
Physiotherapy Placement Handbook

2019-2020

Version 1

School of Health and Social Care

www.glos.ac.uk

Name:	
Cohort Year:	

1.0 Introduction

This handbook contains information relevant to your BSc (Hons) Physiotherapy programme for the academic year 2019 onwards. Clinical education is an integral part of your BSc (Hons) Physiotherapy programme and your future development as an autonomous and professional practitioner. Your clinical placement blocks will complement your study at University and allow you to put theory into practice in a wide range of clinical settings. As you progress through the three years of study you will gain a rounded experience of the common clinical areas of work in physiotherapy and learn how to become a holistic skilled practitioner.

2.0 Clinical Education Placement Team Contacts

HSC Placements <hscplacements@glos.ac.uk>

HSC Practice Support <practicesupport@glos.ac.uk>

HSC Practice Absence <practiceabsence@glos.ac.uk>

Title	Name	Email	Telephone
Strategic Lead for Partnerships and Placements	Nick Oxlade	noxlade@glos.ac.uk	01242 714644
Academic Course Leader	Eve Scarle	escarle@glos.ac.uk	01242 715278

24 Hour Emergency University Contact

In the case of an emergency where a university member of staff is required, the 24-hour security number shown below can be used to make contact with key senior staff for support.

Telephone: 01242 714402

3.0 BSc (Hons) Physiotherapy Programme Structure

Course Map- BSc (Hons) Physiotherapy

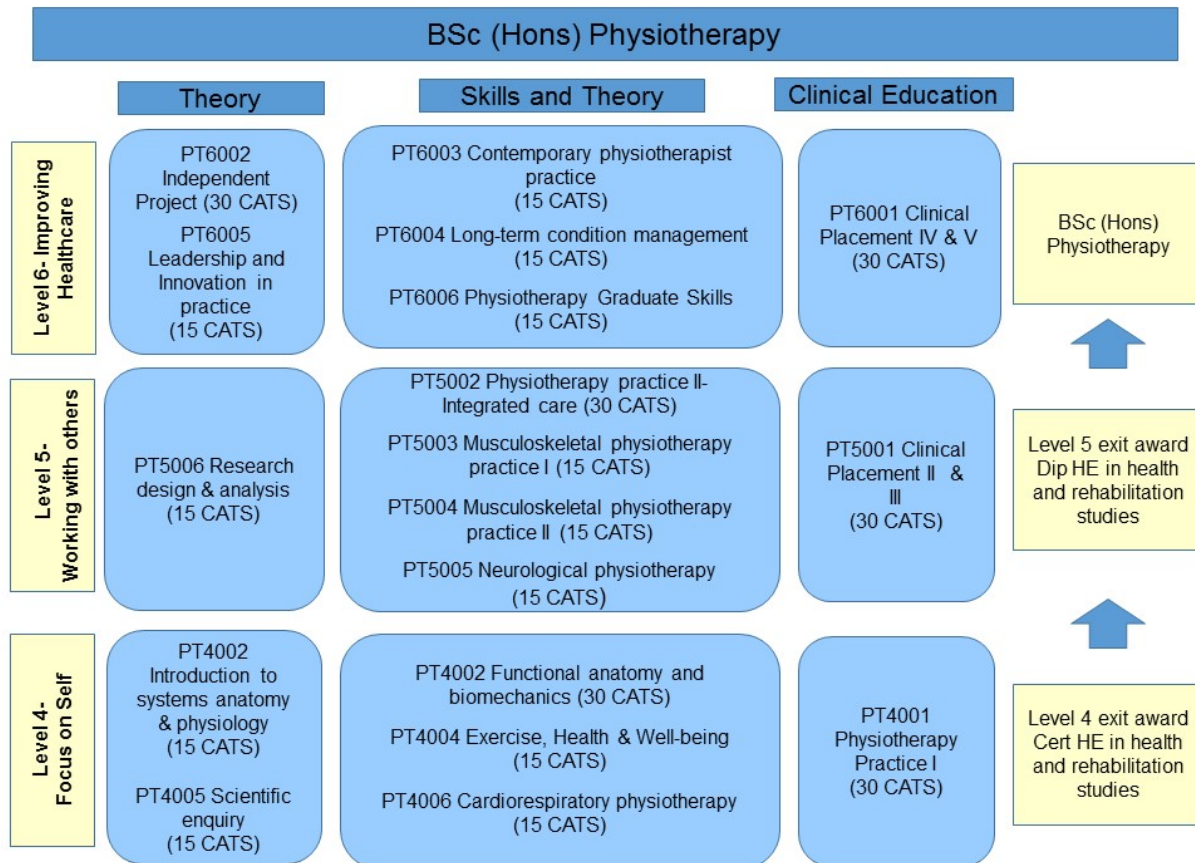
Level 4 (Year 1)		
PT4001 Physiotherapy Practice I	30 CATS	SEM 1&2
PT4002 Functional Anatomy and Biomechanics	30 CATS	SEM 1&2
PT4003 Introduction to Systems Anatomy and Physiology	15 CATS	SEM 1&2
PT4004 Exercise, Health and Well-being	15 CATS	SEM 1
PT4005 Scientific Enquiry	15 CATS	SEM 1
PT4006 Cardiorespiratory Physiotherapy	15 CATS	SEM 2
TOTAL	120 CATS	

Level 5 (Year 2)		
PT5001 Clinical Placement II and III	30 CATS	SEM 1&2
PT5002 Physiotherapy Practice II-Integrated Care	30 CATS	SEM 1&2
PT5003 Musculoskeletal Physiotherapy Practice I	15 CATS	SEM 1
PT5004 Musculoskeletal Physiotherapy practice II	15 CATS	SEM 2
PT5005 Neurological Physiotherapy	15 CATS	SEM 1
PT5006 Research Design and Analysis	15 CATS	SEM 2
TOTAL	120 CATS	

Level 6 (Year 3)		
PT6001 Clinical Practice IV and V	30 CATS	SEM 1&2
PT6002 Independent Project	30 CATS	SEM 1&2
PT6003 Contemporary Physiotherapy Practice	15 CATS	SEM 1
PT6004 Long Term Condition Management	15 CATS	SEM 1
PT6005 Leadership and Innovation in Practice	15 CATS	SEM 2
PT6006 Physiotherapy Graduate Skills	15 CATS	SEM 2
TOTAL	120 CATS	

3.1 Programme Content and Structure

The curriculum is delivered over three years to meet the overall programme learning outcomes (available via your programme Moodle site). The theoretical and skills modules are taught in the university and your six clinical placement modules will be undertaken in a range of practice settings across the county and beyond.



Note: Only those who graduate with the full BSc (Hons) Physiotherapy will be eligible to apply for admission to the register. Exit awards do not provide a pathway to registration.

4.0 Our Expectations of you as a student

Studying to become a physiotherapist offers a student experience and so much more. The coming months and years will build the foundation for a role which makes a difference to everyone you come into contact with. From day one the expectations of being a student at the university is that you embrace professional behaviour, take responsibility for your learning journey and treat those around you with compassion.

Physiotherapy is a rewarding and challenging profession which requires you to take care of yourself to enable you to take care of others. We urge you to engage fully in the innovative approach to education and practice, to apply what you learn about health and wellbeing to your own lifestyle, to help you become a resilient physiotherapist for the future.

You might also find it useful to refer to the Student Charter which sets out the standards of service that students can expect from the University of Gloucestershire, together with expectations that the university reasonably has of its students.

<http://www.glos.ac.uk/life/pages/student-charter.aspx>

Conduct of students preparing to register as Physiotherapists should include due care and attention to the appropriate use of social media, thinking through issues and acting professionally and ensuring public protection at all times. Please read the HCPC guidance for the use of social media.

<http://www.hpc-uk.org/registrants/socialmediaguidance/>

4.1 Dress Code and Appearance

Whilst out on placement you are representing the university and therefore it is vital you behave and dress in an appropriate manner, and act as an advocate for the University. It is your responsibility to check with the placement setting about their specific uniform policy as this may vary between healthcare settings. Your standard uniform is navy blue trousers with either a white tunic or white polo shirt with the university logo (two sets of uniform are issued to you in level 4). Plain black or blue shoes and socks should be worn unless otherwise stated (some clinical areas may allow trainers).

Watches	Should be removed during patient contact or a fob watch attached to tunic
Hair	Longhair should be tied back
Jewellery	Necklaces and bracelets should not be worn. Weddings rings are normally acceptable Earrings- studs only Piercing- should be discreet or must be removed in clinical areas

4.2 Professional Practice Regulations

All professional programmes are validated by their governing regulatory body. To review the HCPC standards of proficiency for Physiotherapists please follow this link:

<https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-proficiency---physiotherapists.pdf>

You are bound by the professional codes of conduct and behaviour. This relates to your behaviour and conduct during the course of your studies (and in your personal life) which may impact on your fitness to practice, your ability to complete your studies and register with the HCPC. In addition, you are expected to adhere to your clinical placements codes of conduct and behaviour. Details below are the relevant guides to conduct and behaviour.

[HCPC \(2016\) Student guide concerning ethics and behaviour](#)

[HCPC \(2016\) Standards of Conduct, Performance and Ethics](#)

[CSP \(2011\) Code of Members' Professional Values and Behaviour](#)

Failure to meet expected standards of conduct may result in referral to the Faculty Fitness to Practice Committee. The committee responds to professional conduct concerns regarding students. The committee is designed to ensure students are fit for registration and fit to practice. A referral to this committee may be due to conduct demonstrated whilst at university, on placement, or whilst away from either of these activities, for example during personal time.

Concerns regarding practice areas should always be brought to the attention of your clinical educator or personal tutor in the first instance.

5.0 Clinical Education

The physiotherapy programme has been designed in consultation with local NHS Trusts to provide high quality, clinically up to date and innovative education, to train the physiotherapist of the future.

Your first experience of clinical education will occur early on in your degree programme at the end of semester I in the introductory placement (December). This placement is located in the module PT4001, Physiotherapy Practice I. Please refer to the introductory placement handbook for full details of this placement.

Module	Study Period	Placement Type	Duration/Hours
PT4001 Physiotherapy practice I	Level 4 End of semester I	Introductory placement Pass/fail	1 week 37 hours
PT4001 Physiotherapy practice I	Level 4 End of semester II	% mark awarded	4 weeks 148 hours
PT5001 Clinical placement II and III	Level 5 Semester I	% mark awarded	6 weeks 185 hours
PT5001 Clinical placement II and III	Level 5 Semester II	% mark awarded	6 weeks 185 hours
PT6001 Clinical placement IV and V	Level 6 Semester I	% mark awarded	6 weeks 185 hours
PT6001 Clinical placement IV and V	Level 6 Semester II	% mark awarded	6 weeks 185 hours

Placements are allocated by the Your Future Plan placement team. It is not possible to select your placement activity or location. Consideration will be given to students with additional needs or responsibilities, for example, those with dependants or a student with disabilities. It is advantageous, although not essential, to have access to a car during your placement activity.

Depending on the placement location, you may be required to stay in accommodation local to your placement area. This will be discussed with you prior to the placement allocation.

The ratio of students to clinical educators will vary between practice locations. In the introductory placement we aim to provide a student to educator ratio of 2 to 1, unless the clinical area is not suited to multiple students (e.g. mental health, community services or learning disabilities). Some clinical areas lend themselves to higher student ratios, for example, musculoskeletal placement are often undertaken on a ratio of 2 to 1.

5.1 Preparing for your placement

Once assigned a placement location, you will be provided with the clinical educator's contact details. It is your responsibility to contact them to confirm arrangements for the first day of your placement and gain any specific information about the placement setting e.g. uniform guidelines, pre-reading materials, car parking and working pattern. It is important that you establish how to contact the clinical educator during your placement period, for example, how to report sickness or absence.

You should also provide your clinical educator with your contact details and preferred method of contact during the placement period.

5.2 Induction to the placement

On the first day in your placement the clinical educator will go through an induction to the working environment, information regarding health and safety procedures, fire procedures and orientation of relevant facilities (Appendix A). You should be introduced to the physiotherapy and wider healthcare team, and given the opportunity to ask any questions that you have about the placement. You may also need an introduction to the I.T. systems relevant to the placement setting.

Check with your placement provider for guidance on reporting absence, working patterns and break times. You are expected to follow the working pattern of the placement location and aim to achieve 37 hours work in a week. The normal working pattern of physiotherapists is Monday to Friday. However, some areas are now operating a seven day a week service and shift patterns to accommodate increased service demands.

5.3 Specific Information - Community Placement Settings

We aim to provide you with a diverse range of placement activities and therefore hope all students will experience at least one placement in a community setting. You should be made familiar with the specific health and safety policy that applies to the community placement setting and lone working considerations in that environment.

The methods of transport will also need to be considered for the setting. For example, how will you travel to the placement activity? A set point for student pick up may be

agreed e.g. a base location point where you could then travel with the health professional.

Alternatively, you may wish to travel to the community locations independently. In this case you should seek the advice of your car insurance provider ensure your car insurance covers you to use your vehicle to travel to different community locations for work purposes e.g. a patient's home.

6.0 Roles and Responsibilities during Placement Blocks

6.1 Your role as a student

You need to make note of the following guidance and adhere to this at all times during placement activity.

- Identify own learning needs and make full use of all available learning opportunities.
- Demonstrate professional behaviour at all times in accordance with the Guidance of Conduct and Ethics (HCPC, 2016).
- Act in accordance with all local policy and procedures.
- Undertake direct work under the instruction and supervision of the clinical educator
- Develop the capability to work with increasingly complex situations commensurate with the level of the placement.
- Develop autonomy in making professional judgements and decisions commensurate with the level of the placement.
- Prepare for, attend and participate in all training and team meetings.
- Proactively make arrangements for direct observations and complete all relevant paperwork prior to and after the observation.
- Utilise the knowledge, values and skills of physiotherapy to the best of their ability.
- Seek appropriate support, guidance and supervision where needed
- Develop as a reflective practitioner using verbal and written feedback to improve or adapt practice.
- Notify the clinical educator of any significant change in their personal or professional circumstances which may impact on their practice.
- Discuss with the clinical educator any concerns that they have about the placement prior to raising any concerns more formally with their Link Tutor or Module Tutor.
- Raise any concerns concerning practice that they observe within the placement with the team manager prior to formally using agency whistleblowing policy.
- Complete and submit all placement paperwork and assessment requirements by due or agreed dates.
- Comply with confidentiality and anonymisation protocols.

6.2 Your Clinical Educator

The role of the clinical educator is to support and facilitate your learning whilst in the placement setting. They will act as the first point of contact for you during the placement period and support you in developing as an autonomous practitioner.

Your clinical educator should:

- Read the placement handbook and be familiar with its contents and the roles and responsibilities of all concerned.
- Arrange an induction to the placement, and facilitate integration with other team members
- Assist the students in their goal setting activity
- Act as the 'line manager', overseeing the day to day management of the student's work
- Allocate the level, amount and type of work in consultation with the student and the guidance for level of study for their degree programme.
- Provide the student with day to day advice and support.
- Monitor student attendance weekly and sign accordingly.
- Contribute to the completion of placement paperwork.
- Undertake observed practice, question and answer sessions and support reflective practice.
- Support and/or contribute to the teaching and assessment of the student.
- Oversee and monitor the implementation of any action plans to ensure that sufficient opportunities are provided to enable the student to develop as required.
- Participate in the evaluation and monitoring of the course by completing the clinical educators survey
- Attend university workshops for clinical educators as required.

6.3 Your academic link tutor

For each placement you will be assigned to a link tutor. This is an academic member of staff who will liaise with you and the clinical educator during the placement period. They will also make a visit to your placement location, normally at the halfway appraisal.

The academic link tutor should be contacted during the first week to arrange a visit at approximately the halfway point of the placement. If the educator or you (the student) has any early concerns regarding the placement, then an early visit will be arranged.

When the link tutor visits, you will undertake a halfway assessment. You will have the opportunity to discuss your progress with the link tutor alone, and jointly with the clinical educator and link tutor. During the visit the link tutor will complete the 'Link Tutor Visit Report' (Appendix B). The purpose of this form is to record the items discussed in the halfway meeting, log any concerns either the clinical educator or the student may have and assist in the setting of an action plan for the remaining weeks of the placement. Issues that cannot be dealt with during the visit may require further follow-up visits in line with support study procedures.

If a visit is not possible due to geographical location of the placement setting, an alternative means of contact will be sought. For example, it may be possible to arrange a Skype meeting at the halfway assessment.

6.4 Practice Education Website

The practise education website is where you will find all the relevant policy and guidance on practice education across the School of Health and Social Care. There is information on each degree programme, policies and procedures, raising concerns, training and updates.

<http://www.glos.ac.uk/academic-schools/health-and-social-care/practice-support/Pages/practice-support.aspx>

Within the physiotherapy section you will be able to access course information, the student course handbook, student placement handbook and relevant paperwork. Further copies of documents can be printed off as required e.g. reflective accounts.

7.0 Support Structures on Placement and Raising Concerns

We hope that all students have an excellent experience in all their placements education blocks, but we are here to support you if something goes wrong. If you are experiencing difficulties in your placement setting, please get in touch with the university as soon as possible via the email practicesupport@glos.ac.uk. You are able to report any concerns that you have about the placement setting and clinical educators may report any concerns that they have about your practice or performance. An early placement visit may be arranged if necessary, and you will be supported in accordance with the supported study procedures (web link below).

Supported Study Procedures

<http://www.glos.ac.uk/docs/download/Key/supported-study-procedures.pdf>

Supported Study Procedures Flowchart

<http://www.glos.ac.uk/docs/download/Equality/supported-study-procedures-flowchart.pdf>

Appendix C

Policy- Raising concerns about student

<http://www.glos.ac.uk/academic-schools/health-and-social-care/practice-support/Documents/nursing/raising-concerns-practice-about-student.pdf>

Policy-Raising concerns about practice

<http://www.glos.ac.uk/academic-schools/health-and-social-care/practice-support/Documents/nursing/raising-concerns-student-about-practice.pdf>

7.1 Passing Placement Activity and 1000 hours model

In order to be eligible to apply for HCPC and CSP membership on successful completion of the degree you must pass all elements of the placement modules and have completed over 1,000 hours of supervised clinical experience. If you miss hours in placement activity and have not accumulated above 1000 hours you will have to undertake further placement hours in the Summer period and this may delay your graduation from the degree programme.

If you fail a placement block, this must be retaken in a different setting over your summer holiday period. The mark for the placement block will be capped at an overall module of 40% if you pass this second placement.

Any student who fails their second attempt at the placement block will be withdrawn from the BSc (Hons) Physiotherapy programme and may either be transferred onto another programme of study or exit the university with an interim award that does not allow eligibility to apply for HCPC and CSP membership.

8.0 Placement Assessment

8.1 Setting Placement Objectives

During the first few days of placement activity you should be able to observe the day to day role of your clinical educator and familiarise yourself with the working environment days, so that you are fully prepared for setting placement goals. Goals should be set by the end of the first week of placement and should be reviewed regularly.

Use your goal setting sheet to plan goals and make an action plan. There is a SWOT analysis sheet (Appendix D) for you to complete which may help you to identify areas you wish to work on during the placement. The goals that you decide should be your own, although you can seek guidance from your clinical educator. The goals that you set should be SMART and an action plan should provide the information on how the goals are going to be achieved.

Some example goals have been provided on the following page. Consider the learning outcomes of the placement module the particular placement module sits within (PT4001, PT5001, and PT6001- see your Moodle page). The learning outcomes for each module are on page 27-29. Your blank goal setting and action plan sheets are included in Appendix E. Your goals should be reviewed regularly and marked when you have achieved them.

Specific Measurable Achievable Realistic Timely

Approximately four or five goals should be sufficient for a placement block.

Goal Setting Example

Goal	Specific	Measurable	Achievable	Realistic	Timely	Action Plan- How are you going to achieve the goal?
To conduct a full subjective & objective assessment of a peripheral joint and formulate a patient problem-list	Subjective and objective	Evidence from patient notes	Clinical educator can provide observation and support	Have completed subjective and objective assessments in practical classes at university	Achieve goal in three weeks (halfway assessment)	<ol style="list-style-type: none"> 1. Observe clinical educator assessment of peripheral joint 2. Lead subjective assessment 3. Revise objective tests for peripheral joints 5. Joint objective assessment with educator and feedback following this 4. Undertake observed assessment 5. Complete reflection on the assessment
To demonstrate and articulate the role of other health professionals in the placement setting	Role of MDT team	Will provide written account of team roles to the clinical educator	Able to observe other health professionals work during placement	Have allowed enough time to achieve the goal	Five weeks	<ol style="list-style-type: none"> 1. Book to spend time observing practice of nurse, OT, speech therapist and ward doctor. 2. Make note of role during observation 3. Attend MDT meeting 4. Written report to clinical educator and discussion of roles in question and answer session.

8.2 Receiving Formative Feedback

You should receive ongoing constructive feedback regarding your performance on placement from your clinical educator. There should be a balance of positive and negative comments. During the placement block you will be observed regularly and receive both verbal and written feedback as appropriate.

Table 3 below provides examples of methods of formative assessment and feedback that could be utilised during the placement.

Table 3- Formative and Summative Assessment in Practice Examples

Assessment Activity	Evidence definition
Practice Observation:	Practice observation of the student whilst they are working under supervision. More than one observation of the activity/skill may be appropriate for the educator to satisfy themselves that the student is able to sustain an acceptable level of performance and competence. These observations will take place as part of the normal working role of the student, rather than being contrived for the purpose of assessment.
Question and Answer Session:	Between the educator and the student to assess underpinning knowledge the student will demonstrate understanding and application of knowledge.
Reflective Discussion:	Between the educator and the student regarding their progress in relation to knowledge, understanding and application.
Reflective Writing:	Demonstrating knowledge and understanding as applied to specific placement experiences supported by sources of evidence. If appropriate the use of a reflective model would enhance this process. This must be retained in the student's own portfolio.
Written Patient/ Carer Feedback:	Service Users should be approached, but only after initial discussion with the clinical educator.

8.3 Halfway Assessment

At the halfway point in the placement you should have a placement review with the clinical educator and the link tutor. This will take place in the placement setting and your link tutor will meet both you (the student) and the clinical educator separately as well as in a joint meeting.

During this meeting your goals and action plan will be reviewed and you will have the chance to discuss your progress during the placement. You should have the opportunity to discuss any concerns that you have freely. Your halfway appraisal may include some observed practice in the placement setting by the link tutor. Any goals you have already achieved will be acknowledged, and you will update your action plans for the remainder of the placement and add any additional goals to be achieved by the end of the placement (Appendix B and J).

8.4 Service User Feedback

Where appropriate the feedback from service users or carers should also be sought. The clinical educator should approach the service user or carer first and gain consent and then, if able, ask the individual to provide a short piece of written feedback that can be added to your practice portfolio (Appendix I- Service User feedback form).

8.5 Summative Placement Assessment

Summative placement assessment should take place in the final week of the placement block and is a reflection on your ability and progress throughout the placement period. Clinical educators use marking grids (Appendix K) to assess your ability in five key areas of practice:

- **Professional Values**
- **Communication and interpersonal skills**
- **Organisation and learning behaviour**
- **Assessment and clinical reasoning**
- **Treatment and evaluation**

These are used as points for discussion in the midway appraisal. Each of the five sections carries a weighting of 20% to provide an overall percentage score for the student.

Grade boundaries for degrees are as follows:

Percentage	Comment	Grade
70-100	Pass	A
60-69	Pass	B
50-59	Pass	C
40-49	Pass	D
1-39	Fail but with entitlement to reassessment	R
0	Fail without entitlement to reassessment	F

Clinical placement is a large element of a physiotherapy degree programme and therefore the university teaching team feel that it should count towards your degree classification. Physiotherapy is a practical hands-on profession and rewarding students for their clinical skill development is vital in developing competent practitioners of the future.

The observation placement at level 4 is marked as a pass/fail and does not count towards your final degree mark. The placement at the end of level 4 is graded but does not count towards the degree classification. All further placements are graded and carry a weighted mark for the module at level 5 and 6 (40%) and count towards final degree classification.

8.6 Placement Debrief for Students

On return to university you will undertake a placement debrief session with the module leader in a small group setting. The aim of the session is to discuss your experience

whilst on placement and share any significant events and positive or negative experiences. The small group setting allows you to share your experiences with other students, learning from positive and negative events and discuss how you feel about future placements. The module leader will facilitate the discussion in a non-judgemental way and assist you in thinking about their reflection on the placement and how you can set an action plan for your subsequent placement blocks

9.0 Ideas for Placement Activity

The structure of a student placement will vary between settings and across the three levels of study. The clinical educator is responsible for planning your time during the placement block. You may wish to discuss with them what you want to achieve during the placement. Some examples given to clinical educators are featured below.

9.1 Inter-professional Learning on Placement

Many placements have opportunities for the student to participate in inter-professional learning to improve the students understanding of the scope of practice and skills of other professions. Although students are encouraged to seek out these opportunities for themselves, they may need some assistance and guidance at times.

The aims for inter-professional learning on placement are to:

- Improve understanding of the roles of other health and social care professions
- Participate effectively in inter-professional approaches to health care
- Understand the need for a high level of communication between and within professional groups and service users and carers.
- Recognise the similarities and differences in assessment and management of patients by other professionals

9.2 Attending meeting and training

Students should fully participate in the daily practices of the role and be able to join in appropriate team meetings, case conferences, handovers, in-service training or other meetings. Students at levels 5 and 6 should be encouraged to be actively involved in these meetings, for example, provide feedback on patient progress in an MDT meeting.

9.3 Study time during placement

The clinical educator may allocate you up to three hours each week for personal study including the preparation of presentations, case study analysis or formal reflection upon learning experiences. You should be aware that this time is allocated at the discretion of the educator and is likely to vary between placement settings. You may be set specific work for them to achieve in this time, for example; investigating a particular treatment approach or medical condition.

9.4 Observation of surgical and investigative procedures

In certain placement settings students may be given the opportunity to observe investigative procedures or surgical intervention. This decision is made locally depending on availability and suitability within the healthcare setting. This may assist students in understanding the patient perspective on recovery from interventions, for example, understanding why an individual may experience pain after surgery treatment.

10.0 Procedures for reporting absence whilst on placement

As part of the induction process please take note of how to report absence during your placement. The advice provided in your course handbook should be followed so that the absence can also be logged with the university.

You are advised to:

1. Contact the placement provider direct on their placement telephone number or otherwise agreed absence reporting system
2. Ask to speak to the member of staff who is expecting you
3. Inform them of your absence and likely return date if possible
4. Email the placement team with the date, time and whom the absence has been reported to, including a likely return date if you are able to do so.

Please be aware that if the placement provider is severely concerned about a student's absence, they will contact the Academic Course Lead immediately, or, if out of hours, the on-call University Manager.

In all cases you should ensure that you document the name of the person you reported sick or absent to, as well as the date and time, and share this with your Personal Tutor. It is important that absence is kept to a minimum and you should see your lecturers on your return, to ensure that you can catch up with missed work. Failure to adhere to the procedure will result in an unauthorised absence being recorded and this could impact on your ability to finish the course of study.

It is also important that you inform us if you feel that there are circumstances that may impact on your performance more generally. This might include health issues, personal issues or general difficulty with your programme. You may discuss any worries you have with your Personal Tutor at any point during your studies. The Students' Union and University Student Services Department are also there to provide advice and support.

11.00 Evaluation of Placement and Quality Assurance

All practice placements will have an annual educational audit to quality assure the learning experience in practice and comply with professional requirements. The audit and an online placement profile that both educators and students can use as a resource, will be produced for each practice area. Quality monitoring of placements will be reported through the School of Health and Social Care Placements Group, and Strategic Workforce Development Partnership Board.

At the end of the placement block the student and the clinical educator are encouraged to evaluate the placement. This helps with the moderation of the quality of the placement and the quality of the student, and the university support system. We strive to keep our standards high and gaining insightful feedback will help us continually improve our performance. A summary report of placement evaluation is produced annually and shared with clinical partners.

12.00 Supporting Students with Disabilities

Students who have declared a disability will be supported by the Student Services team at the university during their studies. The team offer a confidential, one-to-one support service for students who have a disability, dyslexia or have additional learning needs. The areas of support provided by the Disability Advisers include:

- Advisory visits to university prior to formal application
- Advice on diagnostic and medical assessments (including dyslexia & other specific learning difficulties)
- Assistance with application for the Disabled Students' Allowance (DSA)
- Provision of note takers, study skills tutors and communicators
- Links with outside agencies concerned with disability issues
- Advice on disability access
- Disability awareness training
- Liaison with academic staff and student services regarding support

If you have a disability or a learning support need, please make the disability team aware, to enable them to support you during your time at university. If you have declared a disability, you will be asked for permission to share the details of your disability with the placement provider. If you provide consent, they will be informed of the details of your disability and how they can best support you whilst on placement. Further advice and support can be accessed at any time during the placement by contacting the link tutor or the disability advisors through the Helpzone.

Appendix A Induction Checklist for Placement Activity

Day 1

1. Orientate students to the placement setting

Activity	Tick
Working hours/pattern expected/lunch/breaks	
Access to the department/ward	
Introduce staff	
Orientate to area- fire exits, toilets, lockers, canteen, library, parking etc.	
Emergency procedures- fire, cardiac arrest, emergency bells	
Relevant policy – manual handling, infection control	
How to report absence/sickness	

2. Getting to know the student.

Activity	Tick
Ask about previous experience	
Check modules covered to date	
Ask to see SWOT analysis	
Ask about preferred learning style	
Ask student about placement objective/ideas	

3. Getting to know you.

Activity	Tick
Discuss your career as a physiotherapist to date	
Outline your expectations of them during the placement	
Discuss how they would raise and issue or concern with you	
Discuss possible learning opportunities	
Discuss typical working day	

Day 1 and 2

Allow the student to observe your day to day role and familiarise themselves with the working environment over these two days so that they are fully prepared for setting placement goals.

Day 3

The student should provide their clinical placement document in order to set goals for the placement. Although the goals should be theirs, you can support them in setting realistic and achievable goals. The goals set should be SMART and an action plan should provide the information on how the goals are going to be achieved.

Halfway Appraisal Date

The halfway appraisal date should be set as soon as possible in conjunction with the student, the link tutor and the clinical educator.

Ongoing Observation and Support

The student should be observed in practice regularly and receive both verbal and written feedback as appropriate. This will help you ascertain the student's current level of ability and highlight the areas of support and development required.

Appendix B- Link Tutor Visit Report

This form is to be completed by the academic link tutor during their visit to the student at the halfway appraisal. Any concerns should be document and the principles of the 'Raising concerns' guidance should be followed where necessary.

Student Name:	
Student Number:	
Name of link tutor:	
Name of clinical educator:	
Placement setting:	
Date of meeting:	

Individual discussion with clinical educator	
Feedback on student progress to date	
Any concerns raised?	
Further support required	

Individual discussion with student	
Reflection of placement at halfway stage	
Any concerns raised?	
Further support required	

Joint Meeting	
Overall reflection on placement	
Has the student met placement objectives?	
Support goal setting for remainder of placement	
Action plan	
Signatures	
Clinical educator	
Link tutor	
Student	

Appendix C- Raising Concerns

School of Health and Social Care

Raising concerns

Practice concern about student



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You should always try in the first instant to resolve any issue informally

You have a concern you would like to raise and have read the whistleblowing policy in your placement area

Can this be raised directly to the student?

Yes

Discuss informally in attempt to resolve the issue

Issue resolved

No

Raise with UoG practicesupport@glos.ac.uk and trust education lead and receive acknowledgment with 48 hours

Issue not resolved

The person you raise the concern with will make an assessment as to what action needs to be taken, if any, and identify an individual to undertake the fact finding process. Timescales will be agreed and communicated depending on the complexity of the situation and agreed with the clinical leads for that trust.

Feedback will be provided to you about any investigation relating your concern, this will include any immediate action taken / required.

Feedback will be provided to you when any investigation has been completed, however depending on the complexity of the situation this may be non – specific. If after following the above steps you do not feel your issue has been resolved please contact the UoG Helpzone helpzones@glos.ac.uk who will be able to signpost you should you wish to escalate your issue

If a concern is raised to either the UoG or trust information will be shared and managed collaboratively

Appendix D SWOT Analysis:

Strengths	Weaknesses
Opportunities	Threats

Notes;

Date:

Appendix E Goal Setting Plan

SMART Personal Goal	Action Plan (How goal will be achieved)	Measure (How will you know goal has been achieved)	Target Date	Has goal been achieved? If not, proposed action plan for future

Student signature and date:				
Clinical educator signature and date:				

Appendix F Practice Observation Form

Student name and Date	
Clinical educator	
Setting/treatment	

Criteria	Feedback
Professional Values	
Communication and interpersonal skills	
Organisation and learning behaviour	
Assessment and clinical reasoning	
Treatment and evaluation	

Clinical Educator sign and date:

Appendix G Reflection Practice Record

Date	
Level of study	
Location	

Component	Use this space to record your reflection
Description	
Feelings	
Evaluation	
Conclusions	
Action	

Appendix H Activity Diary- Record of Significant Events

Date:	Setting:
Patient details (anonymised) Age, gender, past medical history	
Current problem	
Other significant information	
Assessment	
Treatment	
Analysis	
Step steps?	
Further notes/areas to investigate	

Appendix I Service User Feedback Form

Information Sheet for Service Users / Carers

We recognise that the views of services users / carers are important when training and assessing Physiotherapy students.

Training to become a Physiotherapist

For Physiotherapists trained at university over a period of three years, part of this time is spent under the supervision of experienced Physiotherapists learning about the job role.

How are students assessed?

Students are supervised and assessed in their practice by qualified and experienced Physiotherapists called clinical educators. They teach and observe the student and ask for feedback from a range of people who know how the student is getting on.

How does this involve you?

We ask service users and carers if they are willing to provide feedback on the student to help them learn from their practice. If you are happy to do this, please complete the form. You are under no obligation to complete the form.

Possible questions you may have:

Will the student hear what I have said about them?

Yes. The clinical educator will let the student know. This is important that the student can learn and develop to become a good practitioner.

Will it be my fault if the student fails?

No. Your views will contribute to the overall assessment and the final report completed by the clinical educator

Will my name be in the final report?

No. There will be no need to identify you.

If you have any other questions or queries, please ask the student's clinical educator.

If you are willing to give feedback, please sign the agreement form. Your comments will not affect the service you receive in any way.

Thank You

Agreement Form

For Service Users / Carers to take part in the Assessment Process for Physiotherapy Degree Students on Placement

Name of Student	
Placement Setting	
Name of Clinical Educator	

The clinical educator has discussed with me the taking part in assessing a Physiotherapy student on placement and I understand what this involves. I am aware that I do not have to give any feedback, but my comments may help a student learn.

I am aware that I will not be named or identified in the student's assessment report. If I change my mind at a later stage I will let the student or clinical educator know and it will not affect the service I receive.

To ensure your confidentiality please do not sign this form – simply initial it.

Initial:.....

Date:.....

SERVICE USER / CARER FEEDBACK FORM

Name of Student	
Placement Setting/Educator	

Did the student physiotherapist:

Say who they were and explain what they were there to do? Can you tell us how they managed this?	Yes / No
Listen to you and give you time to talk about the things you wanted to say? Please tell us a little about how this happened.	Yes / No
Explain the assessment or treatment process to you clearly Could you tell us how the student managed this?	Yes / No
How would you describe the treatment that you received from the student physiotherapist? Do you have any suggestion for future improvement?	

Initials:

Date:

To ensure your confidentiality please do not sign this form – simply initial it.

Appendix J Halfway Formative Assessment

It may be helpful to refer to the marking grids for guidance on the grade boundaries. You **do not** need to provide the student with a grade for each section, only an overall midway assessment grade. This is a formative assessment and does not count towards the final placement mark.

Criteria	Feedback
Professional values	
Communication and interpersonal skills	
Organisation and learning behaviour	
Assessment and clinical reasoning	
Treatment and evaluation	

Midway Appraisal Mark (%):	
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To be completed by the student:

Review of Goals	
Action plan for placement	

Student signature and date:	
Clinical Educator signature and date	
Link Tutor signature and date	

Appendix K Final Appraisal-Level 4 Marking Criteria- Physiotherapy Placement

Professional Values are marked consistently across level 4, 5 and 6 Adherence to policies & procedures	Demonstrates an inadequate awareness of policies and procedures	Demonstrates an awareness and follows basic policies and procedures with guidance	Demonstrates an awareness and follows basic policies and procedures	Demonstrates a good understanding and follows policies and procedures	Demonstrates an excellent understanding and follows all policies and procedures	Demonstrates an excellent understanding of the necessity for policies and procedures and consistently works well within them
Aware of the physical, psychological, social and cultural needs of individuals	Frequently lacks insight into patients individual needs and requires guidance and instruction	Aware of patient individual needs and demonstrates limited application to practice	Aware of patient needs and demonstrates good application to practice	Aware of patient needs and demonstrates consistent application to practice	Aware of patient needs and demonstrates excellent application to practice	Demonstrates insight to patient needs and is consistently sensitive patient needs and applies this knowledge to practise consistently
Responsibility for self-maintain standards of personal and professional conduct	Reluctant to take responsibility for self-development despite encouragement. Does not take initiative or recognise personal and professional limitations.	Reluctant to take responsibility without encouragement. Demonstrates inconsistent initiative and needs reminding of personal and professional limitations	Takes responsibility with encouragement. Demonstrates some initiative but occasionally needs reminding of personal and professional limitations	Accepts responsibility and copes well with it. Demonstrates some initiative but occasionally needs reminding of personal and professional limitations	Accepts responsibility and appears to thrive on it. Demonstrates initiative and recognises personal and professional limitations	Seeks out opportunities to take on responsibility. Demonstrates significant initiative and always recognises personal and professional limitations
Comments:						Grade (%):
Clinical educator name:						
Signed and date:						

Communication & Interpersonal Skills	1-39%	40-49%	50-59%	60-69%	70-79%	80%+
Communication skills	Demonstrates inadequate verbal and non-verbal communication with patients, carers and colleagues leading to inadequate patient care	Demonstrates adequate verbal and non-verbal communication with patients, carers and colleagues	Demonstrates good verbal and non-verbal communication with patients, carers and colleagues with some prompting and guidance to modify communication style.	Demonstrates well developed verbal and non-verbal communication with patients, carers and colleagues with occasional prompting.	Demonstrates highly developed verbal and non-verbal communication with patients, carers and colleagues most of the time.	Demonstrates highly developed verbal and non-verbal communication with patients, carers and colleagues.
Interpersonal skills	Demonstrates inadequate interpersonal skills resulting in difficulties gaining patients confidence	Demonstrates adequate interpersonal skills but does not gain patients confidence initially	Demonstrates appropriate interpersonal skills gaining patients confidence some of the time	Demonstrates very good interpersonal skills, gaining patients confidence some of the time	Demonstrates highly developed interpersonal skills, gaining patients confidence most of the time	Demonstrates highly developed interpersonal skills, gaining patients confidence consistently well
Organisation and Learning Behaviour						
Management of time and workload	Unable to manage time effectively	Frequently needs guidance with time management	Manages time with guidance and support	Manages time well with little support	Manages time well and completes all activity in a timely fashion	Manages time and activity to a consistently high standard
Self-preparation and approach to ongoing learning	Has a poor approach to learning and needs considerable direction	Has an inconsistent approach to learning and needs direction with ongoing learning	Has a consistent approach to learning but needs direction with ongoing learning	Has a consistent approach to learning but occasionally needs direction with ongoing learning	Has a positive, self-directed approach to learning	Is proactive in self-directed learning
Record keeping and documentation	An inadequate ability to record patient notes, poor use of language and have frequent omissions	Demonstrates an adequate ability to record patient notes which may lack conciseness and have frequent omissions	Records appropriate patient notes but lacks conciseness and makes occasional omissions	Records appropriate patient notes but needs to be more succinct with the use of abbreviations and terminology	Records appropriate patient notes but occasionally needs to be more succinct	Demonstrates an ability to record clear and concise patient notes
Comments: Clinical educator name: Signed and date:						Communication Grade (%): Organisation: Grade (%):

Assessment & Clinical Reasoning	1-39%	40-49%	50-59%	60-69%	70-79%	80%+
Information Retrieval (subjective questioning, patient notes, referral letters)	Demonstrates an inadequate ability to retrieve information	Needs guidance to retrieve information from all sources	Retrieves appropriate information but is inconsistent in their ability to utilise information	Retrieves information from all sources and is able to utilise it most of the time to support assessment	Retrieves information from all sources and is able to utilise it consistently to support assessment.	Retrieves information from all sources and is able to consistency utilise it to support assessment
Assessment procedures	Demonstrates an inadequate ability in the selection and use of assessment procedures	Demonstrates an adequate and safe ability in carrying out a basic assessment procedures	Demonstrates a good ability in carrying out a basic assessment procedures	Is able to carry out appropriate assessment procedures well and is usually able to justify procedures used	Is able to select and carry out appropriate assessment procedures most of the time and is able to justify procedures used	Is able to select and carry out appropriate assessment procedures all of the time and consistently justifies procedures used
Evaluation, interpretation and synthesis of assessment findings	Is unable to evaluate and interpret basic assessment findings	Has some difficulty in evaluating and interpreting assessment findings	Demonstrates a good ability to evaluate and interpret assessment findings some of the time	Demonstrates very good evaluation and interpretation of assessment findings most of the time	Demonstrates excellent evaluation and interpretation of assessment findings consistently well	Demonstrates excellent evaluation and interpretation of assessment findings beyond their level of study
Clinical reasoning skills	Demonstrates an inadequate level of clinical reasoning skills even with guidance	Demonstrates an adequate level of clinical reasoning skills in straightforward cases with guidance	Demonstrates good clinical reasoning skills in straightforward cases	Demonstrates very good clinical reasoning skills in straightforward cases	Demonstrates excellent clinical reasoning skills in straightforward cases	Demonstrates highly developed clinical reasoning skills consistently well in straightforward cases
Application of knowledge and findings to determine treatment aims	Demonstrates an inadequate level of understanding of relevant knowledge and is unable to determine treatment aims	Demonstrates an adequate level of understanding of relevant knowledge and needs support to determine treatment aims	Is able to apply information and determine treatment aims in straightforward cases with guidance	Is able to apply information and determine treatment aims in straightforward cases some of the time	Is able to apply information and determine treatment aims most of the time	Is able to apply information and determine treatment aims consistently well
Comments: Clinical educator name: Signed and date:						Grade (%):

Treatment and Evaluation	1-39%	40-49%	50-59%	60-69%	70-79%	80%+
Selection and implementation of treatments	Demonstrates an inadequate ability in the selection and use of treatments which may compromise patient safety	Demonstrates an adequate and safe ability in selecting and carry out treatments with guidance	Is able to select and carry out appropriate treatments with guidance	Is able to select and carry out appropriate treatments and is usually able to justify choices	Is able to select and carry out appropriate treatments and is able to justify choices consistently	Is able to select and carry out appropriate treatments and is able to justify choices consistently with clinical rationale
Evaluation and analysis of management	Is unable to evaluate and justify treatment used, even with guidance	Has some difficulty in justifying the treatment and needs help to evaluate outcome measures	Demonstrates an ability to justify the treatment some of the time but needs guidance to evaluate outcome measures	Demonstrates an ability to justify the treatment and can evaluate outcome measures	Demonstrates an ability to justify the treatment and can evaluate appropriate outcome	Demonstrates an ability to justify the treatment and can evaluate appropriate outcome at a level beyond their level of study
Modification, progression and patient management	Is unable to reassess patients appropriately and fails to evaluate and modify treatment interventions	Makes a reasonable attempt at ongoing assessment but needs help to evaluate and modify treatment interventions	Is able to evaluate and modify treatment interventions with guidance	Is able to evaluate and modify treatment interventions linking them to assessment outcomes some of the time	Is able to evaluate and modify treatment interventions linking them to assessment outcomes most of the time	Is able to evaluate and modify treatment interventions consistently linking them to assessment outcomes
Comments:						Grade (%):
Clinical educator name:						
Signed and date:						

Professional Values (20% weighting)	
Communication and interpersonal skills (20% weighting)	
Organisation and learning behaviour (20% weighting)	
Assessment and clinical reasoning (20% weighting)	
Treatment and evaluation (20% weighting)	
TOTAL PLACEMENT GRADE %	

Communication & Interpersonal Skills	1-39%	40-49%	50-59%	60-69%	70-79%	80%+
Communication skills	Demonstrates inadequate verbal and non-verbal communication with patients, carers and colleagues leading to inadequate patient care	Demonstrates adequate verbal and non-verbal communication with patients, carers and colleagues	Demonstrates good verbal and non-verbal communication with patients, carers and colleagues with little prompting and guidance to modify communication style.	Demonstrates well developed verbal and non-verbal communication with patients, carers and colleagues with occasional prompting.	Demonstrates highly developed communication skills, able to lead professional conversations e.g. discuss patient at MDT meeting	Demonstrates highly developed communication skills, able to consistently take the lead in professional conversations
Interpersonal skills	Demonstrates inadequate interpersonal skills resulting in difficulties gaining patients confidence	Demonstrates adequate interpersonal skills but does not gain patients confidence initially	Demonstrates appropriate interpersonal skills gaining patients confidence some of the time	Demonstrates very good interpersonal skills, gaining patients confidence some of the time	Demonstrates highly developed interpersonal skills, gaining patients confidence most of the time	Demonstrates highly developed interpersonal skills, gaining patients confidence consistently
Organisation and Learning Behaviour						
Management of time and workload	Unable to manage time & caseload even with guidance	Frequently needs guidance with time & caseload management	Manages time and caseload with guidance	Manages time and caseload with facilitation	Manages time and caseload effectively in most situations	Manages time and caseload effectively
Self-preparation and approach to ongoing learning	Has a poor approach to learning and needs considerable direction	Has an inconsistent approach to learning and needs direction with ongoing learning	Has a consistent approach to learning but needs direction with ongoing learning	Has a consistent approach to learning and is able to work without direction	Has a positive, self-directed approach to learning and able to identify own needs	Is proactive in self-directed learning and able to identify learning needs and act accordingly.
Record keeping and documentation	An inadequate ability to record patient notes, poor use of language and have frequent omissions	Demonstrates an adequate ability to record patient notes which may lack conciseness and have frequent omissions	Records appropriate patient notes but lacks conciseness and makes occasional omissions	Records appropriate patient notes but needs to be more succinct with the use of abbreviations and terminology	Records appropriate patient notes accurately and succinctly	Demonstrates an ability to record clear and concise patient notes at all times
Comments:						Communication Grade (%):
Clinical educator name:						Organisation:
Signed and date:						Grade (%):

Assessment & Clinical Reasoning	1-39%	40-49%	50-59%	60-69%	70-79%	80%+
Information Retrieval (subjective questioning, patient notes, referral letters)	Demonstrates an inadequate ability to retrieve information	Needs guidance to retrieve information from all sources	Retrieves appropriate information but is inconsistent in their ability to utilise information	Retrieves information and is able to utilise it to support assessment	Retrieves information and is able to utilise it consistently to support assessment.	Asks insightful questions, retrieves information, and is able to consistency use it to support assessment
Assessment procedures	Demonstrates an inadequate ability in the selection and use of assessment procedures	Demonstrates an adequate and safe ability in carrying out a basic assessment procedures	Demonstrates a good ability in carrying out assessment procedures	Is able to carry out appropriate assessment procedures well and is usually able to justify procedures used	Is able to select and carry out appropriate assessment procedures and is able to justify procedures used	Is able to select and carry out appropriate assessment procedures and verbalises the rationale confidently
Evaluation, interpretation and synthesis of assessment findings	Is unable to evaluate and interpret basic assessment findings	Has some difficulty in evaluating and interpreting assessment findings	Demonstrates a good ability to evaluate and interpret assessment findings some of the time	Demonstrates very good evaluation and interpretation of assessment findings most of the time	Demonstrates excellent evaluation and interpretation of assessment findings consistently well	Demonstrates excellent evaluation and interpretation of assessment findings beyond level of study
Clinical reasoning skills	Demonstrates an inadequate level of clinical reasoning skills even with guidance	Demonstrates an adequate level of clinical reasoning skills in straightforward cases with guidance	Demonstrates good clinical reasoning skills in straightforward cases	Demonstrates very good clinical reasoning skills in straightforward cases	Demonstrates excellent clinical reasoning skills in all cases	Demonstrates highly developed clinical reasoning skills in all cases
Application of knowledge and findings to determine treatment aims	Demonstrates an inadequate level of understanding of relevant knowledge and is unable to determine treatment aims	Demonstrates an adequate level of understanding of relevant knowledge and needs support to determine treatment aims	Is able to apply information and determine treatment aims in straightforward cases with guidance	Is able to apply information and determine treatment aims in straightforward cases some of the time	Is able to apply information and determine treatment aims most of the time	Is able to apply information and determine treatment aims consistently well
Comments: Clinical educator name: Signed and date:						Grade (%):

Treatment and Evaluation	1-39%	40-49%	50-59%	60-69%	70-79%	80%+
Selection and implementation of treatments	Demonstrates an inadequate ability in the selection and use of treatments which may compromise patient safety	Demonstrates an adequate and safe ability in selecting and carry out treatments with guidance	Is able to select and carry out appropriate treatments with guidance	Is able to select and carry out appropriate treatments and is usually able to justify choices	Is able to select and carry out appropriate treatments and is able to justify choices consistently	Is able to select and carry out appropriate treatments and is able to justify choices consistently with clinical rationale
Evaluation and analysis of management	Is unable to evaluate and justify treatment used, even with guidance	Has some difficulty in justifying the treatment and needs help to evaluate outcome measures	Demonstrates an ability to justify the treatment some of the time but needs guidance to evaluate outcome measures	Demonstrates an ability to justify the treatment and can sometimes evaluate outcome measures	Demonstrates an ability to justify the treatment and can evaluate appropriate outcome	Demonstrates an ability to justify the treatment and can evaluate appropriate outcome consistently
Modification, progression and patient management	Is unable to reassess patients appropriately and fails to evaluate and modify treatment interventions	Makes a reasonable attempt at ongoing assessment but needs help to evaluate and modify treatment Interventions	Is able to evaluate and modify treatment interventions with guidance	Is able to evaluate and modify treatment interventions linking them to assessment outcomes some of the time	Is able to evaluate and modify treatment interventions linking them to assessment outcomes all of the time	Is able to evaluate and modify treatment interventions consistently linking them to assessment outcomes
Comments:						Grade (%):
Clinical educator name:						
Signed and date:						
Professional Values (20% weighting)						
Communication and interpersonal skills (20% weighting)						
Organisation and learning behaviour (20% weighting)						
Assessment and clinical reasoning (20% weighting)						
Treatment and evaluation (20% weighting)						
TOTAL PLACEMENT GRADE %						

Appendix M- Level 6 Marking Criteria- Physiotherapy Placement

Professional Values are marked consistently across level 4, 5 and 6

Professional Values	1-39%	40-49%	50-59%	60-69%	70-79%	80%+
Adherence to policies & procedures	Demonstrates an inadequate awareness of policies and procedures	Demonstrates an awareness and follows basic policies and procedures with guidance	Demonstrates an awareness and follows basic policies and procedures	Demonstrates a good understanding and follows policies and procedures	Demonstrates an excellent understanding and follows all policies and procedures	Demonstrates an excellent understanding of the necessity for policies and procedures and consistently works well within them
Aware of the physical, psychological, social and cultural needs of individuals	Frequently lacks insight into patients individual needs and requires guidance and instruction	Aware of patient individual needs and demonstrates limited application to practice	Aware of patient needs and demonstrates good application to practice	Aware of patient needs and demonstrates consistent application to practice	Aware of patient needs and demonstrates excellent application to practice	Demonstrates insight to patient needs and is consistently sensitive patient needs and applies this knowledge to practise consistently
Responsibility for self-maintain standards of personal and professional conduct	Reluctant to take responsibility for self-development despite encouragement. Does not take initiative or recognise personal and professional limitations.	Reluctant to take responsibility without encouragement. Demonstrates inconsistent initiative and needs reminding of personal and professional limitations	Takes responsibility with encouragement. Demonstrates some initiative but occasionally needs reminding of personal and professional limitations	Accepts responsibility and copes well with it. Demonstrates some initiative but occasionally needs reminding of personal and professional limitations	Accepts responsibility and appears to thrive on it. Demonstrates initiative and recognises personal and professional limitations	Seeks out opportunities to take on responsibility. Demonstrates significant initiative and always recognises personal and professional limitations
Comments: Clinical educator name: Signed and date:						Grade (%):

Communication & Interpersonal Skills	1-39%	40-49%	50-59%	60-69%	70-79%	80%+
Communication skills	Demonstrates inadequate communication skills with patients, carers and colleagues leading to inadequate patient care	Demonstrates adequate verbal and non-verbal communication with patients, carers and colleagues	Demonstrates good verbal and non-verbal communication with patients, carers and colleagues with little prompting and guidance to modify communication style.	Well-developed communication skills and with encouragement can lead professional conversations	Demonstrates highly developed communication skills, confident to lead professional conversations e.g. discuss patient at MDT meeting	Demonstrates highly developed communication skills, able to consistently and confidently take the lead in professional conversations.
Interpersonal skills	Demonstrates inadequate interpersonal skills resulting in difficulties gaining patients confidence	Demonstrates adequate interpersonal skills but does not gain patients confidence initially	Demonstrates appropriate interpersonal skills gaining patients confidence some of the time	Demonstrates very good interpersonal skills, gaining patients confidence some of the time	Demonstrates highly developed interpersonal skills, gaining patients confidence most of the time	Demonstrates highly developed interpersonal skills, gaining patients confidence consistently
Organisation and Learning Behaviour						
Management of time and workload	Unable to manage time & caseload even with guidance. Not able to prioritise patient treatment needs.	Adequate time and caseload management. Requires support and guidance to prioritise treatment.	Good time and caseload management. Requires support on prioritisation of treatment	Very good time and caseload management. Able to prioritise treatment according to patient need	Manages time and caseload effectively. Excellent skills in prioritising treatment.	Manages time, caseload and prioritisation of treatment consistently and independently.
Self-preparation and approach to ongoing learning	Has a poor approach to learning and needs considerable direction	Has an inconsistent approach to learning and needs direction with ongoing learning	Has a consistent approach to learning	Has a consistent approach to learning and is able to work without direction	Has a positive, self-directed approach to learning and acts consistently without direction	Is proactive in self-directed learning and able to identify learning needs and act accordingly.
Record keeping and documentation	An inadequate ability to record patient notes, poor use of language and have frequent omissions	Demonstrates an adequate ability to record patient notes. Better use of abbreviations needed	Records appropriate patient notes with the use of abbreviations and terminology	Records appropriate patient notes accurately and succinctly	Keeps excellent patients records which are accurate and succinct	Demonstrates outstanding ability to record clear and concise patient notes at all times
Comments:						Communication Grade (%):
Clinical educator name:						Organisation:
Signed and date:						Grade (%):

Assessment & Clinical Reasoning	1-39%	40-49%	50-59%	60-69%	70-79%	80%+
Information Retrieval (subjective questioning, patient notes, referral letters)	Demonstrates an inadequate ability to retrieve information	Needs guidance to retrieve information from all sources	Retrieves appropriate information but is inconsistent in their ability to utilise information	Retrieves information and is able to utilise it to support assessment	Retrieves information and is able to utilise it consistently to support assessment.	Asks insightful questions, retrieves information, and is able to consistency use it to support assessment
Assessment procedures	Demonstrates an inadequate ability in the selection and use of assessment procedures	Demonstrates an adequate and safe ability in carrying out a basic assessment procedures	Demonstrates a good ability in carrying out assessment procedures	Is able to carry out appropriate assessment procedures well and justify choice	Is able to select and carry out advanced assessment procedures and justify choice	Is able to select and carry out advanced assessment and verbalises the rationale confidently
Evaluation, interpretation and synthesis of assessment findings	Is unable to evaluate and interpret basic assessment findings	Has some difficulty in evaluating and interpreting assessment findings	Demonstrates a good ability to evaluate and interpret assessment findings some of the time	Demonstrates very good evaluation and interpretation of assessment findings most of the time	Demonstrates excellent evaluation and interpretation of assessment findings to a high standard	Demonstrates excellent evaluation and interpretation of assessment findings beyond level of study
Clinical reasoning skills	Demonstrates an inadequate level of clinical reasoning skills even with guidance	Demonstrates an adequate level of clinical reasoning skills in straightforward cases	Demonstrates good clinical reasoning skills in all cases	Demonstrates very good clinical reasoning skills in all cases	Demonstrates excellent clinical reasoning skills in all cases	Demonstrates highly developed clinical reasoning skills in complex cases
Application of knowledge and findings to determine treatment aims	Demonstrates an inadequate level of understanding of relevant knowledge and is unable to determine treatment aims	Demonstrates an adequate level of understanding of relevant knowledge and needs support to determine treatment aims	Is able to apply information and determine treatment aims in straightforward cases with guidance	Is able to apply information and determine treatment aims in straightforward cases some of the time	Is able to apply information and determine treatment aims	Is able to apply information and determine treatment aims to a high standard
Comments: Clinical educator name: Signed and date:						Grade (%):

Treatment and Evaluation	1-39%	40-49%	50-59%	60-69%	70-79%	80%+
Selection and implementation of treatments	Demonstrates an inadequate ability in the selection and use of treatments which may compromise patient safety	Demonstrates an adequate and safe ability in selecting and carry out treatments with guidance	Is able to select and carry out appropriate treatments with guidance	Is able to select and carry out appropriate treatments and is usually able to justify choices	Is able to select and carry out treatment and is able to provide a clinical rationale	Is able to select and carry out treatment and justify choices consistently with detailed clinical rationale
Evaluation and analysis of management	Is unable to evaluate and justify treatment used, even with guidance	Has some difficulty in justifying the treatment and needs help to evaluate outcome measures	Demonstrates an ability to justify the treatment some of the time but needs guidance to evaluate outcome measures	Demonstrates an ability to justify the treatment and can evaluate outcome measures	Demonstrates an ability to justify the treatment and can evaluate appropriate outcomes consistently	Demonstrates high quality analysis of treatment and can evaluate appropriate outcome consistently
Modification, progression and patient management	Is unable to reassess patients appropriately and fails to evaluate and modify treatment interventions	Makes a reasonable attempt at ongoing assessment but needs help to evaluate and modify treatment interventions	Is able to evaluate and modify treatment interventions with guidance	Is able to evaluate and modify treatment interventions linking them to assessment outcomes some of the time	Is able to evaluate and modify treatment interventions linking them to assessment outcomes all of the time	Is able to evaluate and modify treatment interventions in accordance with outcomes and progress treatment
Comments:						Grade (%):
Clinical educator name: Signed and date:						
Professional Values (20% weighting)						
Communication and interpersonal skills (20% weighting)						
Organisation and learning behaviour (20% weighting)						
Assessment and clinical reasoning (20% weighting)						
Treatment and evaluation (20% weighting)						
TOTAL PLACEMENT GRADE %						

Appendix N- Placement Assessment- Mapping to HCPC Standards of Proficiency and CSP Physiotherapy Framework

	HCPC (2103) Standards of Proficiency- Physiotherapy	CSP (2011) Physiotherapy Framework Domains
1	Be able to practise safely and effectively within their scope of practice	Physiotherapy values
2	Be able to practise within the legal and ethical boundaries of their profession	Knowledge & understanding of physiotherapy
3	Be able to maintain fitness to practise	Political awareness
4	Be able to practise as an autonomous professional, exercising their own professional judgement	Self-awareness
5	Be aware of the impact of culture, equality, and diversity on practice	Physiotherapy practice skills
6	Be able to practise in a non-discriminatory manner	Communicating
7	Understand the importance of and be able to maintain confidentiality	Helping others learn & develop
8	Be able to communicate effectively	Managing self & others
9	Be able to work appropriately with others	Promoting integration & teamwork
10	Be able to maintain records appropriately	Putting the person at the centre of practice
11	Be able to reflect on and review practice	Respecting & promoting diversity
12	Be able to assure the quality of their practice	Ensuring quality
13	Understand the key concepts of the knowledge base	Improving & developing services
14	Be able to draw on appropriate knowledge and skills to inform practice	Lifelong learning
15	Understand the need to establish and maintain a safe practice environment	Practice decision making
16		Researching & evaluating practice
17		Using evidence to lead practice

University of Gloucestershire Placement Marking Criteria	Mapping to Physiotherapy SOPS	Mapping to Physiotherapy Framework
Professional Values		
Adherence to policies & procedures	1, 2, 3, , 10, 12	2, 3, 8
Aware of the physical, psychological, social and cultural needs of individuals	2, 5, 6, 9	8, 10, 11
Responsibility for self- Maintain standards of personal and professional conduct	1, 2, 3, 4, 6, 7, 9, 10, 13, 15	1, 3, 4, 6, 8, 10, 11
Communication & Interpersonal Skills		
Communication skills	8, 9	6, 9, 11
Interpersonal skills	8, 9	6, 9, 11
Organisation and Learning Behaviour		
Management of time and workload	1, 4	4, 8
Self-preparation and approach to ongoing learning	1, 3, 4, 11, 12, 13, 14, 15	2, 4, , 7, 12, 13, 14, 16
Record keeping and documentation	7, 10	5, 8, 12
Assessment & Clinical Reasoning		
Information Retrieval (subjective questioning, patient notes, referral letters)	1, 4, 8, 12, 14, 15	1, 2, 4, 5, 8, 10, 12, 14, 15
Assessment procedures	1, 4, 14, 15	1, 2, 4, 5, 8, 10, 12, 14, 15
Evaluation, interpretation and synthesis of assessment findings	1, 4, 12, 14, 15	1, 2, 4, 5, 8, 10, 12, 14, 15
Clinical reasoning skills	1, 4, 12, 14, 15	1, 2, 4, 5, 8, 10, 12, 14, 15
Application of knowledge and findings to determine treatment aims	1, 4, 12, 14, 15	1, 2, 4, 5, 8, 10, 12, 14, 15
Treatment and Evaluation		
Selection and implementation of treatments	1, 4, 12, 14, 15	1, 2, 4, 5, 8, 10, 12, 14, 15
Evaluation and analysis of management	1, 4, 12, 14, 15	1, 2, 4, 5, 8, 10, 12, 14, 15, 16, 17
Modification, progression and patient management	1, 4, 12, 14, 15	1, 2, 4, 5, 8, 10, 12, 14, 15, 16, 17

Appendix O- Proposed Semester I and II Teaching and Placement Weeks

N.B. Please note the placement weeks for level 5 and 6 have been modelled to show when they would exist for these cohorts based on the academic year 2019/2020.

	Ind.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	9/9/19	16/9/19	23/9/19	30/9/19	7/10/19	14/10/19	21/10/19	28/10/19	4/11/19	11/11/19	18/11/19	25/11/18	2/12/19	9/12/19	13/1/20
Level 4		University lecture weeks- Semester I											Intro placement	Lecture week	Assess week
Level 5		University lecture weeks							Clinical placement 6 weeks						Assess week
Level 6		Lecture week	Clinical placement 6 weeks						University lecture weeks						Assess week

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16 +	1/6/20-	
	20/1/20	27/1/20	3/2/20	10/2/19	17/2/20	24/2/20	2/3/20	9/3/20	16/3/20	23/3/20	30/3/20	27/4/20	4/5/20	11/5/20	18/5/20	26/5/20- 0- 1/6/20	3/7/20	
Level 4	University lecture weeks														Exam week	Clinical placement 4 weeks		
Level 5	University lecture weeks					Clinical placement 6 weeks						University lecture weeks				Exam week		
Level 6	University lecture weeks											Clinical placement 6 weeks						

