**Learning contract**

The learning contract is a document developed between a student and a clinical educator. It aims at harmonizing and clearly defining institutional, professional and field requirements. The learning contract also aims at promoting an open discussion between the supervisor and the student towards the expectations of performance to ensure students are accountable for their learning experience.

**Program :** (name of the program or population treated) at (name of clinical site).

**Description of the mission of the program :** (program/institution mission or brief description of the OT role in the interdisciplinary team)

**Working schedule:** (start time) to (end time) with a (lunch time) for lunch (specify the exact time slot if it is defined).

**Presentation:** Wearing your identification tag is required at all times. You have to present yourself as an occupational therapy student by saying your name and your supervisor’s name. Clothing must be appropriate at all times (no tank top, short skirt, pants revealing underwear or open shoes). (add the details of the dress code of your institution). Your verbal and non-verbal must be appropriate and professional at all times.

**Confidentiality:** No document containing client’s information can leave the institution under any circumstances (agenda, treatment plan or report, evaluations, USB stick). There is (specify where to put the documents to be destroyed) to put the documents containing confidential information, you want to destroy. If you want to talk about a client, you should do it in respecting client’s confidentially (e.g.: closed room...).

**Caseload**: The usual caseload of an OT working in this setting is (number) clients. By the end of your clinical course, it is expected that you will be responsible for (number) clients.

**Clients’ schedules**: (Frequency and duration)

**Team meetings (rounds):** Team meetings are held (date, time and location). (Specify if the student participation is mandatory. If compulsory attendance, is it expected that the student be actively involved in discussions about clients and what should the student prepare for the meeting?) *Sample conversation with student: You will have to adequately prepare for team meetings. It is expected that you assume the tasks you will be delegated by the team members. You will have to work collaboratively with the other team members to reach client’s personal objectives. At the Individualized Treatment Plan, you will have to determine the client’s prognosis, goals to be achieved over the next X weeks and the duration of the OT interventions.*

**OT program meeting** (date, time, location, mandatory attendance?)

**Client’s medical chart:** (Location of the client’s medical chart, location of the OT client’s file)

**Charting:**

* Progress note: If there is an important change in the client's condition or for any time sensitive issue, your progress note must be written (the same day or any other acceptable delay), otherwise it must be written in the (number) days after your intervention.
* Flow sheet: To be completed after each intervention by providing details about the intervention delivered.
* Initial report: To be completed within (number) days following (the intial treatment plan or other)
* Final report: To be completed (number) days after discharge

A draft (handwritten or typed on a computer) must be submitted for correction before being transcribed it in the client’s medical chart. We use the model (specify the model or terminology used) for all reports.

**Signature :** I must countersign all your notes including flow sheet. For your signature, you have to indicate your name followed by M1 (or M2) OT student.

**Interventions :** All your interventions must respect client’s safety at all times. It is expected that you are well prepared for all of your treatment interventions. Your treatment/assessment plan must be approved by your supervisor (number of hours / days) in advance to have time to allow you enough time to make corrections if needed. You have to provide a specific treatment plan to target problems identified in the assessments and the individualized treatment plan. For each functional objective, you must be able to offer different treatment modalities.

**Absence :** (Specify your policy regarding absences, such as number to contact if the student is sick, need to contact the infection control service?). For an absence of more than 2 days, a doctor's note is required. In case of absence, an arrangement directly with the supervisor/educator will be made to make up missed time.

**Final Project:** (Specify whether a final project is mandatory and who is responsible for finding the nature of the project) e.g.: *A final project must be done during your clinical course. This project must be linked with your clinical course. You can suggest a project if you have a specific idea. Otherwise, you can discuss with your supervisor to discuss potential ideas for your project that will be of benefit to the therapist’s practice.*

**Critical Appraisal of Research Article:** (Specify whether this is mandatory for your student at your site) e.g.: *a new research article discusses a new treatment modality. Your student can review the article and critical appraise the level of evidence.*

**Method of supervision and feedback:** (Specify the methods: direct/indirect observation, discussion with other team members, clinical thinking observed in written reports; Feedback: directly after an intervention, on the spot, only during supervisory meetings, verbal/written feedback)

**Supervisory meeting:** (Frequency, purpose, topics) e.g: On a daily basis, in the morning or at the end of each day, to discuss the major events that happened in a day/week, to ask questions, to review the treatment plan, etc ...

*Preparation :*

 *A) Student :*

* + *Questions*
	+ *Detailed observations*
	+ *Treatment planning*

*B) Fieldwork educator :*

* + *Reading written reports*
	+ *Answer questions*
	+ *Observation/notes taken on student performance*
	+ *Discussion with the other team members*

**Resources available to support learning:** (Specify the resources available, *e.g: Resource person, text books, report templates, old reports, librarian, etc*.)

**Learning objectives**

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| --- | --- | --- | --- |
| Learning objective | Learning resource | Evidence | Validation |
|  |  |  |  |

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date : \_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date : \_\_\_\_\_\_\_\_\_\_\_\_\_