts differ from copy manuscripts in these ways:

- Spacing. "Double-spacing is required throughout most of the manuscript. When single-spacing would improve readability, however, it is usually encouraged. Single spacing can be used for table titles and headings, figure captions, references (but double-spacing is required between references), footnotes, and long quotations" (APA, 2001, p. 326).
- Figures, tables, and footnotes. "In a manuscript submitted for publication, figures, tables, and footnotes are placed at the end of the manuscript; in theses and dissertations, such material is frequently incorporated at the appropriate point in text as a convenience to readers" (APA, 2001, p. 325).

The most notable additions and changes to fifth edition of the *APA Manual* (2001) include:

- Electronic sources require new formats in references. The formats previously featured on the APA Web site have been superseded. Several formats are included in the *Crib Sheet*.
- Italics or underline? "Use the functions of your word-processing program to create italic, bold, or other special fonts or styles following the style guidelines specified in this *Publication Manual*" (APA, 2001, p. 286). However, underlining in place of italics is still acceptable when using a typewriter (see APA, 2001, p. 100). Always be consistent!
- Hanging indents. "APA publishes references in a hanging indent format. . . . If a hanging indent is difficult to accomplish with your word-processing program, it is permissible to indent your references with paragraph indents" (APA, 2001, p. 299).

**RULES**
Following is a summary of rules and reference examples in the APA style manual. The manual itself contains all this information and more, organized and worded differently, indexed and illustrated. If in doubt about a specific rule or example, consult the manual itself.

Abbreviations

- Avoid abbreviations (acronyms) except for long, familiar terms.
- Explain what an abbreviation means the first time it occurs: American Psychological Association (APA).
- If an abbreviation is commonly used as a word, it does not require explanation (IQ, LSD, REM, ESP).
- Do not use the old abbreviations for subject, experimenter, and observer (S, E, O).
- The following abbreviations should NOT be used outside parenthetical comments:
  - cf. [use compare]
  - e.g. [use for example]
  - etc. [use and so forth]
  - i.e. [use that is]
  - viz. [use namely]
  - vs. [use versus]
- Use periods when making an abbreviation within a reference (Vol. 3, p. 6, 2nd ed.)
- Do not use periods within degree titles and organization titles (PhD, APA).
- Do not use periods within measurements (lb, ft, s) except inches (in.).
- Use s for second, m for meter.
- To form plurals of abbreviations, add s alone, without apostrophe (PhDs, IQs, vols., Eds).
- In using standard abbreviations for measurements, like m for meter, do not add an s to make it plural (100 seconds is 100 s); when referring to several pages in a reference or citation, use the abbreviation pp. (with a period after it and a space after the period).
- Do not use the abbreviation "pp." for magazine or journal citations; just give the numbers themselves. Do use "pp." for citations of encyclopedia entries, multi-page newspaper articles, chapters or articles in edited books.
- Use two-letter postal codes for U.S. state names (GA).

Avoiding Biased and Pejorative Language

In general, avoid anything that causes offence. The style manual makes the following suggestions:

**DO NOT use . . .**

- ethnic labels (for example, Hispanic)
- "men" (referring to all adults)
- "homosexuals"
- "depressives"

**when you can use . . .**

- geographical labels (Mexican Americans)
- "men and women"
- "gay men and lesbians"
- "people with depression"

Correct use of the terms "gender" and "sex"
The term "gender" refers to culture and should be used when referring to men and women as social groups, as in this example from the *Publication Manual*: "sexual orientation rather than gender accounted for most of the variance in the results; most gay men and lesbians were for it, most heterosexual men and women were against it" (APA, 2001, p. 63).

The term "sex" refers to biology and should be used when biological distinctions are emphasized, for example, "sex differences in hormone production."

Avoid gender stereotypes. For example, the manual suggests replacing "An American boy's infatuation with football" with "An American child's infatuation with football" (see APA, 2001, p. 66).

**Sensitivity to labels**

Be sensitive to labels. A person in a clinical study should be called a "patient," not a "case." Avoid equating people with their conditions, for example, do not say "schizophrenics," say "people diagnosed with schizophrenia." Use the term "sexual orientation," not "sexual preference." The phrase "gay men and lesbians" is currently preferred to the term "homosexuals." To refer to all people who are not heterosexual, the manual suggests "lesbians, gay men, and bisexual women and men" (APA, 2001, p. 67).

In racial references, the manual simply recommends that we respect current usage. Currently both the terms "Black" and "African American" are widely accepted, while "Negro" and "Afro-American" are not. These things change, so use common sense.

Capitalize *Black* and *White* when the words are used as proper nouns to refer to social groups. Do not use color words for other ethnic groups. The manual specifies that hyphens should not be used in multiword names such as Asian American or African American.

Labels can be tricky, and the manual has a lot to say about them. For example, "American Indian" and "Native American" are both acceptable usages, but the manual notes that there are nearly 450 Native American groups, including Hawaiians and Samoans, so specific group names are far more informative.

The terms *Hispanic*, *Latino*, and *Chicano* are preferred by different groups. The safest procedure is use geographical references. Just say "Cuban American" if referring to people from Cuba.

The term *Asian American* is preferable to *Oriental*, and again the manual recommends being specific about country of origin, when this is known (for example, Chinese or Vietnamese). People from northern Canada, Alaska, eastern Siberia, and Greenland often (but not always!) prefer *Inuk* (singular) and *Inuit* (plural) to "Eskimo." But some Alaska natives are non-Inuit people who prefer to be called Eskimo. This type of difficulty is avoided by using geographical references. For example, in place of "Eskimo" or "Inuit" one could use "people from northern Canada, Alaska, eastern Siberia, and Greenland."
In general, call people what they want to be called, and do not contrast one group of people with another group called "normal" people. Write "we compared people with autism to people without autism" not "we contrasted autistics to normals." Do not use pejorative terms like "stroke victim" or "stroke sufferers." Use a more neutral terminology such as "people who have had a stroke." Avoid the terms "challenged" and "special" unless the population referred to prefers this terminology (for example, Special Olympics). As a rule, use the phrase "people with ________" (for example, "people with AIDS," not "AIDS sufferers").

In referring to age, be specific about age ranges; avoid open-ended definitions like "under 16" or "over 65." Avoid the term elderly. Older person is preferred. Boy and Girl are acceptable referring to high school and younger. For persons 18 and older use men and women.

Capitalization

- Capitalize formal names of tests (Stroop Color-Word Interference Test).
- Capitalize major words and all other words of four letters or more, in headings, titles, and subtitles outside reference lists, for example, "A Study of No-Win Strategies."
- Capitalize names of conditions, groups, effects, and variables only when definite and specific. (Group A was the control group; an Age x Weight interaction showed lower weight with age.)
- Capitalize the first word after a comma or colon if, and only if, it begins a complete sentence. For example, "This is a complete sentence, so it is capitalized." As a counter example, "no capitalization here."
- Capitalize specific course and department titles (GSU Department of Psychology, Psych 150).
- Do not capitalize generic names of tests (Stroop color test). "Stroop" is a name, so it remains capitalized.
- Capitalize nouns before numbers, but not before variables (Trial 2, trial \( x \)).
- Do not capitalize names of laws, theories, and hypotheses (the law of effect).
- Do not capitalize when referring to generalities (any department, any introductory course).

Commas

- Do not use commas to separate parts of measurement (9 lbs 5 oz). Use the metric system, as a rule.
- Use commas before "and" in lists, for example, height, width, and depth.
- Use commas between groups of three digits, for example, 1,453.
- Use commas to set off a reference in a parenthetical comment (Patrick, 1993).
- Use commas for seriation within a paragraph or sentence. For example, "three choices are (a) true, (b) false, and (c) don't know." Use semicolons for seriation if there are commas within the items. For example, (a) here, in the middle of the item, there are commas; (b) here there are not; (c) so we use semicolons throughout.
- Use commas in exact dates, for example, April 18, 1992 (but not in April 1992).
Hyphenation

- Do not hyphenate -ly and superlative words (widely used test, best informed students).
- Do not hyphenate common prefixes (posttest, prewar, multiphase, nonsignificant) unless needed for clarity (pre-existing).
- Do not hyphenate foreign, letter, numeral terms (a priori hypothesis, Type A behavior) when the meaning is clear without it (least squares solution, heart rate scores).
- Do not hyphenate if a noun comes first (a therapy was client centered, results of t tests).
- Hyphenate adjectival phrases (role-playing technique, high-anxiety group, two-way analysis).
- Hyphenate compound adjectives preceding nouns (client-centered therapy, t-test scores) unless the compound adjective involves a superlative (best written paper).
- Hyphenate if the base is an abbreviation or compounded (pre-UCS, non-college bound).
- Hyphenate if the base word is capitalized or a number (pre-Freudian, post-1960).
- Hyphenate if the words could be misunderstood without a hyphen (re-pair, un-ionized, co-worker).
- If in doubt, consult a recently published dictionary. Standards change. For example, "data base" is now "database," and "life-style" is now "lifestyle."

Italics (Underlining)

- Do not italicize or underline common foreign abbreviations (vice versa, et al., a priori).
- Do not italicize or underline for mere emphasis.
-Italicize or underline the titles of books and articles, species names, introduction of new terms and labels (the first time only), words and phrases used as linguistic examples, letters used as statistical symbols, and volume numbers in reference lists.

Miscellaneous: Colons, dashes, parentheses, numbering paragraphs

- Do not use "and/or." Write things out. For example, "Monday, Tuesday, or both" is preferable to "Monday and/or Tuesday."
- Do not use a colon or other punctuation after an introduction which is not a complete sentence such as

  this one, or any other sentence in the body of text which flows into an extended quote. The quote "picks up where the sentence leaves off" and provides the punctuation.

- Use a dash (rendered on typewriters and some word processors as a double hyphen) when there is a sudden interruption like this one--zoiks!--in the flow of a sentence. Overuse "weakens the flow of the writing" (APA, 2001, p. 81).
- Use parentheses to introduce an abbreviation, for example, the galvanic skin response (GSR).
- Use appendixes (appendices) as the plural of appendix. Use datum as singular, data as plural. Use matrix as singular, matrices as plural. Phenomenon is the singular form of the plural phenomena. Use schema as singular, schemas (not schemata) as plural.
• When listing separate paragraphs in a series, use a number and a period, not parentheses.
  1. The first paragraph goes here.
  2. The second paragraph goes here.

Numbers

• Spell out common fractions and common expressions (one-half, Fourth of July).
• Spell out large numbers beginning sentences (Thirty days hath September . . .).
• Spell out numbers which are inexact, or below 10 and not grouped with numbers over 10 (one-tailed t test, eight items, nine pages, three-way interaction, five trials).
• Use numerals for numbers 10 and above, or lower numbers grouped with numbers 10 and above (for example, from 6 to 12 hours of sleep).
• To make plurals out of numbers, add s only, with no apostrophe (the 1950s).
• Treat ordinal numbers like cardinal numbers (the first item of the 75th trial . . .).
• Use combinations of written and Arabic numerals for back-to-back modifiers (five 4-point scales).
• Use combinations of numerals and written numbers for large sums (over 3 million people).
• Use numerals for exact statistical references, scores, sample sizes, and sums (multiplied by 3, or 5% of the sample). Here is another example: "We used 30 subjects, all two year olds, and they spent an average of 1 hr 20 min per day crying.
• Use metric abbreviations with figures (4 km) but not when written out (many meters distant).
• Use the percent symbol (%) only with figures (5%) not with written numbers (five percent).

Quotation Marks

• Use quotation marks for an odd or ironic usage the first time but not thereafter, for example, "This is the "good-outcome" variable, but as it turns out, the good-outcome variable predicts trouble later on . . ."
• Use quotation marks for article and chapter titles cited in the text but not in the reference list. (In Smith's (1992) article, "APA Style and Personal Computers," computers were described as "here to stay" (p. 311).)

Extended quotations

• Add emphasis in a quotation with italics, immediately followed by the words [italics added] in brackets.
• Brackets are not necessary when changing the first letter of a quotation to upper case.
• For quotations over 40 words in length, indent and single space the whole block (double space in papers for review or publication). Indent five more spaces (one-half inch, 1.25 cm) if there are paragraphs within the long quotation after the first. Always provide author, year, and page citation.
• Expand or clarify words or meanings in a quotation by placing the added material in quotes. For example, "They [the Irish Republican Army] initiated a cease-fire."
• Reproduce a quote exactly. If there are errors, introduce the word *sic* italicized and bracketed—for example [*sic*]—immediately after the error to indicate it was part of the original source.

• Use three dots with a space before, between, and after each (ellipsis points) when omitting material, four if the omitted material includes the end of a sentence (with no space before the first). Do not use dots at the beginning or end of a quotation unless it is important to indicate the quotation begins or ends in midsentence.

**Do NOT use quotes to . . .**

• . . . cite a linguistic example; instead, underline or italicize the term (the verb *gather*).

• . . . hedge, cast doubt, or apologize (he was "cured"). Leave off the quotes.

• . . . identify endpoints on a scale; underline or italicize instead (*poor* to *excellent*).

• . . . introduce a key term (the *neoquasipsychoanalytic* theory).
PAGE FORMATS

The *APA Manual* notes that "the size of the type should be one of the standard typewriter sizes (pica or elite) or, if produced from a word processing program, 12 points" (2001, p. 285). The body of the paper should be in a serif typeface (like Courier or Times Roman) with lettering on figures in a sans serif typeface (such as Helvetica or Arial).

**Headings**

*APA headings* follow a complex hierarchy, with provision for up to five levels. These come, in descending order, as levels 5, 1, 2, 3, 4. But, if one, two, or three levels of headings are required in a paper, use levels 1, 3, and 4, in that order. If four levels are required, interleave level 2 between levels 1 and 3. If five levels are required, start with level five and work down the remaining hierarchy in order (5, 1, 2, 3, 4). Confused? Most papers will need no more than three levels. To avoid confusion these are labeled A, B, and C below (APA levels 1, 3, and 4 respectively) (see APA, 2001, pp. 114ñ115).
**Level B: Flush with Left Margin, Italicized, Set in Heading Caps**

**Level C headings: Indented, italicized, sentence caps, end with a period.** These headings are sometimes referred to as paragraph or run-in headings. Although they end with a period (or other punctuation) they need not be complete sentences or grammatically correct.

Use headings in the order presented. If you need just two levels, use Level A and Level B headings. Level A and B headings do not end with punctuation except to add emphasis with an exclamation point or question mark. Do not begin a paper with the heading *Introduction*. It is understood that all papers begin with an introduction.

**Text details**

- Abstracts are limited to 120 words (APA, 2001, p. 13).
- Double space the text, but *single space* within block quotes, references, and the abstract.
- Footnotes are rarely used in APA papers, except for author affiliation and contact information—the *author note*.
- Hyphenation should not occur at the end of lines, only between words when necessary.
- Indent paragraphs, block quotes, and hanging indents one-half inch (1.25 cm or five to seven spaces).
- Justification should be set to "off" or "left margin only" (the right margin should be uneven, a *ragged right* margin).
- Keyword emphasis requires the use of italics, but only the first time a term is used. If the intent is to indicate odd or ironic usage, use quotation marks.
- Margins should be at least 1" all around (about 2.5 cm).
- Page numbers are required on every page: Number pages consecutively.
- The page header summarizes the title in a few words. The header and page number go inside the margin space, double spaced above the text, next to the right margin.
- Word processor features—such as bold and italic fonts and hanging indents—should be used as appropriate.
References and tables

### References


### Table notes

**Number tables** consecutively as they appear in your text. Use only whole numbers, no 5a, 5b, etc. See recent issues of the *American Psychologist* or other APA journals for more complex table layouts. "Tables are efficient, enabling the researcher to present a large amount of data in a small amount of space" (APA, 2001, p. 147).

- Place tables close to where they are first mentioned in your text, but do not split a table across pages. (Tables in papers submitted for review or publication are placed on separate pages at the end of the paper.)
- Label each table beginning with the table number followed by a description of the contents.
- Horizontal rules (lines) should be typed into tables; do not draw them in by hand.
- Each row and column must have a heading. Abbreviations and symbols (e.g., "%" or "nos.") may be used.
- Do not change the number of decimal places within a column.
- Do not change the units of measurement within a column.
- "Use a zero before the decimal point when numbers are less than one" (APA, 2001, p. 128). Write "0.23" not ".23" unless the number is a statistic that cannot be larger than one, for example a correlation $r = .55$, or a probability $p < .01$.
- Add notes to explain the table contents. These may be general notes or footnotes. The latter are labeled "a, b, c, etc."
- Use asterisks to indicate statistical significance explained in the probability level note at the bottom of the table. "Assign a given alpha level the same number of asterisks from table to table within your paper, such as * \( p < .05 \) and ** \( p < .01 \); the largest probability receives the fewest asterisks [the smaller probability get more asterisks]" (APA, 2001, p. 170).

- You may both single space and double space within a table to achieve clarity. Tables in papers submitted for review or publication (only!) must be double spaced throughout.

REFERENCE CITATIONS (IN-TEXT)

**Use the author-date format** to cite references in text. For example: as Smith (1990) points out, a recent study (Smith, 1990) shows. . . . Every source cited in your text—and only those sources cited in your text—are referenced in the reference list.

<table>
<thead>
<tr>
<th>Source</th>
<th>Citation</th>
<th>Source</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Author</td>
<td>(Short Title, 2000) (&quot;Short Article,&quot; 2000)</td>
<td>Chapter</td>
<td>(Smith 2000, chap. 3)</td>
</tr>
<tr>
<td>1 Author</td>
<td>(Smith, 2000) (Smith, 2000, p. 123)</td>
<td>Data File</td>
<td>(Corporate Author, 2000)</td>
</tr>
<tr>
<td>2 Authors</td>
<td>(Adams &amp; Baca, 2000, pp. 123-145)</td>
<td>In Press</td>
<td>(Smith, in press)</td>
</tr>
<tr>
<td>6 Authors+</td>
<td>(Jones et al., 2001)</td>
<td>Multiple</td>
<td>(Able, 2000; Beca, 1990; Car 1975)</td>
</tr>
<tr>
<td>Corporate Acronym</td>
<td>(United Nations [UN], 1996) Next Cite: (UN, 1996)</td>
<td>No Date</td>
<td>(Smith, n.d.)</td>
</tr>
</tbody>
</table>


- For two-author citations, spell out both authors on all occurrences.
- For multiple-author citations (up to five authors) name all authors the first time, then use et al., so the first time it is Smith, Jones, Pearson and Sherwin (1990), but the second time it is Smith et al., with a period after "al" but no underlining.
- The first time an "et al." reference is used in a paragraph, give the year, thereafter (if the citation is repeated in the paragraph) omit the year.
- For six or more authors, use et al. the first time and give the full citation in references.
- Include a page reference after the year, outside quotes. For example: The author stated, "The effect disappeared within minutes" (Lopez, 1993, p. 311), but she did not say which effect; Lopez found that "the effect disappeared within minutes" (p. 311). The sentence quoted is capitalized only if it follows a comma, and is a complete sentence not merged into the flow of the text.
- If two or more multiple-author references which shorten to the same "et al." form, making it ambiguous, give as many author names as necessary to make them distinct, before et al. For example: (Smith, Jones, et al., 1991) to distinguish it from (Smith, Burke, et al., 1991).
- Join names in a multiple-author citation with and (in text) or an ampersand (&) in reference lists and parenthetical comments. For example: As Smith and Sarason (1990) point out, the same argument was made by in an earlier study (Smith & Sarason, 1990).
• If a group is readily identified by its initials, spell it out only the first time. For example, "As reported in a government study (National Institute of Mental Health [NIMH], 1991), blah blah . . . " and thereafter, "The previously cited study (NIMH, 1991) found that . . .
• If the author is unknown or unspecified, use the first few words of the reference list entry (usually the title), for example: ("Study Finds," 1992).
• If citing multiple works by the same author at the same time, arrange dates in order. In general, use letters after years to distinguish multiple publications by the same author in the same year. For example: Several studies (Johnson, 1988, 1990a, 1990b, 1995 in press-a, 1995 in press-b) showed the same thing.
• For old works cite the translation or the original and modern copyright dates if both are known, for example: (Aristotle, trans. 1931) or (James, 1890/1983).
• Always give page numbers for quotations, for example: (Cheek & Buss, 1981, p. 332) or (Shimamura, 1989, chap. 3, p. 5).
• For e-mail and other "unrecoverable data" use personal communication, for example: (V.-G. Nguyen, personal communication, September 28, 1993). These do not appear in the reference list.
• For quoting electronic documents without page numbers, cite paragraph numbers if given, indicated by the paragraph symbol or the abbreviation para. in the citation (e.g., Smith, 2000, ¶ 17). If there are no paragraph numbers, cite the nearest preceding section heading and count paragraphs from there (e.g., Smith, 2000, Method section, para. 4).

REFERENCE FORMATS

Your text and the reference list must agree. "References cited in text must appear in the reference list; conversely, each entry in the reference list must be cited in text" (APA, 2001, p. 215). See the section on Reference citations for citing references in text.

Abbreviating within a reference

Here are approved abbreviations for use in a reference list:

- **chap.** for chapter
- **ed.** for edition
- **rev. ed.** for revised edition
- **2nd ed.** for second edition
- **Ed.** for Edited by
- **(Eds.)** for multiple editors
- **Trans.** for Translated by
- **p.** for page number, with a space after the period
- **pp.** for page numbers (plural)
- **Vol.** for a specific Volume
- **vols.** for a work with xx volumes
- **No.** for Number
- **Pt.** for Part
- **Suppl.** for Supplement,
- **Tech. Rep.** for Technical Report

Use the abbreviation "pp." for page numbers in encyclopedia entries, multi-page newspaper articles, chapters or articles in edited books, but not in journal or magazine article citations, where numbers alone should be used (see examples of reference formats).
Alphabetizing within reference lists

- Use prefixes in alphabetizing names if commonly part of the surname (De Vries).
- Do not use von in alphabetizing (Helmholtz, H. L. F. von), or Jr., III, or Sr.
- Treat Mc and Mac literally; Mac comes before Mc.
- Disregard apostrophes, spaces, and capitals in alphabetizing; D'Arcy comes after Daagwood. Decker comes after de Chardin.
- Single-author citations precede multiple-author citations of the same year (Zev, 1990 then Zev et al., 1990).
- Alphabetize corporate authors by first significant word. Do not use abbreviations in corporate names.

APA reference style

The APA Publication Manual now instructs authors to use hanging indents for references, and to use italics for titles. The hanging indent is one-half inch (1.25 cm), just like paragraph indents. All titles in references are set in sentence caps, but titles quoted in the text are set in heading caps. No quotation marks are used around titles of articles in references, but quotes are used when citing article titles in the text. The APA Publication Manual (2001) contains 95 examples of different reference types (pp. 240-281). Here are a few examples of the most commonly used formats.

Anonymous or unknown author (common in newspapers):


Citation: ("Caffeine Linked," 1991). Use heading caps when citing titles in text citations.

Books (Group author, 3ñ5 authors, reprint/translation, edition other than first):


Citation: (American Psychiatric Association [APA], 1990); next citation (APA, 1990). Note: "Author" is used as above when author and publisher are identical.


Citation: (Booth, Colomb, & Williams, 1995); next citation (Booth et al., 1995).


Citation: (Ebbinghaus, 1885/1913).

Citation: (Strunk & White, 1979).

**Chapter or section in a book (online & print):**


Citations: (Beers & Berkow, 1999, chap. 189); (Stephan, 1985). Note: Break a URL to wrap a line only after a slash or before a period. Do not add a hyphen or any other punctuation.

**Conference paper (unpublished):**


Citation: (Shrout et al., 1996). APA references list up to the first six authors to a work. If there are more add et al. (and others) to the list of names. In text citations give just the lead author, et al. Published papers are referenced as a chapter in a book.

**Government report online accessed through GPO database:**


Citation: (National Institute of Mental Health [NIMH], 2002); next citation (NIMH, 2002).

**Journal articles (Print, electronic copy, changed source, online journal, paged by issue):**


Citation: (Hypericum Depression Trial Study Group, 2002). The APA *Manual* requires citing the full name of a corporate author like this; the acronym would not be easily
recognized. However, shortening the author to "Hypericum Depression Trial" in subsequent citations would probably be acceptable to editors of APA journals.

Journal article, electronic facsimile:


Many documents are now available online as exact facsimile copies of the print original (usually in Adobe's PDF format). References to these facsimiles just add the note [Electronic version] to the reference. If the document is not an exact copy of a print version--"(e.g., the format differs from the print version or page numbers are not indicated)"--add the date you retrieved the document and the URL to the reference (APA, 2001, p. 271).

Journal article, changed/doubtful source:


Journal article, retrieved from a database:


Online only journal (paged by issue):

Letter to the editor:


Magazine article:


Newsletter/newspaper articles:


The date is given as it appears on the publication. For anonymous newspaper articles, see the previous section on "Anonymous or unknown authors."

Pamphlet:


Web page:


Audiovisual Equipment Borrowing Guidelines
Audiovisual Resources

Campus Resources

ICS-A/V (IT Customer Services audiovisual arrangements)

A full range of audio, video, computer and projection equipment is available for loan from the ICS Audiovisual Section. Tapes, batteries and other supplies are also available for purchase.

McGill faculty, staff, student and affiliates (a non-McGill employee working in association with McGill) can borrow or rent equipment for McGill related and non-commercial purposes.

Requests are processed as received, therefore advance reservations are highly recommended. McGill faculty and staff can make reservations by telephone. Students and affiliates must reserve equipment in person. (Note: Affiliates will be asked to provide a picture ID and proof of their McGill affiliation.)

- For faculty and staff reservations call: 514-398-8833
- For student reservations, visit the service desk:
  Room 285
  688 Sherbrooke West

**Materials from Other Departments**

Faculty and students may also borrow videotapes, CD-ROM’s and DVD’s from various libraries and/or other departments at McGill University, such as the Health Science Library, School of Nursing, School of Social Work, and hospitals affiliated with McGill.

**Resources Available within the School of Physical & Occupational Therapy**

The School maintains a collection of clinically produced videotapes with case studies from a broad range of pediatric and adult neurology, assessments in progress, as well as historic neurological treatment approaches. Lecturers contribute new materials as they are developed and can draw from pre-existing tapes for illustrative purposes.

In addition, the School maintains a small basic science and professional video and CD-ROM collection that is available for Faculty and/or students to use in class to support various learning objectives or to borrow for review purposes. The School has state-of-the-art audiovisual equipment in each of the main classrooms operating updated to Microsoft Office 2007.

**Access to Audiovisual Equipment**

McGill has recently upgraded a substantial number of classrooms and lecture halls with new seating and media packages. At the School of Physical & Occupational Therapy, 8 of our classrooms (Hosmer 101, 102, 104*, 202, 301, Coach House gymnasium, Davis 3 and 20) have been equipped as follows: podium, built-in PC with CD and DVD capacity and USB extension port, monitor, laptop capacity, LAN connectivity, and DVD-VCR player. The Coach House gymnasium, Hosmer 102 and Hosmer 104 are also equipped with a data projector. Hosmer 102 has a PA system with microphone, amplifier and speakers. The Coach House gymnasium is equipped with a PA system and 2 wireless microphones.

* Note that Hosmer 104 is still awaiting a PC as of 23 August 2010 and requires use of a laptop for the time being.

Standard slide projectors are being phased out across campus. Our remaining slide projectors are found in Hosmer 102 and Davis 3. Overhead projectors are still available, but on advance request only. Portable LCD projectors from ICS-A/V must be reserved from ICS far in advance by emailing Alan Hammaker: alan.hammaker@mcgill.ca, or by contacting ICS directly (see first section above).
All amphitheatres in McIntyre Medical Building, which are commonly used by the School, have state-of-the-art lecture hall equipment and public address systems. Where overhead projectors have been removed, document cameras have been installed.

Furthermore, wireless internet connection is available in many areas within McGill University. Hosmer House, Hosmer Coach House (Annex) and Davis Houses have full wireless coverage.

**Audio visual equipment available by reservations only:**

- video cameras
- VCRs and television monitors
- 16-mm film projectors (for in-School use)
- slide projectors (for unequipped rooms)
- overhead projectors (for lab meetings, etc.)
- laser pointers

To reserve equipment and materials please see or email Mr. Alan Hammaker, the Chief Technician in Hosmer House, Room 100, who will help you locate the suitable materials and will ask you to fill out a loan card. Loans to students are based on an honour system: ID cards are not required.

You may view audiovisual material on the 4th floor of the Health Sciences Library in the McIntyre Medical Sciences Building, and by special arrangement in Hosmer and Davis Houses if School equipment and rooms are available.

**Procedures**

All audiovisual material to be borrowed MUST BE SIGNED IN AND OUT. A yellow loan card for this purpose is available in Hosmer House, Room 100.

1. Instruction sheets and pamphlets are available for all items of equipment. STUDENTS MUST LEARN THE CORRECT METHOD OF OPERATION OF ALL EQUIPMENT BEFORE USE. If you are having problems operating the equipment, please contact your course coordinator. If the equipment is not functioning properly, please contact Mr. Alan Hammaker in Hosmer House, Room 100 (398-4516 or alan.hammaker@mcgill.ca) immediately.

2. After viewing, all audiovisual materials must be returned to Hosmer House, Room 100.

3. Any equipment in need of repair should be reported to Mr. Alan Hammaker immediately.

**Catalogues:**
A small selection of videotape and film catalogues is available in Hosmer House. See Mr. Hammaker in Hosmer room 100.

**Hosmer 204 Study Area**

Six computers are available for student use in this area.

In addition to this, a 7th computer is equipped with CD-ROMs of clinical demonstrations for students' independent study. As of 2010, there are self-learning materials for goniometry, manual muscle testing, gait analysis, vestibular rehabilitation, and proprioceptive neuromuscular facilitation (PNF).

Desks and power outlets for laptops are also available for individual and group study. As in the rest of Hosmer House, this room has wireless service.

**Life Sciences Library**

www.mcgill.ca/lsl/

**About the Library**

The Life Sciences Library is one branch of 13 libraries comprising the McGill Library system.

The Library is located on two floors of the McIntyre Medical Sciences building, with the entry on the third floor. There are outstanding collections of e-journals and e-books as well as rich collections in print (300,000 volumes), and many clinical tools. The Osler Library of the History of Medicine, located within the Life Sciences Library, has a collection of international calibre.

When on campus, students in the School of Physical and Occupational Therapy are in immediate proximity of the McIntyre Medical building, with Davis House just across Promenade-Sir-William-Osler. NOTE: McGill ID is required to enter the McIntyre Building in the evenings (after 6pm) and at any time on weekends and holidays.

The library is open seven days a week during the school term, and Monday to Friday during the summer. Check the library website (http://www.mcgill.ca/lsl/about/hours/) for specific times.

**Services**

There are two service points on the Library's entry level: Loans and Information. Course readings are kept on reserve at the Loans Desk. Help with finding information, library services, or locating library resources is available in person from friendly, expert staff at the service points, via online chat and email, and by telephone.

The liaison librarian for Physical and Occupational Therapy is Jill Boruff. You may contact her by phone at 514-398-4475 ex. 09528# or by email at jill.boruff@mcgill.ca. Jill teaches information literacy workshops for undergraduate and graduate students in the School of...
Physical and Occupational Therapy. She is also available for individual consultations to help with research, setting up alerts, or any other questions that you may have.

The subject guide of library resources for Physical and Occupational Therapy can be found at [www.mcgill.ca/lsl/collections/links/subject/poth/](http://www.mcgill.ca/lsl/collections/links/subject/poth/)

Library materials not held at McGill may be requested via the interlibrary loans service, using forms on the Library web site. Faculty, graduate students, and staff may also use the CISTI Source document delivery service to obtain articles not available at McGill [http://www.mcgill.ca/library-using/otherloans/cistisource/](http://www.mcgill.ca/library-using/otherloans/cistisource/)

**Resources for Physical and Occupational Therapy**

The Life Sciences Library has an extensive biomedical collection, including books and journals in Physical and Occupational Therapy. The catalogue of materials can be found at [http://catalogue.mcgill.ca/](http://catalogue.mcgill.ca/)

Online resources include e-journals, databases, clinical tools and books. McGill now has 64,000 e-journal titles with over 10,000 titles related to the life sciences.

The library has a variety of biomedical databases such as Medline and EMBASE. CINAHL provides access to scholarly as well as clinical allied health literature, including Physical and Occupational Therapy.

The following are a few of the pertinent journals available through the Life Sciences Library:

- Canadian Journal of Occupational Therapy
- American Journal of Occupational Therapy
- British Journal of Occupational Therapy
- Physiotherapy Canada
- Physical Therapy (Journal of the American Association)
- Journal of Hand Therapy
- Journal of Orthopaedic and Sports Physical Therapy
- American Journal of Physical Medicine
- International Journal of Rehabilitation Research

More information on the Life Sciences Library and its resources can be found at [www.mcgill.ca/lsl/](http://www.mcgill.ca/lsl/)
Assessment Library
The Assessment Library is a learning resource within the School. The goal of the Assessment Library is to provide Physical and Occupational Therapy students and faculty with resource materials (primarily clinical assessments) for course related purposes. It is also a resource that is made available to the clinical community.

Library Operation
The library is located in Hosmer House, Room 204. An updated library timetable is posted on the door of Hosmer House, Room 204. All materials must be borrowed and returned directly to the library during library hours. In exceptional circumstances, special arrangements for borrowing or returning materials outside of library operating hours can be made by contacting the librarian at (514) 398-2048.

Library Holdings
A complete inventory list is kept at the library and is available for perusal.

Lending Procedures
The borrowing of assessments that are required for Physical and Occupational Therapy courses is restricted to the instructor and students registered for that course during the term when the course is offered. In the pre-examination period these may be restricted to use within Hosmer House, Room 204.

Students must return the items promptly and in the same condition as when borrowed. Most items have a two week loan policy but may be recalled if other students are waiting for the materials. It is the student’s responsibility to report any lost, stolen or damaged items immediately. Students will be responsible for the replacement cost of missing or damaged materials that were not previously reported.

Students must show their McGill ID at the time of the loan transaction and fill in a loan card with contact information.

Undergraduate and Graduate Computer Laboratory
Laboratory Location
This computer laboratory of 11 stations is for the exclusive use of the Physical and Occupational Therapy students and is located on the second floor, Room 201D and 201E (situated to the left and right of rooms 235 and 234) of the McIntyre Medical Sciences Building, 3655 Promenade Sir-William-Osler.

Hours of Operation
The laboratory is open from 7:00 AM to 19:00 PM.

Access
To login you must enter your McGill Username, such as firstname.lastname@mail.mcgill.ca and your 8-character McGill Password.
The default client that has been chosen is Outlook 2007. Email accounts have also been created for you. Email will only have to be set up once; these settings will then be retained on the server after you logoff. This means that when you logoff and come in the next day, the email setup will be downloaded from the server.

In order to change your password you have to log into Minerva.

Students also have space on the NT server where they may save files. By default, when you choose save from Word, it will take you to your folder on the server. From Explorer you can see that there is a mapped drive with the letter P; this contains all the folders on the server for your class year. You will see all the folders for your class year but you will only have access to your own folder. This data will be backed up every night. All data on the local PC is not backed up. There is also a 35 MB Quota set per user. If you surpass this quota you will not be able to save anymore and you must perform some cleanup.

In order for other students to use the computer, you must logoff. To logoff, you click on start and select Log Off. If you do not logoff, your account is left open and may be used by the next student. This means that they can read your email or any files that you have saved on the server. All accounts will be automatically logged off after 90 minutes of inactivity; all open files will be closed but not saved. In order to change your NT password, you must logon and then press Ctrl + Alt + Delete and then click on the Change Password Button. Any comments or questions should be directed by email to pravin.mistry@mcgill.ca
### III. MASTER OF SCIENCE, APPLIED, IN PHYSICAL THERAPY

#### PROFESSIONAL COURSES

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>PHTH 571</td>
<td>CLINICAL PRACTICUM 1</td>
</tr>
<tr>
<td>PHTH 572</td>
<td>CLINICAL PRACTICUM 2</td>
</tr>
<tr>
<td>PHTH 573</td>
<td>CLINICAL PRACTICUM 3</td>
</tr>
<tr>
<td>PHTH 620</td>
<td>CLINICAL PRACTICUM 4</td>
</tr>
<tr>
<td>PHTH 622</td>
<td>INTEGRATED PAIN MANAGEMENT</td>
</tr>
<tr>
<td>PHTH 623</td>
<td>DIFFERENTIAL DX AND MANAGEMENT</td>
</tr>
<tr>
<td>POTH 602</td>
<td>EDUCATIONAL METHODOLOGY</td>
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<tr>
<td>POTH 612</td>
<td>ADVANCED RESEARCH METHODS</td>
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<tr>
<td>POTH 624</td>
<td>MASTER’S PROJECT</td>
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#### PROFESSIONAL COMPLEMENTARY COURSES

<table>
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<tbody>
<tr>
<td>PHTH 661</td>
<td>SPORTS PHYSIOTHERAPY</td>
</tr>
<tr>
<td>POTH 636</td>
<td>ADVANCED PEDIATRICS</td>
</tr>
<tr>
<td>POTH 637</td>
<td>CURRENT TOPICS IN REHABILITATION</td>
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<td>Cancer Rehabilitation</td>
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<tr>
<td>POTH 682</td>
<td>PROMOTING HEALTHY ACTIVITY</td>
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<td>POTH 685</td>
<td>PERCEPTION AND ACTION</td>
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#### REHABILITATION SCIENCE PROGRAM COMPLEMENTARIES

<table>
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<tr>
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<tbody>
<tr>
<td>POTH 508</td>
<td>PLASTICITY IN REHABILITATION</td>
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<tr>
<td>POTH 604</td>
<td>CURRENT TOPICS IN PAEDIATRICS</td>
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<tr>
<td>POTH 614</td>
<td>SELECTED TOPICS IN REHABILITATION SCIENCE</td>
</tr>
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<td></td>
<td>(2 credits)</td>
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<tr>
<td>POTH 620</td>
<td>MEASUREMENT IN REHABILITATION I</td>
</tr>
</tbody>
</table>

One graduate complementary course chosen from the Graduate and Postdoctoral Studies Calendar.
M.Sc.A. PHYSICAL THERAPY IMPORTANT DATES

FALL TERM:

- Registration Period: July 13 to Sept. 1, 2010
- Labour Day: Sept. 6, 2010
- Lectures Begin: Sept. 1, 2010
- Thanksgiving Day: Oct. 11, 2010
- Last Day of Lectures: Dec. 3, 2010
- Study Day: Dec. 4, 2010
- MERCURY Evaluation Period: Nov. 15 to Dec. 5, 2010
- Examination Period: Dec. 6 to 21, 2010

WINTER TERM:

- University Lectures Begin: January 4, 2011
- Master’s Program Application Deadline: January 15, 2011
- Study Break: Feb. 21 - Feb. 25, 2011
- Easter: April 22-25, 2011
- Last Day of University Lectures: April 8, 2011
- MERCURY Evaluation Period: Mar. 21 - April 10, 2011
- University Examination Period: April 11 to 28, 2011
- Final Course Add/Drop Deadline: January 18, 2011

Note: Due to 7 weeks of clinical practicum beginning January 4th, followed by 1 week spring break, the M1 academic courses start on February 28th and end on April 28th (including exam period).
# Master of Science, Applied, in Physical Therapy CURRICULUM PLAN 2009-2010

## SUMMER TERM 2010

<table>
<thead>
<tr>
<th>Academic Term</th>
<th>Exams</th>
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<tr>
<td>May 1 to Aug. 31</td>
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</tr>
<tr>
<td>PTHH 571  PT CLINICAL PRACTICUM 1</td>
<td>7 cr</td>
</tr>
<tr>
<td>PTHH 572  PT CLINICAL PRACTICUM 2</td>
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## FALL TERM 2010

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<tr>
<td>Sept. 1 to Dec. 3</td>
<td>Dec. 6 to 21</td>
</tr>
<tr>
<td>POTH 612  ADVANCED RESEARCH METHODS</td>
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</tr>
<tr>
<td>PTHH 622  INTEGRATED PAIN MANAGEMENT</td>
<td>3 cr</td>
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<tr>
<td>PTHH 623  DIFFERENTIAL DIAGNOSIS AND MANAGEMENT</td>
<td>3 cr</td>
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<td>3 cr</td>
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<tr>
<td>1 PROFESSIONAL COMPLEMENTARY COURSE</td>
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## WINTER TERM 2011

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<tr>
<th>Academic Term</th>
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</tr>
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<tbody>
<tr>
<td>Jan. 4 to Apr. 8</td>
<td>Last week of April</td>
</tr>
<tr>
<td>PTHH 573  CLINICAL PRACTICUM 3</td>
<td>7 cr</td>
</tr>
<tr>
<td>POTH 602  EDUCATIONAL METHODOLOGY</td>
<td>3 cr</td>
</tr>
<tr>
<td>1 PROFESSIONAL COMPLEMENTARY COURSE</td>
<td>3 cr</td>
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<tr>
<td>1 PROFESSIONAL COMPLEMENTARY COURSE</td>
<td>3 cr</td>
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</table>
### FALL TERM 2011

<table>
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<tr>
<th>Academic Term</th>
<th>Exams</th>
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<td>TBA</td>
<td>TBA</td>
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</tbody>
</table>
| POTH 624  
MASTER’S PROJECT | 6cr |
| PHTH 620  
PT CLINICAL PRACTICUM 4 | 7cr |
PHTH 571 PT CLINICAL PRACTICUM 1

Credits: 7

Prerequisites:
PT Ortho Management (PHTH 550), Integrated Ortho Management (PHTH 560), PT Neuro Rehab (PHTH 551), Integrated Neuro Rehab (PHTH 561), Cardiorespiratory Rehab (PHTH 552) and Strategies in PT Professional Practice (PHTH 570). Prerequisites for Clinical Practicum 1 also include a compulsory 2-day (or equivalent) workshop on Principles for Moving Patients Safely (PDSB).

Instructors:
Liliane Asseraf-Pasin
Faculty Lecturer & Academic Coordinator of Clinical Education
Office: Davis House D7
liliane.asseraf.pasin@mcgill.ca
Office hours: TBA

Isabel Audette
Faculty Lecturer & Assistant Academic Coordinator of Clinical Education
Office: Davis House D4
isabel.audette@mcgill.ca
Office hours: TBA

On-site Clinical Coordinators and Clinicians from McGill Affiliated Hospitals will also be involved.

Course Description:
This 7-week course is the first in a series of four clinical practicum where the student will be able to evaluate and treat patients with simple musculoskeletal, cardiovascular and/or neurological conditions across the lifespan.

Course Structure:
The clinical practicum courses are full-time, beginning in the summer term of M1 and continuing at set intervals during the program. PHTH 571 begins on the first Monday of the month of May in the M1 summer semester. The clinical practicum courses take place at the MUHC and other McGill affiliated facilities, such as other hospitals, CLSC, CHSLD, private clinics, rehabilitation centres, schools, and industries.

In addition to the Montreal region facilities, a number of out-of-province affiliated sites are available upon request. The Physical Therapy Program has developed specific guidelines pertaining to out-of-province practicum, which follow the guidelines of the National Academic Coordinators of Clinical Education in Physiotherapy (NACEP) for out-of-province practice. For out-of-province placements travel and accommodation are the student’s responsibility.
Instructional Method:
Supervision is provided by a Physical Therapist to assist the transition of the novice student to an entry-level practitioner. Clinical educators are encouraged to use the 2:1 model of supervision to enhance clinical reasoning through reciprocal peer coaching. In conjunction with the on-site practicum experience, web-based technology tools are available to facilitate the student’s learning. Clinical practicum experiences in different sites may vary according to the types of clients available.

Learning Outcomes:
The student will be able to evaluate and treat patients with musculoskeletal, cardiovascular and/or neurological conditions. Students are also expected to complete selected online modules pertinent for clinical practice: these modules will be provided in the Strategies in PT Professional Practice PHTH 570 course outline during the QY/U3 fall semester and will be available through WebCT under the clinical course PHTH 571.

On completion of this course, the student will be able to:

General Learning Outcomes:
1. Practice in a safe manner that minimizes risk to patient, self and others.
2. Demonstrate professional behavior during interactions with others and adhere to ethical and legal practice standards.
3. Demonstrate effective interpersonal relations and communications with clients and their environment, physical therapists, and other members of the health care team.
4. Engage in various additional learning opportunities specific to a particular setting (teaching rounds, in-service, home visits, administrative committees)
5. Adapt the delivery of physical therapy care to reflect respect for and sensitivity to individual differences.
6. Demonstrate portfolio collection techniques.
7. Understands the role of PT and other team members in this setting

Specific Learning Outcomes:
Students must obtain a minimum of 3 for criteria 6 to 24 on the CPI visual analogue scale, and a minimum of 8 for criteria 1 to 5 (Flagged Items).

By the end of the first clinical placement the student, with the assistance of the supervisor, will:
1. Demonstrate organizational ability to optimize use of time
   a. Begin to organize schedule and manage time
   b. Set priorities for patient assessment and treatment
2. Manage space, equipment and other resources to optimize clinical practice.
3. Integrate and apply theoretical knowledge of the basic and clinical sciences for neurological, orthopedic, pediatric and cardio-respiratory conditions
4. Demonstrate the use of evidence-based practice to supplement and reinforce the material covered in the academic curriculum
5. Perform a basic subjective and objective assessment of clients seen by physical therapists using the ICF model.
6. Develop analytical and interpretive abilities for effective evaluation of the patient and planning of short and long-term client centered goals
7. Begin to use clinical reasoning skills to design and apply a physical therapy intervention that takes into consideration the needs of the patient and the discharge potential.
8. Generate physiotherapy differential diagnosis and predict prognosis for simple cases
9. Develop his/her ability to execute effective therapeutic procedures
10. Document information obtained from a physical therapy assessment using the SOAPIE method of charting in a timely manner.
11. Be responsible for 50% of patient load of a PT from admission to discharge during the last 10 consecutive days of stage and will:
   a. Question and justify decisions made.
   b. Make decisions regarding evaluations and treatment planning based on sound judgment and in consideration of all performance areas.
   c. Attend meetings/rounds and be prepared to provide input into his/her cases.

Course Materials:

Required Text:
Principles for Moving Patients Safely. ASSTSAS 1999.
This text is required for workshop participation and a reference for all future clinical practica.


Student Assignment and Evaluation:

Case presentation
Students are expected to present a 30 to 60-minute evidence-based presentation to the clinical staff and students present in the clinical site. The presentation may be case-based or on a specific topic of interest approved by the clinical supervisor.

Evaluation
The Clinical Performance Instrument (CPI) is based on 24 criteria. Five performance dimensions are used to evaluate student’s performance: these are 1) Quality of intervention; 2) Supervision/Guidance required; 3) Consistency of performance; 4) Complexity of tasks/environment; and 5) Efficiency. The CPI incorporates knowledge, skills, attitudes and multiple sources of information such as self-assessment, presentations, and peer review to make decisions about readiness to practice. (Appendix 2 – CPI).
With each Clinical Practicum, the student is expected to improve his/her weaknesses and increase his/her confidence and competence to that expected of an Entry-Level Physical Therapist. By the end of the first Clinical Practicum, the student is expected to carry **50% of the patient load of an Entry-Level Physical Therapist for the last 10 consecutive days.**

Although each clinical educator evaluates a student’s performance, it is the ACCE who is responsible for determining acceptable levels of performance for each clinical experience and, who ultimately assigns the grade of PASS/FAIL.

**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 (see [www.mcgill.ca/students/srr/honest/](http://www.mcgill.ca/students/srr/honest/)) for more information.

**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.

**Disability:** “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 for Students with Disabilities at 398-6009 before you do this.”

**In the event of extraordinary circumstances beyond the University’s control, the content and/or evaluation scheme in this course is subject to change.**
PHTH 572 PT CLINICAL PRACTICUM 2

Credits: 7

Prerequisites:
Successful completion of clinical practicum I – PHTH 571, PT Ortho Management (PHTH 550), Integrated Ortho Management (PHTH 560), PT Neuro Rehab (PHTH 551), Integrated Neuro Rehab (PHTH 561), Cardiorespiratory Rehab (PHTH 552) and Strategies in PT Professional Practice (PHTH 570). Prerequisites for Clinical Practicum 2 also include a compulsory 2-day (or equivalent) workshop on Principles for Moving Patients Safely (PDSB).

Instructors:
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On-site Clinical Coordinators and Clinicians from McGill Affiliated Hospitals will also be involved.

Course Description:
This 7-week course is the second in a series of four clinical practica where the student will be able to evaluate and treat patients with musculoskeletal, cardiovascular and/or neurological conditions across the lifespan. This course follows PHTH 571. The usual timeframe to complete this course is in the summer of M1 (July - August) or in the following winter session (January - February), according to availability of placements. Successful completion of PHTH 571 is a prerequisite to PHTH 572.

Course Structure:
The clinical practicum courses are full-time, beginning in the summer term of M1 and continuing at set intervals during the program. The clinical practicum courses take place at the MUHC and other McGill affiliated facilities, such as other hospitals, CLSC, CHSLD, private clinics, rehabilitation centres, schools, and industries.

In addition to the Montreal region facilities a number of out-of-province and international affiliated sites are available upon request. The Physical Therapy Program has developed
specific guidelines pertaining to out-of-province and international practicum, which follow
the guidelines of the National Academic Coordinators of Clinical Education in
Physiotherapy (NACEP). For out-of province and international placements travel and
accommodation are the student’s responsibility.

**Instructional Method:**
Supervision is provided by a Physical Therapist to assist the transition of the novice
student to an entry-level practitioner. Clinical educators are encouraged to use the 2:1
model of supervision to enhance clinical reasoning through reciprocal peer coaching. In
conjunction with the on-site practicum experience, web-based technology tools are
available to facilitate the student’s learning. Clinical practicum experiences in different
sites may vary according to the types of clients available.

**Learning Outcomes:**
The student will be able to evaluate and treat patients with musculoskeletal,
cardiovascular and/or neurological conditions.

On completion of this course, the student will be able to:

**General Learning Outcomes:**

1. Practice in a safe manner that minimizes risk to patient, self and others.
2. Demonstrate professional behavior during interactions with others and adhere to
   ethical and legal practice standards.
3. Demonstrate effective interpersonal relations and communications with clients
   and their environment, physical therapists, and other members of the health
   care team.
4. Engage in various additional learning opportunities specific to a particular
   setting (teaching rounds, in-service, home visits, administrative committees)
5. Adapt the delivery of physical therapy care to reflect respect for and sensitivity
   to individual differences.
6. Demonstrate portfolio collection techniques.
7. Understands the roles of PT and other team members in this setting.

**Specific Learning Outcomes:**

Students must obtain a **minimum of 4 for criteria 6 to 24** on the CPI visual
analogue scale, and a **minimum of 8 for criteria 1 to 5** (Flagged Items).

With *the supervision* of the supervisor, student must be able to:

1. Optimize use of time
   a. Organize schedule and manage time
   b. Set priorities
   c. Becoming increasingly self-directed.
2. Manage space, equipment and other resources to optimize clinical practice.
3. Integrate and apply theoretical knowledge of the basic and clinical sciences for
   neurological, orthopedic, pediatric and cardio-respiratory conditions
4. Demonstrate the use of evidence-based practice to supplement and reinforce the material covered in the academic curriculum
5. Perform basic subjective and objective assessment of new clients using the ICF model.
6. Develop analytical and interpretive abilities for effective evaluation of the patient and planning of short and long-term client centered goals
7. Use clinical reasoning skills to design and apply a physical therapy intervention that takes into consideration the needs of the patient and the discharge potential.
8. Generate simple physiotherapy differential diagnosis and predict prognosis for simple cases
9. Develop student's ability to execute effective therapeutic procedures
10. Document information obtained from a physical therapy assessment using the SOAPIE method of charting.
11. Be responsible for 60% of patient load of a PT from admission to discharge during the last 10 consecutive days of stage and will:
    a. Question and justify decisions made.
    b. Make decisions regarding evaluations and treatment planning based on sound judgment and in consideration of all performance areas.
    c. Attend meetings/rounds and discuss his/her cases.

Course Materials:

Required Text:
Principles for Moving Patients Safely. ASSTSAS 1999.
This text is required for workshop participation and a reference for all future clinical practica.


Student Assignment and Evaluation:

Case presentation
Students are expected to present a 30 to 60-minute evidence-based presentation to the clinical staff and students present in the clinical site. The presentation may be case-based or on a specific topic of interest approved by the clinical supervisor.

Evaluation
The Clinical Performance Instrument (CPI) is based on 24 criteria. Five performance dimensions are used to evaluate student’s performance: these are 1) Quality of intervention; 2) Supervision/Guidance required; 3) Consistency of performance; 4) Complexity of tasks/environment; and 5) Efficiency. The CPI incorporates knowledge, skills, attitudes and multiple sources of information such as self-assessment, presentations, and peer review to make decisions about readiness to practice. (Appendix 2 – CPI).
With each Clinical Practicum, the student is expected to improve his/her weaknesses and increase his/her confidence and competence to that expected of an Entry-Level Physical Therapist. By the end of the second Clinical Practicum, the student is expected to carry **60% of the patient load of an Entry-Level Physical Therapist during the last 10 consecutive days of stage.**

Although each clinical educator evaluates a student’s performance, it is the ACCE who is responsible for determining acceptable levels of performance for each clinical experience and, who ultimately assigns the grade of PASS/FAIL.

**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 (see [www.mcgill.ca/students/srr/honest/](http://www.mcgill.ca/students/srr/honest/) for more information).

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**Disability:** “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 for Students with Disabilities at 398-6009 before you do this.”

**In the event of extraordinary circumstances beyond the University’s control, the content and/or evaluation scheme in this course is subject to change.**
PHTH 573 PT CLINICAL PRACTICUM 3

Credits: 7

Prerequisites:
Clinical Practicum 1 & 2
Differential Diagnosis and Management (PHTH 623)
Advanced Research Methods (POTH 612)
Integrated Pain Management (PHTH 622)

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On-site Clinical Coordinators and Clinicians from McGill Affiliated Hospitals will also be involved.

Course Description:
This 7-week course is the third in a series of four clinical practica where the student will be able to evaluate and treat patients with musculoskeletal, cardiovascular and/or neurological conditions across the lifespan. The usual timeframe for PHTH 573 is the first seven weeks of M1 winter semester (January - February). However, PHTH 572 is a prerequisite to PHTH 573. Therefore, students who need to complete PHTH 572 in the M1 winter semester will have the PHTH 573 course deferred to the fall of M2 in September-October.

Course Structure:
The clinical practicum courses are full-time, beginning in the summer term of M1 and continuing at set intervals during the program. The clinical practicum courses take place at the MUHC and other McGill affiliated facilities, such as other hospitals, CLSC, CHSLD, private clinics, rehabilitation centres, schools, and industries.

In addition to the Montreal region facilities a number of out-of-province and international affiliated sites are available upon request. The Physical Therapy Program has developed specific guidelines pertaining to out-of-province and international practicum, which follow
the guidelines of the National Academic Coordinators of Clinical Education in Physiotherapy (NACEP). For out-of-province and international placements travel and accommodation are the student's responsibility.

Instructional Method:
Supervision is provided by a Physical Therapist to assist the transition of the novice student to an entry-level practitioner. Clinical educators are encouraged to use the 2:1 model of supervision to enhance clinical reasoning through reciprocal peer coaching. In conjunction with the on-site practicum experience, web-based technology tools are available to facilitate the student’s learning. Clinical practicum experiences in different sites may vary according to the types of clients available.

Learning Outcomes:
The student will be able to evaluate and treat patients with advanced musculoskeletal conditions, cardiovascular and/or neurological conditions. In this practicum learning objectives and expectations will be considered level 3*.

On completion of this course, the student will be able to:

General Learning Outcomes:
1. Practice in a safe manner that minimizes risk to patient, self and others.
2. Demonstrate professional behavior during interactions with others and adhere to ethical and legal practice standards.
3. Demonstrate effective interpersonal relations and communications with clients and their environment, physical therapists, and other members of the health care team.
4. Engage in various additional learning opportunities specific to a particular setting (teaching rounds, in-service, home visits, administrative committees)
5. Adapt the delivery of physical therapy care to reflect respect for and sensitivity to individual differences.
6. Demonstrate portfolio collection techniques.
7. Understands the roles of PT and other team members in this setting.

Specific Learning Outcomes:
Students must obtain a minimum of 6 on the CPI visual analogue for criteria 6 to 24 and a minimum of 9 for criteria 1 to 5 (Flagged Items) of the CPI to pass the clinical rotation #3. The Caseload should be Equivalent to 75% of a PT during the last 10 consecutive days of the rotation.

With some supervision of the supervisor, student must be able to:
1. Optimize use of time
   a. Organize schedule and manage time
   b. Set priorities
   c. Becoming increasingly self-directed.
2. Manage space, equipment and other resources to optimize clinical practice.
3. Integrate and apply theoretical knowledge of the basic and clinical sciences for neurological, orthopedic, pediatric and cardio-respiratory conditions
4. Demonstrate the use of evidence-based practice to supplement and reinforce the material covered in the academic curriculum.

5. Perform subjective and objective assessment of new clients using the ICF model.

6. Demonstrate analytical and interpretive abilities for effective evaluation of the patient and planning of short and long-term client centered goals.

7. Use clinical reasoning skills to design and apply a physical therapy intervention that takes into consideration the needs of the patient and the discharge potential.

8. Generate more complex physiotherapy differential diagnosis and predict prognosis for simple cases.

9. Demonstrate student’s ability to execute effective therapeutic procedures.

10. Document information obtained from a physical therapy assessment using the SOAPIE method of charting.

11. Be responsible for 75% of patient load of a PT from admission to discharge during the last 10 consecutive days of stage and will:
   a. Question and justify decisions made.
   b. Make decisions regarding evaluations and treatment planning based on sound judgment and in consideration of all performance areas.
   c. Attend meetings/rounds and discuss his/her cases.

Course Materials:

**Required Text:**
Principles for Moving Patients Safely. ASSTSAS 1999.
This text is required for workshop participation and a reference for all future clinical practica.


**Student Assignment and Evaluation:**

**Case presentation**
Students are expected to present a one-hour (1) evidence-based presentation to the clinical staff and students present in the clinical site. The presentation may be case-based or on a specific topic of interest approved by the clinical supervisor. (Appendix 1 – Presentation format)

**Evaluation**
The Clinical Performance Instrument (CPI) is based on 24 criteria. **Five performance dimensions are used to evaluate student’s performance: these are 1) Quality of intervention; 2) Supervision/Guidance required; 3) Consistency of performance; 4) Complexity of tasks/environment; and 5) Efficiency.** The CPI incorporates knowledge, skills, attitudes and multiple sources of information such as self-assessment, presentations, and peer review to make decisions about readiness to practice. (Appendix 2 – CPI).
With each Clinical Practicum, the student is expected to improve his/her weaknesses and increase his/her confidence and competence to that expected of an Entry-Level Physical Therapist. By the end of the third Clinical Practicum, the student is expected to carry 75% of the patient load of an Entry-Level Physical Therapist.

Although each clinical educator evaluates a student's performance, it is the ACCE who is responsible for determining acceptable levels of performance for each clinical experience and, who ultimately assigns the grade of PASS/FAIL.

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 (see www.mcgill.ca/students/srr/honest/) for more information.

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.

Disability: “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 for Students with Disabilities at 398-6009 before you do this.”

In the event of extraordinary circumstances beyond the University’s control, the content and/or evaluation scheme in this course is subject to change.
PHTH 620 PT CLINICAL PRACTICUM 4

Credits: 7

Prerequisites: Clinical Practicum 3, Educational Methodology (POTH 602)

Instructors:
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On-site Clinical Coordinators and Clinicians from McGill Affiliated Hospitals will also be involved.

Course Description:
This 8-week course is the last in a series of four clinical practica where the student will be able to evaluate and treat patients with musculoskeletal, cardiovascular and/or neurological conditions across the lifespan.

Course Structure:
The clinical practicum courses are full-time, beginning in the summer term of M1 and continuing at set intervals during the program. The clinical practicum courses take place at the MUHC and other McGill affiliated facilities, such as other hospitals, CLSC, CHSLD, private clinics, rehabilitation centres, schools, and industries. PHTH 620 may be completed in the Fall of M2, in September – October or in November - December, depending on the successful completion of the pre-requisite clinical course PHTH 573. If the third clinical placement PHTH 573 has been deferred to the fall of M2, then the fourth clinical placement - PHTH 620 must be completed in November – December of M2 or later, according to sites' availability.

In addition to the Montreal region facilities a number of out-of-province and international affiliated sites are available upon request. The Physical Therapy Program has developed specific guidelines pertaining to out-of-province and international practicum, which follow the guidelines of the National Academic Coordinators of Clinical Education in Physiotherapy (NACEP). For out-of province and international placements travel and accommodation are the student’s responsibility.
Instructional Method:
Supervision is provided by a Physical Therapist to assist the transition of the novice student to an entry-level practitioner. Clinical educators are encouraged to use the 2:1 model of supervision to enhance clinical reasoning through reciprocal peer coaching. In conjunction with the on-site practicum experience, web-based technology tools are available to facilitate the student’s learning. Clinical practicum experiences in different sites may vary according to the types of clients available.

Learning Outcomes:
The student will be able to evaluate and treat patients with advanced musculoskeletal conditions, cardiovascular and/or neurological conditions. In this practicum learning objectives and expectations will be considered level 4.

On completion of this course, the student will be able to:

General Learning Outcomes:
1. Practice in a safe manner that minimizes risk to patient, self and others.
2. Demonstrate professional behavior during interactions with others and adhere to ethical and legal practice standards.
3. Demonstrate effective interpersonal relations and communications with clients and their environment, physical therapists, and other members of the health care team.
4. Engage in various additional learning opportunities specific to a particular setting (teaching rounds, in-service, home visits, administrative committees)
5. Adapt the delivery of physical therapy care to reflect respect for and sensitivity to individual differences.
6. Demonstrate portfolio collection techniques.
7. Understands the roles of PT and other team members in this setting.

Specific Learning Outcomes:
Students must obtain a minimum of 8 on the CPI visual analogue for criteria 6 to 24 and a minimum of 9 for criteria 1 to 5 (Flagged Items) of the CPI to pass the clinical rotation #3. The Caseload should be Equivalent to 90-100% of PT by the end of this rotation.

With minimum supervision of the supervisor, student must be able to:
1. Optimize use of time
   a. Organize schedule and manage time
   b. Set priorities
   c. Becoming increasingly self-directed.
2. Manage space, equipment and other resources to optimize clinical practice.
3. Integrate and apply theoretical knowledge of the basic and clinical sciences for neurological, orthopedic, pediatric and cardio-respiratory conditions
4. Demonstrate the use of evidence-based practice to supplement and reinforce the material covered in the academic curriculum
5. Perform subjective and objective assessment of new clients using the ICF model.
6. Demonstrate analytical and interpretive abilities for effective evaluation of the patient and planning of short and long-term client centered goals.
7. Use clinical reasoning skills to design and apply a physical therapy intervention that takes into consideration the needs of the patient and the discharge potential.
8. Generate complex physiotherapy differential diagnosis and predict prognosis for simple cases.
9. Demonstrate student’s ability to execute effective therapeutic procedures.
10. Document information obtained from a physical therapy assessment using the SOAPIE method of charting.
11. Be responsible for 90-100% of patient load of a PT from admission to discharge and will:
   a. Question and justify decisions made.
   b. Make decisions regarding evaluations and treatment planning based on sound judgment and in consideration of all performance areas.
   c. Attend meetings/rounds and discuss his/her cases.

Note: Compared to level 3, in clinical practicum #4 students have had one full semester with two professional complementary courses in the area of their choice, which includes, advanced pediatrics, fitness and injury management, cancer rehabilitation, perception and action, promoting healthy activity, and one educational methodology course, prior to their 4th placements.

Course Materials:

Required Text:
Principles for Moving Patients Safely. ASSTSAS 1999.
This text is required for workshop participation and a reference for all future clinical practica.


Student Assignment and Evaluation:

Case presentation
Students are expected to present a one-hour (1) evidence-based presentation to the clinical staff and students present in the clinical site. The presentation may be case-based or on a specific topic of interest approved by the clinical supervisor. (Appendix 1 – Presentation format)

Evaluation
The Clinical Performance Instrument (CPI) is based on 24 criteria. Five performance dimensions are used to evaluate student’s performance: these are 1) Quality of intervention; 2) Supervision/Guidance required; 3) Consistency of performance; 4)
Complexity of tasks/environment; and 5) Efficiency. The CPI incorporates knowledge, skills, attitudes and multiple sources of information such as self-assessment, presentations, and peer review to make decisions about readiness to practice. (Appendix 2 – CPI).

With each Clinical Practicum, the student is expected to improve his/her weaknesses and increase his/her confidence and competence to that expected of an Entry-Level Physical Therapist. By the end of the fourth Clinical Practicum, the student is expected to carry 90-100 % of the patient load of an Entry-Level Physical Therapist.

Although each clinical educator evaluates a student’s performance, it is the ACCE who is responsible for determining acceptable levels of performance for each clinical experience and, who ultimately assigns the grade of PASS/FAIL

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Disability: “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 for Students with Disabilities at 398-6009 before you do this.”

In the event of extraordinary circumstances beyond the University’s control, the content and/or evaluation scheme in this course is subject to change.
PHTH 622 INTEGRATED PAIN MANAGEMENT

Credits: 3

Prerequisites: Successful completion of all U3/Qualifying Year courses including Clinical Affiliation requirements

Instructors: Lesley Singer Norris MSc (co-ordinator)  
Robert W. Dykes, PhD

Access to the Instructor:  
Lesley Norris telephone (514) 945-0101  
Email: lesley.singer@mail.mcgill.ca

Robert Dykes:  
Email: robert.dykes@mcgill.ca

Course Objective: Understanding, assessment and treatment of chronic pain syndromes.

Course Structure: This lecture/seminar course takes place in the fall term, three (3) hours per week once a week for 15 weeks. Students will attend lectures; participate in problem-solving sessions and case presentations.

Student Learning Objectives:  
On completion of this course, the student will:
1. Integrate the anatomical and neurophysiological bases of pain perception, including peripheral and central mechanisms, as well as pain modulation.
2. Use psychological and behavioural attributes of pain in the analysis of chronic pain syndromes.
3. Explain and evaluate the theories of pain relief in terms of their physical, physiological, behavioural, psychological and pharmacological bases.
4. Interpret the pain experience in the context of Individual and group differences as well as differences due to social and environmental context, using these variables during the assessment and management of specific cases.
5. Differentiate acute, chronic and recurrent pain in terms of mechanisms, assessment and management.
6. Plan interventions for chronic pain syndromes e.g. phantom-limb pain, hemiplegic-shoulder pain, fibromyalgia, neuropathic pain.
7. Using a multidisciplinary or mutli-skilled approach, design treatment plans that integrate knowledge of the physical, physiological, behavioural, psychological and pharmacological characteristics of specific pain syndromes.
## Course Content: (subject to change)

<table>
<thead>
<tr>
<th>Date</th>
<th>Lecturer</th>
<th>Week</th>
<th>Topic</th>
</tr>
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<tbody>
<tr>
<td>Tues Sept. 7</td>
<td>L. Norris</td>
<td>1</td>
<td>A) Introduction – Definitions and conceptual framework for pain and</td>
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<td>2:30-5:30</td>
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<td>psychosocial rehabilitation</td>
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<td>B) what is the role of the PT</td>
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<tr>
<td>Tues, Sept. 14</td>
<td>T. Wideman</td>
<td>2</td>
<td>A) Psychosocial risk factors for chronicity</td>
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<tr>
<td>2:30-5:30</td>
<td>L. Norris</td>
<td></td>
<td>B) Assessment of chronic pain</td>
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<tr>
<td>Tues, Sept. 21</td>
<td>L. Norris</td>
<td>3</td>
<td>A) Treatment of chronic pain</td>
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<td>2:30-5:30</td>
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<td>B) Case workshop</td>
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<td>Tues, Sept. 28</td>
<td>F. Coscia</td>
<td>4</td>
<td>A) Fibromyalgia</td>
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<tr>
<td>2:30-5:30</td>
<td>L. Norris</td>
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<td>B) Low Back Pain – Best practices</td>
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<td>Tues Oct. 5</td>
<td>R. Dykes</td>
<td>5</td>
<td>A) Acute pain vs chronic pain and pain pathways</td>
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<tr>
<td>2:30-5:30</td>
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<td>B) Amputation &amp; Stroke - the challenge of central pain (neuropathic</td>
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<td>Tues, Oct. 12</td>
<td>L. Norris</td>
<td>6</td>
<td>Student presentation</td>
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<td>R. Dykes</td>
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<td>L. Norris</td>
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<td>Student presentation</td>
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<td>Tues, Oct. 26</td>
<td>R. Dykes</td>
<td>8</td>
<td>A) Changing the outcomes in Whiplash</td>
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<td>2:30-5:30</td>
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<td>B) Chronic pain and the healthcare system</td>
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<td>Tues, Nov 2</td>
<td>L Norris</td>
<td>9</td>
<td>A) Pain beliefs of clinicians</td>
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<tr>
<td>2:30-5:30</td>
<td>Clinician</td>
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<td>B) Pain in pediatrics</td>
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<tr>
<td>Tues, Nov 9</td>
<td>L. Norris</td>
<td>10</td>
<td>A) Pharmacology of chronic pain</td>
</tr>
<tr>
<td>2:30-5:30</td>
<td></td>
<td></td>
<td>Living with chronic pain (patient)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>B) Musculoskeletal pain and the challenges</td>
</tr>
<tr>
<td>Tues, Nov.16</td>
<td>M Sullivan</td>
<td>11</td>
<td>A) Goal oriented treatment</td>
</tr>
<tr>
<td>2:30-5:30</td>
<td>L Singer</td>
<td></td>
<td>B) Modalities</td>
</tr>
<tr>
<td>Tues, Nov. 23</td>
<td>D. Lussier</td>
<td>12</td>
<td>A) Geriatric pain management</td>
</tr>
<tr>
<td>2:30-5:30</td>
<td>B. Nedelec</td>
<td></td>
<td>B) Burns and chronic pain</td>
</tr>
<tr>
<td>Tues, Nov.30</td>
<td>L. Norris</td>
<td>13</td>
<td>Case study</td>
</tr>
<tr>
<td>2:30-5:30</td>
<td>Guest speaker</td>
<td></td>
<td>chronic pain and research</td>
</tr>
<tr>
<td>Tues, Dec. 7</td>
<td>No class</td>
<td>14</td>
<td>Study day</td>
</tr>
<tr>
<td>2:30-5:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week of Dec. 13</td>
<td>EXAM</td>
<td>15</td>
<td>Three-hour multiple choice and short answer</td>
</tr>
</tbody>
</table>
An interprofessional education workshop on the topic of Alzheimers will take place during the term. As the scheduling of this workshop depends on the availability of the speaker, the workshop may take place outside regular class-time. This content, nevertheless, is part of content for PHTH 622. Details will be communicated on the first day of class.

**Student Assignment and Evaluation:**
Assignment 25%
Case presentation (oral) 20%
Final Exam (written) 55%

**Special Requirements for Course Completion and Program Continuation:**
In order to pass the course, a grade of at least B- (65%) must be obtained as a total course mark.

**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 (see [www.mcgill.ca/students/srr/honest/](http://www.mcgill.ca/students/srr/honest/)) for more information.

**Dress Code:** Appropriate for a professional.

**Attendance:** Students are required to attend all scheduled classes. Students who have missed more than 10% of laboratory or small group sessions, or who miss any required professional workshop or seminar, without prior approval, will receive 0/10 for participation in the course. This rule applies to labs and to all required workshops, seminars or professional activities.

**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.

**Consequences of not completing assignments as requested:** An individual who does not complete a required assignment and who does not have a university recognized reason for deferral will receive a 0 in that portion of the course. Assignments submitted late will receive a deduction of 2% per day, including week-ends.

**Disability:** 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 for Students with Disabilities at 398-6009 before you do this.

**In the event of extraordinary circumstances beyond the University’s control, the content and/or evaluation scheme in this course is subject to change.**
PHTH 623 DIFFERENTIAL DIAGNOSIS AND MANAGEMENT

Credits: 3

Prerequisites:
Successful completion of all U3/qualifying year courses including Clinical Affiliation requirements

Instructors: Isabel Audette, Pht, FCAMT, MSc (Coordinator)
Frangiska Xenopoulos Pht, FCAMT, MSc
Claudia Brown, Pht (Guest Lecturer)

Access to the Instructor:
Isabel Audette:
Tel: 415-398-4511
E-mail: isabel.audette@mcgill.ca

Course Objective:
The course will focus on a case-based, client-centered approach following the SOAPIE format. The course will provide M1 students with the opportunity to build upon their previous musculoskeletal skills and to integrate evaluation and treatment approaches with client care experiences gained from their clinical rotations.

Course Structure:
The course is made up of a combination of short lectures, group discussion and directed labs for five (5) hours a week over 13 weeks. The course emphasizes a gradual increase in student responsibility for course matter.

Open labs will be scheduled based on the availability of instructors and facilities as per students’ request.

General Learning outcomes:
Building on previously learned orthopaedic knowledge, the student will be able to evaluate and treat clients of different ages with complex conditions affecting the musculoskeletal system

Specific learning outcomes:
On completion of this course the student will be able to:

1. Demonstrate evidence of theoretical knowledge and practical skills in the following areas relevant to musculoskeletal rehabilitation:
   a. Pain with complex aetiology
      i. central pain
      ii. facilitated segment neuropathy
   b. Complex musculoskeletal pathologies and associated symptoms
      i. Temporomandibular joint dysfunctions
ii. Dizziness
iii. Headache

c. More complex objective components of a physical therapy assessment
d. Pelvic floor and related structures:
   i. Describe the basic anatomy
   ii. Describe the basic physiology of the urinary system and lower digestive tract.
   iii. Discuss pelvic floor dysfunctions in relation to urinary, ano-rectal and sexual disorders.
   iv. Demonstrate knowledge in the physiotherapy approach to pelvic floor dysfunction (evaluation, treatment and outcome measures).

2. Integrate the theoretical knowledge and practical skills described above in order to perform a physiotherapy assessment of clients with simple musculoskeletal conditions affecting the extremities and spine.
   a. Demonstrate effective, professional verbal and written communication skills in order to:
      i. Interact with clients, care-givers and other health care professionals
      ii. Conduct an appropriate, thorough and focussed client interview, including:
         1. relevant past medical history
         2. relevant subjective information
         3. individual and environmental factors which may affect management
      ii. Document a client assessment and intervention using the SOAPIE format
      iii. Document the findings of standardized outcome measures
   b. Integrate subjective and objective findings in order to:
      i. Develop a clinical impression
      ii. Assess the nature, severity and irritability of the condition
      iii. Appropriately identify, apply and interpret manual therapy techniques and special tests
      iv. Develop a problem list based on the WHO International Classification of Functioning, Disability and Health Model
      iv. Determine a realistic prognosis
   c. Ensure a safe environment for client and therapist at all times.
      i. Identify contraindications to manual therapy
      ii. Identify “red flags” which indicate the presence of serious pathology (and need for physician referral).

3. Integrate clinical reasoning skills in order to establish a physiotherapy diagnosis
   a. Analyse and synthesize the subjective and objective findings
   b. Elaborate complex working hypotheses / differential diagnoses
c. Generate an evidence-informed physiotherapy diagnosis

d. Integrate the Hypothesis-Orientated Algorithm for Clinicians II (HOAC II) and the Rehabilitation Problem solving Form (RPS)

4. Elaborate complex evidence-informed intervention plan related to the physiotherapy diagnosis

a. Create short and long-term client-centered goals

b. Select appropriate outcome measures

c. Educate client regarding his/her condition and its overall management

   i. Promote active self-management

d. Design the interventions based on the client’s response and progress

e. Justify referral of pt to other services

f. Judge when client discharge is appropriate

Course Materials:

Required Text:


Student Evaluation:

Participation ................................................................. 5%
Preparation for small group discussion, spot checks – 2%
WebCT quizzes – 3%

Midterm Exam:

Practical exam (OSCE) ................................................ (15%)
Date TBA
Written exam (35%)  
Date TBA

Final Exam:

Practical exam (OSCE) (15%)  
Date TBD

Written exam (30%)  
Date TBA

Student Presentation:  
Group presentation – TBA

Special Requirements for Course Completion and Program Continuation:  
In order to pass the course, a grade of at least B- (65%) must be obtained as a total course mark. This course falls under the regulations concerning individual and group evaluation.

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 (see www.mcgill.ca/students/srr/honest/) for more information.

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.

Attendance:  Students are expected to attend all lectures and are required to attend all clinical reasoning workshops and labs. Students who have missed more than 10% of laboratory or small group sessions, without prior approval, will receive 0/10 for participation in the course. This rule applies to labs and to all required workshops, seminars or professional activities.

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.

Consequences of not completing assignments as requested:  An individual who does not complete a required assignment and does not have a university recognized reason for deferral would receive a 0 in that portion of the evaluation. Late assignments will be accepted with a penalty of 5% for each day overdue.
Disability: “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 for Students with Disabilities at 398-6009 before you do this.”

In the event of extraordinary circumstances beyond the University’s control, the content and/or evaluation scheme in this course is subject to change.
POTH 602 EDUCATIONAL METHODOLOGY

Credits: 3

Prerequisites:
Advanced Research Methods successfully completed.

Access to the Instructor:
Please make appointments to see the instructor through email.
Course coordinator: Liliane Asseraf-Pasin, Davis Room 7, Tel: (514) 398-5594
Email: liliane.asseraf.pasin@mcgill.ca

Course Description:
The specific structure of the course revolves around principles of course design and how they relate to knowledge transfer. This applied course focuses on the development, delivery and evaluation of a course or workshop. Student will develop a course and a workshop outline that can be targeted to clinicians, patients and caregivers or students. Student will be introduced to, or allowed to revisit strategies for implementation of research findings into the practice setting. A third component of this course will introduce or re-visit interprofessional education and practice (IPE & P), theoretical models, role, identity and professionalism.

Course Structure:
This course will incorporate two sessions of 3 hours a week of lectures/ seminars and panel presentations for the first 5 weeks (intensive) and one session of 3 hours a week for 3 weeks (for a total of 39 hours). This course is offered in M1 winter term.

Purpose:
The overall intent of this course is to provide a venue in which students can learn and apply the principles of effective course design, instructional and evaluative methods of a course by developing their own course (such as: a professional continuing education course or a specific patient education course). Furthermore, the entry level practitioner will be able to recognize and respond to his roles as a knowledge broker, a member of an interprofessional team, and as an educator to the population it serves.

Learning Outcomes:
At the end of the course, the student should be able to:

1. Understand the principles of writing learning objectives that are clear, concise and appropriate for their course using Bloom’s taxonomy.

2. Apply pedagogical principles to develop a course outline and to design and implement a workshop.
• Develop a course plan and course outline with general and specific course objectives that could be implemented to a physiotherapy setting.

• Conceptualize their ideas into a concept map which conveys their course content.

3. Compare and contrast the benefits of different models of course evaluation.

4. Understand the importance of their choice of application of instructional principles for teaching as well as the role of knowledge translation, and apply these principles to course design.
   • Present one lecture from their course using microteaching

5. Understand the benefits and challenges of interprofessional education (IPE) and interprofessional practice (IPP).

Course content by week: (subject to change)

Week 1:
• Presentation of Course Outline and Objectives & Course Evaluation Methods
• Identify Course Concepts
• Writing Learning Objectives
• Design Course Outline

Week 2:
• Examining the instructional strategies for physiotherapist versus patient audiences
• Designing methods of evaluation.
• Designing formative and summative student evaluation tools (assignments, role play, exams as course evaluation tools).

Week 3:
• Introduction to Micro-Teaching
• Concepts of Adult Education
• Concepts of Patient Education

Week 4:
• Microteaching presentations

Week 5:
• Planning successful workshops

Week 6:
• Knowledge Translation - What is a knowledge Broker

Week 7:
• Program evaluation

Week 8:
• Interprofessional Education and Interprofessional Practice-theoretical models, best practices

Week 9:
• Evaluation

An interprofessional education workshop on the topic of cultural awareness will take place during the term. As the scheduling of this workshop depends on the availability of several groups of students, the workshop may take place outside regular class-time. This content, nevertheless, is part of content for POTH 602. Details will be communicated on the first day of class.

Course Materials:
A complementary WebCT environment allows for exchanging views, developing joint resources and the conceptual integration of assigned readings.

Student Assignment and Evaluation:
Course Objectives 5%
Concept Map and Course Outline 25%
Microteaching 20%
Workshop Design Assignment 35%
Quizzes based on readings 15%
(Knowledge Transfer, Adult Learning, IPE and Clinical Practice Guidelines)

Special Requirements for Course Completion and Program Continuation:
In order to pass the course, a grade of at least B- (65%) must be obtained as a total course mark.

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 (see www.mcgill.ca/students/srr/honest/) for more information).

Dress Code: Professionalism with respect to dressing is encouraged throughout the course of the semester.

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.

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reason for deferral of that assignment will receive a 0 for that portion of the course. Assignments submitted late will be graded but will receive a deduction of 2% per day, including week-ends.

**Disability:** “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 for Students with Disabilities at 398-6009 before you do this.”
POTH 612  ADVANCED RESEARCH METHODS

Credits: 3

Recommended pre-requisite: An introductory course in research methods and a course in intermediate level statistics or equivalent.

Lecturers: Sara Ahmed, Liliane Asseraf-Pasin, Skye Barbic, Nicol Korner-Bitensky, Heather Lambert, Nancy Mayo, Patricia McKinley, Laurie Snider, Judith Soicher

COURSE DESCRIPTION:
This individualized, multi-module course is geared to intermediate–advanced learning levels to help students design and implement research projects and analyze results according to the needs for their entry level Master’s project.

EXPANDED COURSE DESCRIPTION:
This course is made up of 2-3 introductory lectures, followed by 4 modules targeting different aspects of research design and execution. The final module focuses on the group Master’s projects. The topics covered include: cross sectional surveys, systematic reviews and meta analysis, qualitative designs and methods, knowledge translation studies, quantitative data analysis, qualitative analysis, psychometric and clinical measurement studies. Topics may also include experimental / laboratory methods in rehabilitation and experimental measurement, depending on instructor expertise and the specific group projects being carried out. The final required module (module #4) will focus on protocol development and aspects of implementation for the Master’s project.

COURSE STRUCTURE:

The design, data analysis and measurement modules will each be delivered in a 3-week (6 lectures) block with an extra session available for evaluation of student learning of the completed module. There will be two 1.5-hour in-class sessions per week. Different modules may be offered each year.

Students will be assigned to the most appropriate modules for their Master’s project. The final module (module #4) will be taken by all students, and is specifically related to the design and implementation of the Master’s project.

LEARNING OUTCOMES:

On completion of this course; the student will:
1. Write general and specific objectives for a study
2. Select an appropriate study design
3. Describe ethical issues related to the study design
4. Select appropriate outcomes for the study
5. Formulate a hypothesis, test a hypothesis and / or estimate a parameter
6. Describe biases relating to specific study designs and selected outcomes
7. Select appropriate statistical tests or interpretative methods of inquiry
8. Plan the required analyses
9. Write a research protocol

COURSE CONTENT:

Detailed information on the content of the specific modules will be distributed at the beginning of each module. A brief synopsis of the content of each module is presented below.

Cross-sectional surveys: Asking survey questions; designing successful surveys; survey sampling; survey modes (self administered and mailed surveys; telephone and in person interviews); measuring survey reliability and validity; analysis of survey data.

Systematic Reviews and Meta Analysis: The systematic review process; strengths and limitations of the method; formulation of the review question; search for the literature evidence; quality assessment of studies; data extraction; meta analytic methods; report writing.

Qualitative designs and methods: Traditions and methodologies in qualitative research; sampling methods; designing data collection strategies; trustworthiness; documentation of qualitative research.

Knowledge Translation Studies: Evidence from the literature; clinical practice guidelines; a conceptual model; dissemination and implementation strategies; barriers and facilitators of change; effectiveness of change strategies.

Quantitative Data Analysis: Types of numerical data; identifying the measurement scale of underlying construct of the test or measure used; uses of statistics; matching the analysis to the measurement scale of the key variables; interpreting numerical data in clinical rehabilitation studies; presenting the results in a clear and meaningful manner; the art and science of casting tables.

Qualitative Analysis: Formulating qualitative interview questions; conducting a 20-minute interview; analyzing data using the constant comparative method; developing a concept
map based on findings; transcribing data and using N-Vivo software to code data; introduction to narrative analysis; exploring concepts of triangulation.

Psychometric Studies and Clinical Measurement: Content development for patient-reported and therapist-observed outcomes; studies to estimate reliability; studies to estimate validity; approaches to measuring responsiveness; interpreting scale scores; translation and cultural adaptation of scales.

Evolution of outcomes in health care and rehabilitation; rehabilitation outcomes; classification of outcomes for clinical studies; reviewing the measurement properties (reliability; validity and responsiveness) of instruments; meaningful change; selecting measures for research studies and program evaluation.

**Required Module – Group Projects**: Module 4 is compulsory for all students. In this module, the students will be expected to develop the first complete draft of their entry level Master’s project protocol along with accompanying consent forms and appendices where indicated. Students will work with members of their supervisory committee in conjunction with the course coordinator for POTH 624 –Master’s Project (Dr. P. McKinley) to complete this module.

**REQUIRED TEXTS:**

No text is required for this course. Each instructor will provide students with a reading list containing articles and/or chapters available online. Readings from the recommended texts may also be assigned.

**RECOMMENDED TEXTS:**


**STUDENT EVALUATION:**

Evaluation of learning will be ongoing throughout the term following the completion of each module and will include both formative and summative evaluations. There will be a scheduled session for student evaluation at the end of each module. Each module, including the required fourth module, will be equally weighted at 25%. Several evaluation methods will be used depending on the content of the module and number of students enrolled in the module. These comprise a thematic paper, a critical appraisal of a methodological paper, written in-class or take home exams, group or individual presentations, a critical appraisal of a methodological paper, and peer or self-reflective evaluation.
Mark distribution: Specific evaluation breakdown will be provided on the first day of each module.

**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 (see [www.mcgill.ca/students/srr/honest/](http://www.mcgill.ca/students/srr/honest/) for more information).

**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.

**Disability:** “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 for Students with Disabilities at 398-6009 before you do this.”

**In the event of extraordinary circumstances beyond the University’s control, the content and/or evaluation scheme in this course is subject to change.**
POTH 624 MASTER’S PROJECT

Credits: 6

Coordinator: Patricia McKinley, PT, PhD (Co-coordinator)  
Barbara Mazer, PhD, OT (Co-coordinator)

Course Structure:  
Team Projects (four-five students per project) will be supervised by Faculty and clinical supervisors depending upon project.

TIME FRAME: Fall M1 – Summer M2

General course requirements: Seminars or meetings will be given by the course coordinators throughout the calendar year September – August. The content of these seminars, according to need, may include the following:

- U3/QY April: information session meeting for project execution
- M1 September: an orientation to the course, including guidelines for submission to a Research Ethics committee, project development and requirements for obtaining a passing grade.
- M1 Fall within POTH 612: a 3 wk 3 hr/week block on development of a protocol for the project, will specifically target methodology related to protocol development
- M1 Winter midterm: trouble shooting seminar and progress report, completing submission for ethics and scientific committees where necessary
- M2 July: meeting for organizing project completion and power point presentations to supervisors and clinicians.

Specific course requirements: Each team will be required to meet with the Supervisor(s) as follows for a minimum of 6-8 meetings and 1 hour per meeting:

- Development of an action plan and student letter of agreement (September M1)
- Project progress report (December, M1)
- Project progress report (March-April, M1)
- Team meetings during data collection period as necessary, approximately once per month (May- mid-July)
- Outline and rough draft of paper in article format for a specific journal (July, M2)
- Individual discussion (August, M2)
- Final Paper due (August 24 M2)
- Oral presentation (Last week of August M2)
Purpose and Objectives:
The purpose of this Master’s project is to conduct a scholarly piece of work that yields information related to rehabilitation that can be presented at a conference and/or is publishable. The specific goal for the student is to develop research knowledge and skills that are clinically relevant.

Upon completion of this course, the student will be able to:

1. Design a research question that is pertinent to rehabilitation or the development of a clinical program
2. Conceptualize a project that is pertinent to rehabilitation
3. Conduct a research study that yields information related to rehabilitation and can be presented at national or international conferences and/or is suitable for publication in a clinically related journal.

Examples of Project Categories:

1. **Survey**: Plan and conduct a survey of students, patients, informal caregivers, health professionals and others on a topic related to rehabilitation
2. **Qualitative Study**: a proposal that would include rationale, literature review and methods for qualitative research of a question relevant to rehabilitation that may include collection and/or analysis of data in a limited scope (preliminary focus groups etc).
3. **Clinical Practice Guidelines (CPG)** Take existing clinical guidelines or a critical care map for a specific condition and review and update supporting evidence in a formal written recommendation for practice that includes a full and documented rationale.
4. **Program Evaluation**: In collaboration with a clinical department, plan an evaluation of a specific program that might include development of a survey, analysis of pre-existing data sets, development of data sets, review of the literature, case studies or preliminary data.
5. **Systematic Review**: Systematically examine the research related to a specific clinical question using a defined protocol and criteria for evaluation, review the evidence on a topic and prepare your findings for publication and presentation.
6. **Knowledge Translation**: Develop a website or CD module related to rehabilitation for use by patients, caregivers, teachers or health professionals. Develop a teaching aid for patients, caregivers, or health professionals.
7. **Measurement Development**: Develop a proposal for a research project that includes rationale, literature review and methodology to evaluate the psychometric properties of a measure or tool used in the practice of physical or occupational therapy. May include a small pilot study requiring a limited amount of data collection and/or data analysis.
8. **Quantitative Study**: Development and implementation of research methodology and collection and analysis of data to answer a specific research question
**Required Text:**
None

**Student Assignment and Evaluation:**
A written and oral component will be expected with the written component worth 70% and the oral component worth 30%. To pass the course, the final presentation must have at least 10 of the 33 components in the evaluation grid. As well the following elements are required:

- Attendance and participation at group meetings
- Summary reports of the group meetings
- Each participant will have to write up a discussion for their project independently, that will be graded separately.
- Attendance at seminar meetings for POTH 624

**Written Presentation (70%)**

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<th>Component</th>
<th>Weight</th>
</tr>
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<tr>
<td>Introduction (research question, rationale)</td>
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</tr>
<tr>
<td>Background and literature review</td>
<td>15</td>
</tr>
<tr>
<td>Methodology</td>
<td>10</td>
</tr>
<tr>
<td>Results</td>
<td>15</td>
</tr>
<tr>
<td>Discussion (individual discussion written by each team member)</td>
<td>20</td>
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<tr>
<td>General presentation (quality of language, organization of text)</td>
<td>5</td>
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**TOTAL:** 70

(sample weighting for quantitative study) Weighting may be changed depending on type of study except for discussion which is **FIXED at 20%**.

**Oral Presentation – Podium/Poster presentation (30%)**

**Visual presentation**

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<th>Component</th>
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<tr>
<td>Appropriateness of material (tables, figures, etc.)</td>
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</tr>
<tr>
<td>Quality of language</td>
<td>3</td>
</tr>
<tr>
<td>Organization of information and overall appearance</td>
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**Oral presentation**

<table>
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<tr>
<th>Component</th>
<th>Weight</th>
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</thead>
<tbody>
<tr>
<td>Selection of important components of project</td>
<td>5</td>
</tr>
<tr>
<td>Demonstration of knowledge</td>
<td>5</td>
</tr>
<tr>
<td>Clarity of presentation</td>
<td>5</td>
</tr>
<tr>
<td>Capacity to answer questions</td>
<td>5</td>
</tr>
</tbody>
</table>

**TOTAL:** 30

**Learning Objectives/Evaluation Criteria**

The Professional Master’s projects need to meet a minimum of **10 of 33** learning objectives as listed on this grid. No specific objectives will be “compulsory” thus allowing for a broad range of projects to meet the criteria.
### INTRODUCTION / BACKGROUND
- Formulate a research question / program objective
- Conduct a literature search
- Critically review the literature (the breadth and depth should be appropriate to the type of project)
- Develop background information supporting the research question / program
- Present/ apply a theoretical model of the relationships under study
- Conduct a systematic literature review

### METHODOLOGY/ DATA COLLECTION
- Choose measures to answer the question / evaluate clinical program
- Develop a measure
- Develop or refining a questionnaire
- Test the measurement properties of a measure or questionnaire
- Write a consent form/prepare documents for ethics committee
- Develop clinical program plan
- Develop promotional or educational material for clinical program
- Implement clinical program
- Evaluate clinical program
- Recruit subjects into a research study
- Collect data from subjects through interviews / physical tests / focus groups
- Manage and co-ordinate study
- Choose a design to answer the question
- Create a computerized method of managing the data (database design)
- Enter data into a computerized data base
- Verify accuracy and completeness of data

### RESULTS AND ANALYSIS
- Manipulate data to create new variables
- Calculate descriptive statistics
- Perform basic inferential statistics (e.g. linear regression or logistic regression, analysis of variance, t-tests, Chi-square tests, etc.)
- Use complex statistical models (e.g. hierarchical linear models, Poisson models, ordinal regression, categorical regression, survival analysis, Cox proportional models, Markov models etc.)
- Perform basic qualitative analyses (e.g. categorizing and contextualizing, reflexivity, transparency, constant comparison, etc.)
- Perform complex qualitative analyses (e.g. ethnography, poetry, art-based analyses, etc.)

### PRESENTATION OF RESULTS AND CONCLUSION
- Interpret results from statistical or qualitative analyses / systematic literature review
- Create tables to present results
Project Selection Process
There will be a list of projects available for selection by each student in late May (M1). The students will go to an orientation meeting where the projects will be briefly described and the selection process explained to them. Basically each student will sign up for projects in order of preference (1st, 2nd, 3rd, 4th and 5th). Before the first week of school in September, the project teams will be announced.

NB: Students must select a project that is identified as being within their discipline (PT or OT) or interdisciplinary. Faculty and Clinicians will identify how many OT and PT students are required for each project.

The projects will be selected from a list of projects put forth by clinicians and faculty each year, and the final selection will be determined by the breadth and diversity of the projects as well as the balance for Occupational and Physical Therapy students. This list of projects will be developed during two clinical workshops held in winter term. For the first workshop clinicians from affiliated rehabilitation sites will develop their ideas into a clinical research question that can be addressed in a short time period by a group of 4-5 students. At the second workshop this question will be further refined with the aid of faculty, who will then align themselves with a specific clinical project for the next group of M1 students (September).

The Advisory Committee
Students will develop their group projects under the direction of their Project Advisory committee and the coordinator of the POTH 624 course. The committee will be made up of a Supervisor from the Faculty of P and OT, and a clinical expert/consultant. In some cases, the supervisor may be a dedicated “Faculty Research Associate”, whose primary purpose is to direct research projects for the Professional MSc students. In this case, a regular faculty professor will also be part of the committee to serve as the expert in the research field and the clinician who proposed the research question as the clinical expert/consultant. In the latter case, the commitment of the faculty member will be as an advisor rather than a supervisor.

Specific Duties

Primary Faculty Supervisor: The primary faculty supervisor provides advice and assistance in the refinement of the research question (with the clinical consultant) that will be developed by the student group into a research project. The supervisor is responsible for the following:

- Ensuring necessary procedures with respect to permission, ethics, institutional and academic requirements are met
- Reading and commenting on progressive documents of the project
- Assisting with arrangements for 4 research committee meetings
• Attending 4 research committee meetings and the final research day presentation
• Assisting with grading of the project
• Liaising with any outside consultants or agencies required for completion of the project

_Nb_: where the primary faculty supervisor is a faculty research associate, the expert faculty professor appointed to the project will only be responsible for
• Providing expertise in the research question
• Attending 4 research committee meetings and the final research day presentation
• Reading and commenting on final protocol
• Assisting with grading of the project

_Clinical Expert/ Consultant_: A health care professional (Physical Therapist, Occupational Therapist, Physician, etc) in rehabilitation or other area of service delivery, will be appointed as a clinical expert/consultant to assist in the development and completion of the project. The clinical expert will have attended a workshop to develop a clinical question that is suitable for a group project and will have become aligned with a specific faculty member. The Clinical expert will serve as an advisor and will contribute to the evaluation of the completed project. The role of the clinical consultant will include reading and commenting on progressive documents of the project, attending four research meetings and the final research day presentation, in addition to attending the workshop for project development.

_Research Methods Instructors_: The faculty members and the assigned teaching assistants to the Research methods course POTH 612 will act as methods advisors to the projects. To ensure uniformity of grading these individuals will (in conjunction with the Project Advisory Committee) have final responsibility for evaluation and determination of the grading of the project.

_Timeline_
_August -September M1_
• Selection of projects completed
• POTH 612 and selection of methodological blocks
• Seminars in POTH 624
• Meeting 1 with Advisory committee

_September M1-April M1_
• Initial work on research projects (e.g. literature review, etc)

_November-December M1_
• Meeting 2 with advisors development of methodology block for POTH 612; organize paper work for scientific review and ethics (where necessary)
• Final marks for POTH 612
January or February
- Meeting with supervisor to evaluate progress and target goals for winter semester, and to finish Ethics forms if necessary

March-April
- Meeting with Advisory committee to finalize plan for data collection
- Progress report meeting with POTH 624 coordinators
- Present project to Ethics where necessary and make corrections as required

May – June M2
- Conduct the project/ Data Collection

July
- Meeting with Advisory Committee to present and discuss results

August-September
- Writing up of final presentation and individual discussions
- Power point presentation/Poster presentation creation
- Evaluation of projects: oral and written

Guidelines for Time Commitment for Working on the Project and For Summer Vacation:

All students must plan to be available to work on their project approximately 35-40 hours per week with at least 25 hours available during weekday daytime hours (Monday-Friday 8-5) in order to work together with their team supervisors, and to complete the tasks that must be done during the work day (meeting with staff, doing data collection, etc).

Each student is entitled to take 2 weeks of vacation over the 4 months of summer (May-August). The timing of this vacation must be approved by the Faculty Supervisor as well as the other students in the group to ensure that their absence will not affect the progress of the project.

Special Requirements for Course Completion and Program Continuation:
In order to pass the course, a grade of at least B- (65%) must be obtained as a total course mark.

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 (see www.mcgill.ca/students/srr/honest/) for more information).

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.

**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.

**Disability:** “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 for Students with Disabilities at 398-6009 before you do this.”

**In the event of extraordinary circumstances beyond the University’s control, the content and/or evaluation scheme in this course is subject to change.**
M.Sc.A in PHYSICAL THERAPY Professional Complementary Courses

The following courses are professional complementary courses offered to Physical Therapy students. With permission of the instructor, professional complementary courses listed for Occupational Therapy students or Rehabilitation Science students may be taken by Physical Therapy students, if numbers permit.

PROFESSIONAL COMPLEMENTARY COURSES

PHTH 661      SPORTS PHYSIOTHERAPY
POTH 636      ADVANCED PEDIATRICS
POTH 637      CANCER REHABILITATION
POTH 682      PROMOTING HEALTHY ACTIVITY
POTH 685      PERCEPTION AND ACTION

REHABILITATION SCIENCE PROGRAM COMPLEMENTARIES

POTH 614      SELECTED TOPICS IN REHABILITATION SCIENCE
               (2 credits)
POTH 620      MEASUREMENT IN REHABILITATION I
PHTH 661 SPORTS PHYSIOTHERAPY

Credits: 3

Prerequisites: Successful completion of PHTH 623 Differential Dx and Management.

Instructor: Isabelle Pearson PT, M.Sc.

Access to the Instructor:
Isabelle Pearson, Hosmer 201, Telephone: 514-398-4400, ext. 09214
Email: isabelle.pearson@mcgill.ca

Course Description:
This three-credit lecture/CRW/laboratory course is designed for physical therapy master's students as part of the professional complementary course. The students will learn effective assessment and treatment techniques for the management of athletes as part of a multidisciplinary approach.

Course Learning Outcomes:
The student will be able to:

1. Explain the role of a multidisciplinary approach for the overall management of healthy and injured recreational or elite athlete.
   a. Identify the roles and issues of the sport therapist within the sports medicine team.
   b. Describe the roles of the other members of the sport medicine team.

2. Understand training principles and sport-specific demands.
   a. Understand the basic principles of periodization of training.
   b. Contrast the basic principles and demands of aerobic, anaerobic, strength, power and flexibility training.
   c. Explain the biomechanics of different sports and identify potential sport-specific injuries.
   d. Recognize and prevent situations that can result in acute or chronic injuries during the activity/sport.
   e. Recognize and prevent athletic burnout and overtraining.

3. Evaluate and manage injured athletes of all ages and sports.
   a. Explain the common pathologies encountered by the sport therapist.
   b. Perform emergency care procedures and on-field assessments and interventions.
   c. Evaluate injured athletes with a wide range of acute and chronic sporting conditions.
d. Develop care plans based on the assessment findings, knowledge of anatomy, biomechanics, phases of healing and sport-specific demands.

e. Execute sport-specific interventions according to the plan of care and prevent further injuries.

f. Monitor effectiveness of care and readiness to return to play.

g. Understand the psychological factors impacting on injury and injury rehabilitation.

h. Identify when referral or consultation with other professional(s) is necessary for proper management of the athletes.

Course Content:
Topics include: sport medicine team approach, training principles, biomechanics of sports, injury prevention, protective equipment, emergency action plan, on-field emergency care, taping, splinting, sporting conditions and their management, return to play, sport massage, sport nutrition and sport psychology.

Instructional Methods:
Lecture, case/problem-base approach, small group discussion and clinical skills labs will all be used to a varying degree while emphasizing evidence-based practice and a multidisciplinary approach in the overall management of the athletes. The course comprises of 7 hours per week for 8 weeks (subject to change).

Course Materials: To be determined

Student Assignment and Evaluation: To be determined

Special Requirements for Course Completion and Program Continuation:
In order to pass the course, a grade of at least B- (65%) must be obtained as a total course mark. This course falls under the regulations concerning theoretical and practical evaluation as well as individual and group evaluation.

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 (see www.mcgill.ca/students/srr/honest/) for more information).

Dress Code: Appropriate clothes (i.e. shorts and T-shirt) will be required for all labs.

Attendance: Students who have missed more than 10% of laboratory or small group sessions, or who miss any required professional workshop or seminar, without prior approval, will receive 0/10 for participation in the course. This rule applies to labs and to all required workshops, seminars or professional activities
**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.

**Consequences of not completing assignments as requested:** An individual who does not complete a required assignment and does not have a university recognized reason for deferral would receive a 0 in that portion of the evaluation.

**Disability:** “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 for Students with Disabilities at 398-6009 before you do this.”
POTH 636 ADVANCED PEDIATRICS

Credits: 3 credits

Instructors:
Course coordinator and primary instructor: Isabelle Gagnon PT PhD
Other instructors: Clinicians from Pediatric Hospital and Rehabilitation Centers in Montreal

Access to Instructor:
Isabelle Gagnon
Email: Isabelle.gagnon8@mcgill.ca
Office telephone: 514-398-4400 ext. 099057
Office location: Hosmer House H203

Prerequisites:
For the students entering the first year of the M.Sc. (A) PT program, successful completion of all Qualifying year /U3 courses. The maximum number of students permitted to take this course is set at 15.

General Course Description:
This three-credit course reviews the principles of pediatric habilitation and rehabilitation pertinent to the practice of physical therapy. By emphasizing clinical reasoning, this practical and problem-based course, applies the frameworks of neurological, orthopedic and cardio-respiratory rehabilitation to the assessment and treatment of various pediatric conditions.

Course Structure:
The course includes two classes per week comprising a 3.5-hour lecture/clinical reasoning workshop and a 3-hour lab/seminar per week for 9 weeks. These classes are given at the School McGill or on-site at various pediatric clinics.

Learning Objectives:
Following attendance and active participation in class, the student will be able to:
1. Explain the essential pathophysiology and basis for common and complex orthopedic, neurological and cardio-respiratory pediatric disorders.
2. Apply the principles of neurological, orthopedic and cardio-vascular rehabilitation in pediatrics including the underlying assumptions and scientific basis.
3. Analyze the current controversies surrounding the principles of normal development, motor control and dysfunctions, as well as plasticity, adaptation and rehabilitation in pediatrics.
4. Demonstrate skill and competence in the assessment of pediatric patients with common neurological, orthopedic or cardio-vascular disorders, including the selection of assessment tools based on sound knowledge of psychometric properties of measures.
5. Develop a suitable evidence-based treatment plan for children with various conditions.
6. Integrate basic neuroscience, musculo-skeletal concepts and kinesiology principles to construct and organize developmentally appropriate physical rehabilitation activities for children of varying ages.
7. Demonstrate skill and competence in the treatment of children with various pediatric conditions, modify and progress treatment based on environmental, social, psychological and medical factors.
8. Appraise the relevance and importance of the International Classification of Functioning (ICF) in pediatric rehabilitation as well as demonstrate skill in using the ICF to frame evaluation, analysis and goal setting for children with various conditions.
9. Develop problem-solving skills to prepare for a clinical rotation in pediatric rehabilitation
10. Apply effective oral and written skills in case presentation and problem solving.
11. Understand issues related to health care and society related to children with various conditions.

**Physiotherapy Roles and Competencies**

This course aims to develop or improve the following roles and essential physiotherapy competencies, in relation to the learning objectives cited above:

Following attendance and active participation in class, the student will be able to:

**Expert**
1. Consult with the child and his/her parents to obtain information about his/her health, associated history, previous health interventions, and associated outcomes to determine indications and contra-indications to physiotherapy intervention in children
2. Collect assessment data relevant to the child’s and family’s needs and pediatric physiotherapy practice.
3. Analyze assessment findings.
4. Establish a physiotherapy diagnosis and prognosis for children presenting with various conditions.
5. Develop and recommend an intervention strategy that is developmentally appropriate for children of varying ages.
6. Implement intervention with children of varying ages, including teaching home exercises to be done by children or their parents.
7. Evaluate the effectiveness of interventions and progress activities accordingly.

**Communicator**
1. Communicate effectively with children and families throughout their interactions in clinical settings throughout the course.
2. Employ effective and appropriate verbal, nonverbal, and written communications both in interacting with children and families, with other health care professionals and peers throughout the course.

**Collaborator**
1. Establishes and maintains interprofessional relationships, during group assignments and presentations

**Advocate**
1. Begin to identify the health needs and concerns of individual children and families, of populations, and communities as well as understand professional responsibility in responding to those needs.

Scholarly practitioner
1. Be able to use a reflective approach towards his/her practice in pediatric physiotherapy through self-assessment during practical activities
2. Use appropriate research methods to further advance his/her knowledge in pediatric physiotherapy (appraise evidence, consult evidence-based websites and resources, etc.)

Professional
1. Have a professional and respectful attitude when interacting with children, families as well as their peers and other professionals
2. Recognize the scope of practice of pediatric physiotherapy.

Instructional Methods:
- Lecture: didactic lecture with assigned readings and power point presentations available through WebCT.
- Labs: hands-on skills laboratories requiring previous preparation. Attendance is compulsory.
- Clinical reasoning workshops: generally case-based seminars where problem-solving skills are practiced. Attendance is compulsory.
- Student self-directed learning: reviewing and appraising evidence on selected topics

Course Content
List of topics to be covered (detailed weekly schedule will be provided during the introductory lecture):
1. Review of pediatric evaluations and use of more specific standardized assessments.
2. Goal setting for pediatric rehabilitation.
3. Creating developmentally appropriate treatment activities
4. Using ICF to frame evaluation, goal setting and treatment planning
5. Assessment and treatment of children with neurological conditions (brain injury, brain tumors, seizures, autism, intellectual delays, pediatric stroke, prematurity, neuromuscular conditions).
6. Assessment and treatment of children with orthopedic conditions (complex pain conditions, osteogenesis imperfecta, orthopedic problems in neurological conditions).
7. Assessment and treatment of children with cardio-respiratory conditions (training issues, cardiac surgery).
9. Transitions to adulthood for children with various conditions
10. Equipment and assistive technologies for children with disabilities

Course Materials:
Readings posted on WebCT weekly
Student Assignment and Evaluation:
Attendance, participation, professionalism (individual)  5%

Criteria for evaluation will be provided in the introductory lecture
Prerequisite knowledge quizzes (individual)  10%
Four different quizzes administered prior to covering new material in each of the following 4 areas: Assessment, neurological conditions, orthopedic conditions, cardio-respiratory conditions
Readings quizzes (individual)  15%
Six quizzes provided through webCT covering content of assigned readings
Assessment tool presentation (group)  10%
Treatment activity catalogue (individual)  25%
Evidence-based group project Written assignment (group)  20%
Written discussion question (individual)  5%
Oral Presentation  10%

Special Requirements for Course Completion and Program Continuation:
In order to pass the course, a grade of at least B- (65%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals. This course falls under the regulations concerning theoretical and practical evaluation as well as individual and group evaluation. Please refer to the section on Marks in the Course Guide.

Academic Integrity statement [approved by Senate on 29 January 2003]:
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 (see www.mcgill.ca/students/srr/honest/ for more information).

Use of Text-matching software: "Instructors who may adopt the use of text-matching software to verify the originality of students' written course work must register for use of the software with Educational Technologies (support.ist@mcgill.ca) and must inform their students before the drop/add deadline, in writing, of the use of text-matching software in a course." (approved by Senate on 1 December 2004).

Dress Code: Students are expected to demonstrate professional behaviour and wear appropriate attire at all times, in accordance with clinical sites specific regulations.

Attendance: Students who have missed more than 10% of laboratory sessions, clinical reasoning workshops or clinical site visits without a university-sanctioned reason for their absence, will see their final course mark reduced by 10%. Please refer to section on attendance in course guide.
Right to submit in English or French written work that is to be graded [approved by Senate on 21 January 2009]: 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. This right applies to all written work that is to be graded, from one-word answers to dissertations.

Consequences of not completing assignments as requested: An individual who does not complete a required assignment and does not have a university-recognized reason for deferral would receive a 0 in that portion of the evaluation. Assignments submitted late will receive a penalty of 2% per day late, including week-ends.

Disability: “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 for Students with Disabilities at 398-6009 before you do this.”
POTH 637 CURRENT TOPICS IN REHABILITATION  
Cancer Rehabilitation

Credits: 3

Prerequisites: Successful completion of all U3/Qualifying year courses and at least one clinical placement

Instructor: Adriana Venturini, PT, MSc (Course co-coordinator)  
Guest lecturers: Mary-Ann Dalzell, PT, MSc and others TBC

Access to the Instructor:  
Telephone: (514) 398-5541,  
Email: adriana.venturini@mcgill.ca  
Office: Davis House Rm 44

Course Description: This course will give the student information on cancer pathology, risk stratification, the treatment process and rehabilitation needs throughout the disease trajectory. Targeted clinical issues will include rehabilitation of cancer-related fatigue, pain, lymphedema, radiation fibrosis, bone metastasis, muscle wasting (cachexia), and musculoskeletal dysfunction. Rehabilitation issues specific to patients with breast, lung, sarcoma, bone marrow transplants, and head and neck cancers will be addressed.

Course Structure: One three (3) hour lecture per week, for 13 weeks. Possibly one lab.

This course will be offered to students and graduates in Physical Therapy who have an interest in the field of Rehabilitation Oncology. An interdisciplinary whole-person approach to management of dysfunction in patients with a diagnosis of cancer will be emphasized. Invited speakers from within the McGill community of oncology specialists will be invited to share their expertise with students. Seminars will focus upon the evidence available in the literature relative to the benefits of rehabilitation interventions.

Instructional Methods:  
Weekly seminars include structured learning sessions or case-based discussions.

Student Learning Objectives:  
By the end of the course, the students will be able to:

1. Describe the rehabilitation needs related to:  
   - Cancer pathology and its treatment  
   - Specific cancers and the effects of surgical, chemotherapeutic and radiation protocols on functional capacity  
   - Cancer cachexia anorexia asthenia syndrome  
   - Cancer fatigue  
   - Cancer pain
• Lymphedema secondary to cancer treatment
• Quality of life in patients undergoing treatment for cancer during different stages of disease progression

2. Derive a physiotherapy prognosis and describe an intervention strategy based upon:
• Realistic goals and client-centered outcomes dependent upon the expected time course of survival
• Improving quality of life

3. Implement a comprehensive intervention plan that may include but is not limited to:
• Biophysical modalities
• Manual therapy
• Therapeutic exercise
• Functional activity training

4. Select appropriate clinical and research outcomes and discuss research related to cancer rehabilitation through the process of:
• Searching the cancer rehabilitation literature
• Critical evaluation and synthesis of the cancer rehabilitation literature

Course Content:
• Overview of cancer pathology: Staging, growth, metastasis, and treatment protocols
• Overview of cancer rehabilitation: Restorative, adaptive, and palliative treatment interventions
• Breast cancer: Post-operative management (partial and total mastectomies with axial node dissections), post-reconstruction rehab protocols (tram-flap procedures, prosthetic replacements), management of lymphedema, radiation fatigue, and chemotherapy-induced neuropathies
• Strategies for management of cancer fatigue: Nutritional interventions, exercise protocols, management of sleep disturbances
• Lung cancer: A multidisciplinary approach to control of pain, dyspnea, breathing pattern abnormalities, developmental scoliosis, fatigue and muscle loss
• Cancer cachexia: Multidisciplinary interventions including nutritional supplementation, resistance exercise training, and psychological support
• Bone marrow and stem cell transplantation: Rehabilitation interventions
• Palliative Care: The Cancer Nutrition-Rehabilitation Program at McGill
• Osteosarcoma and myosarcoma: Management of radiation fibrosis, amputations and reconstructions
• Head and neck cancers: Rehabilitation following surgery and reconstruction
• Biophysical modalities in patients with cancer: Guidelines for use based upon the stage of disease and physiological mechanisms underlying their effectiveness
Course Materials:
Course pack and selected readings.

Student Assignment and Evaluation:
- Students will be evaluated by means of an in-class written test (25%), written report on a case history (25%), article review oral presentation (25%) and a final exam (25%), during the university examination period.

Please note that, in the event of extraordinary circumstances beyond the University’s control, the content and/or evaluation scheme in this course is subject to change.

Special Requirements for Course Completion and Program Continuation:
In order to pass the course, a grade of at least B- (65%) must be obtained as a total course mark.

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 (see www.mcgill.ca/students/srr/honest/) for more information).

Dress Code: Appropriate clothes (i.e. shorts and T-shirt) will be required for all labs.

Attendance: Students are requested to attend all lectures/labs. Students who have missed more than 10% of laboratory sessions without a university-sanctioned reason for their absence, will see their final course mark reduced by 10%. Please refer to section on attendance in course guide.

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.

Consequences of not completing assignments as requested: An individual who does not complete a required assignment and does not have a university recognized reason for deferral would receive a 0 in that portion of the evaluation. Late assignments are penalized 2% per day late, including week-ends.

Disability: “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 for Students with Disabilities at 398-6009 before you do this.”
POTH 682 PROMOTING HEALTHY ACTIVITY

Credits: 3

Instructor: Deborah Da Costa, PhD

Access to the Instructor:
Assistant Professor, Department of Medicine
Montreal General Hospital, 1650 Cedar Avenue, Suite L10-412
Tel: 514 934-1934 ext: 44723; Fax: 514 934-8293
Email: deborah.dacosta@mcgill.ca
Meetings outside class time to be arranged with the professor.

Course Description:
This course will critically evaluate theory and empirical research related to healthy behaviour patterns. Determinants of health behaviours will be examined across the lifespan and in clinical populations. Application of behaviour change theories for the implementation and evaluation of health behaviour interventions will be discussed.

Specific Learning Outcomes:
Upon completion of this course the student will be able to:

1. Understand the relationship between health-enhancing/compromising behaviors and health.
2. Explain and critique the various health behaviour theories.
3. Identify determinants that influence health behaviours and that hinder positive health behaviour change and maintenance through the lifecycle (i.e. children/adolescents, adults, elderly) and in clinical populations.
4. Understand a variety of systematic methods for obtaining and interpreting various forms of data needed to develop an individualized behavior change intervention for specific age groups and clinical populations.
5. Critically interpret randomized and nonrandomized studies in the health behaviour change area.
6. Identify and apply strategies to promote health behaviour change and maintenance throughout the lifecycle and with clinical populations.
7. Identify and apply standards for evaluating effectiveness and adherence to behaviour change interventions.
8. Be sensitive to ethical issues related to health behaviour change.
Course Content:
The topics to be covered in this course are listed below. Each topic will have required readings.

1. Relationship between health-enhancing/compromising behaviors and health.
2. Health behaviour change theories
3. Determinants of health behaviours through the lifecycle
4. Determinants of health behaviors in clinical populations
5. Methods for assessing adherence to health behaviour change
6. Strategies to promote health behaviour change and maintenance.
7. Standards for evaluating effectiveness and adherence to behaviour change interventions.
8. Role of adherence and nonspecific factors to health outcomes
9. Ethical considerations

Instructional Method:
During this course the following instructional approaches will be used: lectures, group discussion and student presentations.

Course Materials:
Assigned readings.

Student Assignment and Evaluation:

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<thead>
<tr>
<th>Learning Outcome</th>
<th>Evaluation Method</th>
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<tr>
<td>Relationship between health behaviours and health</td>
<td>Student presentation/participation Assignment</td>
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<tr>
<td>Theoretical models of health behaviour change</td>
<td>Student presentation/participation Assignment</td>
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<tr>
<td>Determinants of health behaviour change</td>
<td>Student presentation/participation Assignment</td>
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<td>Strategies to promote health behaviour change</td>
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<td>Evaluating efficacy and adherence to behaviour change</td>
<td>Student presentation/participation Assignment</td>
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<td>Ethical issues</td>
<td>Student presentation/participation Assignment</td>
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Weekly Issues Assignment: 20%
Class Presentation: 35%
Term Paper: 35% (see below)
Participation: 10%

**Term Paper:**

**Intervention Plan Report**

Goal: To develop a health behaviour intervention tailored to an individual that you will interview. You will be required to interview an individual to obtain information (e.g. demographics, health status, level of participation in selected health enhancing and health compromising behaviours, barriers to behaviour change and maintenance) necessary to formulate a plausible intervention for this individual.

Your paper must be between 8-10 typed pages (double-spaced) and should include a summary of the important facts obtained in the interview, a plausible behavior change, anticipated barriers, strategies for promoting adherence to your program and possible outcomes. Provide a justification for the development of your specific intervention by applying behaviour change theory and existing empirical findings. Conclude with what you learned from undertaking this exercise. You may incorporate tables and graphs to help summarize the interview data and/or treatment program.

**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least B- (65%) must be obtained as a total course mark.

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**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.

**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.

**Disability:** “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 for Students with Disabilities at 398-6009 before you do this.”
POTH 685 PERCEPTION AND ACTION

Credits: 3

Course Coordinator: Anouk Lamontagne, PhD, PT

Course Description/Topic Description
This is a weekly lecture/seminar/laboratory course. It is designed to expose students to new research concepts related to perception and action, with a special emphasis on the understanding of motor behaviour and the exploration of potential applications in rehabilitation.

Specific Objectives
By the end of the course, the student will be able to:
1. Understand the fundamentals of visual, auditory and vestibular function.
2. Explain the interactions between sensory perception and motor action in the control of voluntary movement, posture and locomotion.
3. Explain the role of executive cognitive function in motor performance.
4. Discuss and critique the theoretical and practical implementation of augmented sensory feedback and/or virtual reality therapies to improve motor performance and behaviour.
5. Participate, as a co-experimenter, in a practical demonstration/laboratory on a topic related to perception and action *.

Course content:

I. Introduction: Sensory perception, movement and behaviour
II. Visual perception (& movement)
III. Auditory perception (& movement)
IV. Vestibular function (& movement)
V. Motor learning
VI. Executive cognitive function and motor performance
VII. Spatial memory and human navigation
VIII. Sensorimotor integration in human posture
IX. Sensorimotor integration in locomotion
X. Rehabilitation Series: pain and movement
XI. Rehabilitation Series: virtual reality and mobility
XII. Rehabilitation Series: clinical cyberpsychology, CBT
XIII. Practical/ Integration session

* Note: Each 3-hour session comprises of 2 hours of theory and 1 hour of practical laboratory demonstration in which students will be actively engaged. In order to have access to the different research facilities, some lectures/labs will be given in different buildings across the campus, and sometimes off campus.
Required and/or Recommended Readings
The reading list will be provided by the course coordinator in collaboration with the faculty member or guest speaker responsible for the session. Most journal articles are accessible online through McGill Library and can be saved and printed directly from the web. When not accessible online through McGill Library, a paper copy of the readings will be provided at least one week prior to the class. Students are expected to have read the assigned readings prior to the class and be prepared to discuss them and ask questions during the class.

Evaluation:
Mid-term exam (50%): An ‘open book’ written examination covering the material presented during session I to session VII.
Written Assignment (30%): A 5-page written assignment (double-spaced) on one of the topics presented in class. The questions will be provided by the researcher who presented the course material and marked by this same person.
Practical (20%): Attendance (5%) and active participation (15%) to practical demonstrations and laboratories will be marked by the course coordinator and, when applicable, by the guest speaker or researcher responsible for the session.

Special Requirements for Course Completion and Program Continuation:
In order to pass the course, a grade of at least B- (65%) must be obtained as a total course mark.

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 (see www.mcgill.ca/students/srr/honest/) for more information).

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.

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.

Disability: “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 for Students with Disabilities at 398-6009 before you do this.”
POTH 614 SELECTED TOPICS IN REHABILITATION SCIENCE

Credits: 2

Semester Offered: Fall Registration for this course by the professional master’s students is possible only if: there is space, permission from the instructor is obtained and the schedule permits attendance. Please note this is a 2 credit course.

Course Coordinators:
Dr. Eva Kehayia (eva.kehayia@mcgill.ca), Davis Rm 45, 398-5867, 527-4527 ext. 2527 or (450) 688-9550 ext. 634.

Dr. Wood-Dauphinee (Sharon.wood.dauphinee@mcgill.ca), Hosmer Room 200, 398-5326. Office hours will be scheduled by appointment.

Course Description:
This is a weekly lecture and seminar course taught primarily by the Faculty in the School of Physical and Occupational Therapy. It is designed to provide an overview of current research areas and issues in rehabilitation.

Course Objectives:
1. to expose students to the range of research areas included within the field of rehabilitation science in North America.
2. to alert students to the research opportunities available within the School of Physical and Occupational Therapy at McGill as well as in other institutions including the McGill affiliated hospitals or rehabilitation institutions.
3. to discuss current research issues and debate the methods used to deal with specific problems.
4. to describe the structure of the ICF and, using the core set, to link the ICF to clinical assessment and to map an existing health assessment to the ICF.
5. to search, identify, read, critically appraise, present and discuss the findings of scientific articles.

Course Design:
The course is structured as a weekly two-hour session, held Wednesdays after 3:30 p.m. in Davis House, Room 3. The format of each session will be designed by the organizing faculty member(s), will be multi-modal and may be made up of a presentation, demonstration, discussion, participation in experiments or other activities.

Readings:
Copies of articles to read before a given session will be provided by the faculty member responsible for the session. These readings will either be e-mailed to students or will be available, at least one week prior to class, in the Secretarial Offices in Hosmer and in Davis House. Students are expected to have read the assigned readings prior to class and be prepared to discuss them and ask questions during class.
Evaluation:
Four equally weighted assignments, consisting of activities such as critical appraisals, class presentations, ethical reviews or literature summaries. Additional information can be found on the schedule. Written assignments are to be double-spaced and created using a word processing program.

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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.

Disability: “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 for Students with Disabilities at 398-6009 before you do this.”
POTH 620 MEASUREMENT IN REHABILITATION 1

Credits: 3

Semester Offered: Winter. Registration for this course by the professional masters students is possible only if: there is space, permission from the instructor is obtained and the schedule permits attendance, as the winter term for the professional masters students starts with a 7 week clinical placement.

Course Coordinator: Dr. Robert Dykes (robert.dykes@mcgill.ca)

Course Description:
Theoretical and practical basis or utilization of electronic equipment for quantitative measurement in rehabilitation research. Ambulatory assistive devices, electronic plates and instrumentation to assess normal and pathological human movement will be used to demonstrate the application of theory and techniques for quantitative analysis of human performance. Recording, reduction and analysis of electromyographic, kinetic and kinematic data included.

Objectives:
1. Summarize basic principles that allow the collection of quantitative data using modern electronic equipment applicable to a clinical setting.
2. Explain why the acquisition, conditioning, processing, analysis and graphical presentation of electrical signals from sensors and transducers are useful and necessary.
3. Discuss the assumptions and simplifications that exist in laboratory and clinical research due to the inherent limitations of the instrumentation and measurement techniques.
4. Apply these concepts to comprehend:
   a. the rationale of data acquisition systems presented in scientific papers or thesis research work;
   b. the purpose of data processing and data handling algorithms utilized during research;
   c. the potential sources of error that arise during experimentation.
5. Analyze published research results in terms of equipment set-up, data acquisition and handling of the experimental data.

Required and/or Recommended Readings:
A set of the assigned readings will be made available to the students at least one week prior to each lecture. Lecture notes will also be made available, when possible.

Method of Evaluation:
The students will be expected to prepare a targeted summary of the individual lectures. Summaries are worth 20% of final grade and should be no more than 2 pages for each
lecture. Students will also prepare a document describing the instrumentation required and the measures to be obtained to quantitatively analyze a biomechanical or physiological parameter of relevance in rehabilitation.

**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 (see [www.mcgill.ca/students/srr/honest/](http://www.mcgill.ca/students/srr/honest/) for more information).

**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.

**Disability:** “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 for Students with Disabilities at 398-6009 before you do this.”