RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

RUHANI COLLEGE OF MASSAGE THERAPY

CLINIC 1 · RU-RMT-13

Orientation to Clinical Practice, Professionalism & the Therapeutic Relationship

Your bridge from the lab bench to the treatment room

MODULE	FOCUS	PROGRAM
01 of 07	**Becoming a Student Clinician**	**49 hours · 7 days**

Aligned with the CMTO Standards of Practice & Code of Ethics, CMTCA accreditation standards, and the FOMTRAC Inter-Jurisdictional Practice Competencies (Entry-to-Practice).

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Welcome to Clinic 1

How the seven learning modules are structured

Clinic 1 is 49 hours across 7 clinic days. Modules 1–7 and supervised peer practice run on Days 1–5; Days 6 and 7 are supervised public clinic. You will act as a healthcare professional from the first hour — first with peers, then with members of the public.

1. **Learn the standard**
   Each morning covers the CMTO Standards of Practice, ethics and clinical skills that govern one part of the client encounter.

2. **Rehearse on each other**
   You practise every skill on your classmates first — a safe simulation where mistakes cost nothing and feedback is immediate.

3. **Treat the public under supervision**
   Once cleared, you deliver the same care to members of the public, supervised on the clinic floor at every step.

4. **Reflect and document**
   You chart, reflect and receive feedback exactly as a Registered Massage Therapist does in practice.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Where Clinic 1 Sits in Your Program

You have already built the knowledge base — Clinic 1 is where it becomes clinical practice.

Clinic 1 (RU-RMT-13) is the first supervised clinical course of the Ruhani RMT diploma.

Prerequisite learning. Terminology, anatomy, palpation, assessment, massage technique, pathology, neurology, ethics and health & safety are complete.

This course. You integrate all of it into a full client encounter: intake, assessment, planning, safe treatment, documentation and reflection.

What comes after. Clinic 2 and Clinic 3 build volume and independence toward entry-to-practice readiness.

Why it matters. Everything you do here must already meet the standard the public — and the CMTO — expect of a Registered Massage Therapist.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Course Prerequisites

The learning you bring into the clinic

Clinic 1 assumes competent completion of the following courses. Revisit any area you feel unsure of before treating clients.

RU-RMT-1
Health Care Terminology

RU-RMT-2
Anatomy & Physiology 1 — Cell Bio, Skeletal, Muscle 1

RU-RMT-3
Anatomy & Palpation Lab 1 — Skeletal & Muscle 1

RU-RMT-4
Anatomy & Physiology 2 — Upper-Body Muscles

RU-RMT-5
Anatomy & Palpation Lab 2 — Muscle 2

RU-RMT-6
Anatomy & Physiology 3 — Arthrology & Joint Play

RU-RMT-7
Professional Development & Human Relations — Ethics

RU-RMT-8
Physical Assessments 1 & 2

RU-RMT-9
Massage Theory & Techniques (Mtech 01)

RU-RMT-10
Pathology 1 — Skin, Connective Tissue, Skeletal

RU-RMT-11
Neurology 1 — Basic Neurology & Upper-Body Innervation

RU-RMT-12
Health & Safety — Public Health

Per the Ruhani RMT curriculum, these courses precede RU-RMT-13 Clinic 1 and form its entry requirements.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Prerequisite Anatomy Review

Refresh the skeletal & muscular systems

Before palpating and treating, refresh the bones, joints and muscles you learned in A&P and Palpation Lab. These CrashCourse videos are a fast review — not a replacement for your texts.

PLAYLIST **Crash Course Anatomy & Physiology — full 47-episode series**
youtube.com/playlist?list=PLMPP1FJymP-tfRVr2ybi4tXduwhpk0N8E

#19 **The Skeletal System — bone types, structure & remodeling**
youtube.com/watch?v=rDGqkMHPDqE

#20 **Joints — axial/appendicular skeleton, joint types & movements**
youtube.com/watch?v=DLxYDoN634c

#21 **Muscles, Part 1 — muscle cells, actin & myosin, contraction**
youtube.com/watch?v=Ktv-CaOt6UQ

#22 **Muscles, Part 2 — how muscles work together to create movement**
youtube.com/watch?v=I80Xx7pA9hQ

Supplementary review only. Rely on your A&P and Palpation Lab course materials and instructor guidance for assessed content.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Learning Outcomes

By the end of Module 1 you will be able to…

1. **Describe the clinic model**
   Explain the structure, expectations and supervision model of the Clinic 1 practicum.

2. **Work within scope**
   Explain the massage therapy scope of practice and your limits as a student clinician.

3. **Locate your regulators**
   Situate your practice within the CMTO, CMTCA and FOMTRAC framework.

4. **Apply ethics & standards**
   Apply the CMTO Code of Ethics and Standards of Practice to clinic conduct.

5. **Hold professional boundaries**
   Establish and maintain professional boundaries within the therapeutic relationship.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Session Roadmap

How today unfolds

1. **Clinic model & supervision**
   Purpose of Clinic 1, the student-clinic floor, and how peer practice leads to public treatment.

2. **Attendance & integrity**
   Ruhani's attendance and academic-integrity expectations as professional conduct.

3. **Scope, regulation & accreditation**
   Who governs you: CMTO, CMTCA, FOMTRAC — and the limits of your role.

4. **Ethics & standards**
   The Code of Ethics and the Standards of Practice you will live by on the floor.

5. **The therapeutic relationship**
   Trust, boundaries, the power differential and conflicts of interest.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

The Student-Clinic Model

What the clinic asks of you

1. **A real clinical setting**
   You treat members of the public under direct supervision. Conduct yourself as a healthcare professional from arrival to departure.

2. **Direct supervision**
   A clinical supervisor reviews your intake, assessment, plan and charting and is present on the floor at all times.

3. **Continuous evaluation**
   You are assessed each shift on safety, communication, technical skill, clinical reasoning and professionalism.

4. **Accountability**
   Punctuality, preparedness and full participation are graded. Missed clinic time is missed competency.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Supervision & When to Escalate

You are never expected to work beyond your competence

Escalation is a sign of competence, not weakness. When in doubt, pause and consult.

YOUR SUPERVISOR

Reviews intake, assessment, treatment plan and charting

Observes your technique, safety and communication

Signs off before you treat, and countersigns your record

Is present on the floor throughout every shift

ESCALATE IMMEDIATELY WHEN

Red flags any finding that suggests serious pathology

Uncertainty the presentation exceeds your training or scope

Consent the client hesitates, withdraws or changes the plan

Safety any incident, near-miss, or you feel unwell/unfit

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

From Peer Practice to the Public

The simulation-first model

You will rehearse every clinical skill on a classmate before you use it on a member of the public.

Simulation first. Peer practice is a controlled rehearsal: full intake, draping, technique and charting, with feedback and no risk to the public.

Same standard. Treat your peer-client with the identical professionalism, consent and confidentiality you owe a real client.

Then, supervised public care. Once your supervisor clears you, you deliver the same encounter to the public under direct supervision.

Consent to observe. Peers and clients are told they are part of a supervised teaching clinic and consent to being observed.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Attendance Is Professional Conduct

Ruhani RMT Attendance Policy

1

70% minimum

A minimum of 70% attendance is mandatory in every course to pass — regardless of assignment or exam grades.

2

Hours must be completed

Missed clinical hours must be made up per program procedures; they are required for CMTO eligibility and CMTCA-accredited hours.

3

Documentation ≠ exemption

Notifying the College and providing a note explains an absence but does not erase the missed learning or the 70% requirement.

4

Dependability is safety

Clients depend on you being present, prepared and punctual. The habits you form now are the habits the profession expects.

Source: Ruhani College RMT Attendance Policy v1.0 — aligned with CMTO and CMTCA.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Punctuality & Recording Attendance

Small habits, professional consequences

DO

Arrive early ready to work, appropriately dressed, name visible

Stay the full session leaving early may be recorded as absence

Sign yourself in accurately, using the required method

Notify early tell your instructor as soon as an absence is known

AVOID

Sign in for others signing another student in is misconduct

Arrive late repeatedly it disrupts clients, peers and instructors

Treat 70% as a target it is a floor; aim for full attendance

Make up hours unsupervised never treat clients outside supervised sessions

Signing in for another student is treated as academic and professional misconduct.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Academic Integrity & Professional Conduct

Ruhani RMT Academic Integrity Policy

1

Same standard, classroom to clinic

The honesty you show on an assignment is the honesty a client will one day depend on for safe care.

2

Original, honest work

Complete assessments independently unless collaboration is authorised; acknowledge every source, including AI tools where permitted.

3

Contravening a Standard is misconduct

Breaching a CMTO Standard of Practice is an act of professional misconduct — in the program and in practice.

4

Integrity protects the public

A graduate certified on dishonest work is a risk to the public — exactly what regulation exists to prevent.

Source: Ruhani College RMT Academic Integrity & Professional Conduct Policy v2.1.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

From Classroom Habit to Clinical Risk

Why integrity is a client-safety issue

A falsified assignment today becomes a falsified clinical record tomorrow. The policy treats both with the same seriousness.

ACADEMIC MISCONDUCT	BECOMES, IN THE CLINIC…
Plagiarism / copying a peer's work	Copying a peer's charting instead of your own findings
Falsification or fabrication	Falsifying a clinical record, vitals or consent
Cheating / unauthorised help	Treating without supervisor sign-off or beyond training
Misrepresentation	Letting someone else complete work — or care — in your name
Unauthorised collaboration	Sharing confidential client information improperly

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

The Massage Therapy Scope of Practice

> *The practice of Massage Therapy is the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function, or relieve pain.*

Massage Therapy Act, 1991 (Ontario)

Every technique you use in this clinic must fall inside this legal scope — and inside what you have been trained and cleared to perform.

Staying Inside Your Lane

Scope in day-to-day practice

DO

Assess & treat soft tissue and joints, within your training and competence

Describe findings in objective terms, not medical labels

Educate on self-care hydrotherapy and remedial exercise within scope

Refer out when a presentation exceeds your skill or scope

AVOID

Diagnose disease describing findings is not diagnosing

Perform controlled acts e.g. procedures involving hollow needles

Prescribe or adjust/manipulate these are outside the MT scope

Treat without sign-off or beyond what you've been cleared to do

Controlled acts fall outside the Massage Therapy scope unless specifically authorised by the CMTO.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Who Governs Your Practice

Regulation & accreditation

1

CMTO — your regulator

The College of Massage Therapists of Ontario regulates the profession in the public interest under the Massage Therapy Act, 1991 and the RHPA, 1991.

2

Standards & ethics

CMTO sets the entry-to-practice requirements, Standards of Practice, Code of Ethics and scope every RMT must meet.

3

CMTCA — program accreditation

The Canadian Massage Therapy Council for Accreditation accredits programs against national standards, including instructional and clinical hours.

4

FOMTRAC — competencies

Inter-Jurisdictional Practice Competencies define the minimum abilities of a newly registered therapist and anchor this course.

Graduating from a CMTCA-accredited program supports your eligibility to write CMTO certification exams (OSCE & MCQ).

Regulation Exists to Protect the Public

Not to protect therapists

A regulated health profession puts the client's safety and interests ahead of the practitioner's.

Public interest. CMTO's duty is to the public, through registration, standards, quality assurance and complaints/discipline.

Your registration is a privilege. It is granted on the basis of demonstrated, honest competence — and can be lost through misconduct.

Standards are the floor. The Standards of Practice describe minimum safe, ethical, client-centred care — not aspirations.

You start now. From your first supervised client, you are held to professional expectations, not merely student ones.

The Standards You Will Live By

CMTO Standards of Practice — overview

1. **Client-Centred Care**
   assess, plan around goals, work within competence
2. **Consent**
   informed, ongoing, may be withdrawn anytime
3. **Communication**
   clear, respectful, culturally safe
4. **Professional Boundaries**
   no dual/sexual relationships; prevent abuse
5. **Draping & Physical Privacy**
   expose only the region treated
6. **Privacy & Confidentiality**
   protect personal health information
7. **Record Keeping**
   clear, accurate, complete, timely
8. **Infection Prevention & Control**
   hand hygiene, cleaning, PPE
9. **Safety & Risk Management**
   screen, prevent harm, manage incidents
10. **Conflict of Interest / Fees**
    honest judgement and billing

Each standard is introduced in the module in which its skill is practised. Full text: cmto.com.

Code of Ethics

CMTO · Code of Ethics

Principle. The Code sets out the ethical principles and values expected of every RMT, guiding conduct toward clients, colleagues and the public.

WHAT THE STANDARD REQUIRES

- ◯ Practise with honesty and integrity at all times
- ◯ Put the client's wellbeing and safety first
- ◯ Respect client autonomy, dignity and diversity
- ◯ Practise only when competent and fit to do so
- ◯ Take responsibility and account for your conduct

WHAT IT MEANS FOR YOU AS A STUDENT

- ◯ Your conduct with a peer-client counts as professional conduct
- ◯ Never rationalise cutting a corner on consent or a record
- ◯ Report incidents and errors honestly and promptly
- ◯ Ask for help before you exceed your competence
- ◯ Treat classmates, clients and staff with equal respect

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Four Ethical Principles

The foundation of the Code of Ethics

1. **Respect for persons**
   Treat every client and classmate with compassion and respect, free from discrimination; honour each client as the decision-maker in their own care.

2. **Beneficence**
   Use your knowledge and skill to genuinely benefit clients and contribute to their health and wellbeing.

3. **Non-maleficence**
   Take every reasonable precaution to prevent harm; practise only when competent and fit, and never while impaired.

4. **Responsibility & accountability**
   Act with honesty and integrity, own your actions and records, meet reporting obligations, and never rationalise unethical conduct.

Source: CMTO Code of Ethics.

CMTO STANDARD OF PRACTICE

Client-Centred Care

CMTO · Client-Centred Care

Principle. Care is organised around each client's needs, goals, values and safety — the client is an active partner in their own treatment.

WHAT THE STANDARD REQUIRES

- ◯ Assess the client and take a relevant history
- ◯ Plan treatment around the client's goals and consent
- ◯ Monitor the client's response and adjust care
- ◯ Work only within your competence and the MT scope
- ◯ Refer or collaborate when the client's needs require it

WHAT IT MEANS FOR YOU AS A STUDENT

- ◯ Ask what the client wants from the session, and listen
- ◯ Explain your reasoning in plain language
- ◯ Check in during treatment; adapt to feedback
- ◯ Never impose a technique the client hasn't agreed to
- ◯ Escalate to your supervisor when unsure

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Professional Boundaries

CMTO · Professional Boundaries

Principle. The therapist maintains clear professional limits and never exploits the trust, vulnerability or dependence of a client.

WHAT THE STANDARD REQUIRES

- ◯ Maintain professional boundaries at all times
- ◯ No dual, romantic or sexual relationship with a client
- ◯ Obtain written consent before sensitive-area work
- ◯ Zero tolerance for sexual abuse of clients
- ◯ Manage the power differential responsibly

WHAT IT MEANS FOR YOU AS A STUDENT

- ◯ Keep conversation professional and client-focused
- ◯ Don't treat friends, family or people you know socially
- ◯ Never use the relationship for personal benefit
- ◯ Recognise a boundary crossing early and disclose it
- ◯ Report boundary concerns to your supervisor

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Boundaries in the Treatment Room

What boundaries look like in practice

DO

Explain before you touch and confirm comfort before a new area

Drape for modesty & warmth expose only the region being treated

Keep talk professional focused on the client and their care

Mind the power differential the client is undressed and trusting you

AVOID

Personal disclosures don't burden the client with your life

Social/dual relationships no dating, friending or business ties

Assumptions about the body ask; never assume consent to an area

Gifts or favours that could compromise your judgement

Prevention of Sexual Abuse

A zero-tolerance professional and legal duty

Under Ontario's regulatory framework there is zero tolerance for the sexual abuse of clients by regulated professionals.

Definition is broad. It includes sexual relations, touching, and remarks or behaviour of a sexual nature toward a client.

Sensitive areas. Written informed consent is required before assessing or treating sensitive areas, with clear clinical justification.

No sexual relationship with a client. This applies for the duration of the professional relationship, without exception.

Speak up. If anything feels wrong — as a therapist or a peer-client — stop and tell your supervisor immediately.

See CMTO Professional Boundaries standard and the Regulated Health Professions Act, 1991.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

The Therapeutic Relationship

Trust, vulnerability and the power differential

The relationship is professional and client-centred — never social or personal.

A power differential exists. The client is often undressed, in some discomfort, and trusting your knowledge and judgement.

Trust is earned each session. Through competence, consent, confidentiality and consistent respect.

Boundaries protect both parties. They keep the focus on the client's goals and protect you from misunderstanding.

You hold the responsibility. Managing the relationship safely is always the therapist's job, not the client's.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Dual Relationships & Practising on Peers

A special case in the student clinic

1. **You will treat classmates**
   Peer practice is essential — but it is still a professional therapeutic encounter.

2. **Keep the roles clear**
   While treating, you are therapist and peer-client, not friends chatting; hold the same boundaries.

3. **Consent and confidentiality apply**
   What you learn about a peer-client's body or history stays confidential.

4. **Watch for discomfort**
   If a dual relationship makes either person uncomfortable, tell the instructor and adjust pairings.

Conflict of Interest

CMTO · Conflict of Interest

Principle. The therapist recognises and avoids situations in which personal, financial or other interests could compromise professional judgement or client care.

WHAT THE STANDARD REQUIRES

- ◯ Identify actual, potential and perceived conflicts
- ◯ Put the client's interest ahead of your own
- ◯ Do not accept improper benefits or inducements
- ◯ Disclose conflicts and manage or avoid them
- ◯ Keep referrals and recommendations client-centred

WHAT IT MEANS FOR YOU AS A STUDENT

- ◯ Don't push products or services for personal gain
- ◯ Declare any relationship that could bias your care
- ◯ Recommend what helps the client, not what pays you
- ◯ Ask your supervisor if a situation feels conflicted
- ◯ Transparency resolves most conflicts of interest

Collaboration & Professional Relationships

CMTO · Collaboration and Professional Relationships

Principle. The therapist works respectfully and effectively with clients, colleagues and other health professionals in the client's interest.

WHAT THE STANDARD REQUIRES

- ◯ Communicate respectfully with the whole care team
- ◯ Share information appropriately, with consent
- ◯ Refer to other professionals when indicated
- ◯ Represent your role and competence honestly
- ◯ Address conflict professionally and constructively

WHAT IT MEANS FOR YOU AS A STUDENT

- ◯ Treat supervisors, staff and peers with respect
- ◯ Hand off and refer clearly and safely
- ◯ Never misrepresent yourself as a registered RMT
- ◯ Contribute to a safe, respectful clinic environment
- ◯ Document and communicate collaborative care

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Professional Presence on the Floor

How you show up matters

DO

Punctual & prepared clean uniform, short nails, name visible

Respectful & inclusive culturally safe, plain-language communication

Honest & transparent accurate charting and clear explanations

Focused full attention on the client and the task

AVOID

Personal devices on the floor phones away; no distractions

Discussing clients openly never outside the supervised setting

Strong scents / poor hygiene avoid perfumes; maintain hygiene

Practising while unwell don't treat if impaired or infectious

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Respect, Diversity & Cultural Safety

Client-centred care is inclusive care

Every client is entitled to respectful, non-judgemental care free from discrimination.

Ask, don't assume. About preferences, comfort, language needs and the areas a client is willing to have treated.

Adapt your communication. Use plain language and confirm understanding; arrange interpretation where needed.

Respect autonomy. The client decides about their own body and care at every step.

Check your assumptions. Cultural humility means noticing and setting aside your own biases.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Consent: A Preview

Tomorrow's focus starts today

Consent is a continuing conversation, not a signature you collect once.

Informed. The client understands what you propose, why, and any reasonable alternatives or risks.

Voluntary. Given freely, without pressure from the power differential.

Ongoing. Reconfirmed whenever the plan, area or technique changes.

Revocable. The client can pause, modify or stop treatment at any time — and you stop.

Full treatment of Consent and the Collecting Personal Health Information standard follows on Module 2.

Confidentiality: A Preview

The file belongs to the client's trust

Client information is collected only for safe, effective care — and protected at all times.

Collect only what you need. Relevant history for safe treatment, nothing more.

Share only with consent or law. No discussing clients outside the supervised clinic.

Secure the record. Paper and electronic records are kept private and safe.

Never photograph or post. No client images or information on personal devices or social media.

Privacy & Confidentiality and Collecting PHI standards are covered in depth on Days 2 and 6.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

A Day on the Clinic Floor

The encounter you are training to deliver

This is the arc of every supervised encounter — first with a peer, then with the public.

1. **Prepare**
   Set up a clean, safe room; review the client file; wash your hands.
2. **Greet & intake**
   Welcome the client; confirm identity; take/update history; obtain consent.
3. **Assess**
   Observe, screen and assess within scope; reason toward a plan.
4. **Treat**
   Deliver the agreed, consented treatment safely — with your supervisor's sign-off.
5. **Reassess & educate**
   Check outcomes; give self-care; agree next steps.
6. **Document & reset**
   Chart accurately; countersign with supervisor; clean and reset the room.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Professional Conduct — In Summary

The behaviours you are graded on

DEMONSTRATE

- Punctuality, preparation and full participation
- Consent, confidentiality and clear communication
- Safe technique within scope and competence
- Honest documentation and accountability
- Respect for clients, peers, staff and supervisors

AVOID

- Treating beyond competence or without consent
- Discussing clients outside the supervised setting
- Dual or social relationships with clients
- Distraction, personal devices, or poor presentation
- Practising while unwell, impaired or unfit

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Common Student Pitfalls

And how to avoid them

1. **Skipping re-consent**
   reconfirm whenever the plan changes
2. **Charting from memory later**
   document promptly and accurately
3. **Over-treating**
   less is often safer; respect tolerance
4. **Assuming an area is fine**
   ask before uncovering or treating it
5. **Working past your scope**
   refer or escalate instead
6. **Rushing set-up / hygiene**
   safety and IPAC are never optional
7. **Talking too much**
   keep conversation professional and brief
8. **Not asking for help**
   your supervisor expects your questions

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Peer-Practice Ground Rules

Simulation etiquette in the lab

1. **Consent every time**
   Ask your peer-client's consent before each area and technique, just as with the public.

2. **Drape and respect privacy**
   Full draping and professionalism apply — this is not casual practice.

3. **Give and take feedback well**
   Feedback is about the work, delivered respectfully and received without defensiveness.

4. **Keep it confidential**
   A peer-client's body, history and feedback stay within the learning setting.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Accreditation Alignment

Mapping Module 1 to FOMTRAC competencies

1 **PC 1**
Practises within legislated scope, ethics and standards

2 **PC 2**
Establishes ethical therapeutic relationships & boundaries

3 **PC 3**
Communicates effectively and respectfully

4 **PC 7**
Demonstrates professionalism and self-regulation

5 **PC 8**
Commits to ongoing competence and reflective practice

6 **CMTCA**
Meets accredited standards for safe, ethical care

CMTO Standards of Practice are published at cmto.com; students consult the current text directly. PC references follow the FOMTRAC Inter-Jurisdictional Practice Competencies.

RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

Key Takeaways

What to carry onto the clinic floor

1. Clinic 1 is real, supervised clinical practice — show up as a professional every shift.
2. You rehearse on peers first, then treat the public to the identical standard.
3. Know your scope and your limits; refer or escalate rather than overreach.
4. Attendance and integrity are professional conduct, not just academic rules.
5. The therapeutic relationship rests on consent, boundaries and respect for the power differential.

MODULE 01 COMPLETE

You set the tone for safe, ethical care the moment a client walks in.

Up next ·

Client Intake, Health History & Informed Consent

With the professional foundation in place, Module 2 turns to gathering the client's story accurately and earning their informed consent before you assess or treat.