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Physiotherapy

Placement Guide for Clinical Educators

School of Health Sciences

Clinical Education

Clinical Education is the delivery, assessment and evaluation of learning experiences in practice settings and is an integral part of the BSc (Hons) in Physiotherapy course. Placements in the clinical setting provide the opportunity for students to integrate theoretical knowledge, clinical skills and professional development.

Students are placed in a variety of clinical settings in order to gain experiences in a wide range of clinical specialities. In all clinical settings there should be a focus on the development of transferable skills and clinical reasoning that will progress and develop as the student continues through the 2nd year into the final year.

This guide is to assist you in providing clinical education for our Student Physiotherapists on their clinical placements during their 2nd and 3rd years of training.

We would like to take this opportunity to thank you for supporting our students during their clinical education and hope that you may find it a rewarding experience.

The Clinical Education Team

The Clinical Education Team are experienced Physiotherapists working for the Division of Physiotherapy Education. They are responsible for the operational management of the Clinical Education module, including the delivery of Clinical Educator Courses and the organisation and allocation of placements and accommodation.

The Clinical Team support students before, during and after clinical placements, through the delivery of clinical preparation programmes, as visiting tutors during placements and as a mentor/advisor following the placement. The Clinical Team also offer support to all Clinical Educators at any time.

The Clinical Team are the primary contacts for all queries concerning clinical placements.

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Clinical Education Module

All students will complete 8 assessed clinical placements throughout years 2 & 3. All placements need to be passed (40% or above) in order to complete the course and graduate. The marks from these 8 placements contribute to one third (33.3%) of the final degree classification. Students are expected to complete 1000 hours of clinical practice to fulfil CSP requirements.

It is inevitable that each student will encounter a wide range of experiences throughout the course and that no two students will have the same experiences.

Every student will receive annual training in Manual Handling, CPR, Safeguarding and Infection Control prior to ward experiences and clinical placements commencing. All year 2 & 3 students will complete an online assessment in Information Governance before beginning clinical placements.

Year 1

Clinical experience starts in Year 1 of the course. Each student will complete:

- Observation of a Physiotherapist in a clinical setting
  Students will have 2 half day sessions with a Physiotherapist in different clinical settings to observe how the Physiotherapist communicates, assesses and treats patients and how their role fits into the MDT. Students are expected to start to apply their theoretical knowledge to the practice they are observing to help with clinical reasoning

- Within the course they will undertake practical sessions with volunteer actors taking the role of patients, as well as the usual practical sessions and exams with fellow students

Year 2

During Year 2 each student will complete four placements, each of four weeks duration, in the areas of:

- Primary Care
- Secondary Care
- MSK placement
- Specialist placement

Before going out on clinical placement the students will have a 'Clinical Prep' week with the Clinical Team. The aim of this week is to equip the students with the relevant policies and procedures relating to clinical placements, assessment, progression and evaluation.

The clinical education modules during Year 2 have been selected to allow students to develop their clinical skills and apply theoretical knowledge in a broad range of both hospital and non-hospital environments.

Each clinical placement is assessed and progression into the 3rd Year cannot be made until all four 2nd Year placements are successfully completed.

Year 3

During Year 3 each student will also complete four placements, each of four weeks duration, in the following specialities:

- Advanced Outpatients
- Neurorehabilitation
- Cardiorespiratory
- Option choice placement

Students are able to choose a clinical placement from one of the following: Paediatrics, Adult Learning Disabilities, Mental Health, Women's Health, Rheumatology, Hands & Plastics, Palliative Care or Oncology

The experience gained in Year 3 will allow students to develop more sophisticated clinical and managerial skills and to build on the basic skills acquired in Year 2.

Before starting the 3rd year clinical placements the students will have another 'Clinical Prep' week with the Clinical Team. During these sessions students are encouraged to reflect on 2nd year clinical experiences and formulate ideas of how to improve their clinical skills throughout the 3rd year placements. Revision sessions are offered for MSK, neurology and respiratory to give opportunity to practice clinical skills in a non-clinical environment.

In addition to the four assessed placements in Year 3 students will also undertake a three week **elective placement** which is organised by the individual student. This allows students the opportunity to consolidate clinical skills in an area of particular interest, to gain experience in a specialised unit or to practice overseas. The elective placement is marked on a pass/fail basis and is a compulsory element of the Clinical Education module.

Clinical Placement Organisation

The Clinical Team is responsible for sourcing and allocating the assessed placements for each student.

Of the four placements allocated to students each year, students are usually allocated two placements within the Nottingham area, one placement a little further away but to which they would commute daily and one placement where they may need to live out.

Student's personal circumstances are considered by the Clinical Team when allocating placements within the constraints of meeting the course requirements and placement availability.

Absences from Placement

Students are expected to complete a minimum of 36 hours per week on placement but this can be adapted to fit the needs of the clinical placement or working pattern of the Clinical Educator. Students need to attend a minimum of 75% of the placement to be assessed.

The following process is in place for any absence from placement:

- Any **unplanned absence** should be reported to the Clinical Educator or placement provider as agreed during the induction process. Students should also report the period of absence to the University on the day via the absence reporting email address (before 8.30am).
- Any **planned absence** from clinical placement needs to be discussed and agreed with the BSc Course Leader and Clinical Team before approaching the Clinical Educator. If absence is agreed by the University but the Clinical Educator feels it would not be appropriate to miss placement the University will support the Clinical Educator decision
- **Compassionate leave** may be granted for students as a result of bereavement and will be discussed on an individual basis with the student, Clinical Educator and University
- **Medical and dental appointments** should be made outside of clinical placement hours

Any unauthorised absence from placement will be regarded as a serious breach of discipline and students may be subject to disciplinary procedures as a result.

Accumulated absence from clinical placement is monitored to ensure that all students complete the minimum 1000 hours of clinical practice required by the CSP.

For a student to be able to be assessed on placement they will need to complete 75% of that placement.

The Role of the Clinical Educator

The Clinical Educator will play a vital role in the education of our Physiotherapy students and take responsibility for planning the placement, inducting the student(s), facilitating learning and taking the lead in the assessment of the student(s) in consultation with the visiting tutor.

Clinical Educators will usually have attended a Clinical Educators' course organised and run jointly by the University of Nottingham and Sheffield Hallam University. Clinical Educators are encouraged to attend a Clinical Educator Update session every 3 years to reflect on their educator experience and be updated on changes within the University and curriculum.

The Clinical Educator will:

- Provide the student with a **minimum of 36 hours per week** of clinical experience for four weeks. This can include non-contact time when students would be encouraged to do background reading, reflection or preparation for a clinical presentation
- Provide a comprehensive induction to the placement area covering all relevant policies and procedures
- Enable the student to take advantage of the potential learning experiences of the placement
- Support the student in setting relevant and achievable objectives for the duration of the placement
- Provide advisory support to the student as necessary
- Provide timely and on-going feedback to the student on their progress through the placement with reference to the clinical assessment criteria
- Liaise with the Visiting Tutor on placement progression and management
- Communicate effectively and adopt a common approach to clinical education when sharing a student with one or more colleagues

Students have the potential to learn from all staff grades as well as other professionals, and this is positively encouraged by the University to open up students to a wider range of clinical experiences. Inter-professional learning (IPL) is an integral part of the course and students can use these experiences in the portfolio they will produce at the end of year 3 *(see section on IPL)*.

The University will ensure that placement providers are issued with the following information:

- Relevant course information
- Placement learning outcomes
- Assessment criteria
- Clinical Team contact details
- Role of Visiting Tutors
- Name(s) of student(s)

All clinical educators will have access to relevant clinical placement information on the Division of Physiotherapy Education website:

http://www.nottingham.ac.uk/healthsciences/practice/physiotherapy/index.aspx

Pre-Placement Preparation

Before the placement commences the following information should be made available to the student:

- Placement contact number
- Reporting time and place on day 1
- Hours of work
- Uniform requirements
- Placement reading
- Learning opportunities
- Unit specialities
- Maps, car parking arrangements, local information

This information is supplied to the University by the placement providers *(see template)* and updated as necessary by clinical educators and returned to the Clinical Team. All placement information templates are made available to students on the University e-learning site, Moodle.

Students are expected to make contact with the clinical educator **at least two weeks prior** to placement to confirm placement details. This is an opportunity to determine if the student has any specific learning needs that may need to be taken into consideration when planning the placement. Students have a pre placement information form to complete which they will share with their clinical educator.(*see template 2*)

When planning the clinical placement the clinical educator should undertake the following:

- Review the learning outcomes of the placement
- Plan the student and educator caseload, taking into account the level of the student, learning opportunities and any specific learning needs
- Plan the induction period for the student
- Identify and contact any other team members who may be involved in the learning experience

Day 1

On arrival to the placement the student should be inducted to the placement area and all relevant department policies. The induction period is an important process of the placement to ensure the student is aware of expectations during the placement.

Information that should be given to the students during the induction process should include the following:

- Learning opportunities on the placement
- Name of person to contact in event of difficulties
- Information about the bleep system, relevant telephone numbers and any other communication systems
- Documentation requirements
- Introduction to relevant staff members
- Department information
    - changing facilities, staff room, working hours, lunch hour
- Relevant departmental policies and procedures
    - Health & Safety, Moving & Handling, Infection Control, Information Governance, reporting accidents or near-misses
- General information about the department or hospital site
    - shops, banks, canteen
- Departmental profile and philosophy, if appropriate

The induction period is an appropriate time to discuss learning needs with the student. This may already have been discussed during the telephone call or email prior to the placement or this may be the first opportunity to ask the student.

All students are encouraged to disclose learning needs but this remains the decision of the student if they choose to or not. If the student does disclose learning needs it may then be necessary to make reasonable adjustments to the proposed placement plan.

Week 1

Within the first week of the placement the Clinical Educator and student should set learning objectives for the placement. These may be a combination of placement objectives and individual student objectives based on their level of learning and experience to date. The Clinical Educator is expected to advise the student on achievable and realistic goals that can be met in the 4 week placement. The objectives should be reviewed and revised, if necessary, at regular intervals throughout the placement.

The student's development through the first week of the placement should be continually monitored by the Clinical Educator and other team members and progressed as appropriate for the level of the student.

It may be appropriate to set time in the diary each day or at the end of the week to formally review the student's progress, highlighting strengths in clinical skills and areas that still need to be improved. The Clinical Team would recommend that formal feedback is documented in an appropriate format for the placement area to ensure all parties are clear on what has been discussed and agreed.

Week 2

The second week of the placement should progress steadily with the student gaining more

confidence and competence in the clinical setting. Feedback should continue on a regular basis with the student and this is formalised, usually at the end of week 2, with the Intermediate Assessment form being completed.

A member of the Clinical Team (Visiting Tutor) will set up a meeting with the Clinical Educator and student to review progress at the halfway stage. The purpose of this meeting is to:

- Moderate the assessment process of clinical placements
- Promote good relationships between University and placement providers
- Facilitate the development of the student in a clinical setting
- Communicate with the Clinical Educator with regard to the student's progress and quality of the placement experience
- Communicate with the student with regard to their progress and expectations of the clinical placement
- Mediate between the Clinical Educator and student whilst feedback is given and received
- Provide support for the student
- Provide support for the Clinical Educator

Intermediate Assessment

The Assessment form will be brought to placement by the student or can be found on the clinical education website for electronic completion. The Clinical Team would recommend the form is completed by the Clinical Educator before the Visiting Tutor arrives but is not discussed with the student ahead of the visit. As feedback will have been given throughout the placement to date there should be no surprises to the student when they read the comments and recommendations.

The form should be completed to give an overview of the student's performance to date based on what has been observed and discussed by all involved members of staff. It is recommended that the Clinical Educator highlights the statements that reflect the students' performance to date and a halfway mark given. Comments should be appropriate to the student and should guide the student to how these areas could be improved in the mid-placement action plan.

The Visiting Tutor will usually meet with the Clinical Educator first to discuss all areas of the placement and student's progress as indicated on the Intermediate Assessment form. The Visiting Tutor may ask for examples to back up the written evidence and will discuss the plan for the following 2 weeks.

The Visiting Tutor will meet with the student individually to gain an insight into the student's perspective of how the placement is progressing and what they feel they need to improve in the next 2 weeks of placement

The Clinical Educator, student and Visiting Tutor will all meet together to give the student opportunity to read through the Intermediate Assessment form. The student will be encouraged to clarify any

points they may be unsure of on the form in order for them to gain a full understanding of their current level on the placement. The Visiting Tutor will ensure that all parties are clear of the plan for the final 2 weeks.

At this point in the placement if there are any indications that the student is not progressing at a rate that is expected or if there are areas of concern relating to clinical practice the Visiting Tutor will discuss this in depth with the Clinical Educator. The Visiting Tutor can arrange to visit more frequently to monitor the student's progress but it may be appropriate for a 'Danger of Failure' notification to be issued at this point *(see section on 'Managing the Struggling Student')*.

It is good practice to ask the student to have self-evaluated their performance prior to the discussions.

Week 3

Following the halfway feedback the student should have clear goals to achieve and progress steadily through week 3. The Clinical Educator should still monitor the progress carefully and be ready to adjust the pace or increase responsibilities as appropriate. Students should be encouraged to take advantage of all learning opportunities that may be available to them whilst on placement.

As in week 1 it would be useful for the student to receive formal feedback at the end of the week to review progress to allow the student to plan for the final week and address the areas that still need to improve. Some students may find it helpful to review the Intermediate Assessment form and for the Clinical Educator to indicate which tick boxes may have moved up and which can still be improved.

Week 4

The student should have developed in all areas of clinical practice over the course of the placement and be willing to take on more responsibility in this final week, asking relevant questions and seeking to increase their knowledge and skills.

Final Assessment

The Final Assessment form will be brought to placement by the student or found electronically on the clinical education webpage. If completed electronically it will need to be printed out before signing. The Clinical Team would recommend the form is completed, in relation to the clinical marking criteria appropriate for the level of the student, by the Clinical Educator before the Visiting Tutor arrives but is not discussed with the student ahead of the visit. The main purpose of this visit is to moderate the assessment process of clinical placements so a discussion about the marks awarded should be had between the Clinical Educator and the Visiting Tutor before the student sees the form.

Each of the 4 categories need to have a mark of 40% or above for the placement to be passed. A mark of <40% in any of the 4 categories will result in the student failing the placement *(see section on 'Managing the Struggling Student')*.

It is recommended that the Clinical Educator highlights the statements that reflect the students'

performance at the end of placement, to guide them to a mark for each of the four sections.

The Clinical Educator will complete the end of placement feedback section highlighting good performance and progress and also those areas where improvement needs to be made.

The meeting will follow the same procedure as for the Intermediate Assessment with discussions taking place between individuals before all coming together for the student to read the Final Assessment form. The student will be given the opportunity to have points explained more thoroughly and clarified if necessary. Following this discussion the form is signed by all parties.

Any absence or lateness during the course of the placement is noted in the table at the top of the assessment form.

Evaluation of Placement

After the final assessment the Visiting Tutor will encourage both student and educator to evaluate the placement.

To moderate the quality of clinical placements students are required to complete an evaluation at the end of each clinical placement for the University. This is undertaken electronically by the student once they have completed the placement.

Evaluation forms are reviewed twice each academic year and any issues raised will be addressed by the Clinical Team. A summary report of the evaluations is produced and returned to placement providers with the opportunity for feedback and comment to be returned to the University.

Interprofessional Learning On Placement (IPL)

Many placements have opportunities for the student to participate in inter-professional approaches to health and social care and to improve students understanding of the scope of practice of these professions. Although students are encouraged to seek out these opportunities for themselves they may need some assistance and guidance at times.
The aims for IPL on placement are to:

- Understand the legal responsibilities and ethical considerations of professional practice
- Acknowledge the boundaries of professional competence in a changing healthcare environment
- Improve understanding of the roles of other health and social care professions
- Recognise the significance of clinical effectiveness in the delivery of health care
- 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
- Improve communication with and between other health and social care professionals, service users and carers

The Clinical Educator may wish to consider how to facilitate the student to work towards these aims within the placement area. It can be a very worthwhile learning opportunity for two students of different professions to undertake a patient centered task together and then spend some time to share that experience and reflect on practice together.

Students have paperwork to record their experiences. This allows them to consider what they have learnt from the IPL experience and how they will use the knowledge gained in future practice *(see IPL form)*.

Managing the Struggling Student on Placement

Students will progress at different rates throughout the clinical placements and occasionally may have a placement that becomes challenging in many ways.

The Clinical Educator is responsible for monitoring the progress of students and should notify the Clinical Team at the University at the earliest possible time to highlight any areas of concern. The Clinical Team would strongly recommend that other members of the team are utilised at times like this to support the Clinical Educator and to gain further objective evidence to highlight the areas of concern.

The marking criteria must be used in situations where students are failing to progress or underperforming and it is strongly recommended that examples are documented to give evidence to the Visiting Tutor and student about the areas of concern.

Feedback is essential with students who are struggling on placement to ensure they have the maximum amount of time to improve their clinical skills. It is important to remember to highlight strengths at this time, as too much emphasis on areas to improve can become negative and detrimental to the student's progression.

When there are areas of concern relating to a student's performance on clinical placement the following may be implemented:

- Regular contact via telephone between Clinical Educator and Visiting Tutor to offer support and advice. Student may then progress at an acceptable rate and pass the placement
- Extra visit(s) arranged by Visiting Tutor to discuss issues in more depth with Clinical Educator and student. Student may then improve and progress as expected or areas of concern may continue
- Danger of Failure notification is issued to the student to highlight the areas of concern

Danger of Failure Notification (DoF)

The DoF is a specific document that can be issued to a student at any stage of the clinical placement **in the presence of the Visiting Tutor**. The aim of the notification is to raise awareness that there are areas of concern related to clinical practice. Issuing a DoF is not an indication that the student will go on to fail the placement. It identifies to the student, in a clear and direct way, what they need to do in order to pass the placement to a satisfactory level.

Issuing a Danger of Failure notification **must** follow this process:

- Concerns raised by Clinical Educator to the Visiting Tutor
- Meeting arranged to take place with Clinical Educator, student and Visiting Tutor
    - Visiting Tutor will have individual discussions with Clinical Educator and student
    - All parties come together to discuss areas of concern
- Specific objectives are set to enable the student every opportunity to improve their performance and pass the placement to a satisfactory level
- Visit arranged to review set objectives
- If objectives not met or areas of concern are still present a second DoF will be issued and further review meetings set
- If objectives are met then the DoF is withdrawn and the student continues to progress through the placement

Failing the Placement

If the student has failed to meet the objectives set within the Danger of Failure notification then they will go on to fail the placement. The marking criteria must be used to ensure the student is awarded the appropriate mark for their level.

Each of the four sections on the assessment sheet must be marked. The overall mark for the placement may be 40% or higher but a mark below 40% in any one of the sections constitutes a fail.

Failing a placement is rare but can be extremely upsetting for the student and sometimes the Clinical Educator too. The Visiting Tutor will be available to offer support and advice to the student and Clinical Educator if needed.

The student will re-sit the placement later in the academic year but this will not be with the same placement provider.

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Level 2 Criteria - Professional Ability

	100 – 85%	84 – 70%	69 – 60%	59 – 50%	49 - 40%	39 – 0%
Adherence to placement provider policies & procedures	Demonstrates an understanding of the necessity for policies and procedures and consistently works well within them	Demonstrates an understanding and follows all policies and procedures	Demonstrates an understanding and follows basic policies and procedures	Demonstrates an awareness and follows basic policies and procedures	Demonstrates an awareness and follows basic policies and procedures with guidance	Demonstrates an inadequate awareness of policies and procedures
Attitude and behaviour	Is always punctual, smart, well-mannered and cooperative, adapting approach when needed	Is always punctual, smart, well-mannered and cooperative, identifying the need to modify their approach	Is always punctual, smart, well-mannered and cooperative	Is punctual, smart, well-mannered and cooperative	Is usually punctual, smart, well-mannered and cooperative	Is often late without reason, poorly presented and can be uncooperative
Responsibility, initiative and recognition of personal limitations	Seeks out opportunities to take on responsibility. Demonstrates significant initiative and always recognises personal limitations	Accepts responsibility and appears to thrive on it. Demonstrates initiative and recognises personal limitations	Accepts responsibility and copes well with it. Demonstrates some initiative but occasionally needs reminding of personal limitations	Takes responsibility with encouragement. Demonstrates some initiative but occasionally needs reminding of personal limitations	Reluctant to take responsibility without encouragement. Demonstrates inconsistent initiative and needs reminding of personal limitations	Reluctant to take responsibility despite encouragement. Does not take initiative or recognise personal limitations
Self-preparation and approach to ongoing learning	Is proactive in self-directed learning	Has a positive, self-directed approach to learning	Has a consistent approach to learning but occasionally needs direction with ongoing learning	Has a consistent approach to learning but needs direction with ongoing learning	Has an inconsistent approach to learning and needs direction with ongoing learning	Has a poor approach to learning and needs considerable direction with ongoing learning
Management of time and workload	Manages time and caseload effectively	Manages time and caseload effectively in most situations	Manages time and caseload with facilitation	Manages time and caseload with guidance	Frequently needs guidance with time and caseload management	Unable to manage time & caseload even with guidance

Level 2 Criteria - Communication

	100 – 85%	84 – 70%	69 – 60%	59 – 50%	49 - 40%	39 – 0%
Interpersonal communication skills	Demonstrates highly developed interpersonal communication skills, gaining patients confidence consistently well	Demonstrates highly developed interpersonal communication skills, gaining patients confidence most of the time	Demonstrates well developed interpersonal communication skills, gaining patients confidence some of the time	Demonstrates appropriate interpersonal communication skills gaining patients confidence some of the time	Demonstrates appropriate interpersonal communication skills but does not gain patients confidence initially	Demonstrates inadequate interpersonal communication skills resulting in difficulties gaining patients confidence
Recognition of psychosocial factors	Is able to identify and understand the psychosocial and individual needs of patients/carers consistently well	Is able to identify and understand the psychosocial and individual needs of patients/carers most of the time	Is able to identify and understand the psychosocial and individual needs of patients/carers some of the time	Needs prompts to identify and understand the psychosocial and individual needs of patients/carers some of the time	Needs guidance to identify and understand the psychosocial and individual needs of patients/carers	Is unable to identify and understand the psychosocial and individual needs of patients/carers
Insight into individual patient needs	Understands patient needs and demonstrates insight to patient problems consistently well	Understands patient needs and demonstrates insight to patient problems most of the time	Aware of patient needs and demonstrates insight to patient problems some of the time	Aware of patient needs but has difficulty in gaining insight into their problems	Aware of patient needs but often lacks insight into their problems	Frequently lacks insight into patients problems and requires guidance and instruction
Communication skills (verbal & non-verbal)	Demonstrates highly developed verbal and non-verbal communication with patients, carers and colleagues consistently well	Demonstrates highly developed verbal and non-verbal communication with patients, carers and colleagues most of the time	Demonstrates well developed verbal and non-verbal communication with patients, carers and colleagues with occasional prompting	Demonstrates good verbal and non-verbal communication with patients, carers and colleagues with prompting	Demonstrates adequate verbal and non-verbal communication with patients, carers and colleagues	Demonstrates inadequate verbal and non-verbal communication with patients, carers and colleagues leading to inadequate patient care
Documentation	Demonstrates an ability to record clear and concise patient notes	Records appropriate patient notes but occasionally needs to be more succinct	Records appropriate patient notes but needs to be more succinct with the use of abbreviations and terminology	Records appropriate patient notes but lacks conciseness and makes occasional omissions	Demonstrates an adequate ability to record patient notes which may lack conciseness and have frequent omissions	An inadequate ability to record patient notes which lack conciseness, have poor use of language and have frequent omissions

Level 2 Criteria - Examination & Assessment

	100 – 85%	84 – 70%	69 – 60%	59 – 50%	49 - 40%	39 – 0%
Utilisation of all relevant sources	Retrieves information from all sources and is able to utilise it consistently well	Retrieves information from all sources and is able to utilise it most of the time	Retrieves information from all sources and is able to utilise it some of the time	Can identify sources of information but is inconsistent in their ability to utilise	Can identify sources of information but needs help to utilise	Demonstrates an inadequate ability to retrieve information from all sources
Selection and implementation of appropriate assessment procedures	Is able to select and carry out appropriate assessment procedures all of the time and consistently justifies 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 carry out appropriate assessment procedures some of the time and is usually able to justify procedures used	Is able to carry out appropriate assessment procedures with guidance	Demonstrates an adequate and safe ability in carrying out assessment procedures	Demonstrates an inadequate ability in the selection and use of assessment procedures which may compromise patient safety
Evaluation, interpretation and synthesis of assessment findings	Demonstrates an ability to evaluate and interpret findings all of the time and can identify appropriate outcome measures	Demonstrates an ability to evaluate and interpret findings consistently well and can identify appropriate outcome measures some of the time	Demonstrates an ability to evaluate and interpret findings most of the time but sometimes needs guidance to identify appropriate outcome measures	Demonstrates an ability to evaluate and interpret findings some of the time but needs guidance to identify appropriate outcome measures	Has some difficulty in evaluating and interpreting findings, demonstrating an awareness of outcome measures	Is unable to evaluate and interpret findings and is unable to identify appropriate outcome measures
Clinical reasoning skills	Demonstrates highly developed clinical reasoning skills consistently well in straightforward cases	Demonstrates well developed clinical reasoning skills in straightforward cases	Demonstrates well developed clinical reasoning skills most of the time in straightforward cases	Demonstrates well developed clinical reasoning skills in straightforward cases with guidance	Demonstrates an adequate level of clinical reasoning skills in straightforward cases only with guidance	Demonstrates an inadequate level of clinical reasoning skills even with guidance
Application of knowledge and findings to determine treatment aims	Is able to apply information and determine treatment aims consistently well	Is able to apply information and determine treatment aims most of the time	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 in straightforward cases with guidance	Demonstrates an adequate level of understanding of relevant knowledge and needs advice to determine treatment aims with straightforward problems	Demonstrates an inadequate level of understanding of relevant knowledge and is unable to determine treatment aims even with straightforward problems

Safety	Pass	Fail

Level 2 Criteria - Treatment & Evaluation

	100 – 85%	84 – 70%	69 – 60%	59 – 50%	49 - 40%	39 – 0%
Preparation for intervention	Is always prepared and demonstrates evidence of planning consistently well	Is always prepared and demonstrates evidence of planning most of the time	Is usually prepared and demonstrates evidence of planning some of the time	Is usually prepared and demonstrates evidence of planning with guidance	Adequately prepared and shows some evidence of planning	Inadequately prepared and shows no evidence of planning for treatment
Selection and implementation of appropriate interventions	Is able to select and carry out appropriate interventions all of the time and consistently justifies choices	Is able to select and carry out appropriate interventions most of the time and is able to justify choices	Is able to select and carry out appropriate interventions some of the time and is usually able to justify choices	Is able to select and carry out appropriate interventions with guidance	Demonstrates an adequate and safe ability in selecting and carry out interventions	Demonstrates an inadequate ability in the selection and use of interventions which may compromise patient safety
Evaluation and analysis of management interventions	Demonstrates an ability to justify the intervention and can evaluate outcome measures most of the time	Demonstrates an ability to justify the intervention and can evaluate outcome measures some of the time	Demonstrates an ability to justify the intervention but sometimes needs guidance to evaluate outcome measures	Demonstrates an ability to justify the intervention some of the time but needs guidance to evaluate outcome measures	Has some difficulty in justifying the intervention and needs help to evaluate outcome measures	Is unable to evaluate and justify interventions used, even with guidance
Modifications and progressions to treatment and management of clients	Is able to evaluate and modify treatment interventions consistently linking them to assessment outcomes	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 linking them to assessment outcomes, some of the time	Is able to evaluate and modify treatment interventions usually linking them to assessment outcomes, with guidance	Makes a reasonable attempt at ongoing assessment but needs help to evaluate and modify treatment interventions - linking to assessment outcomes	Is unable to reassess patients appropriately and fails to evaluate and modify treatment interventions
Holistic patient management	Adopts a patient centred approach most of the time	Adopts a patient centred approach some of the time	Adopts a patient centred approach with straightforward problems	Adopts a patient centred approach, with guidance	Identifies the need to have a patient centred approach, with guidance	Not identifying the need to have a patient centred approach.

Safety	Pass	Fail

Level 3 criteria –Professional Ability

	100 – 85%	84 – 70%	69 – 60%	59 – 50%	49 - 40%	39 – 0%
Adherence to placement provider policies & procedures	Demonstrates an understanding of the necessity for policies and procedures and consistently applies them in a variety of setting	Demonstrates an understanding of the necessity for policies and procedures and consistently works well within them	Demonstrates an understanding and follows all policies and procedures	Demonstrates an understanding and follows basic policies and procedures	Demonstrates an awareness and follows basic policies and procedures with guidance	Demonstrates a poor understanding of the necessity for discipline and adherence to policies and finds it hard to work within them
Attitude and behaviour	Is always punctual, smart, well-mannered and cooperative, adapting their approach in a variety of settings	Is always punctual, smart, well-mannered and cooperative, adapting approach when needed	Is always punctual, smart, well-mannered and cooperative, identifying the need to modify their approach	Is always punctual, smart, well-mannered and cooperative	Is punctual, smart, well-mannered and cooperative	Is often late without reason and can be uncooperative
Responsibility, initiative and recognition of personal limitations	Demonstrates outstanding initiative and thrives on responsibility	Seeks out opportunities to take on responsibility. Demonstrates significant initiative and always recognises personal limitations	Accepts responsibility and appears to thrive on it. Demonstrates initiative and recognises personal limitations	Accepts responsibility and copes well with it. Demonstrates some initiative but occasionally needs reminding of personal limitations	Takes responsibility with encouragement. Demonstrates some initiative but occasionally needs reminding of personal limitations	Does not take initiative and is reluctant to take responsibility without encouragement
Self-preparation and approach to ongoing learning	Is proactive in self-directed learning, constantly seeking to increase and share knowledge	Is proactive in self-directed learning	Has a positive, self-directed approach to learning	Has a consistent approach to learning but occasionally needs direction with ongoing learning	Has a consistent approach to learning but needs direction with ongoing learning	Has a poor approach to learning and needs considerable direction with ongoing learning
Management of time and workload	Manages time and caseload effectively and independently, demonstrating ability to prioritise and delegate in a variety of situations	Manages time and caseload effectively	Manages time and caseload effectively in most situations	Manages time and caseload with facilitation	Manages time and caseload with guidance	Unable to manage time & caseload even with guidance

Level 3 Criteria -Communication

	100 – 85%	84 – 70%	69 – 60%	59 – 50%	49 - 40%	39 – 0%
Interpersonal communication skills	Demonstrates very highly developed interpersonal communication skills, gaining and inspiring confidence from all	Demonstrates highly developed interpersonal communication skills, gaining patients confidence consistently well	Demonstrates highly developed interpersonal communication skills, gaining patients confidence most of the time	Demonstrates well developed interpersonal communication skills, gaining patients confidence some of the time	Demonstrates appropriate interpersonal communication skills gaining patients confidence some of the time	Demonstrates inadequate interpersonal communication skills resulting in difficulties gaining patients confidence
Recognition of psychosocial factors	Identifies and understands the psychosocial and individual needs of patients/carers consistently well and adapts approach readily	Is able to identify and understand the psychosocial and individual needs of patients/carers consistently well	Is able to identify and understand the psychosocial and individual needs of patients/carers most of the time	Is able to identify and understand the psychosocial and individual needs of patients/carers some of the time	Needs prompts to identify and understand the psychosocial and individual needs of patients/carers some of the time	Is unable to identify and understand the psychosocial and individual needs of patients/carers
Insight into individual patient needs	Demonstrates insight to patient needs and is sensitive to patient problems	Understands patient needs and demonstrates insight to patient problems consistently well	Understands patient needs and demonstrates insight to patient problems most of the time	Aware of patient needs and demonstrates insight to patient problems some of the time	Aware of patient needs but has difficulty in gaining insight into their problems	Frequently lacks insight into patients problems and requires guidance and instruction
Communication skills (verbal & non-verbal)	Demonstrates highly developed verbal and non-verbal communication with patients, carers and colleagues, modifying approach as necessary	Demonstrates highly developed verbal and non-verbal communication with patients, carers and colleagues consistently well	Demonstrates highly developed verbal and non-verbal communication with patients, carers and colleagues most of the time	Demonstrates well developed verbal and non-verbal communication with patients, carers and colleagues with occasional prompting	Demonstrates good verbal and non-verbal communication with patients, carers and colleagues with prompting	Demonstrates inadequate verbal and non-verbal communication with patients, carers and colleagues leading to inadequate patient care
Documentation	Demonstrates an ability to record clear and concise patient notes consistently well	Demonstrates an ability to record clear and concise patient notes	Records appropriate patient notes but occasionally needs to be more succinct	Records appropriate patient notes but needs to be more succinct with the use of abbreviations and terminology	Records appropriate patient notes but lacks conciseness and makes occasional omissions	An inadequate ability to record patient notes which lack conciseness, have poor use of language and have frequent omissions

Level 3 Criteria – Examination & Assessment

	100 – 85%	84 – 70%	69 – 60%	59 – 50%	49 - 40%	39 – 0%
Utilisation of all relevant sources	Demonstrates an ability to retrieve information from all sources and effectively apply it to decision making	Retrieves information from all sources and is able to utilise it consistently well	Retrieves information from all sources and is able to utilise it most of the time	Retrieves information from all sources and is able to utilise it some of the time	Can identify sources of information but is inconsistent in their ability to utilise	Demonstrates a poor ability to retrieve information from all sources, needing advice and prompts
Selection and implementation of appropriate assessment procedures	Demonstrates a high level of selectivity and justification of assessment procedures and carries out assessment consistently well	Is able to select and carry out appropriate assessment procedures all of the time and consistently justifies 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 carry out appropriate assessment procedures some of the time and is usually able to justify procedures used	Is able to carry out appropriate assessment procedures with guidance	Demonstrates an inadequate ability in the selection and use of assessment procedures which may compromise patient safety
Evaluation, interpretation and synthesis of assessment findings	Demonstrates an ability to evaluate and interpret findings all of the time and is proactive on the use of appropriate outcome measures	Demonstrates an ability to evaluate and interpret findings all of the time and can identify appropriate outcome measures	Demonstrates an ability to evaluate and interpret findings consistently well and can identify appropriate outcome measures some of the time	Demonstrates an ability to evaluate and interpret findings most of the time but sometimes needs guidance to identify appropriate outcome measures	Demonstrates an ability to evaluate and interpret findings some of the time but needs guidance to identify appropriate outcome measures	Frequently has difficulty evaluating and interpreting findings and is unable to identify appropriate outcome measures
Clinical reasoning skills	Demonstrates highly developed clinical reasoning skills consistently well	Demonstrates highly developed clinical reasoning skills most of the time	Demonstrates well developed clinical reasoning skills, most of the time	Demonstrates well developed clinical reasoning, some of the time	Demonstrates well developed clinical reasoning skills, in straightforward cases	Demonstrates an inadequate level of clinical reasoning skills
Application of knowledge and findings to determine treatment aims	Is able to synthesise all relevant information and determine treatment aims consistently well	Is able to apply information and determine treatment aims consistently well	Is able to apply information and determine treatment aims most of the time	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 in straightforward cases with guidance	Demonstrates an inadequate level of understanding of relevant knowledge and needs advice to determine treatment aims even with straightforward problems

Level 3 criteria – Treatment & Evaluation

	100 – 85%	84 – 70%	69 – 60%	59 – 50%	49 - 40%	39 – 0%
Preparation for intervention	Is always fully prepared, organising treatment to a high standard with maximum effect	Is always prepared and demonstrates evidence of planning consistently well	Is always prepared and demonstrates evidence of planning most of the time	Is usually prepared and demonstrates evidence of planning some of the time	Is usually prepared and demonstrates evidence of planning with guidance	Inadequately prepared and shows no evidence of planning for treatment
Selection and implementation of appropriate interventions	Demonstrates a high level of selectivity and justification of interventions and carries them out consistently well	Is able to select and carry out appropriate interventions all of the time and consistently justifies choices	Is able to select and carry out appropriate interventions most of the time and is able to justify choices	Is able to select and carry out appropriate interventions some of the time and is usually able to justify choices	Is able to select and carry out appropriate interventions with guidance	Demonstrates an inadequate ability in the selection and use of treatment techniques which may compromise patient safety
Evaluation and analysis of management interventions	Demonstrates an ability to evaluate and justify interventions all of the time and can evaluate and modify outcome measures as required	Demonstrates an ability to justify the intervention and can evaluate outcome measures most of the time	Demonstrates an ability to justify the intervention and can evaluate outcome measures some of the time	Demonstrates an ability to justify the intervention but sometimes needs guidance to evaluate outcome measures	Demonstrates an ability to justify the intervention some of the time but needs guidance to evaluate outcome measures	Is unable to evaluate and justify interventions used without considerable help
Modifications and progressions to treatment and management of clients	Is able to evaluate and modify a wide range of treatment interventions consistently linking them to assessment outcomes	Is able to evaluate and modify treatment interventions consistently linking them to assessment outcomes	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 linking them to assessment outcomes, some of the time	Is able to evaluate and modify treatment interventions usually linking them to assessment outcomes, with guidance	Often fails to reassess patients appropriately and needs help in evaluating and modifying treatments in light of assessment outcomes
Holistic patient management	Able to consistently adopt a patient centred approach	Adopts a patient centred approach most of the time	Adopts a patient centred approach some of the time	Adopts a patient centred approach with straightforward problems	Adopts a patient centred approach, with guidance	Unable to adopt a patient centred approach

Safety:	Pass		Fail	

Division of Physiotherapy Education, University of Nottingham - BSc (Hons) in Physiotherapy

CLINICAL EDUCATION MODULE - ASSESSMENT FORM

MODULE TITLE: **STUDENT:**
HOSPITAL/UNIT: **CLINICAL EDUCATOR:**
BLOCK NUMBER: **ACADEMIC TUTOR:**

RECORD OF ABSENCE:

Key: S= Sickness, P = Planned Leave (visiting tutor to be aware why), M= Made up absent hours

Week	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
1							
2							
3							
4							

PROFESSIONAL ABILITY	**Midway mark**	**Final mark**

COMMUNICATION	**Midway mark**	**Final mark**

EXAMINATION & ASSESSMENT	**Midway mark**	**Final mark**

TREATMENT & EVALUATION	**Midway mark**	**Final mark**

SAFETY	Pass	Fail

PLACEMENT MARK	**Midway**	**Final**

To be signed following feedback for final assessment
Student:

Practice Educator:

Academic Tutor: **Date:**

Mid-placement action plan

Student: **Clinical Educator:**

Date:

End of placement feedback

Student **Clinical Educator**

PLACEMENT INFORMATION FORM

Student Name
Email:
Mobile
Student Smart Card Yes/No
Smart Card Number

Placement

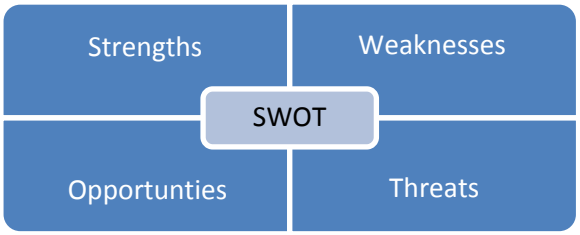
Clinical Educator/s
Email
Telephone

Visiting Tutor
Email
Telephone

Travel Arrangements/Accommodation

Previous experience(s) Past placement, work experience, transferable skills

SWOT Analysis :(based on previous placement, related to assessment criteria and completed prior to placement)



Specific Learning or Health Needs: (Optional but recommended, either here or in discussion)

Strategies agreed

Danger of Failure Notification

MODULE: **CLINICAL EDUCATOR:**

STUDENT: **ACADEMIC TUTOR:**

HOSPITAL/UNIT: **DATE:**

COMMENTS:

1. **Areas of concern:**

2. **Specific recommendations:**

3. **Objectives to be met:**

1. **Review date:**

SIGNATURES: **STUDENT:**

CLINICAL EDUCATOR:

VISITING TUTOR:

Evidence of Interprofessional Collaboration

Date	Name:	Name:
	Professional group:	Professional group:

Case study:	Consent:
Management plan:	
Profession specific differences discussed/ highlighted	
What did you learn from the other professional?	
How will this change your clinical reasoning?	

Copy of management plan in portfolio? Yes No	Signature: Yours	Signature: Theirs

Placement Information Template

NAME/TITLE OF PLACEMENT Trust/PCT	
Placement Area	**Speciality – year of student**
Contact Number	
Day 1	Where to report to, who to ask for, what to bring etc
About the unit/department	Information about what the unit/department does, types of patients, how many staff etc
Physiotherapy Staff	
Conditions likely to see	
Learning Opportunities	
General Information	Working hours, uniform, lunch arrangements, facilities/shops available, lockers, books to read for revision etc