Guide to the Learning Contract

Applicants are asked to develop a learning contract together with their practice supervisor to assist them to structure and evaluate their learning experience. Learning contracts should focus on the specific clinical aspects of occupational therapy, competencies for occupational therapy practice, and the regulatory and legislative knowledge that is required for successful practice.

What knowledge, skills, and behaviours does the applicant need to develop to meet their identified learning needs?

- A learning need is the gap between where someone is now and where they want or need to be. Before developing strategies to address learning, it is helpful to understand the competency that is trying to be acquired.
- 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, judgement, 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 competencies for occupational therapy practice outline the competencies required to practice and will serve as a useful resource. The applicant may want to reflect on the statements and consider which activities in their practice apply to each.

Even though some learning needs are a mandatory requirement as part of the Clinical Re-Entry Placement, it will be helpful to think of specific examples in the placement setting and add these as objectives in the learning contract. The applicant can also identify additional learning needs that they would like to pursue.

How to develop and implement the learning contract

- 1. The applicant provides the supervisor with an orientation to their practice history and discusses their learning needs based on the specific nature and requirements of the clinical setting, experience, and current level of knowledge and skill.
- 2. If applicable, the supervisor provides the applicant with an orientation to the workplace.
- Applicant and supervisor develop or review the specific learning objectives related to the identified learning need
 to ensure that they are clear and measurable. When completing the learning contract, use the listed objective
 statements provided in the Learning Contract Guide. Include objectives for personal learning needs within the
 learning contract.
- 4. Applicant consults with the practice supervisor to identify learning strategies (e.g., observation, discussion, role modelling) and potential learning resources (e.g., books, journals, resource people, and community services). The onus is on the applicant to identify strategies and choose learning experiences best suited to their learning needs and personal learning style.

- 5. Applicant and supervisor agree on the evidence of accomplishments used for the evaluation (e.g., behaviours, reports, direct observation, presentations). Ensure that this section is very objective, following the SMART format this will help both the supervisor and applicant determine whether the objective has been met during the evaluation.
- 6. Applicant and supervisor will 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 will the learning occur?). The criteria must specify what evidence must be provided to demonstrate if the learning objective has been met or not.
- 7. Applicant and supervisor have a mutual responsibility to meet and evaluate the applicant's performance through the learning contract. In preparation for evaluations, both the applicant and supervisor should reflect on the applicant's performance. Documentation of the evaluation outcomes can take place directly on the learning contract. Space is provided so that the supervisor and the applicant can identify which learning objectives have been met and provide any comments.

Components of a Learning Contract

1. Objective	Question to be addressed: What is the applicant required to do or demonstrate?
	 Objective statements within the contract help guide the learning of the applicant. All applicants must have an objective to address the areas of client consent, privacy legislation (PHIPA), and client safety in their learning contracts. Develop other objectives to further the applicant's unique learning needs that are relevant to the clinical practice setting. Successfully meeting the objectives will involve discussions with the supervisor or directly demonstrating in the practice setting. It is left to the applicant and supervisor to determine how best to meet the objectives in each practice setting. An objective should be: S – specific M – measurable A – achievable R – realistic T – time-limited
Professional Responsibility	 Demonstrate a general understanding of the regulatory context in Ontario, including knowledge of the <i>Regulated Health Professions Act, 1991</i>, public protection, protected title, controlled acts, and quality assurance. Describe the role and limitations of the occupational therapist in the practice setting. Identify any controlled acts applicable to the practice setting. Demonstrate an understanding of regulatory requirements and/or guidelines relating to the assignment of tasks and supervision of assistants and occupational therapy students.
Practice Knowledge	 Identify the applicable legislation to the practice setting. e.g., PHIPA, PIPEDA, Health Care Consent Act. Demonstrate understanding and application of the principles of ethical practice. Demonstrate knowledge of the specific statutes and guidelines that contribute toward safe, effective, and ethical occupational therapy practice in Ontario. Regain familiarity with the competencies of practice, and updated practice language and expectations.

Practice Process	 Apply appropriate practices related to consent (assessment, treatment, sharing of information) Maintain timely and accurate records consistent with College Standards, legislative requirements and practice setting expectations.
Critical Thinking	 Demonstrate clinical reasoning through integration of knowledge, skills, and experience. Describe the theoretical model(s) for current practice setting e.g., CMOP-E, PEOP, MOHO.
Communication	Work collaboratively with the team to facilitate a coordinated approach to care with other health care professionals, caregivers, and team members.
Practice Environment	 Identify risks to self and clients in the practice environment. Manage risks in the practice environment.
2. Resources and Approach / Strategy 3. Evidence of Accomplishments	 Question to be addressed: How will the applicant prepare to achieve the objective? Resources should be specifically named and prioritized. They may include College standards and resources, reference texts, articles, websites, other clinicians, community resources. The approach/strategy describes the process. Examples include the opportunity to observe skills or tasks, discussion and feedback with the supervisor, documentation, needs, actions and time management. Question to be addressed: What are the identifying parts of the knowledge, skill, judgement or behaviour that will be proof of the applicant's competence (what will the applicant say, write or do)? Evidence of accomplishment should be: S – specific M – measurable A – achievable R – realistic T – time-limited
4. Timelines / Checkpoints	To be determined by the applicant and supervisor together.
5. Determining Accomplishment	Question to be addressed: What are the guidelines or criteria for determining that each objective has been met or not?
6. Objective Met?	Yes No
7. Comments	

Sample Learning Contract A

1. Objective	To demonstrate clinical reasoning by integrating knowledge, skill, and experience, by developing & demonstrating skill in interpreting assessment findings (use appropriate communication skills, problem identification, program planning and implementation) independently.
2. Resources and Approach / Strategy	 Resources: The Canadian Occupational Performance Measure, Standardized assessment, clinical experience, articles on problem identification, program planning, and treatment Strategies: Look up articles & read client charts Discuss goals & objectives for the client during the session. Identify any necessary assessments (i.e., MoCa, Functional Independent Measure etc.) to be utilized Approach: Administer assessment or intervention session Discuss future goals and objectives for services
3. Evidence of Accomplishments	 A. Identify the client's strengths & weaknesses through discussion using the occupational performance model B. Identify problems, goals, objectives & intervention measures in a written summary for a minimum of three clients C. Demonstrate knowledge of administration of the MoCa assessment with one client & critically appraises the findings, the overall assessment and subsequent services D. Give self-appraisal of each session, ask for practice monitor evaluation, and problem solve on how to improve the next session E. Prepare a written summary of assessment or intervention findings, strengths, weaknesses and observations for a minimum of three clients
4. Timelines / Checkpoints	 Identify three articles in two weeks. Review and trial two new tools within one month. Use tools with the appropriate client within six weeks. Prepare a written assessment report within one week of assessment.
5. Determining Accomplishment	Objective met if A – E are demonstrated within three months Objective not met if by three months any of A-E are not demonstrated
6. Objective Met?	Yes No
7. Comments	

Sample Learning Contract B

1. Objective	To work collaboratively with the interdisciplinary team to facilitate a coordinated approach to care with other health care professionals, caregivers and team members.
2. Resources and Approach / Strategy	Resources: Other team members Other OTs on the team Review Communication PREP module Approach: Case review meetings and discussions with OT peers before team meetings Provide patient care updates during team meetings and discuss recommendations with the team leader following meetings
3. Evidence of Accomplishments	 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 from the whole team F. Other team members understand occupational therapy services G. Initiates problem solving and planning in the team for client H. Other team members consult the applicant directly about the client
4. Timelines / Checkpoints	Review in one month, with practice supervisor, feedback from team leader to be provided.
5. Determining Accomplishment	Objective met if A – H are demonstrated by end of placement. Objective not met if any of A-H are not demonstrated by end of placement.
6. Objective Met?	Yes No
7. Comments	