Bournemouth University

School of Health & Social Care

BSc (Hons) Occupational Therapy

PRACTICE ASSESSMENT DOCUMENT

For

Occupational Therapy Portfolio 2

Level 5

2018 / 2019

Student Name: ……..

Academic Advisor: ……

© 2009 Bournemouth University

Document distribution date September 2017

Circulation: General

Bournemouth University undertakes to encourage the recognition, protection and exploitation of intellectual property rights generated by participants in this programme, to the benefit, as appropriate, of students, staff, industrial/other third parties/partners and the University

CONTENTS

1. INTRODUCTION 3

1.1 General introduction 3
1.2 Lines of communication 4
1.3 Additional Contacts / Support 4
1.4 Programme structure 6
1.5 Unit Specification – Portfolio 2 9

2. ASSESSMENT 12

2.1 Assessment overview 12
2.2 Mandatory Training 14
2.3 Assessment in practice 15
2.3.1 Competencies 15
2.3.2 Expectations of the learning outcomes between levels 15
2.3.3 Formative and Summative Assessment 17
2.3.4 Assessment Requirements 18
3. Continuing Professional Development (CPD) Assessment 19

4. PLACEMENTS 20

4.1 Placement information 20
4.2 Placement descriptors 21

5. RESPONSIBILITIES 24

5.1 Responsibilities of student 24
5.2 Responsibilities of practice placement educator 26
5.3 Responsibilities of the university tutor 28

6. PRACTICE ASSESSMENT BU2 30

6. PRACTICE ASSESSMENT BU2 31

6.1 Competencies 31
6.2 Negotiated learning agreement for BU2 33
6.3 Practice Assessment Level 5 - BU2 35
6.3.1 Specific 1. Assessment and intervention planning 35
6.3.2 Specific 2. Interventions and treatment 37
6.3.3 Core 1. Communication 39
6.3.4 Core 2. Personal and people development 41
6.3.5 Core 3. Health, safety and security 43
6.3.6 Core 4. Service improvement 45
6.3.7 Core 5. Quality 47
6.3.8 Core 6. Equality and diversity 49
6.4 Action plan 53
6.5 Disciplinary procedure 55

7. ADMINISTRATION BU2 58

7.1 Information 58
7.2 Final mark sheet: BU2 60
7.3 Student placement record sheet BU2 62
8. Documentation 66
8.1 Practice Placement Support 66
8.2 Health and safety on work placements 68
8.3 Student crisis procedure 70
8.4 Audit 71
8.5 Placement learning 72

1. Introduction

1.1 General introduction

For practice placement educators and students

This **practice assessment document** is designed as an assessment for the Occupational Therapy **Portfolio 2** unit – see 1.5: for a full description of the unit and assessment.

The 'portfolio' unit runs over the length of the academic year and students are given their **practice assessment document** early in the year. This document includes all the components of the unit's assessment as well as recording practice hours, foundation skills assessment and mandatory training. Portfolio Units in the first and second year are worth 40 credits (one third of the year's credits) with 60% weighting for assessment in practice and 40% for Continuing Professional Development (CPD) work. In the third year they are also worth 40 credits but the weighting is 70% for assessment in practice and 30% for CPD.

60% assessment: (learning outcomes 1 – 4) will be in practice and marked by a Practice Placement Educator (PPE), also by satisfactory completion of practical skills in the University.

40% assessment: (learning outcomes 5 & 6) assessment will be on the student's CPD and marked by university staff.

Section 3 sets out the process needed to complete the student's CPD. The CPD should be completed on-line.

Please note: This document contains all of the learning outcomes for the practice placements at Level C. Students and PPEs are expected to refer to these learning outcomes prior to and during practice placements.

In addition to the learning outcomes specified for the 'Portfolio 1' unit, skills will be assessed during the following Occupational therapy specific units.

Occupational Therapy in Action 2	Semester 1
Reasoning for Therapy Practice	Semester 1
Exploring Evidence to Guide Practice	Semester 2
Promoting Health and Wellbeing	Semester 2

1.2 Lines of communication

Department Lead	Dr Carol Clark cclark@bournemouth.ac.uk
Programme Lead **Principle Lecturer in OT**	Dr Bernadette Waters bwaters@bournemouth.ac.uk 01202 962158 Works Monday - Thursday
Admissions Tutors - OT	Helen Ribchester hribchester@bournemouth.ac.uk 01202 962029
Practice Education Tutor - OT	Juliette Truman jtruman@bournemouth.ac.uk 01202 968256 Works full time

Placement Absence & Sickness:

Any absence whilst on placement should be reported to the general reporting hotline **01202 965000** / hscplacements@bournemouth.ac.uk
Students should also advise their PPE/Student Mentor at their placement.

Absence/Sickness from University Lectures:
Any absence from lectures should be reported to the general reporting hotline **01202 965000** / or to the Student Support Team - hscsst@bournemouth.ac.uk

Details are also on the HSS placement website –
http://www.bournemouth.ac.uk/hsc/placements.html

It is essential that sickness/absences are recorded. If you have any placement specific queries, please contact your **Placement Support Officer- Barbara Grundy (details above).**

1.3 Additional Contacts / Support

Head of Practice Education	Amanda Watson amandaw@bournemouth.ac.uk 07545 420731
Placement Support Officer	Barbara Grundy bgrundy@bournemouth.ac.uk

01202 967344

Programme Support Officer: Rachael de Courcy Beamish
rachaeldcb@bournemouth.ac.uk
01202 967351

Please direct any queries relating to academic issues (ie general programme, Mitigation) to your **Programme Support Officer – Rachael de Courcy Beamish** (details above)

The University Practice Learning Adviser Team Contact Details:

Belinda Humphries — Poole/Purbeck/ Blandford
Email: bhumphries@bournemouth.ac.uk
Mobile: 07545 420727

Claire Uren — Somerset
Email: curen@bournemouth.ac.uk
Mobile: 07545 420728

Jo Hirdle — Bournemouth/ Christchurch
Email: jhirdle@bournemouth.ac.uk
Mobile: 07545 420729

Paula Shepherd — West and North Dorset
Email: pshepherd@bournemouth.ac.uk
Mobile: 07545 420730

Eleanor Jack — Salisbury/ Wiltshire/Poole
Email: ejack@bournemouth.ac.uk
Mobile: 07730619354

Donna Griffin — Bournemouth
Email: dgriffin@bournemouth.ac.uk
Mobile: 07734967633

Petra Brown — Hampshire
Email: pbrown@bournemouth.ac.uk
Mobile : 07730619353

Sarah Keeley — Bournemouth North/Wimborne
Email: skeeley@bournemouth.ac.uk
Tel: 01202961192

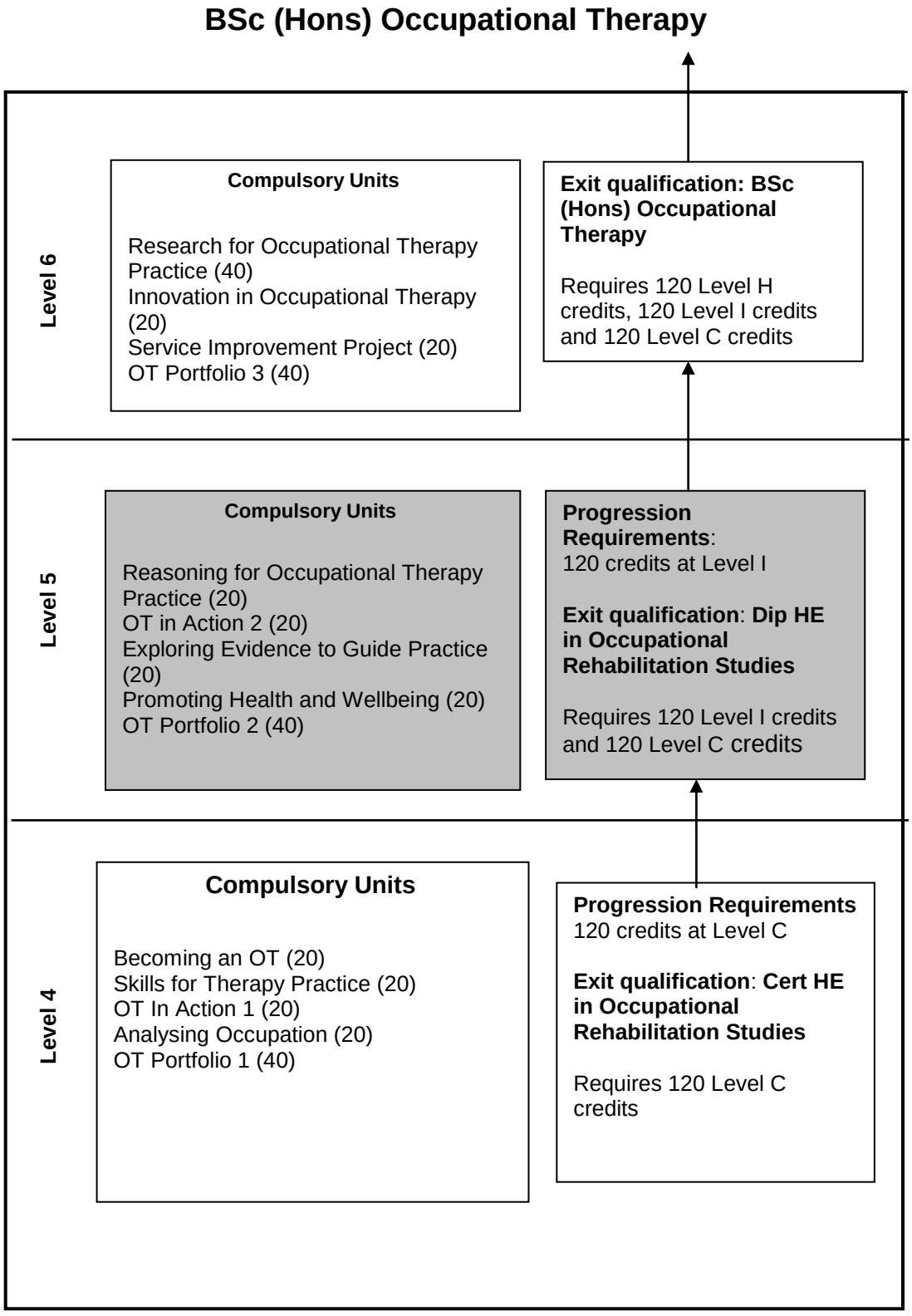
Megan Lloyd — Boscombe/New Forest/Romsey
Email mlloyd@bournemouth.ac.uk
Tel: 01202962563

Group email: UPLA@bournemouth.ac.uk

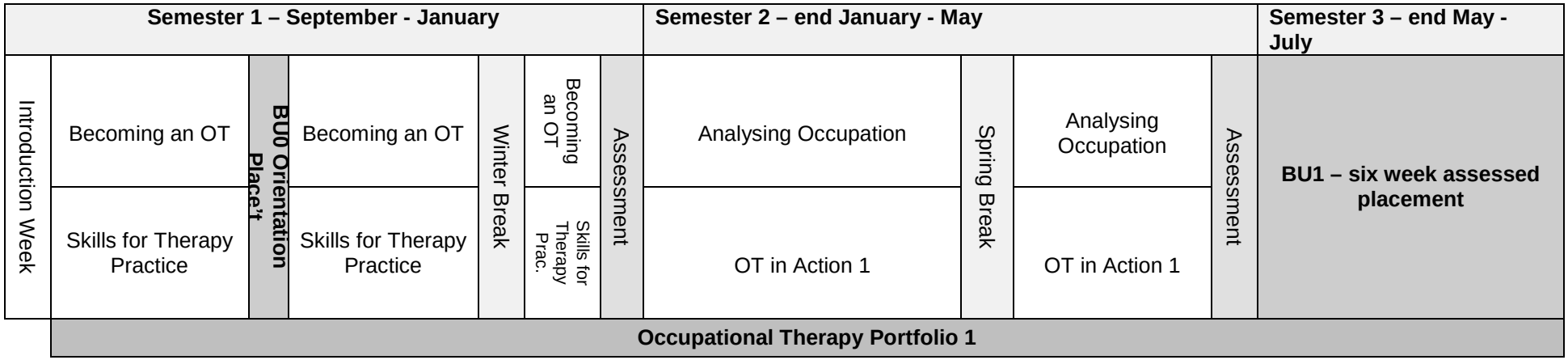
For further information regarding the practice assessor role please access:

http://www.bournemouth.ac.uk/practiceassessor

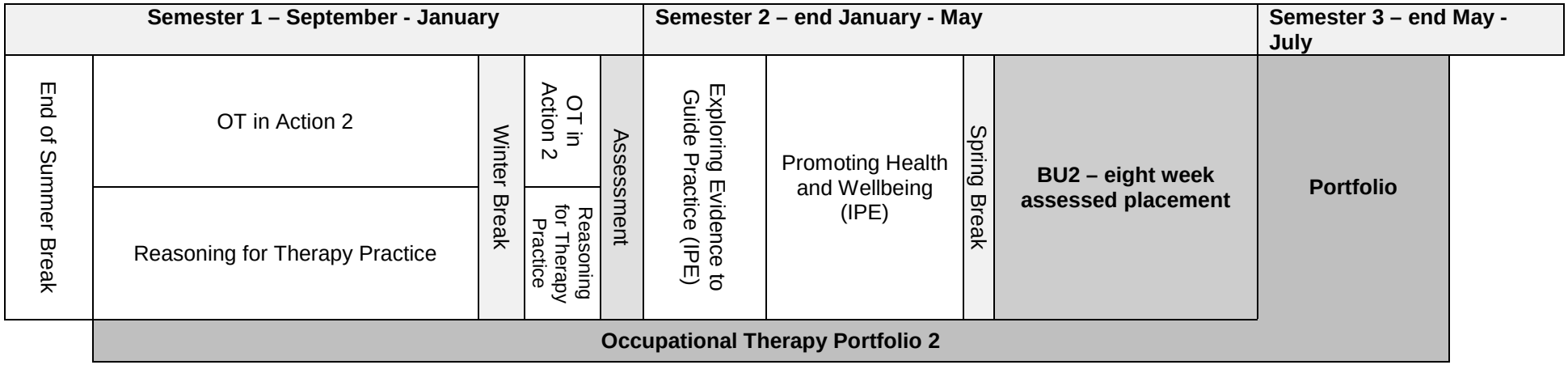
1.4 Programme structure



First Year



Second Year



Third Year

<table>
<tr><th colspan="5">Semester 1 – September - January</th><th colspan="4">Semester 2 – end January - May</th><th>Semester 3 – end May - July</th></tr>
<tr><td rowspan="2">BU3 – 10 week assessed placement</td><td rowspan="2">Research for OT Practice</td><td rowspan="2">Winter Break</td><td>Research for OT Practice</td><td rowspan="2">Assessment</td><td rowspan="2">BU4 – 8 week assessed placement</td><td rowspan="2">Spring Break</td><td rowspan="2">Innovation in Occupational Therapy</td><td rowspan="2">Assessment - Conference</td><td rowspan="2"></td></tr>
<tr><td>Service Improvement Project (IPE)</td></tr>
<tr><td colspan="6">Occupational Therapy Portfolio 3</td><td colspan="4"></td></tr>
</table>

1.5 Unit Specification – Portfolio 2

Unit Title: **Occupational Therapy Portfolio 2**

Version Number: **1**

Level: **5**

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

Effective from: September 2015

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

The aim of this unit is to facilitate development by advancing the knowledge base and the breadth and proficiency of the student's professional practice. Emphasis is placed on principles of humanisation of healthcare and client-centred approaches.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Demonstrate advancing knowledge and application of the standards of proficiency and professional standards for occupational therapy.
2. Reflect upon practicing in a way that is professional, non-judgemental and ethical and that respects and acknowledges people as individuals.
3. Plan, analyse and apply underpinning theories, knowledge, legislation and clinical governance in practice.
4. Practice safely and effectively within the scope of practice as a student occupational therapist developing skills in appropriate delegation to others.
5. Explore and analyse processes and factors that lead to the facilitation of/barriers to client-centred approaches and humanising healthcare practice.
6. Demonstrate critical awareness of the concepts of humanisation and client-centred approaches gained from practice, university and wider experiences through reflection and action.

LEARNING AND TEACHING METHODS

In this unit students will participate in different clinical areas where they will be facilitated, guided and assessed by registered practitioners. They will also be encouraged to make use of potential volunteering opportunities.
Students will be encouraged to maintain an on-going portfolio evidencing CPD activities which will be supported by online resources, seminars and workshops on reflective practice and CPD.
Lectures, seminars and online learning resources will focus on humanisation of healthcare and client centred approaches. Service user lived experience of their daily life and healthcare experiences will form a key component of the learning opportunities.

ASSESSMENT

Summative Assessment

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

Indicative Assessment Information

The practice placement is an 8 week assessed placement (60%)
The coursework will be a presentation (40%)

INDICATIVE CONTENT

Background to the focus on the humanisation of healthcare
Humanising philosophy
Processes of oppression at the personal, cultural and structural level: (stigmatisation, stereotyping, marginalisation, infantilisation, welfarism, dehumanisation, medicalisation).
Client-Centred approaches
Understanding key terminology (e.g. client-centred, person-centred, family-centred, etc.)
Barriers and facilitators to implementation
Legislation and policies
Vulnerability, risk and safety
Capacity and Informed Consent
Anti-oppressive and non-discriminatory practice
Inclusion, Involvement, Advocacy, Empowerment and Partnership
Service user motivation
Self-determination, self-concept and self-efficacy
Occupational Justice (The impact of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance)
Respecting diversity and unique values, beliefs and interests
Cultural awareness.
Recognising spirituality
Advancing communication strategies
Therapeutic use of self
Accountability

INDICATIVE KEY LEARNING RESOURCES

Alsop, A. 2013. *Continuing Professional Development in Health and Social Care: Strategies for Lifelong Learning*, 2nd ed. West Sussex, UK: Wiley- Blackwell.
Bolton, G. 2010. *Reflective Practice: Writing and Professional Development*, 3rd ed. London: SAGE.
COT. 2010. *Code of Ethics and Professional Conduct*. COT: London.
Francis, R., (2010) *Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009.* Stationary Office, London.
HCPC. 2008. *Standards of conduct, performance and ethics*. London: HCPC.
HCPC. 2011. *Your guide to our standards for continuing professional development*. London: HCPC.
HCPC. 2013. *Standards of Proficiency - Occupational Therapists*. London: HCPC.
Iwama, M. K. 2006. *The Kawa Model: culturally relevant occupational therapy*. Edinburgh: Churchill Livingstone/Elsevier.
Law, M., Baptiste, S., & Mills, J. (1995). Client-centred practice: What does it mean and does it make a difference. *Canadian Journal of Occupational Therapy*, 62(5), 250-257
Parker D (2002) The client-centred frame of reference, In E AS Duncan (ed) *Foundations for Practice in Occupational Therapy* (pp 193 – 215). London: Elsevier Churchill Livingstone.
Penhale, B. and Parker, J. 2008. *Working with Vulnerable Adults*. Abingdon: Routledge.
Pierce, D.E. (ed). 2003. *Occupation by Design: building therapeutic power*. Philadelphia, USA: F.A. Davis.

Restall, G., Ripat, J., & Stern, M. (2008). Applicability and clinical utility of the client-centred strategies framework. *Canadian Journal of Occupational Therapy, 75*(5), 288-300.
Sumsion, T (ed) 2006. *Client-Centred Practice in Occupational Therapy: a guide to implementation*, 2nd ed. Edinburgh: Churchill Livingstone/Elsevier.
Swee Hong, C. And Harrison, D. 2012. *Tools for Continuing Professional Development*, 2nd ed. London: Quay Books.
Taylor, B.J. 2010. *Reflective Practice for Healthcare Professionals*, 3rd ed. Berkshire, UK: McGraw-Hill/Oxford University Press.
Todres, L., Galvin, K., and Holloway, I., 2009. The humanisation of healthcare: A value framework for qualitative research. *International Journal of Qualitative Studies on health and Wellbeing.,* 4 (2), 68-77.
Wade, C. 2011. Planning and writing an evidence-based critical reflection. *Journal of Paramedic Practice*, 3(4), 190-195.

2. Assessment

2.1 Assessment overview

Occupational Therapy Portfolio 2 will be assessed in 2 parts.

1. **Practice - 60% - (ILOs 1 – 4)**

   a. **BU2 - Practice Placement**
   Practice placement BU2 will occur in the second semester. Practice placement educators will assess and grade practice using the competencies and learning outcomes set out in section 6.

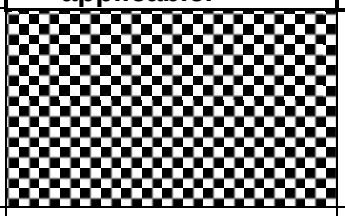
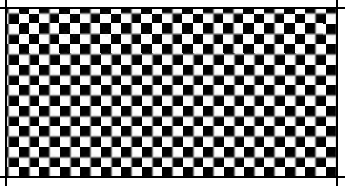
2. **Continuing Professional Development – CPD - 40% (ILOs 5 & 6)**

   CPD activities will be expected to occur during the whole of the first and second year and include experiences from the practice placement. Students will need to be proactive in completing their CPD and it is expected that progression will occur throughout the year. An up-to-date CPD portfolio should be developed, demonstrating competency as the student moves through the various stages of learning. It is anticipated that the student's practice placement educator will work in partnership with the student on their CPD journey during the placement and comments on the student's development of their portfolio are welcome. The CPD element of Portfolio 2 will be assessed by university lecturers.

BU2 and CPD must be completed successfully in order to proceed to the next year.

2.2 Mandatory Training

Mandatory training **MUST** be completed before going out on BU2; **failure to do so may prevent attendance on placement.**

	On-line training completed evidenced by certificate where applicable.	**Practical training**	**TUTOR or PPE SIGNATURE**
Basic Life Support		Date:	
Moving and Handling	Date:	Date:	
Infection Control	Date:	Date:	
Break Away Training		Date:	
Fire safety (completion of fire procedures for each practice locality)	Date:	Date BU2:	

2.3 Assessment in practice

2.3.1 Competencies

There are eight competencies of practice that will be assessed. These are in line with the NHS Knowledge and Skills Framework:

Specific skills: 1.Assessment and treatment planning
Specific skills: 2 Intervention and treatment

Core 1: Communication
Core 2: Personal & people development
Core 3: Health, safety and security
Core 4: Service improvement
Core 5: Quality
Core 6: Equality and diversity

Competencies are the same across each level (year) of the programme but the level of expectation for achieving the learning outcomes differs from year to year. The expectation for achieving the learning outcomes shows the progression that students will make in their performance between level C (first year) to level I (second year) to level H (third year).

Expectations change between the levels (years) in relation to the amount of **support** provided, the **depth of reasoning** required and the **extent** to which students are expected to achieve the intended learning outcomes.

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

2.3.2 Expectations of the learning outcomes between levels

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

Definitions of ‘support’

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

Definitions of ‘depth of clinical reasoning’

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

Definitions of ‘extent’

Beginning to	‘Beginning to’, is defined as basic ability to demonstrate the stated ILOs.	**Year 1**
Developing skills to	‘Developing skills to’ is defined as establishing and advancing skills to demonstrate the stated ILOs.	**Year 2**
Competent to	‘Competent to’ is defined as demonstrating the ability to practice as a novice professional.	**Year 3**

2.3.3 Formative and Summative Assessment

Formative assessment

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

Comments should be written in the relevant competency located in section 6.3. If there are specific issues then PPEs are required to implement an *'Action plan'* located in section 7.4 in collaboration with the university tutor.

Summative assessment

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

Written feedback should give the student information on their performance during the placement and also provide them with constructive action points to take forward to subsequent practice placements. Feedback should be written in the relevant competency section located in section 6 for BU2.

The PPE is asked to award a **classification band for each competency**. This should best reflect the achievement of the student by the end of the placement and only marked on the final mark sheet in section 7.

An overall classification mark is given as a **final grade (%)** for the placement. This final grade should reflect the classification bands the student has achieved by the end of the placement and only marked on the final mark sheets in section 8. The grading is not calculated as an average percentage from the competencies but should provide an all encompassing reflection of the students' performance.

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

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

2.3.4 Assessment Requirements

This section outlines the requirements to pass the portfolio unit with respect to the assessment regulations and the procedures taken if a student is falling behind in achieving their intended learning outcomes. Full assessment regulations can be found in the programme handbook.

In order to pass the portfolio unit the student must pass both assessment elements of the unit. This is the 60% practice assessment element and the 40% CPD element

The practice assessment element consists of *'Practice skills'* and practice placements BU1.

> *Assessment regulation:*
>
> *Where a unit contains practice assessments, a pass will be awarded where the overall unit mark is at least 40% and the mark in each separate element of the unit assessment is not less than 40%.*
>
> *Compensation: Compensation does not apply to units that are assessed in practice*

In order to pass practice placement students must pass all eight competencies of the assessment (two specific and six core). This means achieving a third classification, or above, for each competency on the final mark sheet.

Competencies are defined as 'components' in respect of the programme assessment regulation.

If a student fails a competency this is considered failure of a practice component.

> *Assessment regulation:*
>
> *Where a practice element has separate components a fail in any one component will result in a mark of 0% being awarded for that element.*

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

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

In order to achieve a first class mark, the student should be consistently excellent, normally achieving a first class classification in all competencies. To be awarded 80% or above is extremely rare and should only be awarded to a consistently exceptional student.

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

All placement documentation (assessment formative and summative feedback, mark sheet and hours) must be completed and submitted to administration.

3. Continuing Professional Development (CPD) Assessment

CPD **is the 40% assessment element** of the Occupational Therapy Portfolio 2 unit and will be assessed by the development of the student's CPD e-Portfolio which should meet the intended outcomes below:

Intended learning outcomes

5. Explore and analyse processes and factors that lead to the facilitation of/barriers to client-centred approaches and humanising healthcare practice.
6. Demonstrate critical awareness of the concepts of humanisation and client-centred approaches gained from practice, university and wider experiences through reflection and action.

These will be achieved by:

CPD e-Portfolio – This is to be completed by the student by the end of the year, but should be a continuous process throughout their time at university and whilst on placement.
A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis and Personal/Professional Development Plan (PDP) should be peer assessed following BU0 during a facilitated session and revised in preparation for BU1. We advise the student to access the CPD on-line resources available on MyBU and consult COT documentation to help guide them in this process.

Academic Adviser review – The CPD e-Portfolio may be shared with the Academic Adviser during meetings as a prompt for discussion on the student's progress.

Summative Assessment
Students will provide access for the Portfolio Leads to core components of their CPD e-Portfolio for summative assessment at the end of the academic year (see the Assessment Brief on MyBU for details).

The summative mark and feedback will be completed by the Portfolio Lead using the marking form posted under the assessment tab in the OT Portfolio 2 unit on MyBU.

This assessment will take place at the end of BU1.

On successful completion of the Occupational Therapy: Portfolio 2 unit the student will then develop their second PDP in the summer break in preparation for their next year at Bournemouth University. The second PDP and SWOT analysis will then be peer reviewed in a facilitated workshop at the beginning of the academic year.

4. Placements

4.1 Placement information

One placement occurs during Occupational Therapy Portfolio 2.

BU2 Eight week placement which occurs in the second semester

The student will bring the practice assessment document to the placement, having already identified and written their perceived learning needs for the placement to prepare for the negotiated learning agreement. This will include any action points arising from preceding placements. The PPE can contribute if necessary.

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

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

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

Should the student show unsafe practice or violate the rules of professional conduct, please report this to the student's Academic Advisor as detailed in practice placement support.

Throughout the placement, the student will keep a daily record of hours in section 8. Should the student be struggling with specific issues a copy of the negotiated learning agreement should be sent to a university tutor who will then discuss an action plan with the PPE and student. The student online placement evaluation form and Student Reflection on Placement form within the Practice Assessment Document, gives the student an opportunity to provide feedback on the placement.

At the end of the placement the PPE and student must make sure that all relevant pages are signed and dated. The PPE may take a photocopy of the portfolio for CPD purposes but the original must be returned by the student to the university as an official record by the deadline.

Please contact a university tutor or the Practice Education Tutor (contact numbers at the beginning of this book) if you wish to discuss the student's progress. This is essential if you think the student's practice is of poor standard (struggling to maintain a pass). Additionally if you feel that a student is not currently achieving the level of proficiency for their year then you must contact a university tutor urgently to discuss this. Please do not wait until the student is ending the placement before making contact – it is essential that a plan is put in place early to address any difficulties.

4.2 Placement descriptors

To complete the placement experience the student's portfolio of evidence will inform their final personal development plan and will require evidence from this to inform their CPD profiles.

Students will complete a minimum of 35 hours per week, averaged over the course of the placement, to include 3 hours of portfolio development

A placement which is failed must be successfully completed to enable the student to progress to the next level.

The occupational therapy student experience consists of six placements over a three year period, which offers a range of placement opportunities and settings. The majority of the placements are in the Dorset and Somerset region. Settings are acute, rehabilitation, social services and in role emerging areas. Most take place within the NHS, social services, community facilities and independent health sectors.

Year 1: Level 1: **Placement BU0:** A one week orientation to professional practice
Placement BU1: A six week placement

Year 2: Level 2: **Placement BU2: An eight week placement**

Year 3: Level 3: **Placement BU3:** A ten week placement
Placement BU4: An eight week placement

Placements offer a wide range of experience over the three years to give students insight into a variety of settings and invaluable experience as they are developing and consolidating their skills as therapists.

Placements BU1, BU2, BU3 and BU4
Over the three years, students gain knowledge and experience from the blend of academic work and placements. In the final placement student may have an opportunity to arrange their own placement or experience a 'role emerging' / contemporary practice placement. This will be with guidance and support of the academic advisor and placement education tutor. This gives an ideal opportunity for students to discover more about occupational therapy in a specialist area and potentially arrange to work with occupational therapists overseas.

Areas where students can be placed through the University:

Mental Health
Placements can be offered within a variety of mental health settings; community, inpatient, child and adolescent mental health (CAMHS), dementia care and eating disorder clinics are a few examples. Students are able to gain a wealth of knowledge in the different settings whilst being able to put into practice the skills they have learnt whilst at university.

Physical
Students have a range of physical placements available to them within different hospital environments. This can be within acute hospitals that are able to provide a wide variety of ward, outpatient and specialist area (e.g. hand therapy) experience. Community hospitals, Integrated Community Rehabilitation teams and Independent Living Teams are areas where students can experience a different aspect of NHS occupational therapy service provision within local communities. Students can observe and participate within supportive yet challenging environments and develop core skills within physical settings.

Social Care
Placements within Social Care settings enable students to gain insight into community teams working both within adult and children with disabilities services. They are able to gain experience of working with professionals and colleagues not so often accessed through other physical settings, for example; housing and grants officers, social workers from hearing and vision services and local council housing staff to name just a few. Students can also gain experience of working with Occupational Therapists who specialise within housing services and Reablement Teams.

Specialist Areas:
Occupational Therapy is known to be a career that can lead to working in many different areas. Some of the more specialist placements that students may be allocated can be; The Duke of Cornwall Spinal Injuries Unit, Wessex Rehabilitation Unit, Burns and Plastics, Learning Disabilities, Paediatrics, Hand Therapy, Neurology, Vocational Rehabilitation, Pain Management Service, MS Service and Accident and Emergency.

Role Emerging and Contemporary Practice
In addition to the more 'standard' placements within NHS and Social Care settings, students are also given the opportunity to experience placements within charitable organisations and privately run services. Role Emerging Placements are facilitated for students in their third year of study and provide students with a breadth of experience working in settings where there is no current OT provision.

Students will complete a <u>minimum</u> of 35 hours per week averaged over the course of the placement.

Note: A placement which is failed must be successfully completed to enable the student to progress to the next level.

5. Responsibilities

5.1 Responsibilities of student

Prior to placement students should:

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

At the start of the placement and throughout students should:

- Behave and dress in a professionally suitable manner at all times – being courteous to all and respecting the clinical judgment supporting the feedback and marks given.
- Observe the COT Code of Ethics and Professional Conduct and HCPC Standards of Conduct, Performance and Ethics at all times.
- Discuss and complete the negotiated learning agreement with the PPE.
- Plan a programme of experience with the PPE which takes into account placement opportunities and the above.
- Inform the PPE and a university tutor in the case of any problems or unforeseen circumstances which may affect the ability to complete the placement within the agreed time.
- On the first day students must ensure they know the process for sickness reporting for the placement and at all times follow the procedure of the placement setting and that of Bournemouth University School of Health and Social Care regarding absence and sickness.
- Use the opportunity of supervision and assessment effectively and actively contribute to this process.
- Use every opportunity while on placement to fulfil personal learning needs and improve clinical skills with a range of service users, working at a level appropriate to the stage of training reached.
- Reflect on the placement experience enabling personal and professional development. Complete selected items of evidence to add to CPD portfolio and review these with the PPE where relevant.
- Maintain a reflective report and contribute to the various elements of continuing professional development portfolio.

- Contact their academic advisor at any point of the placement should they have any concerns for placement support and / or pastoral issues.

At the end of the placement students should:

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

BU2
I agree to abide by the above at all times during the BU2 placement. If, at any time I have any concerns or questions relating to these expectations I will contact the student's academic advisor or the placement education tutor to discuss: Signed by PPE: …….. Date: …….

5.2 Responsibilities of practice placement educator

Responsibilities of the Practice Placement Educator – BU2

Prior to the Placement starting the PPE should:

- Review the Practice Placement Guidance Document that will be emailed to all PPEs prior to placement commencing.
- Undertake appropriate Practice Placement Educator training;
    - For 'new' PPEs a one day course with pre-course workbook (for details contact: hscpostregadmissions@bournemouth.ac.uk)
    - For PPEs who have previously had training either at Bournemouth University or at another University we would strongly recommend attending an update every 2 years or attend an update directly before having a student (for details contact: sophies@bournemouth.ac.uk)
- Review the Practice Assessor Website for additional placement related information and support: http://practiceassessor.bournemouth.ac.uk/
- Provide placement information for students in advance of the placement through the Placement Environment Profile and in response to introductory emails.
- Be aware of equal opportunities and anti-discriminatory policies and their monitoring and implementation in relation to students.
- Prepare an induction for the student's first day.
- Formulate the outline of an appropriate student diary / placement plan to be added to and developed during the placement.

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

- The PPE(s) should meet and carry out an induction with the student, which should include:
    - Location of appropriate literature such as policies, books etc
    - Tour of practice facilities and location of lockers, library etc
    - Emergency procedures and policies in the event of fire, cardiac arrest etc.
    - Necessary contact details in the event of an emergency and reporting sickness/absence.
- Ensure student has PPE's contact number(s)
- Ensure that the student always has a named member of the MDT to refer to.
- Develop a programme with the student which reflects their learning needs as identified in the negotiated learning agreement and identify learning opportunities within the clinical placement area
- Plan a programme of experience which takes into account placement opportunities and the above.
- Schedule weekly formal supervision. This is essential to develop the student's learning informed by the placement learning outcomes and the negotiated learning agreement. This must be documented in supervision notes and stored appropriately.
- Plan a date and time for the midway assessment and contact the student's academic advisor to ensure that the halfway university contact (time, date and method) is also 'booked in'.
- Ensure the halfway and final feedback reports are given to the student at the appropriate times.
- Provide learning, support, teaching and supervision, which encourage safe and effective practice; independent learning and professional conduct.
- Inform the student's academic advisor or the placement education tutor as soon as possible if any concerns arise regarding the student's performance.

- Inform the student's academic advisor or the placement education tutor as soon as possible if a situation arises which may affect the student's ability to complete the placement within the agreed time.
- Review relevant reflections and items from the student's CPD portfolio with them during supervision. Encourage them to amend and add to their PDP and to reflect on events that may be useful to aid their learning.

At the end of the placement:

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

BU2 PPE Name:……. Setting:…….
I agree to abide by the above at all times during the BU2 placement. If, at any time I have any concerns or questions relating to these expectations I will contact the student's academic advisor or the placement education tutor to discuss: Signed by PPE: …….. Date: ……

5.3 Responsibilities of the university tutor

Responsibilities of the Student's Academic Advisor:

- The student's academic advisor will contact the PPE in the early stages of the placement to open lines of contact and agree arrangements for the halfway placement contact.
- A midway consultation will be undertaken between the academic advisor (or named member of academic staff should the academic advisor be unavailable), the student and the PPE separately and/or together, which will include personal and academic issues such as:
    - Review of student progress on placement.
    - Assessment criteria.
    - Pastoral issues which may have a bearing on the success of the placement.
- The academic advisor may arrange additional face to face visits with the student and PPE during the course of the placement, should additional support be required.
- A record of the visit or discussion will be recorded by the tutor for the student's file. A copy of this must be signed as an accurate record by student, PPE and tutor.
- Support phone calls will make use of the summative and formative assessment areas of the competencies discussed between student, PPE and academic advisor to record agreed observations. The Practice Assessment Document's Action Plan can be used to monitor implications for the students if it is decided that a structured approach is necessary.

BU2

These responsibilities have been agreed by the Bournemouth University Occupational therapy Team.

6. Practice Assessment BU2

6. Practice Assessment BU2
6.1 Competencies

By the end of the placement and with **guidance,** students are expected to demonstrate **analysis and application** in order to **develop skills to**:

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

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

6.2 Negotiated learning agreement for BU2

Summary of student learning needs
(completed by student prior to placement in conjunction with students PDP)

Specific action points for this placement
(agreed in discussion with practice placement educator)

Practice placement educator: …… Date: ……

Student: …… Date: ……

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

Practice placement educator: …… Date: ……

Student: …….. Date: ……

6.3 Practice Assessment Level 5 - BU2

6.3.1 Specific 1. Assessment and intervention planning

Intended learning outcomes:

By the end of the placement and with **guidance,** students are expected to demonstrate **analysis and application** in order to **develop skills to**:

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

FORMATIVE / HALFWAY FEEDBACK

Practice Placement Educator formative feedback (please do not provide any grade, classification or percentage at this stage)

SUMMATIVE / FINAL FEEDBACK

Classification - please circle on final mark sheet (section 7.2)
Recommendations for future placements

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

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

6.3.2 Specific 2. Interventions and treatment

Intended learning outcomes:

By the end of the placement and with **guidance,** students are expected to demonstrate **analysis and application** in order to **develop skills to**:

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

FORMATIVE / HALFWAY FEEDBACK

Practice Placement Educator formative feedback (please do not provide any grade, classification or percentage at this stage)

SUMMATIVE / FINAL FEEDBACK

Classification - please circle on final mark sheet (section 7.2)
Recommendations for future placements

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

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

6.3.3 Core 1. Communication

Intended learning outcomes:

By the end of the placement and with **guidance,** students are expected to demonstrate **analysis and application** in order to **develop skills to**:

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

FORMATIVE / HALFWAY FEEDBACK

Practice Placement Educator formative feedback (please do not provide any grade, classification or percentage at this stage)

SUMMATIVE / FINAL FEEDBACK

Classification - please circle on final mark sheet (section 7.2)
Recommendations for future placements

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

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

6.3.4 Core 2. Personal and people development

Intended learning outcomes:

By the end of the placement and with **guidance,** students are expected to demonstrate **analysis and application** in order to **develop skills to**:

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

FORMATIVE / HALFWAY FEEDBACK

Practice Placement Educator formative feedback (please do not provide any grade, classification or percentage at this stage)

SUMMATIVE / FINAL FEEDBACK

Classification - please circle on final mark sheet (section 7.2)
Recommendations for future placements

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

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

6.3.5 Core 3. Health, safety and security

Intended learning outcomes:

By the end of the placement and with **guidance,** students are expected to demonstrate **analysis and application** in order to **develop skills to**:

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

FORMATIVE / HALFWAY FEEDBACK

Practice Placement Educator formative feedback (please do not provide any grade, classification or percentage at this stage)

SUMMATIVE / FINAL FEEDBACK

Classification - please circle on final mark sheet (section 7.2)
Recommendations for future placements

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

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

6.3.6 Core 4. Service improvement

Intended learning outcomes:

By the end of the placement and with **guidance,** students are expected to demonstrate **analysis and application** in order to **develop skills to**:

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

FORMATIVE / HALFWAY FEEDBACK

Practice Placement Educator formative feedback (please do not provide any grade, classification or percentage at this stage)

SUMMATIVE / FINAL FEEDBACK

Classification - please circle on final mark sheet (section 7.2)
Recommendations for future placements

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

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

6.3.7 Core 5. Quality

Intended learning outcomes:

By the end of the placement and with **guidance,** students are expected to demonstrate **analysis and application** in order to **develop skills to**:

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

FORMATIVE / HALFWAY FEEDBACK

Practice Placement Educator formative feedback (please do not provide any grade, classification or percentage at this stage)

SUMMATIVE / FINAL FEEDBACK

Classification - please circle on final mark sheet (section 7.2)
Recommendations for future placements

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

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

6.3.8 Core 6. Equality and diversity

Intended learning outcomes:

By the end of the placement and with **guidance,** students are expected to demonstrate **analysis and application** in order to **develop skills to**:

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

FORMATIVE / HALFWAY FEEDBACK

Practice Placement Educator formative feedback (please do not provide any grade, classification or percentage at this stage)

SUMMATIVE / FINAL FEEDBACK

Classification - please circle on final mark sheet (section 7.2)
Recommendations for future placements

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

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

Overall Summary of Student's Performance

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

PPE (Print name)_____ Date: _____

Placement Location: _____

Student (Print name):_____ Date: _____

Student Reflection and / Response to Feedback

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

PPE (Print name)_____ Date: _____

Placement Location: _____

Student (Print name):_____ Date: _____

6.4 Action plan

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

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

Within the action plan please address the following as applicable:

The specific areas of learning that need to be achieved
Areas/issues to be targeted

Review dates and implications of not achieving them
The need and rationale for extension
Signed: **Student …….. Date: ……** **PPE…….. Date: ……** **Academic Advisor …….. Date: ……**

6.5 Disciplinary procedure

Standards of Conduct, Performance and Ethics (including safety)

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

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

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

Record of verbal warning **Date: ……..** **Student ……..** **PPE ……**
First written warning **Date: ……** **Student ……..** **PPE……**
Second written warning **Date: ……** **Student ……..** **PPE……**

7. Administration BU2

7.1 Information

- The PPE completes the summative assessment form, ensuring all appropriate pages have been signed, to provide a record of the student's performance during the placement. This includes the hours completed.
- The student is encouraged to photocopy the completed summative assessment sheet twice, one for the PPE and one for themselves.
- Students submit the original practice assessment document to the Placement Administrator on the first day that they return to the university.
- A selection of the student Practice assessment documents will be sent to the External Examiners.

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

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

7.2 Final mark sheet: BU2

Occupational Therapy Portfolio 2
OCCUPATIONAL THERAPY: Level I: BU2

Student Name ……..Start Date…….....

Placement Location…….....

Placement Area/Specialism ……

Placement Educators Name (s)……

Declaration:

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

Practice Placement Educator: ……Date: ……..

Student: ……Date: ……

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

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

Failure in one or more competencies should result in a mark of less than 40%
To achieve a 1st the student should normally achieve a 1st in all competencies
Awards of 80% or above are extremely rare and should be reserved for exceptional students

Practice Hours completed:

7.3 Student placement record sheet BU2

Students will complete a minimum of 35 hours per week, averaged over the course of the placement. Half day is not a requirement of the university and should not be expected by the student. Study time is awarded at the discretion of the PPE. Furthermore, if a half day study day is allowed, care should be taken on how this is recorded as part of the placement hours. If the study time is used to prepare for placement related activity e.g.; case study, educational leaflet, assist with audit or literature search; or to work on a particular placement related objective, this can be counted as part of the placement hours. If however the student uses this time to work on an assignment or travel home this is not counted as placement hours.

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

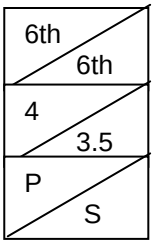
Students must:

- **Record the date and activity code(s) in the relevant boxes** (see table overleaf). If the student has a day when different activities are undertaken in the morning and in the afternoon, this should be noted by dividing the box.

Example:

Morning in Day Hospital
Afternoon in Community

Placement am
Sick pm



- **Report sickness/absence from placement:** Inform the practice placement educator **and** the Placement Administration Team at Bournemouth University; 01202 965000 /01202 967344 if you are unable to attend because of sickness or any other reason.

It would be appreciated if Practice Placement Educators could contact Bournemouth University staff using the number(s) given in section 1.2 or the Placement Administrator at the given email address if a student does not attend a placement as planned.

- **Sign** to certify that the information on the form is correct. At the end of the placement the practice placement educator must also sign the form.

Key for Activity Codes:

P = Placement

ST = Study

BH = Bank Holiday

S = Sick

C = Compassionate Leave

A = Other Absence

Important:

<u>Do not</u> include your lunch breaks in your daily hours.

Please total your hours carefully each week in the space provided.

Please complete all the information in pen.

Thank you.

Hours - Please complete hours worked to the nearest quarter e.g. 3.0, 4.25, 7.5, 8.75 etc.

	Day 1	Day 2	Day 3	Day 4	Day 5		Day 1	Day 2	Day 3	Day 4	Day 5
Week 1	**Total Hours on Placement & Study =**					**Week 2**	**Total Hours on Placement & Study =**				
Date						**Date**					
Hours*						**Hours***					
Activity Code						**Activity Code**					
Week 3	**Total Hours on Placement & Study =**					**Week 4**	**Total Hours on Placement & Study =**				
Date						**Date**					
Hours*						**Hours***					
Activity Code						**Activity Code**					
Week 5	**Total Hours on Placement & Study =**					**Week 6**	**Total Hours on Placement & Study =**				
Date						**Date**					
Hours*						**Hours***					
Activity Code						**Activity Code**					
Week 7	**Total Hours on Placement & Study =**					**Week 8**	**Total Hours on Placement & Study =**				
Date						**Date**					
Hours*						**Hours***					
Activity Code						**Activity Code**					

Carried forward from pervious page:

Activity Code	Total Hours on Placement
Placement & Study	
Bank Holiday	
Sick	
Compassionate Leave	
Other Absence	

Student Declaration I certify that the information given above is correct	**Placement Educator Declaration** I confirm that the student attended practice placements as indicated above
Name: (please print)	Name: (please print)
Date:	Date:

8. Documentation

8.1 Practice Placement Support

The University staff will endeavour to promote and maintain good communication with practice placement education settings at all times.

When a student is on placement, their academic advisor will be available by phone or email for contact by the student or PPE. The academic advisor should be the first point of contact for the PPE unless they have been informed otherwise.

Prior to the placement commencing, the student will have a placement briefing at University. They will be advised to inform their academic advisor immediately if problems arise prior to commencing or whilst on placement. Students will complete a negotiated learning agreement with the PPE for each placement, which will identify any specific learning needs/problems the student has.

Students with additional learning needs are strongly encouraged to take responsibility for disclosing these to their PPE(s) though in some circumstances the academic advisor or placement education tutor may feel it is beneficial to discuss these needs prior to the placement commencing, especially if reasonable adjustments need to be made in order to facilitate the placement.

Prior to each placement, the academic advisor will email the PPE to introduce themselves and inform the PPE of contact details (phone number, email and working hours). The PPE will be asked to inform the student's academic advisor if there are any problems during the placement.

Students must discuss support arrangements with the PPE and academic advisor at an early stage during the placement, including the half-way phone call.

Once a PPE/student has contacted the academic advisor (or another member of the team if the academic advisor is not available and immediate support is required), a phone call will be made to discuss the problem with the student and /or PPE. Many issues will be dealt with by phone/email and subsequent contact may be planned as part of the process of supporting the student/PPE throughout the placement. The academic advisor will record the phone conversations with the PPE and student and these will be stored in the student's personal file at BU.

It may be appropriate for the academic advisor to arrange a time to visit the student and the PPE so that a face to face discussion can take place and the appropriate course of action can be agreed so as to support the best possible outcome for the student and PPE. This may mean the placement ceasing and the academic advisor supporting the student to submit mitigation or request an extension (therefore completing the placement at another date). If a student is deemed unsafe or issues relating to Fitness to Practice are being raised then the appropriate actions will be taken.

A placement may be stopped due to reasons not relating to failure (eg: health difficulties , bereavement) where a student would be seen as being 'signed off' as an employee would be at times of difficulty. If a placement is stopped for reasons of disciplinary, professional conduct difficulties or unsafe practice then, in agreement with PPE this will be recorded as a fail. In either circumstance students will be met with on return to university to discuss how to proceed. If a student shows any signs of struggling or failing the placement the academic advisor must be contacted as early as possible so as to support both PPE and student.

Students must be given clear feedback so that they are given the opportunity to respond, develop and improve.

8.2 Health and safety on work placements

Students on industrial placements come within the scope of the Health and Safety (Training for Employment) Regulations 1990. In effect, **you are deemed to be an employee of the organisation** providing the placement opportunity ('Placement Provider') – this is regardless of the duration or location of the placement and whether or not you are paid. The following information contains factual advice on the various responsibilities that exist during work placement. It is intended to supplement rather than replace the information which should be provided by your Placement Provider during your induction into the workplace and thereafter.

So what are your health and safety responsibilities?
As a student on a placement you have the same legal duties as any other employee. They include:

Taking reasonable care for your own health and safety and that of others who may be affected by what you do, or fail to do. This will include the disclosure of relevant personal information to your Placement Provider, e.g. disabilities.

Co-operating with your Placement Provider on health and safety, and reporting promptly any situation you believe to be unsafe.

Correctly using work items provided to you, including personal protective equipment, in accordance with training instructions.

What duties does the University have during placement?
The university recognises that it has a duty of care towards you in relation to your placement to the limited extent we can contribute to preventing foreseeable injuries.

The university will give the Placement Provider any information that it holds which it has reason to believe may be needed in order to ensure your health and safety. The exception to this is where you disclose information to us that you wish to remain confidential – in this instance you are advised to notify your Placement Administrator and discuss the relevance of this to your placement.

The university will also give you an opportunity to feed back to us any problems you may have experienced with health and safety while on external placements. The university will then respond to any negative feedback received in this way by passing this information back to the Placement Provider in order to respond/rectify matters.

If you are concerned about any aspect of occupational health or safety, you must first discuss the matter with your contact at the Placement Provider. However, if you concerns persist then please refer to your School, who will obtain the necessary advice.

What does your Placement Provider need to do to ensure your health and safety?

Your Placement Provider has the primary duty under law to ensure, as far as is reasonably practicable, your health, safety and welfare at work. In general, this means making your workplace safe and without risks to health.

This will include: ensuring their premises and machines are safe and that safe systems of work are set; ensuring all materials and substances are moved, stored and used safely; providing you with adequate welfare facilities; giving you the information, instruction, training

and supervision necessary for your health safety, and consulting with their workforce on health and safety matters.

The provision of induction in workplace health and safety arrangements remains your Placement Provider's responsibility as this will include matters that only they will be aware of (such as listed below).

In order to safeguard your health and safety, your Placement Provider must:

Assess the risks to your health and safety (and record the significant findings if there are 5 or more employees) and then make arrangements for implementing the health and safety measures identified as being necessary by the assessment.
Draw up a health and safety policy and bring it to your attention (if there are 5 or more employees).
Appoint someone competent to assist with health and safety responsibilities.
Co-operate on health and safety with other employers sharing the same workplace.
Set up emergency procedures (e.g. action in case of fire).
Provide adequate first aid facilities and report certain injuries and dangerous occurrences to the health and safety enforcing authority.
Ensure that work equipment is suitable, so far as health and safety is concerned, and that it is properly maintained and used.
Ensure that the workplace has adequate facilities for ventilation, temperature, lighting, and sanitary, washing and rest facilities.
Prevent or adequately control exposure to substances which may damage your health and provide health surveillance as appropriate.
Take precautions against danger from flammable or explosive hazards, electrical equipment, noise and radiation.
Avoid hazardous manual handling operations, and where they cannot be avoided, reduce the risk of injury.
Provide free any protective clothing or equipment, where risks are not adequately controlled by other means.
Ensure that appropriate safety signs are provided and maintained.

8.3 Student crisis procedure

In the event of a major crisis happening to a student while on placement, the following guidelines should be adhered to.

Student
If the student is able, they will:

- Contact their PPE
- Contact their Academic Advisor
- Contact the University SHSC Administrator (01202 967254 or 967319)
- If appropriate contact their general practitioner or an ambulance

Practice Placement Educator
If there is anything in the student's behaviour, attitude or state of health that causes concern the PPE will:

- Arrange appropriate medical attention
- During working hours, contact a University Tutor or Programme Leader to liaise regarding the student's needs and who is in the best position to take ongoing action
- Out of working hours, take responsibility and act in the most appropriate way. The next of kin may need to be contacted

University Staff
University staff will endeavour to visit the student on the day the crisis is reported. If contacted by a PPE, University staff will:

- Liaise regarding the student's needs and who is in the best position to take ongoing action
- Make arrangements to visit

If contacted by the student while on placement the University staff will:

- Inform the PPE
- Take action on the student's behalf if necessary
- Make arrangements to visit

8.4 Audit

Placements are audited using an online audit tool embedded within the Arc placement computer system. It is available to PPEs through their Placement Environment Profile access and completed in conjunction with the Placement Education Tutor or another appropriately identified member of staff.

Monitoring of placements is also carried out through the Annual Contract Reviews and through the scrutiny of the Local Education Trust Boards. As part of these processes students complete online evaluations following each placement within the Placement on the Web (POW) system.

:

- The audits are carried out annually or at least every 2 years
- The results are monitored by the University and the action plan considered
- The action plan informs forward placement planning

The OT team consult with PPEs and the named placement co-ordinator as well as the NHS Trust's organisational lead for education to discuss any issues related to placement learning. In this way the OT team are confident that all placements used are safe and effective learning environments.

Known placements are used where HCPC registered OTs will be supervising the student directly or shared with others. All new placements may occasionally be visited to support a new PPE in completing the documentation. The Academic Advisor is the students' link in monitoring when the student is out on placement.

Emerging placement outside NHS and Social Care services will be visited during recruitment.

8.5 Placement learning

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

Throughout the programme, placements are interwoven with learning and teaching units allowing students to immediately apply theory to practice and consolidate skills.

Learning in practice is an integral part of occupational therapy education, and makes an equal contribution to programme outcomes. A diverse range of practice placements will reflect the present and future practice environments and the changing nature of services by offering a wide range of experiences e.g. in traditional hospital settings, Community Hospitals, Hospices, Specialist Centers, Social Care and in new areas where assessment of occupational performance is a requirement. Placement teaching will enable students to contextualise their learning and apply theory to practice.

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

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

If a student fails to meet the required standards on any practice placement will need to repeat a practice placement, in its entirety, in a similar field of occupational therapy practice. The exception to this is where a student fails and then withdraws from the course.