RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

RUHANI COLLEGE

Registered Massage Therapy Diploma Program
Clinical Internship Strand — RU-RMT-13 Clinic 1 | RU-RMT-18 Clinic 2 | RU-RMT-27 Clinic 3

CLINICAL STUDENT EVALUATION — STUDY AND PREPARATION GUIDE

Course codes: RU-RMT-18 (Clinic 2) and RU-RMT-27 (Clinic 3) | **Course name:** Clinical Internship | **Document type:** Student study guide

1. PURPOSE OF THIS GUIDE

This document serves as a guide to help you understand what is expected of you on the Clinical Student Evaluations. It is provided to you shortly after you begin clinic. The Student Evaluations are performed by your clinical supervisor, who shadows you as the student-therapist during a live treatment in the Ruhani College Student Massage Therapy Clinic.

Everything you are graded on in this guide is assessed hands-on, in the clinic, on a real client. There is no written component and no take-home portion. Read this guide before your first evaluation, then use the criteria lists in Sections 4, 5 and 6 as a self-check before every shift.

Rationale

Many skills learned in class must be practised and refined in clinic. In order to assess and give feedback on these important clinical skills, the clinical supervisor uses the Clinical Student Evaluation rubrics during the course of your clinical internship. The evaluations are both a grade and a feedback tool: each one tells you exactly which behaviours to keep and which to correct before the next evaluation and before you graduate into independent practice.

How to read the criteria lists

The numbers in parentheses after each criterion indicate the corresponding Performance Indicator from the Practice Competencies document (the Inter-Jurisdictional Practice Competencies and Performance Indicators). They are printed here so that you can trace every clinic expectation back to the national competency standard you will be measured against on the entry-to-practice examinations and by the College of Massage Therapists of Ontario.

2. STRUCTURE OF THE EVALUATIONS AT RUHANI COLLEGE

There are three Clinical Student Evaluations across the internship strand:

- **Evaluation 1 — completed in RU-RMT-18 (Clinic 2).** This is the evaluation meant for you as you are getting established in clinic. It concentrates on professionalism, communication, consent, safety, foundational assessment and Swedish massage technique.
- **Evaluation 2 — completed in RU-RMT-27 (Clinic 3).** This is the evaluation meant for you once you have completed the Massage Technique 2 module. It adds the full assessment battery, advanced soft-tissue and joint techniques, hydrotherapy and remedial exercise.
- **Evaluation 3 — completed in RU-RMT-27 (Clinic 3). This evaluation uses exactly the same criteria as Evaluation 2. What changes is the standard: you are expected to demonstrate markedly stronger clinical reasoning and critical thinking. See Section 6.**

Evaluation 1 is scheduled once you are settled into Clinic 2. Evaluations 2 and 3 are scheduled at separate points in Clinic 3 so that there is enough time between them to act on feedback.

How an evaluation runs

1. Your supervisor tells you in advance which shift will be evaluated. You are expected to run the shift normally.
2. The supervisor shadows you from the moment you arrive — set-up and punctuality are part of the evaluation.
3. The supervisor observes the greeting, the interview, consent, assessment, treatment, remedial exercise and home care, and the closing of the appointment.
4. The supervisor reviews your clinical record for that client after the treatment.
5. You receive verbal feedback and a signed copy of the completed rubric. Discuss anything you do not understand at that time.

Note: You do not need to worry about demonstrating all of the techniques and assessments listed in this guide in one treatment. The supervisor may ask you to perform specific ones, or may sit in on several of your treatments in order to complete the rubric.

3. STANDING EXPECTATIONS THAT APPLY TO EVERY EVALUATION

- Arrive in full clinic uniform with closed, clean footwear, sound personal hygiene and short, filed nails.
- Arrive 15 minutes before your shift begins, ready to work — not 15 minutes before your first client.
- Treat fellow students, staff and your supervisor with respect at all times, including in the dispensary and staff areas.
- Practise within the Massage Therapy Act, the Regulated Health Professions Act, the CMTO Standards of Practice and Code of Ethics, PHIPA and PIPEDA, and all Ruhani College clinic policies.
- Wash your hands before and after every client, and whenever contamination occurs.
- Never work outside your scope, never work through client pain, and stop immediately if the client asks you to.
- Once a criterion has been assessed in an earlier evaluation, it does not stop being an expectation. Everything in Evaluation 1 remains a professional requirement through Evaluations 2 and 3.

4. EVALUATION 1 CRITERIA — RU-RMT-18 (CLINIC 2)

You will be evaluated on the following. Numbers in parentheses indicate the corresponding Performance Indicator from the Practice Competencies document. The criteria are grouped by theme here to help you study; the supervisor may observe them in any order.

4.1 Professional presentation and clinic conduct

- Proper uniform, footwear, hygiene, nail length. (1.2l-2)
- Arriving to clinic 15 minutes before shift. (1.2p)
- Treating other students and supervisor with respect. (1.1j-2) (1.2e-4)
- Properly preparing and cleaning table and cubicle space. (1.2f-2) (1.2g-3,4)
- Students hands been washed. (1.2g-3,4)
- Complying with all regulations applicable in the province (Act, Standards, Code of Ethics, and so on). (1.2a-3) (1.2b-4)

4.2 Client relationship and communication

- Greeting client warmly, with a handshake. (1.3a-2)
- Respecting client and responding with empathy, respecting client diversity. (1.1d-2) (1.3a-1,3)
- Conducting an interview that focuses on the client's goals. (2.a-3)
- Asking pertinent questions to get important information. (1.1b-4)
- Using proper language and terminology that match needs of listener. (1.1b-1,2) (1.1h-2)
- Using appropriate pace, tone, and projections. (1.1b-3)
- Listening carefully to and understanding the client. (1.1b-5) (1.1f-2)
- Demonstrating proper non-verbal communications (posture, eye contact). (1.1g-3)

4.3 Consent, privacy and draping

- Receiving consent for assessment. (1.3c-2)
- Obtaining consent, including how to undress and get on table. (1.3c-2) (1.2d-3) (3.1h-2)
- Maintaining client privacy during treatment (including draping, turns, remedial exercise, and so on). (1.2e-1,2)
- Using secure and effective draping. (3.1g-2)
- Steps are taken to maintain client confidentiality. (1.2d-2)

4.4 Assessment

- Choosing appropriate assessments for client complaint and modifying based on findings. (1.d-1,2) (1.e-2)
- Observation and palpation taking place throughout the treatment. (2.f-2) (2.j-3)
- Correctly performing Postural test. (2.h-3) (2.d-3)
- Correctly performing Range of Motion test. (2.l-3) (2.d-3)
- Correctly performed Special Test. (2.q-3) (2.d-3)

4.5 Treatment safety, planning and body mechanics

- Care has been taken to ensure client was never in pain. (1.3b-2)
- Showing therapeutic use of touch. (1.2h-2)
- Following principles of massage.
- Showing client care, especially when using more painful techniques. (3.1i-2) (1.3b-2)
- Treatment plan effectively focuses on client's complaint. (3.1c-4)
- Client position is appropriate and safe at all times. (1.3h-1,3)
- Displaying proper ergonomics. (1.2i-2)

4.6 Massage techniques — performed correctly and based on the client's presentation

- Performing effleurage correctly based on client's presentations. (3.2a-2,3)
- Performing stroking correctly based on client's presentations. (3.2b-2,3)
- Performing petrissage correctly based on client's presentations. (3.2c-2,3)
- Performing skin rolling correctly based on client's presentations. (3.2d-2,3)
- Performing vibration correctly based on client's presentations. (3.2e-2,3)
- Performing percussive techniques based on client's presentations. (3.2f-2,3)
- Performing rocking and shaking based on client's presentations. (3.2g-2,3)
- Performing muscle stripping based on client's presentations. (3.2i-2,3)

4.7 Documentation

- Information is accurately documented. (1.1a-1)
- Notes are legible. (1.1a-2)
- Notes are clear, and use proper language and abbreviations. (1.1a-3,4) (1.1h-1,3)
- Notes contain information on assessment, treatments, and self-care.
- Notes are recorded in a timely manner. (1.2d-3)
- Steps are taken to maintain client confidentiality. (1.2d-2)

Note: You do not need to worry about demonstrating all the techniques and assessments listed above in one treatment. The supervisor may ask you to perform specific ones or sit in on several treatments.

5. EVALUATION 2 CRITERIA — RU-RMT-27 (CLINIC 3)

Evaluation 2 is completed once you have finished the Massage Technique 2 module. You will be evaluated on the following. Numbers in parentheses indicate the corresponding Performance Indicator from the Practice Competencies document.

5.1 Professional presentation and clinic conduct

- Arriving to clinic 15 minutes before shift. (1.2p)
- Treating other students and supervisor with respect. (1.1j-2) (1.2e-4)
- Properly preparing and cleaning table and cubicle space. (1.2f-2) (1.2g-3,4)
- Complying with all regulations applicable in the province (Act, Standards, Code of Ethics, and so on). (1.2a-3) (1.2b-4)

5.2 Client relationship and communication

- Greeting client warmly. (1.3a-2)
- Respecting client and responding with empathy, respecting client diversity. (1.1d-2) (1.3a-1,3)
- Conducting an interview that focused on the client's goals. (2.a-3)
- Asking pertinent questions to get important information. (1.1b-4)
- Using proper language and terminology that match needs of listener. (1.1b-1,2) (1.1h-2)
- Using appropriate pace, tone, and projections. (1.1b-3)
- Listening carefully to and understanding client. (1.1b-5) (1.1f-2)
- Demonstrating proper non-verbal communications (posture, eye contact). (1.1g-3)

5.3 Consent, privacy and draping

- Receiving consent for assessment. (1.3c-2)
- Obtaining consent, including how to undress and get on table. (1.3c-2) (1.2d-3) (3.1h-2)
- Maintaining client privacy during treatment (including draping, turns, remedial exercise, and so on). (1.2e-1,2)
- Using secure and effective draping. (3.1g-2)
- Steps are taken to maintain client confidentiality. (1.2d-2)

5.4 Assessment

- Choosing appropriate assessments for client complaint and modifying based on findings. (1.d-1,2) (1.e-2)
- Ensuring observation and palpation has taken place throughout the treatment. (2.f-2) (2.j-3)
- Performing Vital signs test correctly, and correctly determining findings. (2.g-3,5) (2.d-3)
- Correctly performing Gait test. (2.k-3) (2.d-3)
- Performing Muscle Length test correctly. (2.m-3) (2.d-3)
- Performing Muscle Strength correctly. (2.n-3) (2.d-3)

- Performing Joint Play test correctly. (2.o-3) (2.d-3)
- Performing Neurological test correctly. (2.p-3) (2.d-3)

5.5 Treatment safety, planning and body mechanics

- Taking care to ensure client is never in pain. (1.3b-2)
- Showing therapeutic use of touch. (1.2h-2)
- Showing client care, especially when using more painful techniques. (3.1i-2) (1.3b-2)
- Treatment plan effectively focuses on client's complaint. (3.1c-4)
- Client position is appropriate and safe at all times. (1.3h-1,3)
- Displaying proper ergonomics. (1.2i-2)
- Client safety is observed ("if there is pain, stop"). (3.3j-3)

5.6 Advanced soft-tissue and joint techniques

- Performing muscle approximation based on client's presentations. (3.2j-2,3)
- Performing Golgi Tendon Organ techniques based on client's presentations. (3.2k-2,3)
- Performing trigger point techniques based on client's presentations. (3.2m-2,3)
- Performing fascial techniques based on client's presentations. (3.2n-2,3)
- Performing joint mobilizations based on client presentations. (3.2o-2,3)
- Directs client in diaphragmatic breathing. (3.2p-2)

5.7 Hydrotherapy and thermal application

- Correctly performing thermal application based on client presentations. (3.4a-4,5) (3.4b-4,5) (3.4c-4,5)
- Correctly directing client in thermal application. (3.4a-2) (3.4b-2) (3.4c-2)

5.8 Remedial exercise and self-care

- Remedial Exercise (RemEx) is demonstrated and observed. (3.3j-3)
- RemEx is based on client's needs and modified based on response. (3.3a-4) (3.3b-4) (3.3c-3) (3.3f-3)
- Correctly performing and directing client in stretching. (3.3a-2,3)
- Correctly performing and directing client in range of motion. (3.3b-2,3)
- Correctly performing and directing client in strengthening. (3.3c-2)
- Correctly performing and directing client in exercise to restore activity of daily living. (3.3f-3)

5.9 Documentation

- Information is accurately documented. (1.1a-1)
- Notes are legible. (1.1a-2)
- Notes are clear, and use proper language and abbreviations. (1.1a-3,4) (1.1h-1,3)
- Notes contain information on assessment, treatments, and self-care.
- Notes are recorded in a timely manner. (1.2d-3)
- Steps are taken to maintain client confidentiality. (1.2d-2)

Note: You do not need to worry about demonstrating all the techniques and assessments listed above in one treatment. The supervisor may ask you to perform specific ones or sit in on several treatments.

6. EVALUATION 3 CRITERIA — RU-RMT-27 (CLINIC 3)

Evaluation 3 uses the same criteria as Evaluation 2. Every item in Section 5 applies without change, and every standing expectation in Section 3 applies without change. Nothing is removed and nothing new is added to the list.

What changes is the standard against which those criteria are judged. Evaluation 3 is your final observed treatment before graduation, so the supervisor assesses you as a therapist who is nearly ready to practise independently. You are expected to demonstrate distinctly better critical thinking and clinical reasoning than you did at Evaluation 2.

6.1 What critical thinking means at Evaluation 3

- **Reasoned selection, not routine.** You choose assessments and techniques because the client's history and findings point to them, and you can say why in a sentence when asked. Running the same sequence on every client is the main reason students score lower here.

- **Working hypothesis.** You form a clear impression of what is going on, connect the subjective history to your objective findings, and rule in or rule out the likely alternatives instead of collecting findings you never use.
- **Adapting in real time.** When a finding, a tissue response or client feedback contradicts your plan, you change the plan during the treatment rather than finishing what you had intended.
- **Prioritisation.** You treat what matters most in the time available, and you can explain what you deliberately left for the next visit.
- **Contraindications and red flags.** You screen actively, recognise when massage should be modified, delayed or withheld, and you know when to refer or to consult your supervisor.
- **Integrated home care.** Remedial exercise, hydrotherapy and self-care follow logically from your findings and the client's daily activities, capacity and goals — not from a standard handout.
- **Reasoning visible in the record.** Your notes show the link between findings, treatment choices, client response and the plan for next visit, so another therapist could pick up the file and continue safely.
- **Professional self-assessment.** You can identify what worked, what did not, and what you would do differently, without prompting from the supervisor.

6.2 The same criterion at each standard

Choosing appropriate assessments

- Evaluation 2: performs the indicated tests correctly and records the findings.
- Evaluation 3: selects a focused set of tests that tests a hypothesis, interprets conflicting findings, and drops or adds tests as the picture changes.

Treatment plan

- Evaluation 2: the plan addresses the client's stated complaint.
- Evaluation 3: the plan addresses the complaint and the contributing factors, is sequenced with reasons, and includes a realistic outcome and timeline.

Technique application

- Evaluation 2: performs each technique correctly and appropriately for the presentation.
- Evaluation 3: selects, combines and grades techniques for this tissue on this day, and modifies pressure, rhythm and duration from the tissue response.

Remedial exercise and home care

- Evaluation 2: demonstrates and observes appropriate exercise, modified to client response.
- Evaluation 3: prescribes a small, achievable programme tied to the client's goals and daily activities, checks understanding, and explains the purpose to the client.

Documentation

- Evaluation 2: accurate, legible, timely, complete notes.
- Evaluation 3: notes that also show clinical reasoning, client response and a defensible plan for the next visit.

Client interaction

- Evaluation 2: warm, respectful, clear communication and informed consent.
- Evaluation 3: consent that is genuinely ongoing, education the client can act on, and confident management of hesitation, discomfort or unexpected disclosure.

7. HOW TO PREPARE

7.1 Before the shift

- Review the criteria list for the evaluation you are about to sit and mark any item you are unsure of.
- Rehearse your consent script out loud — assessment consent, undressing and positioning instructions, and consent for sensitive areas.
- Practise the tests you are weakest at with a classmate until the sequence, hand placement and end-feel are automatic.
- Check your uniform, footwear, nails and hair the night before. Pack a clean set of linens and your own supplies.
- Plan to arrive early enough to set up your cubicle, check the table and hydrocollator, and read the client file before the appointment time.

7.2 During the treatment

- Slow down. Rushed consent and rushed draping are the most common avoidable errors.
- Say what you are about to do before you do it, and check in on pressure and comfort at each region.
- Keep palpating and observing throughout — assessment does not stop when treatment begins.
- Watch your own body mechanics and table height; the supervisor is grading your ergonomics for the full appointment.
- If something surprises you, name it, adapt, and tell the client what you are changing. Adapting well scores better than following a plan that no longer fits.

7.3 After the treatment

- Complete your record immediately, while the detail is accurate, and secure the file.
- Clean and reset the table and cubicle before you leave the space.
- Ask your supervisor for specific feedback and write down the two things you will change on your next shift.

7.4 Common reasons students lose marks

- Arriving on time rather than 15 minutes early, or setting up after the client arrives.
- Consent obtained once at the start and never revisited, or a positioning instruction skipped.
- Draping that loosens during turns, or exposure during a bolster change.
- Tests performed from memory in the wrong order, or findings that are never used in the plan.
- Working past the client's pain tolerance because the client did not object.
- Notes written at the end of the shift for all clients at once, or abbreviations that are not standard.
- Home care given as a generic handout with no link to the findings.

7.5 Self-check questions before each evaluation

6. Can I state this client's main goal in their own words?
7. Which three assessments will tell me the most, and what will each rule in or out?
8. What are my contraindications and modifications for this client today?
9. What is my plan if the client reports pain partway through?
10. What home care will this client realistically do, and why that one?
11. Would another therapist reading my note know what I did and what to do next?

8. GRADING AND REMEDIATION

- Evaluation 1 is marked out of 44 and Evaluations 2 and 3 out of 51. A minimum grade of 70% is required to pass — 31 of 44 at Evaluation 1 and 36 of 51 at Evaluations 2 and 3 — consistent with the passing standard for the clinical internship strand.
- Each evaluation is scored by the supervising clinician against the criteria listed in this guide and reviewed with you afterwards.
- If an evaluation falls below standard, your supervisor will identify the specific criteria involved and set a remediation plan with a re-observation date. Ask for it in writing.
- Behaviour that puts a client at risk, breaches consent or breaches confidentiality is addressed immediately under clinic policy, independently of the numeric grade.

9. EVALUATION-DAY QUICK REFERENCE — APPOINTMENT FLOW

Work through this sequence on every clinic shift so that it is automatic on the day you are observed. Each step maps to criteria in Sections 4, 5 and 6.

Before the client arrives

- In uniform, nails short, hands washed, arrived 15 minutes early.
- Cubicle set, table checked and cleaned, linens fresh, bolsters and supplies ready.
- Client file read; previous findings, treatment and plan noted.

Greeting and interview

- Warm greeting, introduction, client escorted to the cubicle.
- Health history reviewed and updated; changes since last visit confirmed.
- Client's goal for today established in their own words.
- Pertinent questions asked; contraindications and red flags screened.

Assessment

- Consent for assessment received before touching the client.
- Assessments chosen for the complaint, performed correctly, findings interpreted.
- Findings explained to the client in language they understand.

Consent and positioning

- Proposed treatment, areas to be treated, and expected sensation explained.
- Consent obtained, including undressing instructions and how to get on the table.
- Client left in privacy to undress; return announced before entering.

Treatment

- Draping secure at all times, including turns and bolster changes.
- Techniques selected and graded for the presentation; pressure checked regularly.
- Ongoing consent maintained; treatment modified as tissue and client respond.
- Ergonomics, table height and client positioning safe throughout.

Closing

- Client given time and privacy to dress; post-treatment check-in completed.
- Home care and remedial exercise demonstrated, observed and explained.
- Next visit discussed; questions answered; client escorted out.

After the client leaves

- Record completed immediately and stored securely.
- Table, linens and cubicle cleaned and reset; hands washed.

10. ACKNOWLEDGEMENT

I have read the Clinical Student Evaluation Study and Preparation Guide, I understand the criteria on which I will be evaluated in RU-RMT-18 and RU-RMT-27, and I understand that a minimum grade of 70% is required to pass.

Student name (print): _____ Signature: _____ Date: _____

Clinical supervisor: _____ Signature: _____ Date: _____