

**School of Allied Health and Community**

**PRE-REGISTRATION**

**BSc (Hons) OCCUPATIONAL THERAPY**

**Accredited by: Royal College of Occupational Therapists**

**Approved by: Health & Care Professionals Council**

**Practice Learning Document**

Student Name Enter Full Name

year three semester two

OCTH3105

****

*Last revised June 2020*

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Contents

[**Student Details 4**](#_Toc14942076)

[**Useful Contact Details 5**](#_Toc14942077)

[**Placement Schedule 6**](#_Toc14942078)

[**Section 1: Preparation for Practice Learning 7**](#_Toc14942079)

[**1.1 Mandatory Preparation for Practice Activities 7**](#_Toc14942080)

[**1.2 Self-Assessment of Professional Development for Planning Learning 8**](#_Toc14942081)

[**1.3 Summary of Previous Practice Learning and Goals for Future Learning 9**](#_Toc14942082)

[**Section 2: Commencing the Practice Learning Placement 11**](#_Toc14942083)

[**2.1 Local Placement Induction 11**](#_Toc14942084)

[**2.2 Initial Interview 12**](#_Toc14942085)

[**2.3 Declarations 13**](#_Toc14942086)

[**Section 3: Record of Supervision 14**](#_Toc14942087)

[**Section 4: Assessment of Practice Learning 21**](#_Toc14942088)

[**4.1 Feedback on Professional Competencies 21**](#_Toc14942089)

[**4.2 Learning Outcomes 22**](#_Toc14942090)

[**4.3 Intermediate Interview Summary of Evidence 24**](#_Toc14942091)

[**4.4 Intermediate Interview 26**](#_Toc14942092)

[**Section 5: Identifying Concerns 28**](#_Toc14942093)

[**5.1 Action Plan to Address Concerns 29**](#_Toc14942094)

[**Section 6: Final Interview Summary of Evidence 30**](#_Toc14942095)

[**6.1 Final Interview 32**](#_Toc14942096)

[**Section 7: Recognising Excellence 34**](#_Toc14942097)

[**Section 8: Timesheet 36**](#_Toc14942098)

[**Section 9: Additional Feedback 39**](#_Toc14942099)

[**9.1 Service User Feedback on Student Performance 39**](#_Toc14942100)

[**9.2 Feedback from Spoke Visits 40**](#_Toc14942101)

[**Section 10: Zoned Academic Forms 42**](#_Toc14942102)

****Student Details****

**Please complete at the beginning of the placement**

|  |  |
| --- | --- |
| **Student Name:** | Enter Full Name |
| **Course:** | **BSc (Hons) occupational therapy** |

|  |  |
| --- | --- |
| Practice Placement Location: | Enter Placement Location |
| Practice Educator Name/s: | Enter Full Name/s |
| Telephone / Bleep: | Enter Telephone/Bleep Number |
| Email Address: | Enter Email Address |

|  |  |
| --- | --- |
| Module Leader: | Enter Full Name |
| Telephone Number: | Enter Telephone Number |
| Email: | Enter Email Address |

|  |  |
| --- | --- |
| Zoned Academic: | Enter Text |
| Telephone Number: | Enter Telephone Number |
| Email: | Enter Email Address |

Useful Contact Details

**Occupational Therapy Staff**

|  |  |  |
| --- | --- | --- |
| **NAME** | **TELEPHONE** | **EMAIL** |
| **Alison Blank**  *Course Leader* | 01905 542686 | therapyplacements@worc.ac.uk |
| **Alison Double** *Senior Lecturer* | 01905 542618 |
| **Annabel Heaslop** *Practice Placement Coordinator* | 01905 542619 |
| **Lotoya Neil**  *Practice Placement Coordinator* | 01905 855362 |
| **Sophie Smith**  *Senior Lecturer* | 01905 543016 |
| **Terri Grant** *Senior Lecturer & Practice Education Lead* | 01905 542768 |
| **Yvonne Thomas** *Principal Lecturer* | 01905 542610 |
| General Enquires  Departmental Administrator **Michelle Brinkworth** | 01905 542224 | |

**Work Based Learning Support Unit**

|  |  |  |
| --- | --- | --- |
| **NAME** | **EXT** | **EMAIL** |
| **Sandra Ashford** Head of Work Based Learning Support Unit | 01905 542201 | s.ashford@worc.ac.uk |
| **Teresa Harrison** Administrator | 01905 542207 | t.harrison@worc.ac.uk |
| General Enquires | 01905 855545 | [wblso@worc.ac.uk](mailto:wblso@worc.ac.uk) |

# **Placement Schedule**

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

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

****S****ection 1: Preparation for Practice Learning

## **Mandatory Preparation for Practice Activities**

Please sign to indicate when you have received training on the following:

|  |  |  |
| --- | --- | --- |
| **preparation for practice** | **date training completed** | **student signature** |
| **PLACEMENT PREPARATION AND EXPECTATIONS** | Enter a date | Enter Signature/Name |
| **MOVING AND HANDLING** | Enter a date | Enter Signature/Name |
| **BASIC LIFE SUPPORT** | Enter a date | Enter Signature/Name |
| **INFECTION CONTROL** | Enter a date | Enter Signature/Name |
| **SAFEGUARDING ADULTS** | Enter a date | Enter Signature/Name |
| **SAFEGUARDING CHILDREN** | Enter a date | Enter Signature/Name |
| **FOOD SAFETY LEVEL 2** | Enter a date | Enter Signature/Name |
| **CONFLICT RESOLUTION** | Enter a date | Enter Signature/Name |
| **Enter Text** | Enter a date | Enter Signature/Name |
| **Enter Text** | Enter a date | Enter Signature/Name |

* 1. Self-Assessment of Professional Development for Planning Learning

Following the experiences of all of your previous placements, re-assess your professional development prior to the start of this placement. You should consider previous learning and life experiences. Together with the form below these will form the basis of your initial interview with your Practice Educator where you will identify personal and placement specific learning needs and objectives that complement the modular learning outcomes.

|  |  |
| --- | --- |
| **modified swot analysis** | |
| **STRENGTHS:** Enter text here | **WEAKNESSES:** Enter text here |
| **CONCERNS:** Enter text here | **EXPECTATIONS:** Enter text here |

1.3 Summary of Previous Practice Learning and Goals for Future Learning

Before you begin the placement, reflect on your learning from your previous placement and the skills you have developed. Record the skills and knowledge learned - you may refer back to your previous PLD for ideas. Some skills will need further development and there may be some gaps in your knowledge and skills related to the type of experiences you have had. From these reflections, you will be able to identify some broad learning goals for this placement – please seek help from the placement team or your Personal Academic Tutor if required. These will form the basis of your initial interview with your Practice Educator.

|  |  |
| --- | --- |
| **SUMMARY OF PRACTICE LEARNING EXPERIENCES** | |
| **KEY LEARNING ACHIEVED:** Enter text here | **GAPS OR AREAS OF WEAKNESS**: Enter text here |
| **LEARNING GOALS FOR OCTH3105** | |
| **IDENTIFY YOUR GOALS FOR THIS PLACEMENT:**  *By the end of this placement, I would like to….*  Enter text here | |

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

2.1 Local Placement Induction

At the start of each placement, your Practice Educator must complete and initial the following:

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

2.2 Initial Interview

This should be completed by the end of week one, negotiated between practice educator and

student

|  |
| --- |
| **INITIAL INTERVIEW** |
| **PLACEMENT NAME AND CLINICAL EXPERIENCE:** Enter text here |
| * *Review modified SWOT analysis & summary of previous practice learning to identify areas of knowledge, & skills that the student needs to focus on* * *Discuss learning opportunities that the placement can offer* * *Review the Learning Outcomes to identify how expectations can be met in this setting* * *Identify and discuss student and Practice Educator expectations* * *Identify potential SPOKE experiences*   Enter text here |

## **2.3 Declarations**

|  |  |  |
| --- | --- | --- |
| **PRACTICE EDUCATOR DECLARATION** | | |
| **In line with the HCPC (2017) recommendations, all Practice Educators must undergo a formal period of preparation for the role and are required to attend updates.**  *I confirm that I have received formal Practice Educator training within the past 2 years. I have read and understood the Practice Educator Handbook. I agree to undertake responsibility for practice education for*  Enter Full Name  *and to arrange appropriate cover and / or inform the university if I become unable to complete this role.* | | |
| **signature:** | | Enter Signature/Name |
| **print name:** | | Enter Full Name |
| **date:** | | Enter a date |
| **STUDENT DECLARATION** | | |
| *I understand that it is my responsibility to ensure that the Practice Learning Document is completed, maintained and is available at all times to the Practice Educator.*  *I give consent to the information contained within this document being shared as necessary to develop and support my learning and achievement.*  *By attending this placement, I agree to adhere to all local and national policies and procedures relevant to the placement.*  *I agree to only participate in interventions for which I have been fully prepared or in which I am properly supervised.*  *I agree to behave in a professional and responsible manner at all times.*  *I agree to submit for assessment the final version of this document as shared with me by my Practice Educator without making further changes.* | | |
| **signature:** | Enter Signature/Name | |
| **print name:** | Enter Full Name | |
| **date:** | Enter a date | |

Section 3: Record of Supervision

Record of Supervision 1

|  |
| --- |
| **Student’s Preparation: Issues to discuss (summary from Supervision Preparation form)** |
| Enter text here |

|  |
| --- |
| **Summary of discussion points & advice given** |
| Enter text here |

|  |
| --- |
| **Agreed Actions for student to complete** |
| Enter text here |

|  |  |  |
| --- | --- | --- |
| **Student Signature:** | Enter Signature/Name | **DATE:** Enter a date |
| **Practice Educator Signature:** | Enter Signature/Name | **DATE:** Enter a date |

Record of Supervision 2

|  |
| --- |
| **Student’s Preparation: Issues to discuss (summary from Supervision Preparation form)** |
| Enter text here |

|  |
| --- |
| **Summary of discussion points & advice given** |
| Enter text here |

|  |
| --- |
| **Agreed Actions for student to complete** |
| Enter text here |

|  |  |  |
| --- | --- | --- |
| **Student Signature:** | Enter Signature/Name | **DATE:** Enter a date |
| **Practice Educator Signature:** | Enter Signature/Name | **DATE:** Enter a date |

Record of Supervision 3

|  |
| --- |
| **Student’s Preparation: Issues to discuss (summary from Supervision Preparation form)** |
| Enter text here |

|  |
| --- |
| **Summary of discussion points & advice given** |
| Enter text here |

|  |
| --- |
| **Agreed Actions for student to complete** |
| Enter text here |

|  |  |  |
| --- | --- | --- |
| **Student Signature:** | Enter Signature/Name | **DATE:** Enter a date |
| **Practice Educator Signature:** | Enter Signature/Name | **DATE:** Enter a date |

Record of Supervision 4

|  |
| --- |
| **Student’s Preparation: Issues to discuss (summary from Supervision Preparation form)** |
| Enter text here |

|  |
| --- |
| **Summary of discussion points & advice given** |
| Enter text here |

|  |
| --- |
| **Agreed Actions for student to complete** |
| Enter text here |

|  |  |  |
| --- | --- | --- |
| **Student Signature:** | Enter Signature/Name | **DATE:** Enter a date |
| **Practice Educator Signature:** | Enter Signature/Name | **DATE:** Enter a date |

Record of Supervision 5

|  |
| --- |
| **Student’s Preparation: Issues to discuss (summary from Supervision Preparation form)** |
| Enter text here |

|  |
| --- |
| **Summary of discussion points & advice given** |
| Enter text here |

|  |
| --- |
| **Agreed Actions for student to complete** |
| Enter text here |

|  |  |  |
| --- | --- | --- |
| **Student Signature:** | Enter Signature/Name | **DATE:** Enter a date |
| **Practice Educator Signature:** | Enter Signature/Name | **DATE:** Enter a date |

Record of Supervision 6

|  |
| --- |
| **Student’s Preparation: Issues to discuss (summary from Supervision Preparation form)** |
| Enter text here |

|  |
| --- |
| **Summary of discussion points & advice given** |
| Enter text here |

|  |
| --- |
| **Agreed Actions for student to complete** |
| Enter text here |

|  |  |  |
| --- | --- | --- |
| **Student Signature:** | Enter Signature/Name | **DATE:** Enter a date |
| **Practice Educator Signature:** | Enter Signature/Name | **DATE:** Enter a date |

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****Section 4: Assessment of Practice Learning****

4.1 Feedback on Professional Competencies

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INTERMEDIATE INTERVIEW**  **PLEASE SIGN AND DATE APPROPRIATE BOX** | | | **FINAL INTERVIEW** | | |
| **COMPETENCY** | **NOT ACHIEVED: ACTION REQUIRED** | **PROGRESSING** | **ACHIEVED** | | **NOT ACHIEVED** | **ACHIEVED / MAINTAINED** |
| **Please TICK each box as appropriate and sign below** | | | | | | |
| **Time Keeping** |  |  |  | |  |  |
| **Appearance** |  |  |  | |  |  |
| **Listening Skills** |  |  |  | |  |  |
| **Asks Appropriate Questions?** |  |  |  | |  |  |
| **Appropriate Level and Manner of Communication** |  |  |  | |  |  |
| **Prepared for the day?** |  |  |  | |  |  |
| **Behaviour appropriate to the Situation** |  |  |  | |  |  |
| **Helpfulness** |  |  |  | |  |  |
| **Patience and Empathy** |  |  |  | |  |  |
| **Use of Initiative** |  |  |  | |  |  |
| **Practice Educator Signature:** | Enter Signature/Name | | | | | |

## **4.2 Learning Outcomes**

Assessment of Learning Expectations must be completed at the Intermediate Interview & Final Interview based on evidence provided by the student.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR THREE EXPECTATIONS** | **INTERMEDIATE INTERVIEW** | | | **FINAL INTERVIEW** | |
| **Competence not Demonstrated** | **Competence**  **Progressing** | **Competence demonstrated**  **(pass)** | **Competence not consistently demonstrated**  **(fail)** | **Competence demonstrated**  **(pass)** |
|  | | | | | |
| **Please TICK each box as appropriate and sign below** | | | | | |
| 1. Demonstrate and critically reflect on effective leadership, management and coaching skills which reflect the core values of Occupational Therapy, effectively and competently. | | | | | |
| 1. Consistently and autonomously demonstrate standards of personal and professional conduct consistent with RCOT (2015) Code of Ethics and Professional Conduct and HCPC (2016) Standards of Conduct, Performance and Ethics. |  |  |  |  |  |
| 1. Autonomously manage your own workload; demonstrating time management and prioritisation skills appropriate to the practice setting. |  |  |  |  |  |
| 1. Recognise legal and ethical dilemmas in practice and seeks appropriate support to resolve these. |  |  |  |  |  |
| 1. Autonomously demonstrate effective leadership through the promotion of the Occupational Therapy role both within the practice setting and within wider healthcare settings. |  |  |  |  |  |
| 1. Demonstrate and critically analyse the use of appropriate communication and interpersonal skills with service users, carers, families and members of the multi-disciplinary team | | | | | |
| 1. Independently demonstrate modifications to communication in practice through critical reflection. |  |  |  |  |  |
| 1. Independently demonstrate that you can communicate effectively with service users, their carers and other professionals through a range of different media e.g. verbal, non-verbal, written. |  |  |  |  |  |
| 1. Autonomously and effectively, communicate sensitive information in line with appropriate legislation, policies and procedures. |  |  |  |  |  |
| 1. Autonomously recognise and critically analyse the limitations that may have an impact on effective communication with clients their carers, and the inter-professional team. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Demonstrate and critically reflect on appropriate Occupational Therapy assessment skills to inform professional decision making | | | | | |
| 1. Independently demonstrate and critically reflect on a range of Occupational Therapy assessment skills appropriate to the area of practice. |  |  |  |  |  |
| 1. Independently plan and delegate tasks / activities to appropriate team members, including prioritisation of work load and/or other services. |  |  |  |  |  |
| 1. Independently communicate intervention / project plan with multi-disciplinary team members and / or service users and their carers as appropriate. |  |  |  |  |  |
| 1. Demonstrate and critically reflect on appropriate Occupational Therapy intervention skills to inform professional decision making | | | | | |
| 1. With support, demonstrate the ability to manage an individual’s complex occupational needs. |  |  |  |  |  |
| 1. Independently critically evaluate the effectiveness of treatment and with support adapt practice in response to findings. |  |  |  |  |  |
| 1. Independently develop and deliver appropriate, goal focussed intervention plans for a range of clients. |  |  |  |  |  |
| 1. Independently use and critically analyse the evidence base to evaluate and adapt your practice | | | | | |
| 1. Use research and contemporary evidence to inform evidence based practice relevant to the practice setting. |  |  |  |  |  |
| 1. Independently critically reflect on the use of evidence based practice in the practice area |  |  |  |  |  |
| 1. Express the theory and philosophy underpinning your practice as an Occupational Therapist to clients, carers and other professionals with confidence | | | | | |
| 1. Apply knowledge of the national agenda in relation to health and social care policy. |  |  |  |  |  |
| 1. Critically appraise evidence based practice models of care relevant to practice area. |  |  |  |  |  |
| 1. Independently apply professional reasoning effectively to address a broad range of factors that impact on a client’s well-being. |  |  |  |  |  |
| 1. Critically discuss the importance of philosophy to the specific area of practice. |  |  |  |  |  |
| **Practice Educator Signature:** | Enter Signature/Name | | | | |

## **4.3** **Intermediate Interview Summary of Evidence**

|  |  |
| --- | --- |
| **Intermediate interview** | |
| **student to indicate what evidence they will be providing to demonstrate learning and achievement** | |
| **SUMMARY OF STUDENT’S EVIDENCE** | **PRACTICE EDUCATOR’S COMMENTS** |
| Enter text here | Enter text here |
| **STUDENT SIGNATURE:**  Enter Signature/Name | **EDUCATOR SIGNATURE:**  Enter Signature/Name |
| **Intermediate interview** | |
| **student to indicate what evidence they will be providing to demonstrate learning and achievement** | |
| **SUMMARY OF STUDENT’S EVIDENCE** | **PRACTICE EDUCATOR’S COMMENTS** |
| Enter text here | Enter text here |
| **STUDENT SIGNATURE:**  Enter Signature/Name | **EDUCATOR SIGNATURE:**  Enter Signature/Name |

## 

* 1. Intermediate Interview

|  |  |
| --- | --- |
| **INTERMEDIATE INTERVIEW SUMMARY** | |
| **To be completed halfway through placement following discussion between Student and Practice Educator.** | |
| **IS THE STUDENT MAKING SATISFACTORY PROGRESS towards professional competencies?** | **YES  NO**  **(If no, please complete identifying concerns form)** |
| **IS THE STUDENT MAKING SATISFACTORY PROGRESS towards learning outcomes and expectations?** | **YES  NO**  **(If no, please complete identifying concerns form)** |
| **STUDENT’S REVIEW OF PROGRESS:**  *Summarise your views on your progress, including strengths and areas needing development. Identify any barriers to your learning.*  Enter text here | |
| **PRACTICE EDUCATOR’S REVIEW OF PROGRESS:**  *Summarise how the student is progressing including their strengths, areas for improvement and any factors affecting performance*.  Enter text here | |

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERMEDIATE INTERVIEW – IDENTIFICATION OF LEARNING NEEDS AND ACTION PLAN** | | | |
| **IS THE STUDENT MAKING SATISFACTORY PROGRESS?** | | **YES:** | **NO:** |
| **learning need** | **goal** | **timed action plan** | |
| Enter text here | Enter text here | Enter text here | |
| Enter text here | Enter text here | Enter text here | |
| Enter text here | Enter text here | Enter text here | |
| Enter text here | Enter text here | Enter text here | |
| Enter text here | Enter text here | Enter text here | |
| Enter text here | Enter text here | Enter text here | |
| **SATISFACTORY ATTENDANCE ACHIEVED? YES  NO**  **(if no, discuss with zoned academic. do not arrange additional shifts)** | | | |
| **STUDENT SIGNATURE:**  Enter Signature/Name | | **PRACTICE EDUCATOR SIGNATURE:**  Enter Signature/Name | |
| **DATE:** Enter a date | | **DATE:** Enter a date | |

Section 5: Identifying Concerns

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

|  |  |
| --- | --- |
| University of Worcester Logo | **identified concerns form**  **OCTH3105** |
| **student name:** Enter Name | **practice educator name:** Enter Name |
| **zoned academic:** Enter text here | **date:** Enter a date |
| **learning expectation (s) causing concern:**  Enter text here | **details of concern:**  Enter text here |
| **student’s perception of issues raised:**  Enter text here | |
| **student signature:**  Enter Signature/Name  **practice educator signature:**  Enter Signature/Name | |

this page must be scanned and printed / copied to allow a copy to be retained in the students’ record

**5.1 Action Plan to Address Concerns**

|  |  |  |  |
| --- | --- | --- | --- |
| **outcome(s) causing concern** | **goal** | **action plan** | **achieved (date)** |
| Enter text here | Enter text here | Enter text here | Enter a date |
| Enter text here | Enter text here | Enter text here | Enter a date |
| Enter text here | Enter text here | Enter text here | Enter a date |
| Enter text here | Enter text here | Enter text here | Enter a date |
| Enter text here | Enter text here | Enter text here | Enter a date |
| Enter text here | Enter text here | Enter text here | Enter a date |
| **practice educator signature:**  Enter Signature/Name  **zoned academic signature:**  Enter Signature/Name | | i confirm that the goals and action plan detailed above has been discussed.  **student signature:**  Enter Signature/Name  **DATE:** Enter a date | |

**this page must be scanned and printed / copied to allow a copy to be retained in the students’ record**

Section 6: Final Interview Summary of Evidence

|  |  |
| --- | --- |
| **FINAL INTERVIEW** | |
| **student to indicate what evidence they will be providing to demonstrate learning and achievement** | |
| **SUMMARY OF STUDENT’S EVIDENCE** | **PRACTICE EDUCATOR’S COMMENTS** |
| Enter text here | Enter text here |
| **STUDENT SIGNATURE:**  Enter Signature/Name | **EDUCATOR SIGNATURE:**  Enter Signature/Name |

**Final Interview Summary of Evidence**

|  |  |
| --- | --- |
| **final interview** | |
| **student to indicate what evidence they will be providing to demonstrate learning and achievement** | |
| **SUMMARY OF STUDENT’S EVIDENCE** | **PRACTICE EDUCATOR’S COMMENTS** |
| Enter text here | Enter text here |
| **STUDENT SIGNATURE:**  Enter Signature/Name | **EDUCATOR SIGNATURE:**  Enter Signature/Name |

**6.1 Final Interview**

|  |  |  |
| --- | --- | --- |
| University of Worcester Logo | **FINAL INTERVIEW**  **OCTH3105** | |
| **student name:** Enter Name | **student no:** Enter Number | |
| **practice educator name:** Enter Name | **placement name:** Enter text here | |
| **zoned academic:** Enter text here | **date of final interview:** Enter a date | |
| **professional competencies achieved:** | **yes** | **no** |
| **student’s self-assessment of placement:**  Enter text here | | |
| **student signature:**  Enter Signature/Name | | |

|  |  |
| --- | --- |
| **practice educator’s comments on the student’s learning and achievement:**  Enter text here | |
| **practice educator’s advice regarding areas for development:**  Enter text here | |
| **Total Placement hours required**  **by Student:** Enter Total Hours | |
| **fail**  As the Practice Educator for the above student, I declare that the student has **not achieved** all the required elements of the summative assessment process.  **signature**:  Enter Signature/Name  **name:**  Enter Full Name  **date:** Enter a date | **pass**  As Practice Educator for the above student, I declare that they have **achieved** all the required elements of the summative assessment process.  **signature:**  Enter Signature/Name  **name:**  Enter Full Name  **date:** Enter a date |
| result provisional until confirmed by the board of examiners  failure to submit electronically by the submission date will result in a fail being recorded for this module. | |

**both pages of This form must be scanned and submitted electronically with your timesheet via sole**

# 

# **Section 7: Recognising Excellence**

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

|  |  |  |
| --- | --- | --- |
| **University of Worcester Logo** | | **Recognising excellence form**  **Placement Module Code:……OCTH3105** |
| **Student Name:**  Enter Full Name | | **Practice Educator Name:**  Enter Full Name |
| **Practice Setting:** Enter text here | | **Date:** Enter a date |
| **Learning expectation(s) exceeded:**  Enter text here | **In depth detail of how the learning outcome was achieved above and beyond the expectations for this module:**    Enter text here | |
| **Practice Educator Signature:**  Enter Signature/Name | | |

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Section 8: Timesheet

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| University of Worcester Logo | | | **record of attendance** | | | |
| Hours must be entered numerically and verified and signed by your Practice Educator or another appropriate professional. Breaks are not included in hours worked.  Please use the following codes for absence: | | | | | | |
| **S -** sickness | **A -** absent | **AAL –** authorised leave | | | **CL –** compassionate leave | |
| Sickness of 4-7 days requires a self-certification of sickness form, sickness of 8 days and over must have a certificate signed by a Doctor. | | | | | | |
| **Student Name:**  Enter Full Name | | | **Student No:** Enter Number | | | |
| **PLACEMENT NAME:**  Enter text here | | | | | | |
| **date(s)** | **hours worked** | | **Hours Worked** | **Absence Code** | **Hours made up** | **Signature of Practice Educator or other appropriate Professional** |
| **Start time** | **finish Time** |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
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| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
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| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
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| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| **TOTAL** | 00:00 | | 00:00 | Enter Code |  | Enter Signature/Name |

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

|  |  |  |
| --- | --- | --- |
| **I CONFIRM THAT THIS IS A TRUE REPRESENTATION OF HOURS WORKED** | ***Student Signature:*** Enter Signature/Name | ***Date:*** Enter a date |

**This form must be scanned and submitted electronically with your final interview sheets via sole**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| University of Worcester Logo | | | **record of attendance** | | | |
| Hours must be entered numerically and verified and signed by your Practice Educator or another appropriate professional. Breaks are not included in hours worked.  Please use the following codes for absence: | | | | | | |
| **S -** sickness | **A -** absent | **AAL –** authorised leave | | | **CL –** compassionate leave | |
| Sickness of 4-7 days requires a self-certification of sickness form, sickness of 8 days and over must have a certificate signed by a Doctor. | | | | | | |
| **Student Name:**  Enter Full Name | | | **Student No:** Enter Number | | | |
| **PLACEMENT NAME:**  Enter text here | | | | | | |
| **date(s)** | **hours worked** | | **Hours Worked** | **Absence Code** | **Hours made up** | **Signature of Practice Educator or other appropriate Professional** |
| **Start time** | **finish Time** |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
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| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| **TOTAL** | 00:00 | | 00:00 | Enter Code |  | Enter Signature/Name |

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

|  |  |  |
| --- | --- | --- |
| **I CONFIRM THAT THIS IS A TRUE REPRESENTATION OF HOURS WORKED** | ***Student Signature:*** Enter Signature/Name | ***Date:*** Enter a date |

**This form must be scanned and submitted electronically with your final interview sheets via sole**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| University of Worcester Logo | | | **record of attendance** | | | |
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| Sickness of 4-7 days requires a self-certification of sickness form, sickness of 8 days and over must have a certificate signed by a Doctor. | | | | | | |
| **Student Name:**  Enter Full Name | | | **Student No:** Enter Number | | | |
| **PLACEMENT NAME:**  Enter text here | | | | | | |
| **date(s)** | **hours worked** | | **Hours Worked** | **Absence Code** | **Hours made up** | **Signature of Practice Educator or other appropriate Professional** |
| **Start time** | **finish Time** |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
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| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| Enter a date | 00:00 | 00:00 | 00:00 | Enter Code |  | Enter Signature/Name |
| **TOTAL** | 00:00 | | 00:00 | Enter Code |  | Enter Signature/Name |

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

|  |  |  |
| --- | --- | --- |
| **I CONFIRM THAT THIS IS A TRUE REPRESENTATION OF HOURS WORKED** | ***Student Signature:*** Enter Signature/Name | ***Date:*** Enter a date |

**This form must be scanned and submitted electronically with your final interview sheets via sole**

Section 9: Additional Feedback

9.1 Service User Feedback on Student Performance

|  |
| --- |
| Practice Educator should summarise feedback obtained from the service user or family / carer on student performance. |
| Enter text here  **SIGNATURE:**  Enter Signature/Name  **DATE:** Enter a date |

9.2 Feedback from Spoke Visits

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FEEDBACK FROM SPOKE VISITS** | | | | |
| **DATE** | **DETAILS OF SPOKE VISIT** | **SPECIFIC LEARNING ACHIEVED (TO BE COMPLETED BY STUDENTS)** | **FEEDBACK ON STUDENT PERFORMANCE**  **(TO BE COMPLETED BY HEALTH CARE PROFESSIONAL)** | **NAME AND SIGNATURE OF HEALTHCARE PROFESSIONAL** |
| Enter a date | Enter text here | Enter text here | Enter text here | Enter Signature/Name |
| Enter a date | Enter text here | Enter text here | Enter text here | Enter Signature/Name |
| Enter a date | Enter text here | Enter text here | Enter text here | Enter Signature/Name |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **DETAILS OF SPOKE VISIT** | **SPECIFIC LEARNING ACHIEVED (TO BE COMPLETED BY STUDENTS)** | **FEEDBACK ON STUDENT PERFORMANCE**  **(TO BE COMPLETED BY HEALTH CARE PROFESSIONAL)** | **NAME AND SIGNATURE OF HEALTHCARE PROFESSIONAL** |
| Enter a date | Enter text here | Enter text here | Enter text here | Enter Signature/Name |
| Enter a date | Enter text here | Enter text here | Enter text here | Enter Signature/Name |
| Enter a date | Enter text here | Enter text here | Enter text here | Enter Signature/Name |
| Enter a date | Enter text here | Enter text here | Enter text here | Enter Signature/Name |

Section 10: Zoned Academic Forms

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