Bournemouth University

Faculty of Health & Social Sciences

BSc (Hons) Occupational Therapy

PRACTICE ASSESSMENT DOCUMENT

Level 4 / Year 1

2018 / 2019

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Introduction

For practice placement educators and students.

This **placement assessment document** is designed to talk through the assessment process. Assessments will be completed online using the system called ***Online Practice Assessment in Learning (OPAL)*** but it will use the Intended Learning Outcomes, marking descriptors and overall process that are shown within this document.

You may choose to make notes in the halfway and final assessment sections for each competency in preparation for discussions with your Practice Placement Educator (PPE) or your PPE you may choose to use the feedback spaces within the document to keep additional notes ready for completing the assessment in full online.

The beginning of the practice assessment document details general placement information including the Unit Specifications before moving into the assessment paperwork itself.

Please ensure that the Practice Assessment Document and ***Online Placement Assessment for Learning (OPAL)*** resources are fully reviewed and understood for all elements of student assessment in practice and that this is where the assessment feedback is completed.

Section 1: General Information

Glossary of Terms / Abbreviations

AA	Academic Advisor (like a personal tutor)
BU	Bournemouth University
CPD	Continuing Professional Development
ILOs	Intended Learning Outcomes
IPE / L	Inter professional Education / Learning
Level 4	Year 1
Level 5	Year 2
Level 6	Year 3
NLA	Negotiated Learning Agreement
OPAL	Online Practice Assessment in Learning
PPE	Practice Placement Educator
PPC	Practice Placement Coordinator
PET	Placement Education Tutor
PAD	Practice Assessment Document
UPLA	University Practice Learning Advisors

Placement Absence & Sickness:

Please advise that you are absent from your placement using one of the three options below:

Email: hssplacements@bournemouth.ac.uk

Phone the 24-hour automated line on: 01202 965000

Details are also on the HSS placement website – https://www1.bournemouth.ac.uk/about/our-faculties/faculty-health-social-sciences/placements

It is essential that sickness/absences are recorded. If you have any placement specific queries, please contact your Academic Advisor and / or Placement Support Officer

Additional Contacts / Support

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Placement learning

Students are expected to meet the Health and Care Professions Council's standards for skills required to practice Occupational Therapy. These include the identification and assessment of health and social care needs, formulation and delivery of plans, strategies to meet these needs and critical evaluation of the impact of the intervention for the individual.

Throughout the programme, placements are interwoven with learning and teaching units allowing students to immediately apply theory to practice and consolidate skills. Learning in practice is an integral part of occupational therapy education, and makes an equal contribution to programme outcomes. A diverse range of practice placements will reflect the present and future practice environments and the changing nature of services by offering a wide range of experiences e.g. in traditional hospital settings, community hospitals, hospices, specialist centers, social care and in new areas where assessment of occupational performance is a requirement. Placement teaching will enable students to contextualise their learning and apply theory to practice.

A minimum of 1000 assessed, successfully passed placement hours are required for practice placement education, both for registration with the Health and Care Professions Council, and for the Royal College of Occupational Therapists and the World Federation of Occupational Therapists.

There are four different practice placements in the course, plus an *orientation* placement early in the first year. The aims of these practice placements are detailed in each of the level handbooks. Each placement (apart from the *orientation* placement) is summatively and formatively assessed by practice placement educators, who are skilled occupational therapists. Emerging areas for placement opportunities are explored and encouraged where satisfactory supervision can be arranged.

If a student fails to meet the required standards on any practice placement they will be required repeat a practice placement, in its entirety, in a similar field of

occupational therapy practice. The exception to this is where a student fails and then withdraws from the course. A placement can only be repeated once. If the placement is failed a second time this means withdrawal from the degree programme and the end of the student's place on the course.

Two placements occur during the first year.
BU0 One week orientation placement which is not graded but will include demonstration of competence in practice skills and provide feedback for future development. **The hours from this placement will not contribute to the required 1000 statutory hours as the placement is not formally assessed.**

BU1 Six week placement at the end of the first year which is graded and must be successfully passed in order to proceed to the second year.

All placement paperwork will be completed using the ***Online Practice Assessment for Learning (OPAL)***. The student will arrive on placement having already identified and written their perceived learning needs for the placement to prepare for the negotiated learning agreement. This will include any action points arising from preceding placements. The PPEs are asked to review these and amend as required in consultation with the student.

The student and PPE will discuss the use of resources available during the placement and appropriate learning outcomes that will encourage the student to apply their theoretical knowledge to practice. These outcomes will be agreed and recorded on OPAL. The student and the PPE will use this agreement to monitor the achievement of the learning outcomes during the practice placement.

At the end of each week, the student will reflect on their progress in relation to their achievements and challenges, making a personal note of actions to be addressed in subsequent weeks. The students will then meet with their PPE, who will provide feedback. Any further action points will be discussed and agreed.

Half way through the placement in the formative sections of the competencies, the PPE will comment on the student's progress in relation to each competency, identifying any issues to be addressed (on OPAL).

First year Unit Specification

Unit Title: **Occupational Therapy Portfolio 1**

Version Number: **1**

Level: **4**

Credit Value: **40 (80 ECTS equivalent credit value)**

Effective from: **September 2014**

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

The aim of this unit is to introduce students to professional practice and to the foundation skills, knowledge and professional values and expectations required. To introduce students to the concept of continuing professional development and lifelong learning.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Demonstrate basic knowledge and understanding of the standards of proficiency and professional standards for occupational therapy.
2. Practice in a professional, non-judgemental and ethical manner respecting and acknowledging people as individuals.
3. Demonstrate application of underpinning theories, knowledge, legislation and clinical governance in practice.
4. Practice safely and effectively within the scope of practice as a student occupational therapist.
5. Identify strengths and areas for improvement using a range of resources to inform their personal and professional development planning.
6. Develop skills of reflection using personal and professional experiences of practice and university to inform future learning and development.

LEARNING AND TEACHING METHODS

In this unit students will participate in different clinical areas where they will be facilitated, supported and assessed by registered practitioners.

Students will be expected to maintain an on-going portfolio evidencing CPD activities which will be supported by online resources, seminars and workshops on reflective practice and CPD.

ASSESSMENT

Summative Assessment

ILOs 1-4 will be assessed by Practice Placement (60%) and ILOs 5-6 by coursework (40%)

Indicative Assessment Information

The practice placement is a 6 week assessed placement (60%)

The coursework comprises a CPD portfolio (40%)

INDICATIVE CONTENT

University Based Learning:

Knowledge of commonly used models of reflection.

Developing a personal development plan.

Core documentation; Code of Ethics and Conduct (COT) and Guidance on conduct and ethics for students (HCPC)

Recognition of the role of Health and Care Professions Council and British Association / College of Occupational Therapists in relation to CPD.

Appreciating continuing professional development in the context of lifelong learning, evidence based practice, clinical governance and standards of practice.

Introduction of the concepts of humanisation.

Mandatory training including safeguarding children, vulnerable adults, manual handling, basic life support and infection control.

The Francis Report and outcomes impacting on OT provision including ‘The 6 C’s’: Care, compassion, competence, communication, courage and commitment.

Communication skills.

Evidence based practice.

Practice based learning:

Application of reflection in practice.

Recognition of how occupational therapy models of practice are applied in clinical settings.

Completion of assessments at a level appropriate to a first year occupational therapy student.

Client centred practice to include respecting clients' rights dignity and autonomy.

Professional behaviour and attitude as required by the profession.

Communication skills.

Applying the underpinning theories of occupational therapy to practice.

Evidence based practice applied to different settings.

INDICATIVE KEY LEARNING RESOURCES

Andrews, J. 2000. The Value of Reflective Practice: a Student Case Study. *British Journal of Occupational Therapy*, 63(8), 396-398.

Cottrell, S. 2011. *Critical Thinking Skills: developing effective analysis and argument*, 2nd ed. Hampshire, UK: Palgrave Macmillan.

Cottrell, S. 2013. *The Study Skills Handbook*, 4th ed. Hampshire, UK: Palgrave Macmillan.

COT. 2010. *Code of Ethics and Professional Conduct*. COT: London.

HCPC. 2008. *Standards of conduct, performance and ethics*. London: HCPC.

HCPC. 2011. *Your guide to our standards for continuing professional development*. London: HCPC.

HCPC. 2013. *Standards of Proficiency - Occupational Therapists*. London: HCPC.

Healey, J. and Spencer, M. 2008. *Surviving your placement in Health and Social Care: a student handbook*. Berkshire, UK: Oxford University Press.

Polglase, T. And Treseder, R. (eds). 2012. *The Occupational Therapy Handbook. Practice Education*. Cumbria, UK. M&K Publishing.

Swee Hong, C. And Harrison, D. 2012. *Tools for Continuing Professional Development*, 2nd ed. London: Quay Books.

Section 2: Placement Assessment Processes and Responsibilities

Placement Assessment

Assessment overview

The Structure of Practice Placements:

Structure of practice placements		
Year	Placement	Assessment
Level 4 (Year 1)	1-week orientation placement	Not assessed, formative feedback
	6 -week placement	Assessed
Level 5 (Year 2)	8 - week placement	Assessed
Level 6 (Year 3)	10 - week placement	Assessed
	8 - week placement	Assessed

Assessment in practice

Competencies

There are eight competencies of practice that will be assessed – all placement feedback and documentation will be recorded online using ***OPAL***.

Specific skills: 1.Assessment and treatment planning

Specific skills: 2 Interventions of Occupational Therapy

Core 1: Communication

Core 2: Personal & people development

Core 3: Health, safety and security

Core 4: Service improvement

Core 5: Quality

Core 6: Equality and diversity

Competencies are the same across each level (year) of the programme but the level of expectation for achieving the learning outcomes differs from year to year. The

expectation for achieving the learning outcomes shows the progression that students will make in their performance between level 4 (first year) to level 5 (second year) to level 6 (third year). Expectations change between the levels (years) in relation to the amount of **support** provided, the **depth of reasoning** required and the **extent** to which students are expected to achieve the intended learning outcomes.

It is highlighted that the expectation is 'By the end of the placement'.

Expectations of the learning outcomes between levels

Level 4 Year 1	By the end of the placement and with **support,** students are expected to demonstrate **basic knowledge and comprehension** in order to **begin to**:
Level 5 Year 2	By the end of the placement and with **guidance,** students are expected to demonstrate **analysis and application** in order to **develop skills to**:
Level 6 Year 3	By the end of the placement and with **minimal supervision,** students are expected to demonstrate **evaluation and clinical reasoning** in order to **be competent to**:

Definitions of 'support'

Support	Support is defined as significant assistance with all aspects of performance.	**Level 4 / Year 1**
Guidance	Guidance is defined as monitoring the student for areas in which they may need support and offering this as the PPE or student feels necessary.	**Level 5 / Year 2**
Minimal supervision	Minimal supervision is defined as ensuring safe practice and expecting students to request guidance or support as appropriate.	**Level 6 / Year 3**

Definitions of 'depth of clinical reasoning'

Knowledge and comprehension	**Knowledge** is defined as demonstration of factual and conceptual principles that underpin practice. **Comprehension** is defined as understanding and interpreting knowledge to develop arguments.	**Level 4 / Year 1**
Analysis and application	**Analysis** is defined as breaking down knowledge in order to consider different approaches to solving problems and identify limits to knowledge. **Application** is defined as the ability to use knowledge and theory in new situations to explain practice and make sound judgments.	**Level 5 / Year 2**
Evaluation and clinical reasoning	**Evaluation** is defined as synthesizing information gained from practice, experience, concepts, theories and the research evidence in terms of their value and clinical significance. **Clinical reasoning** is defined as integration of findings to justify decision making based on knowledge, comprehension, analysis, application and evaluation of the information.	**Level 6 / Year 3**

Definitions of 'extent'

Beginning to	'Beginning to', is defined as basic ability to demonstrate the stated ILOs.	**Level 4 / Year 1**
Developing skills to	'Developing skills to' is defined as establishing and advancing skills to demonstrate the stated ILOs.	**Level 5 / Year 2**
Competent to	'Competent to' is defined as demonstrating the ability to practice as a novice professional.	**Level 6 / Year 3**

Formative and Summative Assessment

Formative assessment

The Practice Placement Educator (PPE) should give formative feedback on OPAL half way through each placement. This feedback should be to help the student progress and should not equate to any mark, classification or banding.

Comments should be written in the relevant competency. If there are specific issues then PPEs are required to implement an *'Action plan'* in collaboration with the university tutor (AA).

Summative assessment

On completion of the placement it is requested that PPEs provide summative feedback on OPAL. This feedback should include written comments, a **classification band** for each competency and a final grade (%).

The PPE is asked to award a **classification band for each competency**. This should best reflect the achievement of the student by the end of the placement and only marked on the final mark sheet.

An overall classification mark is given as a **final grade (%)** for the placement. This final grade should reflect the classification bands the student has achieved by the end of the placement and only marked on the final mark sheet. The grading is not calculated as an average percentage from the competencies but should provide an all-encompassing reflection of the student's performance.

The final grade (%) is linked to the following degree classifications.

70 and above:	**1st**	**Excellent**
60 - 69%:	**2:1**	**Very good**
50 - 59%:	**2:2**	**Good**
40 - 49%:	**3rd (PASS)**	**Acceptable**
39% and below:	**Fail**	**Poor**

Assessment Requirements

This section outlines the requirements to pass the placement unit with respect to the assessment regulations and the procedures taken if a student is falling behind in achieving their intended learning outcomes.

In order to pass practice placement students must pass all eight competencies of the assessment. This means achieving a third classification, or above, for each competency on the final mark sheet. Students must be assessed and pass the assessment for the hours in practice to count towards their 1000 hours on placement. Hours completed for a failed placement will not be counted. For a placement which is interrupted for reasons such as health, where the placement has not been formally assessed, the hours will not be counted in these circumstances either. If a student fails a placement the usual process would be that the student would repeat the placement but the mark would be capped at 40%. A student can only repeat a placement once. If a student fails a placement a second time then their place on the degree programme will be terminated. This is in line with the Royal College of Occupational Therapists regulations.

Competencies are defined as ‘components’ in respect of the programme assessment regulation. **If a student fails a competency this is considered failure of a practice component.**

The assessment structure enables all students to demonstrate that they have met the intended learning outcomes for each unit, which are mapped to the HCPC Standards of Proficiency for Occupational Therapists. Therefore, assessment ultimately ensures that all students who succeed at assessment have demonstrated that they meet the standards of proficiency.

If a student is falling behind in achieving their intended learning outcomes the PPE should contact the student’s academic advisor as soon as possible and the practice placement support will be implemented.

By the end of the programme all students need to successfully pass a minimum of 1000 assessed practice hours. Hours in practice will be formally recorded on OPAL by the student and confirmed by the practice placement educator.

All placement documentation (assessment formative and summative feedback, mark sheet and hours) must be completed by completion of the placement.

Responsibilities of student

Prior to placement students should:

- Read all information provided on the student online placements system known as ***Placement on the Web (POW)*** relating to their specific allocation.
- Write an appropriate introductory email to the Practice Placement Educator (PPE) including their introductory form provided (See Appendix 2):
- Check any questions or issues that have not been answered by the information on POW prior to placement.
- Ensuring that necessary arrangements have been made with regards to start times, accommodation and travel.
- Revise relevant taught information (anatomy etc) and skills in preparation for the placement.
- Complete the first section of the negotiated learning agreement for the upcoming placement which considers personal learning needs for the stage of training and takes into account previous placement experience.
- Completion of all required mandatory training (both practical as well as online) prior to starting placement

At the start of the placement and throughout students should:

- Behave and dress in a professionally suitable manner at all times – being courteous to all and respecting the clinical judgment supporting the feedback and marks given.
- Observe the RCOT Code of Ethics and Professional Conduct and HCPC Standards of Conduct, Performance and Ethics at all times.
- Discuss and complete the negotiated learning agreement with the PPE.
- Plan a programme of experience with the PPE which takes into account placement opportunities and the above.
- Inform the PPE and a university tutor (AA or Placement Education Tutor) in the case of any problems or unforeseen circumstances which may affect the ability to complete the placement within the agreed time.
- On the first day students must ensure they know the process for sickness reporting for the placement and at all times follow the procedure of the

placement setting and that of Bournemouth University Faculty of Health and Social Sciences regarding absence and sickness.

- Use the opportunity of supervision and assessment effectively and actively contribute to this process.
- Use every opportunity while on placement to fulfil personal learning needs and improve clinical skills with a range of service users, working at a level appropriate to the stage of training reached.
- Reflect on the placement experience enabling personal and professional development. Complete selected items of evidence to add to CPD portfolio and review these with the PPE where relevant.
- Maintain a reflective report and contribute to the various elements of continuing professional development portfolio.
- Contact their academic advisor at any point of the placement should they have any concerns for placement support and / or pastoral issues.

At the end of the placement students should:

- Complete the reflection on the placement experience and ensure their PPE has time to read the reflection and discuss any points as necessary. PPEs may also take a copy of this for their own CPD.
- Complete the relevant paperwork by the required date and submit their PAD to the Placement Administration Team by the submission date given.
- Ensure that the CPD portfolio is updated, and identify further needs in CPD.
- **Under no circumstances** should the student challenge the PPE's judgement and grades awarded. Any concerns related to the marking should be raised with the academic advisor at the earliest opportunity so that they can be addressed.

Responsibilities of the Practice Placement Educator

Prior to the Placement starting the PPE should:

- Review the Practice Placement Guidance Document that will be emailed to all PPEs prior to placement commencing.
- Provide placement information for students in advance of the placement through the Placement Environment Profile (PEP) and in response to introductory emails.
- Be aware of equal opportunities and anti-discriminatory policies and their monitoring and implementation in relation to students.
- Prepare an induction for the student's first day.
- Formulate the outline of an appropriate student diary / placement plan to be added to and developed during the placement.

At the start of the placement and throughout the PPE should:

- The PPE(s) should meet and carry out an induction with the student, which should include:
    - Location of appropriate literature such as policies, books etc.
    - Tour of practice facilities and location of lockers, library etc.
    - Emergency procedures and policies in the event of fire, cardiac arrest etc.
    - Necessary contact details in the event of an emergency and reporting sickness/absence.
    - Ensure student has PPE's contact number(s)
    - Ensure that the student always has a named member of the MDT to refer to.
- Develop a programme with the student which reflects their learning needs as identified in the negotiated learning agreement and identify learning opportunities within the clinical placement area
- Plan a programme of experience which takes into account placement opportunities and the above.
- Schedule weekly formal supervision. This is essential to develop the student's learning informed by the placement learning outcomes and the negotiated

learning agreement. This must be documented in supervision notes and stored appropriately (Appendix 5 For supervision template)

- Plan a date and time for the midway assessment and contact the student's academic advisor to ensure that the halfway university contact (time, date and method) is also 'booked in'.
- Ensure the halfway and final feedback reports are given to the student at the appropriate times.
- Provide learning, support, teaching and supervision, which encourage safe and effective practice; independent learning and professional conduct.
- Inform the student's academic advisor or the placement education tutor as soon as possible if any concerns arise regarding the student's performance.
- Inform the student's academic advisor or the placement education tutor as soon as possible if a situation arises which may affect the student's ability to complete the placement within the agreed time.
- Review relevant reflections and items from the student's CPD portfolio with them during supervision. Encourage them to amend and add to their PDP and to reflect on events that may be useful to aid their learning.

At the end of the placement:

Complete the student final / summative feedback for each of the 8 competencies reflecting on what they have achieved by the end of the placement and recommendations for future development. The hours sheet and final report must be fully completed before the submission online to the university.

Responsibilities of the university tutor (Academic Advisor)

Responsibilities of the Student's Academic Advisor:

The student's academic advisor will contact the PPE in the early stages of the placement to open lines of contact and agree arrangements for the halfway placement contact.

A midway consultation will be undertaken between the academic advisor (or named member of academic staff should the academic advisor be unavailable), the student and the PPE separately and/or together, which will include personal and academic issues such as:

- Review of student progress on placement.
- Ensuring Assessment criteria are understood.
- Pastoral issues which may have a bearing on the success of the placement.
- The academic advisor may arrange additional face to face visits with the student and PPE during the course of the placement, should additional support be required.
- A record of the visit or discussion will be recorded by the tutor for the student's file. A copy of this must be signed as an accurate record by student, PPE and tutor.
- Support phone calls will make use of the summative and formative assessment areas of the competencies discussed between student, PPE and academic advisor to record agreed observations. The Practice Assessment Document's Action Plan can be used to monitor implications for the students if it is decided that a structured approach is necessary.

Mandatory Training – Student Self Declaration – First Year Students

BU Health and Social Care students complete the online e-Learning for Health modules relevant to their year of study. The following topic areas must be completed at the indicated level. Once completed students must print evidence of the completed module (screen shot / certificate print out) and sign the self-declaration form below:

E-Learning Module	**Date Completed**	**Student Signature – declaration that this module has been completed successfully and that evidence can be provided on request.**
Equality and Diversity		
Fire safety Level 2		
Health, Safety and Welfare		
Infection, Prevention and Control Level 2		
Preventing Radicalisation		
Moving and Handling Level 2		
Resuscitation Level 2		
Safeguarding Children Level 1		
Safeguarding Adults		
Conflict resolution		

Data Security Level 2		
Practical Mandatory Training Session	**Date attended**	**Signature of staff**
Manual Handling		
Basic Life Support		
Break Away Training		

It is essential that Mandatory Training is completed before students go into practice. Students will need to complete online Mandatory Training every year. In the first year some elements of Mandatory Training will be enhanced through practical sessions in manual handling and basic life support.

Students are responsible for ensuring that all mandatory training has been completed before starting placement, this includes BU0 orientation one week placement. Students will be required to complete a self-certification process to state that they have completed all online learning and maintain their own printed record of evidence to support this when asked by BU and / or practice. In addition to this staff will monitor progress by printing Mandatory Training reports and checking progress and identifying any students who have not completed the necessary work.

In addition to these elements any specific requirements from placement providers will be completed. For example Break Away training run by Dorset Healthcare which students need in order to attend any mental health or learning disability placements within the Trust.

Failure to complete all mandatory training prior to attending placement will result in a student not going on placement. A false declaration of completed training that then is discovered not to have been completed will result in the Fitness to Practise Procedure being triggered.

BU0 Orientation Placement

Introduction to BU0 Orientation Placement

This placement aims to enable students to explore the role and function of therapists in practice, which they will apply to subsequent learning. In addition it should familiarise students with the practice experience so they are aware of how they will be assessed in practice.

This placement takes place in the first semester serving as an introduction to professional practice and an opportunity to make applications from the taught Becoming an Occupational Therapist. The placement will give an opportunity to integrate theory into practice and focus on basic therapy skills and principles (for example moving and handling, reflection, communication and professional practice). The placement is not observational and the student is expected to participate fully in treatments and departmental activities appropriate to the stage of training (for example basic transfers and mobility activities). Students will be expected to participate in the work environment for the purpose of learning and will at all times adhere to the Health and Care Professions Council's standards of conduct, performance and ethics. Close supervision will be provided by a practice placement educator and at the end of the placement students should have demonstrated practice skills and professional suitability for which formative feedback will be given. If these specific practice skills have not been demonstrated a student may be required to repeat the orientation placement.

Evaluation

Prior to the placement the student should complete the first part of the negotiated learning agreement. At the beginning of the placement the student should complete the rest of the negotiated learning agreement together with the practice placement educator, identifying opportunities and clear expectations of the student for the placement. On completion of the placement the PPE should complete the placement evaluation – section and the student should complete the student reflection / response to feedback section.

Negotiated learning agreement for BU0

Learning opportunities and expectations identified by the practice placement educator in collaboration with the student.

- **Please note: This is a template that can be used for making notes. The Negotiated Learning Agreement must be recorded online using OPAL**

Practice Placement Educator Evaluation for BU0

Student Name…… Start Date……

Placement Location and Practice Area…….

Practice Educator Name(s)……..

Declaration: This assessment report has been completed by the practice educator and relevant feedback discussed with the student.

PPE …… Date …….

Student …… Date …….

Comments from PPE (please include attendance, appearance, punctuality, communication skills and professionalism)

- **Please Note: This is a template example – the evaluation must be competed by the PPE using OPAL**

Please note: BUO Orientation placement does not count towards the students 1000 hours required for qualification. The placement is not graded but provides an opportunity to receive formative feedback.

Student Reflection and / Response to Feedback

For the student to reflect on their experiences and feedback received. Please ensure that the PPE has viewed the student's comments and signed to endorse this.

- **Please note: This is a template that can be used for making notes. The student reflection must be recorded online using OPAL**

Practice Assessment BU1

Practice Assessment Competencies

Level 4 / First year assessment sentence (apply to all competencies): **By the end of the placement and with support, students are expected to demonstrate basic knowledge and comprehension in order to begin to:**

Competency	Learning Outcomes
Specific skills **1** Assessment and treatment planning	**1. Plan an assessment strategy.** a. Sources of information. b. Techniques selected for assessment c. Gathering of relevant information. **2. Interpret assessment information.** a. Summarises assessment findings b. Demonstrates logical thinking. c. Produces a problem list from assessment findings. **3. Plan intervention or treatment based on assessment findings.** a. Goal setting with service user. b. Selects appropriate intervention c. Rationale for selection of intervention.
2 Interventions and treatments	**1. Conduct appropriate interventions or treatments.** a. Delivery of case management including discharge planning. b. Health promotion and well-being. c. Evidence to influence intervention. **2. Review interventions.** a. Strengths and weaknesses of an intervention. b. Outcome measures. c. Reflects on the outcome. **3. Safe and effective performance of interventions or treatments.** a. Skill b. Grades or adapts c. Range of skills.
Core **1** Communication.	**1. Demonstrate effective two-way verbal and non-verbal communication.** a. Listening skills. b. Body language. c. Language. **2. Clearly and accurately documents information.** a. Recorded information is clear and accurate. b. Storage c. Separate issues, fact and opinion statements. **3. Adapt communication to a range of people, matters and settings.** a. Communication tools. b. Rapport. c. Communication in groups and teams.
2 Personal and people development.	1. **Demonstrate development of personal skills and knowledge.** a. Identifies areas for improvement b. Sets own goals c. Engages with resources, (e.g. library and training). **2. Demonstrate self development using reflective practice.** a. Reflects on practice and own development b. Makes use of feedback and supervision. c. Implements changes in response to reflection. **3. Demonstrate development of others.** a. Supports others b. Facilitates skills and knowledge of others c. Understands others learning needs and preferences.

3 Health, safety and security.	**1. Recognise the need for a healthy, safe and secure working environment.** a. Risk. b. Accountability. c. Policy and legislation. **2. Apply healthy, safe and secure working practices** a. Moving and handling. b. Infection control. c. Secure working practice. **3. Monitor and maintain health, safety and security of self.** a. Competency. b. HCPC codes of conduct. c. Fitness to practice.
4 Service Improvement	**1. Incorporate research and evidence to improve practice.** a. How evidence can improve practice b. Relates evidence to practice area. c. Use of evidence to inform decision making. **2. Be aware of administration for the practice area.** a. Participates in audit and quality control. b. Report appropriately complaints and feedback. c. Clinical governance.
5 Quality	**1. Demonstrates professional practice behaviour.** a. Respects confidentiality. b. Trustworthiness and reliability. c. Conduct, appearance and manner. **2. Demonstrate inter-professional and team-working skills.** a. Respects roles of members of the MDT. b. Assists and supports team. c. Collaborates with MDT for coordinated care. **3. Demonstrate management skills.** a. Manages time. b. Demonstrates organisational skill. c. Delegation.
6 Equality and diversity	**1. Demonstrates sensitivity to equality and diversity.** a. Equality. b. Diversity. c. Policies and procedures. **2. Demonstrate awareness of consent and ethical behaviour issues.** a. Consent b. Ethical behaviour. c. Vulnerable client group. **3. Demonstrate service-user centred practice.** a. Service-user – therapist relationship. b. Services –users views and preferences c. Collaborative decision making.

Negotiated learning agreement for BU1

This should be filled out in conjunction with the student's PDP and feedback from BUO

Summary of student learning needs (completed by student prior to placement in conjunction with student's PDP) **Please note: This is a template that can be used for making notes. This must be recorded on OPAL**
Specific action points for this placement (agreed by discussion with PPE) **Please note: This is a template that can be used for making notes. This must be recorded on OPAL**

Planned use of resources and strategies (agreed by discussion with PPE)

Please note: This is a template that can be used for making notes. This must be recorded on OPAL

Competency - Specific 1. Assessment and intervention planning

Intended learning outcomes:

By the end of the placement and with **support,** students are expected to demonstrate **basic knowledge and comprehension** in order to **begin to**:

1. **Plan an assessment strategy.**
2. **Interpret assessment information.**
3. **Plan intervention or treatment based on assessment findings.**

PPE Formative / Halfway Feedback

(please do not provide any grade, classification or percentage at this stage) **Please note: This is a template that can be used for making notes. This must be recorded on OPAL**

PPE Summative / Final Feedback

Classification - please circle on final mark sheet
Recommendations for future placements **Please note: This is a template that can be used for making notes. This must be recorded on OPAL**

Practice Placement Educator Please circle or tick sections 1, 2 & 3 of the boxes opposite

1st 70 and above	1. Excellent planning of an assessment strategy. a. Consistently and effectively identifies a wide range of valuable sources of information. b. Consistently and effectively identifies valuable assessment techniques. c. Consistently, effectively and accurately gather valuable and relevant background information. 2. Excellent interpretation of assessment information. a. Consistently provides succinct and accurate summary of assessment information. b. Consistently shows comprehensive clinical reasoning. c. Consistently prioritises a needs or problem list from assessment findings with clear rationale. 3. Excellent planning of intervention or treatment based on assessment findings. a. Consistently sets collaborative goals with service user. b. Consistently identifies the most effective and efficient intervention or treatment. Consistently provides comprehensive rationale for selection of intervention options.
2:1 60 - 69%	1. Very good planning of an assessment strategy. a. Effectively identifies a wide range of valuable sources of information. b. Effectively identifies valuable assessment techniques. c. Effectively and accurately gathers valuable and relevant background information. 2. Very good interpretation of assessment information. a. Succinctly and accurately summarises assessment information. b. Shows comprehensive clinical reasoning. c. Prioritises a needs or problem list from assessment findings with clear rationale. 3. Very good planning of intervention or treatment based on assessment findings. a. Sets collaborative goals with service user. a. Selects the most effective and efficient intervention or treatment. Provides comprehensive rationale for selection of intervention options.
2:2 50 - 59%	1. Good planning of an assessment strategy. a. Determines the relevance of appropriate sources of information. b. Determines the relevance of techniques for assessment. c. Accurately gathers both formal and informal relevant background information. 2. Good interpretation of assessment information. a. Identifies and summarises important assessment findings b. Demonstrates clear logical thinking process. c. Prioritises a needs or problem list from assessment findings. 3. Good planning of intervention or treatment based on assessment findings. a. Sets goals with service user involvement. b. Considers effectiveness and appropriateness of interventions or treatments. c. Provides appropriate rationale for selection of intervention options.
3rd 40 – 49%	1. Acceptable planning of an assessment strategy. a. Identifies appropriate sources of information. b. Selects appropriate techniques for assessment c. Gathers sufficient relevant background information. 2. Acceptable interpretation of assessment information. a. Summarises assessment findings b. Demonstrates logical thinking process. c. Produces a needs or problem list from assessment findings. 3. Acceptable planning of intervention or treatment based on assessment findings. a. Sets goals with awareness of the service user. b. Selects appropriate intervention or treatment. Provides basic rationale for selection of intervention or treatment.
Fail 39% and below	1. Poor planning of an assessment strategy. a. Consistently misses key sources of information. b. Unable to select appropriate techniques or inappropriate techniques chosen. c. Unable to identify relevant background information. 2. Poor interpretation of assessment information. a. Unable to summarise assessment findings b. Reasoning process lacks logic. c. Unable to produce a needs or problem list of priorities. 3. Poor planning of intervention or treatment based on assessment findings. a. Fails to set goals. b. Does not select appropriate intervention or selects inappropriately. c. Inadequate rationale for selection of interventions.

Competency - Specific 2. Interventions and treatment

Intended learning outcomes:

By the end of the placement and with **support,** students are expected to demonstrate **basic knowledge and comprehension** in order to **begin to**:

1. **Conduct appropriate interventions or treatments.**
2. **Review interventions**
3. **Safe and effective performance of interventions or treatments.**

PPE Formative / Halfway Feedback

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PPE Summative / Final Feedback

Classification - please circle on final mark sheet
Recommendations for future placements **Please note: This is a template that can be used for making notes. This must be recorded on OPAL**

Practice Placement Educator Please circle or tick sections 1, 2 & 3 of the boxes opposite

1st 70 and above	1. Excellent when conducting an interventions or treatments. a. Consistently delivers comprehensive case management, including thorough discharge planning. b. Consistently intervenes in a way that comprehensively promotes health and well-being of the service user. c. Comprehensively incorporates evidence to influence intervention/treatment. 2. Excellent review of the intervention. a. Consistently and comprehensively evaluates interventions/treatments. b. Consistently selects and evaluates appropriate outcome measures considering the service user. c. Consistently reflects on the outcome of interventions efficiently and appropriately and makes necessary modifications. 3. Excellent safety and effectiveness in performance of interventions or treatments. a. Consistently safe and highly skilful application of interventions/treatments showing specificity and sensitivity. b. Demonstrates a comprehensive range of varied and valuable skills. a. Integrates specific and sensitive grading or adaptation throughout intervention with clear rationale.
2:1 60 – 69%	1. Very good when conducting an interventions or treatments. a. Delivers comprehensive case management, including thorough discharge planning. b. Intervenes in a way that promotes health and well-being of the service user. c. Actively incorporates evidence to influence intervention/treatment. 2. Very good review of the intervention. a. Accurately evaluates interventions/treatments. b. Selects and evaluates appropriate outcome measure considering the service user. c. Reflects on the outcome of interventions efficiently and appropriately and makes necessary modifications. 3. Very good safety and effectiveness in performance of interventions or treatments. a. Safe, skilful application of interventions/treatment showing specificity and sensitivity. b. Demonstrates a comprehensive range of skills. a. Grades or adapts interventions showing specificity and sensitivity.
2:2 50 – 59%	1. Good when conducting an interventions or treatments. a. Delivers overall case management, including discharge planning. b. Promotes health and well-being. c. Applies evidence to influence interventions. 2. Good review of the intervention. a. Evaluates an interventions or treatments. b. Considers service users when selecting outcome measures. c. Reflects on the outcome of interventions and considers modification. 3. Good safety and effectiveness in performance of interventions or treatments. a. Safe and skilful application of interventions/treatments. b. Demonstrates a wide range of skills. c. Grading or adaption of interventions made with careful consideration.
3rd 40- 49%	1. Acceptable when conducting an interventions or treatments. a. Delivers case management, including discharge planning. b. Considers issues of health promotion and well-being. c. Aware of how intervention can be influenced by evidence. 2. Acceptable review of the intervention. a. Identifies strengths and weaknesses of an intervention. b. Selects appropriate outcome measures for the intervention c. Reflects on the outcome of interventions. 3. Acceptable safety and effectiveness in performance of interventions or treatments. a. Safe application of interventions/treatments. b. Demonstrates a range of skills. c. Grades or adapts intervention as required.
Fail 39% and below	1. Poor when conducting an interventions or treatments. a. Does not consider overall case management. b. Inadequately considers issues of health promotion and well-being. c. Lacks awareness of how intervention can be based on evidence. 2. Poor review of the intervention. a. Inadequate or inaccurate identification of strengths and weaknesses of an intervention/treatment. b. Does not select appropriate or selects inappropriate outcome measures c. Inadequately to the outcome of interventions. 3. Poor safety and effectiveness in performance of interventions or treatments. a. Unsafe application of interventions/treatment. b. Demonstrates only a limited range of skills or lacks key skills. c. Lacks ability to grades or adapts intervention appropriately.

Competency - Core 1. Communication

Intended learning outcomes:

By the end of the placement and with **support,** students are expected to demonstrate **basic knowledge and comprehension** in order to **begin to**:

1. **Demonstrate effective two-way verbal and non-verbal communication**
2. **Clearly and accurately document information.**
3. **Adapt method of communication to a range of people, matters and settings.**

PPE Formative / Halfway Feedback

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PPE Summative / Final Feedback

Classification - please circle on final mark sheet
Recommendations for future placements **Please note: This is a template that can be used for making notes. This must be recorded on OPAL**

Practice Placement Educator Please circle or tick sections 1, 2 & 3 of the boxes opposite

1st 70 and above	1. Excellent two-way verbal and non-verbal communication. a. Consistently demonstrates highly effective and active listening skills. b. Always acutely aware of own body language and is very responsive to that of others. c. Consistently speaks very clearly and concisely, always using appropriate and relevant language. 2. Excellent documentation of information. a. Consistently structures and records information clearly, concisely and accurately. b. Consistently stores information very diligently demonstrating clear awareness of ethical issues. c. Consistently clearly separates issues, fact and opinion statements and provides sound justification for opinion statements. 3. Excellent adaptation of communication to a range of people, matters and settings. a. Uses a wide variety and innovative range of communication methods and changes between methods with ease. b. Consistently establishes and maintains rapport with ease and confidence with a wide range of people. c. Consistently communicates effectively in range of groups and teams, responding to group dynamics.
2:1 60 – 69%	1. Very good two-way verbal and non-verbal communication. a. Demonstrates highly effective and active listening skills. b. Shows acute awareness of own body language and is very responsive to that of others. c. Speaks clearly and concisely, always using appropriate and relevant language. 2. Very good documentation of information. a. Records and structures information clearly, concisely and accurately. b. Stores information very diligently, demonstrating clear awareness of ethical issues. c. Clearly separates issues, fact and opinion statements and provides justification for opinion statements. 3. Very good adaptation of communication to a range of people, matters and settings. a. Uses a wide variety of communication methods and changes between methods with ease. b. Establishes and maintains rapport with ease and confidence with a range of people. Communicates effectively in range of groups and teams, responding to group dynamics.
2:2 50 – 59%	1. Good two-way verbal and non-verbal communication. a. Demonstrates effective and responsive listening skills. b. Aware of own body language and responds to that of others. c. Speaks clearly and concisely, using appropriate language. 2. Good documentation of information. a. Records information clearly, concisely and accurately. b. Stores information diligently. c. Clearly separates issues, fact and opinion statements. 3. Good adaptation of communication to a range of people, matters and settings. a. Uses a wide variety of communication methods appropriately. b. Builds and maintains rapport. Communicates effectively in groups and teams, showing appreciation of group dynamics.
3rd 40- 49%	1. Acceptable two-way verbal and non-verbal communication. a. Demonstrates effective listening skills. b. Aware of body language of self and others. c. Speaks clearly and uses language appropriately. 2. Acceptable documentation of information. a. Records information clearly and accurately. b. Stores information appropriately. c. Shows ability to separate issues, fact and opinion statements. 3. Acceptable adaptation of communication to a range of people, matters and settings. a. Use an appropriate variety of communication methods. b. Alters communication to establish and maintain rapport. c. Communicates in groups and teams.
Fail 39% and below	1. Poor two-way verbal and non-verbal communication. a. Does not demonstrate effective listening skills, may talk over others or interrupt. b. Demonstrates poor body language does not interpret others' cues or does not maintain eye contact. c. Lacks clarity when speaking, may be vague and repetitive or uses inappropriate language. 2. Poor documentation of information. a. Records information inaccurately or unclearly, or does not sign and date. b. Careless storage of records.

	c. Does not show ability to separate issues, fact and opinion statements. 3. Poor adaptation of communication to a range of people, matters and settings. a. Lacks ability to use a variety of communication methods. b. Difficulty establishing and maintaining rapport. c. Ineffective communication in groups and teams.

Core 2. Personal and people development

Intended learning outcomes:

By the end of the placement and with **support,** students are expected to demonstrate **basic knowledge and comprehension** in order to **begin to**:

1. **Demonstrate development of personal skills and knowledge.**
2. **Demonstrate self-development using reflective practice.**
3. **Demonstrate development of others.**

PPE Formative / Halfway Feedback

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PPE Summative / Final Feedback

Classification - please circle on final mark sheet
Recommendations for future placements **Please note: This is a template that can be used for making notes. This must be recorded on OPAL**

Practice Placement Educator Please circle or tick sections 1, 2 & 3 of the boxes opposite

1st 70 and above	1. Excellent development of personal skills and knowledge. a. Always, readily and accurately identifies specific areas for improvement. b. Consistently sets meaningful, challenging and SMART goals to improve self. c. Shows resourcefulness in engages with a wide variety of resources, (e.g. library and training). 2. Excellent self-development using reflective practice. a. Consistently reflects on practice and own development explicitly demonstrating clarity and ease. b. Consistently proactively seeks and engages with feedback and supervision. c. Consistently and readily integrates reflections and feedback, demonstrating improvements in practice. 3. Excellent development of others. a. Proactively supports and facilitates others with sensitivity. b. Consistently and effectively facilitates skills and knowledge to others in a manner perceptive of others needs. c. Proactively and effectively facilitates others learning needs and preferences.
2:1 60 - 69%	1. Very good development of personal skills and knowledge. a. Readily and accurately identifies specific areas for improvement. b. Sets meaningful and SMART own goals to improve self. c. Engages with a wide variety of resources, (e.g. library and training). 2. Very good self-development using reflective practice. a. Explicitly and readily reflects on practice and own development. b. Proactively seeks feedback and supervision. c. Readily integrates reflections and feedback, demonstrating improvements in practice. 3. Very good development of others. a. Sensitively supports and facilitates others. b. Effectively facilitates skills and knowledge to others in a manner perceptive of others needs. c. Effectively facilitates others learning needs and preferences.
2:2 50 - 59%	1. Good development of personal skills and knowledge. a. Readily Identifies key areas for improvement. b. Sets SMART goals to improve self. c. Engages with resources, (e.g. library and training). 2. Good self-development using reflective practice. a. Explicitly reflects on practice and own development. b. Makes effective use of feedback and supervision. c. Implements effective changes in response to reflection. 3. Good development of others. a. Supports and facilitates others. b. Effectively facilitates skills and knowledge to others. c. Understands and facilitates others learning needs and preferences.
3rd 40 - 49%	1. Acceptable development of personal skills and knowledge. a. Identifies key areas for improvement. b. Sets own goals. c. Makes use of resources, (e.g. library and training). 2. Acceptable self-development using reflective practice. a. Reflects adequately on practice and own development. b. Makes use of feedback and supervision. c. Implements changes in response to reflection. 3. Acceptable development of others. a. Supports others. b. Facilitates skills and knowledge to others. c. Understands others learning needs and preferences.
Fail 39% and below	1. Poor development of personal skills and knowledge. a. Does not recognise key areas for improvement or selects inappropriate areas for improvement. b. Does not set appropriate goals for self. c. Does not engage with resources, (e.g. library and training). 2. Poor self-development using reflective practice. a. Inadequately reflects on practice and own development. b. Does not use feedback and supervision adequately. c. Does not apply learning from reflection. 3. Poor development of others. a. Does not support others, or acts in an unsupportive manner. b. Is unable to facilitate skills and knowledge to others. c. Does not understand or does not facilitate others learning needs and preferences.

Competency - Core 3. Health, safety and security

Intended learning outcomes:

By the end of the placement and with **support,** students are expected to demonstrate **basic knowledge and comprehension** in order to **begin to**:

1. **Recognise the need to establish and maintain a safe and secure working environment.**
2. **Apply healthy, safe and secure working practices.**
3. **Monitor and maintain health, safety and security of self.**

PPE Formative / Halfway Feedback

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PPE Summative / Final Feedback

Classification - please circle on final mark sheet
Recommendations for future placements **Please note: This is a template that can be used for making notes. This must be recorded on OPAL**

Practice Placement Educator Please circle or tick sections 1, 2 & 3 of the boxes opposite

1st 70 and above	1. Excellent recognition of need for healthy, safe and secure working environments. a. Consistently, quickly and accurately interprets risk and acts to mitigate in a variety of situations. b. Consistently demonstrates accountability for actions and readily assumes responsibility. c. Comprehensively understands health, safety and security policies and legislation which are consistently integrated to practice. 2. Excellent application of healthy, safe and secure working practices a. Consistently accountable for safe moving and handling practices and incorporates into practice. b. Consistently accountable for safe infection control practices and incorporates into practice. c. Consistently accountable for safe and secure working practices and incorporates into practice. 3. Excellent monitoring and maintenance of health, safety and security of self. a. Consistently reflects on limits of competence and seeks appropriate advice when necessary. b. Integrates HCPC codes of conduct and other professional standards and applies with specificity to area of practice. c. Proactively assumes accountability for maintaining fitness to practice and fully appreciates the implication of own fitness on service users.	
2:1 60 - 69%	1. Very good recognition of need for healthy, safe and secure working environments. a. Quickly and accurately interprets risk and acts to mitigate in a variety of situations. b. Demonstrates accountability for actions and readily assumes responsibility. c. Understands health, safety and security policies and legislation and integrates to practice. 2. Very good application of healthy, safe and secure working practices a. Accountable for safe moving and handling practices and incorporates into practice. b. Accountable for safe infection control practices and incorporates into practice. c. Accountable for safe and secure working practices and incorporates into practice. 3. Very good monitoring and maintenance of health, safety and security of self. a. Reflects on limits of competence and seeks appropriate and advice when necessary. b. Understands the HCPC codes of conduct and other professional standards and is aware of specific applications to area of practice. c. Accountable for maintaining fitness to practice.	
2:2 50 - 59%	1. Good recognition of need for healthy, safe and secure working environments. a. Accurately interprets risk and acts to minimise these. b. Assumes personal responsibility for actions. c. Aware of relevant health, safety and security policies and legislation and applies to practice. 2. Good application healthy, safe and secure working practices a. Demonstrates responsibility in safe moving and handling practices. b. Demonstrates responsibility in safe Infection control practices. c. Demonstrates responsibility in safe and secure working practices. 3. Good monitoring and maintenance of health, safety and security of self. a. Aware of limits of competence and seeks advice from others. b. Aware of the HCPC codes of conduct and other professional standards and understands the importance of application to practice. c. Demonstrates responsibility for maintaining fitness to practice.	
3rd 40 - 49%	1. Acceptable recognition of need for healthy, safe and secure working environments. a. Identifies key risks and acts to minimise these. b. Accepts personal responsibility for actions. c. Aware of relevant health, safety and security policies and legislation. 2. Acceptable application healthy, safe and secure working practices a. Applies safe moving and handling practices. b. Applies safe Infection control practices. c. Applies safe and secure working practices. 3. Acceptable monitoring and maintenance of health, safety and security of self. a. Know the limits of own practice and when to seek advice or refer to another professional. b. Aware of the HCPC codes of conduct and other professional standards. c. Understands the obligation to maintain fitness to practice.	
Fail 39% and below	1. Poor recognition of need for healthy, safe and secure working environments. a. Inadequately identifies key risks or fails to mitigate these. b. Does not take responsibility for actions. c. Inadequately aware of relevant health, safety and security policies and legislation. 2. Poor application healthy, safe and secure working practices a. Consistently does not apply safe moving and handling practices. b. Consistently does not apply safe Infection control practices. c. Consistently does not apply safe and secure working practices. 3. Poor monitoring and maintenance of health, safety and security of self. a. Does not recognise the limits of own practice or neglects to seek advice or refer to another professional when needed. b. Insufficiently aware of HCPC codes of conduct and other professional standards. c. Unaware of fitness to practice principles.	

Competency - Core 4. Service improvement

Intended learning outcomes:

By the end of the placement and with **support,** students are expected to demonstrate **basic knowledge and comprehension** in order to **begin to**:

1. **Incorporate research and evidence to improve practice.**
2. **Be aware of administration for the practice area.**

PPE Formative / Halfway Feedback

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PPE Summative / Final Feedback

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Practice Placement Educator Please circle or tick sections 1, 2 & 3 of the boxes opposite

1st 70 and above	1. Excellent use of research and evidence to improve practice. a. Consistently and proactively seeks research evidence to inform practice. b. Critically appraises research evidence and understands the complexity of its application to practice. c. Consistently and readily integrates research evidence to inform decision making. 2. Excellent awareness of administration for the practice area. a. Consistently and actively participates in audit and quality control, demonstrating an understanding of the practicalities and application in practice. b. Consistently and appropriately reports and acts on complaints and feedback, and differentiates the quality of the information. c. Consistently integrates issues of clinical governance to own practice.
2:1 60 - 69%	1. Very good use of research and evidence to improve practice. a. Proactively seeks research evidence to inform practice. b. Critically appraises research evidence and understands its application to practice. c. Readily integrates research evidence to inform decision making. 2. Very good awareness of administration for the practice area. a. Actively engages in audit and quality control, suggesting appropriate strategies. b. Appropriately reports and acts on complaints and feedback, and differentiates the quality of the information. c. Integrates issues of clinical governance to own practice.
2:2 50 - 59%	1. Good use of research and evidence to improve practice. a. Understands the importance of research evidence to practice improvement. b. Appraises research evidence and applies to practice. c. Incorporates research evidence to inform decision making. 2. Good awareness of administration for the practice area. a. Engages in audit and quality control. b. Appropriately reports complaints and feedback, and differentiates the quality of this information. c. Understands clinical governance issues.
3rd 40 - 49%	1. Acceptable use of research and evidence to improve practice. a. Considers research evidence to guide practice. b. Appraises research evidence in relation to practice. c. Uses evidence to inform decision making. 2. Acceptable awareness of administration for the practice area. a. Participates in audit and quality control. b. Appropriately reports complaints and feedback. c. Aware of clinical governance issues.
Fail 39% and below	1. Poor use of research and evidence to improve practice. a. Does not consider appropriate evidence to guide practice or does not connect research evidence to practice. b. Difficulty appraising research evidence in relation to practice. c. Research evidence is not used to support decision making. 2. Poor awareness of administration for the practice area. a. Does not participate in audit and quality control, or participates incompetently. b. Does not appropriately report complaints and feedback. c. Lacks awareness of clinical governance issues.

Competency - Core 5. Quality

Intended learning outcomes:

By the end of the placement and with **support,** students are expected to demonstrate **basic knowledge and comprehension** in order to **begin to**:

1. **Demonstrates professional practice behaviour.**
2. **Demonstrate inter-professional and team-working skills.**
3. **Demonstrate management skills.**

PPE Formative / Halfway Feedback

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PPE Summative / Final Feedback

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Recommendations for future placements **Please note: This is a template that can be used for making notes. This must be recorded on OPAL**

Practice Placement Educator Please circle or tick sections 1, 2 & 3 of the boxes opposite

1st 70 and above	1. Excellent professional practice behaviour. a. Consistently and proactively ensures confidentiality and demonstrates respect in their behaviour. b. Consistently reliable and trustworthy, promoting the profession through the integrity of their behaviour. c. Consistently, presents and conducts oneself in a highly professional manner, adapting in a wide variety of circumstances. 2. Excellent inter-professional and team-working skills a. Consistently appreciates, respects and promotes the different roles of members of the MDT and appreciates own profession in relation to these. b. Keenly observes other team members to anticipate and willing offer assistance and support if appropriate. c. Consistently collaborates and negotiates with MDT and service-users promoting coordinated approach. 3. Excellent management skills. a. Consistently shows good forward planning to manage time and prioritise demands taking a flexible and pragmatic approach. b. Consistently demonstrates organisational skill, is well prepared and shows flexibility to changing circumstances. c. Consistently delegates effectively, through negotiation with others, taking full responsibility for delegated tasks.
2:1 60 - 69%	1. Very good professional practice behaviour. a. Proactively ensures confidentiality and demonstrates respect in their behaviour. b. Is reliable and trustworthy, promoting the profession through the integrity of their behaviour. c. Presents and conducts oneself in a highly professional manner adapting in a variety of circumstances. 2. Very good inter-professional and team-working skills a. Appreciates, respects and promotes the different roles of members of the MDT and appreciates own profession in relation to these. b. Willingly offers assistance and support to team members, showing a shared approach to teamwork. c. Collaborates and negotiates with MDT and service-users for coordinated approach. 3. Very good management skills. a. Shows forward planning to manage time or prioritise demands and shows flexibility to changing circumstances. b. Demonstrates organisational skill, appears prepared and shows flexibility to changing circumstances. c. Delegates effectively, in collaboration with others, taking responsibility for delegated tasks.
2:2 50 - 59%	1. Good professional practice behaviour. a. Respects and safeguards confidentiality. b. Is reliable, trustworthy and demonstrates professional attitude. c. Presents and conducts oneself in a very professional manner in a range of circumstances. 2. Good inter-professional and team-working skills a. Respects roles within the MDT and appreciates own profession in relation to these. b. Offers assistance and support to team members, encouraging a shared approach to teamwork, c. Collaborates with MDT and service-user for coordinated approach. 3. Good management skills. a. Shows forward planning to manage time and prioritise demands. b. Demonstrates organisational skill, showing planning and response to changes. c. Delegates appropriately, in collaboration with others, supervising delegated tasks.
3rd 40 - 49%	1. Acceptable professional practice behaviour. a. Respects confidentiality. b. Is reliable and trustworthy. c. Presents and conducts oneself in a professional manner. 2. Acceptable inter-professional and team-working skills a. Respects roles of members of the MDT. b. Offers assistance and supports to other team members. c. Collaborates with MDT for coordinated approach. 3. Acceptable management skills. a. Manages time and prioritises demands. b. Demonstrates organisational skill. c. Delegates appropriately, remaining accountable for delegated tasks.
Fail 39% and below	1. Poor professional practice behaviour. a. Is careless with confidential issues or has breached confidentiality. b. Is unreliable, demonstrated untrustworthy behaviour, or has not earned trust of other team members. c. Does not present with professional conduct, appearance or manner. 2. Poor inter-professional and team-working skills a. Does not understand roles of members of the MDT. b. Does not offer assistance or support to other team members. c. Makes minimal effort to collaborate with other team members. 3. Poor management skills. a. Manages time poorly or inappropriately prioritises demands. b. Disorganisation affects quality of work. c. Does not delegate appropriate tasks, or does not follow-up on delegated tasks.

Competency - Core 6. Equality and diversity

Intended learning outcomes:

By the end of the placement and with **support,** students are expected to demonstrate **basic knowledge and comprehension** in order to **begin to**:

1. **Demonstrate sensitivity to equality and diversity.**
2. **Demonstrate awareness of consent and ethical behaviour issues.**
3. **Demonstrate service-user centred practice.**

PPE Formative / Halfway Feedback

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PPE Summative / Final Feedback

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Recommendations for future placements **Please note: This is a template that can be used for making notes. This must be recorded on OPAL**

Practice Placement Educator Please circle or tick sections 1, 2 & 3 of the boxes below

1st 70 and above	1. Excellent sensitivity to equality and diversity. a. Practices in a non-discriminatory manner, appreciating the nature and complexity of non-discrimination and equality, enabling equal participation for all. b. Appreciates the nature and complexity of non-discrimination and diversity, valuing the richness that diversity brings to practice. c. Comprehensively understands equality & diversity policies & procedures & consistently integrates these to practice. 2. Excellent awareness of consent and ethical behaviour issues. a. Comprehensively understand the complexities of obtaining informed consent, and demonstrates sensitivity and respect when obtaining consent, taking account of an individual's situation. b. Consistently is self-aware and insightful and practices in a clearly non-judgmental manner. c. Consistently promotes the rights, autonomy and dignity of all service users, with specific appreciation for and attention to those who are vulnerable. 3. Excellent demonstration of service-user centred practice. a. Quickly and easily develops mutually respectful working relationships with a range of service users, which promotes confidence and engagement in intervention. b. Consistently plans interventions incorporating service-users views and enabling participation. c. Enables discussion of differing opinions during difficult decision-making whilst empowering service users to have autonomy and centrality in decisions for intervention.
2:1 60 - 69%	1. Very good sensitivity to equality and diversity. a. Practices in a non-discriminatory manner, promoting equality issues. b. Practices in a non-discriminatory manner, promoting diversity issues. c. Understands equality and diversity policies and procedures integrating them into practice. 2. Very good awareness of consent and ethical behaviour issues. a. Understand the complexities of obtaining informed consent, and demonstrate respect when obtaining consent, taking account of an individual's situation. b. Shows self-awareness to promote non-judgmental practice. c. Promotes the rights & dignity of all service users, with specific appreciation for & attention to the vulnerable. 3. Very good demonstration of service-user centred practice. a. Develops mutually respectful working relationships with service users, which promotes confidence and engagement in intervention. b. Plans interventions taking account of service-users views on their situation and enabling participation. c. Enables discussion of differing opinions during decision-making whilst enabling service users to have control in decisions and interventions.
2:2 50 - 59%	1. Good sensitivity to equality and diversity. a. Practices in a non-discriminatory manner, respecting equality issues. b. Practices in a non-discriminatory manner, respecting diversity issues. c. Applies equality and diversity policies and procedures to practice. 2. Good awareness of consent and ethical behaviour issues. a. Understand the importance of, & be able to obtain informed consent respecting an individual's situation. b. Reflects on own judgments, to promote non-judgmental practice. c. Acts to safeguard the rights and dignity of all service users, with specific care for the vulnerable. 3. Good demonstration of service-user centred practice. a. Develops mutually respectful working relationships with service users. b. Understands service user's views on their situation and involvement in intervention. c. Engages the service user in decision-making in intervention.
3rd 40 - 49%	1. Acceptable sensitivity to equality and diversity. a. Practices in a non-discriminatory manner, aware of equality issues. b. Practices in a non-discriminatory manner, aware of diversity issues. c. Aware of equality and diversity policies and procedures. 2. Acceptable awareness of consent and ethical behaviour issues. a. Understand the importance of, and be able to obtain informed consent. b. Displays non-judgmental practice. c. Acts to safeguard the rights and dignity of all service users, aware of those who are vulnerable. 3. Acceptable demonstration of service-user centred practice. a. Builds appropriate relationships with service users. b. Seek service user's views on their situation and involvement in intervention. c. Includes service user in decision making in intervention.
Fail 39% and below	1. Poor sensitivity to equality and diversity. a. Inadequately aware of equality issues or acts in a manner to undermine equality. b. Inadequately aware of diversity issues, or acts in a manner disrespectful of difference. c. Insufficiently aware of equality and diversity policies and procedures. 2. Poor awareness of consent and ethical behaviour issues. a. Insufficiently aware of consent issues or fails to obtain consent for intervention. b. Allows biased judgments to influence practice. c. Is inadequately respectful of the rights and dignity of service users. 3. Poor demonstration of service-user centred practice. a. Inadequate appreciation of the service-user – therapist relationship. b. Disregards service user views or does not involve service users in interventions. c. Makes decisions for service users or does not include their preferences.

Overall Summary of Student's Performance

Please give a summary of the student's performance on placement.

Please note: This is a template that can be used for making notes. This must be recorded on OPAL

Student reflection / response to feedback

For the student to reflect on their experiences and feedback received. Please ensure that the PPE has viewed the student's comments and signed to endorse this.

Please note: This is a template that can be used for making notes. This must be recorded on OPAL

Action plan - **Please note: This is a template that can be used for making notes. This must be recorded on OPAL**

This action plan is to be used if a student is falling behind in achieving their intended learning outcomes

Please identify the reason for this action plan (sickness, lack of appropriate clinical experience, lack of student forward planning, other). Please provide details:

Within the action plan please address the following as applicable:

The specific areas of learning that need to be achieved

Areas/issues to be targeted

Review dates and implications of not achieving them
The need and rationale for extension

Disciplinary procedure

Standards of Conduct, Performance and Ethics (including safety)

Unsafe practice or violations of Professional Standards (HCPC 2008) will cause the student to fail the placement following a process which includes one verbal and two written warnings. Records of all warnings of unsafe practice or concerns about the professional behaviour of the student must be recorded in the boxes overleaf. If a final warning (the second written warning) is given the assessment mark will be negated and a mark of '0' will be recorded.

In exceptional circumstances (examples detailed below) the student may be withdrawn from the placement earlier in the process after discussion with the University Link Tutor.

- Exploits the professional relationship with the service user. Fails to adhere, at all times, to personal and professional standards which reflect credit on the profession.
- Fails to apply knowledge of the departmental health and safety policy to specific service user groups/conditions.
- Does not respect service user confidentiality.
- Is unreliable in verbal reporting or written records that may put service users or others at risk and often fails to tell the educator about adverse findings and/or service user complaints.
- Is unaware of, or disregards, contraindications of treatment.
- Persistently applies treatment techniques and handling skills in a way which puts service user, self or others at risk.
- Practices outside their safe scope of practice.
- Fails to communicate appropriately or respect the rights, dignity and individual sensibilities of service users.
- Demonstrates an unprofessional attitude towards staff (fails to communicate appropriately with other staff, does not cooperate with staff, does not accept feedback from practice placement educators appropriately, criticises practice placement educators in front of service users and wastes time).
- Fails to gain consent of service users in an appropriate manner.
- Persists in unsafe practice despite verbal instructions and/or warnings including violations in moving and handling and infection control.
- Is unaware of personal health issues that affect performance or judgment.
- Inappropriately advertises personal services.
- Sells, supplies, endorses or promotes the sale of services or goods in ways which exploit the professional relationship with the service user.
- Participates in illegal activities.

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Record of verbal warning

Date: …….

Student ……..

PPE …….

First written warning

Date: …….

Student ……..

PPE …….

Second written warning

Date: …….

Student ……..

PPE …….

Administration for BU1

Information

The PPE completes the summative assessment form, ensuring all appropriate sections on OPAL have been filled in and authorised, to provide a record of the student's performance during the placement. This includes the hours completed.

A selection of the student Practice assessments will be moderated by the university tutors and also reviewed by the External Examiners.

Should a student fail a placement they will be required to repeat and pass the placement in order to progress to the next level of the programme. Students are only permitted to re-sit one placement.

Occasionally students are unwell or have circumstances that require them to withdraw from placement. Where appropriate, PPEs may be asked if the student can complete the placement at a mutually convenient time.

Final mark sheet: BU1 - This is a template that can be used for reference.

This must be recorded on OPAL

OCCUPATIONAL THERAPY: Level 4: BU1

Student Name ……Start Date…….....

Placement Location…….……...

Placement Area/Specialism ……

Placement Educators Name (s)..……

Competency	**Classification (Please circle)**
Specific skills: 1 Assessment and treatment planning	1st / 2:1 / 2:2 / 3rd / Fail
2 Interventions and treatment	1st / 2:1 / 2:2 / 3rd / Fail
Core:1 Communication	1st / 2:1 / 2:2 / 3rd / Fail
Core: 2 Personal and people development	1st / 2:1 / 2:2 / 3rd / Fail
Core: 3 Health, safety and security	1st / 2:1 / 2:2 / 3rd / Fail
Core: 4 Service Improvement	1st / 2:1 / 2:2 / 3rd / Fail
Core: 5 Quality	1st / 2:1 / 2:2 / 3rd / Fail
Core: 6 Equality and diversity	1st / 2:1 / 2:2 / 3rd / Fail

Placement percentage mark (based on PPE judgment of student overall) %

Failure in one or more competencies should result in a mark of less than 40%

To achieve a 1st the student should normally achieve a 1st in all competencies

Awards of 80% or above are extremely rare and should be reserved for exceptional students

Practice Hours completed:

Declaration:

This assessment report was completed by the practice placement educator and the student as appropriate. Relevant sections were discussed with the student and the student had an opportunity to comment.

Student placement record sheet BU1

Students will complete a minimum of 37 hours per week, averaged over the course of the placement. Study time is usually a half day a week or a full day every other week. If the PPE is satisfied that the study time has been used effectively for study relating to placement than the hours can be counted as placement hours to complete the full working week..

The PPE is required to fill in a Student Placement Record Sheet so that a record of all the student's practice hours can be kept for the student's three year BSc programme. The student must complete a minimum of 1000 hours of successful practice as well as succeed in all academic work, to be eligible to apply for HCPC registration.

Students must record their placement hours online using OPAL and their PPE must also ensure these are accurate.