



**FACULTY OF EDUCATION, HEALTH  
& WELLBEING**

**Institute of Health**

**BSc (Hons) Physiotherapy**

**Placement Learning Handbook**

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## 1. INTRODUCTION

This handbook is designed to provide an overview of placement learning and the associated regulations. It is written for students, and staff involved in supporting learning and assessment in practice. Any queries not covered by this handbook can be raised with the link tutor or the Head of Practice Learning.

Successful delivery of the programme is dependent on effective collaboration between all key stakeholders. The key partners include:

- **The NHS Trusts**, who provide practice placements, and whose clinical staff actively engage in teaching and assessment of students in practice.
- **The Students** who are responsible for undertaking planned learning activities to meet programme outcomes, to inform the placement providers and University if their learning needs are not being met, and to provide feedback through evaluations to enhance the quality of practice learning.
- **Health Education England, West Midlands** who work closely with the NHS Trusts and University to provide adequate resources in practice to support student learning.
- **Non NHS placement providers** who provide placement learning opportunities in a wide range of health and social care settings.
- **The University** that manages and quality assures the programme and who works closely with its partners to ensure effective delivery and student support.

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## **2. FIT WITHIN THE PROGRAMME**

Clinical practice or placement learning is that part of the physiotherapy programme whereby the student physiotherapist is under direct or indirect supervision of a practising physiotherapist when providing care. Placement learning is an integral part of the programme and contributes to its overall coherence and integrity and approximately 1000 hours are spent in practice to meet the Chartered Society of Physiotherapy accreditation requirements (CSP, 2012).

The Health and Care Professions Council (HCPC) Standards of Education and Training (2012) and the Chartered Society of Physiotherapy Learning and Development Principles for CSP Accreditation of Qualifying Programmes in Physiotherapy (2012) have been used to provide a framework for the selection and management of placements and student support.

### **3. PROFESSIONAL BODY REQUIREMENTS**

#### **3.1 Practice hours/attendance**

Approximately 1000 hours should be spent in placement learning. To achieve this, students will be allocated placements in years 2 and 3. Students are required to work the hours that reflect the needs of the service, this may include evenings and weekends. At a minimum, students are required to attend 75% of the available contact hours for the placement; this ensures that educators have adequate time with the student to assess their performance. Further information about attendance can be found in the course guide.

#### **3.2 Range of placements**

Practice learning should provide students with the opportunity to experience care, enabling them to develop an understanding of the needs and experiences of service users in a variety of health and social care settings.

Students will be required to learn in a range of settings, with links to the service user's journey whilst reflecting the future configuration of services.

#### **Claiming Travel Expenses for Travelling to Placement**

Whilst on placement you may be entitled to have the cost of journeys between your term time residence and the practice placement site (which is not part of your university), reimbursed. Practice Placement involves training in hospitals or community health services rather than a classroom. The daily cost of travel to the practice placement site must be greater than the normal daily travel cost from your term time residence to university. For further information in relation to this and to download a travel claim form please access the NHS bursaries website at:

<https://www.nhsbsa.nhs.uk/learning-support-fund/check-your-eligibility-learning-support-fund>

#### **3.3 Supernumerary status**

Students undertaking physiotherapy education programmes cannot be employed to provide physiotherapy care during their course, all placement experience should be education led with students having supernumerary status for the duration of the course.

### **3.4 Assessment of learning**

Placement learning is graded and counted as part of the academic award.

Student physiotherapists will achieve the placement learning outcomes under the supervision of a health professional whose role it will be to confirm that the learning outcomes have been met and award a grade. Students may also work with other health professionals who contribute towards their graded assessment.

## Practice Assessment Process for Physiotherapy Students

Interview Schedule Timing	Content	Troubleshooting		Action
<b>Initial meeting</b> Week 1 in Placement	Discuss the student's objectives Practice Educator to review and feedback on the objectives on a weekly basis Student to inform Link Tutor of date of progress review	Have personal objectives been identified prior to starting placement?  ↓	<b>NO</b> ► —	Discuss with the student. If not completed contact the Link Tutor
		YES		
<b>Half-way assessment</b> Approximately 2 weeks after commencing placement	Student to inform link tutor of date of progress review. If link tutor is unable to attend, student to meet with link tutor within one week of progress review. Practice educator to review progress in relation to the assessment requirements and provide feedback. Discuss on-going learning needs. Complete progress review pages in practice assessment document.	Is the student progressing as expected?	<b>NO</b> ►	Commence a developmental plan to enable the student to achieve the required outcomes.
		YES		
<b>Final Assessment</b> Last week of Placement	If the student is likely to fail the placement or be awarded over 75% practice educator must contact the link tutor to discuss prior to the final assessment. At final interview, assess progress in relation to the evidence provided and the assessment requirements and provide feedback to the student. Complete the final assessment and timesheet.	Have all assessment requirements been achieved? Have all requirements from developmental planning due to underperformance at progress interview been achieved?	<b>NO</b> —	Contact the link tutor immediately Inform the student and provide detailed feedback indicating the reasons for non-achievement.
		YES		
		Student passes the Placement		

## **4. ROLES AND RESPONSIBILITIES**

### **4.1 Student responsibilities and expectations**

#### **Student responsibilities**

- Adhere to the Guidance on Conduct and Ethics for Students (HCPC, 2010).
- Adhere to organisational policies, procedures and standards for care.
- Report for duty at rostered times and adhere to uniform policy.
- Communicate learning needs and objectives to the practice educator; and express any concerns and problems immediately to the practice educator or link tutor.
- Communicate sickness and absences to appropriate people in a timely manner including informing [FEHWexternalpartnerships@wlv.ac.uk](mailto:FEHWexternalpartnerships@wlv.ac.uk)
- Attend scheduled placement tutorials and updates.
- Ensure the practice assessment document (PAD) is stored safely and is available to practice educators for completion.
- Provide a safe environment for care.
- Keep contemporaneous records of care provided.
- Do not take mobile phones into placement
- Work within sphere of competence/scope of practice.
- Declare any change to health or good character status.
- Disclose any severe bad practice witnessed in accordance with the escalating concerns policy.
- Complete the evaluation of placement learning.
- Attend the preparation for practice sessions and identify personal learning objectives prior to commencement of the placement
- Provide evidence in support of the practice assessment

#### **Student Expectations**

- To receive a placement allocation and under normal circumstances be notified at least 4 weeks in advance
- Receive an induction to the placement.
- Discuss learning needs with the practice educator and clarify learning requirements.
- Meet with the practice educator to review progress.
- Receive formative feedback about performance to facilitate learning and professional development.
- Complete the Practice Assessment Document and participate in all placement review meetings.
- Receive support to facilitate achievement of the placement learning outcomes.
- An opportunity to evaluate the placement.



## **4.2 The Practice Educator**

A practice educator is a physiotherapist or healthcare professional who, following preparation for the role by the University is eligible to supervise and assess students in a practice setting.

Practice educators are responsible for the formative and the summative assessment of student learning. They work in partnership with practice placement managers/clinical placement facilitators, link tutors and other colleagues within the inter-professional services that will support students to achieve their learning outcomes.

All practice educators will attend an initial training session regarding the practice assessment process followed by a biennial practice educator update, which will include guidance regarding the completion of the assessment document.

All practice educators can access the support of the link tutor from the university and minimum levels of support have been identified in relation to the assessment process, see section 4.4.

## **4.3 Practice Placement Manager/Clinical Placement Facilitator**

The role of the Practice Placement Manager (PPM)/ Clinical Placement Facilitator (CPF) is to ensure that the quality of the learning environment meets the standards set by the professional, regulatory and statutory bodies and the Department of Health. They achieve this by working in partnership with clinicians, programme managers, educators and staff within the university.

They are responsible for:

- Increasing placement capacity
- Ensuring the quality of placements is maintained, monitored and enhanced
- Supporting practice educators and students in practice
- Enabling students to access learning opportunities in practice, for example inter-professional training sessions

#### **4.4 Link Tutor**

All placement areas will be supported by a Link Tutor. The Link Tutor is an academic/visiting lecturer from the University who has responsibility for supporting students whilst on placement and monitoring the quality of the placement learning provision.

Link tutors will visit each student once during each placement, usually at the midpoint review. They will also arrange a telephone review in week 1 or 2 of the placement. In the event that the student or practice educator requires more support, additional meetings can be arranged.

#### **4.5 External Partnerships Unit**

The External Partnerships Unit (EPU) is staffed by administrators who work in collaboration with the link tutors and placement providers to administer placements. The EPU office is based at the Walsall Campus in the Sister Dora building, and is open Monday to Friday from 09.00hrs to 17.00hrs. The EPU records all sickness and absence, which can be viewed by you on your e-vision record. You should check this regularly and contact the EPU if you have any queries about your sickness and absence records.

Placement allocations will be issued to you by the link tutors and put onto your records by the EPU.

An answering service is in operation at all times on 01902 518630, or alternatively you can email [FEHWexternalpartnerships@wlv.ac.uk](mailto:FEHWexternalpartnerships@wlv.ac.uk) for general enquiries.

### **5. PROFESSIONAL CONDUCT**

A student physiotherapist must be trustworthy and behave in a way that upholds the reputation of the profession. Behaviour that compromises this reputation may result in referral to the Suitability Panel and may ultimately lead to discontinuation from training. Professional misconduct includes behaviour not directly connected to professional practice for example, involvement in any criminal activity.

The Guidance on Conduct and Ethics for Students (HCPC, 2010) sets out the standards of behaviour against which students will be measured.

#### **5.1 Accountability**

Students cannot be held professionally accountable to the HCPC for acts and omissions. The practice educator remains accountable for the care provided by students under their supervision, including any consequence of their acts and omissions. It can be frustrating as an experienced student if on starting a new placement the practice educator appears to be supervising practice very closely by direct observation. This is because the practice educator will want to satisfy her/himself of the student's level of competence before

applying indirect methods of supervision. This highlights the importance of establishing a good working relationship with the practice educator that is based on open communication, within a safe environment in which both parties can express their feelings. Although students cannot be held accountable to the HCPC for their actions, they can be asked to account for their actions and omissions by the university and practice educator.

## **5.2 Social Networking**

Information posted on social networking sites, for example Facebook or Twitter, is considered to be in the public domain. Students posting inappropriate comments about themselves, staff, service users and their families on social networking sites will be investigated and referred to the Suitability Panel. If the investigation reveals a breach in the terms of the student contract – the consequences could lead to termination of study. For further information regarding social media use, refer to the Health Care Professions Council's guidance on the use of social media <http://www.hcpc-uk.org/assets/documents/1000553EGuidanceonsocialmedia.pdf>

## **5.3 Confidentiality**

Service users and carers have the right to know that any private and personal information that is given in confidence will be used only for the purposes for which it was originally provided, and will not be used for any other reason. Therefore it is important that service users are not discussed outside the placement area.

Further guidance on confidentiality for students is available from the HCPC (2010; 2016).

## **5.4 Consent**

You should obtain informed consent prior to providing care or services (so far as possible). Informed consent is when someone has all the information they need, in a format they can understand, to make a decision about receiving care or services. Further guidance on seeking informed consent is available from the HCPC (2010; 2016). It is important to inform service users that students are involved in care and that they have the right to decline.

### **Service User/Student Relationship**

The relationship between students and service users and carers must be kept on a professional level at all times. Care should be taken about the personal information that is shared with service users and carers.

## 5.5 Records

Students are responsible for keeping accurate, clear records on service users and should ensure that they protect service user records from loss, damage or access by someone without permission (HCPC, 2010). Further guidance regarding record keeping, which students should also adhere to, is included in the HCPC Standards of conduct, performance and ethics (2016).

Practice educators have a duty to ensure that student records meet the HCPC (2016) and local policy standards. The HCPC (2016) no longer requires registrants to countersign student documentation. However, this may be a requirement of local organisational policy and is recommended by the University.

Some general principles of good record keeping are detailed below:

1. Handwriting should be legible.
2. All entries to records should be signed. In the case of written records, the person's name and job title should be printed alongside the first entry.
3. In line with local policy, you should put the date and time on all records. This should be in real time and chronological order, and be as close to the actual time as possible.
4. Your records should be accurate and recorded in such a way that the meaning is clear.
5. Records should be factual and not include unnecessary abbreviations, jargon, meaningless phrases or irrelevant speculation.
6. You should use your professional judgement to decide what is relevant and what should be recorded.
7. You should record details of any assessments and reviews undertaken, and provide clear evidence of the arrangements you have made for future and ongoing care. This should also include details of information given about care and treatment.
8. Records should identify any risks or problems that have arisen and show the action taken to deal with them.
9. You have a duty to communicate fully and effectively with your colleagues, ensuring that they have all the information they need about the people in your care.
10. You must not alter or destroy any records without being authorised to do so.
11. In the unlikely event that you need to alter your own or another healthcare professional's records, you must give your name and job title, and sign and date the original documentation. You should make sure that the alterations you make, and the original record, are clear and auditable.
12. Where appropriate, the person in your care, or their carer, should be involved in the record keeping process.
13. The language that you use should be easily understood by the people in your care.
14. Records should be readable when photocopied or scanned.
15. You should not use coded expressions of sarcasm or humorous abbreviations to describe the people in your care.
16. You should not falsify records.

## **5.6 Providing statements**

Very occasionally students may be asked to make a statement about physiotherapy care provided, e.g. in the case of a service user/carer complaint, which may or may not relate to the student, or in the event of an incident in the workplace. If students are required to write a statement they should inform the link tutor who will support them through this process.

## **6. GETTING THE MOST FROM PLACEMENT**

### **6.1 Preparation for placement**

To get the most out of placements, students need to be prepared. It is important that students are familiar with the placement area and the practice assessment document, so that students can be clear about what is expected of them, and plan their learning objectives. Every student is different, and student perceptions of a placement may differ. Try not to be influenced by anecdotal comments about a placement, and keep an open mind. Another student's experience, may not be the experience of all students.

The table below sets out key measures for students to get the most out of a placement.

<b>Tips for students: getting the most from the placement</b>	
<b>Before you start</b>	
At least two weeks before you start, contact the placement area, introduce yourself, and obtain details of your placement.	Remember, the person you speak to may not be the person dealing with your placement, so may not be aware that you are coming. If this happens speak to the link tutor.
Find out who you need to report to, who your practice educator will be, and if there are any particular requirements for changing and break times.	In some areas you may need to wear special clothing. There may not be provision for you to purchase food, so on occasions it may be necessary for you to bring a packed lunch.
Familiarise yourself with your practice assessment document.	Plan your learning objectives so that you can discuss these with your practice educator.
<b>Once you start</b>	
Familiarise yourself with the location and layout of the placement, emergency procedures, any special security procedures and emergency telephone numbers.	In the event of an emergency you need to act in accordance with the fire procedure and may need to direct people to the nearest fire exit. In an emergency you may be called upon to fetch equipment, for example emergency drugs and resuscitation equipment. There may be special security procedures in place. This information should be included in your orientation to the placement area. Placement areas will have an induction with relevant placement information. Ask to see this.
Familiarise yourself with the placement/unit guidelines and policies.	Ask for access to the placement/unit guidelines and policies. These may only be available on the Trust/Organisation's intranet; however some Trusts also have paper copies. You are expected to comply with Trust policy.
Arrange a time during your first week for an initial meeting with your practice educator to discuss your learning outcomes	Identify learning opportunities and set learning objectives. Receive an orientation to the placement area
<b>During your placement</b>	
Have your practice development document with you at all times and produce your practice assessment document at all relevant meetings.	Evidence can be collated as experiences occur and signed by the practice educator or other healthcare professional. Formative feedback can also be documented to facilitate your ongoing development. Progress can be reviewed against set objectives

Arrange a time for a half way review meeting with your practice educator.	This is a mandatory requirement. Evidence of this must be recorded in your practice assessment document.
Reflect on your developing skills in practice	Ask yourself: Am I achieving what I set out to achieve? Could I be doing anything else? How can I improve my clinical expertise? Do I have evidence to support achievement of my placement learning outcomes?
Use your practice educator effectively	Discuss your reflections on practice with your practice educator Encourage your practice educator to help you to apply theory to practice by asking you questions about your practice Ask your practice educator how you can improve Discuss ways of developing your knowledge with your practice educator, for example sharing research and outcomes of audit and identifying additional learning experiences.
Arrange a date for your final review meeting.	This needs to be programmed, so arrangements can be made to free up your practice educator to meet with you.
<b>At the end of your placement</b>	
Check that all relevant documentation is completed	Half-way and final assessments are documented Attendance records complete Strengths, weakness and targets for future placement identified
Reflect on your achievements	Record your reflections Construct an action plan to enhance future development

### Tips for practice educators: providing an effective learning experience

Plan for the students arrival	<ul style="list-style-type: none"> <li>• Arrange for a deputy if you are not on duty</li> <li>• Find out about the student: what level, what they need to know.</li> <li>• Familiarise yourself with their programme of study and assessment documentation.</li> <li>• Plan how you will support the student, and identify any support you need for yourself.</li> <li>• Be sure you know who the link tutor is and how to contact them</li> </ul>
Establish ways of working	<ul style="list-style-type: none"> <li>• Set times for initial, half-way and final review meetings</li> <li>• Identify the learning outcomes to be achieved relevant to the period of study.</li> <li>• Review the student's practice assessment document and agree negotiated learning outcomes</li> <li>• Discuss any special needs or support required</li> <li>• Share expectations</li> <li>• Establish how you will work with the student during placement</li> <li>• Provide orientation to the practice area as defined in the interview schedules</li> <li>• Identify learning opportunities</li> <li>• Be sure you know who the students personal tutor is and how to contact them</li> <li>• Be aware of your own influence through role modelling</li> </ul>
Facilitate learning	<ul style="list-style-type: none"> <li>• Allow some independence, move from direct to indirect forms of supervision</li> <li>• Encourage critical thinking</li> <li>• Create opportunities for learning</li> <li>• Ask the right questions to assist students to solve their own problems</li> <li>• Share your reflections in action to give students insight into decision making and problem solving skills</li> <li>• Listen</li> </ul>
Continuously assess practice	<ul style="list-style-type: none"> <li>• Observation</li> <li>• Questioning</li> <li>• Reflective discussion</li> <li>• Testing/reviewing evidence</li> </ul>
Review progress	<ul style="list-style-type: none"> <li>• Plan formal opportunities to provide feedback.</li> <li>• Informal feedback can also be given throughout the students placement</li> <li>• Regular contact with the link tutor or students own personal tutor is important to keep them updated of the students' progress</li> </ul>
Evaluate the placement experience	<ul style="list-style-type: none"> <li>• Reflect on your performance as a practice educator. What did you do well? What could you do better next time? How did the student respond to you? Was support available when you needed it?</li> </ul>



## 6.2 Giving and receiving feedback

Tips for Educators: giving effective feedback to students	
Involve the student in assessment	Provide an opportunity for the student to self-assess first
Sensitivity	Not all the feedback you give will be positive. If you need to give negative feedback you should be aware of the language that you use, so that it is constructive.
Timely	Feedback needs to be given at an appropriate time. If feedback is related to a particular incident/area of concern feedback should be given as close to the time of the event as possible.
Objectivity	Feedback should focus on the students' performance avoiding personal bias.
Be clear and specific	You need to be able comment on specific behaviours and achievements rather than giving general comments, which may be hard to learn from. For example, 'You seem to have a good knowledge of promoting a healthy diet, but when I observe you communicating with service users, I find you tend to tell them what to do, and never discuss the choices available, and when service users try to tell you what they want, you do not seem to listen, and still go along with what you want to do' rather than 'the way you communicate with service users is poor'.
Balanced and Constructive	Feedback should include a plan of how the student can develop to improve their performance. Concentrate on the positive as well as the negative. Try to end on a positive note
In an appropriate environment	Feedback should be provided in private, away from service users, staff and other students.
Supportive and challenging	Give a clear statement about what was good (support) and how the student can improve (challenge).
Own the feedback	'I find... I feel...' rather than 'you are... you didn't...'
Document feedback	Feedback should be documented. You may need to refer to this when making future judgments about performance. It might also be necessary to look back and see what advice has been given to a student.
Opportunity for student feedback	Time should be given for the student to respond to the feedback given.

Tips for students: responding to feedback	
Be proactive in the assessment of your practice	Complete a self- assessment of your abilities in relation to a specific placement/experience and against learning outcomes. Be available to receive feedback.
Sensitivity	Not all the feedback you receive will be positive. Try not to take this personally and remember the purpose of feedback is ultimately to help you to develop, and achieve your goal to be a physiotherapist.
Timely	Feedback needs to be given at an appropriate time. Discuss your practice with your practice educator to get immediate feedback on how you are doing. If feedback is related to a particular incident/area of concern, feedback should be given as close to the time of the event as possible. If you have a bad experience discuss this with your practice educator.
Clear and specific	If feedback is to usefully help you to develop your practice, you need to understand what is meant by it. If it is not, ask for it to be repeated, and if relevant ask for specific examples/incidents.
Balanced and Constructive	Where relevant, you need to know how you can enhance and improve your practice. Agree a plan with your practice educator. Remember to include your strengths; it is not just about weaknesses.
Supportive and challenging	Feedback is about making a statement about what was good (support) and how you can improve (challenge). Practice educators will challenge you in a variety of ways, for example, asking you about why you do things in a particular way, to give a rationale for your actions or to extend your skills by undertaking other activities.
Documented	Obtain written feedback on your progress from your practice educator. You should make sure you make arrangements for mandatory interviews, do not leave these to chance and opportune meetings. You can reflect on written feedback at a later date.  Your assessment document must be available at all times.
Opportunity for student feedback	Take the opportunity to respond to the feedback given.

### **6.3 Accessing Placement Allocations**

The allocation of placements is determined by educational need with an emphasis on offering a variety of experiences during the student's course of study.

Placement allocations are completed by academic staff in partnership with EPU. Under normal circumstances, they will be issued to you at least four weeks before the start of the placement.

The Faculty of Health, Education and Well-being strives to provide students with learning experiences in practice that will address the learning outcomes of their course of study, meet the requirements of the respective statutory and professional bodies and provide an excellent preparation for gaining employment in their chosen profession.

The Faculty works in partnerships with health and social care providers to offer a diverse range of placements. Providers of health and social care services are continually reviewing their services in light of service demands, patient and service user needs and in response to government policies. Sometimes these factors impact upon placement availability which may lead to a student's placement arrangements having to be changed; in some cases at short notice.

Students must be prepared to attend allocated placements and undertake the placement hours that reflect the way in which the service is delivered e.g. 24 hours, 7 days a week.

## **7. SUPPORT**

During placement students have supernumerary status and work under direct or indirect supervision of a practice educator. Direct supervision occurs when the practice educator is in close proximity to the student, either by working with them directly, or close enough to directly monitor their activities.

Indirect supervision enables the student to develop confidence and independence, and is only applied where there is evidence that activities can be safely undertaken following direct supervision. Indirect supervision requires that the practice educator is easily contactable to provide the level of support needed to ensure the safety of the service user. As students progress through the programme there is a shift towards more indirect forms of supervision.

### **7.1 Students with disability**

It is important that students make known any circumstances that may compromise fitness to practice, as students have a responsibility for themselves and also to the service users with whom they will be working.

Students with dyslexia are encouraged to give their practice educator a placement awareness sheet. This provides useful tips about how simple

adjustments can be made to enable students to achieve their placement learning outcomes. Further information about supporting students with dyslexia in placement can also be found in the handbook: *Supporting students with dyslexia on practice placements: Guidance for supervisors and educators working with students on health and social care courses* that is available online.

Further advice or support, can be provided by the Student Support and Wellbeing Team. Email: [ssw@wlv.ac.uk](mailto:ssw@wlv.ac.uk) Phone: 01902321074

The HCPC check the health of everyone that applies to join the Register. The guidance on conduct and ethics for students (HCPC, 2010) states that:

*'You should provide any important information about your conduct, competence or health to your education provider.'*

And

*'You should tell your education provider and placement provider about any existing health conditions or changes to your health which may put your service users or yourself at risk.'*

(HCPC, 2010: 10)

A health disclosure will usually result in a routine referral to the occupational health service for an assessment. Wherever possible, students with a health condition are supported to complete the course.

## **7.2 Access to facilities**

External visitors (anyone who is not staff or student) are welcome to come in as a visitor to access our library spaces and print resources. However, this does not include borrowing material or access to our online resources. Further information is available at <https://www.wlv.ac.uk/lib/info/visitors/> , including advice about booking ahead to arrange a visit.

If you wish to use the University Library for reference, research or other more general purposes, an appointment or advance notice is required. Please contact 01902 321333 or 0845 408 1631 or email [library@wlv.ac.uk](mailto:library@wlv.ac.uk) to arrange a visit.

All University Visitors are required to register at the building reception to get a Visitor Pass before coming to the library. For visits to Harrison Library please report to [The Ambika Paul Building Reception](#), and for visits to Walsall Library please report to the [Performance Hub Reception](#).

Visitors wishing to photocopy material held at University of Wolverhampton libraries are entitled to do so for private study and research of a non-commercial purpose. Copy cards are available for purchase.

Educators wishing to join the learning centre should take two forms of identity and address with a passport photo to any Learning Centre Lending Services Helpdesk.

### **7.3 Inter-professional learning opportunities**

There is considerable scope for inter-professional learning in physiotherapy practice settings. Well-planned, shared learning opportunities can provide the means to promote inter-professional understanding, co-operation and communication. There are many opportunities for gaining exposure to inter-professional and inter-disciplinary collaboration during the normal processes of caring service users with a range of complex health and social problems. If students do not get experience of these through the normal processes of work, planned interprofessional learning opportunities should be discussed with the practice educator.

## **8. QUALITY ASSURANCE OF PLACEMENTS**

Before practice areas can be used for placement for student physiotherapists they have to meet certain quality standards. This is assessed by an initial audit of the placement area, and thereafter biennial placement audits are carried out but these are monitored through student evaluation feedback on an ongoing basis.

The NHS Trusts and University undertake joint educational audits. These aim to identify strengths as well as areas requiring improvement and action plans are developed in partnership between educationalists and practitioners to enhance the learning environment.

A practice placement profile is provided to identify learning opportunities available in the learning environment. This will be useful for students to provide an overview of learning opportunities available to them.

An important aspect of quality assurance of placements is feedback from students. Action plans are developed in response to student evaluations and are monitored via the Allied Health Professions course management committee.

### **Other activity in Trusts that impact on quality assurance of placements**

There are a number of other quality assurance activities in the NHS Trusts that impact on the quality of placements, and will have educational implications. Examples of these include: Clinical Negligence Scheme for Trusts (CNST) and inspections by the Care Quality Commission

## **9. POLICIES**

### **9.1 Equal Opportunity**

Students can expect equal treatment during placement, whatever their race or religion, gender, sexual orientation, age, or whether or not they have a disability. Students must act in accordance with the placement provider's Equal Opportunities Policy. Students who discriminate against or harass other students, employees or clients of the Trust may face disciplinary action.

Students should also be aware that service users may refuse care from a student, and should have the opportunity to decline care from a student.

### **9.2 Health and Safety**

Before joining the programme students are required to have a satisfactory health clearance and meet the enhanced requirements of the Disclosure and Barring Service (DBS). These will be repeated before employment as a physiotherapist following qualification. The occupational health department will advise students about any immunisations required to reduce the risk of contracting infection. Whilst in placement students should take reasonable measures to ensure their own health and safety and that of others. For example students should employ safe moving and handling techniques, safe disposal of sharps, correct hand washing techniques, keep fire exits clear and remain observant for hazards within the work environment. It is the students responsibility to familiarise themselves with local NHS Trust/Organisation Health and Safety procedures and comply with these at all times.

Students must complete an on-line self-declaration on an annual basis to confirm that there is no change to their health or DBS status.

Some independent sector placements may require an additional enhanced DBS check prior to placement commencement. It is the student's responsibility to ensure that all relevant paperwork is completed as promptly as possible to enable the placement to proceed and students will be required to pay for this. On commencement of the course, students are advised to opt for the annual DBS payment, which allows continuous access to your DBS details.

### **9.4 Complaints**

The University of Wolverhampton is committed to providing a high quality service to students undertaking professional programmes. This extends to all experiences both within the institution and in the placement areas. If the student has any grievance relating to the placement area, this should be raised with the practice educator or link tutor in the first instance. If the matter is not settled at this level it may be pursued in accordance with the complaints procedure. Complaints relating to events occurring in placement will be managed in accordance with the Trust's/Organisation's complaints procedure.

On occasions service users may complain directly to students. Students should refer this to their practice educator or the manager of the placement area.

## **9.5 Raising and escalating Concerns**

Staff and students have a professional duty to report any concerns that put the safety of service users and carers at risk. The HCPC produce guidance for registrants, which is also useful for students and can be accessed at <http://www.hpc-uk.org/registrants/raisingconcerns/howto/>

The Institute of Health and Wellbeing have produced guidance specifically for students about the procedure to follow if they witness serious bad practice in placement. Further information can be obtained from the link tutor. A copy of the procedure is also available on the Physiotherapy Practice Learning Support topic on the VLE. Students are also advised to familiarise yourself with the local organisational policy for raising and escalating concerns.

## **9.6 Risk Assessment**

The risks associated with student placements can be separated into two categories:

- Foreseeable injury or ill-health arising out of failure to provide appropriate safety equipment and
- Foreseeable injury, ill-health as a consequence of the placement, i.e. negligent working practices on the part of or in relation to the student placement.

In order to minimise any risk to service users, staff or students, students should make known any conditions that may impact on their health and safety to facilitate any necessary risk assessment before placement. For example during pregnancy it is advisable to avoid exposure to certain toxic substances. In such circumstances a risk assessment should be completed and action taken to minimise harm. The outcome of this may be that an alternative placement is required, or adjustments made to the placement.

Students must comply with all health and safety policies whilst in placement.



## **9.7 Insurance/liability (use of own car)**

If journeys are made for the purposes of undertaking placements after arrival at the normal place of work (for example visiting several clinics), check with your motor insurance company that the cover extends to business use. Otherwise the insurance may be invalid.

## **9.8 Suitability (Fitness to Practice)**

Fitness for Practice (Suitability) is defined as suitability to be registered with, or to be recommended for entry onto a professional register without restrictions.

FEHW recognises that academic success does not necessarily equate with the professional requirements for registration, and aims to assure itself that the student has the capability for safe and effective practice without supervision.

The functions of the FEHW Suitability Panel are described below:

1. Consider the suitability for admission of students onto a professional programme where fitness for practice is called into question.
2. Consider a student's fitness for practice when they have declared a change in the status of their health or character during the duration of their course.
3. Consider evidence where there are concerns about a student's fitness for practice and/or serious breaches in code/s of professional practice/placement policies and procedures and decide whether further action is required. See the termination and suspension of placement procedures for examples.
4. Monitor the number of students with disability and the overall support for students in FEHW
5. Monitor the number and reasons for termination and suspension of placement.
6. The FEHW Suitability Panel will produce an annual report of its activity.
7. Provide advice to staff about management of suitability concerns.

If it is considered that a student's conduct is incompatible with physiotherapy, then the student may be referred to the University Fitness to Practice Panel.

The FEHW suitability procedures are available on the EPU website and the University Fitness to Practice policy is accessible from the following link:

<http://www.wlv.ac.uk/about-us/governance/legal-information/policies-and-regulations/>

## **9. 9 Termination and suspension of placement**

A placement can be terminated or suspended at any point for any of the following reasons:

- i. Serious breach of code/s of professional practice/placement policies and procedures, for example:
  - a. The student has taken advantage of their role or abused a service user<sup>1</sup>
  - b. The work of the student has fallen well below the standard expected with serious or repeated mistakes
  - c. The conduct of the student is subject to criminal charges or alleged offences which may affect the student's performance or calls into question their suitability to practise into question<sup>2</sup>. It is considered that the practice of the student is bringing or has brought the placement provider or profession into disrepute.
  - d. The practice of the student is damaging and or dangerous to service or colleagues.
- ii. The student is deemed to be at risk to themselves or from others, for example:
  - a. The student is experiencing an immediate health problem
  - b. A serious breach of health and safety requirements by the placement provider puts the student at risk.
- iii. Behaviour/conduct in personal life that poses a risk to service users, for example
  - a. behaved towards a child or children in a way that indicates s/he is unsuitable to work with children or vulnerable adults
  - b. behaved towards a others in a way that indicates s/he is unsuitable to work with children or vulnerable adults

Students are not allowed to terminate their own placement. Students terminating their own placement without prior approval will be considered to have failed the placement. Please note the procedure will be updated in January 2019.

The most up to date termination and suspension of placement policy can be accessed via the link tutor.

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## **10. PRACTICE ASSESSMENT STRATEGY**

Practice assessment is designed to enable the student to demonstrate achievement of the HCPC Standards of proficiency - physiotherapy (HCPC, 2013). In order that organised progression towards achievement of the standards is attained, performance level criteria have been constructed for each year of training. These are designed so that increasing demands are made of the student to reflect the increasing complexity of practice and higher levels of intellectual ability.

Learning and teaching strategies designed for use in the curriculum aim to strengthen the relationship between, and assess the student's ability to integrate theory and practice. Within the assessment of practice, the student will need to demonstrate underpinning knowledge, skills and appropriate professional behaviours.

Placements are planned to enable students to experience practice in a variety of health and social care settings. Students are expected to demonstrate increasing independence in their practice, and as they near completion of the programme, they should display the characteristics typical of an honours graduate: underpin practice through the evaluation of evidence, arguments and assumptions, reach sound judgements, and communicate effectively (QAA, 2008).

### **10.1 Summative Assessment Strategy**

The practice assessment strategy utilises formative and summative approaches to assess competence. Formative assessment provides diagnostic feedback to the student and tutor to help identify future learning needs. Whilst summative assessment is designed to assess the students' achievement for each year of the course to determine if competence has been achieved.

The assessment strategy is based on the principles for the development of professional competence as proposed by Eraut (1994). This is based on the collection of evidence to substantiate learning which, when processed, can identify the utilisation of knowledge acquired from a variety of sources.

Eraut embraces Broudy's typology of knowledge that distinguishes between 4 levels of knowledge (replication, application, interpretation and association), which is useful in distinguishing how theoretical knowledge is used in practice (Broudy 1980). This has been adapted by the Faculty of Education, Health and Well-being to assess the use of knowledge in practice at varying academic levels.

Knowledge is drawn from many disciplines that serve to enrich and rationalise competence (Glen 1995). The assessment processes will not only assess the acquisition of knowledge, but the utilisation of that knowledge which is necessary for developing professional competence. Eraut (1994) argues that competence not only implies the ability to do, but also the degree of potential, and consequently evidence to substantiate competence should relate to both.

**Performance evidence**

How does the learner perform on the scene and deliver care; (observation, testimony, simulation, and documentation).

**Capability evidence**

Such confirms performance evidence and clarifies the learner's ability for future practice. Clarifies knowledge and understanding of concepts, theory, fact and procedures in use; skills of professionalism and professional thought (discussion, reflective reports and portfolio evidence) (Eraut 1994).

**Grading of practice**

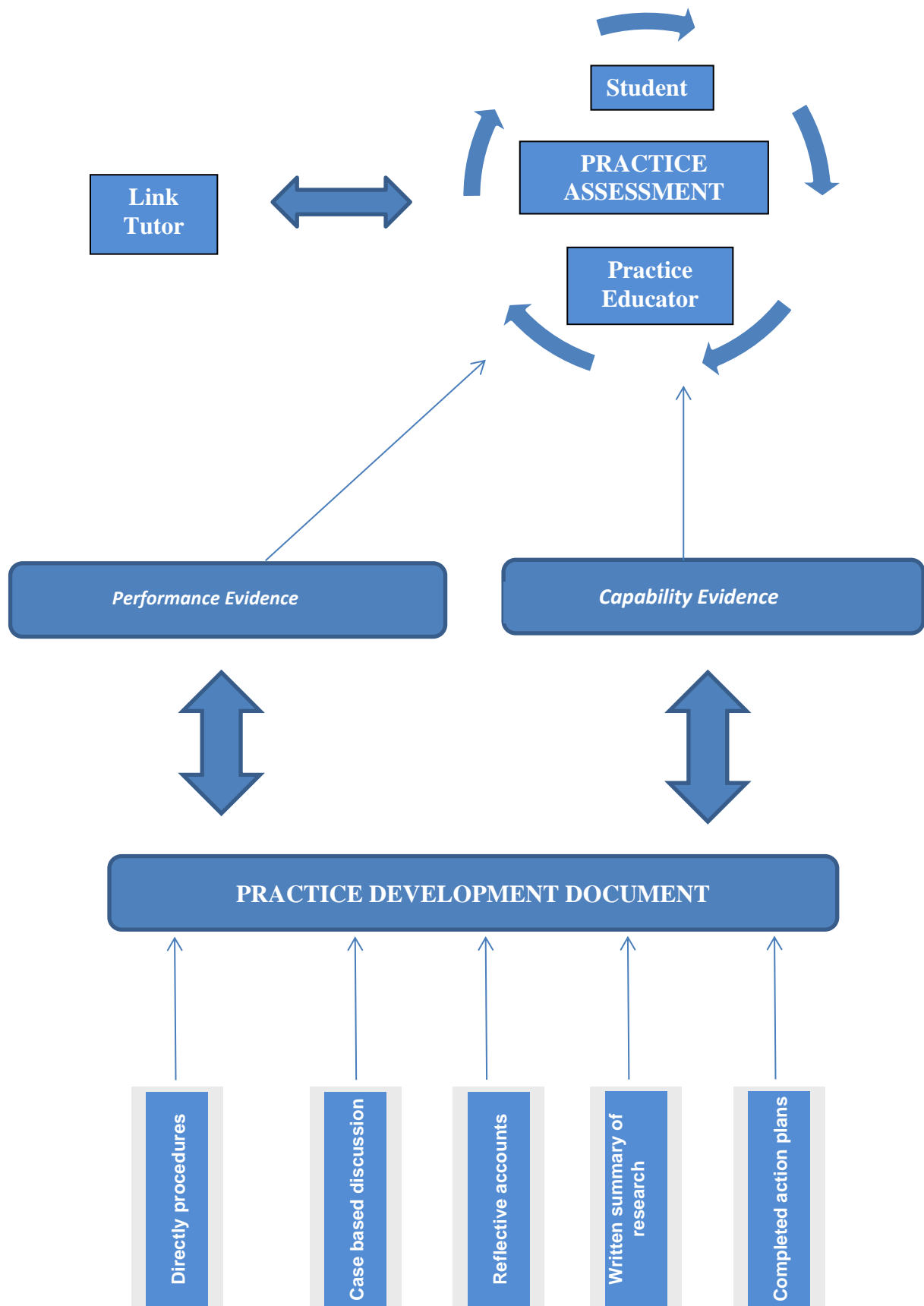
Practice is graded and counted towards the academic award. There are three practice modules in year two and three modules in year three.

Formative assessment of practice at the midpoint review utilises a tri-partite arrangement consisting of the student, practice educator and the link tutor. Their roles in the formative assessment process are complementary and co-dependent, and are reliant on open, transparent and effective means of communication for its effectiveness. The assessment process endorses the philosophy of evidence based practice, and requires all partners to underpin decision making with evidence as shown in the diagram below.

The summative assessment of practice at the end of the practice period is undertaken by the practice educator and may or may not involve the link tutor. New practice educators will always be supported by the link tutor at the final assessment.

The degree of potential or capability, as defined by Eraut, is assessed by the evidence contained with the practice development document, which may include reflective accounts, direct observations, case based discussions along with other forms of written evidence such as critical incidents, teaching and theoretical principles applied to practice.

## Diagrammatic representation of the assessment of practice



### **10.3 Types of Assessment**

The Quality Assurance Agency (QAA 2006) describes three types of assessment, all of which are applicable to pre-registration physiotherapy education.

#### **Diagnostic**

Diagnostic assessment provides an indicator of a learner's aptitude and preparedness for a particular module or programme of study and identifies any strengths and potential gaps in knowledge. Particular strengths may lead to a formal consideration of accreditation of prior learning.

This would apply to an initial assessment at the start of placement, and normally in the form of a self-assessment conducted by the student, who identifies their own strengths and weaknesses that forms a basis for discussion. The practice educator's feedback at the end of placement, can inform this process since this should summarise strengths and weakness taken forward into the next placement area.

#### **Formative**

Formative assessment has a developmental purpose and is designed to help learners learn more effectively by giving them feedback on their performance and on how it can be improved and/or maintained.

This allows for early identification of any problems/difficulties within the student's practice. Following formative feedback, action plans can be developed as required. These can be constructed through negotiation between the student, practice educator and link tutor.

Details of formative feedback should be recorded in the continuous assessment of practice document.

#### **Summative**

Summative assessment provides a measure of student achievement in relation to the intended learning outcomes of the programme of study.

Summative assessment of practice considers whether a student has achieved the placement learning outcomes that are based on the HCPC Standards of proficiency (2013). Students will be notified at the launch of the module, of the date that this must be completed by, in order that the documentation can be submitted on time.

Assessment of practice is an ongoing activity consisting of the following components.

- Continuous assessment of practice document
- A practice development document containing evidence to support claimed learning and achievement

It is believed that by drawing on multiple forms of evidence and applying different types of assessment to inform the overall grade for practice the reliability and validity of assessment of practice will be enhanced.

A sample of students will be selected by the course leader and the link tutor will attend the final interview date to moderate the assessment process and ensure consistency of the practice assessment between practice educators.

#### **10.4 Completing the Practice Assessment Document**

All practice educators will attend an initial training session regarding the practice assessment process followed by a biennial practice educator update, which will include completion of the documents.

The page headed ***negotiated learning outcomes*** are to be completed by the student in discussion with the practice educator at the initial planning meeting and reviewed at the midpoint and final interviews.

Feedback in relation to the achievement of the required learning outcomes for each of the four areas of practice will be provided by the practice educator at the midpoint review. Good feedback will inform the student of how they are doing. It can also improve performance, raise morale, enhance the practice educator/student relationship and ultimately improve quality of care. Poorly presented feedback can be demoralising, reduce confidence, cause interpersonal conflict, and may be a factor in students withdrawing from training.

#### **Action Plans**

Pages are included in the PAD, which should be used when there are concerns that a student is at risk of not meeting the placement learning outcomes. All sections of the action plan must be completed and the link tutor informed of any students that are action planned. See section 11 for further information.

#### **10.5 Using evidence to inform continuous assessment of practice**

When making judgments about a student's performance the practice educator must be clear about the evidence that informs decision making. There are multiple types of evidence that can be used as proof of claimed learning.

#### **Important Notice**

It is both acts and omissions that constitute evidence to inform decisions about competence.

#### **Observation**

Direct observation is an important, convenient and immediate way of evaluating a student's performance. Observation may need to be combined with another method of evidence. For example, whilst observation of a student recording service user information will give an indication of the standard of record keeping, this does not provide assurance that the student understands the legislation relating to record keeping and this aspect will need to be assessed by an alternative method.

When making judgements about a learner's performance in practice or if self-assessing one's own practice, it may be useful to reflect on the criteria devised by Bondy (1983) as a guide to assist you make judgement about how you are doing. This requires you to take into consideration 3 variables, the standard of the procedure undertaken, quality of performance and the assistance required to complete the activity, and depending on the criterion statements that apply, this will give an indication of the level of competency in relation to a particular skill or activity.

The criterion-referenced definitions for assessing clinical competence (Bondy 1983) have been adapted to develop the following inventory of questions that may be useful to structure your observations or self-assessment.

Standard of procedure	Quality of performance	Level of assistance required	
Is safe practice demonstrated	Was the practice carried out		Safe Competent Practice
Is the procedure carried out with accuracy	Proficiently		
Has the intended outcome/s been achieved	With confidence	Was the practice performed without the need for prompting or supportive cues.	
Were the actions/behaviours appropriate	And expediently		
Is the practice in accordance with local/national guidelines	With due regard for the rights and privacy of the woman/client.		
Safe only with guidance Not completely accurate Incomplete achievement of intended outcome	Unskilled Inefficient Insensitive to the individual needs of the woman/client	Requires constant verbal instruction and intervention to help complete the procedure/clinical activity	Unsafe Practice

Adapted from Bondy (1983)



## **Questioning**

Questioning may be used to test knowledge, attitudes, critical thinking and reasoning skills. Practice educators need to consider the type and level of questions that are asked, and how these can be worded to test students at an appropriate level. Questioning should be relevant to the learning outcomes and performance criteria (academic level). As students advance through the course, practice educators should try to stimulate higher level thinking that tests reasoning and decision making rather than lower level questions that just test factual knowledge.

## **Simulation**

Simulation should not be used for practice activities that can be undertaken in the live setting. However, students do not always have the opportunity to experience all activities for which they are prepared and in which they have to be assessed. Simulation may be used to assess the student in these cases.

Multiple forms of evidence will be used to validate any decisions about achievement of placement learning outcomes.

## **Important note**

You need to be clear on the evidence required to support claims of learning. All evidence used to support achievement of learning outcomes as part of your PAD must be shared with your practice educator.

## **Reflection**

### **What is reflection?**

Reflective practice can be described as developing ways of learning from experience, which may help to modify and change approaches practice.

Reflection is not just day-dreaming, it is exploring clinical experiences and objectively, formally or informally, analysing that experience and understanding what happened, why it happened and the consequences. It is the analysing of the thoughts, feelings and actions from which strategies are developed to inform practice. It requires self-awareness and enables professional judgements to be examined and enhanced.

Reflection is defined by Boud et al (1996) as:

*'an important human activity in which people recapture their experience, think about it, mull it over and evaluate it. Reflection in the context of learning is a generic term for those intellectual and reflective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations'.*

To reflect effectively in and on practice, a number of skills are required:

- Self-awareness – insight into own beliefs, values and performance
- Descriptive skills – give a clear and accurate account of the event
- Able to explore feelings – own and others
- Evaluative skills – make judgments about outcomes or own performance
- Skills of critical analysis and evaluation
- Willingness to learn
- Open-mindedness

### **What to reflect on**

It is essential to learning and professional development to take time out to reflect on practice and analyse significant incidents in such a way as to advance knowledge. Learning encounters that have contributed substantially to personal learning, growth and professional development can be utilised. Such encounters can be examples of:

- the typical every day practice events.
- the atypical, a case out of the ordinary.
- a case that has left a lasting impression albeit positive or negative. (Critical incidents).

### **How to reflect**

Reflective accounts may initially be structured using a recognised model of reflection. Many of your reflective accounts will be based on reflection after the event, described by Schon (1983) as 'reflection on action' though he also identified that these processes can be applied 'in action' or during the experience. Increasingly your reflective accounts will be a combination of reflections that occurred 'in action' and 'on action'.

Hull and Redfern (2004) provides basic guidance on reflecting and summarises this into five basic steps:

- Set aside time to reflect in a place that is free from distractions
- Choose a situation or event to reflect upon
- Critically reflect on the situation or event using a recognised model of reflection
- Identify areas of learning and any necessary follow up actions
- Revisit and re-evaluate to assess progression and identify learning needs

### **Recording reflective accounts**

Students will be introduced to the Gibbs reflective model (1988) which contains the common basic steps of reflection. Working through this model in a systematic way will enable you to apply analytical techniques to physiotherapy practice in order to develop a systematic understanding of the subject area, challenge assumptions, solve problems based on the evaluation of evidence and formulate action plans to enhance future practice. You will be

encouraged to either adopt a model of reflection of your choice or to develop your own reflective approach demonstrating the level of synthesis that will underpin the reflective practitioner meeting the professional requirements.

## **10.7 Creating a Practice Development Document (PDD)**

The PDD forms part of your course portfolio and should therefore be prepared in a similar way. The CSP (2014) guidance on keeping a CPD portfolio is a useful guide. A portfolio is defined as:

*"A private collection of evidence that demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding and achievement. It is both retrospective and prospective, as well as reflecting on the current stage of development of the individual".*  
(Brown 1992)

*"a tool to support you meet a range of requirements linked to your CPD. It captures activities you have done and when you did them, what you have learnt from doing them and how this learning has affected your practice." (CSP, 2014)*

Your practice development document will be an essential part of the physiotherapy practice modules and will ultimately provide evidence of achieving all placement learning outcomes that are linked to the Standards of proficiency (HCPC, 2013) and this must be shared with the practice educator, link tutor and your personal tutor.

Following registration, keeping a portfolio will also form an important part of professional life; practitioners are required to continue to demonstrate that they have maintained professional knowledge and competence in order to be eligible for periodic registration.

In constructing your portfolio you should:

- Be selective: only include material which is relevant and directly connected with the assessment criteria against which your learning is being measured
- Be clear and concise: make your portfolio easy to read and understand. Organise your portfolio logically and allow the reader to move easily from one section to another. Use consistent terminology.
- Include real learning experiences/cases
- Maintain confidentiality: protect the confidentiality of clients, staff and Trusts. Breach of patient confidentiality will result in automatic failure of the placement and a breach of General Data Protection Regulation may need to be reported. It is advisable that patient records are NOT included in the portfolio.
- All entries/cases must be made anonymous

### **Important Note**

You must share evidence within your portfolio that supports claimed learning and collate these in your PDD, whilst other sections of your portfolio can remain private. The contents of your portfolio can be shared electronically and electronic feedback obtained.

## **11. ADDITIONAL INFORMATION FOR PRACTICE EDUCATORS**

### **11.1 Dealing with poor performance**

In the event of a student not performing at an acceptable level, and who is not progressing to a satisfactory standard, please observe the following;

- Practice Educator highlights and discusses the problems with the student as early as possible.
- Document all professional and safety warnings within the Practice Assessment Document.
- Practice Educator/student raises the issue with the link tutor as soon as possible. The link tutor can work with the practice educator and student to help develop an action plan if required.
- It must be clearly documented if the student is failing at the half-way assessment
- Give consistent and regular constructive feedback on positive and negative aspects of performance.
- Give specific examples of behaviours/performance that is giving cause for concern and link these to the placement learning outcomes. Students need to know what they are at risk of failing.
- Following a tripartite meeting with the student, link tutor and practice educator complete an action plan to aid improvement on performance.
- Document feedback
- Plan review dates and document progress
- The student and link tutor must be informed at the first opportunity if there is a risk of failure.
- If you are aware of mitigating circumstances affecting a student's performance, you should encourage the student to discuss this with the link tutor. Although it is tempting to make allowances for personal problems, you should resist this, since all students must achieve the same minimum acceptable standards of performance. There is a formal board that considers any mitigating circumstances put forward by the student.
- Action plans must be followed through, if you go on leave, make sure you hand over, since assessments need to be completed at the appropriate time.
- Recognise your accountability and responsibility to fail the student in the absence of improvement.



## Criteria for failing students

- The student has been given detailed and regular feedback on areas of poor performance and is aware of the areas of concern and how to improve their performance.
- The student fails to provide evidence of meeting the required standard (when the opportunity is available).
- The student acts in an unprofessional or unsafe way despite feedback and support (this may involve professional, disciplinary or conduct standards).
- The student does not respond or act on feedback regarding their performance. If this is the case, it must be made clear of the consequences i.e. 'failure of the placement'.

## What constitutes unsafe practice?

The majority of safety issues relate to repeated behaviour. Occasionally a student will have a 'one off' event that is serious enough to warrant an immediate fail.

The following points should be taken into consideration when assessing safety;

Safety is not necessarily a clear cut matter of pass/fail

The student should be made aware immediately that they have been deemed to have been unsafe in practice. The word 'unsafe' should be used so that the student is left in no doubt. The event should be documented under safety/professional warnings in the practice assessment document. Both the student and practice educator must date and sign this warning.

If a student has been deemed to be unsafe on one occasion they should be given the opportunity to redress that situation; but only if through reflection (written or verbal) on the event the student demonstrates an understanding of the principles involved and can show learning has occurred.

The descriptors indicative of unsatisfactory performance should be considered by the educator and discussed with the student.

Other performance criteria should also be considered, for instance, if unsafe practice is occurring due to unsatisfactory knowledge, assessment, evaluation or professionalism.

When a student continues to repeat unsafe practice or a 'one off' event is that serious to warrant an immediate **critical incident** the following procedure is put into place.

## **Procedure**

1. Student and educator should jointly record the unsafe incident on a student incident report form. This is obtained via the link tutor or by contacting Reena Patel; [r.patel13@wlv.ac.uk](mailto:r.patel13@wlv.ac.uk)
2. Attach the incident report form to the to practice assessment document which is returned to the University of Wolverhampton at the end of the placement.
3. The student writes a reflection on the critical incident and presents this to the educator for consideration and joint discussion to facilitate learning and reduce risk of future incidents.
4. Sufficient evidence needs to be documented of safety related incidents that demonstrate a repeated behaviour, repeated individual occurrences or a significant occurrence; to support the decision of failure. This should be noted in the professional and safety warnings section of the assessment form.
5. Additional trust critical incident reporting procedures may need to be followed, this is the decision of the educator.
6. If at any time the placement is terminated, due to safety reasons, the mark awarded is zero (0%) and a fail is recorded.
7. If the placement is terminated due to other reasons, such as staff absence or student absence, then the student must apply for a deferral. Details of how to apply for a deferral are available on the University website. It is the **student's responsibility** to ensure that any deferral applications are made in a timely manner with supporting evidence. Deferrals made after the end of a placement will not be considered.

## **11.2 Overview of Course Modules**

### **3 Year Programme**

Within a given term several modules are studied concurrently. The credit volume of modules is 20 credits and equivalent to 200 hours of study per module, derived from a combination of direct teacher/practice contact and individual study.

## **BSc Hons Physiotherapy Course Structure**

### **Level 4 - Year 1**

Semester 1			Semester 2			Clinical observation
C	4AH001 Clinical Anatomy, Biomechanics and Kinesiology	20		C	4AH005 Clinical Anatomy, Ergonomics and Exercise Prescription	
C	4AH002 Pathophysiology, Physiotherapy Assessment and Treatment	20		C	4AH006 Pathophysiology, Public Health, Assessment and Treatment	
C	4AH004 Reflective and Evidence Based Practice				20	
C	4AH003 Communication, Team-working and Health Equality				20	

### **Level 5 – Year 2**

Semester 1			Semester 2		
C	5AH002 Neurology, Gerontology and Palliative Care	20	C	C	C
C	5AH003 Musculoskeletal and Sports and Exercise Physiotherapy	20	5AH004 Practice Module 1 4 weeks	5AH005 Practice Module 2 4 weeks	5AH006 Practice Module 3 4 weeks
C	5AH001 Cardiorespiratory and Ethical Physiotherapy Practice	20	20	20	20

### **Level 6 - Year 3**

Year 3 induction	Semester 1			Semester 2	
	C	C	C	C	6AH004 Advances in Physiotherapy
	6AH001 Practice Module 4 5 weeks	6AH002 Practice Module 5 5 weeks	6AH003 Practice Module 6 5 weeks	C	6AH005 Leadership, Management, Partnership Working
	20	20	20	C	6AH006 Service Improvement Independent Study

#### **Key**

- **Yellow :** University study
- **Pink:** Practice
- **Blue:** Practice observation, debrief and reflection or Induction







Faculty of Education Health and Wellbeing

Practice Assessment Document (PAD)

BSc (Hons) Physiotherapy - Year 2

**SAMPLE**

Student Name:	
Student Number:	
Cohort:	
Module:	
Submission date:	

This document is the Practice Assessment Document (PAD) and **MUST** be submitted at the end of the placement period, please see Canvas for submission dates.

The Practice Development Document (PDD) otherwise known as the portfolio of evidence, does not need to be submitted until the end of placement 3. The PDD evidence will be used during the standardisation process to ensure consistency of marks amongst practice educators but will not be summatively assessed.

You are advised to keep a scanned copy of this document, as evidence of achievement in the event of loss of this document.

In the event of any query related to this practice assessment document please contact External Partnerships:

Email: [FEHWexternalpartnerships@wlv.ac.uk](mailto:FEHWexternalpartnerships@wlv.ac.uk)

Telephone: 01902 518630

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## Practice Support Contacts

<b>Practice Educator Name</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>University Link Tutor:</b>	
<b>Email:</b>	
<b>Phone:</b>	

### Placement Details:

<b>Name of Placement:</b>	
<b>Specialty:</b>	
<b>Contact Number</b>	
<b>Trust or Organisation:</b>	
<b>Dates of Placement:</b>	

## Initial Planning Meeting and Induction to Placement Area

THE FOLLOWING INFORMATION MUST BE COMPLETED:		
<b>Student to complete</b> <b>Disability/Specific Learning Needs disclosure:</b> you are advised that failure to disclose a disability/specific learning need may affect your progress on placement. If you decide not to disclose these factors will not be considered in any request for mitigation if you are unsuccessful on placement		
Tick as appropriate		
Do you wish to disclose a known disability/specific learning needs to your practice educator? (You do not need to provide details of this in this document)	<b>Yes</b>	<b>No</b>
Do you have a placement awareness sheet, from the Student Enabling Centre, detailing reasonable adjustments required?	<b>Yes</b>	<b>No</b>
If yes, please provide detail:		
You are also advised to disclose any change in health status or pregnancy, <b>as soon as this arises during the placement period</b> . You are advised to discuss this with your personal tutor prior to placement or to contact the link tutor whilst on placement. You do need to disclose details of any health condition in this document.		
<b>The following questions MUST be completed by the student and practice educator together during the interview or when any change in health status or pregnancy occurs</b>		
Disclosure of Ill Health or Pregnancy	<b>Yes</b>	<b>No</b>
Reasonable adjustments required?	<b>Yes</b>	<b>No</b>
If yes, please provide detail:		
Risk assessment required (this must be completed in the event of pregnancy)	<b>Yes</b>	<b>No</b>
If yes: date completed		
Completed by		
Signature		
Date		

I am aware of the following and have discussed them with my practice educator:	Yes	No
Action to be taken in the event of an emergency, including fire and evacuation procedures		
Location and access to policy and procedure manuals. In particular: <ul style="list-style-type: none"> <li>Manual handling policy/resources</li> <li>Infection prevention and control policy</li> <li>Health and safety at work regulations</li> </ul>		
Safeguarding of vulnerable individuals		
Placement information for students		
How to contact the Link Tutor		
I have also discussed the following with my practice educator:	Yes	No
Student emergency contact details		
Policy for telephone enquiries		
Reporting sickness and absence - understanding of policy		
Dress/uniform code		
Assessment of Practice		
Practice Development Document		

**Student Declaration:** I agree to abide by local policies and procedures, make known as soon as possible any concerns I have regarding my placement experience and take responsibility for my own learning.

Student Signature	Print Name	Date

**Practice Educator Declaration:** I agree to provide on-going support and constructive feedback to you throughout the placement and make known any concerns regarding your practice at the time.

Practice educator signature	Please print name	Date

## Negotiated Learning Objectives

Learning Outcome		Achieved? <i>Tick box</i>		
1.		Yes	No	Part
How will the learning objective be achieved?	Evidence in support of achievement:			
2.		Yes	No	Part
How will the learning objective be achieved?	Evidence in support of achievement:			
3.		Yes	No	Part
How will the learning objective be achieved?	Evidence in support of achievement:			
4.		Yes	No	Part
How will the learning objective be achieved?	Evidence in support of achievement:			



## Student Reflection on Achievement of Negotiated Learning Objectives

To be completed by the student prior to the relevant meeting with the practice educator.

LO	Midpoint Review	End of Placement
1		
2		
3		
4		
Any additional needs identified:		

## Professional and Safety warnings

(Both practice educator and student should sign and date after a description of the incident. Any completed incident report forms should be attached to this document).

Date	Detail of meeting/visit	Name/ Signature

# Midpoint Review Record

Is the student progressing appropriately with relevant evidence to support learning and on target to meet the expected learning outcomes? Practice Educator to assess in relation to the Performance Level 5 Criteria on pages 20-22					
		FAIL	Borderline	PASS	
		Not progressing sufficiently	Working towards most learning outcomes	Working successfully towards all learning outcomes	Working well above the expected learning outcomes
1	Communication and Partnership Working				
2	Professional Values and Behaviour				
3	Assessment, reasoning and intervention				
4	Monitoring, evaluation and managing risk				
		Action Plan arising from midpoint review <u>must</u> be negotiated and recorded on pages 10 and 11 – <i>please notify link tutor at the earliest opportunity</i>		Action Plan arising from midpoint review <u>must</u> be negotiated and recorded on pages 10 and 11	

Specific areas of good practice:

Specific areas requiring further attention (relate to assessment learning outcomes and complete action plan below):

## Action Plan

Development needs identified and Action Plan as a result of midpoint discussion

Practice Educator Signature:	Print Name:	Date:
Student Signature:	Print Name:	Date:

**Link Tutor Midpoint Review Comments:**

	<b>YES/NO*</b> <b>* delete as appropriate</b>
Has the student had more than three occasions of sickness/absence or more than eight days of sickness/absence to date this year?	
If yes, consider occupational health referral	
Date Occupational Health contacted	
Person contacted	
Date of Meeting	
Link Tutor Name	
Link Tutor signature	

## Guidance for Practice Assessment

It is your (the student's) responsibility to collate all relevant evidence, using the practice development document (PDD), in support of the practice assessment. The practice educator will use the evidence presented to inform their decision regarding your overall level of competence, knowledge and performance in relation to the performance level descriptors on pages 20-22.

Assessment of practice is an ongoing activity that forms an essential part of the learning process. You are required to complete a practice development document (PDD), which is used throughout your entire time in practice in each year. The PDD is intended to work as a sub-section of your professional portfolio. It has a number of functions:

- collate evidence regarding your preparation for each placement
- provide an opportunity for critical reflection on your placement experiences and identification of personal learning outcomes
- collation of evidence from a variety of methods to demonstrate knowledge and competence. Templates have been devised to assist you with collating this evidence:
  - case-based discussion
  - directly observed procedures
  - reflection
  - clinical case summary
  - summary of research/evidence, linking theory to practice
  - service/user carer feedback form

You will need to allocate each piece of evidence a reference number, in accordance with the guidance in the PDD. This reference number should be entered into the relevant box(es) on the subsequent pages. One piece of evidence could be used against several learning outcomes.

As indicated above, the PDD will support the practice educator's assessment decision. Although it must be submitted with the assessment documents at the end of the placement period, to provide access to the supporting evidence during the standardisation of assessment events at the university, it is not an assessed document.

In addition to the PDD you will be given one Practice Assessment Document (PAD) for each 4 week period of practice learning, which must be completed by you and the practice educator and must be submitted as part of your summative assessment. If you are experiencing any difficulties collating relevant evidence or completing the assessment documentation please discuss these with your practice educator and the link tutor.

You will be assessed in each of the four areas namely: communication and partnership working; professional values and behaviour; assessment, reasoning and interventions; monitoring, evaluation and managing risk. Your practice will be graded against the performance level descriptors on pages 20-22. Further details regarding the assessment process can be found in the Placement Handbook.

## Professional Conduct

Whilst on placement you are expected to demonstrate professional values and behaviour at all times. To achieve this you are expected to adhere to the HCPC Guidance on conduct and ethics for students (2012), the HCPC Standards of conduct, performance and ethics (2016) and the Chartered Society of Physiotherapy Code of Professional Values and Behaviour (2012).

Where there are serious breaches of professional conduct the University Termination and Suspension of Placement procedures may be implemented by the Practice Educator/Practice Placement Manager/Clinical Placement Facilitator in consultation with the University. More information regarding this can be found in the Placement Learning Handbook.

Where a placement is terminated or suspended due to professional conduct you will be referred to the Faculty Suitability Panel. This panel considers evidence where there are concerns about a student's fitness for practice and/or serious breaches in code/s of professional practice/placement policies and procedures and decides whether further action is required. If it is considered that a student's conduct is incompatible with physiotherapy practice, then the student may be referred to the University Fitness to Practice Panel to be considered for discontinuation from the course.

N.B. You cannot terminate your own placement; students terminating their own placement without prior approval will be considered to have failed the placement and will not be eligible for a repeat placement.

## Graded Assessment

### Section One: Communication and Partnership Working

Learning Outcome:		Evidence Ref No in PDD (student to complete)
1.1	Uses a range wide range of routine and some advanced communication skills	
1.2	Develops a therapeutic relationship demonstrating sensitivity to the needs of others	
1.3	Initiates and maintains effective and appropriate communication strategies with colleagues, service users and their carers	
1.4	Works in partnership with service users, carers, other professionals, support staff and others to achieve shared goals	
1.5	Contributes effectively to working within a multi-disciplinary team	
1.6	Works with others to create activities and opportunities to promote learning and development	
1.7	Identifies relevant legislation, protocols and guidance for record keeping.	
Practice educator midpoint feedback:		



Practice educator end of placement feedback:

Signature.....Print Name .....Date .....

**Communication and Partnership Working level of performance:** Using the performance level 5 descriptors on pages 20-22 to determine grade *(please indicate grade boundary)*

Excellent 1 <sup>st</sup> 70-100%	Very Good 2:1 60-69%	Good 2:2 50-59%	Satisfactory 3rd 40-49%	Fail 1 Fail 30-39%	Fail 2 Fail 0-29%

## Graded Assessment

### Section Two: Professional Values and Behaviour

Learning Outcome:		Evidence Ref No in PDD
2.1	Practices within the legal, ethical and moral boundaries of physiotherapy practice, in accordance with professional body guidance and local policies and procedures	
2.2	Practises safely and effectively within their scope of practice and maintains high standards of personal and professional conduct	
2.4	Recognises, respects and values psychological, social and cultural differences and takes account of this within their daily work and decision making	
2.5	Respects the rights of service users by seeking consent, maintaining confidentiality and promoting non-discriminatory practice	
2.6	Recognises and takes responsibility for own personal and professional development	
2.7	Demonstrates reflection and self-critical awareness skills and responds appropriately to feedback	
2.8	Ability to manage own workload, responding to varying circumstances in a professional manner	
Practice educator midpoint feedback:		

Practice educator end of placement feedback:

Signature.....Print Name .....Date .....

**Professional Values and Behaviour level of performance:** Using the performance level 5 descriptors on pages 20-22 to determine grade (*please indicate grade boundary*)

Excellent 1st 70-100%	Very Good 2:1 60-69%	Good 2:2 50-59%	Satisfactory 3rd 40-49%	Fail 1 Fail 30-39%	Fail 2 Fail 0-29%

## Graded Assessment

### Section Three: Assessment, Reasoning and Interventions

Learning Outcome:		Evidence Ref No in PDD
3.1	Practises as an autonomous professional, exercising own professional judgement	
3.2	Justifies appropriate assessment techniques to complete a logical and holistic process of enquiry leading to accurate diagnosis	
3.3	Recognises the impact of culture, equality and diversity to inform SMART goal setting in partnership with service users and carers	
3.4	Demonstrates knowledge and understanding relevant to the area of practice, which underpins their individual scope of practice	
3.5	Works to consolidate and refine the performance of complex skills	
3.6	Uses research, clinical reasoning and a logical, systematic problem-solving approach to determine appropriate actions and develop management plans in partnership with service users and carers	
3.7	Puts the service user at the centre of their practice to enable them to make informed choices	
3.8	Facilitates the service user/carer to manage their own health, well-being and fitness	
Practice educator midpoint feedback:		

Practice educator end of placement feedback:

Signature.....Print Name .....Date .....

**Assessment, Reasoning and Interventions level of performance:** Using the performance level 5 descriptors on pages 20-22 to determine grade (*please indicate grade boundary*)

Excellent 1st 70-100%	Very Good 2:1 60-69%	Good 2:2 50-59%	Satisfactory 3rd 40-49%	Fail 1 Fail 30-39%	Fail 2 Fail 0-29%

## Graded Assessment

### Section Four: Monitoring, Evaluation and Managing Risk

Learning Outcome:		Evidence Ref No in PDD
4.1	Establishes and maintains a safe practice environment to minimise risk to the service user	
4.2	Recognises situations where the effectiveness, efficiency and quality of a service are compromised and takes appropriate action	
4.3	Evaluates planned interventions and activities using recognised outcome measures and revises the management plans in collaboration with the service user/carer	
4.4	Systematically collects, analyses and synthesises information to evaluate current practice and generate new understandings about practice	
4.5	Able to change their practice as needed to take account of new developments or changing contexts	
4.6	Monitors and assures the quality of practice and contributes towards the generation of data for quality monitoring and enhancement purposes	
Practice educator midpoint feedback:		

Practice educator end of placement feedback:

Signature.....Print Name .....Date .....

**Monitoring, Evaluation and Managing Risk level of performance:** Using the performance level 5 descriptors on pages 20-22 to determine grade (*please indicate grade boundary*)

Excellent 1st 70-100%	Very Good 2:1 60-69%	Good 2:2 50-59%	Satisfactory 3rd 40-49%	Fail 1 Fail 30-39%	Fail 2 Fail 0-29%

## University of Wolverhampton Summary

### Practice Final Assessment BSc (Hons)

#### Physiotherapy

Student Name		Student No
Cohort		Year
Placement Name		
Placement Speciality		
Dates of Placement		
Practice Educator Name 1		
Practice Educator Name 2 (if applicable)		
Link Tutor Name		
Dates of Link Tutor Visits		

Student Clinical Assessment Profile: *(please tick)*

Grade Awarded	Excellent 1st 70-100%	Very Good 2:1 60-69%	Good 2:2 50-59%	Satisfactory 3rd 40-49%	Fail 1 Fail 30-39%	Fail 2 Fail 0-29%
1. Communication and Partnership Working						
2. Profession Values and Behaviour						
3. Assessment, Clinical Reasoning and Intervention						
4. Monitoring, Evaluation and Managing Risk						

Overall percentage mark awarded for placement (%)	
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N.B. if the overall percentage mark awarded for placement is below 40% please contact the Link Tutor prior to the final assessment

Practice Educator Name:.....

Signature .....Date .....



## BSc (Hons) Physiotherapy Year 2 Practice Grade

Practice Grade	Performance Level Descriptors - Level 5
<p><b>Excellent</b> <b>70% - 100%</b></p>	<p>Consistently demonstrates succinct accurate communication skills in demanding situations. Consistently demonstrates awareness and sensitivity to others in all circumstances. Meets professional and legal standards. Communication consistently comprehensive, accurate, concise and easy to read. Clinical reasoning evident and logical throughout documentation.</p> <p>Has observed confidentiality and obtained consent. Has consistently maintained professional standards throughout the placement even in the most demanding situations. Identifies appropriate strategies for further development. Consistently recognises own scope of practice, identifies and acknowledges team member contributions. Proactively seeks and acts on advice and consistently demonstrates initiative and discernment.</p> <p>Evidence of excellent preparation. Consistent demonstration of actively maximising learning opportunities. Consistent demonstration of reflection and critical awareness. Identifies own learning needs and strategies for development. Accepts feedback and able to adapt performance appropriately</p> <p>Consistent demonstration of efficient pace of work and time management, able to be flexible and adapt, even in challenging situations. Has independently planned own workload. Has actively maximised use of all resources. Proactively integrated into unit and interprofessional team</p> <p>Consistently applies appropriate assessment and treatment strategies, both routine and non-routine, even in challenging situations throughout the placement.</p> <p>Has consistently demonstrated a broad range of excellent practice skills. Practices autonomously within challenging and varying clinical situations.</p> <p>Consistently demonstrates evidence of ongoing effectiveness and evaluation across the caseload. Able to independently recognise the need to modify approach and carry this out in all situations. Selects most appropriate outcome measures with best evidence. Effective practice achieving treatment objectives.</p>
<p><b>Very Good</b> <b>60% - 69%</b></p>	<p>Evidence of very good preparation. Actively seeks learning opportunities. Demonstrates reflection and critical awareness but may require occasional support to alter practice. Able to identify own learning needs and strategies for development. Demonstrates accurate, concise and effective communication even in more complex situations. Demonstrates awareness and sensitivity to others.</p> <p>Meets professional and legal standards. Written communication comprehensive, accurate, concise, easy to read. Clinical reasoning evident and logical throughout documentation.</p>

	<p>Has observed confidentiality and obtained consent.</p> <p>Has maintained and adhered to professional standards in a variety of challenging situations. Clear recognition of own scope of practice. Accepts responsibility readily, initiating discussion pertinent to specific situations. Able to make effective contribution to the team. Seeks advice appropriately and implements change.</p> <p>Very good pace of work and time management usually able to be flexible and adapt to non-routine situations. Has planned own workload (with minimal assistance where appropriate). Has actively maximised use of all resources. Quickly integrated into Unit and interprofessional team.</p> <p>Utilises very good background knowledge to provide appropriate assessment and treatment strategies in both routine and non-routine situations. Occasional guidance may be required.</p> <p>Evidence of very good preparation. Actively seeks learning opportunities. Demonstrates reflection and critical awareness but may require occasional support to alter practice. Able to identify own learning needs and strategies for development.</p> <p>Makes good use of feedback and adapts performance with minimal prompting.</p> <p>Has a well-developed range of appropriate practice skills and good progression and adaptability in routine and non-routine situations. Demonstrates ability to work autonomously in most situations.</p> <p>Able to demonstrate evidence of ongoing effectiveness and evaluation across caseload. Able to independently recognise the need to modify approach even in non-routine situations. Selects most appropriate measure and supports decision with evidence.</p> <p>Effective practice achieving treatment objectives.</p>
<p><b>Good</b> <b>50% - 59%</b></p>	<p>Demonstrates effective communication in most situations, may need guidance in more complex situations. May need to be more concise. Demonstrates awareness and sensitivity to others in routine situations, responding to guidance where necessary.</p> <p>Meets professional and legal standards. Usually demonstrate order and clarity with occasional minor omission. May require support to be concise. Evidence of clinical reasoning demonstrated.</p> <p>Has observed confidentiality and obtained consent</p> <p>Has demonstrated consistent standards of professionalism. Usually able to recognise own scope of practice and recognise other team members and able to make contributions. Usually seeks advice appropriately and able to act on it. Willing to accept responsibility. Using initiative and discernment when requesting help.</p> <p>Good pace of work and time management in routine situations, may require support in non-routine situations. Has planned own workload with minimal assistance. Has made good use of all the resources. Has integrated well into the unit and adapted to local model of work.</p> <p>Draws on good background knowledge. Usually selects, justifies and applies appropriate assessment and treatment strategies in the routine situation. May require guidance to use knowledge in the non-routine situation.</p> <p>Evidence of good preparation. Usually able to reflect and evaluate own performance but need support to alter practice. Able to identify own learning needs. May require support to develop strategies for development.</p> <p>Accepts feedback readily but requires occasional support to adapt performance.</p> <p>Able to demonstrate evidence of ongoing effectiveness and evaluation, may require occasional support. Able to modify approach in routine situations, may require guidance in non-routine situations.</p>

	<p>Has a range of safe and appropriate practice skills and usually able to progress or adapt to patients needs. Demonstrates ability to work autonomously in routine situations, may require support in non-routine situations</p> <p>Selects appropriate measures using appropriate evidence. Effective practice achieving treatment objectives.</p>
<p><b>Satisfactory</b> <b>40% - 49%</b></p>	<p>Demonstrates appropriate and accurate communication in routine contexts, may require prompting. Occasionally demonstrates difficulty in some aspects of communication, responds to guidance.</p> <p>Requires significant support to recognise more complex situations. Some evidence of awareness and sensitivity with scope for improvement.</p> <p>Meets professional and legal standards. Possible minor inaccuracies and omissions requiring some support. Some guidance required to improve clarity. Some evidence of clinical reasoning demonstrated.</p> <p>Has observed confidentiality and obtained consent. Has demonstrated an acceptable standard in all aspects of professionalism, may have required some guidance. May require prompting to recognise own scope of practice or recognise the role or contribution of team. Acts in a responsible manner but occasionally demonstrates difficulty to show initiative or adaptability.</p> <p>Respectful to others. Seeks advice when necessary, may need prompting.</p> <p>Background knowledge applied appropriately in routine assessment and treatment strategies, may require guidance. Evidence of satisfactory preparation.</p> <p>Demonstrates reflection but needs significant guidance and support to alter practice. Able to identify learning needs with prompting. Support required for self-development. Accepts feedback but may require support to adapt performance.</p> <p>Able to select and apply practice skills in routine situations but may require significant guidance. Demonstrates safe and acceptable skills. Able to progress or adapt practice skills to patient needs with support. Demonstrates some limited ability to work autonomously</p> <p>May require guidance and support to carry an appropriate workload. Has worked at an acceptable pace where the situation was routine and not exceptionally demanding. Planned own workload with some assistance. May need support to be flexible and/or work at a satisfactory pace. Utilised team members and resources with prompting.</p> <p>Has integrated into unit and adapted to local model of work.</p> <p>May require guidance to demonstrate evidence of ongoing effectiveness and evaluation. Prompting required to recognise need to modify approach. Able to select appropriate measures with guidance. Effective within appropriate scope of practice. Most treatment objectives achieved.</p> <p>Despite feedback and support limited or inconsistent ability to meet professional and legal requirements.</p>
<p><b>Fail I</b> <b>Fail</b> <b>30% - 39%</b></p>	<p>Despite feedback and support limited or inconsistent ability to communicate appropriately with some or all parties. (E.g. uncomfortable or over confident). Despite feedback and support limited or inconsistent ability to recognise the impact of inappropriate or inaccurate communication.</p> <p>Lacks awareness and sensitivity.</p> <p>Despite feedback documentation lacks order, clarity or inaccurate. Support required to document clinical reasoning</p> <p>Has observed confidentiality and obtained consent</p>

	<p>Despite feedback and support has shown limited ability to behave in a professional manner. Limited ability or difficulty in recognising own scope of practice. Fails or limited ability to acknowledge or respect other team member's contributions. Demonstrates limited enthusiasm and/or overconfidence. Demonstrates limited or inadequate initiative and lacks adaptability. Avoids seeking advice or requires repeated prompting. Possible evidence of unprofessional conduct. Episodes of unprofessional/unsafe conduct should be documented with the Practice Assessment Document.</p> <p>Despite feedback and support limited or inconsistent ability to carry an appropriate workload. Has worked unacceptably slowly or inflexibly throughout the placement. Has limited ability to utilise time and/or resources available. Has found integration into unit difficult, unable to adapt to local model of work.</p> <p>Despite feedback and support, limited ability to utilise background knowledge appropriately in routine assessment and treatment strategies.</p> <p>Minimal or inadequate evidence of preparation. Despite feedback and support unable or limited ability to reflect on performance in order to identify learning needs or develop performance. Reliant on educator guidance to improve performance. Unable to accept feedback/advice and/or fails to act upon it.</p> <p>Despite feedback and support limited or inconsistent ability to select or apply practice skills in routine situations. Demonstrates unsafe or unacceptable skill. Limited ability or unable to progress or adapt skills to patient needs. Limited awareness of positioning of patient and self</p> <p>Despite feedback and support limited or inconsistent ability to demonstrate evidence of effectiveness and evaluation; limited or poor ability to recognise need to modify approach. Unable or fails to select appropriate measures despite guidance and support. Treatment objectives largely or partially unmet.</p>
<p><b>Fail II</b> <b>Fail</b> <b>0% - 29%</b></p>	<p>Despite feedback, continually has difficulty in developing professional relationships and is insensitive to the needs of others. Fails to recognise complex situations and has difficulty with routine situations. Does not recognise and/or allows personal incompatibility to interfere with the therapeutic relationship.</p> <p>Does not overcome awkwardness or overconfidence.</p> <p>Despite feedback communication remains ineffective. Explanations / instructions are inadequate or inappropriate.</p> <p>Does not listen attentively and/or make appropriate eye contact.</p> <p>Does not recognise impact of inappropriate communication.</p> <p>Despite significant support fails to identify, plan or evaluate own learning. Does not show initiative and/or discernment in requesting help. Despite feedback and support fails to demonstrate change in practice and may be defensive or inappropriate.</p> <p>Despite significant support fails to accept responsibility for own workload.</p> <p>Approach is inflexible and is unable to adjust to varying circumstances. Despite support does not recognise limitations or seek advice. Unable to make referrals.</p> <p>Despite prompting and support is unsafe and/or ineffective in application of assessment and treatment strategies.</p> <p>Skills are unacceptable and/or inappropriate to the practice environment or the patient/client needs.</p> <p>Despite significant support does not recognise the importance of the patient/client (and/or carers) role and opinion.</p>

	<p>Despite support is unable to rationalise choice of appropriate assessment techniques. Lack of supporting evidence. Despite guidance, thought processes are unclear. Inconsistent in completing appropriate assessments and unable to complete within a reasonable timeframe.</p> <p>Despite support is unable to analyse and evaluate information to form a physiotherapy diagnosis and develop problem lists. Does not consider the patient/client view.</p> <p>Despite guidance and support is unable to select appropriate treatment plans</p> <p>Despite guidance and support documentation is either of poor quality or absent.</p> <p>Despite support does not monitor interventions and / or is unable to determine whether to continue, change or stop intervention.</p> <p>Guidance and support makes no attempt to select outcome/objective measures. Does not recognise the value of outcome measures.</p>
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## BSc (Hons) Physiotherapy Timesheet

<b>Student Name</b>	<b>Student No</b>
<b>Cohort</b>	<b>Year</b>
<b>Placement Name</b>	
<b>Placement Specialty</b>	
<b>Practice Educator Name 1</b>	
<b>Practice Educator Name 2 (if applicable)</b>	

Week Commencing	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

*Insert number of hours worked, excluding breaks.*

Student Signature .....Date .....

Practice Educator Signature .....

Print Name ..... Date .....

## Student's Evaluation of Placement

Students must record their own evaluation of the placement. This form is NOT complete until this has been done.

What aspects/objectives do you want to develop in your next practice experience?

1.

2.

3.

4.

Student Signature ..... Date .....

Seen by Practice Educator (Signature) .....

Print Name ..... Date .....







Faculty of Education Health and Wellbeing

Practice Assessment Document (PAD)

BSc (Hons) Physiotherapy - Year 3

**SAMPLE**

Student Name:	
Student Number:	
Cohort:	
Module:	
Submission date:	

This document is the Practice Assessment Document (PAD) and **MUST** be submitted at the end of the placement period, please see Canvas for submission dates.

The Practice Development Document (PDD) otherwise known as the portfolio of evidence, does not need to be submitted until the end of placement 3. The PDD evidence will be used during the standardisation process to ensure consistency of marks amongst practice educators but will not be summatively assessed.

You are advised to keep a scanned copy of this document, as evidence of achievement in the event of loss of this document.

In the event of any query related to this practice assessment document please contact External Partnerships:

Email: [FEHWexternalpartnerships@wlv.ac.uk](mailto:FEHWexternalpartnerships@wlv.ac.uk)

Telephone: 01902 518630

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## Practice Support Contacts

<b>Practice Educator Name</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>University Link Tutor:</b>	
<b>Email:</b>	
<b>Phone:</b>	

### Placement Details:

<b>Name of Placement:</b>	
<b>Specialty:</b>	
<b>Contact Number</b>	
<b>Trust or Organisation:</b>	
<b>Dates of Placement:</b>	

## Initial Planning Meeting and Induction to Placement Area

THE FOLLOWING INFORMATION MUST BE COMPLETED:		
<b>Student to complete</b> <b>Disability/Specific Learning Needs disclosure:</b> you are advised that failure to disclose a disability/specific learning need may affect your progress on placement. If you decide not to disclose these factors will not be considered in any request for mitigation if you are unsuccessful on placement		
Tick as appropriate		
Do you wish to disclose a known disability/specific learning needs to your practice educator? (You do not need to provide details of this in this document)	<b>Yes</b>	<b>No</b>
Do you have a placement awareness sheet, from the Student Enabling Centre, detailing reasonable adjustments required?	<b>Yes</b>	<b>No</b>
If yes, please provide detail:		
You are also advised to disclose any change in health status or pregnancy, <b>as soon as this arises during the placement period</b> . You are advised to discuss this with your personal tutor prior to placement or to contact the link tutor whilst on placement. You do need to disclose details of any health condition in this document.		
<b>The following questions MUST be completed by the student and practice educator together during the interview or when any change in health status or pregnancy occurs</b>		
Disclosure of Ill Health or Pregnancy	<b>Yes</b>	<b>No</b>
Reasonable adjustments required?	<b>Yes</b>	<b>No</b>
If yes, please provide detail:		
Risk assessment required (this must be completed in the event of pregnancy)	<b>Yes</b>	<b>No</b>
If yes: date completed		
Completed by		
Signature		
Date		

I am aware of the following and have discussed them with my practice educator:	Yes	No
Action to be taken in the event of an emergency, including fire and evacuation procedures		
Location and access to policy and procedure manuals. In particular: <ul style="list-style-type: none"> <li>Manual handling policy/resources</li> <li>Infection prevention and control policy</li> <li>Health and safety at work regulations</li> </ul>		
Safeguarding of vulnerable individuals		
Placement information for students		
How to contact the Link Tutor		
I have also discussed the following with my practice educator:	Yes	No
Student emergency contact details		
Policy for telephone enquiries		
Reporting sickness and absence - understanding of policy		
Dress/uniform code		
Assessment of Practice		
Practice Development Document		

**Student Declaration:** I agree to abide by local policies and procedures, make known as soon as possible any concerns I have regarding my placement experience and take responsibility for my own learning.

Student Signature	Print Name	Date

**Practice Educator Declaration:** I agree to provide on-going support and constructive feedback to you throughout the placement and make known any concerns regarding your practice at the time.

Practice educator signature	Please print name	Date

## Negotiated Learning Objectives

Learning Objectives		Achieved? <i>Tick box</i>		
1.		Yes	No	Part
How will the learning objective be achieved?	Evidence in support of achievement:			
2.		Yes	No	Part
How will the learning objective be achieved?	Evidence in support of achievement:			
3.		Yes	No	Part
How will the learning objective be achieved?	Evidence in support of achievement:			
4.		Yes	No	Part
How will the learning objective be achieved?	Evidence in support of achievement:			

### Student Reflection on Achievement of Negotiated Learning Objectives

To be completed by the student prior to the relevant meeting with the practice educator.

LO	Midpoint Review	End of Placement
1		
2		
3		
4		
Any additional needs identified:		

## Professional and Safety warnings

(Both practice educator and student should sign and date after a description of the incident. Any completed incident report forms should be attached to this document).

Date	Detail of meeting/visit	Name/ Signature



# Midpoint Review Record

Is the student progressing appropriately with relevant evidence to support learning and on target to meet the expected learning outcomes? Practice Educator to assess in relation to the Performance Level 5 Criteria on pages 20-22					
		FAIL	Borderline Pass	PASS	
		Not progressing sufficiently	Working towards most learning outcomes	Working successfully towards all learning outcomes	Working well above the expected learning outcomes
1	Communication and Partnership Working				
2	Professional Values and Behaviour				
3	Assessment, reasoning and intervention				
4	Monitoring, evaluation and managing risk				
		Action Plan arising from midpoint review <i>must</i> be negotiated and recorded on pages 10 and 11 – <i>please notify link tutor at the earliest opportunity</i>		Action Plan arising from midpoint review <i>must</i> be negotiated and recorded on pages 10 and 11	

Specific areas of good practice:

Specific areas requiring further attention (relate to assessment learning outcomes and complete action plan below):

## Action Plan

Development needs identified and Action Plan as a result of midpoint discussion

Practice Educator Signature:	Print Name:	Date:
Student Signature:	Print Name:	Date:

**Link Tutor Midpoint Review Comments:**

	<b>YES/NO*</b> <b>* delete as appropriate</b>
Has the student had more than three occasions of sickness/absence or more than eight days of sickness/absence to date this year?	
If yes, consider occupational health referral	
Date Occupational Health contacted	
Person contacted	
Date of Meeting	
Link Tutor Name	
Link Tutor signature	

## Guidance for Practice Assessment

It is your (the student's) responsibility to collate all relevant evidence, using the practice development document (PDD), in support of the practice assessment. The practice educator will use the evidence presented to inform their decision regarding your overall level of competence, knowledge and performance in relation to the performance level descriptors on pages 20-22.

Assessment of practice is an ongoing activity that forms an essential part of the learning process. You are required to complete a practice development document (PDD), which is used throughout your entire time in practice in each year. The PDD is intended to work as a sub-section of your professional portfolio. It has a number of functions:

- collate evidence regarding your preparation for each placement
- provide an opportunity for critical reflection on your placement experiences and identification of personal learning outcomes
- collation of evidence from a variety of methods to demonstrate knowledge and competence. Templates have been devised to assist you with collating this evidence:
  - case-based discussion
  - directly observed procedures
  - reflection
  - clinical case summary
  - summary of research/evidence, linking theory to practice
  - service/user carer feedback form

You will need to allocate each piece of evidence a reference number, in accordance with the guidance in the PDD. This reference number should be entered into the relevant box(es) on the subsequent pages. One piece of evidence could be used against several learning outcomes.

As indicated above, the PDD will support the practice educator's assessment decision. Although it must be submitted with the assessment documents at the end of the placement period, to provide access to the supporting evidence during the standardisation of assessment events at the university, it is not an assessed document.

In addition to the PDD you will be given one Practice Assessment Document (PAD) for each 4 week period of practice learning, which must be completed by you and the practice educator and must be submitted as part of your summative assessment. If you are experiencing any difficulties collating relevant evidence or completing the assessment documentation please discuss these with your practice educator and the link tutor.

You will be assessed in each of the four areas namely: communication and partnership working; professional values and behaviour; assessment, reasoning and interventions; monitoring, evaluation and managing risk. Your practice will be graded against the performance level descriptors on pages 20-22. Further details regarding the assessment process can be found in the Placement Handbook.

## Professional Conduct

Whilst on placement you are expected to demonstrate professional values and behaviour at all times. To achieve this you are expected to adhere to the HCPC Guidance on conduct and ethics for students (2012), the HCPC Standards of conduct, performance and ethics (2016) and the Chartered Society of Physiotherapy Code of Professional Values and Behaviour (2012).

Where there are serious breaches of professional conduct the University Termination and Suspension of Placement procedures may be implemented by the Practice Educator/Practice Placement Manager/Clinical Placement Facilitator in consultation with the University. More information regarding this can be found in the Placement Learning Handbook.

Where a placement is terminated or suspended due to professional conduct you will be referred to the Faculty Suitability Panel. This panel considers evidence where there are concerns about a student's fitness for practice and/or serious breaches in code/s of professional practice/placement policies and procedures and decides whether further action is required. If it is considered that a student's conduct is incompatible with physiotherapy practice, then the student may be referred to the University Fitness to Practice Panel to be considered for discontinuation from the course.

N.B. You cannot terminate your own placement; students terminating their own placement without prior approval will be considered to have failed the placement and will not be eligible for a repeat placement.

## Graded Assessment

### Section One: Communication and Partnership Working

Learning Outcome:		Evidence Ref No in PDD (student to complete)
1.1	Uses a range wide range of routine and some advanced communication skills	
1.2	Develops a therapeutic relationship demonstrating sensitivity to the needs of others	
1.3	Initiates and maintains effective and appropriate communication strategies with colleagues, service users and their carers	
1.4	Works in partnership with service users, carers, other professionals, support staff and others to achieve shared goals	
1.5	Contributes effectively to working within a multi-disciplinary team	
1.6	Works with others to create activities and opportunities to promote learning and development	
1.7	Identifies relevant legislation, protocols and guidance for record keeping.	
Practice educator midpoint feedback:		

**Practice educator end of placement feedback:**

Signature.....Print Name .....Date .....

**Communication and Partnership Working level of performance:** Using the performance **level 5** descriptors on pages 20-22 to determine grade (*please indicate grade boundary*)

Excellent 1 <sup>st</sup> 70-100%	Very Good 2:1 60-69%	Good 2:2 50-59%	Satisfactory 3rd 40-49%	Fail 1 Fail 30-39%	Fail 2 Fail 0-29%

## Graded Assessment

### Section Two: Professional Values and Behaviour

Learning Outcome:		Evidence Ref No in PDD
2.1	Practices within the legal, ethical and moral boundaries of physiotherapy practice, in accordance with professional body guidance and local policies and procedures	
2.2	Practises safely and effectively within their scope of practice and maintains high standards of personal and professional conduct	
2.4	Recognises, respects and values psychological, social and cultural differences and takes account of this within their daily work and decision making	
2.5	Respects the rights of service users by seeking consent, maintaining confidentiality and promoting non-discriminatory practice	
2.6	Recognises and takes responsibility for own personal and professional development	
2.7	Demonstrates reflection and self-critical awareness skills and responds appropriately to feedback	
2.8	Ability to manage own workload, responding to varying circumstances in a professional manner	
Practice educator midpoint feedback:		



Practice educator end of placement feedback:

Signature.....Print Name .....Date .....

**Professional Values and Behaviour level of performance:** Using the performance level 5 descriptors on pages 20-22 to determine grade (*please indicate grade boundary*)

Excellent 1st 70-100%	Very Good 2:1 60-69%	Good 2:2 50-59%	Satisfactory 3rd 40-49%	Fail 1 Fail 30-39%	Fail 2 Fail 0-29%

## Graded Assessment

### Section Three: Assessment, Reasoning and Interventions

Learning Outcome:		Evidence Ref No in PDD
3.1	Practises as an autonomous professional, exercising own professional judgement	
3.2	Justifies appropriate assessment techniques to complete a logical and holistic process of enquiry leading to accurate diagnosis	
3.3	Recognises the impact of culture, equality and diversity to inform SMART goal setting in partnership with service users and carers	
3.4	Demonstrates knowledge and understanding relevant to the area of practice, which underpins their individual scope of practice	
3.5	Works to consolidate and refine the performance of complex skills	
3.6	Uses research, clinical reasoning and a logical, systematic problem-solving approach to determine appropriate actions and develop management plans in partnership with service users and carers	
3.7	Puts the service user at the centre of their practice to enable them to make informed choices	
3.8	Facilitates the service user/carer to manage their own health, well-being and fitness	
Practice educator midpoint feedback:		

Practice educator end of placement feedback:

Signature.....Print Name .....Date .....

**Assessment, Reasoning and Interventions level of performance:** Using the performance level 5 descriptors on pages 20-22 to determine grade *(please indicate grade boundary)*

Excellent 1st 70-100%	Very Good 2:1 60-69%	Good 2:2 50-59%	Satisfactory 3rd 40-49%	Fail 1 Fail 30-39%	Fail 2 Fail 0-29%

## Graded Assessment

### Section Four: Monitoring, Evaluation and Managing Risk

Learning Outcome:		Evidence Ref No in PDD
4.1	Establishes and maintains a safe practice environment to minimise risk to the service user	
4.2	Recognises situations where the effectiveness, efficiency and quality of a service are compromised and takes appropriate action	
4.3	Evaluates planned interventions and activities using recognised outcome measures and revises the management plans in collaboration with the service user/carer	
4.4	Systematically collects, analyses and synthesises information to evaluate current practice and generate new understandings about practice	
4.5	Able to change their practice as needed to take account of new developments or changing contexts	
4.6	Monitors and assures the quality of practice and contributes towards the generation of data for quality monitoring and enhancement purposes	
Practice educator midpoint feedback:		

Practice educator end of placement feedback:

Signature.....Print Name .....Date .....

**Monitoring, Evaluation and Managing Risk level of performance:** Using the performance level 5 descriptors on pages 20-22 to determine grade (*please indicate grade boundary*)

Excellent 1st 70-100%	Very Good 2:1 60-69%	Good 2:2 50-59%	Satisfactory 3rd 40-49%	Fail 1 Fail 30-39%	Fail 2 Fail 0-29%

## University of Wolverhampton Summary

### Practice Final Assessment BSc (Hons)

#### Physiotherapy

Student Name		Student No
Cohort		Year
Placement Name		
Placement Speciality		
Dates of Placement		
Practice Educator Name 1		
Practice Educator Name 2 (if applicable)		
Link Tutor Name		
Dates of Link Tutor Visits		

Student Clinical Assessment Profile: *(please tick)*

Grade Awarded	Excellent 1st 70-100%	Very Good 2:1 60-69%	Good 2:2 50-59%	Satisfactory 3rd 40-49%	Fail 1 Fail 30-39%	Fail 2 Fail 0-29%
1. Communication and Partnership Working						
2. Profession Values and Behaviour						
3. Assessment, Clinical Reasoning and Intervention						
4. Monitoring, Evaluation and Managing Risk						

Overall percentage mark awarded for placement (%)	
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N.B. if the overall percentage mark awarded for placement is below 40% please contact the Link Tutor prior to the final assessment

Practice Educator Name:.....

Signature .....Date .....

## BSc (Hons) Physiotherapy Year 3 Practice Grade

Practice Grade	Performance Level Descriptors - Level 6
<p><b>Excellent</b> <b>70% - 100%</b></p>	<p>Consistently initiates and maintains appropriate relationships respecting the values, beliefs and practices of individuals. Recognises complex situations including those of personal incompatibility and manages them professionally and effectively.</p> <p>Consistently contributes to the team effectively. Is confident, proactive and collaborative</p> <p>Consistently selects and demonstrates an effective and flexible communication style, modifying as appropriate.</p> <p>Consistently aware of own learning needs and uses appropriate strategies to further their professional development</p> <p>Consistently responds appropriately to feedback and demonstrates effective reflection and self-critical awareness skills. Critically analyses own practice and recognises own limitations.</p> <p>Consistently demonstrates effective prioritisation and management of workload. Consistently uses initiative and is flexible when dealing with unpredictable circumstances. Consistently demonstrates application of a wide variety of appropriate, safe and effective assessment and treatment strategies. Justifies prioritisation of problems with comprehensive knowledge and skills</p> <p>Demonstrates accurate skills and is flexible and innovative in their application. Consistently demonstrates effectiveness in transferring and adapting skills to the practice environment and the patient/client needs.</p> <p>Consistently monitors interventions working collaboratively with appropriate persons to continue, change, or cease an intervention. Justifies decisions with reference to patient/client goals, outcome/objective measures, experience, and available evidence.</p> <p>Is appropriate and proactive in health education and promotion, demonstrating a non-judgemental approach.</p> <p>Consistently able to demonstrate clinical reasoning to support clinical decisions with the use of relevant evidence. Completes comprehensive, sensitive and flexible assessments within a reasonable timeframe.</p> <p>Consistently able to analyse and evaluate information collected to form a physiotherapy diagnosis and develop problem lists that are appropriate and collaboratively tailored to the individual. Documentation is consistently concise and systematic. The process of decision-making is Consistently transparent and logical.</p> <p>Identifies and makes appropriate referrals. Consistently selects and justifies use of appropriate outcome/objective measures and is able to support decisions with relevant evidence.</p>
<p><b>Very Good</b> <b>60% - 69%</b></p>	<p>Initiates and maintains appropriate relationships respecting the values, beliefs and practices of individuals. Recognises complex situations including those of personal incompatibility, appropriately seeks help and responds to guidance .Contributes to the team effectively, building and sustaining appropriate relationships.</p> <p>Selects and demonstrates an effective and flexible communication style, modifying as appropriate.</p> <p>Aware of own learning needs and uses appropriate strategies to further their professional development. Recognises limitations and appropriately seeks advice.</p> <p>Responds appropriately to feedback and demonstrates effective reflection and self critical awareness skills resulting in suitable changes in their practice.</p> <p>Demonstrates effective prioritisation and management of workload.</p> <p>Uses initiative and is flexible when dealing with unpredictable circumstances.</p> <p>Demonstrates application of a variety of appropriate, safe and effective assessment and treatment strategies.</p>

	<p>Demonstrates accurate skills and is flexible in their application.</p> <p>Demonstrates effectiveness in transferring and adapting skills to the practice environment and the patient/client needs.</p> <p>Is appropriate and active in health education and promotion, demonstrating a non-judgemental approach</p> <p>Able to explain choice for appropriate assessment techniques and supports decisions with relevant evidence. Completes comprehensive and sensitive assessments within a reasonable timeframe.</p> <p>Able to analyse and evaluate information collected to form a physiotherapy diagnosis and develop problem lists that are appropriate, taking into account the patient/client view. Is able to draw on knowledge and skills to justify prioritisation of problems.</p> <p>Designs and justifies appropriate treatment plans collaboratively with appropriate persons..</p> <p>Selects and justifies use of appropriate outcome/objective measures. Able to support decisions with relevant evidence.</p> <p>Documentation is concise and systematic. The process of decision-making is transparent and logical.</p> <p>Monitors interventions working collaboratively with appropriate persons to continue, change or cease an intervention.</p> <p>Justifies decisions with reference to patient/client goals, outcome/objective measures, and available evidence.</p>
<p><b>Good</b> <b>50% - 59%</b></p>	<p>Demonstrates appropriate relationships respecting the values, beliefs and practices of individuals. Demonstrates effective communication in routine situations. Recognises difficulties but may require guidance in complex situations.</p> <p>Recognises complex situations including those of personal incompatibility. Tentative in seeking help but adjusts behaviour in response to feedback.</p> <p>Contributes to the team effectively, but can be tentative in approach to some members of the team.</p> <p>Able to either identify own learning needs or to take responsibility for own learning. Shows initiative in requesting help.</p> <p>Demonstrates reflection and evaluation of practice but may need support to alter practice. Accepts feedback and sometimes implements change.</p> <p>Is able to manage workload and usually prioritises appropriately. Shows initiative and demonstrates flexibility, but needs some guidance when dealing with unpredictable circumstances.</p> <p>Provides feedback regarding caseload, may occasionally require prompting.</p> <p>Recognises limits of own practice and seeks advice.</p> <p>May require guidance to identify need to refer on, but is able to make referrals. Demonstrates application of appropriate, safe and effective assessment and treatment strategies, but may require prompting to monitor application of interventions.</p> <p>Demonstrates accurate practical skills. Demonstrates an ability to transfer and adapt skills to the practice environment and the patient/client needs Is active in health education and promotion.</p> <p>Considers the patient/client (and/or carers) role and their opinions, but may require guidance to integrate within patient/client management.</p> <p>Able to explain choice of assessment techniques and offers some supporting evidence. Thought processes are clear but may require guidance.</p> <p>Completes appropriate assessments and usually completes within a reasonable timeframe. Able to analyse and evaluate information collected to form a physiotherapy diagnosis and develop problem lists that are appropriate. May require guidance in non-routine situations either to integrate the patient/client view or to draw on knowledge and skills to prioritise problems.</p> <p>Designs appropriate treatment plans then discusses plans with appropriate persons. May require guidance to justify. Supports decisions with evidence.</p>



	<p>May require guidance to be concise or systematic. The process of decision-making is not always transparent or logical. Monitors interventions and justifies decisions to continue, change or cease an intervention.</p> <p>May require prompting to work collaboratively with appropriate persons or implement strategies when direct intervention stops. Selects appropriate outcome/objective measures. May require guidance to justify. Offers supporting evidence.</p>
<p><b>Satisfactory</b> 40% - 49%</p>	<p>Demonstrates appropriate relationships but may occasionally demonstrate awkwardness or overconfidence. Usually recognises complex situations including those of personal incompatibility but requires support to address issues. Evidence of behavioural change in response to feedback.</p> <p>Contributes to the team, but may require prompting to initiate and/or maintain their role within the team. Evidence of behavioural change in response to feedback. Demonstrates appropriate communication in routine situations,</p> <p>Needs guidance to recognise complex situations, evidence of behavioural change in response to feedback. Seeks guidance to identify their needs and take responsibility for their own learning. Shows some initiative in requesting help. Recognises value of reflective practice but needs guidance to evaluate and alter practice. Accepts feedback but requires support to implement change. Recognises need to manage own workload but needs guidance with prioritisation or management.</p> <p>Needs prompting to take initiative, recognizes the importance of being flexible but needs guidance when dealing with unpredictable circumstances.</p> <p>Provides feedback regarding caseload, often requires prompting. Recognises limits of own practice but seeks confirmation to support decisions. Requires guidance to identify need to refer on, but is able to make referrals.</p> <p>Demonstrates the application of appropriate safe and effective assessment and treatment strategies, but requires prompting to monitor application of interventions.</p> <p>Demonstrates acceptable practical skills.</p> <p>Demonstrates some transference and adaptation of skills to the practice environment and the patient/client needs.</p> <p>Participates in health education and promotion in routine situations, requires prompting in more complex situations.</p> <p>Identifies the patient/client (and/or carers) role and opinion, but requires guidance to integrate within patient/client management.</p> <p>Able to explain choice of assessment techniques only in routine situations and offers some supporting evidence. Thought processes may not be clear and may occasionally require guidance. Completes appropriate assessments but struggles to complete within a reasonable timeframe. Able to analyse and evaluate information collected to form a physiotherapy diagnosis and develop problem lists that are appropriate, but may require guidance to integrate the patient/client view and to prioritise problems. Selects appropriate treatment plans but thought processes may not be clear and requires guidance to justify. Offers some supporting evidence.</p> <p>In routine situations, monitors interventions and justifies decisions to continue, change or cease an intervention, requires prompting in more complex situations.</p> <p>Requires guidance to work collaboratively or implement strategies when direct intervention stops</p> <p>Recognises the value of outcome/objective measures but requires guidance to select appropriately. May offer some supporting evidence</p> <p>Requires guidance to be concise or systematic. The decision-making process is not always transparent and logical.</p>
<p><b>Fail I</b></p>	<p>Despite feedback, limited demonstration of appropriate relationships or sensitivity to the needs of others. Awkwardness or overconfidence in interactions with limited ability to overcome this. Requires support to recognise complex situations including those of personal incompatibility. Support required to function as a member of the team. Awkwardness or overconfidence with limited</p>

<p><b>Fail</b> <b>30% - 39%</b></p>	<p>ability to overcome this.</p> <p>Demonstrates appropriate communication in routine situations, Needs guidance to recognise complex situations, evidence of behavioural change in response to feedback. Support required to identify, plan and evaluate own learning.</p> <p>Limited initiative and/or discernment in requesting help. Support required to reflect on or implement change in practice.</p> <p>Listens to feedback but does not act on it Support required to prioritise and / or manage own workload. Does not take initiative and does not show flexibility with varying circumstances. Constant prompting needed to provide feedback regarding caseload.</p> <p>Support required to recognise limitations and make appropriate referrals. Support required to apply safe and effective assessment and treatment strategies. Does not consistently monitor interventions. Despite prompting demonstrates poor or inflexible skills and has difficulty adapting skills to the practice environment or the patient/client needs.</p> <p>Shows limited awareness of, but does not recognise need to participate in, health education and promotion.</p> <p>Despite support does not identify the patient/client (and/or carers) role and opinion</p> <p>Support required to reason choice of appropriate assessment techniques. Poor supporting evidence.</p> <p>Even with guidance thought processes are still sometimes unclear.</p> <p>Inconsistent in completing appropriate assessments and struggles to complete within a reasonable timeframe.</p> <p>Support required to analyse and evaluate information to form a physiotherapy diagnosis and develop problem lists that are appropriate.</p> <p>Rarely considers the patient/client view. Demonstrates limited knowledge and skills to prioritise problems.</p> <p>Support required to select appropriate treatment plans.</p> <p>Despite guidance thought processes remain unclear and continually fails to consider available resources.</p> <p>Poor supporting evidence.</p> <p>Guidance required to complete documentation. Despite support is unable to demonstrate decision making.</p> <p>Support required to monitor routine interventions and to make decisions to continue, change or cease an intervention.</p> <p>Support required to work collaboratively or implement strategies when direct intervention stops</p> <p>Aware of outcome/objective measures, but does not recognise their value. Despite guidance fails to select appropriate outcome measures.</p>
<p><b>Fail II</b> <b>Fail</b> <b>0% - 29%</b></p>	<p>Despite feedback, continually has difficulty in developing professional relationships and is insensitive to the needs of others.</p> <p>Fails to recognise complex situations and has difficulty with routine situations. Does not recognise and/or allows personal incompatibility to interfere with the therapeutic relationship.</p> <p>Despite support has difficulty in developing appropriate relationships with team members.</p> <p>Does not overcome awkwardness or overconfidence.</p> <p>Despite feedback communication remains ineffective. Explanations / instructions are inadequate or inappropriate.</p> <p>Does not listen attentively and/or make appropriate eye contact.</p> <p>Does not recognise impact of inappropriate communication.</p> <p>Despite significant support fails to identify, plan or evaluate own learning. Does not show initiative and/or discernment in requesting help.</p> <p>Does not recognise the value of reflective practice. Despite feedback and support fails to demonstrate change in practice and may be defensive or inappropriate. Despite significant support fails to accept responsibility for own workload.</p> <p>Approach is inflexible and is unable to adjust to varying circumstances. Despite constant prompting fails to provide accurate</p>

feedback regarding caseload. Despite support does not recognise limitations or seek advice. Unable to make referrals.  
 Despite prompting and support is unsafe and/or ineffective in application of assessment and treatment strategies.  
 Fails to monitor interventions;  
 Skills are unacceptable and/or inappropriate to the practice environment or the patient/client needs.  
 Does not participate in, or show an awareness of, health education and promotion.  
 Despite significant support does not recognise the importance of the patient/client (and/or carers) role and opinion.  
 Despite support is unable to rationalise choice of appropriate assessment techniques. Lack of supporting evidence. Despite guidance, thought processes are unclear. Inconsistent in completing appropriate assessments and unable to complete within a reasonable timeframe.  
 Despite support is unable to analyse and evaluate information to form a physiotherapy diagnosis and develop problem lists.  
 Does not consider the patient/client view. Unable to prioritise.  
 Despite guidance and support is unable to select appropriate treatment plans  
  
 Despite guidance and support documentation is either of poor quality or absent.  
 Despite support does not monitor interventions and / or is unable to determine whether to continue, change or stop intervention.  
 Does not recognise the need to work collaboratively or  
 implement strategies when direct intervention stops  
 Despite guidance and support makes no attempt to select outcome/objective measures. Does not recognise the value of outcome measures.

## BSc (Hons) Physiotherapy Timesheet

<b>Student Name</b>	<b>Student No</b>
<b>Cohort</b>	<b>Year</b>
<b>Placement Name</b>	
<b>Placement Speciality</b>	
<b>Practice Educator Name 1</b>	
<b>Practice Educator Name 2 (if applicable)</b>	

Week Commencing	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

*Insert number of hours worked, excluding breaks.*

Student Signature .....Date .....

Practice Educator Signature .....

Print Name ..... Date .....

## Student's Evaluation of Placement

Students must record their own evaluation of the placement. This form is NOT complete until this has been done.

What aspects/objectives do you want to develop in your next practice experience?

1.

2.

3.

4.

Student Signature .....Date .....

Seen by Practice Educator (Signature) .....

Print Name ..... Date .....

