

**Preparation for Placement**  
**The Practice Placement Process**  
**A Guide Book for Students on the 2014**  
**Curriculum**



**Occupational Therapy**  
**Faculty of Health and Social Sciences**

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The Practice Placement Process  
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## 1. Bournemouth University Programmes and Your Role as a Practice Placement Educator

The Health and Care Professions Council (2009) recognises the importance of the student placement experience. Of perhaps, greater importance is the person who coordinates and supports the student – the Practice Placement Educator (PPE). It is therefore a requirement of healthcare professionals supporting and assessing learners in practice to appreciate the importance of their role in ensuring that their students are:

**FIT FOR PRACTICE** – that the learner has developed the requisite skills for professional registration by the end of the three years of undergraduate training.

**FIT FOR PURPOSE** – that the learner is fit for employment by the end of the three years of undergraduate training.

**FIT FOR AWARD** – that the learner has met an accepted academic standard by the end of the three years of undergraduate training. (DH 1999 fitness to practice)

The role of the PPE is essential in guiding the student through their placement. Students spend a third of their programme with on placement. They will be observing not only the PPEs professional practice but will also be influenced by how they are supported. Your student today is the PPE and clinician of tomorrow!

At the beginning of the Practice Assessment Document there is a section which outlines the responsibilities of the student, the PPE and the university in relation to placement. This needs to be read and signed for each placement to make sure that all parties understand their responsibilities so please ensure you do this at the beginning of the placement.

### Documents that support Practice Placements:

The HCPC produce various documents that support Education in Practice. The main documents are:

Standards of education and training documents:

- Standards of education and training (Page 8)
- Standards of education and training guidance

These documents can be downloaded at:

[http://www.hpc-uk.org/assets/documents/10000BCF46345Educ-Train-SOPA5\\_v2.pdf](http://www.hpc-uk.org/assets/documents/10000BCF46345Educ-Train-SOPA5_v2.pdf)

The Royal College of Occupational Therapists have available on their website:

- Code of Ethics and Professional Conduct

## **The Programme and where the placements fit in.....**

The OT students at Bournemouth University have a range of placements during their three years at University. They must complete a minimum of 1000 hours of passed practice time in order to be able to qualify as an OT. The course here at Bournemouth builds in extra hours to ensure that our students do not struggle to meet this requirement.

**BU0 – Orientation Placement** 1 week in the first year. During the sixth week of their first semester OT students go out on placement as an opportunity to start making some initial links between the theory and practice. It also gives an opportunity for practice partners to give some formative (not assessed) feedback to the students about some of the core skills they are starting to develop such as professionalism and communication.

**BU1 – Year 1:** 6 weeks  
June – July

**BU2 – Year 2:** 8 weeks  
April - May

**BU3 – Year 3:** 10 weeks  
August - November

**BU4 – Year 3:** 8 weeks  
January - March

**APPENDIX I** – Outline Timetables for OT that gives an overview for all three years.

## **2. The Practice Placement Process**

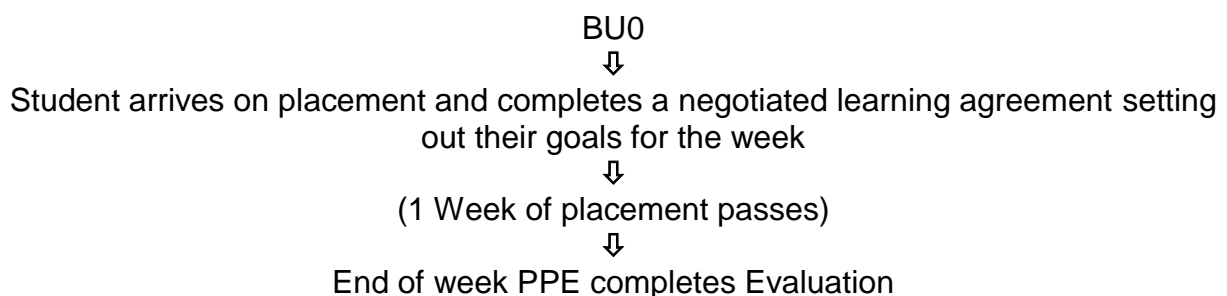
## **The Practice Assessment Document....what is it?**

The portfolio unit runs over the length of the academic year and students are given their **practice assessment document (PAD)** early in the year (it is an 'OT green' spiral bound document that your student should arrive with on placement). This document includes all the components of the unit's assessment as well as recording practice hours, placement assessment and mandatory training. Portfolio Units (one in each year) are worth 40 credits (one third of the year's credits) with 60% weighting for assessment in practice and 40% for Continuing Professional Development (CPD) work in the first and second year. In the third year this changes slightly to a 70% weighting for placement and a 30% weighting for CPD.

Expectations of the PPE, the Student and the University are outlined in the PAD document. You must read these expectations and sign them. The students should have done the same. You can view a PDF version of the document on the Practice Assessor Website:

## **The Placement Process**

The Process for BU0 (Bournemouth University 0) differs slightly to the remaining placement as it is only 1 week long and requires you to discuss with the student their goals for the week at the start of the placement and then at the end of the placement you give the student some formative (ungraded) feedback. Here's the process:



**The BU0 process in a bit more detail (all the following colourful pages will be in the student's PAD that they arrive with on placement):**

## Negotiated learning agreement for BU0

### Learning Agreement

**Learning opportunities and expectations identified by the practice placement educator in collaboration with the student**

In the Practice Assessment Document that the first year students will arrive with you will find the Negotiated Learning Agreement in on pink paper.

The student will have considered prior to the placement what things they want to learn and they may have already written some notes in this area, however, as this is their first placement they may be a little nervous about writing directly in the PAD so may arrive with their ideas on a separate page. The important thing is that they have done some planning before the start of the placement.

They then complete the rest of this section at the start of the placement with the PPE.

Consider use of SMART goals - this will help student with work when back at BU.

Identify learning opportunities and clear expectations

**One week of placement passes.....and you then complete the feedback section.**

## Practice Placement Educator Evaluation for BU0

### PORTFOLIO 1 Occupational Therapy: Level 4: BU0

Student Name..... Start Date.....

Placement Location and Practice Area.....

Practice Educator Name(s).....

Declaration: This assessment report has been completed by the practice educator and relevant feedback discussed with the student.

PPE ..... Date .....

Student ..... Date .....

**Comments from PPE** (please include attendance, appearance, punctuality, communication skills and professionalism)

Students are to be given *formative* feedback. This means that there is no grade given. The feedback should help them to form their future practice and learning both back at university as well as on their next placement.

At this very early stage of training it can be an ideal opportunity to highlight any professional issues such as time management, appearance etc.

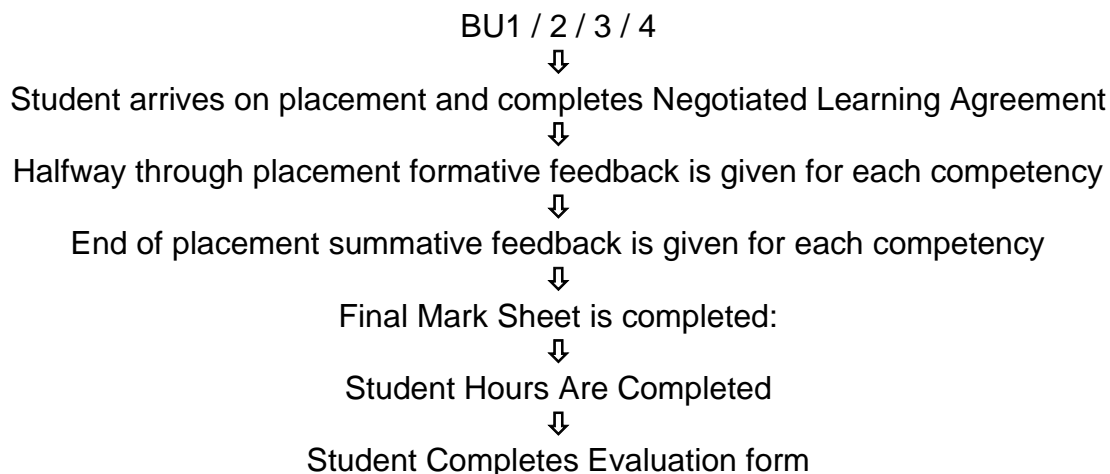
The student needs to have a chance to respond to the evaluation. Please do not give the feedback 5 minutes before you are about to leave. The student needs time to think about their feedback, ask questions and respond.

On the reverse of the PPE's feedback page there is an area where students can also give feedback.

They too need to ensure that you as their PPE has a chance to read and sign their feedback and respond accordingly. You may wish to take a copy of the feedback for your CPD.

**This is the end of the paperwork for BU0.**

### **All subsequent placements:**



### **The Process in More Detail.**

At the very beginning of the placement you need to meet with the student to talk through their negotiated learning agreement;

#### **Negotiated learning agreement**

This should be filled out in conjunction with the student's Personal Development Plan and feedback from previous placement.

As with BU0 all subsequent placements require the student to consider their goals for the negotiated learning agreement and then discuss these with their PPE at the beginning of the placement.

(Please see information about this in the BU0 section as the same information applies).

#### **Specific action points for this placement**

(agreed by discussion with practice placement educator)

In this section any specific actions identified during the negotiated learning agreement can be listed in order to assist the student to meet their goals.

### **Throughout the placement:**

- Students **must** be given formal weekly supervision – often it is easiest to agree a regular time for this each week at the start of the placement.
- Supervision forms have not been provided to allow for flexibility for the different settings in which students will have placements.
- You must keep a written record of supervision so that both you and the student know what actions have been agreed each week and give you both something to refer back to.
- You can choose to use a form that you might use in practice or you might use a model of reflection to form supervision sessions. An example form however is available in Appendix II should you wish to use it.

## **Marking the Student's Performance on Placement**

There are eight competencies of practice that will be assessed during the placement. These are in line with the NHS Knowledge and Skills Framework:

**Specific skills: 1.** Assessment and treatment planning

**Specific skills: 2** Intervention and treatment

**Core 1:** Communication

**Core 2:** Personal & people development

**Core 3:** Health, safety and security

**Core 4:** Service improvement

**Core 5:** Quality

**Core 6:** Equality and diversity

The competencies and their individual intended learning outcomes remain the same each year.

It is the level of expectation for achieving the learning outcomes that differs from year to year. The expectation for achieving the learning outcomes shows the progression that students will make in their performance between level C (first year) to level I (second year) to level H (third year).

Expectations change between the levels (years) in relation to the amount of **support** provided, the **depth of reasoning** required and the **extent** to which students are expected to achieve the intended learning outcomes.

**It is highlighted that the expectation is 'By the end of the placement'.**

### Expectations of the learning outcomes between levels

<b>Level 4 Year 1</b>	By the end of the placement and with <b>support</b> , students are expected to demonstrate <b>basic knowledge and comprehension</b> in order to <b>begin to</b> :
<b>Level 5 Year 2</b>	By the end of the placement and with <b>guidance</b> , students are expected to demonstrate <b>analysis and application</b> in order to <b>develop skills to</b> :
<b>Level 6 Year 3</b>	By the end of the placement and with <b>minimal supervision</b> , students are expected to demonstrate <b>evaluation and clinical reasoning</b> in order to <b>be competent to</b> :

There are further definitions of the language used in the learning outcomes and they can be seen both in Appendix III in this book and also in the Practice Assessment Document.

Also the individual intended learning outcomes (ILOs) for each of the competencies can be found in Appendix III.

### The Marking Process Continued....

- The student is given a classification (1<sup>st</sup> / 2:1 / 2:2 etc) for each of the 8 competencies that they are being assessed against.
- This will mean that you have to consider how well the student is meeting the Intended Learning Outcome for each competency considering whether they are a first, second or third year.
- Once you have decided which classification you are giving the student for each competency you then have to give an overall percentage.
- This can feel like a daunting task but once you see the spread of the student's classifications they usually 'clump' around one particular classification which will guide the percentage you award. Take a step back and give yourself a chance to really consider the student's overall performance.
- The grade is not calculated as an average %
- The student must achieve a 3<sup>rd</sup> or above in each competency in order to pass the placement. If they fail any one competency they fail the placement. Grades below 40% are a fail.
- The student must also pass the safe practice and professional conduct requirements for the placement in order to pass.

- Please do not give marks that are 39 / 49 / 59 / 69 % - students will often feel that if they'd been given 'just one more day' or 'one more chance to do...' that they could get that extra 1% and fall into the next banding.
- The placement marks are all moderated when the books are returned to University at the end of the placement.
- The programme's External Examiner also reviews the placement marks.

## So what does this look like in the student's practice assessment document?

### Half Way Feedback during the placement

Example of Halfway Formative Feedback Section (there are 8 sections like this in the PAD – one for each competency)

#### Practice Assessment Level Specific 1. Assessment and intervention planning

Intended learning outcomes:

1. Plan an assessment strategy.
2. Interpret assessment information.
3. Plan intervention or treatment based on assessment findings.

#### FORMATIVE (Halfway feedback)

Practice Placement Educator formative feedback  
(please do not provide any grade, classification or percentage at this stage )

Feedback needs to be written in this box. If you need to type your feedback please ensure that it is firmly secured into the PAD in the appropriate place and sign it.

Feedback needs to be given for each of the eight competency areas.

Give formative feedback to inform the student of clear areas to work on for the second half of the placement.

Do not give a grade! We encourage students to think about the feedback they have been given rather than be 'grade focussed'.

Remember the importance of constructive feedback to allow the student to progress.

Remember that it is very important to give the feedback as near to the halfway point of the placement as possible in order to give the student a chance to respond to the feedback and work on it during the remainder of the placement.

Use the language of the marking descriptors to help form your feedback so both you and the student clearly know at what level they are performing.

Consider where the student has got to with their Intended Learning Outcomes for each competency area by reading the marking descriptors on the opposite page and considering what is expected of the student at their year of training. The expectations change from first, second and third year. The sentence describing the level of expectation relating to which year the student is in will be at the top of each competency page.

Example of Marking descriptors that are in the PAD Document (These are from the Assessing and Intervention Planning Competency):

<p><b>1<sup>st</sup></b> 70 and above</p>	<ol style="list-style-type: none"> <li>Excellent planning of an assessment strategy.               <ol style="list-style-type: none"> <li>Consistently and effectively identifies a wide range of valuable sources of information.</li> <li>Consistently and effectively interprets assessment information.</li> <li>Consistently, effectively and accurately gathers valuable and relevant background information.</li> </ol> </li> <li>Excellent interpretation of assessment information.               <ol style="list-style-type: none"> <li>Consistently provides succinct and accurate summaries of assessment findings.</li> <li>Consistently shows comprehensive clinical reasoning.</li> <li>Consistently prioritises a needs or problem list from assessment findings with clear rationale.</li> </ol> </li> <li>Excellent planning of intervention or treatment based on assessment findings.               <ol style="list-style-type: none"> <li>Consistently sets collaborative goals with service user involvement.</li> <li>Consistently identifies the most effective and appropriate interventions or treatments.</li> <li>Consistently provides comprehensive rationale for selection of intervention options.</li> </ol> </li> </ol>
<p><b>2:1</b> 60 - 69%</p>	<ol style="list-style-type: none"> <li>Very good planning of an assessment strategy.               <ol style="list-style-type: none"> <li>Effectively identifies a wide range of valuable sources of information.</li> <li>Effectively identifies valuable assessment techniques.</li> <li>Effectively and accurately gathers valuable and relevant background information.</li> </ol> </li> <li>Very good interpretation of assessment information.               <ol style="list-style-type: none"> <li>Succinctly and accurately summarises assessment information.</li> <li>Shows comprehensive clinical reasoning.</li> <li>Prioritises a needs or problem list from assessment findings with clear rationale.</li> </ol> </li> <li>Very good planning of intervention or treatment based on assessment findings.               <ol style="list-style-type: none"> <li>Sets collaborative goals with service user involvement.</li> <li>Selects the most effective and appropriate interventions or treatments.</li> <li>Provides comprehensive rationale for selection of intervention options.</li> </ol> </li> </ol>
<p><b>2:2</b> 50 - 59%</p>	<ol style="list-style-type: none"> <li>Good planning of an assessment strategy.               <ol style="list-style-type: none"> <li>Determines the relevance of a range of sources of information.</li> <li>Determines the relevance of techniques for assessment.</li> <li>Accurately gathers both formal and informal assessment information.</li> </ol> </li> <li>Good interpretation of assessment information.               <ol style="list-style-type: none"> <li>Identifies and summarises important assessment findings.</li> <li>Demonstrates clear logical thinking and reasoning process.</li> <li>Prioritises a needs or problem list from assessment findings.</li> </ol> </li> <li>Good planning of intervention or treatment based on assessment findings.               <ol style="list-style-type: none"> <li>Sets goals with service user involvement.</li> <li>Considers effectiveness and appropriateness of interventions or treatments.</li> <li>Provides appropriate rationale for selection of intervention options.</li> </ol> </li> </ol>
<p><b>3<sup>rd</sup></b> 40 – 49%</p>	<ol style="list-style-type: none"> <li>Acceptable planning of an assessment strategy.               <ol style="list-style-type: none"> <li>Identifies appropriate sources of information.</li> <li>Selects appropriate techniques for assessment.</li> <li>Gathers sufficient relevant background information.</li> </ol> </li> <li>Acceptable interpretation of assessment information.               <ol style="list-style-type: none"> <li>Summarises assessment findings.</li> <li>Demonstrates logical thinking and reasoning process.</li> <li>Produces a needs or problem list of priorities.</li> </ol> </li> <li>Acceptable planning of intervention or treatment based on assessment findings.               <ol style="list-style-type: none"> <li>Sets goals with awareness of service user involvement.</li> <li>Selects appropriate interventions or treatments.</li> <li>Provides basic rationale for selection of intervention options.</li> </ol> </li> </ol>
<p><b>Fail</b> 39% and below</p>	<ol style="list-style-type: none"> <li>Poor planning of an assessment strategy.               <ol style="list-style-type: none"> <li>Consistently misses key sources of information.</li> <li>Unable to select appropriate techniques for assessment.</li> <li>Unable to identify relevant background information.</li> </ol> </li> <li>Poor interpretation of assessment information.               <ol style="list-style-type: none"> <li>Unable to summarise assessment findings.</li> <li>Reasoning process lacks logic.</li> <li>Unable to produce a needs or problem list of priorities.</li> </ol> </li> <li>Poor planning of intervention or treatment based on assessment findings.               <ol style="list-style-type: none"> <li>Fails to set goals.</li> <li>Does not select appropriate intervention or selects inappropriately.</li> </ol> </li> </ol>

A student needs to be consistently excellent in order to be achieving this feedback. If they have been consistently excellent though reflect this in what you write. They deserve to know!

Consider the language used at different classification levels and use this to help you write your feedback. It can be difficult to write feedback at times but hopefully the wording in these different 'marking descriptors' will help.

If a student is failing at halfway or at any point of the placement please call the university immediately to discuss your concerns. Also be clear with the student that they are failing and why they are failing in order to give them an opportunity to respond and to achieve.

	Inadequate rationale for selection of interventions.
--	--

**Final Feedback at the end of the placement**

Example of Final Summative Feedback Section (there are 8 sections like this in the PAD – one for each competency)

## Specific 1. Assessment and intervention planning

Intended learning outcomes:

- Plan an assessment strategy.
- Interpret assessment information.
- Plan intervention or treatment based on assessment findings.

### SUMMATIVE (Final Feedback)

Classification - please circle on final mark sheet

Recommendations for future placements

Where has the student progressed to?

Feedback to be written in the box.

PPE will give feedback for each of the eight competency areas.

Use the language of the marking descriptors to help form your feedback so both you and the student clearly know at what level they are performing. Be careful though not to use the language of one descriptor and the grade of another. For example; "You were consistently excellent at assessing the patient and planning your treatment" – 'excellent' is the language of a 1<sup>st</sup>, so if you then awarded a student a 2:2 for this competency they may question the disparity between language and grade.

Give constructive feedback to help the student consider actions/goals for the next placement.

Student needs to have a chance to respond to the evaluation. Please do not give the student the feedback 5 minutes before you are about to leave. They need time to think about their feedback, ask questions and respond.

On the reverse of the PPE's feedback page there is an area where students can also give feedback if they wish (this is not compulsory).

They too need to ensure that you as their PPE have a chance to read and sign their feedback and respond accordingly.

**The Administrative Bit!** The **final mark sheet** must be completed at the end of the placement.

## Final mark sheet

**Student Name** ..... **Start Date** .....

**Placement Location** .....

**Placement Area/Specialism** .....

**Placement Educators Name (s)** .....

Ensure all these areas are completed

### Declaration:

This assessment report was completed by the practice placement educator and the student as appropriate. Relevant sections were discussed with the student and the student had an opportunity to comment.

**Practice Placement Educator:** ..... **Date:** .....

**Student:** ..... **Date:** .....

Competency	Classification (Please circle)
<b>Specific skills:</b> 1 Assessment and treatment planning	1 <sup>st</sup> / 2:1 / 2:2 / 3 <sup>rd</sup> / Fail
2 Interventions and treatment	1 <sup>st</sup> / 2:1 / 2:2 / 3 <sup>rd</sup> / Fail
<b>Core:</b> 1 Communication	1 <sup>st</sup> / 2:1 / 2:2 / 3 <sup>rd</sup> / Fail
2 Personal and people development	1 <sup>st</sup> / 2:1 / 2:2 / 3 <sup>rd</sup> / Fail
3 Health, safety and security	
4 Service Improvement	
5 Quality	
6 Equality and diversity	1 <sup>st</sup> / 2:1 / 2:2 / 3 <sup>rd</sup> / Fail

Circle a classification for each of the 8 competencies

Once a classification has been given for each competency an overall percentage is given.

### Placement percentage mark (based on PPE judgment of student overall)

%

*Failure in one or more competencies should result in a mark of less than 40%*

*To achieve a 1<sup>st</sup> the student should normally achieve a 1<sup>st</sup> in all competencies*

*Awards of 80% or above are extremely rare and should be reserved for exceptional students*

**Practice Hours completed:**

Make sure the total hours are recorded here.

**Hours** need to be recorded throughout the placement.

## Student placement record sheet

### Key for Activity Codes:

P = Placement BH = Bank Holiday S = Sick C = Compassionate Leave A = Absence for other reason

	Day 1	Day 2	Day 3	Day 4	Day 5		Day 1	Day 2	Day 3	Day 4	Day 5
	<b>Week 1 Total P:</b>						<b>Week 2 Total P:</b>				
Date											
Hours*											
Activity code											
	<b>Week 3 Total P:</b>						<b>Total P:</b>				
Date						Date					
Hours*						Hours*					
Activity code						Activity code					
	<b>Week 5 Total P:</b>						<b>Week 6 Total P:</b>				
Date						Date					
Hours*						Hours*					
Activity code						Activity code					

Keep track of hours each week – you might choose to check this with the student at each weekly supervision session.

Study leave is at your discretion – if you choose to give the student study leave and you are satisfied that they have used the time for study then you can count the hours as part of their placement.

**Hours\*** - Please indicate hours worked, e.g. 7.5, 3.0, etc

Activity Code	Total Hours
Placement	
Bank Holiday	
Sick	
Compassionate Leave	
Other Absence	

If the student has time off sick they must report it to university. They should know the contact details of the placement administrator and it will also be in their book.

If they need a considerable time off sick / compassionate leave etc please tell the university as we may need to talk to the student about whether they need to postpone the placement. .

<b>Student Declaration</b> I certify that the information given above is correct	<b>Placement Educator Declaration</b> I confirm that the student attended practice placements as indicated above
Signature:	Signature:
Date:	Name: (please print)

Please make sure everything is signed.

**Here's an example of the marking process:**



Winnie is a level 4 (first year) OT student. At the end of her placement her PPE reports:

Winnie was quiet at first but her confidence has grown over the last few weeks. She has started to make good attempts at clinically reasoning her treatment plans and is able to highlight some of the main pros and cons. Winnie needs to work on her goal setting and interview skills. Winnie was a little overwhelmed by the range of different clients we saw in the six weeks and I think also the number of different staff we liaise with.

She started to show some good reflection skills discussing how she felt in some of these situations and I would encourage her to work on this to help her in her next placement, I was impressed with her ability to identify areas for improvement.

Considering that Winnie is a first year student her final grades were:

1. Assessment and treatment planning	2:2
2. Intervention and treatment.	2:2
Core 1: Communication	2:2
Core 2: Personal and people development	2:1
Core 3: health, safety and security	2:1
Core 4: Service improvement	2:2
Core 5: Quality	2:2
Core 6: Equality and diversity	2:1

The competencies highlighted are ones that can be linked particularly to the case study information.

So overall Winnie achieved:

- 5 x 2:2's
- 3 x 2:1's
- A 2:1 classification = 60 – 69
- A 2:2 classification = 50 – 59
- Winnie has more 2:2's than 2:1's and now her PPE has to think about her performance overall.
- Whilst Winnie has done well overall her PPE feels that a higher 2:2 grade is best reflective of her overall performance. She couldn't give a low 2:1 as the 2:2s pull it down towards the 2:2 area and this is where the dominant area of classifications fall, however she also couldn't give a low 2:2 as Winnie does have three 2:1 classifications.

Winnie's overall mark was given as: 58% which is a high 2:2 grade and reflects her overall performance.

## But what if there's a problem?

- First and foremost, if you have any concerns about a student's progress during the placement, whether this be due to health issues, professional issues, competence, safety etc. the please contact the University immediately. There is a list of contact details at the end of this guide and the students also have contact details in their PAD. It is much better to 'flag things up' early
- **Unsafe practice or violations of Professional Standards (HCPC 2012)** will cause the student to fail the placement following a process that includes one verbal and two written warnings. If a final warning (the second written warning) is given the assessment mark will be negated and a mark of '0' will be recorded. In exceptional circumstances the student may be withdrawn from the placement earlier in the process after discussion with the University.

### Disciplinary procedure

Examples of areas that can lead to the disciplinary process being implemented:

- **Fails to adhere, at all times, to personal and professional standards which reflect credit on the profession.**
- Fails to apply knowledge of the departmental health and safety policy to specific service user groups/conditions.
- Does not respect service user confidentiality.

There are more items on this list in the PAD.

#### Record of verbal warning

Date: .....

Student .....

PPE .....

It may seem contradictory to ask for a written record of a verbal warning but this is for two reasons; firstly so that the student is fully aware that this is the start of the disciplinary process and is very serious and secondly so that there is a record that it has taken place.

#### First written warning

Date: .....

Student .....

PPE.....

If you have to start the disciplinary process please involve the university at the earliest opportunity in order to support you (and any other staff involved) and the student.

#### Second written warning

Date: .....

Student .....

PPE.....

## Action plan

**This action plan is to be used if a student is falling behind in achieving their intended learning outcomes**

Please identify the reason for this action plan (sickness, lack of appropriate clinical experience, lack of student forward planning, other).

Please provide details:

**Within the action plan please address the following as applicable:**

The specific areas of learning that need to be achieved

Areas/issues to be targeted

There is a section in the PAD for each placement where you can go into more detail about any areas in which the student is struggling. This is not about disciplinary action but can be used to help 'unpick' areas of difficulty that the student might be experiencing. Please discuss this with the University too for additional support.

Review dates and implications of not achieving them

The need and rationale for extension

**Signed:**

**Student** ..... **Date:** .....

**PPE**..... **Date:** .....

**University tutor** ..... **Date:** .....

- Each of your students will arrive with their own Practice Assessment Document in which you record all of the marks / hours / reports as described above. If you wish to see any of their previous feedback it will either be in the book they arrive with (if it is the second placement of that year) or you can ask them to bring in their previous book.
- Additional Learning Needs:
  - Some of our students may have additional learning needs (ALNs).
  - We very much encourage our students to share this with you before they arrive on placement and if necessary visit you so that any reasonable adjustments can be made.
  - If you are concerned that your student may have undisclosed ALN then please contact the university to discuss this.
  - Sometimes students feel embarrassed about disclosing ALNs. They might worry that they sound like they are making excuses, this can sometimes be why they don't tell you about ALNs.
  - Students who have recognised ALNs are likely to have an ALN tutor at the university who can support them whilst they are on placement – if necessary encourage the student to make contact with their tutor if you feel they could benefit from some support or if you want to talk through any strategies.
  - Students are encouraged to share the strategies they use to manage their learning needs e.g.:
 

“I can find it difficult to manage my time but I find that having a clear timetable set out at the beginning of the week takes away the anxiety and helps me manage last minute changes. Would it be possible to go through my timetable with you during supervision at the end of each week to check I'm on the right track?”
  - Students need to manage their own ALNs just as they will once they qualify but depending on their academic year and how recently they have received a diagnosis they may be more confident with talking through these things.
  - If in doubt seek support from the university!

## Online Practice Assessment for Learning (OPAL)



The university is moving to an online assessment tool.



**BU**  
Bournemouth  
University

Online Practice  
Assessment for  
Learning

Login | Contact Us

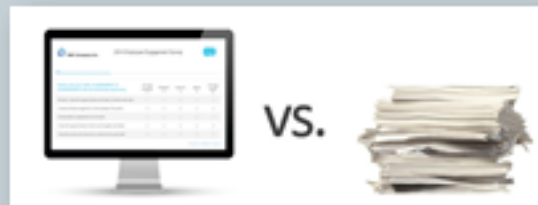
[Home](#)  
[Mentor / PPE Registration](#)  
[Help & Resources](#)  
[Forgotten Login Name & Password](#)



**Home**  
**Welcome to OPALBU** (Online Practice Assessment for Learning at Bournemouth University), which is an intuitive, custom built system that can be accessed on any computer, tablet device or smart phone linked to the internet. Mentors will be invited by students to have access to their portfolio, so they can review progress and have access to the skills and competencies relevant to the placement or stage of training to aid and enhance practice based learning without the need to negotiate paper based records.

## Does this change the assessment process?

- What is assessed and how it is graded is exactly the same as the present print based practice assessment document (PAD) this is just a new web-based way to record the assessment



## Why move to an online tool?



- Allows the student, PPE and academic advisor to see the negotiated learning agreements / assessment progress / action plans etc at any time
- Students will not have to carry around bulky portfolios...which can be lost!
- More secure and easily accessible
- Any device that has an internet browser and connection to the internet will be able to access OPAL



## Assessing using the online tool



Just because this is online does *not* mean you do not have to meet with the student. The usual processes still apply



## What do you need to do?



First and most importantly you will need to register with OPAL, ideally before the student arrives.



## How to register on OPAL...



1. Go to [www.opalbu.com](http://www.opalbu.com)
2. Click 'Mentor / PPE Registration'
3. Enter your work email address



[Home](#)

[Mentor/PPE Registration](#)

[Help & Resources](#)

[Forgotten Login Name &  
Password](#)



### Mentor/PPE Registration

Please complete the form below to create a mentor account for OPALBU:

It is suggested that your password should be a minimum of 8 characters with at least one upper/lower case letter and number.

Enter Email

Please enter your work email address that you will use to register your account.

Email Address

[Continue](#)

## How to register on OPAL...



1. Enter your username - remember students will see this so keep it professional
2. Create a secure password and remember it!
3. Enter work email not a personal one
4. Tick the box to indicate what type of professional PPE you are
5. Click register, allow a few minutes and then you can login.

### Mentor PPE Registration

Please complete the form below to create a mentor account for (PFALEB)

It is suggested that your password should be a minimum of 8 characters with at least one upper/lower case letter and number.

#### Account details

Surname \*  
First Name \*  
Last Name \*  
Email Address \*

\*This should be your work email and not a personal email account as it will be visible to students whom you mentor / support

#### Other information

Type of professional

**Midwifery**

☐ I am a registered **Midwife** and a sign-off mentor

☐ I am a registered **Midwife** and am NOT a sign off mentor

☐ I am a registered **Midwife** completing learning and assessing in practice course

**Nursing**

☐ I am a registered **Nurse** and an approved Nursing mentor

☐ I am a registered **Nurse** and an approved sign-off Nursing mentor

☐ I am a registered **Nurse** (not mentor)

☐ I am a registered **professional** (non nurse) and involved in supervision of students on placement

☐ I am a registered **Nurse** completing learning and assessing in practice course

☐ I am a registered **professional** (non nurse) completing a learning and assessing course

**Social Work**

☐ I am a registered social work practice educator

☐ I am a registered social work placement supervisor

**Allied Health Professionals**

☐ I am an occupational health practice placement educator

☐ I am a physiotherapy practice placement educator

MAC/HCPC/Professional Registration Number  
Place of Work (e.g. Name of Hospital) \*  
Department (e.g. Ward name/number)

Register

Bournemouth University

PPE Portfolio

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## OPAL HELP Guides available



- Access the online help guides at [www.opalbu.com](http://www.opalbu.com)
- You do not need to register to access the guides and we would suggest the following guides as a start:
  - a) Introduction to OPALBU
  - b) Navigating OPALBU
- Students and mentors can utilise [opalsupport@bournemouth.ac.uk](mailto:opalsupport@bournemouth.ac.uk) helpdesk



## Security



- BU takes the security of your and students information seriously and the web site which hosts OPAL requires a login to access the student information and meets a high standard for security.
- Choose a secure password and keep the password safe.
- There is a function to have it reset.



## Security



- The student will see your name and place of work as they have to link you to their online practice assessment tool.
- Do not use student devices (phone, tablet or PC) to login as a PPE and as with any online transaction you must be confident that your password and username are kept secure at all times.

## Security



- The student will see the email address that you have used to register, which is why you should use your work email and not your personal / home email
- Any information saved to OPAL is stored on a secure database which is backed up to prevent loss
- The database is secure, with 'password only' access to student and mentor logins

## OPAL



- Once you are registered, the student can 'link' with you as a PPE, a similar process to 'linking with the AA'.
- You will need to provide the student with your OPAL name so they can select you.

## OPAL



- The student will 'invite' you as the PPE to see their profile. You will not be able to do anything unless the student invites you. If your student does not invite you, BU needs to know otherwise assessment cannot be completed
- Once the link is created, the PPE has access to all elements of the student's OPAL, including past comments, as well as current assessments.

# Viewing student assessment pages

The screenshot shows the OPALBU home page. At the top left is the Bournemouth University logo and the text "Online Practice Assessment for Learning". At the top right are links for "Change Password", "Log out", and "Contact Us". On the left is a sidebar menu with options: "Hank Moody", "Learning & Assessing Course", "Home" (highlighted), "Personal Details", "Help & Resources", "Forgotten Username and Password", and "<< Back". The main content area is titled "Home" and contains a welcome message: "Welcome to OPALBU (Online Practice Assessment for Learning at Bournemouth University)". Below this is a paragraph of text: "Comments and grades in this log will be visible to the student, mentors and health professionals attached to the student. Please bear in mind the sensitivity of this document. Please also respect the rights to confidentiality of the student, mentors or health professional. This log must not be shared with or viewed by those not linked with the student's OPAL account." Below the text is a red-bordered box labeled "View learners". At the bottom of the page, there is a copyright notice "© 2018 Bournemouth University" and a logo for "powered by NOW.net".

**BU** | *Online Practice Assessment for Learning*  
Bournemouth University

[Change Password](#) [Log out](#)  
[Contact Us](#)

Hank Moody

Learning & Assessing Course

**Home**

Personal Details

Help & Resources

Forgotten Username and Password

<< Back

## Home

Welcome to OPALBU (Online Practice Assessment for Learning at Bournemouth University)

Comments and grades in this log will be visible to the student, mentors and health professionals attached to the student. Please bear in mind the sensitivity of this document. Please also respect the rights to confidentiality of the student, mentors or health professional. This log must not be shared with or viewed by those not linked with the student's OPAL account.

[View learners](#)

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powered by **NOW.net**

# Viewing student assessment pages

The screenshot displays the 'Online Practice Assessment for Learning' interface for Bournemouth University. At the top left is the BU logo and the text 'Online Practice Assessment for Learning'. At the top right are links for 'Change Password', 'Log out', and 'Contact Us'. On the left side, there is a vertical menu with buttons for 'Hank Moody', 'Learning & Assessing Course', 'Home', 'Personal Details', 'Help & Resources', 'Forgotten Username and Password', and '<< Back'. The main content area is titled 'Your students' and contains four panels: 'Active placement students' (with a search bar and the name 'Hank Moody'), 'Active sign off students', 'Inactive placement students', and 'Inactive sign off students'. At the bottom, there is a copyright notice '© 2018 Bournemouth University' and a 'powered by NOW.net' logo.

**BU** Online Practice Assessment for Learning

Change Password Log out Contact Us

Hank Moody

Learning & Assessing Course

Home

Personal Details

Help & Resources

Forgotten Username and Password

<< Back

**Your students**

**Active placement students**

Type to Filter

Hank Moody

**Active sign off students**

**Inactive placement students**

**Inactive sign off students**

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## A few other useful things to know....



- Only one person can be logged into OPAL BU on the one device and using the same browser
- Two people must not be logged into OPAL BU on the same device whilst using the same browser
- It is possible to be logged in on the same device using two different browsers (e.g. one is logged in via Firefox, one via IE), but please be extra careful that information updates correctly

## A few other useful things to know....



Session expires in 34:17

You will see a timer on the top right hand side.....if you are inactive on the site for a time, it will log you out, so.... please remember the following....

## 'CLICK SAVE'



What is important to remember is if you are working on any part of the student portfolio, you must click save before leaving the PC / Tablet, otherwise any work will be lost!



## OPAL



- The 'Help' section within **www.opalbu.com** contains Powerpoint Presentations (including an audio presentation - [http://youtu.be/NJmNC25\\_IYs](http://youtu.be/NJmNC25_IYs) and User Guides.
- There is also a link to the newsletter and OPALBU leaflet and all of this information can be accessed without having to login.



### **Recommendations following moderation of 1st, 2nd and 3rd Year Occupational Therapy Practice Assessment Documents – 2018/19**

The Staff at BU would like to thank all the PPEs and PPCs that we have worked with this year and those who are supporting students in this academic year. Your efforts are much appreciated. We would also like to extend our thanks to those who have this year who have had to master the new online OPAL system. Please note that in the forthcoming academic year 2019/20 BU0, BU1, Bu2 will all be on OPAL and only BU3 and BU4 will remain on a PAD document.

We have noted some excellent feedback at half way and full time during this moderation period. This feedback includes: 1) the language used in the grade descriptors; 2) offers clarity on what the student is doing well; and 3) offers targeted feedback on how they can improve their grade at half way or in subsequent placements / practice. The below are recommendations for helping to target feedback so that it can support the professional and personal development of students.

These are supportive recommendations taken from moderating 4 placements' practice assessment documents / OPAL covering first, second and third year students. They are in no particular order and are to try to ensure PPEs and students have as consistent an experience as possible.

If there are any questions about any elements please do not hesitate to get in touch. Please do book onto a refresher update if you have not received training in the last 2 years. Please look out for the new update options that will be released shortly.

1. Please use the language of the marking descriptors to support the structure of the written feedback. For example if the student has performed at a 2:1 level then say that they are 'Very good at....' And give examples / evidence of what is was that was very good. Try not to say that someone has been excellent at something and then give them a 2:1 as this may confuse a student as to why they did not receive a 1st.
2. Please ensure that all feedback is recorded in a written format. Many PPEs offer extensive explanations during their feedback but if the main substance of this feedback is not recorded it is unlikely that the student will retain the information to help inform subsequent placements or enter into effective discussions with their academic advisor. Please note that if the depth of these discussions or explanations are not present in the assessment document staff are unable to moderate the PAD/ OPAL effectively.
3. It is not necessary to give individual percentages for each competency when completing the final report. What is needed is a classification for each competency (1st /2:1 etc) and an overall percentage which reflects where those 8 classifications lie.
4. Within each competency there are marking descriptors for each classification banding. Within these marking descriptors for each banding there are 2 or 3 different subsections (linked to the intended learning outcomes). Please note that this would work the same way as the final grade in that where ever the majority of the subsections have been highlighted this is where the student's overall classification would sit. Please see the picture below to assist you with this. You can circle / highlight in the PAD which of these subsections you feel the student has met in order to help work out what overall classification the students has achieved for the competency. Remember that in the OPAL system there are boxes for you to check to do this. These must be checked so that the final classification for each competency can be drawn through on the system.

1 <sup>st</sup> 70 and above	<ol style="list-style-type: none"> <li>Excellent planning of an assessment strategy.               <ol style="list-style-type: none"> <li>Consistently and effectively identifies a wide range of valuable sources of information.</li> <li>Consistently and effectively identifies valuable assessment techniques.</li> <li>Consistently, effectively and accurately gather valuable and relevant background information.</li> </ol> </li> <li>Excellent interpretation of assessment information.               <ol style="list-style-type: none"> <li>Consistently provides succinct and accurate summary of assessment information.</li> <li>Consistently shows comprehensive clinical reasoning.</li> <li>Consistently prioritises a needs or problem list from assessment findings with clear rationale.</li> </ol> </li> <li>Excellent planning of intervention or treatment based on assessment findings.               <ol style="list-style-type: none"> <li>Consistently sets collaborative goals with service user.</li> <li>Consistently identifies the most effective and efficient intervention or treatment.</li> <li>Consistently provides comprehensive rationale for selection of intervention options.</li> </ol> </li> </ol>
2:1 60 - 69%	<ol style="list-style-type: none"> <li>Very good planning of an assessment strategy.               <ol style="list-style-type: none"> <li>Effectively identifies a wide range of valuable sources of information.</li> <li>Effectively identifies valuable assessment techniques.</li> <li>Effectively and accurately gathers valuable and relevant background information.</li> </ol> </li> <li>Very good interpretation of assessment information.               <ol style="list-style-type: none"> <li>Succinctly and accurately summarises assessment information.</li> <li>Shows comprehensive clinical reasoning.</li> <li>Prioritises a needs or problem list from assessment findings with clear rationale.</li> </ol> </li> <li>Very good planning of intervention or treatment based on assessment findings.               <ol style="list-style-type: none"> <li>Sets collaborative goals with service user.</li> <li>Selects the most effective and efficient intervention or treatment.</li> <li>Provides comprehensive rationale for selection of intervention options.</li> </ol> </li> </ol>
2:2 50 - 59%	<ol style="list-style-type: none"> <li>Good planning of an assessment strategy.               <ol style="list-style-type: none"> <li>Determines the relevance of appropriate sources of information.</li> <li>Determines the relevance of techniques for assessment.</li> <li>Accurately gathers both formal and informal relevant background information.</li> </ol> </li> <li>Good interpretation of assessment information.               <ol style="list-style-type: none"> <li>Identifies and summarises important assessment findings</li> <li>Demonstrates clear logical thinking process.</li> <li>Prioritises a needs or problem list from assessment findings.</li> </ol> </li> <li>Good planning of intervention or treatment based on assessment findings.               <ol style="list-style-type: none"> <li>Sets goals with service user involvement.</li> <li>Considers effectiveness and appropriateness of interventions or treatments.</li> <li>Provides appropriate rationale for selection of intervention options.</li> </ol> </li> </ol>
3 <sup>rd</sup> 40 - 49%	<ol style="list-style-type: none"> <li>Acceptable planning of an assessment strategy.               <ol style="list-style-type: none"> <li>Identifies appropriate sources of information.</li> <li>Selects appropriate techniques for assessment</li> <li>Gathers sufficient relevant background information.</li> </ol> </li> <li>Acceptable interpretation of assessment information.               <ol style="list-style-type: none"> <li>Summarises assessment findings</li> <li>Demonstrates logical thinking process.</li> <li>Produces a needs or problem list from assessment findings.</li> </ol> </li> <li>Acceptable planning of intervention or treatment based on assessment findings.               <ol style="list-style-type: none"> <li>Sets goals with awareness of the service user.</li> <li>Selects appropriate intervention or treatment.</li> <li>Provides basic rationale for selection of intervention or treatment.</li> </ol> </li> </ol>
Fail 39% and below	<ol style="list-style-type: none"> <li>Poor planning of an assessment strategy.               <ol style="list-style-type: none"> <li>Consistently misses key sources of information.</li> <li>Unable to select appropriate techniques or inappropriate techniques chosen.</li> <li>Unable to identify relevant background information.</li> </ol> </li> <li>Poor interpretation of assessment information.               <ol style="list-style-type: none"> <li>Unable to summarise assessment findings</li> <li>Reasoning process lacks logic.</li> <li>Unable to produce a needs or problem list of priorities.</li> </ol> </li> <li>Poor planning of intervention or treatment based on assessment findings.               <ol style="list-style-type: none"> <li>Fails to set goals.</li> <li>Does not select appropriate intervention or selects inappropriately.</li> <li>Inadequate rationale for selection of interventions.</li> </ol> </li> </ol>

The student has been very good in 2 areas and excellent in one, therefore there overall classification is a 2:1 but the student can see that they have been excellent in one area as well.

5. Try to always ensure that feedback does not become a descriptive list of what a student has done – this is something that students struggle with if we do this with feedback on written work too as they say they know what they have done but they want to know whether they did it well or not and how they can improve it. Giving examples of what went well or perhaps not so well and then feedback to discuss how the student could work on the identified areas provides more support and opportunity for development.

6. At any point of a placement, if you think a student is failing or has done something that necessitates use of the disciplinary procedure please contact the university as a matter of urgency

7. Assess the student's performance in the time they are with you and within the opportunities available in the setting. Avoid 'The student could have achieved a higher grade if there had been an opportunity to do....' Or 'The student could have achieved a higher grade if this had been a longer placement...' these are things that students can't do anything about so should not be penalised for this. Please assess them with the opportunities they had within the time they had. If they had opportunities but did not make the most of them then that, of course, is a different matter.

8. Try to ensure that a statement upholds the grade given – if someone is told that they met a competency fully yet are given a 2:1 this seems rather confusing. If it is met fully the implication is that there is nothing more they could have done therefore a 1st could be anticipated.

9. Please do not give a mark on the '9' eg: 49 / 59 / 69 as this is just on the cusp of going into the next classification banding. It is better to be clearly one side or the other.

10. For those of you using the new OPAL system please sign off the timesheets, ensure that all competencies have been graded using the check boxes and that you have offered a final percentage grade and a short summary. Once this is complete the students offer some feedback on their placement and the academic tutor can then sign off the portfolio. All of the above aspects are necessary to draw the grades through in preparation for the examinations board.

11. We appreciate that all staff are busy but we respectfully request that all PADS and OPAL portfolios are completed within a week of the placement. This is necessary as students are responsible for submitting them and a failure to do so by the deadline results in students being penalised. This is difficult for many to negotiate and we would ask that you do let us know if the deadline is not achievable so that a plan can be put in place to avoid a penalty.

We hope that the above offers some helpful recommendations. Please do make contact with Juliette Truman ([jtruman@bournemouth.ac.uk](mailto:jtruman@bournemouth.ac.uk)) should you wish to discuss any aspect further.

Dr Juliette Truman

02/08/19



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## **Glossary of Terms / Abbreviations**

<b>Term / Abbreviation</b>	<b>Description</b>
AA	Academic Advisor (used to be referred to as a Personal Tutor)
BU	Bournemouth University!
CPD	Continuing Professional Development
FRS	Fixed Resource Session – this is the more traditional ‘chalk and talk’ style of lecturing
ILOs	Intended Learning Outcomes
IPE	Inter professional Education
KSF	Knowledge and Skills Framework
Level 4	Certificate Level – Year 1
Level 5	Intermediate Level – Year 2
Level 6	Higher Level – Year 3
NLA	Negotiated Learning Agreement
PPE	Practice Placement Educator
PPC	Practice Placement Coordinator
PET	Placement Education Tutor
PAD	Practice Assessment Document
UPLA	University Practice Learning Advisors



# **Appendix I**

## Outline Timetables for OT

## First Year

Semester 1 – September - January							Semester 2 – end January - May				Semester 3 – end May - July
Introduction Week	Becoming an OT	BU0 Orientation	Becoming an OT	Winter Break	Becoming an OT	Assessment	Analysing Occupation	Spring Break	Analysing Occupation	Assessment	BU1 – six week assessed placement
	Skills for Therapy Practice		Skills for Therapy Practice		Skills for Therapy Prac.		OT in Action 1		OT in Action 1		
	Occupational Therapy Portfolio 1										

## Second Year

Semester 1 – September - January					Semester 2 – end January - May				Semester 3 – end May - July	
End of Summer Break	OT in Action 2	Winter Break	OT in Action 2	Assessment	Exploring Evidence to Guide Practice (IPE)	Promoting Health and Wellbeing (IPE)	Spring Break	BU2 – eight week assessed placement	Portfolio	
	Reasoning for Therapy Practice		Reasoning for Therapy Practice							
	Occupational Therapy Portfolio 2									

## Third Year

Semester 1 – September - January					Semester 2 – end January - May				Semester 3 – end May - July
BU3 – 10 week assessed placement	Research for OT Practice	Winter Break	Research for OT Practice	Assessment	BU4 – 8 week assessed placement	Spring Break	Innovation in Occupational Therapy	Assessment - Conference	
			Service Improvement Project (IPE)						
			Occupational Therapy Portfolio 3						



# **Appendix II**

## Example supervision form



Bournemouth University

Service improvement:

Quality:

Equality and diversity:

Other discussion areas:

Signed:

Student:

PPE:

Date and time of next meeting:

# **Appendix III**

## Assessment in Practice

## Assessment in practice

### Competencies

There are eight competencies of practice that will be assessed. These are in line with the NHS Knowledge and Skills Framework:

**Specific skills: 1.**Assessment and treatment planning

**Specific skills: 2** Intervention and treatment

**Core 1:** Communication

**Core 2:** Personal & people development

**Core 3:** Health, safety and security

**Core 4:** Service improvement

**Core 5:** Quality

**Core 6:** Equality and diversity

The competencies remain the same each year to respect differing specialist areas of Occupational Therapy / Physiotherapy practice where students may find themselves throughout the programme.

Competencies are the same for each level (year) on the programme but the level of expectation for achieving the learning outcomes differs from year to year. The expectation for achieving the learning outcomes shows the progression that students will make in their performance between level C (first year) to level I (second year) to level H (third year).

Expectations change between the levels (years) in relation to the amount of **support** provided, the **depth of reasoning** required and the **extent** to which students are expected to achieve the intended learning outcomes.

It is highlighted that the expectation is 'By the end of the placement'.

### Expectations of the learning outcomes between levels

<b>Level 4 Year 1</b>	By the end of the placement and with <b>support</b> , students are expected to demonstrate <b>basic knowledge and comprehension</b> in order to <b>begin to</b> :
<b>Level 5 Year 2</b>	By the end of the placement and with <b>guidance</b> , students are expected to demonstrate <b>analysis and application</b> in order to <b>develop skills to</b> :
<b>Level 6 Year 3</b>	By the end of the placement and with <b>minimal supervision</b> , students are expected to demonstrate <b>evaluation and clinical reasoning</b> in order to <b>be competent to</b> :

### Definitions of 'support'

<b>Support</b>	Support is defined as significant assistance with all aspects of performance.	<b>Level 4 / Year 1</b>
<b>Guidance</b>	Guidance is defined as monitoring the student for areas in which they may need support and offering this as the PPE or student feels necessary.	<b>Level 5 / Year 2</b>
<b>Minimal supervision</b>	Minimal supervision is defined as ensuring safe practice and expecting students to request guidance or support as appropriate.	<b>Level 6 / Year 3</b>

### Definitions of 'depth of clinical reasoning'

<b>Knowledge and comprehension</b>	<p><b>Knowledge</b> is defined as demonstration of factual and conceptual principles that underpin practice.</p> <p><b>Comprehension</b> is defined as understanding and interpreting knowledge to develop arguments.</p>	<b>Level 4 / Year 1</b>
<b>Analysis and application</b>	<p><b>Analysis</b> is defined as breaking down knowledge in order to consider different approaches to solving problems and identify limits to knowledge.</p> <p><b>Application</b> is defined as the ability to use knowledge and theory in new situations to explain practice and make sound judgments.</p>	<b>Level 5 / Year 2</b>
<b>Evaluation and clinical reasoning</b>	<p><b>Evaluation</b> is defined as synthesizing information gained from practice, experience, concepts, theories and the research evidence in terms of their value and clinical significance.</p> <p><b>Clinical reasoning</b> is defined as integration of findings to justify decision making based on knowledge, comprehension, analysis, application and evaluation of the information.</p>	<b>Level 6 / Year 3</b>

### Definitions of 'extent'

<b>Beginning to</b>	'Beginning to', is defined as basic ability to demonstrate the stated ILOs.	<b>Level 4 / Year 1</b>
<b>Developing skills to</b>	'Developing skills to' is defined as establishing and advancing skills to demonstrate the stated ILOs.	<b>Level 5 / Year 2</b>

<b>Competent to</b>	'Competent to' is defined as demonstrating the ability to practice as a novice professional.	<b>Level 6 / Year 3</b>
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# Formative and Summative assessment

## Formative assessment

The Practice Placement Educator (PPE) should give formative feedback half way through each placement. This feedback should be to help the student progress and should not equate to any mark, classification or banding.

Comments should be written in the relevant competency located. If there are specific issues then PPEs are required to implement the '*Practice placement support*'. An '*Action plan*' located will then be implemented in collaboration with the university tutor.

## Summative assessment

On completion of the placement it is requested that PPEs provide summative feedback. This feedback should include written comments, a classification band for each competency and a final grade (%).

**Written feedback** should give the student information on their performance during the placement and also provide them with constructive action points to take forward to subsequent practice placements. Feedback should be written in the relevant competency. If there are specific issues then PPEs are required to implement the '*Practice placement support*'. An '*Action plan*' will then be implemented in collaboration with the university tutor.

The PPE is asked to award a **classification band for each competency**. This should best reflect the achievement of the student by the end of the placement and only marked on the final mark sheet.

An overall classification mark is given as a **final grade (%)** for the placement. This final grade should reflect the classification bands the student has achieved by the end of the placement and only marked on the final mark sheet. The grading is not calculated as an average percentage from the competencies but should provide an all-encompassing reflection of the student's performance.

The final grade (%) is linked to the following degree classifications.

	<b>1<sup>st</sup></b>	<b>Excellent</b>
<b>70 and above:</b>		
<b>60 - 69%:</b>	<b>2:1</b>	<b>Very good</b>
<b>50 - 59%:</b>	<b>2:2</b>	<b>Good</b>
<b>40 - 49%:</b>	<b>3<sup>rd</sup> (PASS)</b>	<b>Acceptable</b>
<b>39% and below:</b>	<b>Fail</b>	<b>Poor</b>

## Competencies

Competency	Learning Outcomes
<b>Specific skills</b>  <b>1</b> Assessment and treatment planning	<b>4. Plan an assessment strategy.</b> <ol style="list-style-type: none"> <li>Sources of information.</li> <li>Techniques selected for assessment</li> <li>Gathering of relevant information.</li> </ol> <b>5. Interpret assessment information.</b> <ol style="list-style-type: none"> <li>Summarises assessment findings</li> <li>Demonstrates logical thinking.</li> <li>Produces a problem list from assessment findings.</li> </ol> <b>6. Plan intervention or treatment based on assessment findings.</b> <ol style="list-style-type: none"> <li>Goal setting with service user.</li> <li>Selects appropriate intervention</li> <li>Rationale for selection of intervention.</li> </ol>
<b>2</b> Interventions and treatments	<b>1. Conduct appropriate interventions or treatments.</b> <ol style="list-style-type: none"> <li>Delivery of case management including discharge planning.</li> <li>Health promotion and well-being.</li> <li>Evidence to influence intervention.</li> </ol> <b>2. Review interventions.</b> <ol style="list-style-type: none"> <li>Strengths and weaknesses of an intervention.</li> <li>Outcome measures.</li> <li>Reflects on the outcome.</li> </ol> <b>3. Safe and effective performance of interventions or treatments.</b> <ol style="list-style-type: none"> <li>Skill</li> <li>Grades or adapts</li> <li>Range of skills.</li> </ol>
<b>Core</b>  <b>1</b> Communication.	<b>1. Demonstrate effective two-way verbal and non-verbal communication.</b> <ol style="list-style-type: none"> <li>Listening skills.</li> <li>Body language.</li> <li>Language.</li> </ol> <b>2. Clearly and accurately documents information.</b> <ol style="list-style-type: none"> <li>Recorded information is clear and accurate.</li> <li>Storage</li> <li>Separate issues, fact and opinion statements.</li> </ol> <b>3. Adapt communication to a range of people, matters and settings.</b> <ol style="list-style-type: none"> <li>Communication tools.</li> <li>Rapport.</li> <li>Communication in groups and teams.</li> </ol>
<b>2</b> Personal and people development.	<b>1. Demonstrate development of personal skills and knowledge.</b> <ol style="list-style-type: none"> <li>Identifies areas for improvement</li> <li>Sets own goals</li> <li>Engages with resources, (e.g. library and training).</li> </ol> <b>2. Demonstrate self-development using reflective practice.</b> <ol style="list-style-type: none"> <li>Reflects on practice and own development</li> <li>Makes use of feedback and supervision.</li> <li>Implements changes in response to reflection.</li> </ol> <b>3. Demonstrate development of others.</b> <ol style="list-style-type: none"> <li>Supports others</li> <li>Facilitates skills and knowledge of others</li> <li>Understands others learning needs and preferences.</li> </ol>

<b>3</b> Health, safety and security.	<ol style="list-style-type: none"> <li><b>1. Recognise the need for a healthy, safe and secure working environment.</b> <ol style="list-style-type: none"> <li>a. Risk.</li> <li>b. Accountability.</li> <li>c. Policy and legislation.</li> </ol> </li> <li><b>2. Apply healthy, safe and secure working practices</b> <ol style="list-style-type: none"> <li>a. Moving and handling.</li> <li>b. Infection control.</li> <li>c. Secure working practice.</li> </ol> </li> <li><b>3. Monitor and maintain health, safety and security of self.</b> <ol style="list-style-type: none"> <li>a. Competency.</li> <li>b. HPC codes of conduct.</li> <li>c. Fitness to practice.</li> </ol> </li> </ol>
<b>4</b> Service Improvement	<ol style="list-style-type: none"> <li><b>1. Incorporate research and evidence to improve practice.</b> <ol style="list-style-type: none"> <li>a. How evidence can improve practice</li> <li>b. Relates evidence to practice area.</li> <li>c. Use of evidence to inform decision making.</li> </ol> </li> <li><b>2. Be aware of administration for the practice area.</b> <ol style="list-style-type: none"> <li>a. Participates in audit and quality control.</li> <li>b. Report appropriately complaints and feedback.</li> <li>c. Clinical governance.</li> </ol> </li> </ol>
<b>5</b> Quality	<ol style="list-style-type: none"> <li><b>1. Demonstrates professional practice behaviour.</b> <ol style="list-style-type: none"> <li>a. Respects confidentiality.</li> <li>b. Trustworthiness and reliability.</li> <li>c. Conduct, appearance and manner.</li> </ol> </li> <li><b>2. Demonstrate inter-professional and team-working skills.</b> <ol style="list-style-type: none"> <li>a. Respects roles of members of the MDT.</li> <li>b. Assists and supports team.</li> <li>c. Collaborates with MDT for coordinated care.</li> </ol> </li> <li><b>3. Demonstrate management skills.</b> <ol style="list-style-type: none"> <li>a. Manages time.</li> <li>b. Demonstrates organisational skill.</li> <li>c. Delegation.</li> </ol> </li> </ol>
<b>6</b> Equality and diversity	<ol style="list-style-type: none"> <li><b>1. Demonstrates sensitivity to equality and diversity.</b> <ol style="list-style-type: none"> <li>a. Equality.</li> <li>b. Diversity.</li> <li>c. Policies and procedures.</li> </ol> </li> <li><b>2. Demonstrate awareness of consent and ethical behaviour issues.</b> <ol style="list-style-type: none"> <li>a. Consent</li> <li>b. Ethical behaviour.</li> <li>c. Vulnerable client group.</li> </ol> </li> <li><b>3. Demonstrate service-user centred practice.</b> <ol style="list-style-type: none"> <li>a. Service-user – therapist relationship.</li> <li>b. Services –users views and preferences</li> <li>c. Collaborative decision making.</li> </ol> </li> </ol>



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