School of Allied Health and Community

MSc Physiotherapy
(Pre-registration)

Accredited by: Chartered Society of Physiotherapy
Approved by: Health & Care Professionals Council

Practice Learning Document

Student Name Enter Full Name _____

PLACEMENT ONE
PTHY4005

Last revised December 2020

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Student Details

Please complete at the beginning of the placement

Student Name:	Enter Full Name
Course:	**MSc PHYSIOTHERAPY (PRE-REGISTRATION)**

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

Physiotherapy Staff

NAME	TELEPHONE	EMAIL
Samantha Gillard *Senior Lecturer* *Course Lead & Practice Education Lead*	01905 542773	therapyplacements@worc.ac.uk
Rebecca Lees *Practice Placement Coordinator*	01905 542023	
Rachel Kyte *Senior Lecturer*	01905 542963	
Gordon Smith *Senior Lecturer*	01905 542619	
Katharine Wood *Senior Lecturer*	01905 542953	
Gavin Hayden *Senior Lecturer*	01905 855363	
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

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.

Section 1: Preparation for Practice Learning

1.1 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
CONFLICT RESOLUTION	Enter a date	Enter Signature/Name
Enter Text	Enter a date	Enter Signature/Name
Enter Text	Enter a date	Enter Signature/Name

1.2 Self-Assessment of Professional Development for Planning Learning

This self-assessment of professional development must be completed prior to starting each placement. You should consider previous learning and life experiences. 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 module learning outcomes.

MODIFIED SWOT ANALYSIS	
STRENGTHS: Enter text here	**WEAKNESSES:** Enter text here
CONCERNS: Enter text here	**EXPECTATIONS:** 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 ONE 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 professional behaviours and core values of Physiotherapy practice, with awareness of own learning needs					
a. Maintain standards of personal and professional conduct consistent with CSP (2019) Code of Professional Values and Behaviour and HCPC (2016) Standards of Conduct, Performance and Ethics.	☐	☐	☐	☐	☐
b. Respects the rights and diversity of service users, colleagues, visitors and other professionals.	☐	☐	☐	☐	☐
c. Understands and upholds legal and ethical requirements e.g. confidentiality and informed consent policies.	☐	☐	☐	☐	☐
d. Demonstrates safe practice in relation to the service i.e. moving and handling, safeguarding, infection control and health and safety.	☐	☐	☐	☐	☐
e. Take responsibility for the Practice Learning Document (PLD) and learning on placement, using supervision to reflect and direct personal development.	☐	☐	☐	☐	☐
2. With support, demonstrate effective communication with a diverse range of service users, carers and other professionals, including team working skills					
a. Reflect on the use of interpersonal skills, modifying these appropriately, to encourage active participation of service users and carers.	☐	☐	☐	☐	☐
b. Engage with multidisciplinary team members and interact appropriately with those who provide other services across different sectors and settings.	☐	☐	☐	☐	☐
c. Demonstrate appropriate and clear communication to a range of people including; service users, carers and other professionals through a variety of methods e.g. face to face, telephone calls, letters, referrals, e-mails.	☐	☐	☐	☐	☐
d. Writes accurate and legible records and handles in accordance with local guidelines and legal protocols.	☐	☐	☐	☐	☐

3. With support and supervision, demonstrate the ability to assess service users, using developing clinical reasoning					
a. Under supervision, select and conduct appropriate assessments to identify the needs of service users.	☐	☐	☐	☐	☐
b. Show that you recognise the importance of physical, psychological, social and cultural factors on the ability and goals of service users.	☐	☐	☐	☐	☐
c. With support identify and develop appropriate goals for intervention.	☐	☐	☐	☐	☐
d. With support demonstrate appropriate decision-making to plan intervention.	☐	☐	☐	☐	☐
4. With support and supervision, select and apply a range of safe and appropriate treatment and intervention skills					
a. With support, begin the clinical reasoning process by identifying treatment and intervention options to address service user problems.	☐	☐	☐	☐	☐
b. Plan and prepare for intervention sessions to ensure service user safety and confidence.	☐	☐	☐	☐	☐
c. With support, select and apply safe and appropriate therapeutic interventions.	☐	☐	☐	☐	☐
5. With support, identify appropriate outcome measures to monitor progress of interventions and begin to evaluate their effectiveness					
a. Recognise the need to evaluate the effectiveness and quality of practice.	☐	☐	☐	☐	☐
b. Use reflection to modify interventions to improve outcomes for service users.	☐	☐	☐	☐	☐
c. Identify and use appropriate outcome measures to evaluate the effectiveness of interventions.	☐	☐	☐	☐	☐
6. Demonstrate and apply knowledge of underpinning theory in safe and effective Physiotherapy practice					
a. Demonstrate the importance of biological, physical and clinical science in the underpinning of practice.	☐	☐	☐	☐	☐
b. Apply relevant theoretical knowledge to 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**
LO1	Enter text here	Enter text here
LO2	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**
LO3	Enter text here	Enter text here
LO4	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
LO5	Enter text here	Enter text here
LO6	Enter text here	Enter text here
STUDENT SIGNATURE: Enter Signature/Name		**EDUCATOR SIGNATURE:** Enter Signature/Name

4.4 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 – PROGRESSION 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	**IDENTIFIED CONCERNS FORM** **PTHY4005**
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
LO1	Enter text here	Enter text here
LO2	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
LO3	Enter text here	Enter text here
LO4	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
LO5	Enter text here	Enter text here
LO6	Enter text here	Enter text here
STUDENT SIGNATURE: Enter Signature/Name		**EDUCATOR SIGNATURE:** Enter Signature/Name

6.1 Final Interview

University of Worcester	**FINAL INTERVIEW** **PTHY4005**	
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	**PASS**
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.	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	**SIGNATURE:** Enter Signature/Name
NAME: Enter Full Name	**NAME:** Enter Full Name
DATE: Enter a date	**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.

<table>
<tr><td colspan="2"> </td><td>Recognising excellence form

Placement Module Code:……PTHY4005</td></tr>
<tr><td colspan="2">Student Name: Enter Full Name</td><td>Practice Educator Name: Enter Full Name</td></tr>
<tr><td colspan="2">Practice Setting: Enter text here</td><td>Date: Enter a date</td></tr>
<tr><td>Learning expectation(s) exceeded:

Enter text here</td><td colspan="2">In depth detail of how the learning outcome was achieved above and beyond the expectations for this module:

Enter text here</td></tr>
<tr><td colspan="3">Practice Educator Signature: Enter Signature/Name</td></tr>
</table>

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Section 8: Timesheet

University of Worcester	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
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
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

University of Worcester	**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
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
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

University of Worcester

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
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
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	**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		