

Occupational Therapist Assistant & Physiotherapist Assistant Education Programs

Clinical Fieldwork Research Study Final Report

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Executive Summary

This summary report describes the results of a small-scale research study conducted to examine whether it is possible to differentiate between OTA tasks and PTA tasks completed by OTA/PTA students during combined OTA/PTA fieldwork placements. The study also looked to identify those tasks currently part of a combined experience that could be allocated to either OTA or PTA fieldwork hours. The broader purpose of this research project was to inform future revisions to the OTA & PTA EAP accreditation standards, particularly criterion 3.4.2, which requires completion of no less than 30% (150 hours) of their total clinical fieldwork (500 hours) in each discipline.

Results reveal that during the period of the study, 34% of student time was spent on tasks assigned by an OT. This confirms information previously gathered which suggested that programs are providing OTA/PTA students with at least the required 150 hours of clinical fieldwork time in OTA practice settings. The data identifies tasks assigned to OTA/PTA students as often by PTs as by OTs, as well as tasks that were assigned the majority of the time only by OTs or by PTs. It was evident that while some tasks were clearly OTA tasks and some were clearly PTA tasks, there were also some tasks where assignment by OT or PT was irrelevant. During performance of these tasks, students gained competencies common to both disciplines.

Based on the results of the study, a number of recommendations were made. These recommendations included a revision to accreditation criterion 3.4 to consider each of 3.4.1, 3.4.2 and 3.4.3 as CORE criteria. Also included were a range of strategies to support education programs in achieving and maintaining compliance with the revised criterion.

Background

The Occupational Therapist Assistant and Physiotherapist Assistant Education Accreditation Program (OTA & PTA EAP) is a joint initiative of Physiotherapy Education Accreditation Canada (PEAC) and the Canadian Association of Occupational Therapists (CAOT). As of September 2015, the OTA & PTA EAP is responsible for the accreditation of 32 affiliated occupational therapist assistant (OTA) and physiotherapist assistant (PTA) education programs in Canada from both public and private sectors.

The accreditation standards for OTA/PTA programs were developed through a consultative process, and were pilot tested and revised based on feedback. As outlined in criterion 3.4.2 of the *Accreditation Standards for Occupational Therapist Assistant & Physiotherapist Assistant Programs in Canada (2012)*, graduates of accredited OTA/PTA programs are required to have completed no less than 30% (150 hours) of their total clinical fieldwork (500 hours) in each discipline. The remaining 40% of clinical fieldwork is currently not defined for the purposes of compliance with accreditation standards.

In 2012, the Board of Directors of CAOT expressed concern about the relative hours of occupational therapy (OT) clinical experience in comparison to those experienced in a physiotherapy (PT) context. From the CAOT perspective, accreditation criterion 3.4.2 does not ensure that students in combined OTA/PTA programs experience substantially equivalent experiences in both the OT context and the PT context, as PT fieldwork hours often far exceed OT hours. Some programs provide students with combined experiences associated with either discipline, with an OTA/PTA as a primary preceptor, or by arranging fieldwork experiences where a student spends part of the day/week with an OT and part with a PT. Most programs strive to secure additional OT hours over the 150 required hours, but accept PT hours in order to reach the total 500-hour requirement for each student. Many programs use a combination of both strategies.

OTA/PTA education programs have expressed uncertainty about their ability to accurately track OT versus PT clinical hours, especially in placements where students undertake combined OTA/PTA duties. In those situations, it is a challenge to identify task by task whether an OT or a PT is responsible for assigning the task.

In an attempt to better describe the nature of combined OTA/PTA experiences, a small-scale study was initiated to differentiate between OT and PT tasks, and to identify tasks currently considered as part of a combined experience that could be documented as either OT or PT fieldwork hours. The broader purpose of this research project was to inform future revisions to the accreditation standards, especially criterion 3.4.2.

T-Res (Resilience Inc.) is an online platform developed initially to track clinical experiences of medical residents. Over the past few years, physical and occupational therapy education programs have used T-Res to track experiences, as well as to capture student reflections on their clinical fieldwork. T-Res was chosen as a reasonable platform with which to collect the data for this study due to its adaptability to the required purpose. Students in five OTA/PTA programs across Canada used T-Res to collect data during their clinical fieldwork experiences from May 1, 2014 to May 1, 2015.

Research question and objectives

Research question

Can an online tracking and reporting system for fieldwork placements discriminate between OTA and PTA activities during combined clinical placements?

Research objectives

- To distinguish OTA and PTA activities in combined fieldwork placements.
- To identify activities completed during combined OTA and PTA fieldwork placements that can legitimately be recorded as either OTA or PTA.
- To evaluate the use of an online tracking system to document individual student clinical experiences.
- To determine the cost-effectiveness of an online tracking/assessment system for the OTA/PTA programs.
- To assess both faculty/preceptor and student satisfaction with an online tracking system for fieldwork placement experiences.

Methodology

A steering committee was established in February 2014 to guide this study. A total of eight steering committee meetings were held from March 2014 to September 2015. The

committee included clinicians, educators, and program coordinators from across Canada; and representatives from the Joint Accreditation Committee (JAC) of the OTA & PTA EAP.

Steering committee members

Lesley Bainbridge	Chair of the Joint Accreditation Committee of the OTA & PTA EAP
Kathy Davidson	Program Manager, OTA & PTA EAP
Carmen Kimoto	Educator and Program Coordinator, OTA/PTA program at Vancouver Community College, Vancouver BC
Brooke Malstrom	Program Coordinator and Clinical Coordinator, OTA/PTA program at Mohawk College, Hamilton ON
Siri Marken	Educator, Okanagan College, Kelowna BC
Jodi Powell	Clinician, Ottawa Hospital Civic Campus, Ottawa ON
Kate Spencer	Clinician, Regina Qu'Appelle Regional Health Authority, Regina SK
Jo-Ann Osei-Twum	Research Assistant, OTA & PTA EAP

All English programs affiliated with the OTA & PTA EAP were eligible and invited to participate in this study. A purposeful sample of five programs was selected and an OTA/PTA specific T-Res platform was developed in partnership with the T-Res steering committee and Resilience Inc. representatives. The platform required students to indicate the discipline of the assigning preceptor, level of participation, practice context, client diagnosis, tasks performed, and task duration. A complete list of field options is provided in Appendix I. For this analysis, OTA & PTA EAP had access to data on task assignment, client diagnoses, tasks performed, and task duration. This report focuses on task duration as it relates to the professional background of the assigning preceptor.

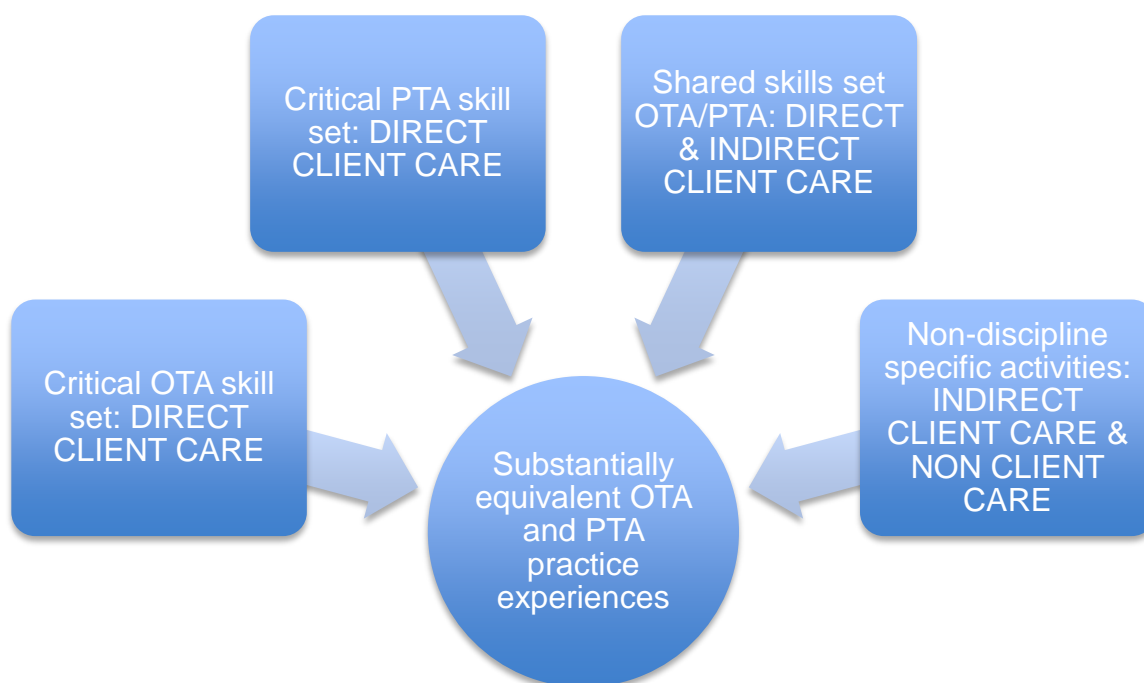
Data collection commenced in May 2014 and continued for a 12-month period, during which students were out on placements at various times. Both first and second year students participated. The participating educational institutions were all publicly funded and located in three provinces.

Students and faculty were asked to provide feedback about their satisfaction with the use of T-Res through an online survey following conclusion of the data collection period.

Analysis

One hundred and forty-nine OTA/PTA students (mean per program = 30, range = 15 – 45) undertaking clinical fieldwork participated in this study. Clinical fieldwork experiences involved 146 placement sites, representing a variety of clinical settings.

In the analysis of the data, two frameworks were used to try to determine the implications of the data. The first required a review of “non-discipline specific” activities (e.g. group planning, inventory, cleaning equipment, etc.) that could be completed using either professional lens. The second framework divided the data into *Direct Client Care*, *Indirect Client Care*, and *Non Client Care* tasks.



Results

Table 1

Overall time spent by Occupational Therapist Assistant and Physiotherapist Assistant students on *Direct*, *Indirect*, and *Non-Client Care* activities during fieldwork experiences, as assigned by Occupational Therapists and Physiotherapists.

Note: Fieldwork experiences totaled 28,535 hours and 22 minutes of which, 34 % (9,826 hours and 38 minutes) were assigned by Occupational Therapists.

	OT		PT		Total
	Time	%	Time	%	
Direct Client Care					
ADLs	1,412:14	91	145:17	9	1,557:31
Ambulation	333:48	10	3,058:42	90	3,392:30
Assisting with collection of Objective Data	73:22	50	72:57	50	146:19
Assistive Technology	43:45	71	17:55	29	61:40
Cardiorespiratory	12:10	5	236:05	95	248:15
Cognition and Perception	526:29	95	26:04	5	552:33
Fine motor	278:29	91	27:46	9	306:15
Hand Therapy	284:22	79	75:21	21	359:43
Independent Community Living Skills	337:08	100	0:40	0	337:48
Modalities	72:51	3	2,670:34	97	2743:25
Paediatric Activities	117:09	71	48:56	29	166:05
Positioning and Repositioning	154:16	34	297:04	66	451:20
Providing Education	174:47	59	119:28	41	294:15
Receiving Education	205:32	46	238:13	54	443:45
Splints/splinting	42:58	53	38:11	47	81:09
Therapeutic Exercise	1,154:18	18	5,361:23	82	6,515:41
Transfers	185:50	26	537:03	74	722:53
Wheelchairs	340:39	87	51:05	13	391:44

Indirect Client Care					
Documentation – Client Chart or Record	519:38	34	1,019:47	66	1,539:25
Equipment Preparation – Vendor Setup/Assistive Devices Setup	213:36	45	257:09	55	470:45
Group planning	148:06	54	128:29	46	276:35
Group setup/take down	111:58	43	148:24	57	260:22
Intervention/assessment Preparation/setup	165:43	33	331:22	67	497:05
Shadowing Other Professionals	367:51	38	589:57	62	957:48
Team meeting (regarding a client)	236:15	43	316:38	57	552:53
Non Client Care					
Attendance at Inservices/ Education Event/ Presentations	499:11	48	546:33	52	1,045:44
CAOT Activities	7:00	100	0:00	0	7:00
CPA Activities	0:00	0	9:00	100	9:00
Filing	56:47	31	126:08	69	182:55
Gathering/organizing resources	342:24	51	325:13	49	667:37
Inventory	94:11	50	94:15	50	188:26
Laundry	46:35	19	196:39	81	243:14
Maintenance of assessment kitchen/bathroom	8:07	59	5:37	41	13:44
Maintenance of equipment	197:55	34	376:13	66	574:08
Photocopying/Printing	66:28	42	92:59	58	159:27
Reading/Reviewing Resources	371:11	47	411:11	53	782:22
Record keeping	78:02	25	234:40	75	312:42
Resource development	121:40	64	69:01	36	190:41
Sewing	51:32	96	1:55	4	53:27
Statistics	142:10	34	271:08	66	413:18
Student Project/presentation	230:11	63	133:42	37	363:53
Total	9,826:38	34	18,708:44	66	28,535:22

presents data corresponding to fieldwork experiences identified as *Direct, Indirect and Non Client Care* tasks by the students, occurring and documented between May 1, 2014 and May 1, 2015. The data identifies whether tasks were assigned by an OT or by a PT, regardless whether the student was completing an OTA placement, a PTA placement or a placement considered to be combined OTA/PTA. Results revealed that 34% of overall student time was spent on tasks assigned by an OT.

Tables 2, 3, and 4 present the same data as described in Table 1 with the tasks separated into Direct Care (Table 2), Indirect Care (Table 3) and Non-Client Care (Table 4). Of the total amount of time spent by students in Direct Care tasks, 31% of student time was spent on tasks assigned by an OT. Of time spent on Indirect Care tasks, 39% of time was on tasks assigned by OT. Finally during Non-Client Care activities, an OT assigned tasks performed by students 44% of the time.

Cost-effectiveness of an online tracking system for OTA/PTA programs was not formally measured. However, since the conclusion of the study, neither the participant programs nor other programs affiliated with the OTA & PTA EAP have chosen to continue with the use of T-Res for ongoing data collection, despite being given the opportunity to use the platform and modify it for their own use. This suggests that the T-Res platform's development fee and individual user fees were not considered cost-effective by the programs.

As reported in the results of the online survey, students found the navigation straightforward, but barriers to use were identified. A lack of access to a computer or internet while working at clinical sites (students are often discouraged from using their phones during working hours and/or do not have data plans) required students to take written notes and transfer them to the platform later at home. Additionally, most participant programs had developed some form of written tracking system and required their students to record data both in the T-Res platform and in the existing system. This resulted in a high workload for the students. Faculty reported navigation of the platform to be straightforward but most did not access the data throughout the study or at its conclusion for their program's own use, due to lack of time or lack of knowledge of how best to produce reports that were relevant to them.

Discussion

The data identifies tasks that were assigned to OTA/PTA students as often by PTs as by OTs, as well as tasks that were clearly assigned the majority of the time by OTs or by PTs. It was evident that while some tasks were clearly OTA tasks and some tasks were clearly PTA tasks, there were also some tasks where assignment by OT or PT was irrelevant. During performance of these tasks, students gained competencies common to both disciplines.

The data collected confirms information gathered in the past from affiliated education programs through focus groups (during the development of the accreditation standards), from anecdotal conversations, and from evidence submitted during full accreditation reviews, that programs are currently providing OTA/PTA students with at least the required 30% (150 hours) of clinical fieldwork time in OTA practice settings, supervised by an OT.

It also suggests that, in general, programs are unable to provide students with more than 30% (150 hours) of clinical fieldwork time in OTA practice settings, supervised by an OT. Despite the desire and willingness on the part of the programs to increase those opportunities for their students, it has not been possible given current numbers of OT preceptors and availability of OT fieldwork opportunities.

In this data sample of students from five programs, over one year of their educational career, OTs typically assigned fewer *Direct Client Care* tasks to OTA students when measured as a percentage of total fieldwork time (58%) as compared to PTs during PTA student placements (70%). It is unclear why this may be. One possibility is that there is less opportunity for an OTA to be involved in *Direct Client Care*. Another possibility is that practicing OTs are less confident in assigning *Direct Client Care* tasks to OTA students and so choose, rather, to assign *Indirect* and *Non Client Care* tasks. It is recommended that the reason for this disparity be further explored in the future.

Limitations

There were a number of limitations to be taken into consideration when interpreting the data.

- Attempts were made to ensure students were adequately trained in the use of the T-Res platform; however, the review of raw data indicates that errors in documenting clinical fieldwork experiences occurred. These data entry points could not be excluded from this analysis as T-Res data reports presented aggregated information. Considering the vast data set generated, these errors were minimal in nature and were pertaining to 1) lack of assigning preceptor, 2) lack of task duration, and 3) incorrect task duration. The frequency of these errors for the five participating academic institutions were 1%, 2%, and less than 1% respectively.
- This data provides information for 45 Year 1 students and 104 Year 2 students from May 1, 2014 to May 1, 2015. The data collection period did not document the clinical experiences of all students for one complete academic year nor for a cohort of OTA/PTA students from the beginning to the end of their program. Data collection concluded prematurely for students in two programs, one of which had students engaged in fieldwork until the middle of June 2015.
- There was a question whether students clearly understood the difference between *Direct*, *Indirect*, and *Non Client Care* tasks, as most if not all students had not been required to categorize tasks in this way prior to the study. Additional training on these definitions may have resulted in more accurate data.
- It was recognized as data collection was taking place that there were minor gaps in the field options provided for students.

Summary

Notwithstanding the limitations of the study, this valuable data suggested that OT assigned and PT assigned tasks can be captured and tracked. A tracking system for fieldwork placements was able to discriminate between OTA and PTA activities during combined OTA/PTA placements. The division of the data into *Direct*, *Indirect*, and *Non Client Care* raises questions about the way programs choose to split the clinical fieldwork hours into OTA and PTA, and helps to identify tasks which may be considered to be *Non-Discipline Specific*, or shared tasks. *Direct Client Care* tasks require specific

skills for OTA contexts and PTA contexts, but some *Indirect* tasks, and many *Non Client Care* tasks, may apply transfer of knowledge across the two roles.

It will be important to define “combined” placements for the purposes of OTA/PTA education accreditation. To date, most programs offering combined placements to their students have submitted evidence of compliance with criterion 3.4.2 during accreditation reviews by assuming a combined placement provides 50% OTA experience and 50% PTA experience. Going forward, tracking guidelines that will help programs demonstrate compliance with accreditation criteria 3.4 will be developed in collaboration with education programs and other stakeholders as appropriate.

Recommendations

1. Accreditation criterion 3.4

Accreditation criterion 3.4 currently states:

Criterion 3.4

The program provides clinical education / fieldwork experiences in occupational therapy and physiotherapy that enable students to achieve the learning outcomes.

- 3.4.1 **CORE:** Clinical/fieldwork education includes a minimum of 500 hours in the clinical setting.

NOTE: Single discipline programs must include 350 fieldwork hours.

- 3.4.2 Clinical/fieldwork education includes no less than 30% (150 hours) of the total time in each discipline for each student.
- 3.4.3 A registered occupational therapist faculty member is available to students and preceptors on issues related to occupational therapy practice in fieldwork. Similarly, a registered physiotherapist faculty member is available to students and preceptors on issues related to physiotherapy practice in fieldwork.

The following revision is recommended:

Criterion 3.4

The program provides clinical education / fieldwork experiences that include direct, indirect, and non-client care tasks in occupational therapy and physiotherapy that enable students to achieve the learning outcomes.

- 3.4.1 **CORE** Clinical/fieldwork education includes a minimum of 500 hours in the clinical setting.

NOTE: Single discipline programs must include 350 fieldwork hours.

- 3.4.2 **CORE** Clinical/fieldwork education includes no less than 30% (150 hours) of the total time in each discipline for each student.
- 3.4.3 **CORE** A registered occupational therapist faculty advisor is available to students and preceptors on issues related to occupational therapy practice in fieldwork. Similarly, a registered physiotherapist faculty advisor is available to students and preceptors on issues related to physiotherapy practice in fieldwork.

In addition, there needs to be a concerted effort to ensure that an adequate number of OTA placements are available for students, otherwise the programs are penalized for a situation that is beyond their control.

2. Clear guidelines regarding evidence provided of OTA and PTA hours

Currently there is no direction given to education programs regarding how to track/ document/ provide evidence of the OTA hours and PTA hours completed in combined placement experiences. To date, it has been accepted that fieldwork experiences identified as “combined”, where a student is supervised by both an OT

and a PT (or by an OTA/PTA assigned tasks by both an OT and a PT), can be tracked by assigning a 50/50 split to those hours. In some situations, this can result in an over-estimation of the number of OTA hours completed by the student.

In order to ensure that all students complete the required 150 OTA hours, the OTA & PTA EAP must provide guidelines to identify the level of tracking required from education programs (students, preceptors and fieldwork coordinators) to demonstrate compliance with the criterion for accreditation.

It is recommended that a working group including representation from the JAC, COPEC¹, and privately funded programs, be struck immediately to develop tracking guidelines by July 31, 2016, to be circulated simultaneously with the revised version of the Accreditation Standards.

3. Candidacy Status Criteria

The candidacy status criterion currently states:

4. The education program includes 500 OTA/PTA fieldwork hours*, of which 150 hours are OTA hours and 150 hours are PTA hours (single discipline programs must include 350 fieldwork hours).

Programs must also provide evidence that clinicians within the program's catchment area are able to provide the number of placements required for the program's students.

Examples of Evidence: Course outlines and objectives for all courses that involve fieldwork hours. Evidence of meetings with clinicians regarding the program's fieldwork needs; Affiliation agreements or letters of agreement with facilities providing clinical placements.

*Note: Fieldwork hours must be hours supervised by a registered OT or PT, and include an evaluation of student competence. Observational or "shadowing" hours should not be included in the 500 hours.

No revisions are recommended.

4. Changes within the occupational therapy profession nationally on a few fronts

Given the challenges for programs, identified above, it is critical that there be a commitment within the OT profession nationally to support programs so that they are

¹ Canadian Occupational Therapist Assistant and Physiotherapist Assistant Educators Council

able to demonstrate compliance with the revised accreditation criterion. These may include:

- national OT organizations such as ACOTRO², ACOTUP³ and CAOT explicitly supporting the use of OTAs in OT practice;
- messaging from provincial OT regulatory bodies and professional associations about the practice standards in place to assist OTs in understanding assignment of task to OTAs;
- education to OTs about the need for increased opportunities for OTA fieldwork (and possibly incentives to provide them);
- exploration of role-emerging fieldwork opportunities which would allow OTA students to gain required competencies in non-traditional environments;
- encouragement of joint OT student/OTA student fieldwork experiences; and
- inclusion of an accreditation standard for OT programs to require OT education programs to provide evidence that OT students demonstrate competency in working with OTAs.

Some of these initiatives are already underway.

Program success in meeting this OTA/PTA education accreditation criterion consistently depends on such changes being broadly integrated into the OT community.

5. Clear communication and adequate timelines

It was agreed between PEAC, CAOT, and the JAC of the OTA & PTA EAP that criterion 3.4.2 would be reviewed in the spring of 2016 in order to allow for the completion of this project. This was an extension granted to the original deadline set for fall 2014. It is recommended that 2016 Accreditation Standards be published by August 2016.

Following publication, it is anticipated that there will be a period of time required for programs to modify their tracking systems to ensure that every student in the program has completed the required OTA fieldwork hours using the newly defined fieldwork hour tracking guidelines described in recommendation #2. It is agreed that at least three years would be required for programs to adjust to the change in

² Association of Canadian Occupational Therapy Regulatory Organizations

³ Association of Canadian Occupational Therapy University Programs

tracking required to demonstrate compliance with the fieldwork hour requirement during OTA and PTA fieldwork experiences.

Therefore, the recommended timeline for programs to demonstrate compliance with revised criterion 3.4 (now CORE), using the proposed revision to tracking requirements would be by January 1, 2020.

Next Full Accreditation Onsite Visit Date	Deadline to demonstrate compliance with revised CORE criterion 3.4	Method of demonstration of compliance
Between January 1, 2018 and January 1, 2020	January 1, 2020	Submission of a Progress Report on or before August 1, 2019
After January 1, 2020	At time of next full Accreditation Review	Inclusion in the Self Study Report

All programs submitting Self Study Reports in preparation for full accreditation reviews after January 1st, 2020 will need to demonstrate compliance with this criterion as part of their accreditation review. Programs completing a full accreditation review between January 1, 2018, and January 1, 2020 will need to demonstrate compliance with this criterion either during their accreditation review in their Self-Study Report, or by submitting a Progress Report for review on or before August 1, 2019.

6. Support to programs in collecting and formatting the required evidence for submission

We recommend that the OTA & PTA EAP provide support to programs over the three years to develop an acceptable, accurate, and thorough way to both collect and document the required evidence according to the tracking system. For many programs this may involve changes to course outlines (requiring institutional level approval), changes to student education regarding data collection, and education to preceptors to ensure clear understanding of what must be documented. The OTA & PTA EAP, in collaboration with the affiliated education programs, will need to develop information sheets, guidelines, and resources as well as templates, potentially, for data collection/reporting. During this transition period the requirements must be transparent and predictable for programs. Education materials

provided to peer reviewers and JAC members will be critical in ensuring that the level of compliance with the revised accreditation criterion is assigned in a consistent way. Use of the newly developed National Fieldwork Evaluation form for fieldwork experiences could be one strategy adopted by COPEC member programs for consistent reporting.

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Reading/Reviewing Resources	371:11	47	411:11	53	782:22
Record keeping	78:02	25	234:40	75	312:42
Resource development	121:40	64	69:01	36	190:41
Sewing	51:32	96	1:55	4	53:27
Statistics	142:10	34	271:08	66	413:18
Student Project/presentation	230:11	63	133:42	37	363:53
Total	9,826:38	34	18,708:44	66	28,535:22

Table 2

Overall time spent by Occupational Therapist Assistant and Physiotherapist Assistant Students on *Direct Client Care* tasks during clinical placements, as assigned by Occupational Therapists and Physiotherapists.

Note: Students spent a total of 18,772 hours and 51 minutes on Direct Client Care tasks. Time is recorded as hours and minutes, to the nearest minute.

Direct Client Care

	OT		PT		Total
	Time	%	Time	%	
ADLs	1,412:14	91	145:17	9	1,557:31
Ambulation	333:48	10	3,058:42	90	3,392:30
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Cardiorespiratory	12:10	5	236:05	95	248:15
Cognition and Perception	526:29	95	26:04	5	552:33
Fine motor	278:29	91	27:46	9	306:15
Hand Therapy	284:22	79	75:21	21	359:43
Independent Community Living Skills	337:08	100	0:40	0	337:48
Modalities	72:51	3	2,670:34	97	2,743:25
Paediatric Activities	117:09	71	48:56	29	166:05
Positioning and Repositioning	154:16	34	297:04	66	451:20
Providing Education	174:47	59	119:28	41	294:15
Receiving Education	205:32	46	238:13	54	443:45
Splints/splinting	42:58	53	38:11	47	81:09
Therapeutic Exercise	1,154:18	18	5,361:23	82	6,515:41
Transfers	185:50	26	537:03	74	722:53
Wheelchairs	340:39	87	51:05	13	391:44
Total	5,750:07	31	13,022:44	69	18,772:51

Table 3

Overall time spent by Occupational Therapist Assistant and Physiotherapist Assistant Students on *Indirect Client Care* tasks during clinical placements, as assigned by Occupational Therapists and Physiotherapists.

Note: Students spent a total of 4,554 hours and 53 minutes on Indirect Client Care tasks. Time is recorded as hours and minutes, to the nearest minute.

Indirect Client Care

	OT		PT		Total
	Time	%	Time	%	
Documentation – Client Chart or Record	519:38	34	1,019:47	66	1,539:25
Equipment Preparation – Vendor Setup/Assistive Devices Setup	213:36	45	257:09	55	470:45
Group planning	148:06	54	128:29	46	276:35
Group setup/take down	111:58	43	148:24	57	260:22
Intervention/assessment Preparation/setup	165:43	33	331:22	67	497:05
Shadowing Other Professionals	367:51	38	589:57	62	957:48
Team meeting (regarding a client)	236:15	43	316:38	57	552:53
Total	1,763:07	39	2,791:46	61	4,554:53

Table 4

Overall time spent by Occupational Therapist Assistant and Physiotherapist Assistant Students on *Non Client Care* tasks during clinical placements, as assigned by Occupational Therapists and Physiotherapists.

Note: Students spent a total of 5,207 hours and 38 minutes on Non Client Care tasks. Time is recorded as hours and minutes, to the nearest minute.

Non Client Care

	OT		PT		Total
	Time	%	Time	%	
Attendance at Inservices/Education Event/Presentations	499:11	48	546:33	52	1,045:44
CAOT Activities	7:00	100	0:00	0	7:00
CPA Activities	0:00	0	9:00	100	9:00
Filing	56:47	31	126:08	69	182:55
Gathering/organizing resources	342:24	51	325:13	49	667:37
Inventory	94:11	50	94:15	50	188:26
Laundry	46:35	19	196:39	81	243:14
Maintenance of assessment kitchen/bathroom	8:07	59	5:37	41	13:44
Maintenance of equipment	197:55	34	376:13	66	574:08
Photocopying/Printing	66:28	42	92:59	58	159:27
Reading/Reviewing Resources	371:11	47	411:11	53	782:22
Record keeping	78:02	25	234:40	75	312:42
Resource development	121:40	64	69:01	36	190:41
Sewing	51:32	96	1:55	4	53:27
Statistics	142:10	34	271:08	66	413:18
Student Project/presentation	230:11	63	133:42	37	363:53
Total	2,313:24	44	2,894:14	56	5,207:38

Appendix I

T-Res Field Options

Below is a tabulated list of the field options offered in the T-Res platform. Students entering data about their fieldwork placements selected from these fields to record their activities.

Date, Location, Role Section	
<i>Duration</i>	
<i>Assignment</i>	OT, PT
<i>Level of Participation</i>	Completed with assistance, Completed with supervision, Independent, Observed
<i>Setting</i>	Adult Rehabilitation Centre, Children's Rehabilitation Centre, Community, Homecare, Hospital: acute, Hospital: chronic, Insurance, Long term care, Mental health, Private Clinic, Residential, Retirement home

Client Interaction	
<i>Diagnoses</i>	CR, Medical/Surgical, Mental health, Multisystem/General, Neuro, Orthopedic/MSK, Sensory
<i>Activities</i>	ADLs, Ambulation, Assisting with collection of Objective Data, Assistive Technology, Cardiorespiratory, Cognition and Perception, Fine motor, Hand therapy, Independent Community Living Skills, Modalities, Paediatric activities, Positioning and Repositioning, Providing education, Receiving education, Splints/splinting, Therapeutic Exercise, Transfers, Wheelchairs

CR	Cardiac rehab
	COPD
	Pneumonia
	Post-surgery (cardiac, thoracic, etc.)
Medical/Surgical	Amputation
	Cardiac/thoracic surgery
Mental health	Anxiety Disorders
	Bipolar and related disorders
	Neurocognitive Disorders/Dementias
	Other Mental Disorders
	Schizophrenia Spectrum Disorders

Multisystem/General	Burns
	Geriatrics
	Residential care - complex
Neuro	Cerebral palsy
	Cerebrovascular accident (CVA)
	Multiple Sclerosis
	Other progressive neurological disorder
	Parkinson's Disease
	Spinal Cord Injury (SCI)
	Traumatic Brain (TBA)
Orthopedic/MSK	Amputation
	Arthritis
	Back pain/injury
	Fracture
	Joint/ligament injury
	Muscle injury
	Post-operative (specify type of procedure)
	Trauma
Sensory	Hearing impairment
	Vision impairment

Direct Client Care	
ADLs	Bathing
	Communication
	Dressing
	Eating
	Grooming
	Life skill training
	Meal prep
	Toileting
Ambulation	Cane/canes
	Crutches
	Quad cane
	Stair practice
	Walker – standard
	Walker – wheeled
	Walking endurance
	Walking practice
Assisting with collection of Objective Data	Berg Balance Scale (BERG)
	Goniometry
	Measurements
	Timed activities
	Timed up and go (TUG)
Assistive Technology	Communication

	Computer
	Dressing aids
	Feeding aids
Cardiorespiratory	Assisted coughing
	Breathing exercises
	Inspirometry
	Percussion
	Postural drainage
	Rate of perceived exertion
	Vibrator
	Vital signs – Blood pressure
	Vital signs – Heart rate
	Vital signs – respiratory rate
	Vital signs – SO ₂
Cognition and Perception	Attention process training
	Cognitive behavioural therapy
	Cognitive intervention sessions
	Cognitive training
	Perceptual intervention
	Perceptual Training
Fine motor	Visual perceptual intervention
	GRASP intervention
	Hand Exercises
	Handwriting Program
Hand therapy	Handwriting Training
	Active ROM
	Desensitization
	Edema control
	Exercise devices
	Goniometry
	Hand activities
	Passive ROM
Sensory re-education	
Independent Community Living Skills	Leisure skills
	Meal planning
	Medication routine
	Money management
	Public transport/travelling
	Vocational skills
Modalities	Biofeedback
	Electrical muscle stimulation
	Hot packs
	Ice packs
	Interferential

	Laser
	Lymphopress
	Mechanical traction
	Paraffin wax
	TNS
	Ultrasound
Paediatric activities	Bilateral motor coordinator
	Fine motor
	Gross motor
	Proprioceptive
	Tactile
	Vestibular balance
	Visual motor
Positioning and Repositioning	At a table for eating
	For an activity
	In a bed
	In a chair or wheelchair
	On a bed and/or mat
	Standing frame
Providing education	Equipment education – reinforcement
	Family education
	Pain control strategies
	Relaxation strategies
	Splint education
	Wheelchair education
Receiving education	Attendance at Inservices/Education events
	Chart review
	Consulting with other team members
	Rounds
Splints/splinting	Bandages
	Casting for orthotics – assistance
	Putting on/off
	Splint cleaning
	Splint fabrication/assistance
	Splint finishing
Therapeutic Exercise	Active Assisted ROM LE
	Active Assisted ROM UE
	Active ROM LE
	Active ROM UE
	Balance practice/training
	Coordination training
	Core stabilization
	Exercise tubing
	Falls prevention exercises

	Free weights
	Hydrotherapy
	Joint protection
	Large fixed exercise equipment
	Managing spasticity
	Passive ROM LE
	Passive ROM UE
	Pulleys
	Slings
	Strengthening
	Stretching
	Work conditioning/hardening
	Transfers
Mechanical lift – medi-man	
Mechanical lift – other	
Mechanical lift – overhead track	
Stand and turn	
Toilet transfer	
Transfer belt	
Transfer board	
Wheelchairs	Tub transfer
	Manual wheelchair maintenance
	Manual wheelchair set up
	Manual wheelchair training
	Power wheelchair maintenance
	Power wheelchair set up
Power wheelchair training	
Indirect Client Care	
Documentation – Client Chart or Record	
Equipment Preparation – Vendor Setup/Assistive Devices Setup	
Group planning	
Group set up/take down	
Intervention/assessment Preparation/set up	
Shadowing Other Professionals	
Team meeting (regarding a client)	
Non Client Care	
Attendance at Inservices/Education Event/Presentations	
CAOT Activities	
CPA Activities	
Filing	
Gathering/organizing resources	
Inventory	
Maintenance of assessment kitchen/bathroom	
Maintenance of equipment	

Photocopying/Printing
Reading/Reviewing Resources
Record keeping
Resource development
Sewing
Statistics
Student Project/presentation