



## School of Allied Health and Community

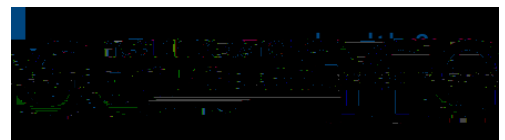
### PRE-REGISTRATION BSc (HONS) OCCUPATIONAL THERAPY

## Practice Learning Document

Student Name:

### **\*SAMPLE DOCUMENT FOR TRAINING\***

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





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    1.1

## Student Details

*Students should complete this section at the beginning of the placement*

<b>Student Name:</b>	
<b>Course:</b>	<b>BSc (HONS) OCCUPATIONAL THERAPY</b>

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

<b>Module Leader:</b>	
<b>Telephone Number:</b>	
<b>Email:</b>	

<b>Zoned Academic:</b>	
<b>Telephone Number:</b>	
<b>Email:</b>	

## Useful Contact Details

**Occupational Therapy Staff**



## 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
<b>Day One</b>	Local Induction		
<b>End of Week 1</b>	Initial Interview		
<b>Mid-point</b>	Intermediate Interview		
<b>Mid-point</b>	Zoned Academic Meeting		
<b>Final Week</b>	Final Interview		

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







## **Section 2: Commencing the Practice Learning Placement**

### **2.1 Local Placement Induction**





## Section 3: Record of Supervision Record of Supervision 1

<p>well</p>
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### Summary of discussion points & advice given

Make sure I have read the patient notes first Prepare & practice - ? use checklist

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

<b>Student Signature:</b>		<b>DATE:</b>
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<b>Practice Educator Signature:</b>	<b>DATE:</b>
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# Record of Supervision 2

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<b>Summary of discussion points &amp; advice given</b>

<b>Agreed Actions for student to complete</b>

<b>Student Signature:</b>		<b>DATE:</b>
<b>Practice Educator Signature:</b>		<b>DATE:</b>

# Record of Supervision 3

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<b>Summary of discussion points &amp; advice given</b>

<b>Agreed Actions for student to complete</b>

<b>Student Signature:</b>		<b>DATE:</b>
<b>Practice Educator Signature:</b>		<b>DATE:</b>

# Record of Supervision 4

<b>discuss (summary from Supervision Preparation form)</b>

<b>Summary of discussion points &amp; advice given</b>
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# Record of Supervision 5

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<b>Summary of discussion points &amp; advice given</b>

<b>Agreed Actions for student to complete</b>

<b>Student Signature:</b>		<b>DATE:</b>
<b>Practice Educator Signature:</b>		<b>DATE:</b>



# Record of Supervision 6

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<b>Summary of discussion points &amp; advice given</b>

<b>Agreed Actions for student to complete</b>

<b>Student Signature:</b>		<b>DATE:</b>
<b>Practice Educator Signature:</b>		<b>DATE:</b>





## 4.2 Learning Outcomes

*Assessment of Learning Expectations must be completed at the 2<sup>nd</sup> 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)

<b>3. With structured support, demonstrate appropriate communication skills with both service users &amp; their carers and other professionals</b>					
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.					
<b>4. With structured support practice appropriate assessment techniques</b>					
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.					
<b>5. With structured support demonstrate appropriate decision-making and participate in safe and effective intervention skills</b>					
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.					
<b>6. With support, demonstrate knowledge of underpinning theoretical and philosophical concepts in Occupational Therapy practice</b>					

### 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 AM 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 AM 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

## 4.4 Intermediate Interview

### INTERMEDIATE INTERVIEW SUMMARY

To be completed halfway



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,

## **Section 5: Identifying Concerns**

This form should

### 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:

I CONFIRM THAT THE GOALS AND ACTION PLAN DETAILED ABOVE HAS BEEN DISCUSSED.

ZONED ACADEMIC SIGNATURE:

## 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
<p style="color: red;">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</p> <p style="color: red;">LO4, 5 &amp; 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 &amp; SHOWING THAT I KNOW HOW IT IMPACTS.</p> <p style="color: red;">LO6: I DEMONSTRATED MY KNOWLEDGE OF UNDERPINNING THEORY BY GIVING A PRESENTATION ON A PATIENT'S SHOULDER PROBLEM. I INCLUDED ANATOMY, PHYSIOLOGY AND PSYCHOLOGY THEORY TO EXPLAIN WHY SHE WASN'T CARRYING OUT HER TREATMENT AS RECOMMENDED.</p>	<p style="color: green;">ALL EVIDENCE PRESENTED HAS DEMONSTRATED YOUR ABILITY TO MEET ALL 6 LOS.</p> <p style="color: green;">PLEASE SEE COMMENTS IN FINAL INTERVIEW BOX</p>
STUDENT SIGNATURE:	EDUCATOR SIGNATURE:












## 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.

		<b>Recognising excellence form</b>	
		<b>OCTH1100</b>	
<b>Student Name:</b>		<b>Practice Educator Name:</b>	
<b>Practice Setting:</b>		<b>Date:</b>	
<b>Learning expectation(s) exceeded:</b>	<b>In depth detail of how the learning outcome was achieved above and beyond the expectations for this module:</b>		
<b>LO2</b>	<b>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 3<sup>RD</sup> YEAR STUDENTS THAN FIRST YEARS</b>		
<b>Practice Educator Signature:</b>			



	<b>RECORD OF ATTENDANCE</b>
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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:

<b>S</b> - SICKNESS	<b>A</b> - ABSENT	<b>AAL</b> AUTHORISED LEAVE	<b>CL</b> COMPASSIONATE LEAVE
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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.

<b>STUDENT NAME:</b>	<b>STUDENT No:</b>
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**PLACEMENT NAME:**

DATE(S)	HOURS WORKED		HOURS WORKED	ABSENCE CODE	HOURS MADE UP	<b>SIGNATURE</b> OF PRACTICE EDUCATOR OR OTHER APPROPRIATE PROFESSIONAL
	START TIME	FINISH TIME				

	<b>RECORD OF ATTENDANCE</b>
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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** -

## **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:**



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
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