



McGill

School of
**Physical and
Occupational Therapy**

McGill University

SUPERVISING AN OCCUPATIONAL THERAPY STUDENT FOR THE 1ST TIME?

QUICK GUIDE TO SUPPORT CLINICAL EDUCATORS

EXCELLENCE THROUGH GROWTH



L'EXCELLENCE PAR LE RAYONNEMENT

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CONTACT INFORMATION

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

Caroline Storr, Academic Coordinator of Clinical Education (ACCE) - OT

Office: Davis House room 2

Phone: (514) 398-6561

Fax: (514) 398-6360

Email: Caroline.Storr@mcgill.ca

Marika Demers, Associate Academic Coordinator of Clinical Education (AACCE) - OT

Office: Davis House room 2

Phone: (514) 398-1586

Fax: (514) 398-6360

Email: Marika.Demers@mcgill.ca

Marie-Lyne Grenier, Associate Academic Coordinator of Clinical Education (AACCE) - OT

Office: Davis House room B6

Phone: (514) 398-4400 ext. 2553

Fax: (514) 398-6360

Email: Marie-Lyne.Grenier@mcgill.ca

Administrative Coordinator of Clinical Education

Office: Davis House room 4

Phone: (514) 398-1293

Fax: (514) 398-6360

Email: ClinicalEducation.spot@mcgill.ca

Supervisors: Where to send the student's final evaluation?

- By email (electronic document or scanned version):
Caroline.Storr@mcgill.ca (international/role-emerging);
Marika.Demers@mcgill.ca (out-of-province, Québec out-of-catchment);
Marie-Lyne.Grenier@mcgill.ca (in-catchment)
- By mail:
School of Physical and Occupational Therapy, Davis House
Attention: Caroline Storr
3654 Promenade Sir William Osler
Montréal (Québec) H3G 1Y5
- By fax:
(514) 398-6360

Student Prerequisites:

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

What is the university process to assign clinical courses?

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

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

Student Work Injury: The CSST & McGill Liability Insurance covers students. If an injury occurs, the student must follow the following steps:

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

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

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

Define clear expectations of performance (ideally in writing)

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

1. A copy of their final evaluation CBE –signed (electronic or hard copy)
2. A copy of the Student feedback on site –also a hard copy shared with the site on final evaluation day.
3. The completed clinical experience booklet with the supervisor’s signature on each page.

Students must upload #1 and #2 after each clinical course to our myCourses electronic teaching platform for our review. #3 should be submitted at the end of clinical practicum course 4 and brought to each student debriefing clinical seminar.

DATES FOR EACH CLINICAL COURSE

MSc (OT)

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

OVERVIEW OF THE CURRICULUM MSc (A) OCCUPATIONAL THERAPY

Content taught before the 1st clinical course to the BSc (rehabilitation science – OT) and the Qualifying Year students (in brief, for more details, please refer to our Curricular Enabling Document or our SPOT website for more information):

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

MODELS OF CLINICAL SUPERVISION

A: TYPICAL CLINICAL PRACTICUM

Full-time clinical educator. 1 - 2 students, or a group of students.

Part-time clinical educator

- Works less than 3 days a week. Share 1-2 students, or a group of students with another clinical educator.
- Works 3 or more days a week. 1 - 2 students, or a group of students.

B: ROLE-EMERGING (OUTREACH) COMMUNITY PRACTICUM

- This practicum is designed to provide students with the opportunity of developing a role for OT at a community agency.
- Students are assigned in pairs.
- Students have:
 - An onsite supervisor (not an OT) who provides supervision for daily operations of the agency.
 - A clinical educator (is an OT) who is responsible for guiding and mentoring the students in OT practice. Number of hours of supervision varies in accordance with students' learning needs. Direct intervention is not possible without direct OT supervision but intervention is community rehabilitation focused/population/health promotion consultation.

STUDENT LEARNING EXPECTATIONS

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

In general:

2. WHAT SHOULD A LEVEL 1 BE DOING?

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

3. WHAT SHOULD A LEVEL 2 BE DOING?

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

- Begin to refine the clinical reasoning process by asking questions, finding answers, and demonstrating competence in client care.
- Independent in giving and receiving feedback.
- Establish own learning objectives.

4. WHAT SHOULD A LEVEL 3 BE DOING?

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

SUPERVISORS: WHAT SHOULD I PREPARE BEFORE THE BEGINNING OF EACH CLINICAL COURSE?

1. Prepare the facility.
 - Assemble resources available to encourage self-directed learning:
 - Policies & procedures of the institution.
 - Old medical charts/reports/report templates.
 - Textbooks.
 - Articles.
 - Take care of the logistic details:
 - Access to a computer/password.
 - Access to required prerequisite training modules for charting if applicable.
 - Room for student with locked cabinet.
 - Hospital card.
 - Organize the orientation within the practice setting.
 - Inform your colleagues (OTs and team member) that you will receive a student.
2. Prepare your clients.
 - Select the right case load (just right challenge).
 - Inform your client(s) you will receive a student.
 - Obtain consent for being treated by a student.
3. Prepare yourself.
 - Read the student letter of introduction. Each student should send you a brief letter of introduction at least 2 weeks before the start of a clinical course (sent to portal contact).
 - Review the evaluation form and the McGill learning objectives.
 - Determine your site/program student expectations (learning contract).
 - Reflect on your teaching style, your communication style and your experience.
 - Identify your strengths and areas to improve.
 - Identify resources if needed.
 - Free online modules for supervisor training:
[\[http://www.mcgill.ca/spot/clinicaleducation/supervision\]](http://www.mcgill.ca/spot/clinicaleducation/supervision)

- **Learning Contract:** Document developed between student and clinical educator to harmonize institutional, professional and field requirements and establish clear expectations of performance. Make students accountable for their learning and take an active part in their learning (Please contact us if you want to obtain a learning contract template).
- **Reflective Journal:** The reflective journal is one strategy/educational tool that has been identified to assist students to reflect on their clinical experiences and to give another avenue to facilitate student learning. (Lukinsky, 1990). It can help to assist students to reflect on their clinical experience. It is a learning tool and not intended for summative evaluation.
- **McGill University SPOT Website** [www.mcgill.ca/spot/clinicaleducation]: All documents related to clinical education are available on our website. You can find all the details concerning our OT curriculum, the learning objectives for each clinical course, site approval philosophy documents (CGFE-OT), the details on our research seminars and the OT/PT research projects.
- **Online Learning Modules:** An excellent series of online modules and YouTube videos have specially been designed to support clinical educators. Those modules are free of charge with registration and are available in French or English. They can be accessed via McGill SPOT website [<http://www.mcgill.ca/spot/clinicaleducation/supervision>].
- **McGill SPOT Continuing Education Workshops:** Annual continuing education workshops are offered by the School of Physical and Occupational Therapy. In addition, onsite workshops and webinars are also available for more selected topics of interest. For more information, please contact us.

HOW TO COMPLETE OUR FIELDWORK EVALUATION?

Competency Based Fieldwork Evaluation for Occupational Therapy (CBFE):

Bossers, A., Miller, L.T., Polatajko, H. J., & Hartley, M. (2007). Toronto, ON: Nelson College Indigenous.

The CBFE-OT is the evaluation measure used to evaluate the competencies of an occupational therapy student at McGill University. This evaluation tool is composed of seven competencies and associated behaviours. For each competency, the fieldwork educator must score the student qualitatively (comments on student's performance) and quantitatively (score). For more information on this tool, please refer to <https://www.youtube.com/playlist?list=PLaVPbJC31aoYWgmapWPtmQ1H9bTZEknG>

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

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

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

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

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

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

Quantitative Score for Level 1 Student (240 hours): The scores should range from 1 to 3. It is not uncommon for students performing well to have scores of 3 in all competencies at the mid-term and final evaluations. Scores over 3 should not be given to Level 1 student.

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

Score U = The student's performance is unacceptable for level 1 expectations.

Score 1 = The student is experiencing difficulties for level 1 expectations.

Score 2 = The student's performance is nearly meeting level 1 expectations.

Score 3 = The student's performance clearly meets level 1 expectations.

Score 3E = The student's performance is exceptional for level 1 expectations.

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

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

Quantitative Score for Level 2 Student (600 hours): Students in level 2 should have scores in the range of 3 to 6. It is not uncommon for students performing well to have scores of 6 in all competencies at the mid-term and final evaluation for both level 2a and 2b as learning occurs in different practice areas for competency development. Scores over 6 should not be given to Level 2 student.

Note: *Midterm scores should be based on the midterm learning objectives. If a student has achieved all of the established midterm learning objectives by the midterm evaluation, they should receive their full mark (e.g. 6). Final scores should be based on final learning objectives. If a student has achieved all of the established final learning objectives by the final evaluation, they should receive their full mark (e.g. 6). If they have not achieved all of their final learning objectives by the final evaluation, a lower score may be given during the final evaluation (e.g. 5). Therefore, it is possible for students to have a higher score at midterm versus final. A score of 'U' may be used in instances where the student's performance in a particular competency is clearly unacceptable. A score of 'E' can be used in conjunction with a score of 6 if a student's performance clearly exceeds level 2 expectations (both should be circled).*

– While there are two clinical courses in Level 2, a student should not be scored lower at Level 2A with the expectation that the student will have the Level 2B course to demonstrate greater competency and obtain higher scores. The scoring of the Level 2A course should be independent of the Level 2B course, as they are often in different practice areas and settings, with varying expectations.

Score U = The student's performance is unacceptable

Score 3 = The student's performance is unacceptable for level 2 expectations.

Score 4 = The student is experiencing difficulties for level 2 expectations.

Score 5 = The student's performance is nearly meeting level 2 expectations.

Score 6 = The student's performance clearly meets level 2 expectations.

Score 6E = The student's performance is exceptional for level 2 expectations

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

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

Quantitative Score for Level 3 Student (320 hours): Students in level 3 should have scores in the range of 6 to 8. It is not uncommon for students performing well to have scores of 8 in all competencies at the mid-term and final evaluation.

Note: *Midterm scores should be based on the midterm learning objectives. If a student has achieved all of the established midterm learning objectives by the midterm evaluation, they should receive their full mark (e.g. 8). Final scores should be based on final learning objectives. If a student has achieved all of the established final learning objectives by the final evaluation, they should receive their full mark (e.g. 8). If they have not achieved all of their final learning objectives by the final evaluation, a lower score may be given during the final evaluation (e.g.7). Therefore, it is possible for students to have a higher score at midterm versus final. A score of 'U' may be used in instances where the student's performance in a particular competency is clearly unacceptable. A score of 'E' can be used in conjunction with a score of 8 if a student's performance clearly exceeds level 3 expectations (both should be circled).*

Score U =	The student's performance is unacceptable
Score 6 =	The student is clearly experiencing difficulties for level 3 expectations.
Score 7 =	The student's performance nearly meets expectations for level 3 expectations.
Score 8 =	The student's performance clearly meets level 3 expectations; the student is ready to enter Occupational Therapy practice. Note that a new practitioner is likely to still seek consultation with aspects of clinical reasoning supporting reflection. As well, documentation is expected to take longer than an experienced practitioner.
Score 8E=	The student's performance is exceptional for level 3 expectations.

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

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

Use of the "E":

- The score "E" (for exceptional) can be used by the CE for **any** level and thus, is not reserved for Level 3 students. Should a student perform above expectations for his/her level, the CE should circle the numerical score as well as the E. Individual competencies can also have an E and the overall (#8) can be given an E if the supervisor deems this student exceptional.

Pass* Student has met general expectations of performance

Flagged** Areas of concern have been noted and follow-up with educator and university is required to determine final grade

Fail*** Student has clearly not met general expectations of performance and/or violated safety and/or confidentiality professional standards