



McGill University

SUPERVISING AN OCCUPATIONAL THERAPY STUDENT FOR THE 1ST TIME?

QUICK GUIDE TO SUPPORT CLINICAL EDUCATORS



CONTENTS

Contact Information.....	2
McGill University Policies and Procedures	2
Dates for each Clinical Course	5
Overview of the Curriculum MSc (A) Occupational Therapy	5
Models of Clinical Supervision	6
Student Learning Expectations.....	7
2. What are the expectations of a Level 1 student ?	7
3. What are the expectations of a Level 2 student ?	7
4. What are the expectations of a Level 3 student?	8
Supervisors: What Should I Prepare Before the Beginning of each Clinical Course?	9
Teaching Tools to Support Clinical Education.....	10
How to Complete Our Fieldwork1 (s)1 (:):3 (Wha2..)Tj -2 (pa)-1wng T Wha2.. papapare Before the Begiwopant	

CONTACT INFORMATION

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

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

By email (electronic document or scanned version):
Caroline.Storr@mcgill.ca (international/role-emerging);
karen.falcicchio@mcgill.ca (out-of-province, in-catchment)
Anne-marie.brassard@mcgill.ca (in-catchment)

MCGILL UNIVERSITY POLICIES AND PROCEDURES

Student Prerequisites:

- PDSP Workshop.
- CPR/First Aid.
- Immunization.
- 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 1-2 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 2-3 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) 4-6 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 CNESST & 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 (<https://www.mcgill.ca/ehs/forms/forms/accident-and-incident-report>)
3. Email one of McGill's SPOT academic coordinators of clinical education:
 - a. Caroline Storr, Karen Falcicchio or Anne-Marie Brassard

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 ^x 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

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.

Begin to refine the clinical reasoning process by asking qu[01 0

TEACHING TOOLS TO SUPPORT CLINICAL EDUCATION

Learning Contract: Document developed between student and clinical educator to harmonize institutional, professional and field requirements and establish clear expectations of performance. Make students accountable for their learning and take an active part in their learning (we include a suggested learning contract template with each electronic course confirmation package).

Reflective Journal:

HOW TO COMPLETE OUR FIELDWORK EVALUATION (CBFE)?

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.

Student Self-Assessment 360 ° evaluation- Students are expected to self-evaluate their overall performance for each competency (not only on their personal learning objectives). In order to promote reflexivity, students are expected to complete their own CBFE evaluation by grading themselves and providing feedback for each competency both at mid-term and at final. Sharing their 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 NOTES:

GRADING

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

*Students that will receive the final grade of FAIL (based on supervisor Ax and University) will need to complete an additional stage- a remedial. Failing twice will automatically lead to a meeting with the director of the program. In addition, the file of the student will be revised by the OTPRC (Occupational Therapy Promotion and Review Committee.)

CONFIDENTIALITY

Student performance is confidential information. Educators are reminded that they are not permitted to keep copies of student CBFEs 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 of confidentiality must be respected so that feedback can be provided according to the principles of ethical practice.

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 I

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. 6.2 (t)1w9 Ben 0 Tw ()TJEMC /P /MCID 25 BDC (

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's caseload is **significantly reduced** compared to an experienced clinician. They are also 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*****

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 major safety and/or confidentiality professional standards