



# Guide to Supervised Practice

# TABLE OF CONTENTS

<b>Introduction, Acknowledgements</b>	<b>1</b>
<b>Levels of Supervision</b>	
Level 1 Supervision	2
Level 2 Supervision	3
<b>Appendices</b>	
Appendix A: Supervision Acknowledgment Form	5
Appendix B: Resource- Using Learning Contracts	8
Appendix C: Learning Contract for Supervised Practice Template	13
Appendix D: Resource - Supervision Activities	15
Appendix E: Supervision Competence Evaluation	16

# **COTNS Guide to Supervised Practice**

## **Introduction**

Supervision is intended to provide a mechanism to ensure safe, ethical and quality occupational therapy practice in the interest of public protection. This document outlines when supervision is required and the expectations of registrants and supervising therapists.

As part of this document, COTNS has included required forms (see Appendix A), resources related to the use of Learning Contracts (see Appendix B), guidance for supervising occupational therapists (see Appendix D) and a Supervision Competence Evaluation (see Appendix E).

## **Acknowledgements**

COTNS would like to acknowledge the generosity of the College of Occupational Therapists of Manitoba (COTM) and the College of Occupational Therapists of Ontario (COTO) in allowing COTNS to utilize their materials as a foundation to our development of this resource.

## Levels of Supervision:

**Level 1 Supervision:** is defined as Sponsored Practice.

Sponsored Practice (Level 1) supervision is a requirement for:

- 1) recent graduates from a Canadian university and internationally-educated occupational therapy (IEOT) applicants who have not yet written the National Occupational Therapy Certification Examination (NOTCE) or are awaiting the results of the examination.

Expectations of Level 1 supervision are:

- 1) Supervision, in all cases, must be provided by a COTNS registered occupational therapist with the equivalent of at least one-year full time experience (1900hrs) in the area being practised by the supervised practice registrant.
- 2) The COTNS Supervision Acknowledgment Form has been completed. (See Appendix A)
- 3) It is the responsibility of the applicant to inform their employer(s) of the requirements for supervision and to ensure a sponsorship plan is in place prior to beginning employment.
- 4) Should the applicant's employment or the availability of the supervisor change prior to the completion of the supervised practice requirement, the candidate shall notify COTNS and establish alternate supervisory arrangements for the remainder of the mentorship period. Any changes to the supervisory plan are subject to approval by COTNS.
- 5) The exam candidate is expected to write the examination at the first available opportunity, except where extenuating circumstances apply.
- 6) The applicant must inform COTNS of their examination result within one month of receiving the result. Applicants who successfully complete the exam will be converted to the Register of Practising Members.
- 7) The provisional registrant requiring level 1 supervision is responsible to initiate communication with their supervising therapist as required by the individual situation and as determined by their mentorship plan.
- 8) Provisional registrants who are unsuccessful at passing the examination on the first attempt will require Level 2 supervision until they are successful or have had three attempts. Following three unsuccessful attempts to pass the examination, the registrant's registration will be revoked and their name removed from the Register.

Level 1 Supervising Therapist Expectations:

- 9) The level 1 supervising therapist will initiate communication with COTNS with respect to any concerns or practice issues regarding the provisional registrant.
- 10) Reporting to COTNS, regarding the performance of the Provisional registrant, may be requested of a level 1 supervising occupational therapist.

**Level 2 Supervision or Mandatory Supervised Practice:** is the supervision of all practice components, to the level required by the applicant.

Mandatory supervised practice (level 2 supervision) is a requirement for:

- 1) applicants with insufficient practice hours to be considered current and thus are required to complete a period of supervised practice for the purpose of Re-entry.
- 2) Re-entry Candidates for whom the examination is required who have not yet written the CAOT NOTCE or are awaiting the results of the exam.
- 3) Examination Candidates who have not successfully completed the NOTCE on the first attempt.
- 4) Registrants requiring supervision upon completion of Peer Assessment.
- 5) Registrants as directed by the Investigations Committee or Hearing Committee.

#### Expectations of Level 2 supervision

- 1) Supervision, in all cases, must be provided by a COTNS registered occupational therapist with the equivalent of at least one-year full time experience (1900hrs) in the area being practiced by the supervised practice candidate.
- 2) The applicant for supervised practice will establish, with their supervisor, a learning contract that defines the applicant's learning needs and expectations of the supervised practice period. The learning contract should allow the applicant to demonstrate the essential competencies for occupational therapy practice as defined in "*The Essential Competencies of Practice for Occupational Therapists in Canada (2011)*" and will form the basis for the performance review by the supervising therapist.
- 3) The applicant is responsible for submitting the supervisory plan, including the learning contract to COTNS for approval within two (2) weeks of beginning supervised practice. With COTNS approval and by mutual agreement, this deadline can be amended if significant circumstances warrant an extension.
- 4) The supervisory plan and learning contract are subject to approval by the Credentials Committee.
- 5) Depending on the reason for supervision, the duration of Level 2 supervision requirement will be determined by COTNS policy or as determined by the Credentials Committee and if applicable, in coordination with the referring College Committee.
- 6) Extensions to the period of mandatory supervised practice may be requested by the applicant and will be subject to the approval of the Credentials Committee.
- 7) Applicants that are employed in multiple positions will be required to indicate how supervision will occur in all employed positions in their supervisory plan.

Level 2 Supervising Therapist Expectations:

1. The supervising therapist is responsible to ensure that the learning plan adheres to the goals outlined by the applicant and COTNS.
2. The supervising therapist is responsible to initiate any communication with COTNS as required by the individual situation.
3. Reporting to COTNS, regarding the performance of the Provisional registrant, is an expectation of a level 2 supervising occupational therapist.
4. An evaluation of the applicant's performance must be submitted to COTNS by the supervising therapist using the COTNS Competence Confirmation Form (see Appendix E) at the midway point and at the conclusion of the Supervised Practice. Additional evaluations may be provided by the supervising therapist, and/or requested by COTNS.

**SUPERVISION ACKNOWLEDGEMENT FORM**

*This form must be signed by the applicant, the supervising therapist, and the employer, and returned to COTNS before the registration process can be completed and before you are able to start work. Completion of this form does not imply that registration with COTNS is complete.*

**Applicant Acknowledgment:**

I, \_\_\_\_\_ [name of applicant/registrant] understand that I must practise with supervision until I have met all of COTNS’s registration requirements for registration. I understand that my supervisor is required to communicate with COTNS regarding any practice concerns that arise during my supervised practice.

Signature: \_\_\_\_\_

**Employer Acknowledgement:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Facility: \_\_\_\_\_

\_\_\_\_\_  
(Address and Telephone Number)

Start Date of employment or supervised practice: \_\_\_\_\_

**Supervising Therapist Acknowledgement:**

I hereby confirm that I will provide Level \_\_\_ supervision for \_\_\_\_\_  
(name of provisional registrant) throughout their employment period while registered with COTNS as a provisional practising registrant.

I agree to adhere to the expectations and requirements of a supervising therapist as per the *Occupational Therapists Act*, Registration Regulations subsection 42(2), and registration policies regarding supervision of a provisional registrant.

**Supervising Therapist Requirements:**

- 1) *be registered with the College on the General Register;*
- 2) *reside in Nova Scotia;*
- 3) *practise occupational therapy at the same site as the provisional registrant; unless exempted by the Registrar;*
- 4) *be engaged in a scope of practice comparable to that of the provisional registrant;*
- 5) *have a minimum of one (1) year full-time equivalent practise experience or 1900 practise hours;*
- 6) *enter into a written agreement with the College with such terms and conditions as may be determined by the Credentials Committee to be applicable to the relationship between the College, the supervising therapist and the provisional registrant;*
- 7) *report in writing when considered necessary by the supervision level, on the performance of the provisional registrant;*
- 8) *notify the College promptly if concerned about the practice of the sponsored person or if any change in supervision occurs; and*
- 9) *comply with any other requirements considered necessary by the Board.*

**Supervising Therapist Information:**

Name: \_\_\_\_\_ COTNS Registration Number : \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Same site as Provisional Registrant: Yes  No

Phone No: (w) \_\_\_\_\_ Phone No: (c) \_\_\_\_\_

Email: \_\_\_\_\_

Supervising Therapist's Signature: \_\_\_\_\_



**Level 1 Supervision / Sponsored Practice** is required for OTs who have recently graduated from a Canadian university and internationally-educated OTs that have not yet written the National Occupational Therapy Certification Examination (NOTCE) or are awaiting the exam results.

**Level 2 Supervision / Mandatory Supervised Practice** is a requirement for:

- 1) applicants with the insufficient required number of practice hours to be considered current and thus are required to complete a period of supervised practice for the purpose of Re-entry.
- 2) Re-entry Candidates for whom the examination is required who have not yet written the CAOT NOTCE or are awaiting the results of the exam.
- 3) Examination Candidates who have not successfully completed the NOTCE on the first attempt.
- 4) Registrants requiring supervision upon completion of Peer Assessment.
- 5) Registrants as directed by the Investigations Committee or Hearing Committee

	<b>Who can be supervisor?</b>	<b>Expectations</b>	<b>Documentation required by COTNS</b>
Sponsored practice (Level 1)	On-site, registered OT with equivalent of at least one-year full time experience (1900 hours) in the area of practice being supervised.*	<ul style="list-style-type: none"> <li>• Applicant will seek and obtain any support needed from the supervising therapist as determined by their sponsorship plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision Acknowledgement Form</li> <li>• Written report on request from the College.</li> </ul>
Mandatory supervised practice (Level 2)	On-site, registered OT with equivalent of at least one-year full time experience (1900 hours) in the area of practice being supervised. *	<ul style="list-style-type: none"> <li>• Applicant will develop a “learning contract” with the supervisor to define his/her learning needs and to allow for demonstration of the essential competencies of OT.</li> <li>• Requires oversight of client-related documentation.</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision Acknowledgement Form.</li> <li>• Learning contract to be submitted within 2 weeks of beginning supervised practice and at conclusion.</li> <li>• Written performance evaluation at the midway point and at the conclusion of the Supervised Practice.</li> </ul>

\*On-site requirement may be exempted by the Registrar.

## USING LEARNING CONTRACTS<sup>1</sup>

### IDENTIFYING STRATEGIES TO ADDRESS LEARNING NEEDS

How to identify strategies to address learning needs:

*Question:* What knowledge, skills and behaviours do you need to develop now in order to meet your identified learning needs?

A learning need is the gap between where you are now and where you want or need to be in regard to mastering a new set of competencies. Before you try to develop strategies to address your learning, it is helpful to clearly understand the competency you are trying to achieve.

A competency can be thought of as the ability to do something at some level of proficiency, and is usually composed of some combination of knowledge, judgment, understanding, skill, attitude, and values. An everyday example would be "the ability to ride a bicycle from your home to the store". This is a competency that involves some knowledge of how a bicycle operates and the route to the store; an understanding of some of the dangers inherent in riding a bicycle; skill in mounting, pedaling, steering, and stopping a bicycle; an attitude of desire to ride a bicycle; and a valuing of the exercise it will yield. "Ability to ride a bicycle in busy city traffic" would be a higher-level competency that would require greater knowledge, understanding, skill, etc.

The Essential Competencies of Practice for Occupational Therapists in Canada outlines the competencies required to practice and will serve as a useful resource. You may want to reflect on these statements and consider which activities in your practice apply to each.

### WRITING OBJECTIVES

WHAT IS IT THAT YOU WISH TO DO OR DEMONSTRATE? In many cases the learning objectives will be identified for you, however you should ensure they are clearly outlined and you understand them.

A well-defined objective should be:

- S - specific
- M - measurable
- A - achievable
- R - realistic
- T - time limited

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<sup>1</sup>COTNS would like to acknowledge and thank the Occupational Therapy Program, School of Rehabilitation Science, at McMaster University which serves as the basis of the learning contract materials.

The following process is recommended for the development, implementation and evaluation of the learning contract:

1. (a) The practice supervisor would provide the applicant with an orientation to the workplace.  
(b) The therapist provides the supervisor with an orientation to the his/her learning needs based on the specific nature and requirements of the clinical setting, past experience, and current level of knowledge and skill.
2. The therapist/applicant and supervisor develop specific learning objectives related to the identified learning needs that are clear and measurable.
3. The therapist/applicant consults with the supervisor to identify learning strategies (e.g. observation, discussion, role modeling) and potential learning resources (e.g. books, journals, resource people, community services). The onus is on the therapist/applicant to identify strategies and is thus able to choose learning experiences that are best suited to his/her learning needs and personal learning style.
4. The therapist/applicant and supervisor agree on the evidence of accomplishments that will be used for the evaluation (e.g. behaviours, reports, direct observation and presentations).
5. The therapist/applicant and supervisor determine how the evidence will be evaluated (e.g. what is the required performance, what standards are being used to measure performance and under what conditions learning will take place?). The grading scheme for each objective must clearly specify what evidence must be provided to demonstrate if the learning objective has been met or not.
6. The therapist/applicant and supervisor have a mutual responsibility to meet and evaluate the therapist's performance. In preparation for evaluations, both the therapist/applicant and supervisor should reflect on the therapist's/applicant's performance and prepare documentation to validate their evaluation.

## COMPONENTS OF A LEARNING CONTRACT

Objectives	Resources and Approach/Strategy	Evidence of Accomplishments	Grading	Timelines / Checkpoints	Met	Not Met	Comments
<p>This column answers the question</p> <p><b>WHAT IS THE THERAPIST/ APPLICANT REQUIRED TO DO OR DEMONSTRATE?</b></p> <p>An objective should be:</p> <p>S - specific</p> <p>M - measurable</p> <p>A - achievable</p> <p>R - realistic</p> <p>T - time limited</p>	<p>This column answers the question</p> <p><b>HOW WILL THE THERAPIST PREPARE TO ACHIEVE THE OBJECTIVE?</b></p> <p>1. Resources should be specifically named and prioritized. They may include reference texts, articles, websites, other clinicians, community resources.</p> <p>2. The approach/ strategy describes the process.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>- opportunity to observe skills or tasks</li> <li>- discussion and feedback with therapist</li> <li>- documenting needs, actions and time management</li> </ul>	<p>This column answers the question</p> <p><b>WHAT ARE THE IDENTIFYING PARTS OF THE KNOWLEDGE, SKILL, JUDGMENT OR BEHAVIOUR THAT WILL BE PROOF OF THE THERAPIST'S COMPETENCE (WHAT WILL THE THERAPIST SAY, WRITE, OR DO?)</b></p> <p>Evidence should include quantity and quality.</p> <p>Evidence should be prioritized.</p> <p>Timeframe for achievement of specific evidence should be identified.</p>	<p>This column answers the question</p> <p><b>WHAT ARE THE GUIDELINES OR CRITERIA FOR DETERMINING THAT EACH OBJECTIVE HAS BEEN MET OR NOT?</b></p>				

**EVALUATION USING LEARNING CONTRACTS**  
**and**  
**CRITICAL APPRAISAL OF LEARNING CONTRACTS**

**EXAMPLE – ONE**

Objectives	Resources and Approach/Strategy	Evidence of Accomplishments	Grading	Timelines /Checkpoints	Met	Not Met	Comments
<p>The therapist will work collaboratively with the team and facilitate a coordinated approach to care with other health care professionals, caregivers and team members.</p>	<p>Resource:                      - other team members                      - other OT's on team                      Approach - case review meetings and discussions with OT peers prior to team meetings                      - debriefing meeting with team leader following meetings</p>	<p>A - read charts daily before intervention and be mindful of chart information in intervention                      B - attends and is prepared for case conferences                      C - reports accurately at case conferences                      D - alerts team to client needs and problems                      E - shares and requests information of whole team                      F - other team members understand OT treatment                      G - initiates problem solving and planning in team for client                      H - other team members consults therapist directly about client</p>	<p>Objective met if (A – E) are demonstrated                      Objective not met if any of (A-E) are not demonstrated</p>	<p>Review in one month with practice supervisor – feedback from team leader to be provided.</p>			

**EXAMPLE – TWO**

Objectives	Resources and Approach/Strategy	Evidence of Accomplishments	Grading	Timelines /Checkpoint	Met	Not Met	Comments
<p>- To demonstrate clinical reasoning through integration of knowledge, skill and experience, by developing &amp; demonstrating skill in interpretation of assessment finding; (demonstrated by use of verbal &amp; written communication skills, problem identification, program planning and implementation)</p>	<p>Therapist: occupational performance booklet, OSOT perceptual evaluation assessment, clinical experience, articles on problem identification, program planning, and treatment</p> <p>Practice Supervisor: knowledge of problem identification, program planning &amp; implementation and OSOT battery, other reference materials</p> <p>Strategies: - look up articles &amp; read client charts</p> <p>-discuss goals &amp; objectives for client during session.</p> <p>- identify any necessary assessments (i.e. OSOT perceptual evaluation, Fostig, Bruunstrom, etc.) to be utilized</p> <p>- administer assessment or treatment session</p> <p>- discuss future goals and objectives for treatment</p>	<p>a) identify client's strengths &amp; weaknesses through discussion using the occupational performance model</p> <p>b) identify problems, goals, objectives &amp; treatment measures in a written summary for a minimum of three clients</p> <p>c) demonstrate knowledge of administration of the OSOT perceptual assessment with one client &amp; critically appraise the findings, the overall assessment and/or subsequent treatment.</p> <p>d) give self-appraisal of each session, ask for supervisor evaluation, and problem solve on how to improve the next session</p> <p>e) prepare a written summary of assessment or treatment findings, strengths, weaknesses and observations for a minimum of three clients</p>	<p>Objective met when (a) through (e) are demonstrated.</p> <p>Objective not met if any of (a) through (e) are not demonstrated.</p>	<p>Identify 3 articles in two weeks.</p> <p>Review and trial 2 new tools within one month.</p> <p>Use tools with appropriate client within 6 weeks.</p> <p>Prepare written assessment report within one week of assessment.</p>			



**Learning Contract for Supervised Practice**

<b>Objectives</b>	<b>Resources and Approach/ Strategy</b>	<b>Evidence of Accomplishments</b>	<b>Grading</b>	<b>Timelines / Checkpoints</b>	<b>Met</b>	<b>Not Met</b>	<b>Comments</b>

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Approval:

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Provisional Registrant Signature

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Supervising Therapist's Signature

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COTNS Signature



**RESOURCE: Supervision Activities**

Supervision is intended to provide a mechanism to ensure safe, ethical and quality occupational therapy practice in the interest of public protection until such time as the provisional registrant is able to meet all of the requirements for full registration.

Supervision activities should be commensurate with the skills and experience of the supervised practice candidate in relation to the practice environment. The level and nature of supervision should reflect the provisional registrant’s background, experience, strengths and areas for development based on the information obtained from the resume, interview, references, personal observations, and the learning contract if applicable.

Some examples of mentoring activities include:

- ◆ New employee site orientation to the facility (mission and strategic direction, general policies and procedures, safety practices, organizational chart, confidentiality policies, emergency procedures, tour, etc.).
- ◆ Service/program orientation (introduction to new staff, location of equipment, resources, record keeping processes, review of job description, performance expectations, infection control, security, etc.
- ◆ Clinical orientation, (specific occupational therapy policies and procedures, clinical protocols, standards of practice, referrals, client scheduling, planning, charting, guidelines, care conferences, departmental meetings, teaching rounds.
- ◆ Orientation to other relevant service providers / organizations, including how to obtain equipment and services on behalf of a client.

Some examples of supervisory activities include any of the above plus:

- ◆ Daily meetings with the practice supervisor to discuss assigned cases, identify problem areas, share in clinical reasoning, and review written records.
- ◆ Opportunities for observing the provisional registrant’s client interactions, (more if required).
- ◆ Share client stories (formally in teaching rounds) and informally (with practice supervisors).
- ◆ Department/program in-service as presenter or active participant.



**Supervision Competence Confirmation**

Today's Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Supervising OT(s): \_\_\_\_\_

Facility or Site: \_\_\_\_\_  
\_\_\_\_\_

Dates of Supervised Practice:  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Hours (to date):  
\_\_\_\_\_  
\_\_\_\_\_

Summary of Competence Confirmation Supervised Practice:

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Unit	Essential Competencies	Competent at Entry Level (y/n)	Examples / Comments
<b>1.</b>	<b>Assumes Professional Responsibility</b>		
1.1	Demonstrates a commitment to their clients, public, and profession.		
1.2	Practices within scope of professional and personal limitations and abilities.		
1.3	Adheres to the COTNS Code of Ethics.		
1.4	Applies ethical frameworks to solve ethical situations.		
1.5	Demonstrates professional integrity.		
<b>2.</b>	<b>Thinks Critically</b>		
2.1	Demonstrates sound professional judgment and clinical reasoning in decision making.		
2.2	Engages in reflection and evaluation and integrates findings into practice.		
<b>3.</b>	<b>Demonstrates Practice Knowledge</b>		
3.1	Uses current OT foundational knowledge in day-to-day practice.		
3.2	Demonstrates awareness of the physical, social, cultural, institutional and economic environment relevant to the jurisdiction of practice.		
3.3	Demonstrates awareness of experiential knowledge of client and OT.		
3.4	Demonstrates awareness of legislative and regulatory requirements relevant to Nova Scotia and area of practice.		

Unit	Essential Competencies	Competent at Entry Level (y/n)	Examples / Comments
<b>4.</b>	<b>Utilizes an OT Practice Process to Enable Occupation</b>		
4.1	Clarifies role of occupation and enablement when initiating services (e.g. defines and clarifies one's scope & context of practice).		
4.2	Demonstrates a systematic client-centred approach to enabling occupation.		
4.3	Ensures informed consent prior to and throughout service provision.		
4.4	Assesses occupational performance and enablement needs of client.		
4.5	Develops client-specific plan with client, interprofessional team members, and other stakeholders.		
4.6	Implements plan for occupational therapy services.		
4.7	Monitors plan to modify in a timely and appropriate manner.		
<b>5.</b>	<b>Communicates Effectively</b>		
5.1	Communicates effectively with client, interprofessional team and other stakeholders using client-centred principles.		
5.2	Communicates using a timely and effective approach.		
5.3	Maintains confidentiality and security in the sharing, transmission, storage, and management of information.		

Unit	Essential Competencies	Competent at Entry Level (y/n)	Examples / Comments
5.4	Collaborates with client, interprofessional team, and other stakeholders.		
5.5	Works effectively with client, interprofessional team, and other stakeholders to manage professional relationships.		
<b>6.</b>	<b>Engages in professional Development</b>		
6.1	Uses self-evaluation, new learning, and evidence in professional development.		
6.2	Demonstrates commitment to continuing competence.		
6.3	Enhances personal competence through integration of on-going learning into practice.		
<b>7.</b>	<b>Manages Own Practice and Advocates Within Systems</b>		
7.1	Manages day-to-day practice processes.		
7.2	Manages assignment of service to support personnel, other staff, students, and others under OT supervision.		
7.3	Contributes to a practice environment that supports client-centred OT service, which is safe, ethical, and effective.		
7.4	Demonstrates commitment to client and provider safety.		
7.5	Participates in quality improvement initiatives.		
7.6	Advocates for the occupational potential, occupational performance, and occupational engagement of clients.		

**EVALUATION SUMMARY:**

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This report was presented and discussed.

**Supervising OT(s):**

_____ Please print name	_____ Signature	_____ Date
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_____ Please print name	_____ Signature	_____ Date
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_____ Please print name	_____ Signature	_____ Date
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**Provisional Registrant:**

_____ Please print name	_____ Signature	_____ Date
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