

Occupational Therapy Practice Education Handbook Professional Development Modules

BSc (Hons) Occupational Therapy
MSc (pre-registration) Occupational Therapy
Modules:
U42509 (PD1), U42529 (PD2) and U42571 (PD3)

Name.....

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QUICK GUIDE FOR PRACTICE EDUCATORS OXFORD BROOKES PRACTICE EDUCATION – STRUCTURE AND ASSESSMENT

You will need to locate the following sections:

Section 1 and 2 Basic Information
Section 3 Marking Criteria (Purple Pages)

PLUS

One of the following sets of Practice Assessment Documents (PAD)
depending on the level of the student

Section 4 Professional Development 1 – Yellow section

Section 5 Professional Development 2 – Blue section

Section 6 Professional Development 3 – Green section



- **Read** relevant sections as above. Consider how the 7 competency areas relate to your practice context. Ask student for copies of all paperwork – or locate on line (see Page 3 for Document Store access)
- **Plan an induction** - include questions about support required and preferred ways of learning.
- **Identify formal supervision time** - 'ring-fence' one hour per week (or pro rata)
Prior to supervision sessions, complete the Supervision Preparation Form
Set weekly SMART objectives with the student or this can be ongoing.
Student and PE agree how these will be achieved
Encourage verbal reflection. Student submits written reflections.
Ask to see the student's resource file or electronic portfolio – should be compiled during practice.
Provide honest feedback!
- **Formative assessments** – complete form approximately 3 weekly. Consider all competency areas. Use the marking criteria. Be willing to use all the grades as appropriate. Use this form flexibly – its purpose is to give useful feedback to the student and to identify further learning needs.
- **Informal supervision** – identify times when you are able to answer queries, provide feedback etc. especially if you are busy
- **Discuss written work required**
Set dates for final submission and for comments on a draft(s) if appropriate, allowing enough time for revisions. (See Written Work for Practice Education)
Set a date for verbal presentation of written work. Clarify details such as audience, venue etc.
Mark work and provide concise written feedback before the presentation.
- **Summative assessment** can be provided early in final week. This allows time for student to write in own comments prior to the end of the module.
- **Sign hours sheet**
- **Student to provide copies** of completed forms and written work, including all assessment paperwork (see individual practice education module for itemised list). Retain all paperwork for your records.
- **Complete Practice Educator Placement Evaluation Form.** This is sent to you by email on the final day of the practice module or may be completed manually and posted if preferred.

Written Work for Practice Education

Learning tasks associated with practice education are required by the University to enable the student to demonstrate the integration of theory and practice. These assignments can provide evidence for the achievement of competencies.

PD 1 (Practice 1)	PD2 (Practice 2)	PD3 (Practice 3)
Activity analysis (1,400 words) Distinction/pass/fail	Case study (2,000 words) Distinction/pass/fail	Service Improvement Report (2,000 words) Distinction/pass/fail
CORDS visit ½ day observational visit Guided discussion in supervision session	CORDS visit 1 day observational visit Guided discussion in supervision session	CORDS visit 1 day observational visit Guided discussion in supervision session
Written reflection (1) Concise/no word limit	Written reflections (2) One with a teamwork focus Concise/no word limit	Written reflections (2) Concise/no word limit
Practice Education Resource File/e-Portfolio Student evidence of learning	Practice Education Resource File/Portfolio Student evidence of learning	Practice Education Resource File/Portfolio Student evidence of learning
At the end of the practice education period – student must submit for moderation:		
See “Written Work Summary” in section 4 PD1	See “Written Work Summary” in section 5 PD2	See “Written Work Summary” in section 6 PD3

- A **pass** is expected for all marked written work (shaded area in above table).
- A **failed** piece of written work can be resubmitted once.
- A **final fail** will not necessarily result in a failed practice module and should be discussed further with the University.

CONFIDENTIALITY ON PLACEMENT

Professional Codes of Conduct and Data Protection Legislation specify the need to maintain patient/client confidentiality and anonymity at all times. Students should not pass on any information, verbal or written, that directly or indirectly identifies individuals that they are involved with in their role as student, unless the person they are sharing it with has a specific role eg. mentor, supervisor, practice teacher, which also requires them to be bound by confidentiality, and it is **necessary** to inform them.

The following details should be removed from work whenever possible:

Patient name (make it clear when you are using a pseudonym); address details; personal identifying details such as family members, occupation, unusual attributes; hospital name; therapist name. The rule is - if it is not an essential part of your assignment – remove it.

A breach may lead to reduction of your marks or a student conduct meeting. **Your PE and Link Lecturer will support your learning in this area. Ask for advice when needed.**

Guide To The Handbook And Introduction

Welcome to the Professional Development Handbook for the BSc (Hons) Occupational Therapy and MSc Occupational Therapy (pre-registration) courses at Oxford Brookes University. This section provides an introduction to the handbook and describes the contents

The booklet is intended to be used by both students and practice educators.

All sections are available in electronic form from the following site:

Web based resources for Students and Practice Educators

The Practice Education Unit (PEU) pages can be accessed at:

<http://www.hls.brookes.ac.uk/peu>

Document Store

This contains forms for practice and other useful information and can be accessed as below:

<https://shsc-int.brookes.ac.uk/documents/browse.php?fFolderId=746>

This will give access to the Document Store for “Occupational Therapy”. This contains all the relevant folders for occupational therapy practice

Please contact the OT placements & partnerships administrator for further guidance:

ot-peu@brookes.ac.uk

Practice Education Team Occupational Therapy

Name: Vicky Gilbert (Maternity Leave)
Job Title: Practice Placement Tutor
Phone: 01865 485264
Office: MR1/34

Email: vgilbert@brookes.ac.uk

Name: Carol Mytton
Job Title: Practice Placement Tutor
Phone: 01865 485532
Office: MR1/69a

Email: cmytton@brookes.ac.uk

Name : Gosia Rajner
Job Title : Partnerships & Placements Administrator
Phone : 01865 482703
Office: MRG/04

Email : ot-peu@brookes.ac.uk

Address: Practice Education Unit
Occupational Therapy
Department of Sport & Health Sciences
Faculty of Health and Life Sciences
Jack Straws Lane
Oxford
OX3 0FL

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1. INTRODUCTION TO PROFESSIONAL DEVELOPMENT

1.1 WHAT ARE PROFESSIONAL DEVELOPMENT MODULES?

Professional Development is the process of developing the knowledge skills and values to work effectively as an occupational therapist. In these degree programmes it comprises

PRACTICE PREPARATION AND PRACTICE EDUCATION

- **Practice preparation** (Professional Development 1a and 2a) which are individual modules providing pre-requisite training and assessment before practice education. These involve the provision of mandatory training, monitoring of essential requirements for practice and personal/professional development plans.
- These are marked as pass/fail.

FITNESS TO PRACTISE REQUIREMENTS

Each occupational therapy student prior to commencing practice education will require fitness to practice authorisation from the Practice Education Unit. Fitness to practise is assigned through a photograph identity card issued each year, which students take on practice with them.

The Fitness to Practise process is supported by the Practice Education Management System (PEMS <https://pems.brookes.ac.uk>) which, is a database system to manage practice education and ensures that students have met the following:

- Completion of all necessary pre-practice Statutory and Mandatory requirements and work as outlined in the Professional Development module handbooks
- Occupational health clearance and self-declaration of no changes on an annual basis
- Disclosure and Barring Service (DBS) clearance or equivalent from the country of origin. DBS on admission and by self-declaration annually thereafter. N.B. Repeat checks will be completed if the student's programme exceeds 3 years. Students must take their DBS certificates with them as some practice areas require this.
 - The student has confirmed that he/she agree to abide by the Standards of Conduct; Fitness to Practise document: www.brookes.ac.uk/Documents/Practice-Education/Standards-of-Conduct/Standards-of-Conduct-Pre-reg/
 - Students have been informed of the Guidance relating to learning professional behaviour www.brookes.ac.uk/Documents/Practice-Education/Standards-of-Conduct/Guidelines-for-Professional-Behaviour/
 - **Practice education** (3 modules 1, 2 and 3) which is a fully integrated part of the Occupational Therapy degree programmes. Student performance when engaged in practice education is assessed and in the BSc (Hons) contributes equally with other Modules towards the degree classification.

The Occupational Therapy Practice Education assessment protocol has been designed to reflect the philosophy, aims and objectives of the occupational therapy programmes. Throughout each of the three practice modules, the student is expected to develop self-directed learning, reflective practice and self-evaluation skills.

The learning outcomes for each practice education module require the students to integrate their theoretical knowledge with their practice and demonstrate competence relevant to the level of the practice module.

Multi-professional Approach to Practice

The delivery of effective health and social care by health/social care professionals depends on good multi-professional teamwork.

This requires that members of each profession communicate clearly and with an appreciation of each other's roles and knowledge.

Development of understanding and practice in this area is assessed in the competency "Effective Service Delivery and Leadership".



1.2 DETAILS ON THE PROFESSIONAL DEVELOPMENT MODULES

Full time and part time occupational therapy students will spend a minimum of 1000 hours in practice education as stipulated by the Royal College of Occupational Therapists (College of Occupational Therapists 2014). This is across the three practice modules. This total includes agreed study hours in practice and some preparation for practice hours.

Overview of the Professional Development Modules:

Practice Preparation Modules

Module Name: Professional Development 1a – Preparation U42509

This module provides essential learning to enable the student to gain "fitness to practise" authorisation. Students will complete mandatory training and preparatory work for practice including reflecting on and developing the values skills and knowledge for professional practice. Student learning will be recorded and can be added to the professional portfolio. Evidence of learning is required in order to meet the "fitness to practise" requirements for practice modules. The portfolio will provide a basis for the continuing professional development requirements of the Royal College of Occupational Therapists and the Health and Care Professions Council.

Module name: Professional Development 2a - Preparation U42528

This professional development module provides further pre-requisites and updates to enable to student to gain “fitness to practise” authorisation prior to the practice module Professional Development 2 and Professional Development 3.

Students will complete mandatory training updates and preparatory work for practice including reflecting on and identifying goals for development of the values skills and knowledge needed for professional development 2 and 3.

Student learning will be recorded and can be added to the professional portfolio in order to meet the “fitness to practise” requirements for practice. The portfolio will be built upon from Professional Development 1a and will contribute to the continuing professional development requirements of the Royal College of Occupational Therapists and the Health and Care Professions Council.

Practice Modules

Module Name: Professional Development 1 - Practice U42510

This 6 week module enables the student to begin to develop and apply the professional values, skills and knowledge in practice context. It is the first assessed practice.

The student will observe, reflect and participate in occupational therapy practice with supervision, as appropriate to the setting. The practice experience provides opportunities for the student to recognise key Occupational Therapy concepts and to be able to describe their application in the practice setting. The foundations of evidence-based approach to practice are established, with students demonstrating the ability to seek out supporting relevant knowledge and theories.

The student will show professional suitability in particular through their communication skills with service users and team members.

Content:

Written work: The activity analysis is formally marked by the practice educator and contributes to the assessment evidence. Other required written work is used for evidence but is not marked. Students contribute to the formative assessment at week 3 and summative in week 6. Students complete a self-appraisal professional development report at the end of the practice. This is submitted to the University as part of the evidence for confirmation of the grade and percentage mark for the module.

Hours:

Practice hours: 225 hours (based on 37.5 hours per week including half a day study or 3 full days)

Preparation and review: 10 hours (completed at University)

Total expected hours: 235

Module Name: Professional Development 2 - Practice U42529

This is a double practice module which builds on Professional Development 1. This practice module requires active participation through professional/clinical reasoning evidenced by managing a small caseload and undertaking identified responsibilities. Students are supported through their transition from guided to more self-directed practice, self-evaluation and setting of own development goals. The student draws on academic learning from the preceding modules

Content: This extended practice module (10 weeks for BSc and 14 weeks mixed mode for MSc) is set at an advanced level, building on the first practice module. The mixed mode placement comprises several full time weeks in the summer followed by two days per week during the semester alongside academic modules.

Students will be required to complete a case study, which is formally marked and contributes to the evidence for assessment as does other required written work. The student contributes self-assessment evidence towards the 3 weekly (minimum of two during the placement) and final formative assessment for the module. The students complete a self-appraisal professional development report, which is submitted to the University as part of the evidence for confirmation of the grade and awarding a percentage mark for the module

Hours:

Practice hours: 375 hours (based on 37.5 hours per week)

Preparation and review: 10 hours (completed at University)

Total expected hours: 385

Module Name: Professional Development 3 - Practice U42571

This final practice module demands a higher level of professional integration of skills, knowledge, values and strategies. This builds on the two previous modules and aims to prepare the student for subsequent practice as an occupational therapist. This sustained period of professional development provides an opportunity for students to contribute to the planning, implementation and evaluation of a service and to critically appraise their own performance.

The module allows the student to demonstrate the ability to take on appropriate levels of responsibility relevant to the practice context and to work effectively with other colleagues, teams and organisations. Students are expected to synthesise and apply relevant knowledge and core Occupational Therapy concepts to provide person centred and evidence based Occupational Therapy interventions for individuals and groups of service users.

This final practice module serves as a transition into autonomous professional practice, requiring students to demonstrate leadership skills, creative entrepreneurial abilities and to show an active commitment to lifelong learning.

Content: This is a 13 weeks (12 weeks for MSc) practice module incorporating extra study time to support the level of performance, which entails a more self-directed style with appropriate guidance. There is required written work, the service improvement report is formally marked and contributes towards the evidence for the assessment as does other required written work for the practice module. The student is required to write a report detailing a "turning point" in their learning and the impact on their practice. This is submitted

to the University as part of the evidence for confirmation of the grade and percentage mark for the module

Hours:

Practice hours: 488 hours (based on 37.5 hours per week)

Preparation and review: 20 hours (completed at University)

Total expected hours: 508

1.3 INFORMATION ABOUT PRACTICE ALLOCATION.

All students complete a minimum of 1000 hours of practice in total but must complete the number of weeks for each individual period of practice as indicated in the handbook.

Students normally attend Monday to Friday, office hours, depending on the practice module setting. Students may have the opportunity to work outside these hours if this is service practice. Some areas of practice may operate on a 7 day working schedule and/or shifts. Students may negotiate to match their working day/week to these hours/requirements. It is essential that students are appropriately supervised and are allocated responsibilities within their capabilities to ensure safe practice.

Absence from practice is only granted in exceptional circumstances (such as a family bereavement). IT IS NOT PERMITTED to take any holiday that clashes with any planned programme activity for the forthcoming year. It is the student's responsibility to check semester dates and scheduled practice weeks with the University for each academic year before organising vacations.

Any employment must not coincide with any planned taught or practice hours for the programme. You will also be required to plan for accommodation needs outside of semester time. Information on re-imburement if you are eligible is available from the Practice Education Unit. Please plan your finances carefully as money issues cannot be considered in practice planning decisions.

Students need to approach the Practice Placement Tutors in a timely manner if they have any serious concerns about their ability to complete a practice module during the scheduled practice module period. Note that financial circumstances do not constitute a valid reason for refusing or withdrawing from a practice module. Normally, a student who does not accept the allocated placement will receive a fail grade for the Professional Practice module. It is accepted that unforeseen circumstances can arise and impact on performance and readiness for practice, these will be considered and resolved on an individual case-by-case basis.

Considerations and issues governing practice allocation

The agreed principles which govern practice allocation can be found at:

http://www.hls.brookes.ac.uk/images/plu/peg_18_02_12_08_pre-qualifying-placement-allocation-nm-ot-odp-pt-paramedic-and-socialwork.docx

The University adheres to recommendations made by the Royal College of Occupational Therapists and the World Federation of Occupational Therapists (Hocking and Ness 2002) when allocating practice areas to students.

Practice areas are allocated according to the factors stated below and it is not possible to offer a choice. In some circumstances, a student's preference may be considered but this is not normally feasible until the final practice module and cannot be guaranteed. If extenuating circumstances arise, there is a Faculty wide procedure students need to complete in order for a request for a practice area change to be considered, though this needs to be done in a timely manner and not at short notice. Please read this guidance:

http://www.hls.brookes.ac.uk/images/pdfs/plu/chip_12_21_requesting-a-change-in-placement.pdf.

Any changes to an allocation are at the discretion of the Practice Placement Tutors and are dependent on availability and other organisational constraints.

Student responsibility regarding practice education

We expect students to provide relevant information in a timely manner to Practice Placement Tutors and record this on a PEMS (<https://pems.brookes.ac.uk>) placement planning form prior to each practice module. The practice education team needs to allocate time equitably to all students and therefore cannot enter into protracted discussions.

All students are expected to commence the practice period as offered. Failure to do so will result in fail grade for the module requiring a re-take at a later point in the programme.

Type of practice education experience

Students require a variety of practice education experiences (Hocking and Ness 2002) and we endeavour to provide an experience that is as broad as possible within the constraints of the experiences being offered. These will include those providing psychosocial interventions (for example with clients with a primary mental health condition or a learning disability) and those providing primarily physical interventions (for example acute physical hospital setting or social services).

Students ideally will experience a range of age groups, long-term and recently acquired conditions and a range of settings.

Students will be allocated practice areas in a fair and equitable manner to ensure that each student has a balanced profile of practice experience that will enable them to meet the requirements of the relevant professional statutory regulatory bodies e.g. HCPC (Health and Care Professions Council). Due consideration is given to practice allocations, balancing availability with a student's profile of experience.

Local practice education areas

There are limited practice opportunities in and around the local Oxford area. These are prioritised for students with exceptional circumstances. Therefore students may be placed in a range of geographical areas.

Carer and other responsibilities

Those with children under the age of eleven or looking after older relatives will normally be given priority in allocations, which enable them to commute easily. Again this is dependent upon offers.

Specific practice requirements

Some practice educators request specific types of experience or other (e.g. car user). This means that we sometimes need to select students to match. We allocate on a “best fit” basis. When areas are very popular and/or in short supply, we may ask for applications of interest from students to provide fair opportunities for all.

IMPORTANT

Organising your own practice experience

This is **not** permitted due to the complexity of placement organisation and due to pressures on occupational therapists in practice. Please do not contact or visit occupational therapy departments to find out about practice opportunities. If students have exceptional circumstances (e.g. family/health issues) which mean that a specific type or location is required then students should contact the practice education unit and arrange to speak to one of the Practice Placement Tutors as early as possible in the course.

International Practice experience

We do not routinely arrange international practice experiences however if students are citizens of countries outside the UK it may be possible to arrange for the module to be taken in their home country in the third year. As above, it is requested that students do not try to arrange this independently. There are strict criteria and procedures for this and you would need to discuss this with one of the Practice Placement Tutors early in the course (in the first year). This is also subject to the necessary legal and indemnity processes being in place, which may be not be possible for all countries.

Cancellations and late notification

Sometimes cancellations occur close to the start of the practice module or you may not be allocated a practice area initially due to shortages. We recognise that both these circumstances can cause stress and anxiety for the students involved. We aim to be in regular contact with you by phone or email and to arrange a suitable allocation as soon as possible. We will aim to provide you with a minimum of one week’s notice of your allocation in these circumstances. In some cases of late notification, a delayed start date can be negotiated in order to allow time for organising accommodation, travel and preparation etc. though this is also subject to the requirements of the practice area.

Special circumstances

We ask to be informed of any special circumstances which may affect students’ practice education. These include family and health issues but also any other factors which may affect practice learning significantly, such as disability or difficult experiences, either recent or in the past. This can include a recent bereavement or be related to a personal life event or stressful experiences. If students are unsure we can arrange to talk it through in private. We cannot guarantee that we can fully meet the needs as we do have to work within the constraints of what we are offered. However, we endeavour to provide a suitable setting which enables the student to meet the learning outcomes of the module.

PRACTICE EXPERIENCE PATTERN ACROSS THE SEMESTERS

<u>Semester 1</u>	<u>Semester 2</u>		<u>Semester 2 contd.</u>	<u>Semester 3 – Summer</u>
<u>Sept - Dec</u>	<u>Jan - March</u>		<u>April - May</u>	<u>June - August</u>
Marston Road	Marston Road PD 1a U42509 – Placement preparation	E A S T E R B R E A K	PD 1b U42510 Practice BSc & MSc	PD 3 U42571MSc 12 wks + PD1, 2, 3 Retakes as required PD3 is 12 weeks in the summer with 9 study days PD 2b U42529 14 wks MSc 7 Full time weeks ¹
Marston Road PD2 a U42528 – Placement preparation	PD 2b U42529 Practice BSc 10 weeks			
PD 3 U42571 practice BSc 13 weeks PD 2 U42529 14 wks MSc 7 Part time weeks	Marston Road		Marston Road	

¹ The second Masters placement extends over two semesters with part time weeks to allow for academic module learning

1.4 SICK LEAVE OR OTHER ABSENCE

If the student is unable to attend due to sickness, then they **MUST** make sure that

The practice educator is contacted by telephone at the earliest opportunity, and **NO LATER THAN** the normal start time on the first day of sickness. A telephone message must be left if there is no reply. Texting or emailing is not normally acceptable unless previously agreed.

Record all absences on their PEMS page on the same day of illness.

If absence is likely to continue for more than 5 days, then notice must be given to the Practice Placement Tutor and the practice area. A self-certification form for all sickness of up to 1 week duration is required. In cases of illness extending beyond one week, a medical certificate is required and a copy should be sent to the Practice Education Unit.

On return to practice the student will also be required to comply with "Return to practice from sick leave" advice. http://www.hls.brookes.ac.uk/images/plu/peg_180212_07_return-to-practice-from-sick-leave-june-2018.docx

FURTHER POLICY RELATING TO SICKNESS

There may occasionally be a need for a student to discontinue the practice due to illness or other mitigating circumstances. For further details please refer to the Mitigating circumstances policy <http://www.brookes.ac.uk/regulations/current/core/a3/a3-5/>

Failure to follow the above process relating to sick leave will be considered unprofessional behaviour (please refer to www.brookes.ac.uk/Documents/Practice-Education/Standards-of-Conduct/Guidelines-for-Professional-Behaviour/

1.5 RECORDING PRACTICE HOURS

Submission of a timesheet is a professional requirement for practice. All students must ensure that each week's attendance is signed for by the practice educator during the placement period. For full time practice this is normally a 37.5 hour working week (includes breaks, reflection and self-study time and minutes to be rounded up to nearest 30 minutes). Excludes lunch breaks.

<http://www.hls.brookes.ac.uk/peu/recording-occupational-therapy-and-osteopathy-student-hours-in-practice>

Timesheets enable you to progress into subsequent years of the programme and to graduate at the end of the programme. Students are advised to keep electronic copies scanned with signatures for their own record.

STUDY TIME

Half a day per week is provided for study and should be negotiated with the practice educator. These three hours study time per week may be counted in the practice hours. Masters students have different arrangements for PD2. Details are provided in the briefing. PD3 includes additional study. One week for the 13 week version and 3 days for the 12 week version.

Taking Theory Modules during Practice Education

Should a student be taking a theory module during practice then the associated study will be managed in the student's own time. Separate arrangements will be made with the Practice Placement Tutor and practice educator to allow for attendance at taught sessions if needed. Work unrelated to the practice module should not be undertaken whilst the student is in the practice area and should not impact on placement work.

1.6 RULES ABOUT PRACTICE ASSESSMENT AND PROGRESSION.

When undertaking Practice Education, you will be subject to the Faculty of Health and Life Sciences Standards of Conduct: Fitness to Practise, Pre-registration students in practice, which you will find on <http://www.hls.brookes.ac.uk/peu>
Failure to comply with these regulations will lead to disciplinary action and in serious cases may result in termination of your education.

To help you learn the professional behaviour demanded by these regulations you are also referred to the document Guidelines for Professional Behaviour suitability for pre-qualifying students which you will find at:
www.brookes.ac.uk/Documents/Practice-Education/Standards-of-Conduct/Guidelines-for-Professional-Behaviour/

Practice education enables you to develop the expertise required of a graduate occupational therapist. The range of experiences encountered gives you the necessary skills, knowledge and attitudes to meet the programme learning outcomes. The practice education modules are structured according to educational and practice expectations. You will gradually develop and enhance your practice competencies during your time spent in practice education.

1.7 WHAT ARE THE ROLE AND RESPONSIBILITIES OF THE STUDENT?

As an occupational therapy student in the practice setting, you will be encouraged to participate in planned activities. You will be expected to engage in self-directed learning and open communication and reflection in order to meet module learning outcomes. This will help you develop professional and personal attributes for practice.

Before Practice:

Prepare yourself for the practice education experience and setting to which you are allocated, academically, organisationally and in professional appearance and manner

Read the Standards of Conduct for Pre-registration Students document: available on the PEU web pages. This will provide you with information regarding the way you should behave as a student of a professional programme

Read the placement profile: This is a description of the practice area that includes some valuable information e.g. contact details, working hours, dress code, client group, facilities etc. The placement profile is available via PEMS (<https://pems.brookes.ac.uk>) once you have received your placement.

Find out more about the client group and speciality of the practice area and/or particular needs of that client group. Think about the knowledge, skills and attitudes you already possess which you can apply to this practice setting. Contact the Practice Educator for any preparatory reading or useful websites

Read relevant sections from the Practice Education Handbook and Student

Workbook: These will provide more information about what you might expect to learn and achieve during this practice learning experience. You are provided with specific learning outcomes for the practice learning experience. Think about the opportunities that you may have to fulfil these learning outcomes. Look at the marking criteria for this level of practice education. Make a note of any issues you wish to discuss with your Practice Educator or Link Lecturer when you meet them.

Identify your own personal objectives: What do you want to achieve at this stage? What was the feedback from your last practice module? What areas for development have you identified (review your professional development report if this is for PD2 or PD3) and what are your current action plans?

Think about previous practice learning experiences: What helped you settle in to your previous area? What induction activities assisted with this? What ground rules do you need to establish with your Practice Educator, regarding formal and informal supervision? What do you know about your own learning style that will help you plan successful learning strategies with your Practice Educator?

Make contact with your practice educator before the practice period: This might include an informal visit or if this is not possible, a telephone call or email contact. Take with you or send your “practice education experience form” and for second or third placements send a copy of your professional development report. Many settings will send you further information which will be of assistance in your preparation.

Are there any potential problems? Inform the Practice Placement Tutors if:

- you are assigned to a practice educator who is a close friend or relative
- a close friend or relative works there
- a patient/client/service-user is known to you personally
- or any other issue that may interfere with the learning experience

During Practice

Send back details of your location within the first week on the OT placement address form. It might be helpful to include other details such as parking for your link lecturer visit. Make contact in the first couple of weeks to arrange a link lecturer visit

Comply with all hospital/service requirements/procedures and protocols as stipulated in this handbook and in any policies available in the area where you are working.

Assume primary responsibility for meeting the learning outcomes of practice education, participating fully in the practice education experience, continually evaluating performance by self-assessment using formative forms, seeking feedback from the practice educators, and by monitoring progress towards stated objectives.

Recognise your own limitations and seek help appropriately.

Inform the Practice Educator or suitable person of any factor that may limit performance or of any problem that may arise during your practice activities that has an impact on patient contact or on your well-being or performance. Students are encouraged also to contact your Link Lecturer or the Practice Placement Tutors in order to discuss and plan.

Record progress maintaining a practice education resource file and this includes recording the outcomes/objectives following formal weekly supervision.

Feedback promptly: inform the Practice Educator and/or other appropriate personnel immediately in the event of any unusual incident occurring during patient intervention either to the patient or yourself.

After practice

Hand back any security passes and diaries issued by the unit

Send a thank you note to your practice educator and the team who have supported you

Paperwork Ensure your assessment paperwork is in order and ready to upload to Moodle

Reflect on your learning (See the Student Workbook for a useful checklist)

1.8 WHAT IS PROFESSIONAL BEHAVIOUR?

Occupational therapy students are required to abide by the Royal College of Occupational Therapists Code of Ethics and Professional Conduct (2015), and Health and Care Professions Council's Standards of Conduct, Performance and Ethics (2016).

During practice education, students are required to abide by the principles of, and the procedures adopted by, the particular authority, and to comply with arrangements specified and/or negotiated with their practice educator and other relevant personnel.

Students should conduct themselves, and undertake agreed work, in a manner commensurate with their student status, respecting the rights of patients/clients and their carers and within the agreed remit of the service provision. Students are also expected to co-operate with practice educators, occupational therapy staff and members of the multi-disciplinary team.

Examples of Standards of Behaviour expected of Students.

These examples are not intended to be all-inclusive.

The student will:

- abide by the health and safety policies of the Authority/Service providing the practice
- maintain and safeguard standards governing confidentiality
- refrain from entering into personal relationships with patients/clients
- seek no personal or financial gain from practice
- undertake work on practice with the authorisation of a qualified member of staff
- conduct him/herself and dress in a manner acceptable to the staff of the practice area;
- not be under the influence of drink or drugs which adversely affect performance.
- adhere to the principles of anti-discriminatory practice.

Procedures to be followed in the event of Unprofessional Behaviour by a Student whilst on Practice

See appendix section on Professional Behaviour

1.9 GIVING FEEDBACK ABOUT THE PRACTICE EDUCATION EXPERIENCE

Your practice education modules, U42510, U42529, and U42571, are subject to evaluation in the same way as any other module on the course. This will feed into the annual review process of the programme (see appendix for further details of all evaluations).

In addition to the formal University evaluation, your practice educator will expect and appreciate feedback on your experience. Please provide clear and professional feedback as it will help your practice educator understand how best to structure the learning experience for future students. Written feedback given to your practice educator is the required method. However, please alert the university to any serious concerns as soon as they occur.

1.10 SUPPORT AVAILABLE DURING THE PRACTICE LEARNING EXPERIENCE

The Occupational Therapy programme at Oxford Brookes University is committed to providing quality support for both students embarking on practice modules and for practice educators. The current policy is to allocate link lecturers to all students on placement, the link lecturer will normally visit at least once during a practice module, although if the placement is going well this may be replaced by telephone or skype contact. Support can also be supplemented by additional phone calls or visits and/or email contact.

The Link Lecturers are members of the staff team at Oxford Brookes. The link lecturer role enables us as a team to maintain good links with our practice education colleagues. The support contacts also enable us to monitor essential elements of a practice module, such as regular supervision, the provision of study time and the setting of appropriate objectives.

Link Lecturers are usually allocated to every student on the commencement of practice & this information is circulated by an email attachment from the programme's placement lead. It is each student's responsibility to contact their Link Lecturer (by email/phone) in a timely manner to arrange a convenient day/time for a support visit, phone or skype call.

Support for practice educators includes

An Introductory Course for Practice Educators – a course structured around the APPLE Learning outcomes. This is a one day course plus on line and written learning materials covering aspects of quality monitoring in practice, supervision and assessment, managing failure and APPLE accreditation details.

New practice educators are encouraged to start the APPLE Experiential Route with their next student following their introductory course. (See Document Store – APPLE scheme)

Professional Development Days – briefing and update on the OT programme plus a practice education focussed workshop.

Link Lecturer allocation to support student learning in practice and provide a contact and collegiate support for practice educators.

Oxford Brookes practice education newsletter (circulated in Spring and Autumn).

Resources available electronically via the Document store (OT specific documents) and Oxford Brookes Practice Education Unit Web site (helpful resources for all involved in supporting students).

Practice education focused courses or workshops in your workplace on request. For example workshops in your workplace to support the APPLE Experiential Route.

1.11 WHAT ARE THE ROLES & RESPONSIBILITIES OF THE PRACTICE EDUCATOR?

The practice educators are qualified professional occupational therapy staff member who will have met the criteria for being a practice educator for this programme and who will facilitate learning by creating a climate which promotes the development of knowledge, skills, behaviours and attitudes relevant to professional practice.

Their role involves integrating a student into the practice setting, modelling professional practice behaviours, facilitating student participation and learning and liaising with appropriate University personnel. Their initial point of contact is the Practice Placement Tutors for the Occupational Therapy programme and the Practice Education Unit (PEU/Oxford Brookes).

The Practice Placement Tutors are supported by the Head of Practice Education, who oversees the practice experience and practice learning for students on all pre-qualifying professional practice programmes within the Faculty of Health and Life Sciences.

Practice Educators are required to:

- be accountable for the professional standards of all practice areas to which students are deployed;
- to keep patient and student confidentiality according to faculty and professional body policies/codes;
- monitor all students in their practice hours and provide clear guidance on the requirements of health and safety practices and be accountable for their implementation;

- be familiar with all learning outcomes of the practice modules and support students in all aspects of these,
- co-ordinate the organisation and implementation of the specific practice education experience at an appropriate academic level within a particular practice context, such that students are enabled to meet the module learning outcomes. This includes the provision of induction information to students and the setting in place of an induction period.
- accept responsibility for facilitating students' practice education using approaches as suggested in pre-requisite training and the Practice Education Handbook.
- provide students with supervision and formal/informal teaching in practice, give students feedback regularly, based upon their supervisory experience of the student., using an appropriate model of supervision e.g. one to one, shared supervision, long arm etc. (RCOT, 2015)
- consult with the Practice Placement Tutors or Link Lecturers as appropriate, to discuss concerns regarding the supervision or assessment of students.
- take responsibility for carrying out students' practice assessment; including the marking and provision of verbal/written feedback for required written work (case studies etc.)

1.12 WHAT ARE THE ROLES & RESPONSIBILITIES OF THE UNIVERSITY?

The Occupational Therapy programme aims to visit or make contact with all students in practice at approximately the half way stage.

The **Link Lecturer** is a member of the OT staff team and students are required to make timely contact in order to arrange a suitable time for the visit, phone call or skype meeting. A Link Lecturer visit list is circulated to all students via Brookes email within the first week of a practice period – this gives staff contact details.

Link Lecturers are required to:

- Provide support for student and the Practice Educator in the setting – via a support visit or phone call(s)/emails (as required).
- Monitor the quality of the practice experience, in terms of regular supervision, clarity of objectives and supportive learning environment and following agreed procedures.
- Ensure that the OT curriculum is preparing students for current practice
- Maintain active links and inform of CPD opportunities for Practice Educators and practice partners
- Report to the Practice Education team any matters of concern

Practice Placement Tutors

The Practice Placement Tutors in occupational therapy, plan, develop and co-ordinate the practice education component of the programme. They ensure the effective integration of the formal taught programme component and practice based learning.

To achieve this aim the tutors work in close collaboration with students, Academic Advisors, Practice Educators, Module Leaders, Programme Lead and Head of Practice Education. The tutors link with the Practice Education Unit and have both a strategic and operational role in relation to practice education provision.

The Practice Placement Tutors are required to:

Take responsibility for preparation of students for practice education experiences, and ensure students experience a range of different practice areas, patient groups and conditions; following agreed allocation processes. These processes are designed to ensure that the programme requirements are met, provider requirements are met, and that the principles of allocation are applied

http://www.hls.brookes.ac.uk/images/plu/peg_18_02_12_08_pre-qualifying-placement-allocation-nm-ot-odp-pt-paramedic-and-socialwork.docx

- Take responsibility for the practice education component of the course, ensuring that practice education meets the programme and current practice requirements.
- Provide student and practice educator support and professional development opportunities for Practice Educators;
- Take responsibility to co-ordinate the preparation and orientation of Practice Educators to undertake effective supervision of your programme;
- Work to ensure the quality of the practice education experience, and be accountable for completing the required audit of the practice setting according to current guidelines. All practice education experience areas will have been satisfactorily audited in partnership with the practice education provider using an approved audit tool. Any action plans will be monitored
- Plan student practice education experience/ allocation with PEU personnel
- Monitor individual student's experience to ensure that Programme requirements are met;
- Take responsibility for suitability of the practice education learning environment of all practice areas for the Occupational Therapy programme

1.13 RULES AND REGULATIONS GOVERNING PRACTICE EDUCATION

General note on policies and guidelines

There are a number of important policies and guidelines governing practice, management of practice difficulties and general resources for students and practice educators.

For general information regarding your professional practice modules, please refer to the Appendices section of this handbook and the Student Workbook which are both available on the document store via the PEU web page (<http://www.hls.brookes.ac.uk/peu>) with additional links from the module VLE sites (<http://www.brookes.ac.uk/bv-gateway>).

2. ASSESSMENT GUIDELINES FOR PRACTICE EDUCATION MODULES

2.1 PROCESS OF ASSESSMENT

The final grade for a practice placement is the culmination of a process of formative feedback & supervision with reference to the 7 professional competency areas. Please refer to the "Practice Competencies - a quick guide to grading" - in Section 3 of this handbook.

Professional Development 1, 2 and 3 will be assessed by the practice educator(s) using the grades A, to F(ail). The final grade will be agreed by the University and the student will be awarded a percentage mark for each practice period. This percentage mark contributes to the final Grade Point Average and to the Degree Classification for the graduating student.

Formative assessment and supervision will take place on a regular basis, normally set at once a week for one hour (RCOT 2015). It is important to the supervision process for both parties to complete a Supervision Preparation form prior to supervision or maintain similar records.

2.2 SUPERVISION AND ASSESSMENT TIMINGS EACH WEEK

- The student will self-assess and practice educator will feedback on student's performance in the previous week using previously set objectives and other evidence. This includes acknowledgment of achievements and successes as well as skills to be developed, drawing on appropriate written, verbal and observational evidence.
- Negotiation of new objectives set at an appropriate level of ability and within a realistic time frame (i.e. SMART)
- Clarification of expectations of how these objectives will be achieved.

THREE WEEKLY

Evidence for **formative assessment** comes from: the student, the practice educator, other team colleagues and carers/patients where applicable. Formative assessment provides feedback for the student which includes competency grades and qualitative comments. This allows for learning and change during the placement. Both educator and student are responsible for ensuring written formative assessments **are completed every three weeks**

HALF WAY

At around the half way point of the placement, if the formative assessment indicates that a student is at a **Fail level or all D grades**, the practice educator is strongly recommended to contact the designated **Link lecturer** or a **Practice Placement Tutor** for support and guidance from Oxford Brookes

SUMMATIVE ASSESSMENT

Summative assessment by the practice educator(s) confirms the student's achievements and level of competency reached by the end of the practice period. University required written work for practice placements, provides contributory evidence for the final marking. It must be completed by a mutually agreed date, **providing enough time for marking and feedback** before completion of the final summative assessment report.

The practice educator must provide the student with a face to face final assessment meeting at which the final grade is given with time for detailed feedback and discussion. The final summative assessment takes into account the level at which a student is performing:

- **in the final weeks of practice**
- **according to the learning outcomes**

2.3 AWARDING A FAIL GRADE

The process of assessment should be transparent at all times. A student who is failing should be aware of this at the earliest possible time.

The presence of fail grades on the earlier formative assessments do not necessarily require notification but should enable the student with the support of the practice educator, to improve these areas.

A student will continue to fail if they are unable to respond to this feedback with a change in performance.

The points below outline the process of a student failing a placement and offer some guidance for practice.

1. The practice educator and student should complete the **formative assessment** every 2/ 3 weeks, or more frequently if needed recording areas of weak or failing performance.
2. Any concerns about the students' performance should be **discussed and recorded** during supervision. The supplementary supervision form may assist in this.
3. The student is **encouraged to disclose** issues that might be impacting on their performance, including personal issues or health issues
4. The **Link Lecturer or Practice Practice Placement Tutors** should be contacted and a support visit arranged early.
5. The Link Lecturer (or Practice Placement Tutor), student and practice educator should identify: **reasons** for the student failing, areas of strength, **clear objectives** for improvement in weak areas, a time to **review** progress, usually the following week.
6. If the student's presence compromises clients' safety or the smooth running of the service, then the student will take 'time out', usually 2-3 days, from the placement. A decision will

be made between all parties and can include the Learning Environment lead/placement coordinator and/or Programme Lead as to whether the student leaves or returns to the placement. If the student chooses or is asked to leave a placement they will be normally given a Fail grade for that placement.

7. Where it is clear that the student will fail the placement but is safe to continue, the student is encouraged to continue to the end of the placement period in order to gain useful experience that may inform a subsequent placement (re-take). The Link Lecturer and/or Practice Practice Placement Tutors will monitor progress.

After the placement both the student and practice educator will be offered a **debriefing session** as an opportunity to provide feedback and learning for all. The student will be given guidance on further options for retaking the placement.

2.4 PROGRESSION ON THE COURSE FOLLOWING A FAIL

Students failing a placement module are allowed one further attempt at the module. **Students are permitted to fail one placement module only** so following a fail, all other placement modules must be passed first time.

<http://www.brookes.ac.uk/regulations/current/specific/b2/b2-16/>

The decision about when the re-take placement will occur is taken in conjunction with the subject co-ordinator, academic advisor and practice placement tutor. The placement is taken during a subsequent placement "slot". The timing of this will take into consideration any other outstanding modules and how these can best be configured to promote the best possible learning opportunities. This may require extending the course.

2.5 SUBMISSION OF SUMMATIVE ASSESSMENT PAPERWORK

Summative assessment paperwork should be completed and signed **during the final week** of practice and given to the student for self-appraisal summary and signing before leaving.

The student submits through Moodle, signed and fully completed paperwork as follows:

PD1	PD2	PD3
Professional development report (1000 words)	Professional Development report (1000 words)	Turning point report (1000 words)
Activity Analysis	Case Study	Service Improvement Report
Formative assessment (1)	Formative assessment (2)	Formative assessment (3)
Summative assessment	Summative assessment	Summative assessment
Signed Hours Sheet with record of absences	Signed Hours Sheet with record of absences	Signed Hours Sheet with record of absences
1 written reflection	2 written reflections	2 written reflections
Cords Report	Cords Report	Cords Report
Placement Learning Checklist	Placement Learning Checklist	Placement Learning Checklist
Evaluation for PE	Evaluation for PE	Evaluation for PE

These must be submitted to Moodle as instructed

Note: Students are responsible for submission of all assessment paperwork. **The student is responsible for providing copies in the event of lost materials**

2.6 MODERATION APPROACH

Moderation is a quality process that aims to ensure that the marking process is fair and consistent and applies to all University modules including placement modules.

Professional Development modules, PD1, 2 and 3 are graded by practice educators. These are occupational therapists that are trained in the supervision and assessment of students.

For all students this grading is confirmed by the University by a process of review by the practice education team. BSc students are awarded a final percentage mark. MSc students are awarded a final formative grade using A-F for the competencies and Pass/Fail grade.

The process of assessment involves collection of evidence throughout the practice period. Practice educators are provided with a copy of the Practice Education Handbook. A validated, criterion referenced assessment is used to evaluate the evidence. Students receive formative assessments during practice, a summative assessment at the end of practice and a summative assessment grade and percentage following review of required submitted documents by the module team.

Moderation of practice education - PEs should follow these procedures

1. Practice educators seek *additional evidence* from colleagues, team members and service users where appropriate prior to final marking
2. Students supply *self-assessment evidence* throughout practice and prior to formative assessments which should be taken into consideration.
3. Link Lecturers monitor application of the grading system at the visit or as required
4. Practice Educators are invited to contact the University at any point during the practice period if there are *queries about the grading*. This may be especially helpful if this is your first student or if you have not supervised an Oxford Brookes student before
5. Practice educators contact the Link Lecturers/Practice placement tutors as early as possible in the placement when the award of a low *D grade or a Fail grade* is to be made. These are discussed in detail and evidence is evaluated against the assessment criteria.
6. In the event of *grading disputes/other grading issues* Link Lecturers/Practice placement tutors are contacted during the practice period and will investigate and provide advice.
7. Final grades/marks are awarded following *the submission of all required paperwork and review of the marking* by the practice education team. Occasionally further evidence or discussion may be required involving the student/practice educator/practice co-ordinator/link lecturer
8. Final moderation is provided at the *exam committee* meeting at Oxford Brookes with external examiners.

2.7 SUMMATIVE ASSESSMENT

Final Mark for Practice

Practice Educators will award a final overall grade A, B, C, D, F for the practice period. The final grade requires the practice educator to mark according to the following. The student must achieve a minimum of 5 competency areas at that grade for the summative assessment to be recorded at that grade (A, B, C). Three Ds or more result in an overall D regardless of other grades. One grade F in any competency results in an overall Fail grade (F). The student is responsible for forwarding all completed Assessment paperwork to the University.

Usually this grade awarded by the PE will be confirmed and a final percentage mark will be awarded by the University depending on the configuration of the grades for individual competency areas.

An internal moderation process will verify the final grade and mark (%) based on set criteria and may include reference to the student Professional Development report and presented evidence (as outlined in Submission of Summative Assessment paperwork). This mark/grade is then ratified at the OT Subject Examination Committee exam board.

Part of the moderation process may very occasionally require the student to attend a viva panel and may include further telephone discussions and confirmation of evidence with the practice educator

2.8 SUMMATIVE ASSESSMENT IN DETAIL

Finalising mark/grade for PD modules

Practice Educators will award a *provisional* grade based on the achievement of practice education competencies & submit a summative assessment report, based on stated criteria (A/B/C/D or Fail)

BSc (Hons) Occupational Therapy

The placement team will verify the final grade and mark (%) based on set criteria in the handbook to incorporate the summative assessment report and presented evidence. This mark/grade is then ratified at the OT Subject Examination Committee.

Pre-Registration Masters in Occupational Therapy

Pre-registration master's students will be awarded a provisional or formative final grade A, B, C, D, F for the practice period. This follows the same process and principles of marking as for the BSc students. The student will forward all completed Final Assessment paperwork to the University. The grade for MSc students will be confirmed as a Pass (A, B, C, D) or Fail (F).

The practice modules PD1, PD2 and PD3 are essential components of the master's degree. A Formative grade is awarded to provide evidence of level of achievement. The % marks allocated to these modules are not counted in the overall degree classification as they are set at an entry level (undergraduate) and so cannot contribute to the final classification of a Masters degree.

The grades and marks for both BSc and MSc are ratified at the OT Subject Examination Committee meeting.

Post placement moderation process

1. All summative assessment forms are examined, grades are calculated and percentage marks are allocated. Any errors in the calculation of grades are recorded and practice educators are contacted to confirm their assessment in respect of the final grade. These are then amended as necessary and students are informed. Any missing signatures are checked and practice educators are contacted and asked to verify paperwork if necessary (summative paperwork and hours sheets).
2. Assessment forms from a range of marks across all the grades are examined by the placement team to check the following:
 - Paperwork has been submitted as instructed
 - Formative assessments demonstrate a logical progression to the final grade
 - Professional Development Reports indicate student reflection on learning

3. Moderation of evidence

Part of the moderation process may very occasionally require the student to attend a moderation panel or there may be further telephone discussions and confirmation of evidence with the Practice Educator.

The role of the moderation panel is to:

- Monitor standards of practice education
- To confirm final grades/marks based on submitted evidence. (this may include upgrading or downgrading the provisional mark awarded by a Practice Educator)
- To address any issues concerning the practice education experience and the achievement of competencies.

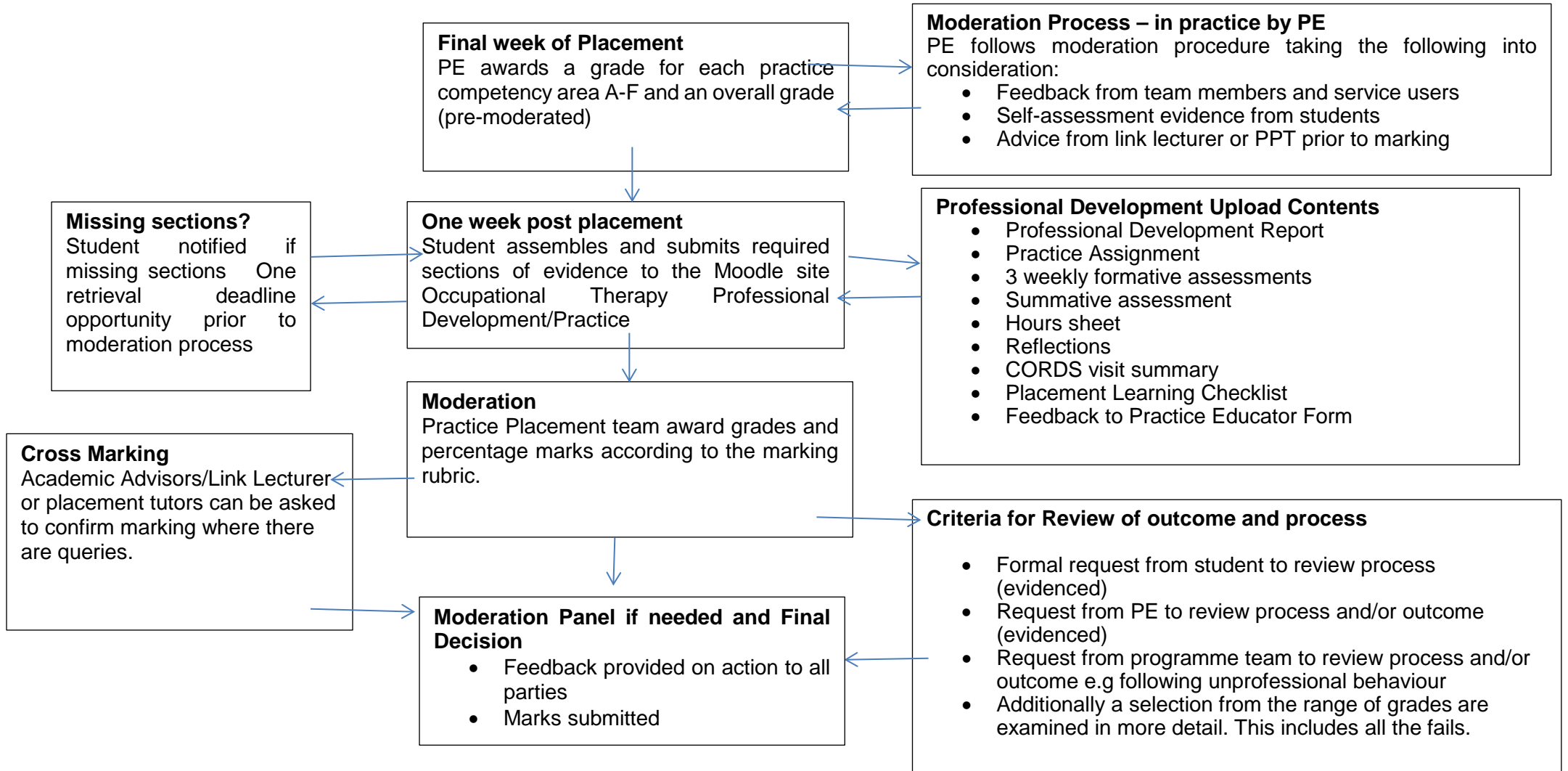
A moderation panel will comprise at least three of the following:

- Practice Placement tutor
- Link Lecturer
- Student representative
- Practice education co-ordinator
- Patient representatives
- Member of Occupational Therapy staff team.
- Co-opted member

Marking scheme for Practice Education

A+	7 A GRADES	90
A+	6 A GRADES+ 1B	80
A	5 A GRADES + 2Bs	70
B+	6 or more B GRADES NO Ds	65
B	5 B GRADES + no Ds	60
C+	6 or more C GRADES + ANY OTHERS	55
C	5 C GRADES + ANY OTHERS	50
D+	3 D GRADES + ABOVE GRADES	45
D	4 or more D GRADES	40
F	1 or more FAIL GRADES	29

2.9 FLOW DIAGRAM FOR PRACTICE MODERATION



3 PRACTICE COMPETENCIES – A QUICK GUIDE TO GRADING

For the student: -

- Read relevant sections of Professional Development handbook and ensure you are familiar with the 7 practice competencies.
- Use supervision (formal/informal) effectively so that you can discuss and clarify what evidence might be appropriate for the achievement of competencies.
- Use all opportunities to self-assess and be able to justify your decision by drawing on relevant specific examples/evidence
- If you are unsure about your professional learning, then seek out any additional support and resources, both within your placement setting or the University.

For the Practice Educator: -

- Read relevant sections of Professional Development handbook and ensure you are familiar with the 7 practice competencies and how they may be demonstrated in your practice setting. Read the learning outcomes for PD1 or PD2 or PD3.
- Use the grade descriptors to clarify your thinking about a student's level of performance – each descriptor is intentionally generic in nature, designed to be relevant to all practice contexts, so you are looking for the 'best fit' and not an exact match. For example, if you are thinking of awarding a B grade for competency 3 (PD1), check out the descriptor for the A and C grades before finally deciding.
- Ensure that regular supervision is scheduled with timely opportunities for formative feedback regarding the achievement of competencies (we suggest at three weekly intervals). This is essential for fair assessment.
- Seek out views and feedback on the student's performance from other staff members, colleagues and patients/clients and the student themselves as this will help inform/clarify the grading process.
- If you need further support regarding grading and awarding a final overall grader, contact and discuss with the assigned Link Lecturer or the Practice Placement Tutors.

Awarding the overall grade: - A, B, C, D or F (fail)

- As a guide: - an **A grade** is equivalent to a student working consistently to a high/very high standard; a **B grade** is equivalent to a student working at a very good standard with a few areas to address (minor); a **C grade** is equivalent to a student working at a good standard with some areas in need of further development; a **D grade** is equivalent to working at an acceptable level though this maybe marginal in some areas; an **F grade** is a clear fail and student's performance is not of an acceptable standard (may be unprofessional, unsafe or inconsistent).
- The overall grade is based on **majority** of grades, but at least 5 achieved for the **7 competencies** – e.g., a student with 5 grade As and 2 grade Bs, is an overall A.
- A student is awarded an **overall F** for the placement if one or more competency is graded F. This is reviewed via the OT team/Practice Placement Tutors at the University. If the overall F grade is upheld, then the student will be awarded a **29% Fail**. A first fail entitles the student to a re-take practice placement at a later point in the programme.

3.1 COMPETENCY 1 – Communication and interpersonal skills			
<i>By the final week of practice the student demonstrates:</i>	PD1	PD2	PD3
Inappropriate communication or failure to communicate in an effective & professional manner. Inability to follow set protocols. Failure to understand the value of communication in person-centred care and its importance in the practice setting/with colleagues and within the supervisory relationship. Lack of adequate skills or limited range of non-verbal and/or verbal and/or written communication, despite ongoing feedback and support.	F	F	F
Basic understanding of communication systems, strategies and policies in the practice setting. Awareness of own limitations and mostly responds well to feedback. Communicates mostly appropriately within the practice setting, with clients and carers. Communication within the team/other agencies may need support at times. Able to produce an acceptable standard of patient notes with prompts and to identify and record some relevant, key information.	D	F	F
Satisfactory understanding of communication systems, strategies and policies in the practice setting. Some understanding of the value of communication in person-centred care and is able to show some flexibility in different contexts. Communicates appropriately with colleagues and/or team members but with occasional inconsistencies. Is responsive to feedback, both informally and within supervision but needs support to develop skills. Able to produce an acceptable standard of patient notes with prompts and to identify and record some relevant, key information. Requires support with reports or other documents	C	D	F
Satisfactory understanding of communication systems, strategies and policies in the practice setting. Understands the value of communication in person-centred care and shows some flexibility in different contexts. Requires minimal guidance to communicate appropriately with colleagues and/or team members. Is responsive to feedback, both informally and within supervision and can set some appropriate goals for development. By the end of the practice period able to sustain an acceptable standard of written communication and to identify and record all relevant, key information. Requires support with reports or other documents	B	C	D
Good understanding of communication systems, strategies and policies in the practice setting. Understands the value of communication in person-centred care and shows flexibility and sensitivity in different contexts. Communicates appropriately with colleagues and/or team members with minimal guidance. Is responsive to feedback, both informally and within supervision and able to set goals for development. Able to sustain an acceptable standard of written communication in a range of forms and can select all relevant key information, though with scope for further refinements.	A	B	C
Comprehensive understanding of communication systems, strategies and policies in the practice setting. Understands the value of communication in person-centred care and shows flexibility and sensitivity in different contexts. Communicates appropriately and confidently with colleagues and/or team members, often using initiative. Is able to reflect on own skills and to implement development goals by an assured use of supervision. Consistently good standard of written communication & can select and prioritise relevant information.		A	B
Comprehensive and assured understanding of communication systems, strategies and policies and can apply to diverse and often complex settings. Values and integrates feedback on communication skills resulting in consistently high standard and is pro-active in setting and achieving own development goals. Clear and effective communication with colleagues and/or team members in relation to service delivery. An autonomous and professional communicator.			A

3.2 COMPETENCY 2 – Knowledge and theory for practice			
<i>By the final week of practice the student demonstrates:</i>	PD1	PD2	PD3
A lack of understanding and/or awareness of key knowledge that underpins occupational therapy despite ongoing feedback and support. An inability to apply concepts and knowledge to the practice context. Unprofessional and/or ineffective engagement with evidence based practice. Reluctance or failure to seek help or respond to suggestions.	F	F	F
Basic understanding of key concepts and theories that underpin occupational therapy including the person environment and occupation relationship. Ability to recognise some knowledge and theories in the practice context but with inconsistencies. Requires sustained guidance and support. Able to provide some basic evidence to inform practice	D	F	F
Satisfactory understanding of key concepts and theories that underpin occupational therapy including the person environment and occupation relationship. Can satisfactorily recognise a range of knowledge and theory in practice with prompts. May lack accuracy or depth in some areas. Beginning to understand how to use evidence to inform practice though not consistent in doing this.	C	D	F
Satisfactory ability to recognise and apply a range of knowledge and theories to the practice context requiring occasional support. May lack accuracy or depth in some areas. Can identify and utilise evidence to underpin safe and effective practice with occasional guidance.	B	C	D
Good ability to recognise and apply a range of knowledge and theories to the practice context, demonstrating skills of analysis and evaluation. Can locate and justify evidence to underpin safe and effective practice and is aware of the need to critique this but may need occasional guidance to do so. Requires few prompts and is mostly self-directed.	A	B	C
Consistently good ability to recognise and apply a diverse range of knowledge and theories to the practice context. Demonstrates the skills of evaluation, analysis and synthesis. Can locate and justify evidence to underpin safe and effective practice. Can critique this evidence. Is self-directed and takes responsibility for developing own knowledge and understanding.		A	B
Consistently good ability to recognise and apply a diverse range of knowledge and theories to the practice context. Well-developed skills of evaluation, analysis and synthesis and critical appraisal. Can locate and justify evidence to use in practice in complex and challenging settings, recognising service remit and limitations. Is proactive, confident and self-directed, sharing knowledge and learning with other team members.			A

3.3 COMPETENCY 3 – OT/ Intervention process			
<i>By the final week of practice the student demonstrates:</i>	PD1	PD2	PD3
Is unable understand or to carry out parts of the OT process as directed, resulting in unsafe or unprofessional practice. Unaware of own limitations and/or unresponsive to feedback.	F	F	F
Partial understanding and recognition of parts of the OT intervention process in practice. Requires guidance and support to identify occupational needs; plan and implement occupational therapy interventions. Limited ability to adapt OT process to differing client needs & contexts. Shows some awareness of own limitations and is receptive to feedback but requires support to develop own goals.	D	F	F
Satisfactory though basic understanding and recognition of the OT intervention process. Can explain how to assess and plan interventions; can implement and evaluate occupational therapy goals. May require prompts to adapt this to practice context consistently. Responsive to feedback with good awareness of limitations. Requires some support to develop own goals	C	D	F
Satisfactory understanding of the OT intervention process. Can plan, implement and evaluate occupational therapy goals in order to meet the health and social needs of individual service users and/or groups. Shows some ability to be versatile and adapt OT interventions. Occasional prompts are required and are able to develop and action own goals following feedback.	B	C	D
Good understanding of the OT intervention process. Can effectively plan, implement and evaluate occupational therapy goals in order to meet the health and social needs of individual service users and/or groups. Shows some ability to be versatile and can adapt OT interventions. May require some prompts but is mostly self-directed. Insightful and responds well to feedback & is able to develop and action own goals.	A	B	C
Very good understanding the OT intervention process and can adapt this to differing client needs and contexts. Effectively plans, implements and evaluates occupational therapy goals in order to meet the health and social needs of an individual service user and/or group. Is pro-active and can self-evaluate and use initiative to identify and action own development goals.		A	B
Comprehensive understanding and implementation of the OT intervention process and relates this to diverse and/or challenging practice contexts. Can effectively plan, implement and evaluate occupational therapy goals in order to meet the health and social needs of individual service users and or groups. Is an assured self-directed learner. Uses initiative and at times shows a capacity for an innovative approach to practice.			A

3.4 COMPETENCY 4 – Professional/clinical reasoning			
<i>By the final week of practice the student demonstrates:</i>	PD1	PD2	PD3
Not able to clearly state purpose of reasoning from an occupational therapy perspective. Unable to provide reasons for OT interventions. Unsafe or fails to value a person centred approach in professional decision-making. Reluctant to seek help and appropriate support, showing little understanding of own limitations.	F	F	F
Basic understanding of the value and purpose of professional reasoning. Able to provide some reasoning but unable to integrate evidence from key sources to inform decision making in the practice context. Shows some awareness of own limitations and is receptive to feedback but unable to set goals for own development.	D	F	F
Satisfactory explanation of professional reasoning in the practice context though requires occasional prompts. Shows some ability to integrate evidence from a small range of sources although may lack critical evaluation. Some capacity to reflect on the process of professional reasoning though requires prompts to do this. Limited or inconsistent ability to apply reasoning process to different situations. Receptive to feedback and able to set some goals for own development.	C	D	F
Satisfactory explanation of professional reasoning in the practice context. Shows some ability to integrate evidence from a range of sources although may lack consistent critical appraisal. Some capacity to reflect on the process of professional reasoning though requires occasional prompts to do this. Some ability to apply reasoning process to different situations. Receptive to feedback and can set appropriate development goals.	B	C	D
Good ability to explain the value and purpose of professional reasoning in the practice context with occasional prompts. Able to select and critically appraise evidence from a range of sources and can integrate this into professional decision making with some guidance. Shows an ability to apply reasoning process to different situations. Receptive to feedback and can set appropriate development goals.	A	B	C
Good reasoning skills and ability to confidently apply this in the practice context. Able to select and critically appraise evidence from a range of sources and can integrate this into professional decision making. Shows an ability to apply reasoning process to different situations. Is self-directed in identifying and monitoring own development goals.		A	B
Assured and insightful use of professional reasoning in the practice context. Thinks analytically and conceptually, initiating discussion. Appraises and uses evidence from a wide range of sources to support decision making. Able to synthesise all elements of professional reasoning process into a coherent person centred approach. Is self-directed in identifying and monitoring own development goals.			A

3.5 COMPETENCY 5 – Professional behaviour and values			
<i>By the final week of practice the student demonstrates:</i>	PD1	PD2	PD3
A failure to act in a professional manner. Little or no regard for codes of conduct or professional standards. Conduct may be unsafe and professional suitability questionable. Unwilling or unable to reflect on and change behaviour despite ongoing support and feedback.	F	F	F
Basic understanding of HCPC standards and codes of conduct. Able to relate this to own practice with support. Can provide some reasons for a professional approach. Shows some capacity to reflect and change behaviour. Requires regular support and supervision to develop professionalism.	D	F	F
Satisfactory understanding of HPC standards and codes of conduct. Relates these to own practice though may need occasional prompts. Can provide an explanation for a professional approach. Shows awareness of own strengths and limitations. Able to reflect on and change behaviour with guidance and support.	C	D	F
Satisfactory understanding of HCPC standards and codes of conduct and can relate these to own professional practice. Can provide good explanation for a professional approach as an individual and as part of a team/service. Shows awareness of own strengths and limitations. Able to reflect on and change behaviour with guidance and support.	B	C	D
Good understanding of HCPC standards and codes of conduct. Relates these consistently to own professional behaviour. Can provide good justification for a professional approach for self and team/service. Can clearly articulate own strengths and limitations, actively seeking out and using feedback and support in order to develop.	A	B	C
Very good understanding and application of HCPC standards and codes of conduct. Relates these consistently to own professional behaviour and acts as an appropriate ambassador for occupational therapy. Can provide comprehensive justification for a professional approach within a team/service. Is self-directed in evaluation of behaviours and seeks feedback and discussion in order to develop.		A	B
Comprehensive understanding and application of HCPC standards and codes of conduct. Relates these consistently to own professional behaviour and acts as an ambassador for occupational therapy. Can provide thorough justification for a professional approach in diverse and/or challenging contexts. Is confident and self-directed in evaluation of behaviours and seeks feedback and discussion in order to develop. Shows a reflective, insightful approach to own practice.			A

3.6 COMPETENCY 6 – Professional Development of self			
<i>By the final week of practice the student demonstrates:</i>	PD1	PD 2	PD 3
A lack of engagement in or preparation for supervision and does not take responsibility for learning despite clear guidance and ongoing feedback. May respond negatively or defensively to feedback and may show avoidance behaviour in relation to learning. Written work shows little evidence of learning or self-evaluation	F	F	F
Satisfactory ability to structure own learning with guidance. Basic preparation for supervision. Mostly responds professionally to feedback. Motivated to learn and improve professional skills and knowledge although may show some inconsistency in this/need regular prompting to share learning and reflections	D	F	F
Satisfactory ability to structure own learning independently. Prepares for supervision. Responds professionally to feedback. May need support to apply learning appropriately.	C	D	F
Good ability to structure own learning and shows awareness of how to access appropriate resources. Prepares for supervision. Shows motivation and shares learning with PE in supervision.	B	C	D
Good ability to structure own learning and awareness of how to access appropriate resources. Prepares and takes an active role in supervision. Shows some initiative in seeking learning opportunities. Shows good motivation and responds positively to feedback.	A	B	C
Active and independent in creating learning opportunities and seeking knowledge. Fully prepares for supervision and takes an active role in discussion of issues. Is responsive and takes every opportunity to develop personally and professionally		A	B
The student is very able, showing an ability to independently source good quality information to develop own knowledge and contributing to team learning. Is fully engaged in practice learning and where appropriate engages in debate and discussion with other professionals			A

3.7 COMPETENCY 7 – Effective service delivery and leadership			
<i>By the final week of practice the student demonstrates:</i>	PD1	PD 2	PD 3
A failure to acknowledge or respect service limitations, policies or procedures. Dependent on others for own time management and makes little/no contribution to service. Behaviour may impact on service delivery or result in unsafe practice. Shows passivity and is unreliable despite ongoing support and feedback	F	F	F
Basic understanding of the principles of self-management and service priorities but shows some lack of consistency in application. Uses own time well on the whole. Accepts responsibility willingly when directed. Usually understands and adheres to the role and remit of occupational therapy in the setting.(PD2 and PD3 Needs direction and support to manage a small case load or equivalent responsibility e.g. may not always seek assistance appropriately)	D	F	F
Satisfactory understanding of principles of self-management, systems and strategies used in the setting and how these impact on client care. Demonstrates ability to manage self and contribute to routine tasks. Understands and adheres to the role and remit of occupational therapy in the setting. (PD2 and PD3 Needs guidance and support to manage a small case load or equivalent responsibility e.g. may need ongoing help to prioritise)	C	D	F
Understands the principles of self-management and service priorities. Able to manage self and contribute to routine tasks. Uses time well and takes responsibility. Able with guidance to take an active role in the team showing an understanding of role. (PD2 and PD3 manage a small case load with guidance. Reflects and evaluates accurately on own needs for development in this area)	B	C	D
A good understanding of the principles of self-management and service priorities. Uses resources effectively and efficiently and is reliable at all times. Adapts to the practice area and is motivated willingly taking on responsibilities. Has an active role in the team and works appropriately with other team members. (PD2 and PD3 Manages a case load or equivalent with minimal guidance. Understands how own needs and priorities may impact on others. Accurately evaluates self and develops own skills in this area)	A	B	C
Shows a very good understanding of the principles of self-management and service priorities. Adapts well to the practice context and takes responsibility and is reliable. Shows good use of resources and may show creative thinking in this area. PD2 and PD3 Has an active role in the team and works appropriately with other team members taking a lead where necessary. Manages a small case load or equivalent effectively showing good prioritisation and flexibility and awareness of others' priorities.		A	B
Comprehensive understanding of service delivery, systems and procedures. Organises self and own workload efficiently and effectively. Accurately reflects and evaluates own skills in the area. Makes a significant contribution to the service through caseload management or service development. Demonstrates sensitivity and responsiveness to others priorities and workloads and works effectively with the team. Shows leadership attributes such as flexibility, responsiveness and resourcefulness.			A

4. PROFESSIONAL DEVELOPMENT 1 - PRACTICE

4.1 LEARNING OUTCOMES

On successful completion of this module, students will be able to:
1. Demonstrate effective communication (verbal/non-verbal/written) when conveying information and professional opinion in practice situations and in supervision.
2. Recognise the key concepts of occupational therapy and identify relevant knowledge in the practice setting.
3. Describe the OT process and explain how it is applied to a typical intervention in a practice setting.
4. Demonstrate an understanding of professional/clinical reasoning and how it is used to support decision making in the practice setting.
5. Perform in a safe, non-discriminatory manner showing an understanding of relevant policies, guidelines and protocols.
6. With supervision, reflect on own performance and set appropriate development goals.
7. Describe the role of occupational therapy in the practice context. Explain the need to develop professional relationships and work collaboratively with others.

The above are the over-arching module learning outcomes for a practice experience at this stage of the programme. Note that they are a combination of *knowledge*, *skills* and *values*. The student is expected to be able to demonstrate; recognise; describe and reflect (with support) to provide evidence of these learning outcomes. See the marking criteria for guidance.

4.2 SUMMARY OF REQUIREMENTS

Students should note that the **practice assignments** shaded in grey are **assessed** and provided with formal feedback. All practice assignments completed during the practice period will provide evidence for summative assessment and retained in student's e-portfolio.

To be completed during the practice period for PD 1 (used within supervision sessions/by PE)				Submit <u>one week</u> after the end of practice period for PD1 (to OBU)
Activity analysis (applied) (1,400 words) Distinction/pass/ fail	CORDS visit One half day (minimum) observational visit Guided discussion in supervision session	Written reflection (1) Concise/no word limit	e-Portfolio Additional evidence & resources	Professional Development Report 1000 words Activity Analysis with feedback form attached 3 week formative assessment (1) Summative assessment (pre- moderation) Hours sheet Placement Learning Checklist Reflections (1) CORDS visit summary Feedback Form for Practice Educator

4.3 GUIDELINES FOR ACTIVITY ANALYSIS (APPLIED)

This learning activity provides students with opportunity to practice one of the core skills of occupational therapy. Students are required to analyse the components of an activity in order use it as a therapeutically with patients/clients. The assignment provides evidence of use of theory in practice and use of professional reasoning skills.

1. The student is required to identify and agree a suitable activity with the practice educator that is relevant to the practice context and will help consolidate a student's understanding of the therapeutic use of activity.
2. A client whom the student has worked with or is known to the student is selected.
3. The analysis requires a person-centred focus and the purpose and meaning of the activity for the individual (patient/client) is be identified and considered.

Examples:

- an activity of daily living
- an individual taking part in a group activity (creative media/lunch cookery)
- a 1:1 leisure/productivity occupation (playing the piano, completing a jigsaw, polishing shoes)
- part of an OT specific assessment (mobility and transfers/washing and dressing etc).

Presentation

The student is expected to complete the **Activity Analysis Summary** and submit to the practice educator. The student is required to **verbally present** the activity analysis to a small group of Occupational Therapists or members of the MDT. Students should consider how to prepare professionally for a presentation – room booking, informing and inviting relevant people, use of audio-visual aids etc. The requirements should be negotiated with the practice educator – formal or informal presentation, use of slides or not, people to invite etc.

Please provide a mark of distinction, pass or fail for the written work using the **Marking Criteria** and written feedback using the **Activity Analysis Feedback Form**

Guidelines

The written summary of the activity analysis is to be completed and given to the practice educator for marking by a mutually agreed date, before the end of the placement.

The summary should be up to 1,400 words in total. This is a guide only, though students are encouraged to report concisely and address all sections – it is recommended that students keep a final summary to a total of 5 sides of A4 (including references). The emphasis of the analysis will vary depending on the areas of difficulty for the client. For example a mental health setting could potentially have less focus on physical aspects of performance.

Students can use bullet points and tables to present their work. Before completing this written task, students may wish to revise their knowledge of activity analysis by further reading and referring back to Semester 1 modules, such as U42507 Foundations of Occupational Therapy Practice. *(Note: there is no online pro forma for this summary – please use/adapt the structure overleaf).*

4.4 ACTIVITY ANALYSIS (APPLIED) RECOMMENDED STRUCTURE

Activity Analysis application - Summary (4 sections) to include:
<ul style="list-style-type: none"> ● The person (400 words) <ul style="list-style-type: none"> -briefly describe the individual person (patient/client) identifying current performance capabilities & associated social or occupational needs - state rationale for selecting this activity for this individual patient/client ● The activity (400 words) <p><i>(we suggest you use a table/bullet points for this section)</i></p> <ul style="list-style-type: none"> - succinctly describe the activity - where is it to be performed? what tools or materials are needed? when is it done? how long does it take to complete? - what are the main steps of the activity? -what skills are required to complete the activity?(motor skills, process skills & communication skills) - describe the outcome of the activity- was it completed successfully? How satisfied was the individual with the end result? ● The environment (200 words) <ul style="list-style-type: none"> - what are the physical characteristics of the environment/setting of the activity?(in own home or in the community or in an assessment kitchen/OT department etc) - consider factors such as room space & floor surfaces, lighting, temperature etc ● Therapeutic application (400 words) <ul style="list-style-type: none"> What socially inclusive roles are associated with this activity? What cultural values, beliefs and/or customs are associated with this activity? Are there any financial considerations/constraints associated with this activity? How might this activity have significance & meaning for the person's occupational identity? ● How might the activity be adapted modified if necessary?

Adapted from Christiansen & Baum (2005) Further reading:- Duncan, E (Eds) (2011) *Foundations for practice in occupational therapy*. (5th ed). Edinburgh: Elsevier Churchill Livingstone. – see Chapter 4: Skills and processes in occupational therapy.

Marking Criteria for the Activity Analysis

The activity analysis is to be marked by the practice educator and contributes to the evidence for the achievement of competencies.

Students who submit an activity analysis that does not meet the standard required, will be awarded a FAIL grade. (This could be due to insufficient detail and or a lack of consideration of all sections of the analysis). Following constructive feedback, the student can resubmit, time permitting and show evidence of further learning. Normally, **only one re-submission** is permitted unless the particular learning needs of a student have been previously been discussed and additional opportunities for formative feedback negotiated.

Failing the activity analysis alone will not normally lead to failure of a competency area or of the placement. However, failing the activity analysis may contribute to the final grading of a competency area if the student demonstrates unsafe practice or compromises the professional code of ethics and standards.

The submitted written work is to be marked with reference to the following aspects and can be the basis of formative and/or summative feedback:

- professional practice learning
- evidence base
- intellectual skills
- writing & presentation skills

4.5 ACTIVITY ANALYSIS MARKING CRITERIA – PROFESSIONAL DEVELOPMENT 1

DISTINCTION	PASS	FAIL
<p>Professional Practice Learning</p> <ul style="list-style-type: none"> • Clear application of theory with links to practice and development of own knowledge base demonstrated • Safe practice is evident • Good consideration of cultural, ethical and professional issues • Theory and practice well integrated • Insightful and considered use of activity 	<p>Professional Practice Learning</p> <ul style="list-style-type: none"> • Application of theory with some links to practice, use of knowledge base shown • Safe practice is evident • Some evidence of cultural and/or ethical and professional attitudes • Theory and practice described separately • Acceptable use of an activity of meaning/ importance to client 	<p>Professional Practice Learning</p> <ul style="list-style-type: none"> • Unsafe practice may be evident and theory is not clearly applied • Insufficient/inappropriate consideration of relevant cultural ethical or professional issues • Explicit discrimination may be evident • Insufficient or limited understanding of use of activity analysis
<p>Evidence Base</p> <ul style="list-style-type: none"> • Identification, location and application of varied sources of information and relevant theory. • Correct use of Harvard referencing 	<p>Evidence Base</p> <ul style="list-style-type: none"> • identification, location and application of sources of information and relevant theory • Use of Harvard with a few errors 	<p>Evidence Base</p> <ul style="list-style-type: none"> • little or no evidence of relevant theory and little or no location of sources of information • no or limited referencing
<p>Intellectual Skills</p> <ul style="list-style-type: none"> • application of tools and methods to a well-defined problem and clearly links ideas from a range of sources • considered plans e.g. for modification of the activity with clear evidence of professional reasoning 	<p>Intellectual Skills</p> <ul style="list-style-type: none"> • application of tools and method to a well-defined problem and linkage of ideas from a limited range of sources • some conclusions and evidence of professional/ clinical reasoning 	<p>Intellectual Skills</p> <ul style="list-style-type: none"> • poor exploration of topic with minimal use of sources • knowledge is misinterpreted and there may be inappropriate or absent conclusion. • little or no evidence of professional/clinical reasoning.
<p>Writing and Presentation Skills</p> <ul style="list-style-type: none"> • consistently competent in written and presentation skills • content is relevant and focussed and shows attention to detail . • uses appropriate professional terminology • Overall presentation is of a high standard and student takes responsibility for own learning • meets agreed submission deadlines 	<p>Writing and Presentation Skills</p> <ul style="list-style-type: none"> • developing competence in writing and presentation skills evident • content is generally relevant and is of an acceptable standards (some grammar, spelling and punctuation errors might be seen). • uses appropriate professional terminology. • overall presentation is adequate and the student takes responsibility for learning and meets submission deadlines 	<p>Writing and Presentation Skills</p> <ul style="list-style-type: none"> • content is not sufficiently focussed and lacks a cohesive logical structure • written work is poorly presented with significant errors of grammar, spelling and punctuation and professional terminology may be used incorrectly. • overall presentation is poor and student does not take responsibility for his/her learning /fails to meet agreed submission deadlines

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4.6 ACTIVITY ANALYSIS (APPLIED) FEEDBACK FORM

Student Name.....

Overall Grade: - **DISTINCTION / PASS / FAIL** (please circle)

Comments:

Professional Practice Learning	
Evidence Base	
Intellectual Skills	
Writing and Presentation Skills	

4.7 CORDS VISIT

CORDS (Core Skills in Diverse Settings)

This is an **observational visit** to a resource/agency that aims to support or provides a service to service users or carers. The aim is to provide an opportunity for students to start thinking broadly about the **context and diversity of health and social care** – and to view the service through the perspective of occupational therapy

In some practice settings, examples of visits to other departments or off site organisations may already be established – these can be built on or adapted to meet the requirements of a CORDS visit. **The CORDS visit should be to a service/agency/department that does not currently employ an OT** as this will encourage students to think about the occupational needs of those using the service and about what kind of contribution an OT could make in that setting.

Organising a CORDS visit – student & Practice Educator’s responsibilities

Prior to the *beginning of the practice*, identify one or two possible CORDS visit – this may be within the hospital/centre or local community (**Practice Educator**)

During first week of practice, discuss and agree the CORDS visit. Confirm the name of the person who will support the student and maintain safety during the visit. Pass on any contact details and student can arrange a suitable time to visit (**Practice Educator and student**)

Agree a time/week within formal supervision when the student will verbally report back/share their reflections on the completed CORDS visit. Allow sufficient time for practical arrangements. (**Practice Educator and student**)

Advantages of a CORDS visit – for the practice setting: - it can set up or strengthen links with a voluntary agency or local resource & promote awareness of OT.

Advantages of a CORDS visit – for the student: - opportunities to appreciate the potential scope of practice & begin to cultivate entrepreneurial thinking.

Advantages of a CORDS visit – for service users – students/future practitioners to be more aware of all aspects of available care & support & a greater insight in the occupational narrative of service users

Note: if for some reason the CORDS visit is not viable or cannot be organised within the time scale of the practice period, then the student can inform the Practice Placement Tutors Development Tutors or their Link Lecturer. This will **not** normally result in a fail for the practice module.

Reflecting on the CORDS visit

Although an observational visit, students are expected to interact appropriately with the people using the service – this may include joining in with some activities or having lunch etc. Students can make ‘field notes’ immediately after the visit and record their initial impressions and thoughts.

Students are required to address three key questions: -

1. What are the **occupational performance** requirements and challenges for the people using the service? (include a description of what the service/agency provides and how it supports people)
2. What **core OT skills** could be used in this setting? (Select one or two e.g. using activity as a therapeutic tool, group work or adaptation of the environment)
3. In your opinion, what might be **the contribution of Occupational Therapist** in this setting? (e.g. with a focus on occupation and occupational engagement)

Using the template provided in the document store (copy below), students can summarise their learning and verbally report back to their Practice Education during supervision. The completion of this activity will provide additional evidence of achievement of the 7 competencies & can inform the summative grade for the practice module.

Examples of CORDS visits

Here are some examples of the settings for previous CORDS visits – this will vary according to geographical location and the existence of local community initiatives. Ideally the CORDS visit should be relevance to the setting and client group of the practice area – this could be within the private, voluntary or independent sector.

- Age UK, MIND, MENCAP – day and outreach services and support
- Stroke Association
- MS Society
- Headway
- Centre for Riding for the Disabled
- Supported accommodation and housing schemes
- Volunteer Centre
- Day and support services (for older people)
- Nursing homes
- Hospice and Hospice Care Day Services
- Equipment providers
- A service within a hospital with no OT input but which may be relevant

4.8 CORDS VISIT SUMMARY OF LEARNING

Use this pro forma to record your key points – based on your observational visit and own field notes. You can refer to this when reporting back to your Practice Educator.

<p>1. Why are people using the service/agency? (a description of what the service/agency provides and the people who are using the service and why etc). (Tip: - Try applying a model to the setting to prompt your thinking on where the service might assist in difficulties with occupational performance)</p>
<p>2. What core OT skills could be used in this setting? <u>Select one or two</u> e.g. using activity as a therapeutic tool (Tip: - see RCOT 2004 7 core skills cited in Duncan/Foundations for Practice (2006) p. 45)</p>
<p>3. In your opinion, what might be the contribution of an Occupational Therapist in this setting? Think in terms of a focus on occupation – a role for OT in this setting might be a lot or a little or not necessary/relevant! (Tip: - you can speculate here and use your creative thinking skills!)</p>
<p>4. Action plan for your next CORDS visit – what worked well/what will you do differently next time? Or if final placement - provide a short summary of your learning following your visits.</p> <ul style="list-style-type: none">••

Student name/date

PE name/date

4.9 DEVELOPING THE SKILLS OF REFLECTION

Students are expected to reflect on all aspects of their practice. This can be

- Verbally, during supervision sessions and/or de-briefs, team meetings etc.
- In written form/keeping a reflective diary/log

The process of reflection helps to develop key professional skills such as self-appraisal and personal insight/awareness.

Students are required to submit *at least* one reflective account to the Practice Educator during the period of practice. This is not formally assessed but can provide evidence of learning and development of professional knowledge skills and values. Students can practice accurately describing a critical incident and also analysing and evaluating this experience/event.

A **critical incident**:

- has meaning and significance to promote learning,
- can be a positive experience/achievement
- can be an area for personal/professional development.

(For a series of useful prompt questions, see the next two pages – the Structured Reflection *pro forma*).

See below: Gibbs reflective cycle (1988) cited in Rolfe G, Freshwater D and Jasper M (2001) *Critical Reflection for Nursing and the Helping Professions*. Basingstoke, Palgrave. (p.32)



4.10 STRUCTURED REFLECTION – PRO FORMA FOR PD1, 2 & 3

Name:

Date:

What.....
What happened? (describe the event/experience, stating the facts)
What went well? (achievements/gains for you or patient or colleague)
What did not go so well? (lack of skill or knowledge, limited success)
What were your feelings? (immediately and afterwards)

So what.....
So what were the consequences of this event/experience?
So what could I have done better or done differently?
So what implications does this have for my learning? (what else do I need to know/be able to do?)

So what have learnt from this event/experience? (good points as well as negatives)
--

Now what....
What will I do next time?
Action plan (how I will do it)
Implementation (how I will ensure it happens- targets, deadlines)
Evidence (how can I demonstrate that learning has taken place)

Useful prompts:

- **Erase/rewind** – if I could have the time back, would I have done things differently?
- **Spot check** – could I clearly explain my reasons for how I performed and am I taking responsibility for my behaviour?
- **Humble pie** – have I been challenged today/this week and learned a lesson from it?
- **Making a difference** – what part did I play in promoting change and making things happen?

From: Thompson S & Thompson N (2008) *The Critically Reflective Practitioner*. Basingstoke: Palgrave Macmillan. p. 100

4.11 PORTFOLIOS

Professionally relevant material will be collected and compiled by the student in each practice setting. This is not marked but can provide supporting evidence for the summative assessment and final grade. The material should be relevant, accurate and show appropriate regard for confidentiality (anonymise names).

Students will record and retain required and additional evidence in a resource file. Suitable items can be added to a **Portfolio** and students can provide electronic access for PEs or extracts/hard copies for review during supervision sessions if using an e-Portfolio

(It is recommended also that the student keeps electronic copies of all documents which are required for submission following the placement period)

EXAMPLES OF ADDITIONAL EVIDENCE WHICH CAN BE COLLECTED

The additional evidence is for your own continuing professional development and is not to be uploaded with your final paperwork

- Interviews/assessments used in the practice setting
- Reflection on shadowing of other professionals/visits to other departments or services
- Summary of learning at CPD events and/or study days/conferences.
- Case conferences/ward rounds – details on formats and purpose
- Examples of Occupational therapy interventions (group/individual)
- Community or home visits procedures
- Departmental/office procedures
- Supervision notes
- Personal development initiatives (volunteering, part time jobs)

Materials retained should demonstrate your learning so should include reflections on the value of these pieces of evidence to your professional development

4.12 SUPERVISION PREPARATION FORM

This form is intended act as a guide/structure for supervision.

Student	Practice Educator	Date:
---------	-------------------	-------

This form is to be completed **weekly**.

Part 1 - To be completed by the STUDENT before supervision

1. What have I achieved since the last supervision?

2. Are there any areas I need to develop further or areas of concern? (Refer to relevant competency areas with specific examples)

3. What are my priority areas for action in the next week/s?

Part 2- To be completed by the PRACTICE EDUCATOR before supervision.

1. What has the student achieved since the last supervision?

2. Are there any areas for further development or areas of concern? (Refer to relevant competency areas)

3. What are the priority areas for action in the next week/s?

4.13 RECORD OF PRACTICE DEVELOPMENT OBJECTIVES - PROFESSIONAL DEVELOPMENT 1

Jointly agreed and reviewed by student and practice educator(s) on a weekly basis . – please print off & copy sheet according to need.

Competency	Objectives (SMART) – what?	Process/resources – how?	✓ date

4.14 Additional Supervision Notes

Date	Record of discussion and action (completed by educator)	Signed (student and PE)

N.B. For areas of continuing concern contact your practice education co-ordinator and/or the University practice education team

4.15 EXAMPLES OF EVIDENCE (IDENTIFYING OBJECTIVES)

Competency	Evidence
<p>Communication and Interpersonal skills</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • satisfactory note writing. • satisfactory patient and carer communication • developing communication with multidisciplinary team/other agencies <p>Written/Verbal Reflections</p> <ul style="list-style-type: none"> • patient/carer/team communication with <u>evidence of learning</u> – appropriate action plan showing insight and development <p>Notes or reports (anonymised samples) demonstrating clear concise and professional written communication</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory verbal and non-verbal communication skills</p> <p>Other examples: -</p>
<p>Knowledge and Theory for practice</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Recognition of knowledge/theory in practice • Application of knowledge/theory • Use of evidence to inform practice <p>Written/Verbal Reflections demonstrating</p> <ul style="list-style-type: none"> • use of theory and knowledge • Use of evidence

	<p>Other required practice written work demonstrating</p> <ul style="list-style-type: none"> • use of theory and knowledge • Use of evidence <p>CORDS visit paperwork demonstrating</p> <ul style="list-style-type: none"> • use of theory and knowledge • Use of evidence <p>Notes or reports demonstrating use of professional structures indicating understanding of OT theory and evidence (e.g. use of a model, grading or adapting, activity analysis, evidence based interventions)</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory use of professional terminology and of OT appropriate interventions</p> <p>Other examples: -</p>
<p>OT Intervention Process</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Recognition of the OT process in practice • Ability to gather information appropriately • Ability to assess service users effectively • Ability to develop treatment plans • Ability to evaluate <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to parts of the OT process and an action plan <p>Other required practice written work showing use of the OT process</p>

	<p>Notes or reports demonstrating clear use of the OT process (e.g. use of assessment tools, goal setting, evaluations).</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory client centred professional interventions with service users.</p> <p>Other examples: -</p>
<p>Professional/Clinical Reasoning</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Ability to explain reasons for interventions • Appropriate discussion or presentation of information to team members with reasoning • Ability to consider service user perspective in reasoning • Ability to develop treatment plans • Ability to evaluate and change interventions when required <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to the reasoning process and an action plan <p>Other required practice written work showing reasoning abilities</p> <p>Notes or reports demonstrating clear reasoning e.g. in SOAP notes.</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory professional judgements and decision making.</p> <p>Other examples: -</p>

<p>Professional Behaviour and Values</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Evidence of understanding of codes of conduct as applicable in the setting e.g. confidentiality, gaining consent, appropriate relationships, professional presentation. • Appropriate professional communication with all persons • Ability to consider service user perspective and act in their best interests • Understanding of risk • Understanding of cultural and diversity issues <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to professional behaviour and an action plan <p>Other required practice written work showing understanding of professional values</p> <p>Notes or reports demonstrating accuracy and use of professional language. Observations of student performance by PE or others in situ demonstrating satisfactory professional behaviour and presentation.</p> <p>Other examples: -</p>
<p>Professional Development of Self</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • student responding to and achieving jointly set objectives. • Ability to direct own learning • Use of supervision forms or equivalent demonstrating preparation for supervision <p>Written/verbal Reflections</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to directing own learning and an action plan • on reading e.g. articles read or new learning from texts • on learning in practice e.g. courses or in-house training or PE demonstrations • on CORDS visit.

	<p>Other required practice written work showing reasoning abilities</p> <p>Notes or reports demonstrating development of ability over the placement.</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory knowledge seeking behaviours (e.g. informal discussions with team members, spending time with other professionals/services, attendance at training, appropriate questioning to develop further understanding.)</p> <p>Other examples: -</p>
<p>Effective Service Delivery and Leadership</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Understanding of role of OT in the setting • Self-management skills e.g. timekeeping, ability to prioritise and be flexible • Good Informal and professional relationships with the team • Ability to manage a small case load (PD2B and PD3) • Able to demonstrate appropriate level of initiative in organising CORDS visit and/or other relevant visits <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to self-management skills with action plan • demonstrating evidence of learning related to team working • demonstrating evidence of learning related to leadership qualities <p>Other required practice written work showing evidence related to self-management and role development</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory self-management skills and team working skills.</p> <p>Other examples: -</p>

PRACTICE ASSESSMENT DOCUMENT (PAD)

4.16 FORMATIVE ASSESSMENT: (to be completed every 3 weeks & discussed within student supervision)

Based on student’s current level of performance & using practice education grading descriptors (see purple pages)

Note: record a **NE (no evidence)** if this competency has not yet been addressed or if appropriate evidence has yet to be identified or completed.

Competency	Grade A (tick ✓)	Grade B (tick ✓)	Grade C (tick ✓)	Grade D (tick ✓)	Grade F (tick ✓)
Communication and interpersonal skills					
Knowledge and theory for practice					
Occupational Therapy intervention process					
Professional/clinical reasoning					
Professional behaviour and values					
Professional development of self					
Effective service delivery and leadership					

Formative assessment summary & jointly agreed action plan (practice educator and student)

<p>Passing all at C and above Performing at a good/very good level and is making progress on all practice competencies</p>	<p><u>Comments:-</u></p>	<p><u>Action plan: - (what/how/by when?)</u></p>
<p>One or more D Grades Performing at a mostly satisfactory level – in need of some prompts & occasional support, making progress on most practice competencies</p>	<p><u>Comments:-</u></p>	<p><u>Action plan: - (what/how/by when?)</u></p>
<p>One or more F Grades Inconsistent level of performance requiring sustained support & direction: one or more practice competencies not of acceptable standard (unsafe or unprofessional)</p>	<p><u>Comments:-</u></p>	<p><u>Action plan: - (what/how/by when?)</u></p>



4.17 SUMMATIVE ASSESSMENT (PRE-MODERATION)

Occupational Therapy programme – BSc & MSc Department of Sport and Health Sciences- Faculty of Health and Life Sciences

PRACTICE EDUCATION Professional Development 1 – U42510

Name of Student:

Student Number:

Name of Trust/Organisation:

Name of Service/Location:

Primary type of intervention: physical/psychosocial/both (circle)

Name of Practice Educator:

Email:

Telephone No.

Please ensure that the following sections are completed to validate professional practice:

Hours Completed:

Final Grade: A B C D F (Please circle as applicable)

Signature of Practice Educator:

Address: Practice Education Unit
Occupational Therapy
Department of Sport & Health Sciences
Faculty of Health and Life Sciences
Jack Straws Lane
Oxford
OX3 0FL

N.B. The student is required to submit a signed and fully completed copy of the assessment and other paperwork to moodle as a scanned pdf copy

Email: ot-peu@brookes.ac.uk

To be completed & reviewed in the final week of practice period (within a supervision session). As a summative assessment, it is based on the current level of performance the student has attained in the final weeks of the practice placement. Refer to **grading descriptors** for practice competencies for further guidance. PEs are required to award a grade for each of the 7 practice competencies (please insert – either A, B, C, D or F) & then award an **overall grade** (pre-moderation).

1. COMMUNICATION AND INTERPERSONAL SKILLS	GRADE
<i>Please add comments/state evidence</i>	
2. KNOWLEDGE AND THEORY FOR PRACTICE	GRADE
<i>Please add comments/state evidence</i>	

3. OCCUPATIONAL THERAPY INTERVENTION PROCESS	GRADE
<i>Please add comments/state evidence</i>	
4. PROFESSIONAL/CLINICAL REASONING	GRADE
<i>Please add comments /state evidence</i>	
5. PROFESSIONAL BEHAVIOUR AND VALUES	GRADE
<i>Please add comments/state evidence</i>	

6. PROFESSIONAL DEVELOPMENT OF SELF	GRADE
<i>Please add comments/state evidence</i>	
7. EFFECTIVE SERVICE DELIVERY AND LEADERSHIP	GRADE
<i>Please add comments/state evidence</i>	

Overall grade (pre University Moderation Process)

<p>Grade A Performing consistently at an excellent level and has achieved all practice education competencies at <u>5 or more A grades</u></p>	<p>Grade B Performing at a very good level with very occasional prompts and support ; has achieved all practice education competencies at <u>5 or more B grades</u></p>	<p>Grade C Performing at a good level with occasional prompts and support; has achieved all practice education competencies at <u>5 or more C grades</u></p>	<p>Grade D Performing at a competent level with some guidance and support required; has achieved all practice education competencies at <u>3 or more D grades</u></p>	<p>Grade F Inconsistent level of performance requiring sustained support & direction: not of acceptable standard (unsafe or unprofessional). 1 or more F grades</p>
<p>Please circle the overall grade awarded</p>				
A	B	C	D	F
<p>Particular strengths or qualities: -</p>				
<p>Professional Development To be addressed : -</p>				

Signed/date – Practice Educator

Signed/date – Student

Interim summary of learning

To be completed by the student at the end of the practice period and & will form the basis of the **Professional Development Report** and subsequent **action plan** for PD2 .

<p>Comments/feedback I received from Practice Educator, MDT members, service users or carers</p>		<p>Implications for my Professional Development</p>
<p>My own evaluation: How can I improve my learning within the practice context?</p>		<p>Implications for my Professional Development</p>

4.18 PROFESSIONAL DEVELOPMENT REPORT GUIDELINES

This is a written summary to be submitted with your final documents **one week** after the end of Professional Development 1 and will be used as part of your evidence to confirm the grade and final percentage in the module moderation process by the Practice Education team/tutors.

This is a further opportunity for students to practice the skills of self-appraisal and reflection.

Professional Development report

Part 1 – summary of personal and professional learning to date, focussed on professional development/practice competencies
(approx. 800 words)

Part 2 - identify an action plan for learning & development goals in subsequent placements
(200 words).

This is to be written in the first person (use of “I”). Use referencing to support your work.

Students are expected to review and reflect on their practice experience and to draw on feedback from a variety of formal & informal sources.

Students will select two or three practice competencies and to identify & discuss relevant successes & achievements as well as challenges. An action plan can address either knowledge or skills or values and should use SMART goals. A range of resources can be used to help meet the action plan & students are encouraged to think creatively and devise an action plan that is personal & motivating.

This report can be sent on to your next placement as an introduction so remember to make the content professional and well-focused.

4.19 PROFESSIONAL DEVELOPMENT/PRACTICE- MODERATION PROCESS

All relevant sections of the Professional Development submission paperwork will need to be completed & available electronically for the moderation process

This evidence of professional learning & development will be used to confirm the final placement grade & assign a percentage for the practice module. In exceptional circumstances, if a student or Practice Educator or OT team staff member have any concern or issue with the placement grade or with the grading process, a case can be made to the Professional Development Moderation Panel for review.

This panel (PMDP) will consider in full the available evidence from the student concerned, Practice Educators, Link Lecturers & the Practice Placement Tutors & a final grade will be decided prior to ratification at the Subject Exam Board.

5. PROFESSIONAL DEVELOPMENT 2

Professional Development 2 is the second placement for all students on undergraduate occupational therapy courses.

The placement is arranged either as a full time (10 week) placement for the BSc students or as a mixed mode placement with some full time and some part time weeks for the MSc students.

For the MSc pattern it is advised that the following are considered:

Supervision should take place pro rata. If the students are completing 2 days on the placement each week then it is advised that formal supervision takes place alternate weeks.

Study leave is not provided for the part time weeks of the placement. It is recommended that an equivalent amount of study is added to the placement hours to acknowledge the work completed outside the placement setting. This should be no more than 3 allocated hours per fortnight when working 2 days per week. PE should ensure that there is evidence of work completed outside the setting. Alternatively the student can take up to 5 study days during the full time period of placement (10 half days equivalent to a 10 week placement)

Adjustments to the expectations for the part time section of the placement should be made. For example it may be difficult to carry a case load but students should show equivalent skills to case load management skills such as:

Ability to prioritise

Clear communication related to hand over of patients within the team setting

Understanding of the range of occupational therapy interventions in the setting

Ability to work flexibly and manage time effectively when change occurs

5.1. LEARNING OUTCOMES

On successful completion of this module, students will be able to:
1. Demonstrate effective communication (verbal/non-verbal/written) when conveying information and professional opinion in a range of locations and occasions.
2. Modify the form or content of communication to meet the needs of different individuals/groups or teams/context.
3. Apply the key concepts of occupational therapy and a range of underpinning disciplines (occupational science, social sciences, health sciences and ethics) to the practice setting.
4. Select relevant research to support evidence based, person centred approach.
5. Recognise the impact of poverty, inequality, exclusion and occupational deprivation on occupational performance.
6. Assess, plan, implement and evaluate a range of interventions to facilitate participation in meaningful occupations for service users.
7. Effectively use the reflective process in a supervisory context and other settings to develop professional/clinical reasoning skills.
8. Listen to and analyse the occupational narrative of service users and be able to provide a rationale for interventions.
9. Perform in a safe, non-discriminatory manner and consistently apply risk assessment procedures.
10. Adhere to local/national policies & protocols, professional, legal and ethical boundaries, as stated in the Occupational Therapy Code of Ethics and Professional Conduct for OTs (2015) and HCPC Standards of Conduct, Performance and Ethics (2016).
11. Take on an appropriate role within the service to develop professional abilities, Display a willingness to inform, educate and support others.
12. Evaluate and critically appraise own performance, setting appropriate development goals and maintaining a CPD record/portfolio. Monitor and respond to own health or disability needs in order to practise effectively.
13. Identify priorities and work within service remits to make best use of resources. Recognise the value of audit evaluation and/or research as methods of service improvement.
14. Articulate and demonstrate the role of occupational therapy in the practice setting. Build and maintain collaborative relationships with team members and other agencies to enable and empower service users. Provide accurate, legible and contemporaneous notes, reports and verbal summaries.

The above are the over-arching module learning outcomes for a practice experience at this stage of the programme.

5.2 WRITTEN WORK SUMMARY

Students should note that the practice assignments shaded in grey are assessed and provided with formal feedback. All practice assignments completed during the practice period will provide evidence for the summative assessment and are retained in the student's e-portfolio.

To be completed during the practice period for PD 2 (used with supervision sessions/by PE)				Submit <u>one week</u> after the end of the practice period for PD2 (to OBU) .
Case Study (2,000 words) Distinction/pass /fail	CORDS visit 1 day observational visit Guided discussion in supervision session	Written reflection (2) One with a team focus Concise/no word limit	e-Portfolio additional evidence & resources	Professional Development Report (1000 words) Practice Assignment with feedback 3 weekly formative assessments Summative assessment (pre-moderation) Hours sheet Placement Learning Checklist & Action Plan Reflections CORDS visit summary Evaluation of Placement to PE

5.3 GUIDELINES FOR CASE STUDY

The formal written case study provides a measure of the student's clinical/professional reasoning skills and ability to integrate theory and practice. The case study includes an opportunity to investigate **part of the evidence base for one aspect of the occupational therapy process**.

Presentation

The student is expected to agree and discuss the choice of client for the case study with the practice educator. **The student is expected in addition to present the case study to a group of interested colleagues.** However only the written case study is formally assessed and graded. Students should consider how to prepare professionally for a presentation – room booking, informing and inviting relevant people, use of audio-visual aids etc. The requirements should be negotiated with the practice educator – formal or informal presentation, use of slides or not, people to invite etc. Please use the **Case Study Feedback Form** to provide written feedback.

This report is to be completed and given to the practice educator for marking by a **mutually agreed date** before the final summative assessment

The case study should be approximately **2000 words** in length. The work counts given for each section are for guidance. Reference list and appendices are not counted in the word total.

5.4 CASE STUDY STRUCTURE

PART A – 1200 words approx.

- Background information & summary of the person, to include brief relevant history (social, cultural and medical factors) (*maximum 300 words*)
- Occupational Therapy Process (*900 words approx.*) - description of the OT process (or relevant parts) used with the person, for example:
 - *applying key concepts, such as a model or frame of reference*
 - *relevant legislation or involvement of other agencies/family/carers. How did these influence your practice?*
 - *the outcome of Occupational Therapy at the end of your intervention or practice? Did anything change? Why did change occur or not occur?*
 - *recommendations for the future?*

Note:

- Remember to include your clinical/professional reasoning
- Ensure you incorporate relevant references to support your reasoning and statements in the case study e.g. medical texts relevant articles and occupational therapy theory texts

PART B – 800 words approx.

Search for 1 or 2 pieces of evidence or research to support any part of the OT process, e.g. assessment, therapeutic activity, equipment provision or outcome measures. You are expected to search a relevant database such as CINAHL to find some current valid and reliable evidence on the topic you are exploring.

Access the library pages for prompts on how to search and critique literature. You will find the guide “Be More Critical! A practical guide for Health and Social Care students” helpful. This is on Moodle, on the Occupational Therapy Hub under “Resources”. Use the suggestions within this for critiquing what you are reading and reflecting on its relevance for your case study.

- Consider what is the value of using an evidence based/informed approach in your work as an OT
- Discuss how this evidence supports part of the occupational therapy process and helps ensure good practice
- Discuss any ways in which this evidence may be not applicable for this person or their health condition and also consider whether you have the skills and resources to use the evidence as outlined.

Marking the Case Study

The case study is to be marked by the Practice Educator and contributes to the evidence primarily for the competency “OT Intervention Process” but can contribute to other competencies.

Students who submit a case study that does not meet the standard required, will be awarded a FAIL grade. Following constructive feedback, the student can resubmit, time permitting & show evidence of further learning. Normally, **only one re-submission** is permitted unless the particular learning needs of a student have previously been discussed & additional opportunities for formative feedback negotiated.

Failing the case study alone will not normally lead to the failing of a competency or of the practice module overall, especially if the student can provide other appropriate evidence of abilities. However, failing the case study may decrease the grading of other competency areas if the student demonstrates unsafe practice or compromises professional code of ethics and standards.

The submitted written work is to be marked with reference to the following aspects and can be the basis of formative & summative feedback:

- professional practice learning
- evidence base
- intellectual skills
- writing and presentation skills

5.5 CASE STUDY MARKING CRITERIA

Distinction	Pass	Fail
<p>Professional Practice Learning</p> <ul style="list-style-type: none"> • clear integration of major theories and reflection with safe practice • exploration of relevant cultural, ethical and professional issues. • principles of diversity and inclusion are evident • excellent understanding of occupational therapy process with client centred approach 	<p>Professional Practice Learning</p> <ul style="list-style-type: none"> • integration of major theories and reflection with safe practice. • consideration of relevant cultural, ethical and professional issues. • principles of diversity and inclusion are evident • clear understanding of occupational therapy process with client centred approach 	<p>Professional Practice Learning</p> <ul style="list-style-type: none"> • unsafe practice is evident with little reflection on practice • insufficient evidence of the integration of theory and practice • no consideration of cultural, ethical and professional issues • unclear occupational therapy process
<p>Evidence Base</p> <ul style="list-style-type: none"> • very good range of relevant sources of information. • appraises the relevance and applicability of information sources and evidence base 	<p>Evidence Base</p> <ul style="list-style-type: none"> • adequate range of relevant sources of information. • some appraisal of information sources 	<p>Evidence Base</p> <ul style="list-style-type: none"> • irrelevant/insufficient range of sources of information. • little or no evidence base described and no appraisal evident
<p>Intellectual Skills</p> <ul style="list-style-type: none"> • relevant theories are compared, contrasted and analysed to build a reasoned argument, demonstrating an understanding of the complexities of practice. • relevant ideas and evidence are clearly linked • clear conclusion with evidence of good reasoning skills 	<p>Intellectual Skills</p> <ul style="list-style-type: none"> • some ideas from a variety of sources presented to build an argument • discussion of theoretical perspectives and implications for practice • clear conclusion with some evidence of reasoning skills 	<p>Intellectual Skills</p> <ul style="list-style-type: none"> • descriptive style with no evidence of problem solving or clinical reasoning. • evidence may be misinterpreted or from limited range of sources • lack of theoretical perspectives within practice setting • inappropriate or absent conclusion
<p>Writing and Presentation Skills</p> <ul style="list-style-type: none"> • all content is relevant and is logical and creative at times • professional terminology used throughout • language used is empowering and sensitive • overall presentation is excellent with accurate grammar and spelling 	<p>Writing and Presentation Skills</p> <ul style="list-style-type: none"> • most content is relevant to assignment and structure is logical • professional terminology mainly used throughout • language used is empowering and sensitive. • overall presentation is good with accurate grammar and spelling 	<p>Writing and Presentation Skills</p> <ul style="list-style-type: none"> • some content is not related to assignment and lacks structure • poorly presented with errors of grammar and spelling which affect meaning. • professional terminology not used or used inappropriately. • use of insensitive or disempowering language

Faculty of Health and Life Sciences



5.6 CASE STUDY FEEDBACK FORM

Student Name.....

Overall Grade: - **DISTINCTION / PASS / FAIL** (please circle)

Comments:

Professional Practice Learning	
Evidence Base	
Intellectual Skills	
Writing and Presentation Skills	

5.7 CORDS VISIT

CORDS (Core Skills in Diverse Settings)

This is an **observational visit** to a resource/agency that aims to support or provides a service to service users or carers. The aim is to provide an opportunity for students to start thinking broadly about the **context and diversity of health and social care** – and to view the service through the perspective of occupational therapy

In some practice settings, examples of visits to other departments or off site organisations may already be established – these can be built on or adapted to meet the requirements of a CORDS visit. **The CORDS visit should be to a service/agency/department that does not currently employ an OT** as this will encourage students to think about the occupational needs of those using the service and about what kind of contribution an OT could make in that setting.

Organising a CORDS visit – student & Practice Educator’s responsibilities

Prior to the *beginning of the practice*, identify one or two possible CORDS visit – this may be within the hospital/centre or local community (**Practice Educator**)

During first week of practice, discuss and agree the CORDS visit. Confirm the name of the person who will support the student and maintain safety during the visit. Pass on any contact details and student can arrange a suitable time to visit (**Practice Educator and student**)

Agree a time/week within formal supervision when the student will verbally report back/share their reflections on the completed CORDS visit. Allow sufficient time for practical arrangements. (**Practice Educator and student**)

Advantages of a CORDS visit – for the practice setting: - it can set up or strengthen links with a voluntary agency or local resource and promote awareness of OT.

Advantages of a CORDS visit – for the student: - opportunities to appreciate the potential scope of practice and begin to cultivate entrepreneurial thinking.

Advantages of a CORDS visit – for service users – students/future practitioners to be more aware of all aspects of available care & support & a greater insight in the occupational narrative of service users

Note: if for some reason the CORDS visit is not viable or cannot be organised within the time scale of the practice period, then the student can inform the Practice Placement Tutors Development Tutors or their Link Lecturer. This will **not** normally result in a fail for the practice module.

Reflecting on the CORDS visit

Although an observational visit, students are expected to interact appropriately with the people using the service – this may include joining in with some activities or having lunch etc. Students can make ‘field notes’ immediately after the visit & record their initial impressions and thoughts.

Students are required to address three key questions: -

1. What are the **occupational performance** requirements & challenges for the people using the service? (include a description of what the service/agency provides and how it supports people)
2. What **core OT skills** could be used in this setting? (Select one or two e.g. using activity as a therapeutic tool or group work)
3. In your opinion, what might be **the contribution of Occupational Therapist** in this setting? (e.g. with a focus on occupation and occupational engagement)

Using the template provided, students can summarise their learning and verbally report back to their Practice Education during supervision. The completion of this activity will provide additional evidence of achievement of the 7 competencies & can inform the summative grade for the practice module.

Examples of CORDS visits

Here are some examples of the settings for previous CORDS visits – this will vary according to geographical location and the existence of local community initiatives. Ideally the CORDS visit should be relevance to the setting & client group of the practice area – this could be within the private, voluntary or independent sector.

- Age UK, MIND, MENCAP – day and outreach services & support
- Stroke Association
- MS Society
- Headway
- Centre for Riding for the Disabled
- Supported accommodation & housing schemes
- Volunteer Centre
- Day & support services (for older people)
- Nursing homes
- Hospice & Hospice Care Day Services
- Equipment providers

5.8 CORDS VISIT SUMMARY OF LEARNING

Use this pro forma to record your key points – based on your observational visit & own field notes. You can refer to this when reporting back to your Practice Educator.

Name of the Service.....

1. Why are people using the service/agency? (a description of what the service/agency provides and the people who are using the service & why etc).

(Tip: - Try applying the PEO model to the setting to prompt your thinking on where the service might assist in difficulties with occupational performance)

2. What *core OT skills* could be used in this setting?

Select one or two e.g. using activity as a therapeutic tool

(Tip: - see RCOT 2004 7 core skills cited in Duncan/Foundations for Practice (2006) p. 45)

3. In your opinion, what might be *the contribution of an Occupational Therapist* in this setting?

Think in terms of a focus on occupation – a role for OT in this setting might be a lot or a little or not necessary/relevant!

(Tip: - you can speculate here and use your creative thinking skills!)

4. Action plan for your next CORDS visit – what worked well/what will you do differently next time?

-
-

Student name/date

PE name/date

5.9 DEVELOPING THE SKILLS OF REFLECTION

Students are expected to reflect on all aspects of their practice. This can be

- Verbally, during supervision sessions and/or de-briefs, team meetings etc.
- In written form/keeping a reflective diary/log

The process of reflection helps to develop key professional skills such as self-appraisal and personal insight/awareness.

Students are required to submit *at least two* reflective accounts to the Practice Educator during the period of practice. This is not formally assessed but can provide evidence of learning and development of professional knowledge skills and values. Students can practice the ability to not only accurately describe a critical incident but also show an ability to analyse and evaluate this experience/event.

A **critical incident** needs to have meaning and significance to promote learning, & can be in relation to an interaction with a patient or carer or colleague and can be about re-evaluating assumptions & initial expectations. This can be a positive experience/achievement as well as an area for personal/professional development.

(For a series of useful prompt questions, see the next two pages – the Structured Reflection *pro forma*).

See below: Gibbs reflective cycle (1988) cited in Rolfe G, Freshwater D and Jasper M (2001) *Critical Reflection for Nursing and the Helping Professions*. Basingstoke, Palgrave. (p.32)



5.10 STRUCTURED REFLECTION PRO FORMA - PD1, 2 & 3

Use this series of prompts to guide your thinking.

Name:

Date:

What.....
What happened? (describe the event/experience, stating the facts)
What went well? (achievements/gains for you or patient or colleague)
What did not go so well? (lack of skill or knowledge, limited success)
What were your feelings? (immediately and afterwards)

So what.....
So what were the consequences of this event/experience?
So what could I have done better or done differently?

So what implications does this have for my learning? (what else do I need to know/be able to do?)

So what have I learnt from this event/experience? (good points as well as negatives)

Now what....

What will I do next time?

Action plan (how I will do it)

Implementation (how I will ensure it happens- targets, deadlines)

Evidence (how can I demonstrate that learning has taken place)

5.11 STRUCTURED REFLECTION – INTERPROFESSIONAL LEARNING

Inter-professional Learning in the Practice Context

Name:

Date:



What.....

Describe an event/experience or interaction where you were an observer or part of a multi-professional team (e.g. involving a patient/carer or colleagues)

What were your initial impressions of how the team worked together (regarding this event/experience or interaction?) e.g. what was the (team) atmosphere like? (e.g. supportive or confrontational), how did the team communicate with each other?

What was your role/contribution?

So what...

What do you consider were some important outcomes (positive or negative) of the communication skills used by you and others (e.g. non-verbal & verbal; active listening; assertiveness)?

How do you think the relationships between different team members & professions impacted on the situation?

What did you notice about power and leadership within the team?(e.g. formal vs. informal leaders). How did that affect what happened?

What did you notice about how a team decision was made or an outcome achieved? (e.g. reaching a consensus; dealing with disputes & different opinions)

Now what...

What inter-professional learning occurred (about working together) (e.g. for you? For the team?)

Did any new practices or ways of working emerge from the situation?

How can you apply the understanding you have gained from this situation to your future practice?

How can you develop your own collaborative working skills? (e.g. building on your strengths; addressing deficits)

ACTION PLAN for achieving your IPL abilities (2 SMART goals)

1.

2.

Based on: Thomas J (2005) Critical Incident Analysis

In: Barrett G, Sellman D and Thomas J (Eds) (2005) *Interprofessional working in health and social care*. Basingstoke: Palgrave Macmillan – Chapter 15, p. 196 – 7

Definition of a team:

' A team is a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable' (Katzenbach and Smith 1993, p. 45)

Cited in: Day J (2006) *Interprofessional Working*. Cheltenham: Nelson Thornes, p. 33

(*Note*: this structured reflection pro forma may also be used to guide/prompt reflections in PD3)

5.12 PORTFOLIOS

Additional resources & information of professionally relevant material will be collected and compiled by the student in each practice setting. This is not marked but can provide supporting evidence for the summative assessment & final grade. The material should be relevant, accurate and show appropriate regard for confidentiality (anonymise names).

Students will keep additional evidence in **Portfolios** (hard copy or e-Portfolios) & can provide electronic access for PEs or extracts/hard copies for review during supervision sessions and for continuing professional development purposes.

It is recommended that the student keeps electronic copies of all documents which are required for submission following the placement period: -

During PD2:-

Practice Assignment with feedback (Case study)

Formative assessments (normally 2 or 3)

Summative assessment

Hours sheet

Placement Learning Checklist (Link Lecturer support visit) & Action Plan

Reflection(s)

CORDS visit summary

After end of PD2: -

Professional Development Report & action plan for PD3

Feedback Form for Practice Educator(s)

EXAMPLES OF ADDITIONAL EVIDENCE WHICH CAN BE COLLECTED -

- Interviews/assessments used in the practice setting
- Reflection on shadowing of other professionals/visits to other departments or services
- Summary of learning at CPD events and/or study days/conferences.
- Case conferences/ward rounds – details on formats and purpose
- Examples of Occupational therapy interventions (group/individual)
- Community or home visits procedures
- Departmental/office procedures
- Supervision notes
- Personal development initiatives (volunteering, part time jobs)

Part 2- To be completed by the **PRACTICE EDUCATOR** before supervision.

1. What has the student achieved since the last supervision?

2. Are there any areas for further development or areas of concern? (Refer to relevant competency areas)

3. What are the priority areas for action in the next week/s?

5.14 RECORD OF PRACTICE DEVELOPMENT OBJECTIVES - Professional Development 2

Jointly agreed and reviewed by student and practice educator(s) on a weekly basis . – please print off & copy sheet according to need.

Competency	Objectives (SMART) – what?	Process/resources – how?	✓ date

5.15 ADDITIONAL SUPERVISION NOTES

Date	Record of discussion and action (completed by educator)	Signed (student and PE)

N.B. For areas of continuing concern contact your practice education co-ordinator and/or the University practice education team

5.16 EXAMPLES OF EVIDENCE (identifying objectives)

Competency	Evidence
<p>Communication and Interpersonal skills</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • satisfactory note writing. • satisfactory patient and carer communication • developing communication with multidisciplinary team/other agencies <p>Written/Verbal Reflections</p> <ul style="list-style-type: none"> • patient/carer/team communication with <u>evidence of learning</u> – appropriate action plan showing insight and development <p>Notes or reports (anonymised samples) demonstrating clear concise and professional written communication</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory verbal and non-verbal communication skills</p> <p>Other examples: -</p>
<p>Knowledge and Theory for practice</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Recognition of knowledge/theory in practice • Application of knowledge/theory • Use of evidence to inform practice <p>Written/Verbal Reflections demonstrating</p> <ul style="list-style-type: none"> • use of theory and knowledge • Use of evidence

	<p>Other required practice written work demonstrating</p> <ul style="list-style-type: none"> • use of theory and knowledge • Use of evidence <p>CORDS visit paperwork demonstrating</p> <ul style="list-style-type: none"> • use of theory and knowledge • Use of evidence <p>Notes or reports demonstrating use of professional structures indicating understanding of OT theory and evidence (e.g. use of a model, grading or adapting, activity analysis, evidence based interventions)</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory use of professional terminology and of OT appropriate interventions</p> <p>Other examples: -</p>
<p>OT Intervention Process</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Recognition of the OT process in practice • Ability to gather information appropriately • Ability to assess service users effectively • Ability to develop treatment plans • Ability to evaluate <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to parts of the OT process and an action plan <p>Other required practice written work showing use of the OT process</p>

	<p>Notes or reports demonstrating clear use of the OT process (e.g. use of assessment tools, goal setting, evaluations).</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory client centred professional interventions with service users.</p> <p>Other examples: -</p>
<p>Professional/Clinical Reasoning</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Ability to explain reasons for interventions • Appropriate discussion or presentation of information to team members with reasoning • Ability to consider service user perspective in reasoning • Ability to develop treatment plans • Ability to evaluate and change interventions when required <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to the reasoning process and an action plan <p>Other required practice written work showing reasoning abilities</p> <p>Notes or reports demonstrating clear reasoning e.g. in SOAP notes.</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory professional judgements and decision making.</p> <p>Other examples: -</p>

<p>Professional Behaviour and Values</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Evidence of understanding of codes of conduct as applicable in the setting e.g. confidentiality, gaining consent, appropriate relationships, professional presentation. • Appropriate professional communication with all persons • Ability to consider service user perspective and act in their best interests • Understanding of risk • Understanding of cultural and diversity issues <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to professional behaviour and an action plan <p>Other required practice written work showing understanding of professional values</p> <p>Notes or reports demonstrating accuracy and use of professional language. Observations of student performance by PE or others in situ demonstrating satisfactory professional behaviour and presentation.</p> <p>Other examples: -</p>
<p>Professional Development of Self</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • student responding to and achieving jointly set objectives. • Ability to direct own learning • Use of supervision forms or equivalent demonstrating preparation for supervision <p>Written/verbal Reflections</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to directing own learning and an action plan • on reading e.g. articles read or new learning from texts • on learning in practice e.g. courses or in-house training or PE demonstrations • on CORDS visit.

	<p>Other required practice written work showing reasoning abilities</p> <p>Notes or reports demonstrating development of ability over the placement.</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory knowledge seeking behaviours (e.g. informal discussions with team members, spending time with other professionals/services, attendance at training, appropriate questioning to develop further understanding.)</p> <p>Other examples: -</p>
<p>Effective Service Delivery and Leadership</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Understanding of role of OT in the setting • Self-management skills e.g. timekeeping, ability to prioritise and be flexible • Good Informal and professional relationships with the team • Ability to manage a small case load (PD2 and PD3) • Able to demonstrate appropriate level of initiative in organising CORDS visit and/or other relevant visits <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to self-management skills with action plan • demonstrating <u>evidence of learning</u> related to team working • demonstrating <u>evidence of learning</u> related to leadership qualities <p>Other required practice written work showing evidence related to self-management and role development</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory self-management skills and team working skills.</p> <p>Other examples: -</p>

PRACTICE ASSESSMENT DOCUMENT (PAD)

5.17 FORMATIVE ASSESSMENT: (to be completed every 3 weeks & discussed within student supervision)

Based on student's current level of performance & using practice education grading descriptors (see purple pages)

Note: record a **NE (no evidence)** if this competency has not yet been addressed or if appropriate evidence has yet to be identified or completed.

Competency	Grade A (tick ✓)	Grade B (tick ✓)	Grade C (tick ✓)	Grade D (tick ✓)	Grade F (tick ✓)
Communication and interpersonal skills					
Knowledge and theory for practice					
Occupational Therapy intervention process					
Professional/clinical reasoning					
Professional behaviour and values					
Professional development of self					
Effective service delivery and leadership					

Formative assessment summary & jointly agreed action plan (practice educator and student)

<p>Passing all at C and above</p> <p>Performing at a good/very good level and is making progress on all practice competencies</p>	<p><u>Comments:-</u></p>	<p><u>Action plan: - (what/how/by when?)</u></p>
<p>One or more D Grades</p> <p>Performing at a mostly satisfactory level – in need of some prompts & occasional support, making progress on most practice competencies</p>	<p><u>Comments:-</u></p>	<p><u>Action plan: - (what/how/by when?)</u></p>
<p>One or more F Grades</p> <p>Inconsistent level of performance requiring sustained support & direction: one or more practice competencies not of acceptable standard (unsafe or unprofessional)</p>	<p><u>Comments:-</u></p>	<p><u>Action plan: - (what/how/by when?)</u></p>

5.18 SUMMATIVE ASSESSMENT (PRE-MODERATION)

Occupational Therapy programme – BSc & MSc
Department of Sport and Health Sciences- Faculty of Health and Life Sciences

PRACTICE EDUCATION Professional Development 2 – U42529

Name of Student:

Student Number:

Name of Trust/Organisation:

Name of Service/Location:

Primary type of intervention: physical/psychosocial/both (circle)

Name of Practice Educator:

Email:

Telephone No.

Please ensure that the following sections are completed to validate professional practice:

Hours Completed:

Final Grade: A B C D F (Please circle as applicable)

Signature of Practice Educator:

NB. The student is required to submit a signed and fully completed copy of the assessment and other paperwork to moodle as a scanned pdf copy

Address: Practice Education Unit
Occupational Therapy
Faculty of Health and Life Sciences
Jack Straws Lane
Oxford
OX3 0FL
Email: ot-peu@brookes.ac.uk

To be completed & reviewed in the final week of practice period (within a supervision session). As a summative assessment, it is based on the current level of performance the student has attained in the final weeks of the practice placement. Refer to **grading descriptors** for practice competencies for further guidance. PEs are required to award a grade for each of the 7 practice competencies (please insert – either A, B, C, D or F) & then award an **overall grade** (pre-moderation).

1. COMMUNICATION AND INTERPERSONAL SKILLS	GRADE
<i>Please add comments/state evidence</i>	
2. KNOWLEDGE AND THEORY FOR PRACTICE	GRADE
<i>Please add comments/state evidence</i>	

3. OCCUPATIONAL THERAPY INTERVENTION PROCESS	GRADE
<i>Please add comments/state evidence</i>	
4. PROFESSIONAL/CLINICAL REASONING	GRADE
<i>Please add comments /state evidence</i>	
5. PROFESSIONAL BEHAVIOUR AND VALUES	GRADE
<i>Please add comments/state evidence</i>	

6. PROFESSIONAL DEVELOPMENT OF SELF	GRADE
<i>Please add comments/state evidence</i>	
7. EFFECTIVE SERVICE DELIVERY AND LEADERSHIP	GRADE
<i>Please add comments/state evidence</i>	

Overall grade (pre University Moderation Process)

<p align="center">Grade A</p> <p>Performing consistently at an excellent level and has achieved all practice education competencies at <u>5 or more A grades</u></p>	<p align="center">Grade B</p> <p>Performing at a very good level with very occasional prompts and support ; has achieved all practice education competencies at <u>5 or more B grades</u></p>	<p align="center">Grade C</p> <p>Performing at a good level with occasional prompts and support; has achieved all practice education competencies at <u>5 or more C grades</u></p>	<p align="center">Grade D</p> <p>Performing at a competent level with some guidance and support required; has achieved all practice education competencies at <u>3 or more D grades</u></p>	<p align="center">Grade F</p> <p>Inconsistent level of performance requiring sustained support & direction: not of acceptable standard (unsafe or unprofessional). 1 or more F grades</p>
<p>Please circle the overall grade awarded</p>				
A	B	C	D	F
<p>Particular strengths or qualities: -</p>				
<p>Professional Development To be addressed : -</p>				

Signed/date – Practice Educator

Signed/date – Student

Interim summary of learning

To be completed by the student at the end of the practice period and & will form the basis of the **Professional Development Report** and subsequent **action plan** for PD3.

Comments/feedback I received from Practice Educator, MDT members, service users or carers		Implications for my Professional Development
My own evaluation: How can I improve my learning within the practice context?		Implications for my Professional Development

5.19 PROFESSIONAL DEVELOPMENT REPORT GUIDELINES

This is a written summary to be submitted with your final documents **one week** after the end of Professional Development 2 and will be used as part of your evidence to confirm the grade and final percentage in the module moderation process by the Practice Education team/tutors..

This is a further opportunity for students to practice the skills of self-appraisal and reflection..

Professional Development report

Part 1 – summary of personal and professional learning to date, focussed on professional development/practice competencies (approx. 800 words) Support discussion with reference to literature

Part 2 - identify an action plan for learning & development goals in subsequent placements.(Up to a further 200 words)

Part 3 – Reference List

Note: Parts 1 and/or Part 2 could be shared with your Academic Advisor (electronically) and help to structure your learning for the following semester

A draft report /action plan can be submitted and discussed with Practice Placement Tutors prior to submission. This is to be written in the first person (use of the word “I”). Use the standard referencing to support your work.

Students are expected to review and reflect on their practice experience and to draw on feedback from a variety of formal & informal sources.

It is expected that students will select two or three practice competencies and to identify & discuss relevant successes & achievements as well as challenges. An action plan can address either knowledge or skills or values but needs to have a clear outcome /end point & a specified time frame. A range of resources can be used to help meet the action plan & students are encouraged to think creatively and devise an action plan that is personal & motivating.

This report can be sent on to your next placement as an introduction so remember to make the content professional and well focused

5.20 PROFESSIONAL DEVELOPMENT/PRACTICE- MODERATION PROCESS

Students are required to complete and submit a Professional Development report to the Practice Placement Tutors one week after the end of the placement period. All relevant sections of the Professional Development portfolio will also need to be completed & available electronically (e-Portfolio) or hard copy (if requested).

This evidence of professional learning & development will be utilised to moderate & confirm the final placement grade & assign a percentage for the practice module. In exceptional circumstances, if a student or Practice Educator or OT team staff member have any concern or issue with the placement grade or with the grading process, a case can be made to the Professional Development Moderation Panel for review.

This panel (PMDP) will consider in full the available evidence from the student concerned, Practice Educators, Link Lecturers & the Practice Placement Tutors & a final grade will be decided prior to ratification at the Subject Exam Board

(See flow diagram)

6. PROFESSIONAL DEVELOPMENT 3

6.1. LEARNING OUTCOMES

<i>On successful completion of this module, students will be able to:</i>
1. Demonstrate effective communication (verbal/non-verbal/written) when conveying information and professional opinion in a diverse range of locations and occasions.
2. Be able to modify the form or content of communication to meet the needs of different individuals/groups or teams/contexts.
3. Synthesise the key concepts of occupational therapy and a range of underpinning disciplines and apply to complex and changing practice contexts.
4. Apply relevant research in an evidence based approach using problem solving, in partnership with service users and in consideration of service priorities.
5. Recognise the impact of poverty, inequality, exclusion and occupational deprivation on occupational performance.
6. Assess, plan, implement and evaluate a wide range of standard or innovative interventions to facilitate participation in meaningful occupations.
7. Effectively use the reflective process in a supervisory context and other settings to develop professional/clinical reasoning skills.
8. Listen to and analyse the occupational narrative of service users, synthesising relevant contextual pragmatic and ethical factors in order to plan interventions.
9. Perform in a safe, non-discriminatory manner and consistently apply risk assessment procedures. Adhere to local/national policies & protocols, professional, legal and ethical boundaries, as stated in the OT Code of Ethics and Professional Conduct for OTs and the HCPC Standards of Conduct, Performance and Ethics.
10. Practise within the parameters of own competence and experience, demonstrating high standards of personal integrity and the effective management of resources.
11. Demonstrate the skills required to work as an autonomous professional – showing initiative, reasoned decision making, participating in relevant training and supervision to develop professional abilities. Display a willingness to inform, educate and support others.
12. Evaluate and critically appraise own performance setting appropriate development goals and maintaining a CPD record. Monitor and respond to own health or disability needs in order to practise effectively and safely.
13. Identify priorities and work within service remits to make the best use of resources. Use audit, evaluation or research towards service improvements.

14. Articulate and demonstrate the role of occupational therapy in the placement context. Build and maintain collaborative relationships with team members and other agencies to enable and empower service users. Provide accurate, clear and contemporaneous notes, reports and verbal summaries.

15. Review and develop own leaderships skills and abilities in the practice setting.

6.2 SUMMARY OF REQUIREMENTS

Students should note that the **practice assignments** shaded in grey are **assessed** and provided with formal feedback. All practice assignments completed during the practice period will provide evidence for summative assessment & are retained in the student's e-Portfolio..

To be completed during the practice period for PD 3 (used within supervision sessions/by PE)				Submit <u>one week</u> after the end of the practice period for PD3 (to Brookes University)
Service Improvement Report (2,000 words) Distinction/pass/fail	CORDS visit 1 day observational visit Guided discussion in supervision session	Written reflection (2) One with a team focus Concise/no word limit	e-Portfolio Additional evidence & resources	Turning Point Report Practice Assignment with feedback 3 weekly formative assessments Summative assessment (pre-moderation) Hours sheet Placement Learning Checklist & Action Plan Reflections CORDS visit summary

6.3 GUIDELINES FOR SERVICE IMPROVEMENT REPORT

During this practice module students are required to undertake a focussed exploration of an aspect of service delivery. The rationale underpinning this exploration is to help identify and consider the various factors influencing how occupational therapy practice is implemented within an organisational context.

The aim of the report is analyse a specific topic/issue and explore and critique any related evidence. The final report should use this evidence together with professional judgement and application to local service conditions to produce a balanced discussion. It should conclude with a set of recommendations based on the findings

It is expected that students will select a topic/issue that is relevant to the practice setting and is discussed in collaboration with the practice educator.

The outcome of this exploration will be a **written report of 2000 words** to be completed at least one week before the end of the practice module.

Learning outcomes

This report contributes to evidence for the final practice assessment.

Format

The report should be clearly and professionally presented and be sufficiently supported by relevant literature (journal articles, organisational documents, national and professional standards etc).

The amount of time spent on the report should not detract from day-to-day practice learning (responsibilities and tasks). The student is expected to manage his/her study time appropriately – the intention of this report is to develop critical analysis skills in the workplace by synthesising theory and real practice issues.

Presentation

The student is expected to complete the report and submit to the practice educator. The student is **required to verbally present the Service Improvement Report** to a small group of Occupational Therapists or members of the MDT. Students should consider how to prepare professionally for a presentation – room booking, informing and inviting relevant people, use of audio-visual aids etc. The requirements should be negotiated with the practice educator – formal or informal presentation, use of slides or not, people to invite etc.

Time Guidelines

This report is to be completed and given to the practice educator for marking by a mutually agreed date, before the end of the practice period with time for marking.

6.4 SERVICE IMPROVEMENT REPORT STRUCTURE

The report can be written under the following headings:

1. **Title** – state topic/issue
2. **Introduction** – brief outline of topic/issue within context of practice setting & reasons why topic/issue was chose
3. **Key points**– identification of particular aspects illustrating the challenges of implementing occupational therapy (complex variables, barriers, strengths & assets)
4. **Exploration** – detailed analysis and discussion of key points with reference to appropriate literature/evidence.
5. **Conclusions and recommendations** – summary of main points/emerging themes with recommendations for action/service development
6. **Reference list** – using Harvard reference convention
7. **Appendices** – if relevant: examples of policies, protocols etc.

Notes:

- Be sure to abide by the guidelines for confidentiality
- Within the stated word count (2000 words) students need to ensure that the main focus of the report addresses points 3, 4 & 5.(approximately 1250 words)

Students may use a **SWOT** analysis tool to identify key points to explore – Strengths & Weaknesses/Opportunities & Threats or can consider **driving & restraining** forces regarding the generation & implementation of service improvements in the work place.

Marking and feedback

The report is to be marked by the Practice Educator and contributes to the evidence primarily for **competency 7 - Effective service delivery and Leadership** - although the student can demonstrate other skills such as evidence based practice, use of knowledge and theory, clinical reasoning etc.

Students who submit a report that does not meet the standard required, will be awarded a FAIL grade. Following constructive feedback, the student can resubmit, time permitting & if shows evidence of further learning may achieve a pass. Normally, **only one re-submission** is permitted unless the particular learning needs of a student have been previously been discussed & additional opportunities for formative feedback negotiated.

Failing the report will not normally lead to the failing of a competency or the practice module overall, especially if the student can provide other appropriate evidence of abilities. However, failing the report may contribute to the grading of other competency areas if the student demonstrates unsafe practice or compromises the professional code of ethics and standards.

Categories for written feedback/comments:

- professional practice learning
- evidence base
- intellectual skills
- writing and presentation skills

Topic/issue selection

Each separate practice area offers a diversity of contexts and different learning opportunities. Students are expected to choose a topic/issue that is relevant to their current area and challenges their clinical reasoning and understanding of occupational therapy practice. Listed below are some examples of possible topics/issues:

- *implementation of guidelines/ standards e.g. NSFs, NICE guidelines, care pathways*
- *Local examples of service improvement initiatives & innovations in practice – can be in initial planning stages; being implemented or reviewed.*
- *Generic working and professional roles e.g. skill mix and professional boundaries*
- *Management and training of staff (OTs, support workers) e.g. induction or CPD*
- *Management of change e.g. introduction of new ways of working, use of a new assessment tool, model of practice or new treatment approaches*
- *Documentation and record keeping e.g. uni or multi-professional systems, electronic formats, SAP (Single Assessment Process)*
- *Impact of technology e.g. assistive technology, telecare & communication technologies*
- *Team working in an MDT e.g. referral systems, effective meetings and decision making*

6.5 SERVICE IMPROVEMENT REPORT MARKING CRITERIA

Distinction	Pass	Fail
<p>Professional Practice Learning</p> <ul style="list-style-type: none"> • clear integration and synthesis of relevant theories and concepts • analysis and discussion of relevant (multi)professional issues and implications for practice. • excellent understanding of the context of occupational therapy practice (e.g. service delivery, local and national policy and protocols) 	<p>Professional Practice Learning</p> <ul style="list-style-type: none"> • integration and synthesis of relevant theories and concepts. • Discussion and some analysis of relevant (multi)professional issues and implications for practice • Shows some understanding of the context of occupational therapy practice (e.g service delivery, local and national policy and protocols) 	<p>Professional Practice Learning</p> <ul style="list-style-type: none"> • insufficient evidence of the integration of theory and practice • no consideration of relevant (multi)professional issues and implications for practice • unclear understanding of the context of occupational therapy practice
<p>Evidence Base</p> <ul style="list-style-type: none"> • extensive range of relevant sources of information. • appraisal of reliability of information sources 	<p>Evidence Base</p> <ul style="list-style-type: none"> • range of relevant sources of information. • appraisal of reliability of information source 	<p>Evidence Base</p> <ul style="list-style-type: none"> • irrelevant/insufficient range of sources of information. • no description of sources of information or evidence base
<p>Intellectual Skills</p> <ul style="list-style-type: none"> • relevant theories are analysed and appraised demonstrating an understanding of the complexities of practice. • relevant ideas and evidence are clearly integrated • clear conclusion and recommendations with evidence of good reasoning. 	<p>Intellectual Skills</p> <ul style="list-style-type: none"> • ideas from a variety of sources presented to build a reasoned report • discussion of theoretical perspectives and implications for practice • clear conclusion and recommendations with evidence of reasoning skills 	<p>Intellectual Skills</p> <ul style="list-style-type: none"> • descriptive/subjective style with no evidence of reasoning. • evidence may be misinterpreted, from limited or inappropriate sources • lack of theoretical perspectives within practice setting • inappropriate or absent conclusion or recommendations
<p>Writing and Presentation Skills</p> <ul style="list-style-type: none"> • all content is relevant and is logical and creative at times • professional terminology used throughout • language used is and sensitive and non-discriminatory • overall presentation is excellent with accurate grammar and spelling 	<p>Writing and Presentation Skills</p> <ul style="list-style-type: none"> • all content is relevant to assignment and structure is logical • professional terminology used throughout • language used is and sensitive and non-discriminatory. • overall presentation is good with accurate grammar and spelling 	<p>Writing and Presentation Skills</p> <ul style="list-style-type: none"> • some content is not related to assignment and lacks a logical structure and coherence. • use of language shows lack of care or consideration • professional terminology not used or used inappropriately. • poorly presented with errors of grammar and spelling which affect meaning

Faculty of Health and Life Sciences



6.6 SERVICE IMPROVEMENT REPORT FEEDBACK FORM

Student Name.....

Overall Grade: - DISTINCTION / PASS / FAIL (please circle)

Comments:

Professional Practice Learning	
Evidence Base	
Intellectual Skills	
Writing and Presentation Skills	

6.7 CORDS VISIT

CORDS (Core Skills in Diverse Settings)

This is an **observational visit** to a resource/agency that aims to support or provides a service to service users or carers. The aim is to provide an opportunity for students to start thinking broadly about the **context and diversity of health and social care** – and to view the service through the perspective of occupational therapy

In some practice settings, examples of visits to other departments or off site organisations may already be established – these can be built on or adapted to meet the requirements of a CORDS visit. **The CORDS visit should be to a service/agency/department that does not currently employ an OT** as this will encourage students to think about the occupational needs of those using the service and about what kind of contribution an OT could make in that setting.

Organising a CORDS visit – student & Practice Educator's responsibilities

Prior to the *beginning of the practice*, identify one or two possible CORDS visit – this may be within the hospital/centre or local community (**Practice Educator**)

During first week of practice, discuss and agree the CORDS visit. Confirm the name of the person who will support the student and maintain safety during the visit. Pass on any contact details and student can arrange a suitable time to visit (**Practice Educator and student**)

Agree a time/week within formal supervision when the student will verbally report back/share their reflections on the completed CORDS visit. Allow sufficient time for practical arrangements. (**Practice Educator and student**)

Advantages of a CORDS visit – for the practice setting: - it can set up or strengthen links with a voluntary agency or local resource & promote awareness of OT.

Advantages of a CORDS visit – for the student: - opportunities to appreciate the potential scope of practice & begin to cultivate entrepreneurial thinking.

Advantages of a CORDS visit – for service users – students/future practitioners to be more aware of all aspects of available care & support & a greater insight in the occupational narrative of service users

<p>Note: if for some reason the CORDS visit is not viable or cannot be organised within the time scale of the practice period, then the student can inform the Practice Placement Tutors Development Tutors or their Link Lecturer. This will not normally result in a fail for the practice module</p>

Reflecting on the CORDS visit

Although an observational visit, students are expected to interact appropriately with the people using the service – this may include joining in with some activities or having lunch etc. Students can make ‘field notes’ immediately after the visit & record their initial impressions and thoughts.

Students are required to address three key questions: -

4. What are the **occupational performance** requirements & challenges for the people using the service? (include a description of what the service/agency provides and how it supports people)
5. What **core OT skills** could be used in this setting? (Select one or two e.g. using activity as a therapeutic tool or group work)
6. In your opinion, what might be **the contribution of Occupational Therapist** in this setting? (e.g. with a focus on occupation & occupational engagement)

Using the template provided, students can summarise their learning and verbally report back to their Practice Education during supervision. The completion of this activity will provide additional evidence of achievement of the 7 competencies & can inform the summative grade for the practice module.

Examples of CORDS visits

Here are some examples of the settings for previous CORDS visits – this will vary according to geographical location and the existence of local community initiatives. Ideally the CORDS visit should be relevance to the setting & client group of the practice area – this could be within the private, voluntary or independent sector.

- Age UK, MIND, MENCAP – day and outreach services & support
- Stroke Association
- MS Society
- Headway
- Centre for Riding for the Disabled
- Supported accommodation & housing schemes
- Volunteer Centre
- Day & support services (for older people)
- Nursing homes
- Hospice & Hospice Care Day Services
- Equipment providers

6.8 CORDS VISIT SUMMARY OF LEARNING

Use this pro forma to record your key points – based on your observational visit & own field notes. You can refer to this when reporting back to your Practice Educator.

5. Why are people using the service/agency? (a description of what the service/agency provides and the people who are using the service & why etc).

(Tip: - Try applying the PEOP model to the setting to prompt your thinking on where the service might assist in difficulties with occupational performance)

6. What core OT skills could be used in this setting?

Select one or two e.g. using activity as a therapeutic tool

(Tip: - see RCOT 2004 7 core skills cited in Duncan/Foundations for Practice (2006) p. 45)

7. In your opinion, what might be the contribution of an Occupational Therapist in this setting?

Think in terms of a focus on occupation – a role for OT in this setting might be a lot or a little or not necessary/relevant!

(Tip: - you can speculate here and use your creative thinking skills!)

8. Action plan for your next CORDS visit – what worked well/what will you do differently next time?

-
-

Student name/date

PE name/date

6.9 DEVELOPING THE SKILLS OF REFLECTION

Students are expected to reflect on all aspects of their practice. This can be

- Verbally, during supervision sessions and/or de-briefs, team meetings etc.
- In written form/keeping a reflective diary/log

The process of reflection helps to develop key professional skills such as self-appraisal and personal insight/awareness.

Students are required to submit *at least two* reflective accounts to the Practice Educator during the period of practice. This is not formally assessed but can provide evidence of learning and development of professional knowledge skills and values. Students can practice the ability to not only accurately describe a critical incident but also show an ability to analyse and evaluate this experience/event.

A **critical incident** needs to have meaning and significance to promote learning, & can be in relation to an interaction with a patient or carer or colleague and can be about re-evaluating assumptions & initial expectations. This can be a positive experience/achievement as well as an area for personal/professional development.

(For a series of useful prompt questions, see the next two pages – the Structured Reflection *pro forma*). Please note – you are free to select other reflection models for your reflections

See below: Gibbs reflective cycle (1988) cited in Rolfe G, Freshwater D and Jasper M (2001) *Critical Reflection for Nursing and the Helping Professions*. Basingstoke, Palgrave. (p.32)



6.10 STRUCTURED REFLECTION PRO FORMA - PD1, 2 & 3

Use this series of prompts to guide your thinking.

Name:

Date:

What.....
What happened? (describe the event/experience, stating the facts)
What went well? (achievements/gains for you or patient or colleague)
What did not go so well? (lack of skill or knowledge, limited success)
What were your feelings? (immediately and afterwards)

So what.....
So what were the consequences of this event/experience?
So what could I have done better or done differently?

So what implications does this have for my learning? (what else do I need to know/be able to do?)

So what have I learnt from this event/experience? (good points as well as negatives)

Now what....

What will I do next time?

Action plan (how I will do it)

Implementation (how I will ensure it happens- targets, deadlines)

Evidence (how can I demonstrate that learning has taken place)

6.11 STRUCTURED REFLECTION – PRO FORMA FOR PD3
Interprofessional Learning in the Practice Context (Optional for PD3)

Name:

Date:

What.....

Describe an event/experience or interaction where you were an observer or part of a multi-professional team (e.g. involving a patient/carer or colleagues)

What were your initial impressions of how the team worked together (regarding this event/experience or interaction?) e.g. what was the (team) atmosphere like? (e.g. supportive or confrontational), how did the team communicate with each other?

What was your role/contribution?

So what...

What do you consider were some important outcomes (positive or negative) of the communication skills used by you and others (e.g. non-verbal & verbal; active listening; assertiveness)?

How do you think the relationships between different team members & professions impacted on the situation?

What did you notice about power and leadership within the team?(e.g. formal vs. informal leaders). How did that affect what happened?

What did you notice about how a team decision was made or an outcome achieved? (e.g. reaching a consensus; dealing with disputes & different opinions)

Now what...

What inter-professional learning occurred (about working together) (e.g. for you? For the team?)

Did any new practices or ways of working emerge from the situation?

How can you apply the understanding you have gained from this situation to your future practice?

How can you develop your own collaborative working skills? (e.g. building on your strengths; addressing deficits)

ACTION PLAN for achieving your IPL abilities (2 SMART goals)

1.

2.

Based on: Thomas J (2005) Critical Incident Analysis

In: Barrett G, Sellman D and Thomas J (Eds) (2005) *Interprofessional working in health and social care*. Basingstoke: Palgrave Macmillan – Chapter 15, p. 196 – 7

Definition of a team:

'A team is a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable' (Katzenbach and Smith 1993, p. 45)

Cited in: Day J (2006) *Interprofessional Working*. Cheltenham: Nelson Thornes, p. 33

6.12 PORTFOLIOS

Additional resources & information of professionally relevant material will be collected and compiled by the student in each practice setting. This is not marked but can provide supporting evidence for the summative assessment & final grade. The material should be relevant, accurate and show appropriate regard for confidentiality (anonymise names).

Students will keep additional evidence in **Portfolios** (hard copy or e-Portfolios) & can provide electronic access for PEs or extracts/hard copies for review during supervision sessions and for continuing professional development purposes.

It is recommended that the student keeps electronic copies of all documents which are required for submission following the placement period: -

During PD3:-

Practice Assignment with feedback (Service Improvement Report)

Formative assessments (normally 3 or 4)

Summative assessment

Hours sheet

Placement Learning Checklist (Link Lecturer support visit) & Action Plan

Reflection(s)

CORDS visit summary

After end of PD3: -

Turning Point Report & action plan for final moderation

Feedback Form for Practice Educator(s)

Examples of additional evidence which can be collected -

- Interviews/assessments used in the practice setting
- Reflection on shadowing of other professionals/visits to other departments or services
- Summary of learning at CPD events and/or study days/conferences.
- Case conferences/ward rounds – details on formats and purpose
- Examples of Occupational therapy interventions (group/individual)
- Community or home visits procedures
- Departmental/office procedures
- Supervision notes

Part 2- To be completed by the PRACTICE EDUCATOR before supervision.

1. What has the student achieved since the last supervision?

2. Are there any areas for further development or areas of concern? (Refer to relevant competency areas)

4. What are the priority areas for action in the next week/s?

6.14 RECORD OF PRACTICE DEVELOPMENT OBJECTIVES - PROFESSIONAL DEVELOPMENT 3

Jointly agreed and reviewed by student and practice educator(s) on a weekly basis . – please print off & copy sheet according to need.

Competency	Objectives (SMART) – what?	Process/resources – how?	✓ date

6.15 ADDITIONAL SUPERVISION NOTES

Date	Record of discussion and action (completed by educator)	Signed (student and PE)

N.B. For areas of continuing concern contact your practice education co-ordinator and/or the University practice education team

6.16 EXAMPLES OF EVIDENCE (IDENTIFYING OBJECTIVES)

Competency	Evidence
<p>Communication and Interpersonal skills</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • satisfactory note writing. • satisfactory patient and carer communication • developing communication with multidisciplinary team/other agencies <p>Written/Verbal Reflections</p> <ul style="list-style-type: none"> • patient/carer/team communication with <u>evidence of learning</u> – appropriate action plan showing insight and development <p>Notes or reports (anonymised samples) demonstrating clear concise and professional written communication</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory verbal and non-verbal communication skills</p> <p>Other examples: -</p>
<p>Knowledge and Theory for practice</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Recognition of knowledge/theory in practice • Application of knowledge/theory • Use of evidence to inform practice <p>Written/Verbal Reflections demonstrating</p> <ul style="list-style-type: none"> • use of theory and knowledge • Use of evidence <p>Other required practice written work demonstrating</p>

	<ul style="list-style-type: none"> • use of theory and knowledge • Use of evidence <p>CORDS visit paperwork demonstrating</p> <ul style="list-style-type: none"> • use of theory and knowledge • Use of evidence <p>Notes or reports demonstrating use of professional structures indicating understanding of OT theory and evidence (e.g. use of a model, grading or adapting, activity analysis, evidence based interventions)</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory use of professional terminology and of OT appropriate interventions</p> <p>Other examples: -</p>
<p>OT Intervention Process</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Recognition of the OT process in practice • Ability to gather information appropriately • Ability to assess service users effectively • Ability to develop treatment plans • Ability to evaluate <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to parts of the OT process and an action plan <p>Other required practice written work showing use of the OT process</p>

	<p>Notes or reports demonstrating clear use of the OT process (e.g. use of assessment tools, goal setting, evaluations).</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory client centred professional interventions with service users.</p> <p>Other examples: -</p>
<p>Professional/Clinical Reasoning</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Ability to explain reasons for interventions • Appropriate discussion or presentation of information to team members with reasoning • Ability to consider service user perspective in reasoning • Ability to develop treatment plans • Ability to evaluate and change interventions when required <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to the reasoning process and an action plan <p>Other required practice written work showing reasoning abilities</p> <p>Notes or reports demonstrating clear reasoning e.g. in SOAP notes.</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory professional judgements and decision making.</p> <p>Other examples: -</p>

<p>Professional Behaviour and Values</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Evidence of understanding of codes of conduct as applicable in the setting e.g. confidentiality, gaining consent, appropriate relationships, professional presentation. • Appropriate professional communication with all persons • Ability to consider service user perspective and act in their best interests • Understanding of risk • Understanding of cultural and diversity issues <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to professional behaviour and an action plan <p>Other required practice written work showing understanding of professional values</p> <p>Notes or reports demonstrating accuracy and use of professional language. Observations of student performance by PE or others in situ demonstrating satisfactory professional behaviour and presentation.</p> <p>Other examples: -</p>
<p>Professional Development of Self</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • student responding to and achieving jointly set objectives. • Ability to direct own learning • Use of supervision forms or equivalent demonstrating preparation for supervision <p>Written/verbal Reflections</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to directing own learning and an action plan • on reading e.g. articles read or new learning from texts • on learning in practice e.g. courses or in-house training or PE demonstrations • on CORDS visit.

	<p>Other required practice written work showing reasoning abilities</p> <p>Notes or reports demonstrating development of ability over the placement.</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory knowledge seeking behaviours (e.g. informal discussions with team members, spending time with other professionals/services, attendance at training, appropriate questioning to develop further understanding.)</p> <p>Other examples: -</p>
<p>Effective Service Delivery and Leadership</p>	<p>Supervision notes, formative assessment notes or Link Lecturer notes recording</p> <ul style="list-style-type: none"> • Understanding of role of OT in the setting • Self-management skills e.g. timekeeping, ability to prioritise and be flexible • Good Informal and professional relationships with the team • Ability to manage a small case load (PD2B and PD3) • Able to demonstrate appropriate level of initiative in organising CORDS visit and/or other relevant visits <p>Written/verbal Reflections on practice</p> <ul style="list-style-type: none"> • demonstrating <u>evidence of learning</u> related to self-management skills with action plan • demonstrating evidence of learning related to team working • demonstrating evidence of learning related to leadership qualities <p>Other required practice written work showing evidence related to self-management and role development</p> <p>Observations of student performance by PE or others in situ demonstrating satisfactory self-management skills and team working skills.</p> <p>Other examples: -</p>

6.17 FORMATIVE ASSESSMENT: (TO BE COMPLETED EVERY 3 WEEKS)

Competency	Grade A (tick ✓)	Grade B (tick ✓)	Grade C (tick ✓)	Grade D (tick ✓)	Grade F (tick ✓)
Communication and interpersonal skills					
Knowledge and theory for practice					
Occupational Therapy intervention process					
Professional/clinical reasoning					
Professional behaviour and values					
Professional development of self					
Effective service delivery and leadership					

Formative assessment summary & jointly agreed action plan (practice educator and student)

<p>Passing all competencies at C and above</p> <p>Performing at a good/very good level and is making progress on all practice competencies</p>	<p><u>Action plan/comments:</u> - (what/how/by when?)</p>
<p>One or more D Grades</p> <p>Performing at a mostly satisfactory level – in need of some prompts & occasional support, making progress on most practice competencies</p>	<p><u>Action plan/comments:</u> - (what/how/by when?)</p>
<p>One or more F Grades</p> <p>Inconsistent level of performance requiring sustained support & direction: one or more practice competencies not of acceptable standard (unsafe or unprofessional)</p>	<p><u>Action plan/comments:</u> - (what/how/by when?)</p>

Final Assessment Form

6.18 SUMMATIVE ASSESSMENT (PRE-MODERATION)

Occupational Therapy programme – BSc & MSc
Department of Sport and Health Sciences- Faculty of Health and Life Sciences

PRACTICE EDUCATION Professional Development 3 – U42571

Name of Student:

Student Number:

Name of Trust/Organisation:

Name of Service/Location:

Primary type of intervention: physical/psychosocial/both (circle)

Name of Practice Educator:

Email:

Telephone No.

Please ensure that the following sections are completed to validate professional practice:

Hours Completed:

Final Grade: A B C D F (Please circle as applicable)

Signature of Practice Educator:

N.B. The student is required to submit a signed and fully completed copy of the assessment and other paperwork to moodle by scanned pdf copy

Address: Practice Education Unit
Occupational Therapy
Department of Sport & Health Sciences
Faculty of Health and Life Sciences
Jack Straws Lane
Oxford
OX3 0FL
Email: ot-peu@brookes.ac.uk

To be completed & reviewed in the final week of practice period (within a supervision session). As a summative assessment, it is based on the current level of performance the student has attained in the final weeks of the practice placement. Refer to **grading descriptors** for practice competencies for further guidance. PEs are required to award a grade for each of the 7 practice competencies (please insert – either A, B, C, D or F) & then award an **overall grade** (pre-moderation).

1. COMMUNICATION AND INTERPERSONAL SKILLS	GRADE
<i>Please add comments/state evidence</i>	
2. KNOWLEDGE AND THEORY FOR PRACTICE	GRADE
<i>Please add comments/state evidence</i>	

3. OCCUPATIONAL THERAPY INTERVENTION PROCESS	GRADE
<i>Please add comments/state evidence</i>	
4. PROFESSIONAL/CLINICAL REASONING	GRADE
<i>Please add comments /state evidence</i>	
5. PROFESSIONAL BEHAVIOUR AND VALUES	GRADE
<i>Please add comments/state evidence</i>	

6. PROFESSIONAL DEVELOPMENT OF SELF	GRADE
<i>Please add comments/state evidence</i>	
7. EFFECTIVE SERVICE DELIVERY AND LEADERSHIP	GRADE
<i>Please add comments/state evidence</i>	

Overall grade (pre-moderation)

<p align="center">Grade A</p> <p>Performing consistently at an excellent level and has achieved all practice education competencies at <u>5 or more A grades</u></p>	<p align="center">Grade B</p> <p>Performing at a very good level with very occasional prompts and support ; has achieved all practice education competencies at <u>5 or more B grades</u></p>	<p align="center">Grade C</p> <p>Performing at a good level with occasional prompts and support; has achieved all practice education competencies at <u>5 or more C grades</u></p>	<p align="center">Grade D</p> <p>Performing at a competent level with some guidance and support required; has achieved all practice education competencies at <u>3 or more D grades</u></p>	<p align="center">Grade F</p> <p>Inconsistent level of performance requiring sustained support & direction: not of acceptable standard (unsafe or unprofessional). 1 or more F grades</p>
<p>Please circle the overall grade awarded</p>				
A	B	C	D	F
<p>Particular strengths or qualities: -</p>				
<p>Professional Development To be addressed : -</p>				

Signed/date – Practice Educator

Signed/date – Student

Interim summary of learning

To be completed by the student at the end of the practice period and & will form the basis of the **Turning Point Report** and subsequent **action plan** for the future.

Comments/feedback I received from Practice Educator, MDT members, service users or carers		Implications for my Professional Development
My own evaluation: How can I improve my learning within the practice context?		Implications for my Professional Development

6.19 'TURNING POINT' PROFESSIONAL DEVELOPMENT REPORT

This is a written summary to be submitted with your final documents **one week** after the end of Professional Development 3 and will be used as part of your evidence to confirm the grade and final percentage in the module moderation process by the Practice Education team/tutors..

This is a further opportunity for students to practice the skills of self-appraisal and reflection

Professional Development report – *Your 'Turning Point'*

(approx. 1,000 words including action plan for CPD)

A retrospective reflective account on a significant and influential personal/professional event arising from practice education.

This can refer to an event/challenge occurring during any of the practice education modules & can be focussed on a success as well as an incident that has been outside your 'comfort zone'.

- Briefly set the context & describe the challenge/event & your reasons for selecting it for this assignment.
- Appraise and analyse your actions and behaviours – this may entail reflecting on your immediate action/thoughts at the time & now after some weeks/months later. We expect you to use evidence in the form of academic references to support your analysis
- Summarise your personal and professional learning, in terms what skills knowledge or values have been enhanced, with reference to one or two practice learning competencies.
- Discuss the implications this has for your future practice. & identify an action plan & any subsequent learning that could be instrumental to your ongoing professional development.

Note that this Professional Development Report /'Turning Point' could be utilised as evidence at job interviews and is aligned with one of the key Brookes graduate attributes – *critical self-awareness & personal literacy*.

A draft report /action plan can be submitted and discussed with either your Academic Advisor or to the Practice Placement Tutors.

6.20 PROFESSIONAL DEVELOPMENT/PRACTICE- MODERATION PROCESS

Students are required to complete and submit the Turning Point report to the Practice Placement Tutors one week after the end of the placement period. All relevant sections of the Professional Development portfolio will also need to be completed & available electronically (e-Portfolio) or hard copy (if requested).

This evidence of professional learning & development will be utilised to moderate & confirm the final placement grade & assign a percentage for the practice module. In exceptional circumstances, if a student or Practice Educator or OT team staff member have any concern or issue with the placement grade or with the grading process, a case can be made to the Professional Development Moderation Panel for review.

This panel (PMDP) will consider in full the available evidence from the student concerned, Practice Educators, Link Lecturers & the Practice Placement Tutors & a final grade will be decided prior to ratification at the Subject Exam Board.

(See flow diagram)

Section 7

Appendices

7 APPENDICES

7.1 RULES AND REGULATIONS GOVERNING PRACTICE EDUCATION

7.1.1 FITNESS TO PRACTISE

Each occupational therapy student commencing practice placement will require fitness to practise authorisation from the Department of Sport and Health Sciences. Fitness to practise is dependent on health clearance from occupational health and is subject to a Disclosure and Barring Service check. Fitness to practise will be assigned through a photograph identity card issued each year. Each student will be asked to electronically “sign” the fitness to practise register and disclose:

- any events affecting their criminal record since the Disclosure and Barring Service check
- any changes in their health status

Please see the links for further details:

www.brookes.ac.uk/Documents/Practice-Education/Standards-of-Conduct/Standards-of-Conduct-Pre-reg/

www.brookes.ac.uk/Documents/Practice-Education/Standards-of-Conduct/Letter-of-Fitness-to-Practise/

www.brookes.ac.uk/Documents/Practice-Education/Standards-of-Conduct/Guidelines-for-Professional-Behaviour/

7.1.2 SICKNESS

Please refer to the earlier section in this handbook for the process to be followed

Please see the on line guidance at:

http://www.hls.brookes.ac.uk/images/plu/peg_180212_07_return-to-practice-from-sick-leave-june-2018.docx

7.1.3 PROFESSIONAL BEHAVIOUR

Procedures to be followed in the event of Unprofessional Behaviour by a Student whilst on Practice Placement

The following is a general code of practice, given the infinite variety of circumstances encompassed within the practice placements.

- It is expected that all procedures will be followed with fairness and sensitivity
- Minor infringements of standards of professional conduct will be dealt with at the time of occurrence by the practice educator, or his or her line manager, on an informal basis. No record need be kept of minor infringements occurring for the first time.
- Please contact the Link Lecturer or practice placement tutor for advice on how to proceed if you are unsure.

Please see the on line policy at:

www.brookes.ac.uk/Documents/Practice-Education/Standards-of-Conduct/Standards-of-Conduct-Pre-reg/

www.brookes.ac.uk/Documents/Practice-Education/Standards-of-Conduct/Guidelines-for-Professional-Behaviour/

7.1.4 DISCONTINUATION OF PLACEMENT

Please see on line policy at;

<http://shsc.brookes.ac.uk/peu/guidance-notes-for-discontinuation-of-placements-for-pre-qualifying-students>

7.1.5 FAILING COMPETENCIES

The University should always be contacted as early as possible where the student is failing. It may also be helpful to see on-line guidance

<http://www.hls.brookes.ac.uk/plu/failing-competency-statement>

7.1.6 PROFESSIONAL DRESS CODE

For details on the school policy see the link below:

<http://www.hls.brookes.ac.uk/peu/statement-regarding-uniform-dress-and-appearance-for-students-on-placement>

7.1.7 REVIEW OF AND APPEALS AGAINST A DECISION OF EXAMINATION COMMITTEE

A student may request that an assessment decision is reviewed, for details of the criteria against which you can request a review please visit the following web page:

Link to Academic Regulations

<http://www.brookes.ac.uk/regulations/current/appeals-complaints-conduct/>

7.1.8 SUPPORTING STUDENTS IN THE PRODUCTION OF WRITTEN WORK

Academic staff offers a range of support for students in the production of assessed work. This may vary between different programmes and different modules depending on the nature of the assessment process.

Students are requested to consult their handbook and members of the programme team to clarify the support available in each module and to access this support through taught sessions and tutorials as appropriate

- be actively involved in identifying the kind of support they require and the most appropriate timing
- be pro-active in using a combination of self-directed study, peer support and support from their programme team to meet their needs.

The teaching team will make clear both verbally and in writing the ways in which support is available for students producing assessed work (how often, when, who from and in what form).

Providing feedback on written work, including drafts:

- *encourage students to engage in dialogue through the use of questions to develop skills in self-evaluation and reflection*
- *ensure that feedback includes specific reference to the strengths of the work and areas where further work would lead to an improvement in the overall quality of the work and hence the mark awarded*
- *let students know if it seems likely that the work will fail to meet the requirements or is on the pass/fail borderline with specific indication of the areas which require attention*
- *be constructive and specific in their comments*
- *give feedback at the appropriate time for students to be able to make effective use of it*
- *provide advice and comments on the work in relation to the marking criteria, not on the student as a person*
- *focus primarily on the achievement of students, whilst also recognising the effort*
- *draw attention to areas like referencing or spelling with a number of specific examples but not by identifying each error*
- *wherever possible, respond to requests from students for feedback on specific aspects of the work.*
- **NOT** *be able to give them the same detailed consideration as they will for the final marked assessment i.e. they are unable to give a mark or grade*
- **NOT** *proof-read or edit a piece of work*
- **NOT** *re-structure or rewrite sections of the work.*

7.1.9 COURSEWORK – GUIDELINES FOR PRESENTATIONS AND WRITTEN ASSIGNMENTS

The following is a guideline relating to presentation and submission of written assignments:

- Assignments should be on A4 paper and double-spaced with a margin on either side of the page.
- To conserve paper it is acceptable to print on both sides of the paper or to submit electronically <http://obis.brookes.ac.uk/printing/>
- Work should be type written or word-processed. If a student wishes to handwrite a piece of work, this must be legible and must meet the above guidelines regarding spacing.
- Font size 11 or 12 should be used the preferred fonts are Arial or Times New Roman.

- At degree level it is preferable to write in the third person. The module leader will give specific instruction if there is permissible variation in individual modules. Modules requiring reflection may be a case in question.
- Work should be in English (UK) and grammatically correct with careful attention to sentence construction, syntax and spelling. For students with Dyslexia ensure you attach marking cards to your assignments so that your tutors are aware of your dyslexia and will mark with this in mind. All pages should be numbered.
- It is useful to include your student number and page number on each page.
- A word count should be given on the title page.
- The Harvard referencing system should be used wherever the work of others is used the sources should be acknowledged, (Refer to Referencing Guidelines below).

7.1.10 REFERENCING GUIDELINES

Referencing guidelines are available from the document store:

Generic referencing guides located in the library please refer to the following web page:
<https://www.brookes.ac.uk/library/library-services/information-skills/citing-references-in-your-work-and-plagiarism/>

7.1.11 LIBRARY SKILLS SESSIONS

For more information about library services for Department of Sport and Life Sciences please refer to the following web page:

<http://www.brookes.ac.uk/library/>

Need to develop your library skills?

Visit the Library Skills Tutorial; available through Brookes Virtual, you need to self-register for this tutorial. <https://www.brookes.ac.uk/library/library-services/information-skills/teach-yourself/>

7.1.12 PRACTICE EDUCATION UNIT ON BROOKES VIRTUAL

A site has been created for you on Brookes Virtual to help support teaching and learning on this module. This has several resources on a number of web pages via the internet on:

<http://www.hls.brookes.ac.uk/peu>

7.1.13 UPGRADE ACADEMIC SUPPORT

Upgrade is the university's study advice service for

- any student
- on any course
- at any stage

Upgrade is the university's confidential study advice service for anyone who wants advice on statistics, maths or study skills - planning and writing essays, assignments and dissertations, research skills.

For further information please refer to the following web page:

<http://www.brookes.ac.uk/services/upgrade/>

7.1.14 SUPPORT FOR STUDENTS WITH DYSLEXIA/DISABILITIES

Please contact the Link Lecturer or Practice Placement Tutor if you require advice or support in making adjustments for a student with a disability.

Student Services offers support and assessment for students with all disabilities

Visit the website <http://www.brookes.ac.uk/student/services/disability/home.htm> and contact a disability advisor

7.1.15 CONFIDENTIALITY AND ANONYMITY STATEMENT

Students will be expected at all times to respect client's confidentiality within the context of work produced and client/family/carers anonymity maintained at all times. The storage of personal or sensitive data on removable media – such as (but not restricted to) floppy discs, CDs, DVDs and memory sticks is strictly forbidden.

Professional Codes of Conduct specify the need to maintain patient/client confidentiality and anonymity at all times. It is extremely important that this is adhered to in all aspects of practice, including written assessment.

The full standard is available on the document store QSH 27-1999 Confidentiality and Anonymity Standard.

7.1.16 CHEATING

The University has strict rules to ensure that students' work for assessment is actually the result of their individual effort, skills and knowledge and has not been produced by means that will give an unfair advantage over other students.

Full details of the regulations together with a definition of Cheating are in the following link:

<http://www.brookes.ac.uk/regulations/current/core/a3/a3-13/>

Students suspected of breaking the University regulations regarding plagiarism and collusion will be required to submit an electronic copy of their assignment and/or a copy of their draft notes (in the event of a handwritten assignment being submitted).

7.1.17 INDEBTEDNESS STATEMENT

Please see: <http://www.hls.brookes.ac.uk/peu/indebtedness-statement>

7.1.18 INCLUSION AND DIVERSITY STATEMENT

The Department has a strong commitment to fostering a culture of inclusion and diversity in all of its activities. These include employment practices, student recruitment and support, curriculum development, teaching, assessment and research. We are aware that as we develop professional excellence in health and social care that we are guided by the Department of Health White Paper Saving Lives: Our Healthier Nation (DH, 1999) which places a strong emphasis on reducing health inequalities. We take responsibility for supporting the realisation of this goal.

We are determined to take a lead in educating health and social care professionals who understand the many different manifestations of discrimination and by starting to raise awareness of these fundamental and complex issues start to bring about change.

7.2 MODULE EVALUATION

Professional Development Modules are evaluated through the University on line module evaluation system

You will be sent an email link at the end of each of your practice experiences, PD1, PD2 and PD3.. These will feed into an annual audit summary report of practice learning environment for these programmes which is presented to the faculty. You must word these evaluations professionally as summaries are sent back to the Trusts and organisations who have provided placements. Serious issues must be discussed at the time with your Link Lecturer so that they can be managed appropriately and in a timely manner. They should **not** be left until the evaluation feedback.

Each run of the module produces feedback which is then considered with the team and changes are implemented for the next run of the module where appropriate and possible.

7.3 EXAMINATIONS & ASSESSMENTS ADVICE FOR STUDENTS

Please take the time to read and understand the University Regulations in relation to assessments. You are expected to know and follow these regulations.

All exam communications will be sent to your Brookes email address so please keep a check on this address, particularly in the run up to exams, during exam sessions and just after results publication dates.

Do not plan to return home from the University earlier than the day after the end of the exam session, and/or your placement until you are sure when your last examination is scheduled/your final placement date is set. You should bear in mind the possibility that you may need to take a resit examination, resubmit coursework or retake a placement.

Placements are sometimes scheduled outside the usual semester dates. There is occasionally a need to extend a placement or to reschedule due to circumstances beyond the University's control. Please check dates and use them when planning work, travel or other activities.

7.3 INDICATIVE READING LIST

- Alsop A and Ryan S (1996) *Making the most of fieldwork education: a practical approach*. London: Chapman and Hall
- Barr J and Dowding L (2008) *Leadership in health care*. London: SAGE Publications.
- Barrett G, Sellman D and Thomas J (2005) *Interprofessional working in health and social care*. Basingstoke: Palgrave Macmillan.
- Boyt Schell BA and Schell JW (2008) *Clinical and professional reasoning in Occupational Therapy*. Baltimore: Lippincott Williams & Wilkins.
- Day J (2006) *Interprofessional working*. Cheltenham: Nelson Thornes
- Clouston TJ and Westcott L (Eds) (2005) *Working in health and social care*. Edinburgh: Elsevier- Churchill Livingstone.
- Hawkins P and Shohet R (2006) *Supervision in the helping professions*. Maidenhead: McGraw Hill-Open University Press.
- Healey J and Spencer M (2008) *Surviving your placement in health and social care: a student handbook* Maidenhead: McGraw Hill Open University Press
- Marshall L and Rowland F (1998) *A guide to learning independently* (3rd ed) Maidenhead: Open University Press.
- Martin M., Morris J., Moore A., Sadlo G. and Crouch V (2004). Evaluating education models in occupational therapy: Comparing 1:1, 2:1 and 3:1 placements. *British Journal of Occupational Therapy*, 67, 192-200.
- Rolfe G, Freshwater D and Jasper M (2001) *Critical reflection for nursing and the helping professions: a user's guide*. Basingstoke: Palgrave Macmillan.
- Royal College of Occupational Therapists (2006) *Developing the occupational therapy profession: Providing new work-based learning opportunities for students*. College of Occupational Therapists Guidance 4. London: RCOT
- Royal College of Occupational Therapists (2008) *College of occupational therapists pre-registration education standards*. London RCOT.
- Royal College of Occupational Therapists (2015) *Supervision. Guidance for occupational therapists and their managers*. London RCOT.
- Taylor MC (2007) *Evidence-based practice for Occupational Therapists* (2nd ed). London: Wiley-Blackwell.
- Thompson S and Thompson N (2008) *The Critically Reflective Practitioner*. Basingstoke: Palgrave Macmillan.
- Hocking C and Ness N.E. (2002) - Revised Minimum Standards for the Education of Occupational Therapists. Perth. World Federation of Occupational Therapists.