School of Allied Health and Community

PRE-REGISTRATION
BSc (Hons) OCCUPATIONAL THERAPY

Accredited by: Royal College of Occupational Therapists
Approved by: Health & Care Professionals Council

Practice Learning Document

Student Name:……..

SAMPLE DOCUMENT FOR TRAINING

GUIDANCE TEXT IN THIS DOCUMENT IS RED (IDENTIFYING STUDENT RESPONSIBILITIES) AND GREEN (IDENTIFYING EDUCATORS' RESPONSIBILITIES)

CHARTERED SOCIETY OF PHYSIOTHERAPY

hcpc health & care professions council

Last revised July 2019

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Student Details

Students should complete this section at the beginning of the placement

Student Name:	
Course:	**BSc (Hons) OCCUPATIONAL THERAPY**

Practice Placement Location:	
Practice Educator Name/s:	
Telephone / Bleep:	
Email Address:	

Module Leader:	
Telephone Number:	
Email:	

Zoned Academic:	
Telephone Number:	
Email:	

Useful Contact Details

Occupational Therapy Staff

NAME	TELEPHONE	EMAIL
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Terri Grant *Senior Lecturer & Practice Education Lead*	01905 542768	
Yvonne Thomas *Principal Lecturer*	01905 542610	
General Enquires Departmental Administrator **Michelle Brinkworth**	01905 542224	

Work Based Learning Support Unit

NAME	EXT	EMAIL
Sandra Ashford Head of Work Based Learning Support Unit	01905 542201	s.ashford@worc.ac.uk
Teresa Harrison Administrator	01905 542207	t.harrison@worc.ac.uk
General Enquires	01905 855545	wblso@worc.ac.uk

Placement Schedule

Students should liaise with their Practice Educators for provisional diary dates for the following meetings. Students can enter the "date due" based on the placement start date – this will help educators to find an appropriate date

WHEN	TASK	DATE DUE	DATE COMPLETED
Day One	Local Induction		
End of Week 1	Initial Interview		
Mid-point	Intermediate Interview		
Mid-point	Zoned Academic Meeting		
Final Week	Final Interview		

***Please note*:** Additional zoned academic meetings can be arranged as required.

Section 1: Preparation for Practice Learning

1.1 Mandatory Preparation for Practice Activities

Students must sign to indicate when they have received training on the following. This should be completed before placement starts.

PREPARATION FOR PRACTICE	DATE TRAINING COMPLETED	STUDENT SIGNATURE
PLACEMENT PREPARATION AND EXPECTATIONS		
MOVING AND HANDLING		
BASIC LIFE SUPPORT		
INFECTION CONTROL		
SAFEGUARDING ADULTS		
SAFEGUARDING CHILDREN		
FOOD SAFETY LEVEL 2		
CONFLICT RESOLUTION		

1.2 Self-Assessment of Professional Development for Planning Learning

Students should complete this section before placement starts (usually in the Preparation for Practice session in university, or independently for experienced students).

This self-assessment of professional development must be completed prior to starting each placement. You should consider previous learning and life experiences. These will form the basis of your initial interview with your Practice Educator where you will identify personal and placement specific learning needs and objectives that complement the module learning outcomes.

MODIFIED SWOT ANALYSIS	
STRENGTHS:	**WEAKNESSES:**
CONCERNS:	**EXPECTATIONS:**

Section 2: Commencing the Practice Learning Placement

2.1 Local Placement Induction

Practice Educators must complete and initial the following table as soon as possible after placement starts:

INDUCTION INFORMATION FOR EACH PRACTICE LEARNING EXPERIENCE		PRACTICE EDUCATOR INITIAL	DATE
Introduction to the Team	• Key members of staff • Wider MDT		
Orientation to the Placement	• Department / areas of work • Toilets & changing facilities • Meal arrangements		
Professional Conduct	• Uniform policy • Professional behaviour expectations • Wearing ID badge • Confidentiality and data handling		
Placement Specific Policies and Procedures	• Moving and handling equipment • Fire policy • Emergency resuscitation procedures • Reporting accidents / near misses / adverse incidents • Infection control • Organisational policy documents e.g. health and safety, human resources, clinical policies		
Attendance	• Hours of work & study expectations • Sickness and absence reporting • Punctuality and transport / travel issues		
Communication	• Use of telephones • Use of computers • Placement specific communication processes e.g. meetings, paperwork • Bleeping / paging system • Necessary contact details		
Disclosure of sensitive information	• Any specific learning or health needs • Reasonable adjustments	*Please make a particular effort to ensure that these aspects are discussed and completed.*	
Named Deputy for Practice Educator	• Who should the student contact if they are unable to contact the Practice Educator?		

2.2 Initial Interview

Students should ensure that this is completed by the end of week one, negotiated between practice educator and student. Students should fill in the form.

INITIAL INTERVIEW
PLACEMENT NAME AND CLINICAL EXPERIENCE:
• *The bullet points below are guidance notes for issues that should be discussed in the initial interview* • *Review modified SWOT analysis & summary of previous practice learning to identify areas of knowledge, & skills that the student needs to focus on* • *Discuss learning opportunities that the placement can offer.* • *Review the Learning Outcomes to identify how expectations can be met in this setting.* • *Identify and discuss student and Practice Educator expectations* • *Identify potential SPOKE experiences* *"Discussed my SWOT analysis and summary of previous learning. Told my educator about my concerns re: note writing. Planned to ensure that I start writing notes straight away – I should ask if I can write them. PE wants me to write them straight up and she will review & countersign – I need to tell her when I've done them.* *There are opportunities to engage with the MDT on this placement during handover meetings & MDMs. I need to try & speak up in these meetings to help meet my LOs* *I can work with the nurses and speech therapists to help my understanding of MDT roles. I could try to arrange a SPOKE day with the consultant – need to liaise with his secretary to organise.* *Told my PE about my lack of mental health experience & how worried I am about this placement. She has given me reassurance and guidance about how to stay safe – I need to read the safety policy this week – and also to try & get involved with service users as soon as possible to improve my confidence"*

2.3 Declarations

PRACTICE EDUCATOR DECLARATION	
In line with the HCPC (2017) recommendations, all Practice Educators must undergo a formal period of preparation for the role and are required to attend updates. *Practice Educator to complete during initial interview* *I confirm that I have received formal Practice Educator training within the past 2 years. I have read and understood the Practice Educator Handbook. I agree to undertake responsibility for practice education for……and to arrange appropriate cover and / or inform the university if I become unable to complete this role.*	
SIGNATURE:	
PRINT NAME:	
DATE:	

STUDENT DECLARATION	
Student to complete during initial interview *I understand that it is my responsibility to ensure that the Practice Learning Document is completed, maintained and is available at all times to the Practice Educator.* *I give consent to the information contained within this document being shared as necessary to develop and support my learning and achievement.* *By attending this placement, I agree to adhere to all local and national policies and procedures relevant to the placement.* *I agree to only participate in interventions for which I have been fully prepared or in which I am properly supervised.* *I agree to behave in a professional and responsible manner at all times.*	
SIGNATURE:	
PRINT NAME:	
DATE:	

Section 3: Record of Supervision
Record of Supervision 1

Student's Preparation: Issues to discuss (summary from Supervision Preparation form)
Assessment completed yesterday didn't go well

Summary of discussion points & advice given
Make sure I have read the patient notes first Prepare & practice - ? use checklist Don't panic if things don't go well Remember to talk directly to patient as well as carer!

Agreed Actions for student to complete
Identify further patients for this assessment Formal reflection Prepare outline assessment to follow

Student Signature:		**DATE:**
Practice Educator Signature:		**DATE:**

Record of Supervision 2

Student's Preparation: Issues to discuss (summary from Supervision Preparation form)

Summary of discussion points & advice given

Agreed Actions for student to complete

Student Signature:		**DATE:**
Practice Educator Signature:		**DATE:**

Record of Supervision 3

Student's Preparation: Issues to discuss (summary from Supervision Preparation form)

Summary of discussion points & advice given

Agreed Actions for student to complete

Student Signature:		**DATE:**
Practice Educator Signature:		**DATE:**

Record of Supervision 4

Student's Preparation: Issues to discuss (summary from Supervision Preparation form)

Summary of discussion points & advice given

Agreed Actions for student to complete

Student Signature:		**DATE:**
Practice Educator Signature:		**DATE:**

Record of Supervision 5

Student's Preparation: Issues to discuss (summary from Supervision Preparation form)

Summary of discussion points & advice given

Agreed Actions for student to complete

Student Signature:		**DATE:**
Practice Educator Signature:		**DATE:**

Record of Supervision 6

Student's Preparation: Issues to discuss (summary from Supervision Preparation form)

Summary of discussion points & advice given

Agreed Actions for student to complete

Student Signature:		**DATE:**
Practice Educator Signature:		**DATE:**

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Section 4: Assessment of Practice Learning

4.1 Feedback on Professional Competencies

These competencies can be completed and **signed off** at any point during the Practice Learning Placement. All competencies must be achieved or maintained at final interview to pass the placement.

To be completed by Practice Educator

	INTERMEDIATE INTERVIEW PLEASE SIGN AND DATE APPROPRIATE BOX			FINAL INTERVIEW	
COMPETENCY	**NOT ACHIEVED: ACTION REQUIRED**	**PROGRESSING**	**ACHIEVED**	**NOT ACHIEVED**	**ACHIEVED / MAINTAINED**
PLEASE TICK EACH BOX AS APPROPRIATE AND SIGN BELOW					
Time Keeping			✓		✓
Appearance			✓		✓
Listening Skills			✓		✓
Asks Appropriate Questions?			✓		✓
Appropriate Level and Manner of Communication			✓		✓
Prepared for the day?		✓			✓
Behaviour appropriate to the Situation			✓		✓
Helpfulness			✓		✓
Patience and Empathy			✓		✓
Use of Initiative			✓		✓
Practice Educator Signature:	Practice Educator				

4.2 Learning Outcomes

Assessment of Learning Expectations must be completed at the 2nd Intermediate Interview & Final Interview by the Practice Educator based on evidence provided by the student

YEAR ONE EXPECTATIONS	INTERMEDIATE INTERVIEW			FINAL INTERVIEW	
	COMPETENCE NOT DEMONSTRATED	COMPETENCE PROGRESSING	COMPETENCE DEMONSTRATED (PASS)	COMPETENCE NOT CONSISTENTLY DEMONSTRATED (FAIL)	COMPETENCE DEMONSTRATED (PASS)
	PLEASE **TICK** EACH BOX AS APPROPRIATE AND **SIGN** BELOW				
1. With structured support, demonstrate professional behaviours which strengthen the core values of Occupational Therapy practice					
a. Maintain standards of personal and professional conduct consistent with RCOT (2015) Code of Ethics and Professional Conduct and HCPC (2016) Standards of Conduct, Performance and Ethics.					✓
b. With structured support show respect for the rights and diversity of service users, colleagues, visitors and other professionals.					✓
c. Understand and adhere to legal and ethical requirements e.g. confidentiality and informed consent policies.					✓
d. With structured support show understanding of safe practice in relation to the service e.g. manual handling, safeguarding, infection control and health & safety.					✓
2. With structured support, reflect on the development of self-leadership skills					
a. With structured support, take responsibility for the Practice Learning Document (PLD) and learning on placement.					✓
b. Identify personal and professional strengths and limitations.					✓
c. Use supervision appropriately to reflect and direct personal development.					✓

3. With structured support, demonstrate appropriate communication skills with both service users & their carers and other professionals					
a. Demonstrate appropriate verbal and non-verbal communication skills.					✓
b. Display appropriate interpersonal skills and communicate with a range of people including service users, their families and other professionals.					✓
c. Able to write accurate and legible records and handle in accordance with local guidelines and legal protocols.					✓
4. With structured support practice appropriate assessment techniques					
a. With structured support identify the needs of service users, their families and carers e.g. physical, psychological, cultural and environmental needs.					✓
b. With structured support, gather information about functional abilities of service users through observation or interview.					✓
c. Understand the use of and begin to participate in assessments relevant to the placement.					✓
5. With structured support demonstrate appropriate decision-making and participate in safe and effective intervention skills					
a. With structured support, begin the professional reasoning process by interpreting client information and planning goal directed interventions.					✓
b. Begin to choose and apply appropriate therapeutic interventions under supervision.					✓
c. Recognise the need for and appropriate ways of evaluating the effectiveness and quality of practice.					✓
6. With support, demonstrate knowledge of underpinning theoretical and philosophical concepts in Occupational Therapy practice					
a. Recognise the value of research to practice.					✓
b. Begin to apply relevant theoretical, philosophical and scientific knowledge to practice.					✓
Practice Educator Signature:	Practice Educator				

4.3 Intermediate Interview Summary of Evidence

INTERMEDIATE INTERVIEW	
STUDENT TO INDICATE WHAT EVIDENCE THEY WILL BE PROVIDING TO DEMONSTRATE LEARNING AND ACHIEVEMENT	
SUMMARY OF STUDENT'S EVIDENCE	**PRACTICE EDUCATOR'S COMMENTS**
LO1: I HAVE MAINTAINED MY PROFESSIONAL STANDARDS BY RECOGNISING CONFIDENTIALITY – NOT TALKING ABOUT PATIENTS OUTSIDE OF THE OFFICE AND NOT TALKING ABOUT THEM TO PROFESSIONALS WHO ARE NOT INVOLVED IN THEIR CARE. I REFLECTED ON THE IMPORTANCE OF SHARING APPROPRIATE INFORMATION AND READ AN ARTICLE ON THE RISKS OF NOT SHARING, WHICH I CRITICALLY APPRAISED. I AM ALWAYS ON TIME AND WHEN I WAS UNWELL I FOLLOWED THE SICKNESS POLICY BY RINGING IN BEFORE THE SHIFT START TIME – I NEED TO LEAVE A MESSAGE IF THIS HAPPENS AGAIN SO MY EDUCATOR KNOWS I DID RING EARLY, EVEN IF I HAVE TO RING BACK LATER. **LO2:** I HAVE BEEN PREPARING FOR SUPERVISION & ALWAYS HAVE MY PLD ON ME. I NEED TO COMPLETE MY PLD IN PEN BEFORE I MEET WITH MY EDUCATOR – IT DOESN'T MATTER IF I NEED TO MAKE CHANGES LATER. I NEED TO THINK MORE CAREFULLY ABOUT HOW I AM GOING TO MEET LO6 **LO3:** I PROVIDED MY EDUCATOR WITH REFLECTIONS SHOWING HOW I HAVE PROGRESSED IN MY ABILITY TO COMMUNICATE WITH PATIENTS AND THE MDT. I GAVE FEEDBACK ON MR X IN MDM LAST WEEK AND TOOK HANDOVER ACCURATELY EVERY DAY. **LO4:** I HAVE DONE INITIAL ASSESSMENTS WITH MY PE PRESENT AND AM NOW GOING TO TRY DOING ONE ON MY OWN. I HAVE DONE PARTS OF SPECIFIC ASSESSMENTS. I NEED TO TELL MY PE WHICH ASSESSMENT I THINK MIGHT BE APPROPRIATE FOR WHICH PATIENT BECAUSE I HAVE BEEN THINKING ABOUT IT BUT NOT SAYING IT OUT LOUD AND SHE CAN'T ASSESS WHAT I'M THINKING UNLESS I TELL HER **LO5:** I HAVE BEEN DOING SECTIONS OF INTERVENTIONS WITH THE THERAPY ASSISTANTS. I NEED TO TELL MY PE WHICH INTERVENTIONS & TREATMENTS I THINK WE COULD USE AND WHY SO THAT SHE KNOWS WHAT I AM THINKING **LO6:** I KNOW THAT RESEARCH IS IMPORTANT BUT I CAN'T REALLY SEE HOW IT'S BEING USED IN THIS SETTING. I COULD LOOK AT THE NICE GUIDELINES AND SEE WHY SOME OF THE TREATMENTS ARE BEING CHOSEN. I NEED MORE HELP WITH THIS LO AS I'M NOT ENTIRELY SURE HOW TO MEET IT. I WILL PLAN TO DISCUSS IT IN SUPERVISION NEXT TIME	STUDENT IS MAKING GOOD PROGRESS TOWARDS ALL LOS. I AGREE WITH ALL OF HIS EVIDENCE. PLEASE FOCUS ON LO6 TO ENSURE THAT YOU MEET THIS BY THE END OF THE PLACEMENT – OTHERWISE KEEP DOING WHAT YOU ARE DOING & KEEP TALKING TO ME ABOUT WHAT YOU ARE THINKING!
STUDENT SIGNATURE:	**EDUCATOR SIGNATURE:**

INTERMEDIATE INTERVIEW	
STUDENT TO INDICATE WHAT EVIDENCE THEY WILL BE PROVIDING TO DEMONSTRATE LEARNING AND ACHIEVEMENT	
SUMMARY OF STUDENT'S EVIDENCE	**PRACTICE EDUCATOR'S COMMENTS**
STUDENT SIGNATURE:	**EDUCATOR SIGNATURE:**

4.4 Intermediate Interview

INTERMEDIATE INTERVIEW SUMMARY	
To be completed halfway through placement following discussion between Student and Practice Educator.	
IS THE STUDENT MAKING SATISFACTORY PROGRESS TOWARDS PROFESSIONAL COMPETENCIES?	**YES / NO** **(If no, please complete identifying concerns form)**
IS THE STUDENT MAKING SATISFACTORY PROGRESS TOWARDS LEARNING OUTCOMES AND EXPECTATIONS?	**YES / NO** **(If no, please complete identifying concerns form)**

STUDENT'S REVIEW OF PROGRESS:

Summarise your views on your progress, including strengths and areas needing development. Identify any barriers to your learning.

I'm enjoying my placement, but I am finding that I am struggling to be able to tell my PE what I'm thinking. I need to concentrate more on showing that I know why things happen and not just on what I'm doing in the second half of my placement. I could also show a bit more initiative by making plans for the following day / week.

PRACTICE EDUCATOR'S REVIEW OF PROGRESS:

Summarise how the student is progressing including their strengths, areas for improvement and any factors affecting performance.

STUDENT IS DOING WELL TOWARDS THE LEARNING OUTCOMES. POSITIVES INCLUDE COMMUNICATION SKILLS WITH CLIENTS AND STAFF – EVERYONE ON THE WARD SAYS HOW WELL HE IS DOING THIS.

STUDENT NOW NEEDS TO TALK ABOUT WHAT HE IS THINKING – I FEEL THAT THERE IS A LOT OF KNOWLEDGE THAT HE IS NOT SHARING WITH ME. IF YOU DON'T TELL ME WHAT YOU ARE THINKING THEN I CAN'T SAY THAT YOU KNOW IT – I'M NOT A MIND READER! PLEASE KEEP DOING WHAT YOU'RE DOING – ASKING MORE QUESTIONS, AND TELLING ME ABOUT YOUR THOUGHTS.

INTERMEDIATE INTERVIEW – IDENTIFICATION OF LEARNING NEEDS AND ACTION PLAN TO BE COMPLETED BY PE BASED ON STUDENT'S IDEAS WHERE POSSIBLE			
IS THE STUDENT MAKING SATISFACTORY PROGRESS?		**YES:**	**NO:**
LEARNING NEED	**GOAL**	**TIMED ACTION PLAN**	
LO6	To be able to describe an intervention in detail, including the underpinning knowledge	Present Mrs X's case to the therapy team at in service training on April 3rd	
SATISFACTORY ATTENDANCE ACHIEVED? **YES / NO** **(IF NO, DISCUSS WITH ZONED ACADEMIC. DO NOT ARRANGE ADDITIONAL SHIFTS)**			
STUDENT SIGNATURE:		**PRACTICE EDUCATOR SIGNATURE:**	
DATE:		**DATE:**	

Section 5: Identifying Concerns

This form should be used when students or practice educators have concerns that the outcomes of the placement will not be achieved. It is expected that the student and practice educator will have discussed the area of concern in supervision. Please contact your Zoned Academic when you identify a need to complete this form.

University of Worcester	**IDENTIFIED CONCERNS FORM** **OCTH1100**
STUDENT NAME:	**PRACTICE EDUCATOR NAME:**
ZONED ACADEMIC:	**DATE:**
LEARNING EXPECTATION (S) CAUSING CONCERN: PROFESSIONAL BEHAVIOURS	**DETAILS OF CONCERN:** REGULARLY LATE USING PHONE TO CHECK TEXTS / FACEBOOK DURING THE WORKING DAY UNPREPARED FOR THE DAY
STUDENT'S PERCEPTION OF ISSUES RAISED: I HAD NOT REALISED THAT I SHOULD NOT CHECK MY TEXTS AS I THOUGHT IT WAS OK WHEN WE WERE IN THE OFFICE. BUSES ARE NOT RELIABLE	
STUDENT SIGNATURE: **PRACTICE EDUCATOR SIGNATURE:**	

THIS PAGE MUST BE SCANNED AND PRINTED / COPIED TO ALLOW A COPY TO BE RETAINED IN THE STUDENTS' RECORD

5.1 Action Plan to Address Concerns

OUTCOME(S) CAUSING CONCERN	GOAL	ACTION PLAN	ACHIEVED (DATE)
Professional Behaviours	To attend work on time every day	Take the earlier bus in case there are delays. Phone in as soon as I realise, if I am going to be late	
PRACTICE EDUCATOR SIGNATURE: **ZONED ACADEMIC SIGNATURE:**		I CONFIRM THAT THE GOALS AND ACTION PLAN DETAILED ABOVE HAS BEEN DISCUSSED. **STUDENT SIGNATURE:** **DATE:**	

THIS PAGE MUST BE SCANNED AND PRINTED / COPIED TO ALLOW A COPY TO BE RETAINED IN THE STUDENTS' RECORD

Section 6: Final Interview Summary of Evidence

FINAL INTERVIEW	
STUDENT TO INDICATE WHAT EVIDENCE THEY WILL BE PROVIDING TO DEMONSTRATE LEARNING AND ACHIEVEMENT	
SUMMARY OF STUDENT'S EVIDENCE	**PRACTICE EDUCATOR'S COMMENTS**
LO1 – 3: I CONTINUED TO MEET THESE AS SHOWN AT INTERMEDIATE INTERVIEW, AND HAVE BEEN CARRYING OUT MORE REFLECTIONS, WHICH I HAVE SHOWN MY EDUCATOR EACH WEEK. I HAVE ALSO KEPT UP WITH MY BLOG AND I HAVE BEEN TRYING TO BE MORE REFLECTIVE LO4, 5 & 6: I HAVE BEEN TALKING MORE ABOUT WHAT I'M DOING AND WHY. I'VE SHOWN THAT I UNDERSTAND THE VALUE OF RESEARCH BY LOOKING UP THE GUIDELINES IN THE EVENINGS & SHOWING THAT I KNOW HOW IT IMPACTS. LO6: I DEMONSTRATED MY KNOWLEDGE OF UNDERPINNING THEORY BY GIVING A PRESENTATION ON MRS X'S SHOULDER PROBLEM – I INCLUDED ANATOMY, PHYSIOLOGY AND PSYCHOLOGY THEORY TO EXPLAIN WHY SHE WASN'T CARRYING OUT HER TREATMENT AS RECOMMENDED.	ALL EVIDENCE PRESENTED HAS DEMONSTRATED YOUR ABILITY TO MEET ALL 6 LOS. PLEASE SEE COMMENTS IN FINAL INTERVIEW BOX
STUDENT SIGNATURE:	**EDUCATOR SIGNATURE:**

Final Interview Summary of Evidence

FINAL INTERVIEW	
STUDENT TO INDICATE WHAT EVIDENCE THEY WILL BE PROVIDING TO DEMONSTRATE LEARNING AND ACHIEVEMENT	
SUMMARY OF STUDENT'S EVIDENCE	**PRACTICE EDUCATOR'S COMMENTS**
STUDENT SIGNATURE:	**EDUCATOR SIGNATURE:**

6.1 Final Interview

University of Worcester	**FINAL INTERVIEW** **OCTH1100**	
STUDENT NAME:	**STUDENT NO:**	
PRACTICE EDUCATOR NAME:	**PLACEMENT NAME:**	
ZONED ACADEMIC:	**DATE OF FINAL INTERVIEW:**	
PROFESSIONAL COMPETENCIES ACHIEVED:	**YES**	**NO**

STUDENT'S SELF-ASSESSMENT OF PLACEMENT:

THIS HAS BEEN A GREAT TEAM TO WORK IN AND IT HAS ENABLED ME TO REALLY FOCUS ON HOW I CAN SHARE MY KNOWLEDGE FROM THE BASIC SCIENCES. THERE ARE A LOT OF THINGS I DON'T KNOW STILL BUT I KNOW MUCH MORE ABOUT UPPER LIMB REHABILITATION POST-STROKE NOW AND I CAN SEE HOW IMPORTANT THERAPY IS IN THIS AREA.

STUDENT SIGNATURE:

PRACTICE EDUCATOR'S COMMENTS ON THE STUDENT'S LEARNING AND ACHIEVEMENT:

WELL DONE ON A FANTASTIC PLACEMENT IN WHICH YOU HAVE REALLY MOVED FROM A VERY QUIET STUDENT WHO DIDN'T THINK YOU KNEW ANYTHING TO SOMEONE WHO IS CONFIDENT IN THEIR OWN KNOWLEDGE AND KNOWS WHERE THE GAPS ARE. BEING ABLE TO IDENTIFY YOUR WEAKNESSES IS JUST AS IMPORTANT AS YOUR STRENGTHS AND WILL HELP YOU TO MOVE FORWARD. YOU RESPONDED REALLY WELL TO THE FEEDBACK YOU WERE GIVEN AND THIS IS MUCH MORE IMPORTANT THAN BEING "RIGHT" FIRST TIME.

PRACTICE EDUCATOR'S ADVICE REGARDING AREAS FOR DEVELOPMENT:

TOTAL PLACEMENT HOURS COMPLETED BY STUDENT:

FAIL	**PASS**
As the Practice Educator for the above student, I declare that the student has **not achieved** all the required elements of the summative assessment process. **SIGNATURE:** **NAME:** **DATE:**	As Practice Educator for the above student, I declare that they have **achieved** all the required elements of the summative assessment process. **SIGNATURE:** **NAME:** **DATE:**

RESULT PROVISIONAL UNTIL CONFIRMED BY THE BOARD OF EXAMINERS
FAILURE TO SUBMIT ELECTRONICALLY BY THE SUBMISSION DATE WILL RESULT IN A FAIL BEING RECORDED FOR THIS MODULE.

BOTH PAGES OF THIS FORM MUST BE SCANNED AND SUBMITTED ELECTRONICALLY WITH YOUR TIMESHEET VIA SOLE

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Section 7: Recognising Excellence

This form should be used when practice educators are able to evidence that the student has exceeded the learning outcomes for the placement.

University of Worcester	**Recognising excellence form** **Placement Module Code:……OCTH1100**
Student Name:	**Practice Educator Name:**
Practice Setting:	**Date:**

Learning expectation(s) exceeded: **LO2**	**In depth detail of how the learning outcome was achieved above and beyond the expectations for this module:** **FROM THE VERY BEGINNING, THIS STUDENT HAS BEEN IN FULL CONTROL OF HIS OWN LEARNING. HE WAS PREPARED FOR SUPERVISION AND ASKED APPROPRIATE QUESTIONS IN A FASHION MORE SIMILAR TO 3RD YEAR STUDENTS THAN FIRST YEARS**
Practice Educator Signature:	

Section 8: Timesheet

University of Worcester	**RECORD OF ATTENDANCE**

Hours must be entered numerically and verified and signed by your Practice Educator or another appropriate professional. Breaks are not included in hours worked.

Please use the following codes for absence:

S - SICKNESS	**A -** ABSENT	**AAL –** AUTHORISED LEAVE	**CL –** COMPASSIONATE LEAVE

Sickness of 4-7 days requires a self-certification of sickness form, sickness of 8 days and over must have a certificate signed by a Doctor.

STUDENT NAME:	**STUDENT NO:**
PLACEMENT NAME:	

DATE(S)	HOURS WORKED		HOURS WORKED	ABSENCE CODE	HOURS MADE UP	SIGNATURE OF PRACTICE EDUCATOR OR OTHER APPROPRIATE PROFESSIONAL
	START TIME	FINISH TIME				
01.01.01	08.00	16.00	7.5			P. Educator
02.01.01	08.00	16.00	0	S		P. Educator
03.01.01	08.00	16.00	7.5		√	P. Educator
TOTAL						

Falsification of this sheet will be classed as fraud and may result in your studies being suspended

I CONFIRM THAT THIS IS A TRUE REPRESENTATION OF HOURS WORKED	***Student Signature:***	***Date:***

THIS FORM MUST BE SCANNED AND SUBMITTED ELECTRONICALLY WITH YOUR FINAL INTERVIEW SHEETS VIA SOLE

University of Worcester	**RECORD OF ATTENDANCE**

Hours must be entered numerically and verified and signed by your Practice Educator or another appropriate professional. Breaks are not included in hours worked.

Please use the following codes for absence:

S - SICKNESS	**A -** ABSENT	**AAL –** AUTHORISED LEAVE	**CL –** COMPASSIONATE LEAVE

Sickness of 4-7 days requires a self-certification of sickness form, sickness of 8 days and over must have a certificate signed by a Doctor.

STUDENT NAME:	**STUDENT NO:**
PLACEMENT NAME:	

DATE(S)	HOURS WORKED		HOURS WORKED	ABSENCE CODE	HOURS MADE UP	**SIGNATURE** OF PRACTICE EDUCATOR OR OTHER APPROPRIATE PROFESSIONAL
	START TIME	FINISH TIME				
TOTAL						

Falsification of this sheet will be classed as fraud and may result in your studies being suspended

I CONFIRM THAT THIS IS A TRUE REPRESENTATION OF HOURS WORKED	***Student Signature:***	***Date:***

THIS FORM MUST BE SCANNED AND SUBMITTED ELECTRONICALLY WITH YOUR FINAL INTERVIEW SHEETS VIA SOLE

University of Worcester	**RECORD OF ATTENDANCE**

Hours must be entered numerically and verified and signed by your Practice Educator or another appropriate professional. Breaks are not included in hours worked.

Please use the following codes for absence:

S - SICKNESS	**A -** ABSENT	**AAL –** AUTHORISED LEAVE	**CL –** COMPASSIONATE LEAVE

Sickness of 4-7 days requires a self-certification of sickness form, sickness of 8 days and over must have a certificate signed by a Doctor.

STUDENT NAME:	**STUDENT NO:**
PLACEMENT NAME:	

DATE(S)	HOURS WORKED		HOURS WORKED	ABSENCE CODE	HOURS MADE UP	**SIGNATURE** OF PRACTICE EDUCATOR OR OTHER APPROPRIATE PROFESSIONAL
	START TIME	FINISH TIME				
TOTAL						

Falsification of this sheet will be classed as fraud and may result in your studies being suspended

I CONFIRM THAT THIS IS A TRUE REPRESENTATION OF HOURS WORKED	***Student Signature:***	***Date:***

THIS FORM MUST BE SCANNED AND SUBMITTED ELECTRONICALLY WITH YOUR FINAL INTERVIEW SHEETS VIA SOLE

Section 9: Additional Feedback

9.1 Service User Feedback on Student Performance

Practice Educator should summarise feedback obtained from the service user or family / carer on student performance.
ALL OF THE PATIENTS ON THE WARD ARE SAD TO SEE THE STUDENT LEAVE AND WISH HIM WELL FOR HIS CAREER. THEY ALL PRAISED HIS CALM AND FRIENDLY MANNER **SIGNATURE:** **DATE:**

9.2 Feedback from Spoke Visits

FEEDBACK FROM SPOKE VISITS				
DATE	DETAILS OF SPOKE VISIT	SPECIFIC LEARNING ACHIEVED (TO BE COMPLETED BY STUDENTS)	FEEDBACK ON STUDENT PERFORMANCE (TO BE COMPLETED BY HEALTH CARE PROFESSIONAL)	NAME AND SIGNATURE OF HEALTHCARE PROFESSIONAL
	SPENT THE MORNING WITH THE ORTHOPAEDIC CONSULTANT	UNDERSTANDING OF SHOULDER A+P UNDERSTANDING OF SURGICAL INTERVENTIONS COMMUNICATION WITH CONSULTANT	PLEASANT FRIENDLY MANNER WITH PATIENTS, ASKED APPROPRIATE QUESTIONS	A. CONSULTANT

DATE	DETAILS OF SPOKE VISIT	SPECIFIC LEARNING ACHIEVED (TO BE COMPLETED BY STUDENTS)	FEEDBACK ON STUDENT PERFORMANCE (TO BE COMPLETED BY HEALTH CARE PROFESSIONAL)	NAME AND SIGNATURE OF HEALTHCARE PROFESSIONAL

Section 10: Zoned Academic Forms

University of Worcester	**Zoned Academic Visit Record (to be completed by ZA during or after visit)**		
STUDENT NAME:	PRACTICE EDUCATOR NAME:		
Local Placement Induction completed		Initial Interview completed	
Access to study resources		University Risk Assessment Form updated by ZA	
General discussion of placement progress:			
SUBJECT:	**DISCUSSION:**		
Work completed • Examples of activities undertaken • SPOKE opportunities • Future plans			
Areas raised by student • Plans to progress learning/address areas of difficulty			
Areas raised by practice educator • Plans to progress learning/address areas of difficulty			
Learning outcomes • Queries from student/practice educator			
Progress towards professional competencies • Review table section 4.1 • Record any concerns / plans			
Is the student making adequate progress towards the following competencies?	Professional behaviours Y / N	Learning outcomes: Y / N	
(If no, please initiate identifying concerns process with practice educator and student)			
ZONED ACADEMIC SIGNATURE:	**DATE:**		