PRACTICE PLACEMENT EDUCATION HANDBOOK

Leeds Beckett University

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1.0 Introduction to Practice Placement Education at Leeds Beckett University.

Given that occupational therapy is a practice-oriented profession, practice-based education is an essential aspect of a pre-registration course and the development of future occupational therapy practitioners. Practice placements provide opportunities for professional socialisation, formation of professional identity, integration of knowledge, development of professional reasoning and behaviours, and working with clients and carers (Polglase and Treseder, 2012; College of Occupational Therapists, 2014; World Federation of Occupational Therapists, 2016). The World Federation of Occupational Therapists (2016) expect students to complete a minimum of 1000 hours of practice education and that these provide students experience of working in a range of settings, gaining knowledge about a variety of situations, contexts and conditions that impact on occupational engagement, health and wellbeing. Students on educational programmes in Occupational therapy must pass all placements in order to register with the HCPC, and as such, each placement is mapped to the relevant standards for proficient qualified practice (HCPC, 2018). The Royal College of Occupational Therapists (RCOT) consider practice placement education to be vital to growing the profession and see it as a valuable element of CPD, (RCOT, 2019). Further, the RCOT have they cite the National requirement of all health professions to ensure that their practice is "Concerning the educator role, HCPC (2018) states that "[educators] must have relevant knowledge, skills and experience to support safe and effective learning". They "must undertake regular training" as well (standards 5.6 and 5.7).

Leeds Beckett University (LBU) has two accredited educational pre-registration (HCPC) programmes: a two-year accelerated MSc Occupational Therapy (which has been successfully running and reaccredited since 2005) and BSc Occupational Therapy three-year programme which started in 2020. Leeds Beckett University occupational therapy students and graduates have a strong professional identity and a commitment to enabling people locally, nationally and globally to fulfil their potential as occupational beings (RCOT, 2014), both programmes follow an Inquiry based curriculum, which places emphasis on the students to develop their autonomy and problem-solving abilities. The educational philosophy of both courses continues into practice placement education, such self-directed sourcing of evidence-based materials should be encouraged during practice education.

The programme(s) team at Leeds Beckett University have a long history of successful collaborative working with placement providers from the statutory, charity, private and enterprise sectors. This approach ensures that students benefit from the placement learning environment, but it also supports positive contributions to the settings in turn. As such, there are regular meetings, workshops, training sessions, and innovative models of placements to

support educators, and this handbook has been designed with the essential information to further this mutually beneficial relationship. There is a dedicated practice placement team at LBU and the administrator details are as follows:

Administration

All initial queries, particularly those administrative in nature, should be addressed to the Practice placement administrator:

Marianne Milnes, Practice Learning Administrator
otplacements@leedsbeckett.ac.uk

Enquiries

For queries about the details of specific placement learning outcomes or for further information about individual modules or regarding students on placements more generally please contact the practice placement co-ordinator for each programme

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1.1 Introduction to the Practice Placement Educator (PPE) Handbook

This Handbook provides an overview of both the MSc and BSc(hons) pre-registration programmes as well as information on the models of placements and guidance regarding how to complete the placement documentation at LBU. This handbook is written to best support both PPEs and students and should be read through before the placement takes place. In addition, students are provided with placement preparation sessions and are made aware of their responsibilities in relation to practice placement learning and will also receive a **separate 'log-book'** for each placement which incorporates the placement assessment tool to record their progress.

There is an on-going programme of education and support for occupational therapists who are responsible for educating students in practice settings, this includes:

- 'Practice Educators Preparation Course' (PEPC) which provides information about the philosophy, and content of the course programme, strategies to support practice-based education and pedagogical models of practice-based learning.
- Introduction to and use of, the Competency Based Fieldwork Evaluation (CBFE) for Occupational Therapists (Bossers et al., 2007).
- 'Refreshers Course' that update educators on relevant strategies and changes that affect practice-based education.
- Support is available to practice placement educators through a variety of means, such as telephone, email and / or visits. To access any of these courses please visit:

https://www.leedsbeckett.ac.uk/studenthub/placement-information/health-and-social-care-practice-learning-team/occupational-therapy/

1.2 Quality assurance of placements

The Online Practice Assessment Record and Evaluation (PARE) https://onlinepare.net/ has been funded by Health Education England (Northwest and York and Humber) since 2013 as both the definitive healthcare practice placement quality monitoring tool, and as a means of shaping information technology integration and development across healthcare practice learning.

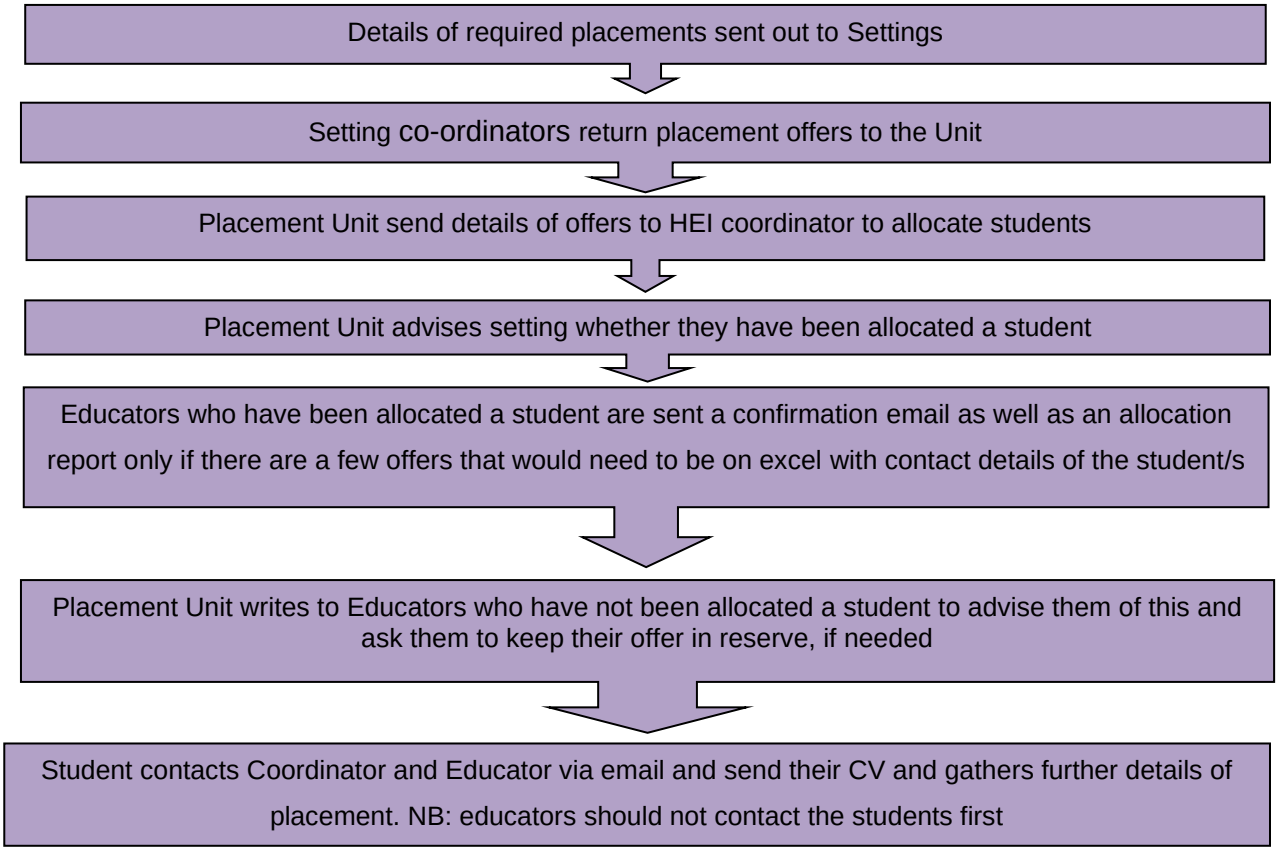
All students must complete an evaluation of their experience of their placement at the end, this is then audited by the practice placement coordinator at the university, in addition, local resources and platforms to support learning in the practice setting is also monitored by the HEI. Educators should inform the practice placement coordinator to arrange audit visits and reviews when they become due. All practice-based learning outcomes have been linked to the standards for practice placement education and these are regularly reviewed.

1.3 Role and responsibilities of all parties involved in practice placements

1.3.1 The Role of the University

- Provide mechanisms for communication / consultation with practice placement educators on changes and developments which might affect practice placement education.
- Provide the name and contact number for the specific university tutor and administrator who liaises with their area. A contact number for emergency situations shall also be provided.
- To provide support to educators in assisting students who need disability adjustments.
- To negotiate placements on an annual basis and inform practice placement educators of any late changes.
- Provide appropriate support for the students on practice placement via telephone, e-mail or online /in person face to face contact, and ensure all students receive Mid-way 'visits.
- To ensure that the student has the opportunity to fulfil the requisite number of hours of practice placement education across a wide range of settings.
- To provide on-going education and support for practice placement educators.
- Establish processes for accreditation, monitoring and evaluation of the practice placement as an appropriate learning environment for pre-registration students.
- To provide relevant supervision and management of assessment of students on elective practice placements, including those undertaken overseas.

Allocation process of placement setting to student



1.3.2 The Role and Responsibilities of the setting Practice Placement Coordinator (PPC)

- To be responsible for practice placement coordination within an organisation and liaise with the university regarding practice placement requests.
- To identify, in collaboration with Head of Service / relevant managers, the numbers and type of placements which can be offered by the organisation.
- To complete relevant documentation, records and administration.
- To provide feedback and monitoring information to the Head of Service / relevant managers.
- To attend meetings and working groups in order to support procedures and documentation (e.g. audit and PARE) in order to develop and quality assure practice placements in their organisation.
- To ensure the provision of support, education and development for practice placement educators within the organisation.
- To attend relevant training, meetings and information sessions provided by the university and to disseminate information to practice placement educators.

1.3.3 The Role and Responsibilities of the Practice Placement Educator (PPE)

- To liaise with the appropriate university practice placement coordinator and practice placement unit admin officer.
- Preparatory information sent to students should contain details about the service, security and transport and ensure that induction takes place within the first few days of the placement (checklist is in each students' logbook) including relevant policies and procedures e.g. health and safety.
- To ensure mechanisms are in place to support students with diverse needs to ensure compliance with the Special Educational Needs and Disability Act (2001) and accommodate Reasonable Adjustment Plans (RAP) that the student presents as appropriate.
- To liaise with the university regarding aspects of the programme on which they would like clarification.
- To enable the student to develop skills in applying occupational therapy theory into practice.
- To provide the student with opportunities and resources necessary to achieve the learning outcomes of the placement.
- To provide regular feedback and supervision with one formal, documented supervision per week.
- To ensure the student is competent prior to reducing the level of supervision of any skills.
- To complete a formative and summative assessment (complete the CBFE assessment documentation).
- To discuss formative and summative assessment feedback with the student and university educator as necessary, including attending a mid-way meeting with the student and university tutor.
- To notify the university practice placement co-ordinator, or mid-way visiting university staff of any concerns regarding the student, particularly relating to failing competencies at the mid-way stage of the placement. If concerns are grave or if unforeseen circumstances occur which have the potential to inhibit the student meeting the professional practice outcomes the PPE should notify the university immediately.

1.4 Student Responsibilities and Fitness for Practice

1.4.1 During the placement, students are responsible for

- Documenting supervision sessions
- Documenting hours and reminding the educator to sign them off each week
- Documenting learning objectives (following discussion with the educator)
- Communicating to the educator and university (if applicable) any concerns about the placement
- Organising the mid-way visit
- Informing the educator and university of any absence from placement
- Ensuring that all sections of the logbook are signed before finishing placement
- Completing a placement quality assurance evaluation on the PPQA (PARE) website
- Disclose any additional learning needs, medical issues, and caring responsibilities, unless they have requested direct support from the placement coordinator.

1.4.2 Professional Conduct

During all practice placements, students are required to adhere to the Royal College *Code of Ethics and Professional Conduct for Occupational Therapists* (COT, 2015) and the Health Professions Council *Standards of Conduct, Performance and Ethics* (2016) at all times. Part of the formal assessment process will include the practice placement educator assessing, on a weekly basis, whether or not the student has adhered to these guidelines. If a student does not follow these professional guidelines, he / she is likely to fail that placement immediately. If there are any causes for concern, educators must contact the university.

1.4.3 Hours

Each student will complete a daily time sheet (in the student placement log-book) during each placement. This time sheet must be initialled weekly by the practice placement educator, these hours are verified by the PPE sending the final student logbook electronically via email to the course administrator and to the university placement coordinator as a PDF. It is NOT necessary to sign the sheets separately, as all documents are designed to be ‘paperless’. Study hours are included in the weekly hours.

1.4.4 Student Study Hours

Students have the equivalent of one-half day per week allocated for personal study. In agreement with the educator, this study time may be taken off site and may be taken as one day a fortnight. <u>These hours are counted as placement hours</u> (within the 37.5 hours per week), the student does not need to account for what they are choosing to study or work on. These hours are different to any online ‘blended learning’ hours which <u>do</u> need to be accounted for.

1.4.5 Student evaluation of practice placements

All students should provide informal feedback, both positive and constructive, to his / her practice placement educator throughout the placement. At the end of each practice placement, students will also have the opportunity to evaluate the placement and provide feedback to the university. Students must complete an online practice placement evaluation for each placement. https://onlinepare.net/ the website also contains the placement profiles where available.

1.4.6 Fitness for practice: health

Students will have received their or have up dated vaccinations prior to commencing placement, if there are any causes for concern regarding a students' health, the university will obtain an assessment via an occupational health referral. Therefore, the student will be considered 'fit to sit' at the start of their placement. If a student falls ill during their placement- they will need to inform the university as well as their PPE. Failure to do so is considered to be unprofessional. The sick days must be recorded on the hours sheet within the logbook. It is important the PPE mentions any sickness during the mid-way visit- so that the university is made aware that there may be a deficit of hours.

Students are considered and 'cleared' to be fit for placement once all the occupational health appointments are completed. Students may be charged for repeated DNAs to these appointments. Students have to declare any conditions or illnesses that may compromise their own health or put others at risk. All students should have signed a 'Memo of Understanding' at the start of their studies in which they agree and acknowledge and understand the necessary occupational health, safety and wellbeing requirements of practice-based learning.

Covid-19 Symptoms: students have been informed that they should not go on placement and inform the PPE and university staff. They also must not attend placement if they are self-isolating or awaiting a COVID test. COVID 19 vaccinations are recommended for all students for their own wellbeing as well as for that of service users. Some settings are not able to accept students into the setting if they are not vaccinated. Students must check current practice and guidelines with each placement setting.

1.4.7 Mandatory training

All health and care students at Leeds Beckett University are mandatorily required to successfully complete a range of training and demonstrate an understanding of a range of skills that are either mapped to health and safety law or to Health Core Skills Framework or matches criteria set by the UK Caldicott Guardian Council. The list of the 'online 'modules' that the students need to complete and pass are listed in table 2 below. The students must complete the training which is online, every 12 months to reinforce recall and currency of the training, any student who has not successfully completed the training will need to repeat the training before starting on placement. Careshield is the online training platform used by Leeds Beckett University which NHS Digital has approved to ensure uniformity and quality of national e-learning materials for students who are engaging in practice-based learning.

Students, additionally, complete 'Safer Moving and Handling' practical training as well as Conflict Resolution (Breakaway) training', this is completed within the University and all students must complete this as part of the mandatory training prior to practice placement education. Students will not be permitted to attend placement unless this training is completed.

Mandatory Modules students are required to successfully pass	Occupational Therapy
Moving & Handling Level 1	M
Equality & Diversity & Human Rights Level 1	M
Fire Safety Awareness Level 1	M
Health & Safety Level 1	M
Infection Prevention Level 2	M
Safeguarding Adults Level 2	M
Safeguarding Children Level 2	M
Data Security Awareness Level 1	M
Preventing Radicalisation- Awareness of Prevent Level 3	M
Conflict Resolution Level 1	M
Resuscitation Adults Level 2	M
Resuscitation Paediatric Level 2	M
The Oliver McGowan Mandatory Training on Learning Disability and Autism	M

1.4.7.1 Table 1: List of mandatory 'modules' (Careshield) that students need to successfully complete prior to practice based placements.

1.5 DBS and Occupational Health Checks

Acceptance on all HCPC courses at LBU is subject to an enhanced DBS disclosure. Each university has a procedure for managing the process of DBS checks and for judgements to be made where checks identify convictions and/or cautions. The necessity to declare any subsequent cautions or convictions is explained to all students at the application stage and again at the start of the course. In accordance with NHS Yorkshire and the Humber HEE Learning and Development Agreement the students' university DBS check is acceptable on placements within West Yorkshire as is the Occupational Health Check conducted via the universities' Occupational Health procedures.

2 Practice Placement Models

Leeds Beckett University has a long history of supporting a variety of placement models, in particular Role Emerging Placements (REP), here is a brief summary of the types of placement models that can support students learning in practice:

2.1 Types of Practice Based Placements:

2.1.1 The 'Apprentice' Placement Model:

One PPE to one student (1:1), involves the student as apprentice shadowing and emulating the practice of the expert in the setting, it is the most popular placement model within in occupational therapy (Short et al., 2017).

2.1.2 Multiple Mentoring Placement Model (2:1)

The most common placement model in other AHPs, arguably, having multiple supervisors can promote deeper clinical and reasoning as students could be *'put in more complex clinical situations'* (Copley & Nelson (2012), p.461).

2.1.3 Role Emerging Placements (REP)

The Leeds Beckett REP Model is integrated into a module by students attendance at a setting with no occupational therapy service in situ, one day a week for five weeks (x1 weeks' worth of hours) and then full time for five weeks, students (x2 or x3) develop an occupation focused project under the guidance of two educators (see Figure 1). The educators jointly supervise the students, but the Occupational Therapist PPE (OTPPE) completes the CBFE (student assessment) on each student.

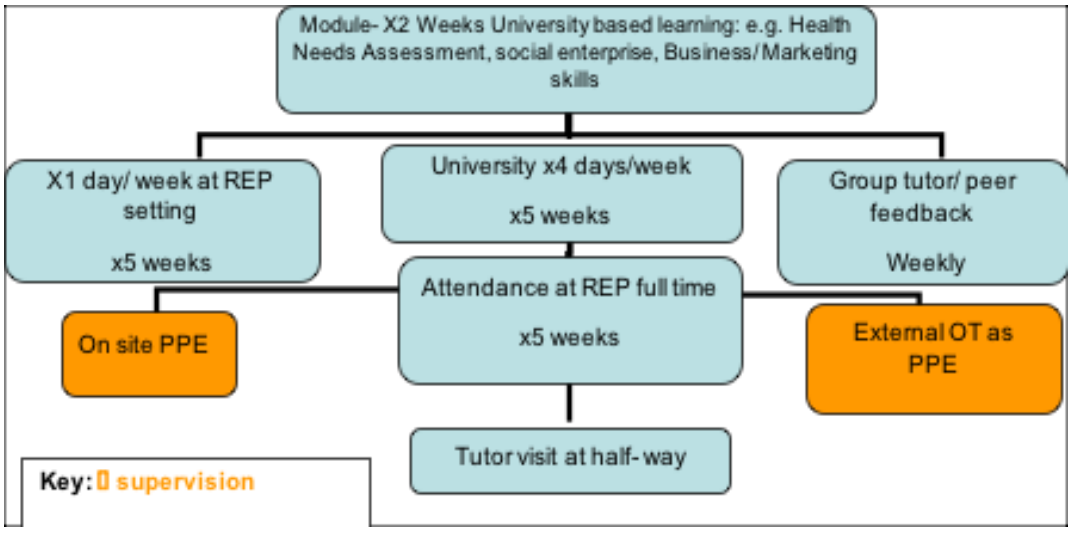


Figure 1: The Leeds Beckett REP Model (Edwards & Thew, 2011).

REPs can develop autonomy, match learning styles of millennial students and enhance creative and entrepreneurial practice (Thew et al., 2018; Short et al., 2017; Clarke et al., 2014b; Clarke et al., 2015). Research suggests REPs benefit the profession through offering examples of expansion in the occupational therapists' role and an increase in posts within 3rd sector organisations. (Clarke et al., 2014; Thew et al., 2018).

2.1.4 Project Focused placements/ Service Development Placements

These have been used for 30 years (and most REP's involve a project being carried out, not individual therapeutic interventions per se). Usually it involves 2+ students- but individual students CBFE assessments are carried out (same as REP). These can be within traditional settings where there is an opportunity to develop an element of the service with an occupational therapy or Allied Health Profession (AHP) team focused approach. Students develop and oversee a pilot of 'new' service via a project placement that then leads to a 'whole service development' via the continuing input or presence of students (Kearsley 2012). This project can be one element of a more traditional apprentice model and works particularly well when blending home based with practice-based learning (see below).

2.1.5 Student (or Peer) assisted placements

Two or more students working together on placement have been a feature of REPs and Project focused placements for many years, it allows students to mutually share ideas and resources and support, as well as allowing the PPE to 'leave' the students to work together and peer supervise work set by the educator. Students benefit from having a peer to 'share experiences' with (Thew et al., 2008). This can be effective in organising a project and helping students to develop greater self-confidence and professional identity and although challenging for educators in traditional settings, appeared to deepen student learning (O'Connor et al., 2012). It has also been useful within the 'blended learning' model of placement, as it allows students to support one another when working online.

2.1.6 Blended Learning Practice Based Placements

Covid 19 restrictions have affected all our lives, and practice-based learning is certainly one area where university staff and practitioners have worked together to develop a range of placement models that have successfully accommodated students learning needs in order that placements can continue. One such strategy is to incorporate some/ all hours of student working from home. This can therefore take into account supervisors who are working with their patients virtually, or where Covid has forced isolation at home. The 'blended learning' strategy blends some hours of supervised student home-based learning with in-situ attendance into a specified setting with an 'expert' occupational therapist.

2.1.6.1 Ensuring that home-based learning is practice and setting focused

In order to ensure the practice placement can be logged as practice-based learning as opposed to academic/ university hours, a daily log of home-based activity needs to be maintained by the students. The home-based learning should emerge from the students agreed learning objectives written within the

logbooks after negotiation and discussion with the PPE, however, the following suggestions might be helpful:

1) (CBFE-competence- *Facilitating change within a practice process*): explore and present the literature and evidence base behind the setting assessment tool (e.g. MOHOST) with people with relevant conditions or diagnoses.
2) (CBFE-*Clinical reasoning):* search for relevant literature and provide an evidence-based care plan for one of the clients in the service, with preparation of suitable questions to ask the client.
3) (CBFE-*Clinical reasoning):* Read up and present understanding and knowledge on specific conditions and the main treatments (e.g. Psychotropic drugs- and side effects). Provide an overview of the 'classic' symptoms and note when these are observed in the clients that student works with.
4) (CBFE- *Practice Knowledge*): Provide an overview of the different roles of the Multi-Disciplinary Team (MDT) within the service and present these to the educator.
5) (*CBFE- Professional Development*): to submit materials activity log and communicate with PPE.

Any work completed from home is part of the evidence that the PPE can use to assess students' skills in a variety of sections within the 'CBFE' assessment report.

2.1.6.2 Hours of the blended home working element

Any hours working from home spent on behalf of the placement <u>should be logged as practice placement hours</u> - each day will be counted as a full placement day (7.5 hours) one week would be x5 days= 37.5 hours. The students home-based work should be agreed by their PPE within their formal documented supervision meetings/sessions. The hours sheets are incorporated within the student log-book and can be initialled by the educator- with verification of the completed hours by the final version of the logbook being sent by email (after conversion PDF) to the course administrator which then acts as a digital signature.

2.1.6.3 <u>Example</u> of how to complete daily learning activity schedule for the virtual and home-based element of the placement

Daily Activity Log

Setting: Ward xx acute inpatient- mental health
Date:

Time of day	Activity – and comment on any link to evidence of work done
9-10	Meeting with PPE to discuss and review work done and set some goals for work for the day ahead- matched to learning outcomes. **Evidence: complete brief supervision notes of meeting.**
10-11	Consider how negative symptoms of Schizophrenia can inhibit occupational engagement and performance: looked up examples of what symptoms 'feel like' - used video blogs on internet- used case study PPE gave me. Coffee break. **Evidence: notes of what the people on the VLOG are saying- use a reflective strategy to clinically reason how the symptoms could impact on occupational performance**
11-13:00	Went onto EBSCO host and read x2 relevant research articles on negative symptoms of schizophrenia and how this affects ADL/leisure (put relevant information into a table) **Evidence: attached research articles/papers and table with extracted relevant information**
13-14:00 **14.00-15:00**	Lunch Looked at strategies to engage people with severe and enduring mental illness whilst on an inpatient unit- used recommended papers from PPE (found some papers)- prepared an interview schedule/ script regarding how I would introduce myself to someone on the ward- **Evidence: prepared outline of initial interview**
15:30- 17:00	Wrote reflection on case study video and supervisor feedback earlier in day, completed activity log and attached evidence of learning to educator. **Evidence: email, reflection, activity log**,
Evidence sent: initial interview outline, x2 research papers, notes on VLOGs, clinical reasoning on how -ve aspects of schizophrenia could influence occupational performance/ engagement.	
Total	7.5 hours*

3 MSc Occupational Therapy Practice Placement Modules at LBU

The MSc occupational therapy (pre-registration) course is two year, accelerated course (see pg 20). It is an inquiry based-based learning (IBL) programme with 20 credit point modules, with x two 40 credit modules. It includes 1036 hours of practice education over two calendar years within 4 separate practice placement modules. Students have seven weeks holiday each year, the programme has a January start. The philosophy and overarching approach to learning, teaching, and assessment follows an inquiry-based pedagogical context. As such, students are presented with real-world 'problems' which provide the motivation and context for learning.

3.1 Learning Outcomes of the LBU MSc Occupational Therapy Practice Placements:

3.1.1 Practice Placement One: PP1 6 weeks (225 hours)

By the end of the placement, students will be able to:

1. Define the role of occupational therapy and apply evidence-based and practice-based knowledge within the scope of occupational therapy that informs professional reasoning and the occupational therapy process, including occupational analysis.
2. Use and adapt appropriate professional communication to adopt a client-centred approach that fosters trusting, respectful and collaborative relationships, and informed decision making with service users and their carers.
3. Demonstrate the ability to take responsibility for own supervision, learning and self-evaluation and modify professional behaviours following feedback.
4. Demonstrate and uphold the core values of the profession, adhere to ethical, legal and safety standards of practice.

3.1.2 Practice Placement 2/3*: PP2/PP3* 6 weeks (225 hours)

By the end of the placement, students will be able to:

1. Utilise evidence-based knowledge within clinical decision making to demonstrate the parameters of the profession and its role within the setting.
2. Demonstrate effective application of the occupational therapy process including appropriate assessment of needs, collaborative treatment planning, implementation of intervention based on sound theory and best evidence, and utilisation of appropriate outcome measures.
3. Manage self in a professional manner – including interactions with clients, colleagues, and contributes effectively as a team player.

4. Seek assistance and feedback appropriately (responds positively to constructive feedback), demonstrates self-monitoring, ensuring time and priorities are managed effectively.

3.1.3 Role Emerging Placement* (REP) (x6 weeks in total 225 hours)

X1 day per week (5 weeks) Five weeks F/T Separate PPE Handbook

By the end of the placement, students will be able to:

1. Apply theoretical knowledge; evidence-based practice and technical expertise to provide a unique occupational perspective and serve clients/client groups colleagues, the setting, and the profession.
2. Manages change in others and manages conflict with dignity, maintaining professional open communication at all times and acting with integrity.
3. Identify areas for future growth through effective use of reflection.
4. Demonstrate commitment to the profession and leadership and organisational skills

3.1.4 Practice Placement Four (PP4) x10 weeks (375 hours)

By the end of the placement, students will be able to:

1. Demonstrates refined clinical reasoning skills to apply the occupational therapy process to complex cases and multi-faceted contexts.
2. Teaches/coaches others and builds collaborative working relationships, fostering trust and respect as a professional.
3. Demonstrate effective resource utilization, quality management (including awareness of audit), leadership and self-management skills and demonstrates commitment to the profession.
4. Seek assistance and feedback appropriately (responds positively to constructive feedback), demonstrates self-monitoring, ensuring time and priorities are managed effectively

***** PP2 and REP are assessed at the same level-(CBFE 3-7). If a student is unable to attend a REP (which has different set of learning outcomes due to the emergent setting), they will be allocated a typical /traditional placement (PP3) and therefore the learning outcomes match PP2.

4 BSc Occupational Therapy Placement Modules

The overall philosophy of the BSc Occupational Therapy programme at Leeds Beckett University is to create occupational therapy clinical scholars who are fit for practice now and in the future. To achieve this, the concepts of occupation, research and innovative practice form the foundations to the programme. It includes 1050 hours of practice education over three calendar years within 5 separate practice placement modules.

4.1 Practice Placement 1 (PP1) 2 Weeks (75 Hours)

By the end of the placement, students will be able to:

- Demonstrate and uphold the core values of the profession and acts with professional integrity.
- Communicate with and establish appropriate relationships with other professionals and service users. Define the role of occupational therapy within a multidisciplinary setting.
- Adhere to ethical and legal standards of practice, including safety, informed consent, confidentiality and record keeping.

4.2 Practice Placement 2 (PP2) 5 Weeks (187.5 Hours)

By the end of the placement, students will be able to:

- Apply evidence-based and practice-based knowledge within the scope of occupational therapy that informs professional reasoning and the occupational therapy process, including occupational analysis.
- Use and adapt appropriate professional communication to adopt a client-centred approach that fosters trusting, respectful and collaborative relationships, and informed decision making with service users and their carers.
- Demonstrate the ability to take responsibility for own supervision, learning and self-evaluation and modify professional behaviours following feedback.
- Adhere to ethical and legal standards of practice and act with professional integrity.

4.3 Practice Placement 3 (PP3) 5 Weeks (187.5 Hours)

By the end of the placement, students will be able to:

- Explain and apply theory and evidence to occupational therapy practice and to guide informed decision making.
- Facilitate a safe, adaptive and effective occupational therapy process, including assessment, formulation, intervention and evaluation, that reflects the core values of to the profession and empowers service users.
- Use effective interpersonal and communication skills to build collaborative and respectful relationships with service users, their carers and the multi-disciplinary team.
- Assume responsibility for practicing within scope of practice and in a professional, safe and ethical manner, integrating supervision outcomes, self-monitoring and service-user feedback into professional behaviours.

4.4 Role Emerging Placement (REP) 6 Weeks in total (225 Hours)

By the end of the placement, students will be able to:

- Apply an occupational perspective to a setting and client group, including an assessment of health and occupational need and implement a sustainable project to address these needs.
- Employs effective communication and consultation to foster trust and collaboration and manage change and conflict.
- Uses self-directed learning, self-reflection and feedback to identity areas for personal and professional growth.
- Acts ethically and with integrity that reflects the core values and vision of the profession.

4.5 Practice Placement Five (PP5) 10 Weeks (375 Hours)

By the end of the placement, students will be able to:

- Critically and autonomously apply occupational therapy theory and evidence to an occupation-centred and dynamic occupational therapy process that actively involves service users.
- Demonstrate, and engage in critical dialogue about professional reasoning in complex and novel situations to inform risk evaluation, and prioritisation and delegation of workload and resources.
- Develop and maintain professional relationships that facilitate team working and service improvement for effective and optimal service user outcomes.
- Assume responsibility for practicing in a professional, safe and ethical manner, demonstrating the assimilation of feedback from others, and a critical analysis of own performance, knowledge and behaviours to assure quality of practice, inform lifelong learning and career development.

4.5.1 Leeds Beckett University MSc and BSc Occupational Therapy Pre-registration programme yearly planner

<table>
<tr><th></th><th colspan="6">BSC</th><th colspan="4">MSC</th></tr>
<tr><th></th><th colspan="2">Level 4
(Year 1)</th><th colspan="2">Level 5
(Year 2)</th><th colspan="2">Level 6
(Year 3)</th><th colspan="2">Level 7
Year 1</th><th colspan="2">Level 7 Year
1/2</th><th>Level 7
Year 2</th></tr>
<tr><td>Sept</td><td rowspan="3">Profession Skills for Practice</td><td rowspan="3">Occupations Across the Lifespan</td><td rowspan="3">OT Complex Intervention</td><td rowspan="3">OT as Leaders</td><td>Potential for OT x1 day per week for a REP</td><td>REP</td><td rowspan="3"></td><td rowspan="3"></td><td rowspan="3">OT - Complex Intervention</td><td rowspan="3">Applied Research</td><td rowspan="2">PP4
x10 weeks</td></tr>
<tr><td>Oct</td><td colspan="2" rowspan="2">(REP) x6 weeks in total</td></tr>
<tr><td>Nov</td><td rowspan="2">Applied Research</td></tr>
<tr><td>Dec</td><td colspan="2">Holiday Break</td><td colspan="2">Holiday Break</td><td colspan="2">Holiday Break</td><td colspan="2">Holiday Break</td><td colspan="2">Holiday Break</td><td rowspan="8"></td></tr>
<tr><td>Jan</td><td rowspan="2">Achieving Occupational Potential</td><td rowspan="2">Evidence for OT</td><td rowspan="2"></td><td rowspan="2"></td><td colspan="2" rowspan="2">PP5
X 9/10 weeks</td><td rowspan="2"></td><td rowspan="2"></td><td colspan="3" rowspan="2">PP2 x 6 weeks</td></tr>
<tr><td>Feb</td></tr>
<tr><td>Mar</td><td colspan="2">Holiday Break</td><td colspan="2">Holiday Break</td><td colspan="2">Holiday Break</td><td colspan="2">Holiday Break</td><td colspan="2">Holiday Break</td></tr>
<tr><td>April</td><td colspan="2">PP1
X2 weeks</td><td colspan="2" rowspan="2">PP3
X5 weeks</td><td colspan="2" rowspan="2">Applied Research</td><td rowspan="2">Achieving Occupational Potential</td><td rowspan="2">Applied Research</td><td colspan="2">Occupational Justice</td><td></td></tr>
<tr><td>May</td><td colspan="2">PP2
X5 weeks</td><td></td><td rowspan="2">Potential For OT</td><td rowspan="2">REP</td></tr>
<tr><td>June</td><td colspan="2" rowspan="3">Summer</td><td colspan="2" rowspan="3">Summer</td><td colspan="2" rowspan="3"></td><td colspan="2" rowspan="2">PP1
X6 weeks</td><td colspan="2" rowspan="2">(REP) x6 weeks in total</td></tr>
<tr><td>July</td></tr>
<tr><td>Aug</td><td colspan="2">Summer</td><td colspan="2">Summer</td></tr>
</table>

5 Assessing students on practice placement:

5.1.1 The Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT) (Bossers et al., 2007).

Student performance on practice placements is assessed using the Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT)* (Bossers, Miller, Polatajko, and Hartley, 2007). The CBFE-OT is widely used in Canada and Ireland, on both undergraduate and postgraduate pre-registration programmes. The CBFE-OT:

"is a measure designed to evaluate any level of fieldwork within all placement areas. The CBFE-OT is intended to be used by occupational therapy educational programs as the tool for both therapists and students to evaluate fieldwork….. [*It] is based on seven core competencies rather than the traditional long list of skills…..Incorporating adult learning principles, the CBFE-OT has an integrated learning contract for each of the seven competencies, which provides a way for the student to integrate his or her personalized learning objectives for each competency*". (Bossers et al., 2007 p.27).

5.1.2 Descriptors of the Seven areas of Competence within the CBFE-OT*:

1. Practice knowledge

- Has the theoretical knowledge and technical expertise to serve clients / client groups, colleagues, the agency, and the profession
- Utilizes evidence based knowledge
- Knows the parameters of the profession and its role within the agency
- Understands the core values and vision of the profession

2. Clinical reasoning

- Demonstrates analytical thinking
- Demonstrates conceptual thinking
- Demonstrates good judgment and sound decision making
- Utilises good problem solving
- Demonstrates reasoning based on evidence

3. Facilitating change with a practice process

- Facilitates and manages change in others
- Establishes a therapeutic relationship
- Practices in a safe manner
- Collaboratively identifies goals
- Advocates and consults
- Practices in a client-centred manner
- Based on sound theory and good evidence, appropriately:
  - -assesses needs
  - -reports assessment results
  - -makes referrals and plans intervention that are outcome based

-carries out the intervention plan

-monitors and modifies the intervention

-plans and enacts the closure of the intervention

-plans discharge and follow-up

4. Professional interactions and responsibility

- Adheres to ethical and legal practice standards
- Centres on client / client group needs, always
- Follows through on commitments; shows respect for clients, colleagues, and the profession
- Contributes effectively as a team player
- Motivates others
- Fosters trust and respect as a professional
- Builds collaborative working relationships
- Deals effectively with obstacles and opposition
- Acts with professional integrity
- Gives and receives feedback effectively

5. Communication

- Fosters open communication
- Listens actively
- Speaks clearly and appropriately
- Listens and speaks respectfully
- Manages conflicts with diplomacy
- Provides explanations and/or education that is at an appropriate level for the client
- Writes clearly and appropriately
- Modifies language for the listener
- Uses non-verbal communication appropriately and effectively

6. Professional development

- Demonstrates self-directed learning
- Integrates new learning into practice
- Student tries to identify areas for future growth and sets new levels for personal best
- Adapts to change
- Demonstrates commitment to the profession
- Upholds the core values of the profession
- Demonstrates skills of self-appraisal

7. Performance management

- Self starter
- Completes tasks in a time efficient manner, setting priorities effectively
- Demonstrates effective resource utilisation
- Demonstrates quality management
- Is accountable and responsible
- Teaches / coaches
- Demonstrates operational and organisational awareness
- Demonstrates leadership (delegates appropriately)

- Seeks assistance and feedback appropriately (responds positively to constructive feedback)
- Demonstrates self-monitoring
- Organises time and sets priorities effectively

*modified for use of students at LBU

5.1.3 CBFE Stages of Professional Development

The CBFE (Bossers et al., 2007) has been designed to be used for all genres and levels of practice placement learning; as such, it allows for development of professional knowledge and skills from novice or entry level student to Entry-level Clinician (figure 2). At all stages, students need the opportunity to take an active role which is appropriate to their level of performance in seven distinct areas of competence within the placement setting. This is negotiated and carefully considered with the practice educator, according to the level of student performance and ability to work autonomously.

5.1.3.1 Initial stage: Entry Level Students

When students first arrive at the university they are introduced to basic concepts of professional practice in their learning. Depending on the universities method of teaching this may be seen as separate domains and are not integrated into the students understanding of the whole client's needs. All students will be encouraged to incorporate the knowledge and skills they learn in university on placement and vice versa. During their first placement there will be an initial familiarisation with the placement setting and they will not have sufficiently developed their knowledge or problem-solving skills. Students at this level often want concrete solutions to problems and find it hard to understand that there may be more than one correct way of dealing with a problem.

5.1.3.2 Stage One: Entry Level Student (CBFE1-3)

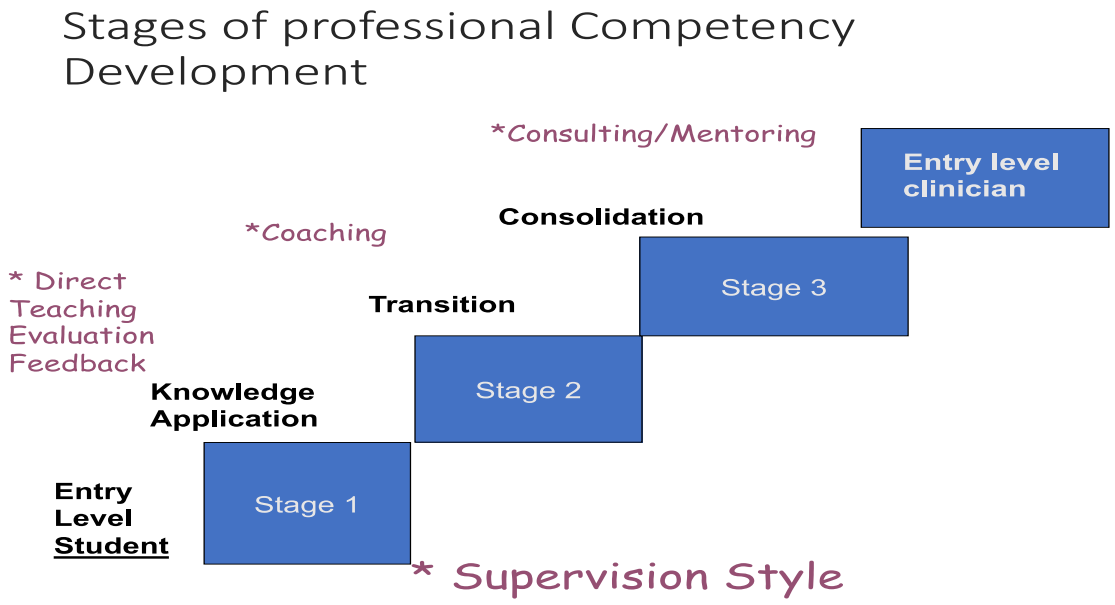
Students on 1st placement should be introduced to basic professional concepts in the university and can relate these to the clinical environments. Students are becoming familiar with the dynamics of the practice-based setting. Can understand how the service is applying theoretical knowledge, can ask relevant questions.

Stage Two: Knowledge Application and Transition (CBFE 3-7)

Students on PP2 and REP/PP3 are working towards consolidation of skills and are acquiring knowledge and a repertoire of skills for carrying out occupational therapy in practice. Students need to observe, practice and reflect on their performance. Take an active role with identifying client or service need, applying knowledge and developing professional reasoning skills. Transition is a developmental stage between knowledge application and consolidation. Students can actively contribute to the context or setting. Emphasis is on recognising the contribution of occupational therapy, developing the experience of applying the occupational therapy process and problem solving/communication.

Stage Three: Consolidation (CBFE 6-8)

The final stage of student development: students should have developed the core body of knowledge, skills and professional values. Able to self-reflect & alter performance accordingly, problem solve independently. Students should be able to Interact with experts to further their development



5.1.3.3 Fig 2: stages of competency in the CBFE-OT and relevant supervision style.

5.1.4 Level of support from PPE per level of CBFE-OT

The level of support required by the educator on placement changes with the development of students' competence for practice, this should change per placement, but may also differ dependent on the students' individual competency demonstrated on the placement (fig 1).

- **During stage 1** the student requires direct teaching from their educator and are beginning to become familiar with the occupational therapy contribution.

- **During stage 2:** a student working at stage 2 is less dependent on their educator and a more 'coaching' type of supervision is therefore appropriate, the supervisor provides a supportive role model working in collaboration with the student. Gradually, levels of student autonomy and responsibility for professional decision-making should increase.

- **During stage 3:** the placement educator is expected to provide a more 'consultative/mentor' supervisory role

5.2 Supervision strategies for practice placement learning

The RCOT (2015) recommends that supervision should be dependent on the requirement and can be delivered in a variety of ways by different people within a placement/ organisation see table 3 below:

Supervision for:	**Covering:**	**Provided by:**
Professional matters	– areas of work related to the occupational therapy profession, e.g. professional standards, registration, code of ethics, etc. Also continuing professional development (CPD) in occupational therapy-related areas.	– an experienced occupational therapist or someone with an adequate knowledge of the profession and its requirements.
Clinical work/ activity knowledge and skills	- the skills and knowledge needed to do the work confidently and safely, management of particular cases, service-user-related matters. Identifying solutions to problems, improving practice and increasing practice-related understanding and knowledge.	– a person/people with knowledge and skills in the relevant area. This is most likely to be an occupational therapist but, depending on the area of work or particular activity, it may not be.
Organisation and management	– elements of work related to the organisation and management of the service; supporting the objectives of the organisation, ensuring the safe working of its staff, e.g. service policies and procedures, general training such as health and safety, annual leave, etc.	– a person who deals with the organisation and management of the service – not necessarily an occupational therapist.

Table 3: Supervision strategies for practice placements (RCOT, 2015)

5.2.1.1 Delivery of supervision can be:

- **'Formal' One to One:** usually the same educator who sits down and reviews the students' progress in the learning objectives in line with the CBFE- this can be up to an hour per week, notes are recorded by the student and verified as an accurate record by the PPE.
- **'Informal' one to one:** can be after a patient session, in the car, standing in the staff office, sitting down etc. Useful for reflection and can be taken into formal supervision.
- **'Formal team or group supervision':** reviewing or reporting back how well an intervention went, or to review an incident or to share patient progress to a group or team of people.
- **Peer 'supervision'** an equal footing relationship, but where students can compare experiences and give and receive advice or ideas about how to manage a situation.

Triadic; 1:1 supervision with a third party as an observer giving feedback to both (it might be where a junior member of the team is providing some supervision with a more senior member of the team observing).

'Long arm' supervision; from an external occupational therapist to oversee student/s who are in a setting where the educator is not in situ which is perfectly acceptable as "there is no requirement for the supervisor to be on site" (WFOT, 2016, p.50). The student can feedback online/via email or other means.

NB. Supervision notes must reflect the views of both the student and the educator. Whilst the student may take responsibility for documenting supervision, the educator must sign supervision notes to evidence that they are a true reflection of the discussion that has taken place.

5.3 Writing Learning Objectives

The primary focus of practice placements is on enabling the student to achieve the required learning, and this should be the prime concern for the practice placement educator and the student. There are numerous ways to ensure that students are supported sufficiently to achieve their learning while on practice placement and these include as a minimum;

- Students will have one half day per week allocated for personal study and this may be taken off site with agreement between the student and practice placement educator.
- Students will have a minimum of one hour per week formal supervision with his / her practice placement educator. In addition, informal feedback and supervision will take place on an ad hoc basis.
- Students and practice placement educators will have support from the university through visits, telephone calls, email, or other means.

Although the CBFE and the particular practice placement have specific learning outcomes or competencies, students will also have individual learning needs. Clearly there will be significant overlap between all three sources of learning outcomes. The task for the student and practice placement educator is to agree learning outcomes which span all requirements, while being mindful of the particular learning opportunities available on the placement. Using the CBFE there are no requirements for the number of learning outcomes or what period they should span. That is, there is no need to devise one learning outcome for each CBFE competency for each week. The number and duration of learning outcomes will depend on student needs and the practice placement opportunities see an example below.

COMPETENCY	**OBJECTIVE** What do you want to learn or develop?	**RESOURCES** What will you utilise to achieve your learning objective?	**EVIDENCE** How can you demonstrate that you have met your learning objective?	**VALIDATION** How do you want your evidence to be evaluated, by whom, and when?
Professional Interactions And Responsibility	To develop skills in explaining and advocating for OT interventions within the MDT	Attendance at case review meetings, opportunity to report on cases seen	Actively participated within MDT meetings and discussions	MDT response to interaction regrading clients
Facilitating Change With A Practice Process	To understand how to adapt assessments in relation to service users needs	Access to new clients. Access to documentation. Access to internet.	Carry out a variety of assessments, with reducing amount of supervision.	Ability to independently carry out appropriate assessments

Example of how to write learning objectives.

Where possible objectives that are SMART (Specific, Measurable, Achievable, Realistic and Timely) are particularly useful for students to understand what is being expected of them and in regards to how to increase their knowledge as the placement progresses. Some verbs to help with writing specific learning objectives are in the appendix of this document. The extent to which the student has performed in each of the learning objectives per competency is then scored in relation to CBFE scale (Fig 2). These scores will then dictate the final grade for the practice placement. There is a taxonomy for each CBFE level in appendix 2 of this document.

5.3.1 Evaluating student progress

For both programmes, student progress is recorded weekly, usually at supervision, using the weekly progress indicators and the Competency Learning Outcomes. The Competency Learning Outcomes are mapped to the placement learning outcomes and to the Competency-based Fieldwork Education (CBFE). The Competency Learning Outcomes provide structure and guidance towards achieving the CBFE competencies, they are however not exhaustive or restrictive; there may be more appropriate Competency Learning Outcomes for the setting and/or the students' performance, which should be recorded in the weekly learning objectives. Educators should indicate how the student is progressing. The progress indicators should be used to inform discussion in supervision and the objectives for the following week. It is the student's responsibility to record the supervision and objectives, which should be checked by the educator.

At midway and again at the end of placement, educators are required to score the student against the seven CBFE competencies (except BSc PP1). Educators should consider the Competency Learning Outcomes, the CBFE Competency descriptors (provided next to each rating box) and the scale definitions (Appendix 4) when considering the students rating.

5.4 Scoring the CBFE for the MSc Occupational Therapy Programme

Given the competency-based approach taken by the CBFE, student performance should increase over the time of their pre-registration course towards level 8 / Exceptional level see Figure 3. However, students may perform at a higher or lower level in any (or all) competencies and therefore the CBFE allows the educator to grade the student on their ability in that competence and not be restricted by the level of placement. As a guide, the following ranges are what would be normally expected per MSc practice placement.

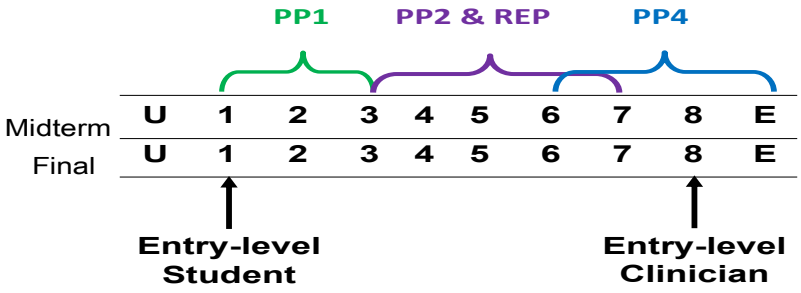


Figure 3: The CBFE Competency Rating Scale Relative to each Practice Placement within MSc Occupational Therapy course

The expected range for the level of placement is described below. The student has 7 competencies and the overall final score should take into account the average score. The final overall score *may* be lower than the mid-way point, especially of students are not managing to 'step-up' their level of skill as the placement progresses. if this puts the student in danger of failing overall, the visiting university tutor should be contacted.

MSc Placement	CBFE Level	Expected range	Failure point (4+ Competencies)
PP1 (x6 weeks)	1	1-3	U
PP2 (x6 weeks)	2	3-7	U-2 (inclusive)
REP (x6 weeks)	2	3-7	U-2 (inclusive)
PP5 (x10 weeks)	3	6-E	U-5 (inclusive)

5.5 Scoring the CBFE-OT for the BSc Programme

It the same principle applied to the BSc Programme. Performance should increase over the time towards a final level 8 / Exceptional level (see table 5). However, students are also given academic credits for their placement performance that relates to the CBFE grade..

BSc Placement	CBFE Level	Expected range	Failure point (4+ Competencies)
PP1 (x2 weeks)	1	1-3	U *x3 or more competencies
PP2 (x5 weeks)	1	1-3	U
PP3 (x5 weeks)	2	3-7	U-2 (inclusive)
REP (x6 weeks)	2	3-7	U-2 (inclusive)
PP5 (x9/10 weeks)	3	6-E	U-5 (inclusive)

Table 5: Expected CBFE-OT Scoring Range and Failure Points

*If a student fails to meet four or more competencies, they automatically receive a fail for the entire placement, except for PP1.

At the end of the placement only, supervisors must give the student an overall **exact** percentage mark (e.g 67%) for the placement based on the scores across the CBFE, there is an expected range for each placement and the relative percentage score is in direct relation to the CBFE.

The example here is for scoring a BSc PP2- the expected range is from this placement is CBFE 1-3. A student has scored (out of the seven competencies) five 2's and two 3's-= CBFE 2, but which suggests a score slightly higher than in the mid 50% range for a CBFE 2, so a score of 56% would be appropriate.

Scoring ranges for a BSC PP2 (expected range 1-3).
CBFE score U 39% and under (unsatisfactory) FAIL
CBFE score 1: 40-49%
CBFE score 2: 50-59%
CBFE score 3: 60-69%
CBFE score 4 and above: 70% and above.
Details of the expected score range per placement are provided in each placement logbook. The final placement score should be recorded after the supervisor comments and on the front of the placement handbook. Scores and feedback must be discussed with the student and exact percentage should be given- if a range is recorded (e.g. 60-69, then the LOWEST point of that scale will be recorded in this example =60%).

5.6 Students Failing to meet the Competencies

If it becomes apparent during a placement that the student is struggling to meet their learning objectives and therefore are at risk of not managing to meet CBFE competencies at any point during the placement, then the PPE should contact the designated visiting tutor at the university as soon as possible. If the visiting tutor is not available, contact the placement co-ordinator (BSc Rebecca Haythorne, MSc Heather Baglee). A tutor will arrange to visit (preferably in person) the placement as soon as possible and discuss the situation with the educator and the student concerned.

The student should be made aware of any concerns regarding their progress before the educator contacts the University, however, the PPE can contact the university to clarify the level expected of the student for the placement etc. If the student takes sick leave on being informed of the concern regarding their progress, the tutor will speak with the educator and contact the student to ascertain when they are likely to be returning to the placement in order to complete their placement successfully.

5.6.1 Mid-way formative assessment and visit

The student must arrange the Mid-way visit which are currently being completed virtually ideally using MSTeams, and students should scan or copy and email the visiting tutor a copy of the CBFE Logbook before the visit takes place, to allow the tutor to ascertain that the learning objectives match the CBFE scores at halfway.

It is important the student is made aware if they are failing to complete their learning objectives at the mid-way point of the placement. **If a student is scoring in 4 or more competencies below the threshold for a pass expected for the placement level, this must be highlighted to the visiting tutor ahead of the mid-point visit as this is indicating a potential fail.**

PPEs should NOT score a student if there has not been an opportunity to assess the student in the relevant competency (e.g where the service has had no new assessments etc). The score should be left blank and the visiting tutor will discuss strategies to help the PPE assess the student in the relevant area.

6 Practice placement procedures

6.1 During Practice Placement

6.1.1.1 Contacting the placement setting

The student is required to send a copy of a brief curriculum vitae, along with a covering letter, to the practice placement educator. This will enable the practice placement educator to understand the student previous experiences and begin to identify particular learning opportunities. You will need to ask where and when to start on your first day and whether or not you are required to wear a uniform and what your working pattern will be. **Covid-19 – The student should be informed regarding any specific precautions that are required before starting their placement.**

6.1.1.2 Induction

During the early stage of each practice placement (e.g. during week 1 or online before the student attends in person), there should be an induction into the team, service, and setting/organisation. An induction checklist is embedded within the students' placement logbook, an example is in section 6. This should include information about relevant policies and procedures including health and safety.

6.1.1.3 Transport

If students are using their own car on placement the University requires them to fill in a form declaring its use (please see the practice placement coordinator). On the form students will be required to declare that their insurance company know the car is being used for business travel. Students can claim back their travel if it is over and above their normal cost of travelling. Students will need to keep all petrol, travel receipts and bus tickets etc. They will not be reimbursed unless they have them. The necessary forms can be obtained from the course administrator.

6.1.1.4 Confidentiality

It is essential that students familiarise themselves with information regarding confidentiality detailed in the Royal College of Occupational Therapists' Code of Ethics and Professional Conduct (2014) and the Health and Care Professions Council's Standards of Conduct, Performance Ethics and Standards of Proficiency (2016). When on placement, students should ensure that they are aware of any local policies and procedures regarding confidentiality. When producing university-based assessments students must remove any name or feature which identifies clients or other individuals, and which would be a breach of confidentiality. This should include removing names of any organisations, names and addresses of clients, and / or employees. Students should pay due attention to confidentiality but retain the sense and coherence of their academic work. *A breach in confidentiality will lead to failure of practice placement.*

6.1.2 After the practice Placement

Once practice placement is over the student will need to submit the final completed logbook in word format to their supervisor for final 'sign-off'. It is the student's responsibility to ensure that the logbook has the following documents completed

- **Time / hours sheet – virtually signed by student supervisor**
- **Completed CBFE – virtually signed**
- **All supervision records – virtually signed**
- **Induction checklist – virtually signed**

The PPE/ supervisor/s will check all of the documents, convert them to pdfs and they should send a final version to Maxine Allinson M.L.Allinson@leedsbeckett.ac.uk with a cc to Rebecca Haythorne for BSc placements 1, 2,3 and 5 R.Haythorne@leedsbeckett.ac.uk, and Heather Baglee for BSc placement 4 (REP) and all MSc placements H.Baglee@leedsbeckett.ac.uk

Students must also complete a placement evaluation on the www.healthcareplacements.co.uk website and email a PDF of this to the university practice placement coordinator Rebecca Haythorne/Heather Baglee Instructions for completing the online evaluation are at the back of this handbook. If the setting does not have a profile on the website, please contact the university placement coordinator for an alternative evaluation form.

Travel / accommodation claims, eligible for reimbursement should also be submitted Maxine Allinson.

7 Example of Induction Checklist- needs completing during week one of any placement

Student name		**Number**	
Module			
Placement location			
Placement dates	____ / ____ / ____	to	____ / ____ / ____
Practice Placement Educator			

The placement	**Date completed**
Introduced to key members of staff and their roles explained	
Location of toilet, staff room, dining room, storage of valuables, other staff facilities	
Places of work- passcodes to doors	
Dress code and uniform policy	
How to answer telephone, transfer calls, make calls (internally and externally)	
Use of voicemail/answer machines	
Postal Systems	
Completed access to clinical notes training	
Use of Fax Machine /Use of Photocopier	
Next of Kin and emergency contact details	
Working Hours	
Study Leave	
Reporting Sickness procedure	
GP and other appointments	
Health and Safety	
Safety policies received or location known	
Location of first aid box	
First aid arrangements	
Fire procedures and location and use of fire extinguishers	
Accident and Incident reporting and location and use of accident/incident book	
COSHH regulations and procedures	
Display screen equipment regulations/procedures	
Manual handling procedures	
Protective clothing arrangements (if appropriate)	
Instructions on equipment you will be using	
Summoning help on the wards and in the dept etc. e.g. location of crash trolley, emergency alarms etc.	
Procedure for obtaining help from security	
Infection Control Policy and Hand Hygiene	
Lone working / personal safety	
Whistleblowing policy / raising concerns	
Additional tasks	
Introduction to Documentation and Data Collection	
Team Meetings and dates for diary	
Use of Library	
Supervision Process (formal/informal)	
Confidentiality	
Discussion of SWOT analysis / any additional needs / reasonable adjustment plan (if applicable)	

7.1.1 Example Time Sheet

Student name _____ ID Number _____

PP Module No _____

Placement setting _____

Placement dates ____ / ____ / ____ to ____ / ____ / ____

	Week 1				Week 2				Week 3				Week 4				Week 5				Week 6			
	Start	Finish	Lunch	Hours	Start	Finish	Lunch	Hours	Start	Finish	Lunch	Hours	Start	Finish	Lunch	Hours	Start	Finish	Lunch	Hours	Start	Finish	Lunch	Hours
Mon																								
Tue																								
Wed																								
Thu																								
Fri																								
			Total				Total				Total				Total				Total				Total	

Signed PPE* _____ Signed PPE* _____ Signed PPE* _____ Signed PPE* _____ Signed PPE* _____ Signed PPE* _____

Placement total hours _____ * I confirm that the student has completed the number of hours indicated and has adhered to the relevant standards of conduct and ethics.

Appendix 1: Verbs to assist in writing learning objectives

Knowledge

Arrange	Order	Define	Recognise	Duplicate
Label	Recall	List	Repeat	Memorise
Name	State	Relate	Reproduce	

Comprehension

Classify	Locate	Describe	Recognise	Discuss
Report	Explain	Restate	Express	Review
Identify	Select	Indicate	Translate	

Application

Apply	Operate	Choose	Practice	Demonstrate
Schedule	Dramatise	Sketch	Employ	Solve
Illustrate	Use	Interpret	Write	

Analysis

Analyse	Formulate	Assemble	Manage	Collect
Organise	Compose	Plan	Construct	Prepare
Create	Propose	Design	Write	

Synthesis

Arrange	Formulate	Assemble	Manage	Collect
Organise	Compose	Plan	Construct	Prepare
Create	Propose	Design	Write	

Evaluation

Appraise	Judge	Argue	Predict	Assess
Evaluate	Attach	Score	Choose	Select
Compare	Support	Estimate		

Appendix 2: Taxonomy of the CBFE scores/ rating scales*

CBFE Score	**Description of the Scores**
U	Does not have the basic concepts of most of the criteria related to the competency. Is unsafe or has not demonstrated applying most of the criteria into clinical practice. Not motivated or active in developing their competency. Does not ask questions relating to the competency.
1	Has the basic concepts of all aspects of the criteria for this competency and is starting to apply these in clinical practice, with close supervision from the educator or other member of the team. Is becoming familiar with the dynamics of the clinical setting. Is becoming motivated in developing their competency, asking appropriate questions and knows what is expected of them. Starting to reflect and identify own learning needs.
2	Has the basic concepts for all of the criteria related to this competency and can apply all of them into clinical practice. Motivated and active in developing their competency. Has a clear conception of what is required of them, asks appropriate questions and takes appropriate actions. Will reflect when prompted. Can identify appropriate learning methods to address their learning needs.
3	Independently applies all the criteria of the competency into practice. Identifies appropriate objectives for this practice setting. With assistance from the educator, shows problem solving skills in how to meet the objectives. Engages in self-directed learning and demonstrates motivation and confidence to practice skills. PPE confident in student independently practicing most aspects of the competencies. Can reflect “on action”. Actively seeks feedback on competencies to develop appropriate objectives.
4	Independently applies all the criteria of the competency into practice. Independently identifies appropriate objectives for this practice setting. Independently uses problem solving skills in demonstrating how they can meet some of their objectives. Engages in self-directed learning. Shows motivation and confidence, taking lead role in all interventions with service users and families/carers. PPE confident in student taking a lead role with service users and families/carers. Reflects “on action” independently. Practices reflecting “in action” with supervision. Actively seeks feedback on competencies. Takes lead role in supervision.
5	Independently applies all the criteria of the competency into practice. Demonstrates theoretical knowledge for this competency, therefore shows high levels of clinical reasoning for each competency area. Independently identifies appropriate objectives for this practice setting. Shows problem solving skills in how to meet their objectives. Engages in self-directed learning. Independently and safely carries out a range of assessments and interventions. Appropriately and regularly reflects “on action” and “in action”

	on most aspects of competencies. Actively seeks feedback on competencies. Takes lead role in supervision.
6	Accepts responsibility meeting all the criteria of the competency and analyses their competency ability though reflection. Demonstrates theoretical knowledge for this competency, therefore shows high levels of clinical reasoning for each competency area (where applicable). Independently identifies appropriate objectives for this practice setting. Shows problem solving skills in how to meet the objectives competencies. Engages in self-directed learning. Practices working independently with a range of clients and only receives minimal guidance in problem solving and decision making skills. Accurately reflects “on action” and “in action” on most aspects of the competency. Actively seeks feedback on competencies. Takes lead role in supervision. Valued and respected by members of the Multi-Disciplinary Team by making meaningful contributions in all of the competency aspects.
7	Accepts responsibility meeting all the criteria of the competency and analyses their competency ability though reflection. Has the core specialized knowledge, skills and values for all aspects of the competency, showing high levels of clinical reasoning. Independently identifies appropriate objectives for this practice setting. Shows problem solving skills and comes up with innovative ways in how to meet their objectives. Through interacting with experienced staff can develop very relevant, clear good objectives for their continuing professional development. Practices working independently and safely with a range of clients showing good problem solving and decision making skills, without needing continuous observation or evaluation. Professionally and accurately reflects “on action” and “in action” at a high standard to improve the quality of their practice. Actively seeks feedback on competencies, from a range of people. Takes lead role in supervision and uses supervision accurately. Valued and respected by members of the Multi-Disciplinary Team by making meaningful contributions in all of the competency aspects. Limited evidence provided that this competency has been independently met by the student over the past few weeks. After this placement will have the foundations to work in this practice setting as a new graduate Occupational Therapist but practice would need to be evaluated and would require supervision with complex problems.
8	Accepts responsibility meeting all the criteria of the competency and analyses their competency ability though reflection. Has the core specialized knowledge, skills and values for all aspects of the competency, showing high levels of clinical reasoning. Independently identifies objectives which are appropriate for the clinical setting. Shows problem solving skills and comes up with innovative ways in how to meet their objectives. Through interacting with experienced staff can develop very relevant, clear good objectives for their continuing professional development. Practices working independently and safely with a range of clients

	showing good problem solving and decision-making skills, without needing continuous observation or evaluation. Professionally and accurately reflects “on action” and “in action” at a high standard to improve the quality of their practice. Actively seeks feedback on competencies, from a range of people. Takes lead role in supervision and uses supervision accurately. Valued and respected by members of the Multi-Disciplinary Team by making meaningful contributions in all of the competency aspects. Offered evidence over the past few weeks of meeting this competency. Is now at the level expected of a new graduate Occupational Therapist in this competency. Confident their skills are transferable.
E	Accepts responsibility meeting all the criteria of the competency and analyses their competency ability though reflection. Has the core specialized knowledge, skills and values for all aspects of the competency, showing high levels of clinical reasoning. Independently identifies appropriate objectives for this practice setting. Shows problem solving skills and comes up with innovative ways in how to meet their objectives. Through interacting with experienced staff can develop very relevant, clear good objectives for their continuing professional development. Practices working independently and safely with a range of clients showing good problem solving and decision-making skills, without needing continuous observation or evaluation. Professionally and accurately reflects “on action” and “in action” at a high standard to improve the quality of their practice. Actively seeks feedback on competencies, from a range of people. Takes lead role in supervision and uses supervision accurately. Valued and respected by members of the Multi-Disciplinary Team by making meaningful contributions in all of the competency aspects. Offered a substantial amount of evidence throughout their placement meeting this competency. Is now at the level expected of a Band Five Occupational Therapist in this competency. Confident their skills could be transferred into different settings.

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