

COMPONENTS OF A LEARNING CONTRACT

Objective	Resources and Approach/Strategy	Evidence of Accomplishments	Grading	Timelines/ Checkpoints
This column answers the question: What is the therapist required to do or demonstrate? 1. An objective should be: S - specific M - measurable A - achievable R - realistic T - time limited	This column answers the question: How will the therapist prepare to achieve the objective? 1. Resources should be specifically named and prioritized. They may include reference texts, articles, websites, other clinicians, community resources. 2. The approach/ strategy should describe the process. Examples include: - opportunity to observe skills or tasks - discussion and feedback with therapist - documenting needs, actions and time management	This column answers the question: What will the therapist say, write, or do to prove that they have the targeted knowledge, skill(s), judgement or behaviour(s)? - Identify the specific evidence that the therapist must provide – what will the supervisor be looking for? - The evidence should be prioritized. - Evidence should include quantity (e.g. general behaviours and work habits) and quality (e.g. specialized knowledge or advanced skills)	This column answers the question: What are the guidelines or criteria for determining whether each objective has been met or not?	This column answers the question: When will the therapist complete the objective? When will the supervisor review the therapist's progress? 1. Provide a timeframe for the completion of specific evidence and the overall objective.

SAMPLE LEARNING CONTRACTS

Example One: John Sample, OT

Objective #1	Resources and Approach/ Strategy	Evidence of Accomplishments	Grading	Timelines/ Checkpoints
John Sample will be able to demonstrate safe and effective cognitive rehabilitation to individuals with traumatic brain injuries and strokes by week 6. Cognitive rehabilitation will include: - assessment of attention, memory, executive functions, and behaviours and their impact on daily occupation; - attention retraining; - teaching memory and metacognitive strategies; - grading and adapting relevant daily activities; and - behavioural intervention.	- ACRM Cognitive Rehabilitation Manual - Cognitive Rehabilitation: An Integrative Neuropsychological Approach - Literature review - Direct Practice observation with Supervisor A - Participation in memory group and breakfast club - Team consultation (SLP, neuropsych) - Attend course offered by Joan Toglia - In-service Program	- List of readings completed - Evaluation of practice Supervisor A - Positive feedback from other health professionals on the team - Successful assistance with group programs - Course certificates and in-service program documents - Provide in-service program to other OTs	This objective will be met if John provides all the evidence listed under “evidence of accomplishments.” Since John is new to this practice area, Supervisor A and other colleagues will evaluate as a new practitioner of cognitive rehabilitation, but will expect his competency, knowledge, and skills to grow over the weeks If some evidence is incomplete (e.g. only some of the assigned readings are complete or colleagues note areas for improvement), this objective will be “partially met” and Supervisor A will recommend specific areas for further development.	Review in one month with practice supervisor – feedback from team leader to be provided.
Evaluation				
Supervisor A: John has demonstrated successful completion of this objective. Based on my observations, John is practicing safely and effectively, but I recommend further development with teaching metacognitive strategies and providing cognitive rehabilitation to clients with a stroke to improve his ability to practice independently in these areas. Positive feedback received from colleagues and the in-service John provided.				

SAMPLE LEARNING CONTRACTS

Example One: *John Sample, OT*

Objective #2	Resources and Approach/ Strategy	Evidence of Accomplishments	Grading	Timelines/ Checkpoints
John will work collaboratively with the team and facilitate a coordinated approach to care with other health care professionals, caregivers and team members.	Resource: - NSH Workshop on Interdisciplinary Collaboration - Feedback from other professionals on team - Observation by supervisor and other OTs on team Approach: - Case review meetings and discussions with OT peers prior to team meetings - Debriefing meeting with team leader following meetings	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 consult therapist directly about client	While John has extensive past experience as an OT, he has not worked in a hospital inpatient interdisciplinary environment. Grading will focus on effective inter-professional communication for evidence C, D, E, and F. However, based on his past experience, John is expected to show a high level of competence for evidence A, B, G. Evidence H will show that other team members feel they can rely on John as an effective team member and communicator. Objective met if (A – H) are demonstrated. Objective not met if any of (A-H) are not demonstrated.	Week 2: Complete NSH Workshop. Week 3: Interim meeting with supervisor to discuss progress. Week 5: Review evidence with practice supervisor – feedback from team leader to be provided.
Evaluation				

SAMPLE LEARNING CONTRACTS

Example Two: *Stacy Fakenname, OT*

Objectives	Resources and Approach/ Strategy	Evidence of Accomplishments	Grading	Timelines/ Checkpoints
Stacy will develop & demonstrate her ability to safely and effectively assess clients using the occupational performance model (CMOP-E)	Readings: occupational performance booklet, OSOT perceptual evaluation assessment, articles on problem identification, program planning, and treatment. Supervised clinical experience: gradual introduction to independent clinical practice through observation, then directly supervised practice, then independent client assessments	a) identify client's strengths & weaknesses through discussion using the occupational performance model (b) discuss goals & objectives for client during session (c) identify problems, goals, objectives & treatment measures in a written summary for a minimum of three clients	Supervisor will look for evidence that the occupational therapist is effectively using verbal & written communication skills, problem identification, and program planning and implementation. To be successful, Stacy is expected to: - effectively discuss goals & objectives for client during session.	Week 1-3: Readings and observations Week 4-5: Supervised practice
Stacy will be able to safely and effectively administer the OSOT perceptual assessment.	Written Summaries: will summarize and explain problems, goals, objectives, and treatment measures for clients, directly explaining rationale for each clinical choice and relating it to readings/clinical experience/past education	(a) demonstrate knowledge of administration of the OSOT perceptual assessment with one client & critically appraise the findings, the overall assessment and/or subsequent treatment. (b) give self-appraisal of each session, ask for supervisor evaluation, and problem solve on how to improve	- identify any necessary assessments (i.e. OSOT perceptual evaluation, Fostig, Bruunstrom, etc.) to be utilized - independently administer an assessment or treatment session - discuss future goals and objectives for treatment with client	Week 3: Readings on OSOT perceptual assessment Week 4: Supervised session followed by self-assessment and evaluation by supervisor
Stacy will develop & demonstrate clinical reasoning and in particular her skills in interpreting assessment results and findings.	Direct observation of sessions by supervisor and self-appraisals.	(a) prepare a written summary of assessment or treatment findings, strengths, weaknesses and observations for a minimum of three clients		Week 6: submit written summaries for review by supervisor

Learning Contract for Supervised Practice (Template #1)

Name of Supervised Registrant:

Objective	Resources and Approach/ Strategy	Evidence of Accomplishments	Grading	Timelines/ Checkpoints
Evaluation				

We have reviewed and agree to the above Learning Plan:

Signature:

Supervised Therapist

Primary Supervisor

Secondary Supervisors (if applicable)

Learning Contract for Supervised Practice (Template #2)

Name of Supervised Registrant:

Objectives	Resources and Approach/ Strategy	Evidence of Accomplishments	Grading	Timelines/ Checkpoints

Learning Contract for Supervised Practice (Template #2)

Name of Supervised Registrant:

Objectives	Resources and Approach/ Strategy	Evidence of Accomplishments	Grading	Timelines/ Checkpoints
Evaluation				

We have reviewed and agree to the above Learning Plan:

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Supervised Therapist

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